00/51

20 December 2000

Ms Shelley McInnis
Inquiry into Substance Abuse
House of Representatives Standing Committee on Family and Community Affairs
Parliament House
CANBERRA ACT 2600

Dear Ms McInnes

Re: *AMA Submission Into the Inquiry into Substance Abuse in Australian Communities*

Thank you for providing the Australian Medical Association (AMA) with the opportunity to table a submission to the House of Representatives Standing Committee on Family and Community Affairs' *Inquiry into Substance Abuse in Australian Communities*. The AMA's submission is attached along with relevant AMA position statements.

Please feel free to contact me if you would like to discuss the AMA's submission further. I can be reached on (02) 6270 5400.

Yours sincerely

Dr Carmel Martin
Director, Health Services

enclosures:

SUMMARY OF RECOMMENDATIONS

In relation to tobacco, the AMA recommends:

- *incidental product placement, in television programs, movies, etc. should be acknowledged at the beginning of the program and should receive a rating which does not allow the program to be shown when people under 18 years of age are able to view the program;*
- *sporting and other healthy pursuits should not be sponsored by tobacco companies or be seen to promote smoking directly or indirectly;*
- *tobacco products should not be promoted at the point of sale;*
- *the Commonwealth Government, and State and Territory Governments which have not already done so, should enact legislation restricting tobacco advertising and promotion, and tobacco company sponsorship of sporting and other events;*
- *local governments should restrict tobacco advertising and promotion in areas under their control;*
- *further research should be conducted into the reason why people commence smoking, into methods to help smokers cease smoking and into the social and economic costs to the community of the ill-effects of smoking on health;*
- *smoking should be prohibited in all public areas, including all indoor workplaces, restaurants, and public transport;*
- *Commonwealth, State and Territory Governments should be encouraged to make repeated real increases in the rate of tobacco taxation, setting aside the resulting revenue for health promotion activities and a National Health Promotion Foundation;*
- *tobacco products should be removed from the list of goods used in calculating the consumer price index;*
- *nicotine should be subject to the Uniform Scheduling of Drugs and Poisons and hence the Poisons Act in each State and Territory;*
- *tobacco products should not be imported into, or sold in, Australia duty-free; and*
- *life, sickness and disability insurance companies should offer reduced premiums to non-smokers.*

In relation to alcohol consumption, the AMA recommends:

- *that all advertising of alcoholic beverages should encourage no more than the NHMRC-recommended level of consumption;*
- *that liquor licensing legislation should ensure that adequate powers exist for the inspection of licensed premises to assess whether such practices are observed;*
- *uniform enforcement of drink-driving laws in all states, including random breath testing;*
- *that State and Federal Government taxes directly reflect the total volume of alcohol in the product;*
- *that a component of existing taxation on alcohol be allocated to support research into the health effects of alcohol consumption;*
- *the evaluation and establishment of prevention and treatment programs for alcohol-related problems;*
- *training for community, youth and health care workers in the area;*
- *that appropriate mainstream services together with community-controlled and community-based programs are required to address alcohol consumption, particularly in some Aboriginal and disadvantaged communities;*

- *greater levels of assessment, supervision and care are needed in situations where an intoxicated individual is detained.*

In relation to illicit drug use, the AMA recommends that:

- *the increasing misuse of, and dependence on, drugs other than tobacco and alcohol, require flexible and comprehensive strategies directed at reducing demand for such drugs;*
- *users of illicit substances need information on the adverse psychological and physical outcomes associated with their use. This information should include advice on prevention of disease transmission. The physical and social consequences of continuing dependence should also be explained to users;*
- *appropriately organised opioid substitution programs should be available throughout all Australian States and Territories including correctional facilities;*
- *governments should continue to sponsor research to identify methods of detoxification and of the maintenance of post-detoxification independence from opioids;*
- *any measures, particularly educational programs, which are proven to reduce cannabis use should be supported;*
- *resources should be allocated to the investigation of the toxinology of cannabis with reference to the detection of quantities indicating impairment;*
- *prison sentences are generally inappropriate for offences related to the use, or the possession for personal use, of small amounts of cannabis and a criminal conviction should be recorded for repeat offenders only;*
- *appropriately designed trials to investigate the use of prescribed heroin in the management of heroin dependence be conducted;*
- *ready access to testing should be available so that people with a positive test result can act responsibly towards their partner/s and health providers;*
- *testing should only be performed with the voluntary consent of the patient and with adequate pre- and post-test counselling;*
- *information and education programs on these diseases should continue to be provided and special measures should be taken to reach individuals and groups with less access to prevention information and education;*
- *public education should include information about how to avoid the risks of contracting these diseases;*
- *the implementation of needle-exchange programs, particularly in prisons.*

In relation to prescription and over-the-counter medications, the AMA recommends that:

- *'prescription shoppers', as defined by the HIC, should be counselled by the HIC as to their excessive use of medical services and pharmaceutical products;*
- *in terms of scheduling over-the-counter medications, this should only occur where there is demonstrated safety in dispensing the medication by this method; and*
- *those dispensing over-the-counter medications should consider the possible need for a medical practitioner to monitor the illness, for example asthma, for which the over-the-counter medication is being provided.*

In relation to complementary therapies and unorthodox 'medicines', the AMA recommends that:

- *the manufacturers should be required to adhere to the same standards as the pharmaceutical industry with respect to purity, labelling and consumer product information;*
- *a centralised system to allow the reporting of adverse reactions be established;*
- *continued research to establish use and safety, is required.*

In relation to other non-medicinal substances, the AMA recommends that:

- *factual information should be made available to patients and their relatives, health professionals and retailers of products which might be bought by people intent on misusing them.*

In relation to drugs in sport, the AMA:

- *supports the development of educational material on the dangers of the non-medical use of substances which enhance performance in sport, and on disturbances of body image, and its distribution to the public, in particular to medical practitioners, pharmacists, legislators, sporting organisations, educators and young people;*
- *supports the development and distribution of specific educational material concerning the adverse health effects of alcohol, tobacco and illicit drugs on those involved in sport;*
- *recognises the need for further research into the use, availability and effects of drugs in sport;*
- *calls for adequate funding of research into the area of drugs in sport;*
- *calls on the Federal Government to distribute information about drugs in sport to all Australian doctors.*

In relation to research and funding for substance abuse programs, the AMA recommends that:

- *further research is needed into the effects of medications and of illicit substances in relation to driver's ability to control motor vehicles and in relation to road trauma;*
- *more research is required into the methods of education about substance misuse and abuse, and into the evaluation of those methods;*
- *sufficient, recurrent funding is vital to meet the needs of those individuals and their families requiring rehabilitation and support services.*

In relation to young people and substance abuse, the AMA recommends that:

- *appropriate training and education be made available to teachers, general practitioners, youth workers and others who work with young people in the community;*
- *young people are supported and encouraged to reach their full potential regardless of the choices they make;*
- *all pregnant women and partners receive sufficient information to enable them to make informed decisions about healthy lifestyle in relation to pregnancy;*

- *the importance of fostering positive self-esteem in young people be acknowledged in the development of all related policy and programs; and*
- *young people's access to mainstream health services be a priority in policy and program development to ensure advanced health outcomes for them.*

The Australian Medical Association's (AMA's) *Code of Ethics* (1996) sets out the medical profession's ethical and moral commitment to public health advocacy by affirming that the medical community must:

> *Accept a share of the profession's responsibility to society in matters relating to the health and safety of the public, health education and legislation affecting the health and well-being of the community.*

As such, we have developed and maintained a longstanding commitment to:

- educating the medical profession and the broader community about the deleterious health effects, social disruption, and economic impacts associated with substance abuse and misuse in our society; and
- advocating for public health measures that reduce this impact.

Our submission examines the consumption of tobacco, alcohol, illicit drugs, and licit drugs in Australian society and their impact on health care and provides a set of recommendations for appropriate action to alleviate the burden of substance abuse.

TOBACCO

The AMA is firmly committed to ensuring that tobacco smoking is universally recognised as one of Australia's major drug problems. The Australian Institute of Health and Welfare's (AIHW) report on *Statistics on Drug Use in Australia 1998* substantiates our strong stance against tobacco use through the following affirmation:

> *Tobacco use is the major cause of drug-related deaths in Australia.*[i]

Population statistics

In 1997, tobacco smoking was determined to be the risk factor accounting for the greatest burden of disease in Australia (Table 1). It was responsible for almost 10% of the total disease burden, 12% of the male disease burden, and 7% of the female disease burden.[ii]

Table 1. The burden of disease attributable to risk factors, Australia, 1996 (% of total DALYs – disability-adjusted life years)

Risk factor	Males (%)	Females (%)	Persons (%)
Tobacco	12.1	6.8	9.7
Alcohol harm	6.6	3.1	4.9
Alcohol benefit	-2.4	-3.2	-2.8
Illicit drugs	2.2	1.3	1.8

Source: Mathers et al. (1999)[ii]

Tobacco use was associated with over 80% of all drug-related deaths and almost 60% of all drug-related hospitalisations (Table 2).[i] Cancers (38%), respiratory disease (23%), and ischaemic heart disease (21%) accounted for the greatest proportion of tobacco-related mortality while ischaemic heart disease (25%), respiratory disease (18%), and cancer (17%) accounted for the greatest proportion of tobacco-related hospitalisations in 1996-1997.[i]

Table 2. Deaths (1997) and hospitalisations (1996-1997) attributed to drug use, Australia

Risk factor	Deaths (%)	Deaths (n)	Hospitalisations (%)	Hospitalisations (n)
Tobacco	80	18,224	58	149,834
Alcohol	16	3,668	37	95,917
Illicit drugs	4	832	4	11,240
Total	100	22,724	100	256,991

Source: AIHW 2000[i]

The AIHW *1998 National Drug Strategy Household Survey* found that 4 million Australians aged 14 years or older smoked tobacco of which 400,000 were teenagers.[iii] Additional results from the survey showed that:

- the proportion of recent smokers (regular and occasional smokers) decreased between 1995 (27%) and 1998 (26%);
- the proportion of regular smokers (those who smoked most days) aged 14 years or older declined between 1995 (24%) and 1998 (22%);
- the proportion of occasional smokers increased between 1995 (3%) and 1998 (4%);
- more males smoked than females (29% compared to 24%);
- males were twice as likely to be hospitalised for, or die from, tobacco-related illnesses;
- female smokers consumed greater quantities of cigarettes than males;
- the age group with the highest proportion of recent smokers (those who have smoked at least once in the past 12 months) was the 20-29 year olds (39%);
- 25% of all teenagers smoked (a teenager is defined as an individual between the ages of 14 and 19 years);
- just over 10,000 more female teenagers smoked than males.

A disturbing trend in underage smokers showed that the majority (78%) obtained their first tobacco products from friends and acquaintances but switched to retailers to supply most of their subsequent tobacco products (2.4% for first time supply compared to 53.5% for subsequent supplies).[iii] Female underage smokers tended to use retailers to supply their subsequent tobacco products more than males (63% of females compared to 41% of males).[iii]

AMA recommendations

The AIHW report on *Australia's Health 1998* identifies ischaemic heart disease, cerebrovascular disease (stroke), lung cancer, chronic obstructive pulmonary disease, and colorectal cancer as the five major causes of death in Australia.[iv] Smoking is related to the first four major causes of death, and as such, the AIHW has attributed a reduction in smoking rates as a contributing factor to the decline in ischaemic heart disease, cerebrovascular disease, lung cancer, and chronic obstructive pulmonary disease over the past 19 years.[iv]

In order to further alleviate the tobacco-related disease burden, the AMA is firmly committed to achieving a reduction in the number of individuals who smoke by advocating for change to the smoking-related social, economic, and legislative climates, and ensuring the rights of non-smokers to smoke-free air.

The AMA also notes that the Government commits less money per death to tobacco-related public health measures than to other major public health programs[v] despite the fact that

tobacco consumption is the major cause of drug-related deaths in Australia.[i] The inequity in funding of tobacco-related public health measures may be a reflection of the fact that the deleterious health effects of tobacco smoking are long term and generally manifest themselves in older individuals (over 39 years); however, this does not preclude the fact that tobacco is the number one cause of substance abuse-related morbidity and mortality in Australia.

As outlined in the enclosed AMA *Position Statement on Use and Misuse of Medicines and Drugs,* the AMA recommends that:

- *incidental product placement, in television programs, movies, etc. should be acknowledged at the beginning of the program and should receive a rating which does not allow the program to be shown when people under 18 years of age are able to view the program;*
- *sporting and other healthy pursuits should not be sponsored by tobacco companies or be seen to promote smoking directly or indirectly;*
- *tobacco products should not be promoted at the point of sale;*
- *the Commonwealth Government, and State and Territory Governments which have not already done so, should enact legislation restricting tobacco advertising and promotion, and tobacco company sponsorship of sporting and other events;*
- *local governments should restrict tobacco advertising and promotion in areas under their control;*
- *further research should be conducted into the reason why people commence smoking, into methods to help smokers cease smoking and into the social and economic costs to the community of the ill-effects of smoking on health;*
- *smoking should be prohibited in all public areas, including all indoor workplaces, restaurants, and public transport;*
- *Commonwealth, State and Territory Governments should be encouraged to make repeated real increases in the rate of tobacco taxation, setting aside the resulting revenue for health promotion activities and a National Health Promotion Foundation;*
- *tobacco products should be removed from the list of goods used in calculating the consumer price index;*
- *nicotine should be subject to the Uniform Scheduling of Drugs and Poisons and hence the Poisons act in each State and Territory;*
- *tobacco products should not be imported into, or sold in, Australia duty-free; and*
- *life, sickness and disability insurance companies should offer reduced premiums to non-smokers.*

ALCOHOL

The AMA asserts that excess alcohol consumption leads to an unacceptably high level of sickness and social disruption and constitutes a major public health issue. The short term health effects of excess alcohol consumption include poor coordination and judgement, vomiting, and unconsciousness while the long-term effects include coronary heart disease, liver and pancreatic disease, stroke, high blood pressure, and cancers of the digestive system.[iv] 'Binge drinking' large amounts of alcohol is a major concern as it is associated with suppression of the central nervous system, stomach inflammation, toxic damage to the bowel, suicide and falls, motor vehicle and pedestrian accidents.[vi] The social disruption associated with excessive alcohol consumption, particularly intoxication, is reflected in accidents

(particularly motor vehicle), mental illness, family breakdown, unemployment, crime, and violence.[iv]

We must stress, however, that not all alcohol consumption is deleterious to health. In fact, low levels of alcohol consumption are associated with reduced cardiovascular disease in older individuals. The AMA condemns the consumption of **hazardous** (though often socially acceptable) levels of alcohol and formally endorses the National Health and Medical Research Council's (NHMRC) recommendations that it is potentially hazardous and harmful to exceed a daily intake of four standard drinks for men and two for women (unless pregnant, when abstinence is desirable).[vii]

Population statistics

In 1997, the harm caused by alcohol consumption accounted for 4.9% of the total disease burden, 6.6% of the male total disease burden, and 3.1% of the female total disease burden in Australia (Table 1).[ii] The net harm of alcohol consumption was calculated as 2.1% (the harmful effects less the beneficial effects of alcohol).

Alcohol use was the second highest cause of drug-related mortality in Australia. It attributed to around 16% of all drug-related deaths, 37% of all drug-related hospitalisations, and 62% of all drug-related hospital episodes for those aged between 15 and 34 years in 1996-1997 (Table 2).[i] In 1997, alcoholism accounted for 27% and road injuries accounted for 12% of alcohol-related deaths.[i]

The AIHW *1998 National Drug Strategy Household Survey* found that 12 million Australians aged 14 years or older consumed alcoholic beverages of which 1 million were teenagers.[iii] Additional results from the survey showed that:

- the proportion of Australians who consumed any alcohol increased slightly between 1995 (78%) and 1998 (81%);
- the proportion of regular drinkers (those who consumed alcohol at least one day per week) increased between 1995 (44%) and 1998 (49%);
- more males were regular drinkers of alcohol than females (59% compared to 39%);
- males were more likely to drink three or more standard drinks on a day than females (64% compared to 38%);
- 50% of Australians between the ages of 20 and 59 were regular drinkers;
- 70% of all teenagers were recent drinkers (30% being regular drinkers and 40% being occasional drinkers).

The supply of alcoholic beverages to underage individuals showed a slightly different pattern to that of tobacco. The majority of underage male alcohol consumers (58%) obtained their first alcoholic beverage from relatives compared to underage females (51.6%) who predominantly obtained their first alcoholic beverage from friends and acquaintances.[iii] Similar to the tobacco trend, both underage males and females increasingly obtained their subsequent alcoholic beverages from retailers.[iii] Approximately 0.5% of underage males obtained their first alcoholic beverages from retailers compared to 16.8% who obtained subsequent alcoholic beverages from retailers. A similar pattern existed for underage females where only 0.4% obtained their first alcoholic beverages from a retailer compared with 18% who obtained subsequent alcoholic beverages from retailers.

In 1996, there were 1062 fatal road accidents in Australia involving drivers and motorcycle riders. Approximately 90% of these individuals were tested for their blood alcohol content (BAC) and it was found that 29% of those fatally injured drivers and riders had a high BAC (0.05 gm/100 mL or higher).[i] As reflected in drinking patterns, males were twice as likely to drive under the influence of alcohol than females (24% compared to 11%).[iii] The AIHW *1998 National Drug Strategy Household Survey*[iii] showed:

- an increase in the proportion of the population aged 14 years or older who drove a motor vehicle while under the influence of alcohol between 1995 (10%) and 1998 (18%);
- a slight decrease in those who operated hazardous machinery between 1995 (1.2%) and 1998 (0.8%);
- a slight decrease in those consuming alcohol who physically abused someone between 1995 (2.4%) and 1998 (2%);
- there were over four million victims alcohol-related verbal abuse;
- there were over one million victims of alcohol-related property damage;
- there were over 900,000 victims of alcohol-related physical assault;
- that more males were victims of alcohol-related incidents than females;
- that the age group with the most victims was 20-29 years of age.

AMA recommendations

Road trauma and liver cirrhosis are the main causes of alcohol-related mortality while alcohol dependence and harmful use are the major causes of alcohol related morbidity (Mathers *et al.* 1999). Unlike tobacco, the harmful effects of alcohol can occur at any age and alcohol dependence, harmful use, and road trauma account for the major disease burden for Australians aged 15-24 years.[ii]

In order to alleviate the burden of disease and social disruption associated with excess alcohol consumption, the AMA recommends:

- *that all advertising of alcoholic beverages should encourage no more than the NHMRC-recommended level of consumption;*
- *that liquor licensing legislation should ensure that adequate powers exist for the inspection of licensed premises to assess whether such practices are observed;*
- *uniform enforcement of drink-driving laws in all states, including random breath testing;*
- *that State and Federal Government taxes directly reflect the total volume of alcohol in the product;*
- *that a component of existing taxation on alcohol be allocated to support research into the health effects of alcohol consumption;*
- *the evaluation and establishment of prevention and treatment programs for alcohol-related problems;*
- *training for community, youth and health care workers in the area;*
- *that appropriate mainstream services together with community-controlled and community-based programs are required to address alcohol consumption, particularly in some Aboriginal and disadvantaged communities;*
- *greater levels of assessment, supervision and care are needed in situations where an intoxicated individual is detained.*

MEDICINES AND DRUGS

The therapeutic use of chemical substances plays a major role in patient care; however, the inappropriate use of chemical substances can prove detrimental to both the individual and society. Drug abuse and misuse (excluding tobacco and alcohol) is associated with morbidity and mortality related to HIV/AIDS, hepatitis, renal failure, mental illness, suicide, violence, and accidents.[iv]

Proscribed (illicit) drugs

Proscribed, or illicit, drugs include stimulants, opioids, hallucinogens, cannabis, and sedatives and their abuse and misuse can lead to deleterious health effects and social disruption.

Population statistics

In 1997, illicit drug use accounted for 1.8% of the total disease burden, 2.2% of the male disease burden, and 1.3% of the female disease burden (Table 1).[ii] Just over half of the total burden is due to premature mortality while the other half is due to drug dependence or harmful use.[ii]

In 1997, illicit drug use accounted for 4% of both drug-related deaths and drug-related hospital episodes.[i] Drug-related hospitalisations were commonly attributed to drug dependence (25%) and drug psychoses (25%). Although total drug-related deaths declined an average of 3% from 1990 to 1997, deaths related to illicit drug use increased by approximately 8% per year going from 54 deaths per million in 1990 to 92 deaths per million in 1997.[i]

The AIHW *1998 National Drug Strategy Household Survey* found that 3 million Australians aged 14 years or older used illicit drugs with teenagers accounting for over half a million of these.[iii] The survey results also showed that:

- the proportion of individuals 14 years or older who had ever used an illicit drug increased between 1995 (39%) and 1998 (46%);
- the proportion of individuals 14 years or older who recently used illicit drugs increased between 1995 (17%) and 1998 (22%);
- the proportion of teenage illicit drug use increased between 1995 (32%) and 1998 (38%);
- the increase in illicit drug use was consistent across both sexes and all age groups;
- there were more male (1.8 million) than female (1.5 million) illicit drug users in 1998;
- the age group with the highest number of recent illicit drug users was the 20-29 year olds (includes both marijuana/cannabis and heroin);
- lifetime cannabis use increased between 1995 (31%) and 1998 (39%);
- there were almost 3 million marijuana/cannabis users in 1998 of which ½ million were teenagers;
- lifetime heroin use increased between 1995 (1.4%) and 1998 (2.2%);
- there were over 112,600 recent heroin users in 1998 of which 15,500 were teenagers.

The AIHW *1998 National Drug Strategy Household Survey* also examined injecting drug use and they estimated there were almost 110,000 injecting drug users in Australia of which 12,000 were teenagers.[iii] Further results indicated:

- the proportion of individuals who ever injected illicit drugs increased between 1995 (1.3%) and 1998 (2.1%);
- the proportion of teenage injecting drug users remained stable at 1.6% between 1995 and 1998;
- males were more than twice as likely as females to have injected illicit drugs (2.8% compared to 1.3%);
- amphetamines were commonly the first drug to ever be injected followed by heroin (51% compared to 36%);
- most recent injecting drug users were likely to be injecting more than one drug.

The source of illicit drugs for first time use was almost always friends and acquaintances (over 80% used this source) for marijuana/cannabis, heroin, amphetamines, cocaine, LSD, and ecstasy.[iii] Users of heroin, amphetamines, LSD, and methadone increased their use of street dealers for subsequent sources. Friends and acquaintances were common first time sources for steroids (71%), inhalants (73%), and methadone (65%).

Although alcohol accounted for most of the drug-related harm, the AIHW found that 6% of individuals drove a motor vehicle, less than 2% verbally abused someone, and less than 1% physically abused someone, caused damage to property, or stole property while under the influence of drugs (other than alcohol).[iii]

AMA recommendations

In order to alleviate the burden of disease and social disruption associated with illicit drug use, the AMA recommends that:

- *the increasing misuse of, and dependence on, drugs other than tobacco and alcohol, require flexible and comprehensive strategies directed at reducing demand for such drugs;*
- *users of illicit substances need information on the adverse psychological and physical outcomes associated with their use. This information should include advice on prevention of disease transmission. The physical and social consequences of continuing dependence should also be explained to users;*
- *appropriately organised opioid substitution programs should be available throughout all Australian States and Territories including correctional facilities;*
- *governments should continue to sponsor research to identify methods of detoxification and of the maintenance of post-detoxification independence from opioids;*
- *any measures, particularly educational programs, which are proven to reduce cannabis use should be supported;*
- *resources should be allocated to the investigation of the toxinology of cannabis with reference to the detection of quantities indicating impairment;*
- *prison sentences are generally inappropriate for offences related to the use, or the possession for personal use, of small amounts of cannabis and a criminal conviction should be recorded for repeat offenders only;*
- *appropriately designed trials to investigate the use of prescribed heroin in the management of heroin dependence be conducted.*

As outlined in the enclosed AMA *Position Statement on Blood-Borne and Sexually Transmitted Viral Infections*, injecting drug users are at particular risk of acquiring a blood-

borne disease such as HIV/AIDS or Hepatitis C and further transmitting disease to others through sharing of syringes, sexual contact, or other situations where fluid exchange may take place (surgery, dental examination).

In order to reduce the risk of disease transmission via injecting drug use, the AMA recommends:

- *that ready access to testing should be available so that people with a positive test result can act responsibly towards their partner/s and health providers;*
- *testing should only be performed with the voluntary consent of the patient and with adequate pre- and post-test counselling;*
- *information and education programs on these diseases should continue to be provided and special measures should be taken to reach individuals and groups with less access to prevention information and education;*
- *public education should include information about how to avoid the risks of contracting these diseases;*
- *the implementation of needle-exchange programs, particularly in prisons.*

Prescribed medications

As outlined in the enclosed AMA *Position Statement on the Use and Misuse of Medicines and Drugs*, prescribed and over-the-counter medications comprise a vital component of medical treatment; however, the intentional or inadvertent misuse or abuse of medications is a very serious public health issue. The AIHW found that a major source for the illicit use of analgesics, tranquillisers, steroids, and barbiturates was commonly a prescription.[iii] The AMA is adamant that not only medical practitioners, but the pharmaceutical industry, as well as governments, have a responsibility to ensure that consumers are fully informed of the relevant side-effects and interactions associated with medications.

The AMA is particularly concerned with 'doctor-shoppers', or more precisely 'prescription-shoppers', that consult multiple medical practitioners for the purpose of obtaining prescription medications that the patient does not need or obtaining an inappropriate amount of prescription medications.

As such, the AMA recommends that:

'Prescription shoppers', as defined by the HIC, should be counselled by the HIC as to their excessive use of medical services and pharmaceutical products.

Over-the-counter medications

There is a misconception that over-the-counter medications are 'safe'; however, they can be abused and misused like any other drug. The AMA believes that it is the responsibility of the individual dispensing over-the-counter medications to ensure that adequate documentation and procedures are in place in order to detect the abuse and misuse of such medications including the possible need for a medical practitioner to monitor the 'consumer's' illness.

In order to ensure the safe use of over-the-counter medications, the AMA recommends that:

- *in terms of scheduling over-the-counter medications, this should only occur where there is demonstrated safety in dispensing the medication by this method; and*
- *those dispensing over-the-counter medications should consider the possible need for a medical practitioner to monitor the illness, for example asthma, for which the over-the-counter medication is being provided.*

Complementary therapies and unorthodox 'medicines'

Another area of concern for the AMA is the use of 'unorthodox' medicines (also referred to as complementary or alternative medicines) such as herbal and other 'natural' substances. Similar to over-the-counter medications, the broader community has a perception that such 'natural' products cannot be harmful; however, serious illness and death have been associated with the use of some of these substances.

In order to ensure the safe use of complementary therapies and unorthodox medicines, the AMA recommends that:

- *the manufacturers should be required to adhere to the same standards as the pharmaceutical industry with respect to purity, labelling and consumer product information;*
- *a centralised system to allow the reporting of adverse reactions should be established;*
- *continued research to establish use and safety, is required.*

Other non-medicinal substances

The AMA recognises that the use of such non-medical substances as petrol and adhesives to produce intoxication is hazardous to one's health.

In order to achieve a reduction in the number of individuals who use non-medical substances to produce intoxication, the AMA recommends that:

- *factual information should be made available to patients and their relatives, health professionals and retailers of products which might be bought by people intent on misusing them.*

Drugs in sport

As outlined in the enclosed AMA *Position Statement on Drugs in Sport*, the use of drugs in sport for 'doping' purposes is a major concern for the AMA. Over the next few months, a mass of interstate and international visitors and athletes will converge upon Sydney for the Olympic and Paralympic Games. Along with the obvious concerns over drug 'smuggling' and spread of infectious diseases associated with the influx of interstate and particularly, international, visitors, the AMA would like to draw attention to the deleterious health effects associated with the non-medical use of drugs in sport.

Elite or aspiring participants may take drugs for non-medical reasons such as performance enhancement, stress management, or enhanced body image, and the use or misuse of such drugs can result in adverse health effects.

In order to achieve a reduction in the number of individuals who misuse and abuse drugs in sport, the AMA:

- *supports the development of educational material on the dangers of the non-medical use of substances which enhance performance in sport, and on disturbances of body image, and its distribution to the public, in particular to medical practitioners, pharmacists, legislators, sporting organisations, educators and young people;*
- *supports the development and distribution of specific educational material concerning the adverse health effects of alcohol, tobacco and illicit drugs on those involved in sport;*
- *recognises the need for further research into the use, availability and effects of drugs in sport;*
- *calls for adequate funding of research into the area of drugs in sport;*
- *calls on the Federal Government to distribute information about drugs in sport to all Australian doctors.*

HEALTH CARE COSTS

A comparison of the total health care costs of tobacco, alcohol abuse, and illicit drug use between 1988 and 1992 is outlined in Table 3. As expected, the total health care costs associated with each risk factor are reflective of the proportion of mortality and morbidity for which they account. It is particularly alarming to see that the health care costs associated with both tobacco and illicit drugs have increased dramatically even after the effects of inflation have been removed.

Table 3. Total health care costs of risk factors between 1988 and 1992 (at constant 1988 prices)

Risk factor	1988 ($m)	1992 ($m)	Increase (%)
Tobacco	484.1	746.8	54.3
Alcohol	131.2	130.4	-0.7
Illicit drugs	27.8	38.3	38.1
Total	639.9	910.9	42.4

Source: Collins and Lapsley (1996)[viii]

Note – the sum of the individual costs of all drugs exceeds the 'All drugs' total as a result of adjustment for the effects of aggregation of the individual aetiological factors.

CONCLUSION

The burden of disease, economic impact, and social impact of substance abuse in Australia is enormous. Tobacco smoking, and particularly, alcohol consumption and illicit drug use are on the rise, especially in males, teenagers, and 20-39 year olds. The burden of disease attributed to mental disorders is 13% and it is found that substance abuse disorders are the leading cause of mental disorders for males (predominantly alcohol abuse followed by heroin).[ii]

Mathers *et al.* (1999) have identified major gaps in our knowledge regarding the effectiveness and associated costs of intervention strategies, particularly in the Australian

context.[ii] The AMA supports the contention of Mathers *et al.* (1999) and also feels that more research is needed into the effects of drugs (other than alcohol) on road trauma. Such research will require adequate, recurrent funding.

The AMA recommends that:

- *further research is needed into the effects of medications and of illicit substances in relation to driver's ability to control motor vehicles and in relation to road trauma;*
- *more research is required into the methods of education about substance misuse and abuse, and into the evaluation of those methods.*
- *sufficient, recurrent funding is vital to meet the needs of those individuals requiring rehabilitation and support services.*

The AMA also notes the increasing rate of substance abuse in young people and feels this area need particular attention.

In relation to young people and substance abuse, the AMA recommends that:

- *appropriate training and education be made available to teachers, general practitioners, youth workers and others who work with young people in the community;*
- *young people are supported and encouraged to reach their full potential regardless of the choices they make;*
- *all pregnant women and partners receive sufficient information to enable them to make informed decisions about healthy lifestyle in relation to pregnancy;*
- *the importance of fostering positive self-esteem in young people be acknowledged in the development of all related policy and programs;*
- *young people's access to mainstream health services be a priority in policy and program development to ensure advanced health outcomes for them.*

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[i] Higgins K, Cooper-Stanbury M, Williams P (2000). *Statistics on Drug Use in Australia 1998.* AIHW cat. No. PHE 16. Canberra: AIHW (Drug Statistics Series).

[ii] Mathers C, Vos T, Stevenson C (1999). *The Burden of Disease and Injury in Australia – Summary Report.* Australian Institute of Health and Welfare, Canberra: AIHW.

[iii] Australian Institute of Health and Welfare (1999). *1998 National Drug Strategy Household Survey: First Results.* AIHW cat. no. PHE 15. Canberra: AIHW (Drug Statistics Series).

[iv] Australian Institute of Health and Welfare (1998). *Australia's Health 1998: The Sixth Biennial Health Report of the Australian Institute of Health and Welfare.* Canberra, AIHW.

[v] Scollo M (1999). *Facts and Figures About Anti-Smoking Education Spending.* Heart and Cancer Offensive Against Tobacco.

[vi] Sayer GP, Britt H, Horn F, Bhasale A, McGeechan K, Charles J, Miller G, Hull B, Scahill S (2000). *Measures of Health and Health Care Delivery in General Practice in Australia.* AIHW Cat. No. GEP 3. Canberra: Australian Institute of Health and Welfare (General Practice Series no. 3).

[vii] National Health and Medical Research Council (1992). *Is There a Safe Level of Daily Consumption of Alcohol for Men and Women? Recommendations Regarding Responsible Drinking Behaviour.* Canberra: AGPS.

[viii] Collins DJ and Lapsley HM (1996). *The Social Costs of Drug Abuse in Australia in 1988 and 1992.* National Drug Strategy. Monograph Series 30/AGPS.