Parliamentary Inquiry into Substance Abuse

Australian National Council on Drugs Submission to the House of Representatives Standing Committee on Family and Community Services

Australian National Council on Drugs

The Australian National Council on Drugs (ANCD) is the peak advisory body to government on drug policy and programs that was established by the Prime Minister in 1998.

The Councils membership includes leading experts and representatives from the non-government sector, treatment agencies, research institutes, law enforcement, family based services, government agencies, indigenous organisations, youth, user groups, schools and prevention and education centres.

The breadth of experience and diversity of views within the Council itself often reflects the range of views held within the community and in effect places the Council in the highly regarded position of being able to provide advice that represents the views of the alcohol and other drug field as well as the general community.

Introductory statement

The Council welcomes the Inquiry being conducted by the House of Representatives Standing Committee on Family and Community Services. The Council recognises that the broad terms of reference for the Inquiry will result in a number of submissions from a variety of specialist agencies and centres dealing with drug use in Australia. In acknowledging this position the Council believes that it can make its greatest contribution to the Inquiry by focussing on key areas and broad themes that currently, or should in the future, direct drug policy in Australia.

In particular, the Council would like to congratulate the Standing Committee for including all drugs, licit and illicit, within its terms of reference. It is important to recognise that licit drugs like alcohol and tobacco create far greater levels of health and social problems for the community than do the illicit drugs.

The Council would also like to advise the Standing Committee that it has recently commissioned a number of research papers that are expected to be completed and available prior to the completion of the Parliamentary Inquiry. Accordingly, the Council would be pleased to provide copies of these papers, when completed, to the Standing Committee for consideration. The research papers cover a range of topics that include:

- Australias Achievements in Drug Policy and Practice over the Past 25 years;
- The Prevalence, Correlates, Consequences and Interventions for Heroin Overdose;
- Structural Determinants of Drug Use by Youth;
- Critique of Effective, Evidence Based Treatments for a Range of Illicit Drugs;
- Supply and Demand Reduction Strategies and Programs for Prisons; and
- Effective Indigenous Drug and Alcohol Programs

Drug facts
In considering submissions the Council would request that the Standing Committee keep in mind some of the following salient facts surrounding drug use:

- Alcohol and tobacco remain biggest source of drug related death and health problems
- Latest estimates on the number of heroin dependent users in Australian is estimated to be less than 0.5% of the population
- The rate of fatal and non-fatal overdoses amongst injecting drug users has been increasing, particularly so in the past few years
- There is a trend to a younger age for drug use initiation
- Cannabis is the most widely used illicit drug, particularly amongst youth
- Australia has one of the lowest levels of HIV infection rates amongst injecting drug users

Whilst these few facts represent a fraction of the information that will be available to the Standing Committee the Council believes they provide an important context for this submission.

**Australia’s current achievements**

When dealing with a complex and emotive issue such as drug use it is often easy to hear rhetoric that assumes that little has been done over the years. Constant media attention on the negative aspects of drug use and stories of increasing availability and social acceptance of drug use have created a new level of public anxiety. There is also a common misconception within the general public that illicit drugs are consumed by many members of our community, particularly the majority of youth.

It is particularly important to recognise that drug use is an international issue and is obviously not unique to Australia. This of course requires an appreciation that many drug use issues in Australia such as supply, drug use trends and availability of new drugs are heavily influenced and affected by events and policies in other countries. Issues such as globalisation and increased information and technology services naturally contribute to the impact on Australia from outside our borders in drug related matters.

Given this background, Australia’s approach to date is one that deserves praise. The partnerships that have formed between health, law enforcement, government and non-government sectors to deal with drug use has led to a high level of co-operation, consensus and appreciation of the role each sector plays. It is widely acknowledged that dealing with drug use and abuse requires a combination of supply and demand reduction strategies, as well as a range of treatment and intervention options.

The general policy direction of Australia has been a combination of prevention, education and harm reduction. The increasing focus on primary prevention and education is very important, as the goal is to reduce the overall number of people initiating drug use, and therefore reducing the number of individuals, families and the communities adversely affected. It should also be recognised that law enforcement agencies play an important role in deterring individuals from becoming involved in drug use, particularly problematic drug use.

**Key areas**

Within its Work Plan, and arising out of the many consultations the Council has held with members of the
alcohol and other drugs sector, are a number of key areas the Council considers to be critical areas for action.

**Diversion, law enforcement and prisons**

It is being increasingly recognised that traditional responses to drug related offences do not result in a lower rate of offending or an improvement in the individuals problematic behaviour. Alternatives to traditional judicial responses such as the imposition of fines or imprisonment have been sought and initiatives such as drug courts and other diversionary programs are being trialed. The ANCD believes in the basic premise that it is better to divert those early in their drug use from the criminal justice system into programs and services that can assess the persons drug use, provide them with support, information and treatment, to encourage them to address their problematic drug use. Similarly, the ANCD is seeking to better understand the initiatives and programs within prisons that provide for a reduction in the supply of drugs entering the prison system, as well as those programs that seek to reduce the demand for drugs. It is very concerning that the rate of Hepatitis C and HIV/AIDS infection within prisons is dramatically higher in prison populations when compared to the general community. When considering the average period of incarceration is generally less than one (1) year across Australia, this equates to a large number of people who are leaving the prison system infected with a communicable blood borne virus. More needs to be done within these settings to both work on the persons drug dependence, as well as employing harm minimisation strategies to reduce infection rates.

**Dual diagnosis**

The term dual diagnosis refers to an individual with a mental illness and co-existing problematic substance use condition which seriously precipitates or exacerbates symptoms of their mental illness. Although it is difficult to accurately measure the prevalence of this problem, recent figures have suggested that as many as three quarters of all clients with alcohol and other drug problems have a dual diagnosis. Similarly it is asserted that there is an equally high percentage of people with mental illness misuse alcohol and other drugs.

The Council is concerned about the lack of integration between mental health and alcohol and other drug services. Putting it very simply, clients with a dual diagnosis of a mental disorder and substance use, usually have to access different treatment services for their substance use and mental illness. Some have reported being referred to one service to treat one disorder/disease before being accepted for treatment at another.

Other problems include the difficulty in accurate diagnosis, comparative lack of skilled professionals in dealing with dual diagnosis patients and the statistical suggestion that people with dual diagnosis are more likely to experience negative outcomes (eg: increased levels of medication, suicidal behaviour, higher family burden, etc) and generally respond less-well to treatment than those with mental disorders alone.

**Holistic approach—focus on the person and family**

Drug problems could actually be more accurately termed people problems. Problematic drug use often stems from psychological, emotional, socio-economic or other issues, and as such, any treatment of the individual requires an examination of the complete set of circumstances and environment. This approach requires a better understanding of the structural determinants that is housing, employment, education, socio-economic status, etc for drug use, and approaching the issue as a whole. Synonymous with treating both the symptoms and the cause, the Council believes that better, longer term, improvements can be attained by taking a holistic approach.

**Access to treatment**
Once a person decides to address their drug use, it is critical that they are not kept waiting or deferred from being able to enter into a treatment program that suits their needs. The Council supports the availability of not only a wide range of treatment options, but also sufficient places within these treatment facilities, in appropriate geographical locations. Furthermore, the availability of treatment for those with particular needs, such as women with children and youth, is particularly important if we are to attract and retain these people. The ANCD is concerned about the number of reports it hears of people wanting to address their problematic drug use that are either unable to gain access to treatment, or have to leave their supports within the community to access treatment in another centre.

**Indigenous issues**

It has been well recognised for some time now that the impact of drug and alcohol misuse is more marked within the Indigenous community. Partially attributable to its impact on the Indigenous family unit and sense of community, alcohol and other drug use is contributing to a over-representation of indigenous people in our prisons, and poorer health standards when compared to non-indigenous populations. The ANCD, and specifically its Chairman, has paid particular attention to the issues facing indigenous communities. Recognising that local programs to address local issues are working well in many cases, the Council has commissioned research which will map Indigenous drug and alcohol programs, including a number of field visits to evaluate their effectiveness, possibly to provide models for other programs in other areas. The ANCD is very supportive of efforts within the sector to share information on successful approaches and is taking a proactive role to ensure this happens within the Indigenous-based drug and alcohol field. Accordingly, it also supports the formation of partnerships between Indigenous organizations dealing with alcohol and other drug issues.

**Training of frontline workers**

With the increasing incidence of drug and alcohol problems within our community, and a move to divert people from criminal justice responses to treatment and other forms of interventions, the Council is aware of an existing shortage in skilled, trained, professional workers in the alcohol and other drug sector. The current shortage is set to worsen if more efforts are not made to entice professionals such as psychologists, doctors, counsellors and others to the field. The ANCD has been involved in an initiative called the Training of Frontline Workers Initiative, however this is a small contribution relative to the need. Vocational emphasis is required if people identifying as having a drug problem are to have access to effective treatments. When a person decides to access help, it is a critical and unique window of opportunity for intervention. As drug use is a chronic, relapsing condition, the alcohol and other drug sector needs to have as many skilled people providing services so as to ensure that the chances of successful rehabilitation are enhanced, and that those seeking services are not disillusioned by the non-availability and quality of support and treatment they are offered.

**Increased role and funding for NGO sector**

The ANCD has a particular role to ensure the views of the non-government sector influence policy. The non-government sector delivers a large percentage of services within the alcohol and other drugs sector and holds a vast experience and expertise. The ANCD is very actively promoting the role of communities in addressing drug issues and was recently heavily involved in the Community Partnerships Initiative, within the National Illicit Drug Strategy. This initiative saw over 400 applications from community-based organizations, submitting proposals to address drug related issues within their own communities. The mobilisation of communities, their
enthusiasm, understanding of local problems and creative approaches to these problems, is a key element to addressing drug related harm to both individuals, but also the communities they live in. The Council was particularly heartened by the response to this initiative, and will continue to strive towards more funding and opportunities for the engagement of communities.

Communicable diseases

Amongst the health risks associated with drug use is the high prevalence for communicable diseases, particularly those which are blood-borne. Australia has been at the forefront in international spheres in its approach to HIV/AIDS containment and has been recently been focussing increasing attention to the prevalence of Hepatitis strains. Through alliances with organizations such as AIDS Councils and advisory bodies such as the Australian National Council on AIDS, Hepatitis and Related Diseases (ANCAHRD), the Council is working towards a better understanding of transmission, appropriate interventions and reduced infections with blood-borne viruses within drug using communities. However, what is clear is that there is a very close link between drug policy and the prevalence of a number of communicable diseases. It is necessary for any drug policy to take into account this impact when being developed, and implemented

Important role of schools, families and community support services

Given the trend towards and earlier age of initiation into drug use, the Council sees it as particularly important to ensure schools, families and the general community work together to provide primary, preventative education, examine the uptake of drug use, and drug related problems in younger populations. Within a broader framework of understanding the issues that contribute to young peoples use of drugs, schools and families need to develop strategies for dealing with these issues. Part of this approach is the development of a drugs strategy by the schooling community (which includes the school, parents, local business, police, etc) and the National Expert Advisory Committee on School Drug Education (which is chaired by an ANCD member) is working hard on this important area.

Broad themes

Partnership approach

Drug policy and practice needs to be underpinned by a willingness to work together. The ANCD is a unique concept in the world as it reflects the combined, not adversarial, efforts of government and non-government, health and law enforcement sectors to address drug related harm. This concept of partnership is also reflected in the key policy documents such as the National Drug Strategy, National Drug Strategic Framework and the National Illicit Drug Strategy. These strategies all culminate from a combination of three basic principles supply, demand and harm reduction, in themselves a reflection of how very different spheres of action can work together.

Harm reduction as a continuum

Importantly, the National Drug Strategic Framework recognises that abstinence is part of harm reduction. Unfortunately, these two policy approaches are often portrayed in public discussion as mutually exclusive. A more accurate portrayal would be that of a continuum. That is, it would be preferable for no-one to use drugs, and whilst this should remain a goal of any drug policy, it would be inappropriate to ignore the reality that many people in our community do, and may continue to, use drugs. People who use drugs, their families and their communities, also deserve attention and resources both within a policy framework and service delivery.
The ANCD recognises that a range of treatment options are needed, and that individuals prefer differing approaches. The Council is supportive of all treatment options, provided they are evidenced-based.

Public awareness of drug and related public health issues

The ANCD is cognisant of the fact that the general public's understanding of drug related issues is not sophisticated. Drug and alcohol issues are complex and multi-faceted, and many factors need to be considered in the process of formulating policy. In its efforts to promote informed discussion and dialogue with the alcohol and other drug sector, the Council is urging the sector to engage with the community in an attempt to raise the level of understanding and awareness of both the broad drug issue and the specific nature of the services provided in their area. Media portrayals of the drug related issues is not always balanced, and often focuses on negatives, and it is important to attempt to achieve a balance in the information getting out into the public arena. The ANCD's initiative whereby it hosts forums in major centres (capital cities, as well as major metropolitan centres such as Cairns) is an important way of ensuring the ANCD members are aware of the relevant issues, and can also provide information about work being done at the Federal level.

Conclusion

This submission touches on some of the key areas and themes the Council believes are particularly important. An enhancement of partnerships - between law enforcement and health, the government and the community and within the alcohol and other drugs sector itself; increased access to a variety of treatments, relevant to specific needs and staffed by skilled professionals; the engagement of the community, including the school community and families in more informed discussion; and a better understanding of the nature and determinants for problematic drug use. The Council believes these to be the foundations for good policy, best practice, and most importantly, a decline in drug use and related harm to the fabric of our community.

In relation to the value of the investment made in the ANCD it is clearly; increased community input and information sharing between the government and non-government sector, and a diverse, independent, expert group from which the government can access advice. The non-government sector has been recognised through the establishment of the Council, as having much to offer the policy and decision-making process in relation to alcohol and other drugs.