



## Public Health Association of Australia:

### Policy-at-a-glance – Illicit Drug Problems Policy

- Key message:**
1. The established national approach towards harm minimisation should be adhered to in practice, and be regularly reviewed in order to address emerging issues and patterns of use.
  2. A whole of government approach to prevention and early intervention, which recognises the common antecedents of many social problems, including drug use, must be implemented. Such an approach needs to be adequately resourced and should contain a range of strategies aimed at building resilience, maximising protective factors, minimising risk factors and providing support to families affected by illicit drug use.
  3. Programs that have proven to be effective in reducing drug related harm to both the individual and the community should continue to be supported. We should continue to build the evidence base about a range of prevention and treatment options.
  4. Attention must be given to the issue of illicit drug use by Indigenous Australians. Effective strategies will involve development by Indigenous communities, supported by National and State/Territory funding.

**Summary:** The National Drug Strategy (NDS) encompasses the principle of harm minimisation - a comprehensive approach to reducing drug-related harm, involving a balance between demand reduction, supply reduction and harm reduction strategies. This policy seeks to outline a series of principles and tangible actions designed to achieve the above-mentioned goals in line with the NDS framework.

**Audience:** Australian, State and Territory Governments, policy makers and program managers.

**Responsibility:** PHAA's Health Promotion Special Interest Group (SIG)

**Date policy adopted:** September 2010

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## ILLICIT DRUG PROBLEMS POLICY

The Public Health Association of Australia's drug policy originally addressed both licit and illicit drug related problems in Australia. The previous overarching policy has now been developed into three distinct policies: one addressing alcohol, one addressing pharmaceutical drug misuse and this one addressing illicit drug related problems.

### *The Public Health Association of Australia notes the following:*

- While there is concern about the impact that illicit drugs have on individuals and the broader community, it is important to note that the majority of drug-related harm is attributable to the licit drugs alcohol and tobacco. Smoking and alcohol resulted in an estimated 16,595 deaths (15,511 and 1,084 respectively) in 2003.<sup>1</sup>
- In 2007, 13.4% of those aged 14 years and over reported using an illicit substance in the previous 12 months.<sup>1</sup> Illicit drug use and related harm results in significant economic, social and health costs to individuals, families, communities and the nation.<sup>1</sup> Illicit drug use was responsible for 1,038 drug induced deaths in 2001. This represents a decrease of more than 30% since 1999. This decrease was largely due to the decline in heroin related deaths from 6.5 per 100,000 to 2.6 per 100,000 between 1999 and 2001.<sup>2</sup>
- Cannabis is by far the most commonly used illicit drug in Australia, as it is elsewhere in the world.<sup>4</sup> In 2007, 9.1% of Australians aged over 14 years reported use of cannabis in the last 12 months. This represents a significant decline in use compared to 2001 when 12.9% reported such use.<sup>1</sup>
- There is growing evidence that regular, heavy cannabis use (daily or near daily use) has the potential to have a significant negative impact on mental and physical health. Early onset heavy cannabis use is of particular concern.<sup>4</sup>
- Amphetamine Type Stimulants (ATS) (which includes amphetamine, methamphetamine and MDMA), are the second most common form of illicit drug use in Australia.<sup>5</sup> According to the latest National Drug Strategy Household Survey, 2.3% of the population report using amphetamine/methamphetamine in the past year.<sup>1</sup> Use increased from the 1990's into the current decade, but evidence is indicating that prevalence is levelling off and in some cases declining. There are a range of risks associated with ATS use, especially regular heavy use. People affected by ATS problems are generally unlikely to access treatment services. There is a

need to more successfully engage with and retain such people affected by ATS use in treatment.<sup>5</sup>

- The National Drug Strategic Framework 2004-2009<sup>7</sup> encompasses the principle of harm minimisation which is consistent with a comprehensive approach to drug-related harm, involving a balance between demand reduction, supply reduction and harm reduction strategies. A large proportion of the drug-related budget expenditure has been directed towards law enforcement and a balanced approach to the allocation of funds to demand reduction and harm reduction strategies is needed.<sup>7</sup> There is broad support for an approach that diverts people into the health system, as opposed to the criminal justice system, for possession of small amounts of drugs deemed to be for personal use.<sup>7</sup>
- Diversion is a means to encourage people into treatment. The outcomes of such programs depend on the quality of the treatment services provided. Effective diversion programs will be determined by the quality of the resources provided in the linked treatment services. The appropriateness of diversion for various drugs also depends on other factors.
- Only about 2-3% of people who use cannabis in any one year are apprehended by police and they represent only a small proportion of those with a cannabis use disorder.<sup>8</sup> Addressing the public health burden from cannabis use can only be done through a comprehensive public health education campaign and by increasing access to treatment for those with problems, the vast majority of whom do not have contact with police.<sup>4,8</sup>
- The dynamics of the drug supply market have a profound effect on the level of consumption of illicit drugs, the substitution of one drug for another and the harms arising from such use. As an example, between 2000 and 2001 the availability of heroin in Australia markedly decreased and, while diverse factors have been identified as being responsible, the decrease had both a positive effect – a marked reduction in the number of deaths through heroin overdose – and a negative effect – the diversion of some pharmaceutical drugs for illicit use, such as benzodiazepines and narcotic analgesics, resulting in significant harm related to misuse of these drugs.<sup>9</sup>
- The use of illicit drugs by those incarcerated in prison remains a major concern, especially when those drugs are injected.<sup>5,7</sup> In order to minimise the harms associated with drug use in prisons, access to drug treatment to reduce demand is vital. It is also important to consider strategies to reduce the risk of blood borne viruses (BBVs) whilst in prison. The time immediately following release from prison is a high risk time for relapse and drug overdose. It is important that criminal justice and community health services implement strategies to reduce this risk. This will have benefits for the individual and for the broader community.
- Illicit drug use attracts significant media attention, the majority of which is negative and sensationalist.<sup>5,7</sup> This attention can contribute to the

marginalisation of people affected by drug use, further limiting access to and engagement with effective treatment.

***The Public Health Association of Australia affirms that:***

1. Abstaining from illicit drugs avoids the harms arising from their use. It is important that effective prevention programs are adopted which prevent and delay the onset of any drug use. Given that not everyone will abstain from illicit drugs, it is critical that we also adopt policies which minimise the harm associated with use to individual consumers, their families and the broader community.
2. Where the use of illicit drugs has a harmful effect on the individual, the response should primarily be a matter for the health and welfare sector. Effective responses are likely to include demand reduction (a critical role for law enforcement), supply reduction and harm reduction. This is why the PHAA supports the three pillars of the National Drug Strategic Framework.
3. The law should be responsible for the regulation of individuals or organisations involved in the manufacture or cultivation, transport, distribution and sale of illicit drugs in quantities greater than that deemed for personal use. Law enforcement also has an important role in minimising the harms associated with drug impaired driving, and diverting people into treatment, where indicated.
4. Australian policies relating to illicit drug use should be assessed according to the extent to which they minimise the health, social and economic harms arising from their use.
5. The use of some illicit drugs by injection results in significant harms including those associated with the transmission of blood borne viruses such as HIV, hepatitis C and hepatitis B. Policies seeking to control illicit drugs must consider whether or not such policies will assist or hinder efforts to control the transmission of these infections.
6. Needle and Syringe Programs (needle exchanges, pharmacy programs and vending machines) and a Medically Supervised Injecting Centre have been operating in Australia for some time and should continue. Evidence for their effectiveness in preventing the spread of HIV among those who inject drugs is well documented.<sup>10</sup>

***The Public Health Association of Australia believes that:***

1. The established national approach towards harm minimisation should be adhered to in practice, and be regularly reviewed in order to address emerging issues and patterns of use.
2. A whole of government approach to prevention and early intervention, which recognises the common antecedents of many social problems, including drug use, must be implemented. Such an approach needs to be adequately

resourced and should contain a range of strategies aimed at building resilience, maximising protective factors, minimising risk factors and providing support to families affected by illicit drug use.

3. Programs that have proven to be effective in reducing drug related harm to both the individual and the community should continue to be supported (eg, needle and syringe programs, methadone maintenance treatment). We should continue to build the evidence base about a range of prevention and treatment options.
4. Attention must be given to the issue of illicit drug use by Indigenous Australians. Effective strategies will involve development by Indigenous communities, supported by National and State/Territory funding. Building the capacity of Indigenous organisations and individuals to respond will be a critical component of effective responses.

***The Public Health Association of Australia resolves that:***

5. State and Territory branches are to assess the current situation with respect to reviewing and updating drug policies in their State or Territory and approach local members of the Ministerial Council on Drug Strategy (MCDS) to implement the PHAA policy.
6. The Board will take corresponding action at the national level.
7. The Board will send a copy of the *PHAA Illicit Drug Problems Policy* to the MCDS and promote the implementation of this policy at every available opportunity.
8. The PHAA will develop its capacity in order to have a major role in initiating and participating in debate in Australia which leads to the development of policies which contribute to prevention and harm reduction and which protect public health.
9. When invited to comment on illicit drug use by any media outlet, spokespersons from the PHAA will present evidence based information.
10. The PHAA will continue to advocate for national policies which reduce economic and social inequality.
11. The Health Promotion Special Interest Group will advocate for the treatment of illicit drug problems as a health issue and will attempt to engage its networks and the community as a whole in supporting drug policies that promote fair measures towards harm reduction.

***References:***

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#### **ADOPTED 2010**

**The previous *Licit & Illicit Drugs Policy* was first adopted in 2002. The policy was revised in 2007 and the current *Illicit Drug Problems Policy* was developed as part of the 2010 policy revision process and endorsed at the Annual General Meeting in September 2010. Acknowledgement to staff of the National Drug Research Institute (NDRI), Curtin University, Perth, Western Australia, for assistance with this revision.**