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Queensland Government Submission to the
House of Representatives Standing Committee on
Human and Family Services
'Inquiry into the impact of illicit drug use on families'

Our commitment

In November 2006, the Queensland Government reaffirmed its commitment to harm minimisation through the endorsement and release of the *Queensland Drug Strategy 2006-2010*. The goal of the Drug Strategy is to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Queensland.

The *Queensland Drug Strategy* adopts the following principles:

- whole-of-Government approach
- collaboration and partnership with non-government and community sectors
- harm minimisation
- prevention, including broad-based interventions to address common determinants of social and health problems
- evidence-based approaches.

Harm minimisation is consistent with a comprehensive approach, involving a balance between supply, demand, and harm-reduction strategies. It encompasses:

- supply/reduction strategies to disrupt the production and supply of illicit drugs, and the control and regulation of legal substances
- demand/reduction strategies to prevent the uptake of harmful drug use, including abstinence orientated strategies and treatment to reduce drug use
- harm/reduction strategies to reduce drug-related harm to individuals and communities.

The *Queensland Drug Strategy*, and the underlying principle of harm minimisation, provides a policy framework for all Queensland Government activities to address drug-related harm. Its seven priorities for action over the next four years include:

1. alcohol, young people and young adults
2. tobacco control
3. Indigenous alcohol and drug use
4. treatment services, including services for those with a dual diagnosis
5. vulnerable and marginalised young people and volatile substance misuse
6. effective law enforcement, including liquor licensing
7. innovative criminal justice approaches.

Queensland initiatives

Queensland Government initiatives to reduce the impact of illicit drug use on families are part of our comprehensive approach to addressing all drugs, including alcohol and tobacco. The links between licit and illicit drug use are unequivocal for alcohol, and arguable for tobacco.

Supply/reduction, demand/reduction and harm/reduction initiatives include:

- The COAG-funded *Illicit Drug Diversion Initiative* including police, court and bail-based programs to intervene in the criminal justice cycle for illicit drug offenders, and to provide the opportunity for treatment.
- The Queensland *Drug Court* program, where drug offenders are assisted to overcome their drug dependence and associated criminal behaviour through court enforced and supervised treatment.
- The *Indigenous Alcohol Diversion Initiative*, which will operate in a number of pilot locations to divert defendants charged with alcohol-related offences to treatment and case management in order to reduce alcohol-related harm to the individual and the community.
- Delivery of drug and alcohol treatment, including screening, comprehensive assessment, detoxification, early and brief intervention, counselling, joint case management to address dual diagnosis issues, and pharmacotherapy treatments, this includes funding of non-government service providers. These services are in part funded by the Australian Government.
- Opioid treatment so that methadone and buprenorphine may be prescribed as a means of keeping dependent people 'safer' legally and physically while they work on the appropriate areas of their lives. Both drugs improve problems associated with opioid dependence because their pharmacological characteristics enable patients to function more normally. Entry into opioid treatment programs allows people to receive appropriate other treatment and help, so that if they subsequently wish to withdraw from their opioid treatment program, they have a realistic chance of maintaining abstinence.
- Needle and Syringe Program, including the provision of sterile injecting equipment as well as access to a range of other services including education and counselling, mental health services and referral to drug treatment programs. Programs also provide both drug users and members of the public with access to safe needle and syringe (sharps) disposal facilities. These measures are in part funded by the Australian Government.
- Enforcing Queensland's *Drugs Misuse Act 1986* by targeting recidivist and high-level synthetic drug and cultivated drug traffickers; distributors and runners of precursor chemicals; producers and distributors of cannabis; and confiscating the assets and wealth derived from illicit drug enterprises. Conducting joint operations with other law enforcement agencies and actively share intelligence for a range of policing activities, in particular, the supply of amphetamine type stimulants, and the diversion of pharmaceuticals and precursor chemicals into the illicit market.

- *Ice-Breaker Strategy*, which is a comprehensive approach to addressing methamphetamine use, including 'ice', including a state-wide education campaign to warn young people about the risks and dangers of using 'ice', an assessment of drug treatment facilities and other interventions, and law enforcement measures such as a prohibition for the sale and retail display of ice pipes.
- The *Illicit Drug Use by Offenders Policy* and related drug strategy to help to address the challenges of minimising harm and reducing drug use by prisoners. The aim is to create safe correctional environments where drug related harm is minimised and for the reintegration of offenders following treatment interventions to reduce drug use and related criminal behaviours post release.
- Volatile substance misuse safe recovery services in areas with high levels of inhalant use. Safe recovery services provide a place for young people affected by inhalant use as well as a coordinating point from which to address the underlying complex needs of the young people.
- The *Alcohol and Other Substances Demand Reduction Program*, which is seeking to identify and implement a range of initiatives that can contribute to a reduction in the demand for alcohol and other substances (including petrol sniffing) at the community level. The program also provides support to help build and maintain strong healthy families.
- The *State-wide Safety Action Plan* including the imposition of a state-wide 3am lockout and stricter liquor licence conditions on all operators trading in Queensland. The *Code of Practice for the Responsible Service, Supply and Promotion of Alcohol* which seeks to ensure liquor is served in a responsible manner and details how licensees and staff can identify and control the risks associated with the supply of liquor. The Code, among other things, indicates that premises should not promote drinking games or serve alcohol in other than standard measures.
- Social marketing campaigns to support and encourage the choice to not drink or to drink within safe guidelines. Campaigns will focus on specific population groups including those identified through research as being at high risk of alcohol-related harm and receptive to change.
- Parenting programs, including the Triple P *Positive Parenting Program*, which is a multi-level program derived from more than 15 years of research with a variety of different family populations.
- The *Queensland School Drug Education Strategy*, including the development of school and community responses to alcohol and other drug use, and constructive intervention with students involved in unsanctioned drug use at school.
- The nation's toughest tobacco laws are now in place in Queensland, and include a range of smoking bans for indoor and outdoor public places. Legislation also restricts retail display of tobacco products and tobacco sales to children. Anti-smoking and quit smoking social marketing campaigns also

alert the public to the dangers of smoking, and to encourage and support smokers to quit.

The Queensland Government also is addressing the common determinants of social and health problems through a range of initiatives including *Education and Training Reforms for the Future*, *Supportive Families*, *Breaking the Unemployment Cycle*, *Community Renewal* program, and *Partnership Queensland: Future directions framework for Aboriginal and Torres Strait Islander Policy in Queensland 2005-2010*.

Evidence of effectiveness

Drug and alcohol treatment

Treatment can have population level impacts e.g. on levels of crime and health problems in the community. Interventions can occur with family members of people with drug problems. This often increases treatment effectiveness and may minimise the intergenerational transmission of mental health and substance use problems. There is strong evidence that treatment programs for alcohol and other drug problems can be effective in reducing drug use and drug-related crime, and improving mental and physical health and social functioning. The evidence suggests that:

- for illicit drug use, treatment normally entails addressing both the physical and the psychosocial aspects of drug dependence, this may include pharmacotherapies, detoxification, and counselling and psychosocial intervention
- for alcohol problems, effective approaches include motivational interviewing, brief interventions, social skills training, community reinforcement approach, relapse prevention and some aversion therapies
- for smokers, nicotine replacement therapy is effective.

Drug treatment is cost effective when evaluated by a range of criteria including health, social well-being, economic prosperity and incidence of crime; and some forms of treatment are more cost effective than others.¹ For example, projections and evaluations of the cost effectiveness of methadone maintenance treatment range from Maidlow and Berman's estimate of 26:1² to Rufener's figure of 4.4:1 over a short time, and close to Maidlow and Berman's estimate in the longer term.³

The most comprehensive examination of the economic benefits and costs of drug treatment was performed with data from the Treatment Outcome Prospective Study [TOPS].⁴ They estimated the benefit–cost ratio to be 4:1. A much more conservative model, which valued only limited increases in employment rather than the much larger reductions in goods stolen, found a cost–benefit ratio of about 1:1.

A review of public and private sector methadone treatment in Australia in 1995 found the average cost of methadone maintenance treatment was about \$2,250 a person a year if two jurisdictions with substantially higher program costs (related to policy differences and small program sizes) were excluded, and \$2,662 if they were included.⁶ This is inexpensive when one considers the benefits, and even more so when compared with the costs of incarceration.

Crime Prevention

There is ample evidence that treatment plays a key role as a crime prevention initiative. For example, the Drug Abuse Treatment Outcome Study⁷ examined four major treatment modalities: outpatient methadone maintenance, long-term residential treatment, outpatient drug-free treatment and private/public short-term inpatient treatment. It found major reductions in most types of drug use across all treatments. After controlling for other factors, it also found reduced crime and increased employment associated with greater length of stay in the long-term residential treatment group.

Diversion

The Australian Government established the *Illicit Drug Diversion Initiative* (IDDI) in 1999 to divert illicit drug users to education or treatment. IDDI aims to prevent a new generation of drug users emerging in Australia and to reduce the number of people appearing before the courts for possession of small amounts of illicit drugs.

While it is generally too soon to say whether these programs will reduce crime and illicit drug use, extensive evaluation of Queensland Illicit Drug Diversion Initiatives (QIDDI) is underway showing some evidence of positive impact.

Australian Drug Courts have been found to improve the health and well-being of participants, reduce illicit drug use and recidivism and at a cost comparable to that of incarceration. An evaluation of the Drug Court Program in Queensland found that recidivism was reduced; few graduates re-offended and; average time to re-offending was longer than for comparison groups.

Evaluation of the Queensland Court Drug Diversion and Police Diversion programs (which fall under the Queensland Illicit Drug Diversion Initiatives) showed that both programs were very well received by all stakeholders and participating offenders. Offender self-reports indicated a 56% reduction or cessation of use of cannabis at 6 month follow-up. A key point was a 28% reduction in the number of court cases that would otherwise have occurred in the first two years of the program.

Needle and syringe programs

Australia has received international recognition for the leading-edge policies, programs and services it has developed with the aim of preventing or minimising drug-related harm. Nowhere has this policy been more important than in the illicit drugs area, where special priority has been given to pragmatic measures that can prevent or minimise the transmission of HIV/AIDS and other blood-borne diseases. Because of these measures, Australia has avoided an HIV epidemic and all of the public health, social and economic harms that accompany such epidemics.

Returns on Investment in Public Health 2002, commissioned by the Australian Government, demonstrates that needle and syringe programs have resulted in the prevention of an estimated 25,000 HIV infections. The savings to the healthcare system in avoided treatment costs for HIV alone is more than twenty times the cost of running needle and syringe programs.

There is nothing in the research evidence to show that the provision of needle and syringe programs attract more injecting drug users and other illicit drug users

to live in an area. Programs are established in areas where injecting drug use is already occurring. No study has ever found that the introduction of a Needle and Syringe Program contributed to increased levels of injecting drug use.

In fact, studies have reported decreases in drug use following the introduction Needle and Syringe Programs because they act as a referral point for clients wanting to begin drug treatment.

Alcohol social marketing campaigns

A Queensland-based Young Women and Alcohol Campaign has resulted in young women aged 18 to 22 years reducing their harmful consumption of alcohol. Phase Two evaluation shows that 63% of the target market took action to reduce their risky drinking behaviour. That is, they have reduced the amount of alcohol consumed at any one time, or the number of times they drink.

Since the launch of the campaign in 2004 there has been a significant increase in low risk drinking for short-term harm (up to 4 drinks in a session) among the target market, 45% pre-campaign to 59% post-Phase Two. Conversely, risky and high-risk drinking (5+ drinks in a session) has decreased from 51% pre-campaign to 41% post-Phase Two.

Diversionsary and alternative activities

Boredom, alienation, lack of opportunity, poor educational outcomes and unemployment are all strong risk factors for licit and illicit drug use. Well coordinated programs that can provide alternative recreational activities, skill development, education or employment can have significant effects in reducing alcohol and other drug use. It should be recognised, however, that these need to be well integrated into an overall program and not run as isolated stand alone strategies. The research suggests that multi-modal approaches, that reduce risk factors and increases protective factors, are effective. Approaches must be based on a good needs assessment and be part of an overall plan.

Tobacco social marketing campaigns

Queensland Health routinely undertakes mass media advertising to encourage people who smoke to quit and promotes the services of the Quitline to assist. Whenever a campaign is run, calls to the Quitline increase proportionally to the amount of advertising broadcast, most usually doubling the 'quit-rate' (from 10% to around 20% each campaign) and increasing the number of quit attempts in the broader community. Results from a community sample for the most recent campaign showed that 53% of people thought about quitting and 13% attempted to quit as a direct result of seeing the most recent campaign.

Smoking rates for young women are high in Queensland and Queensland Health also targets social marketing activities at sub-groups such as this. The 'Feeling Good' campaign is currently in its second phase and has proven successful in increasing and maintaining positive behaviour change with young women 18 – 24 years who smoke. Since the inception of the campaign there has been a significant increase in the number of young females who report they 'used to smoke' (10% to 20%) and a significant decrease in the number of young females who report smoking 'daily' (67% to 60%). The campaign has also resulted in a greater number of successful quit attempts and this has been maintained over time. The campaign has also impacted the intentions of young Queensland

women with 88% intend to positively change their smoking behaviour in the near future with 60% of these saying they want to quit.

Tobacco legislation

A 2006 statewide survey of 500 adults conducted after the introduction of the new Queensland tobacco legislation found that two-thirds (67%) of smokers are 'smoking less in public spaces', and one-third (33%) of smokers report they are 'thinking about quitting' or have 'decreased the number of cigarettes they smoke' (29%) because of the introduction of the new laws. 22% of smokers report they have attempted to quit because of the new laws, this equates to an estimated 123,000 Queenslanders. 2% of smokers say that they have successfully quit as a result of the new laws, this equates to an estimated 14,000 new ex-smokers. 27% of ex-smokers report that the new tobacco laws have helped them remain non-smokers. Almost half (48%) of smokers say the introduction of the new tobacco laws in July 2006 has led them to voluntarily stop smoking at other people's homes, 26% report having stopped smoking in their own vehicle or the household's vehicle. 22% say they have stopped smoking in their own homes, as a result of the tobacco laws being introduced.

Recommendations to the Australian Government

The Queensland Government strongly encourages the Australian Government to:

- work collaboratively with State and Territory Governments and non-government organisations to help reduce the impact of drugs on families and the community
- support and implement illicit and licit drug policies and programs which are guided by harm minimisation
- increase investment in effective harm minimisation initiatives and programs
- increase investment in community and human services, such as education, housing and transport, to help address common determinants of health and social problems, including those which influence drug use and drug-related problems
- increase investment in research to enhance evidence based practice.

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