

South Australian Government Submission

to

**Federal House of Representatives'
Standing Committee on Family and Community Affairs**

**Inquiry into Substance Abuse
in Australian Communities**

June 2000

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1. Executive Summary and Introduction

The South Australian Government welcomes the opportunity to provide a submission to the Federal Government's Standing Committee on Family and Community Affairs on the social and economic costs of substance abuse in Australian communities.

The terms of reference for the Standing Committee are very broad and cover a wide range of issues. As identified, there are widespread social, health and economic costs associated with substance abuse in our communities covering such areas as family breakdown, crime, violence and law enforcement, road trauma, workplace safety and productivity loss and health care costs.

The South Australian Government places a high priority on addressing substance abuse, both licit and illicit, in our community. There is no easy answer and the effects of substance abuse are felt by all members of the community either directly or indirectly. The issues associated with substance abuse are complex with equally complex consequences.

It is recommended that the Standing Committee seek detailed information on the social and economic costs of substance abuse through the joint Commonwealth and States and Territories National Drug Strategy. The Strategy is described in this submission and comprises a high level Ministerial Council and a range of national expert committees and should be the key source for seeking information. It is understood that the National Drug Strategy's Intergovernmental Committee on Drugs will be providing a submission to the inquiry and will include details of all research and committee work on this area since the mid 1980s.

The SA Government's contribution to the Standing Committee's inquiry therefore focuses on State specific statistics, issues arising, outcomes of some recent national studies which have sought to quantify costs and State structures established to address the problem in South Australia (SA). An extensive list of relevant documents is also provided as a useful reference source for further information about substance use and abuse.

The SA Government's contribution is not intended to cover all issues relating to costs and does not describe in detail the wide range of strategies that the State supports to address substance abuse problems in the community. This contribution seeks to provide some local information on key issues to complement the expert advice recommended to be sought through the National Drug Strategy.

2. National Drug Strategy and South Australia's Response to Substance Abuse

2.1 National Drug Strategy

So significant and widespread are the effects of substance abuse that the Commonwealth and States and Territories have been working closely together over a number of years to develop consistent and focussed strategies aimed at reducing the harm from substance abuse.

This national effort - called the *National Drug Strategy* - is coordinated by the Ministerial Council on Drug Strategy (MCDS) which comprises Commonwealth, State and Territory

Ministers responsible for health and law enforcement. The Strategy involves an overarching national framework which provides the national policies and programs designed to reduce the harm caused by drugs to individuals, families and the broader Australian community. The framework provides the basis from which a range of National Drug Action Plans have, and continue to be, developed. In addition to these National Action Plans, a National Drug Research Strategy has been established to ensure that the principles underlying the framework are based on the best available evidence.

There are six national committees which support and report to the MCDS. They include:

- the Australian National Council on Drugs (ANCD) – has broad representation from volunteer and community organisations, law enforcement, education, health and social welfare interests and ensures an expert voice of non-government organisations and individuals working in the field reaches all levels of government. The role of ANCD is that of an advisory body. It provides independent strategic advice to Ministers from the non-government sector. It complements the advice received from senior State and Commonwealth officers through the Intergovernmental Committee on Drugs (see point below).
- Intergovernmental Committee on Drugs (IGCD) – comprises health and law enforcement senior officers from the Commonwealth, State and Territory governments and provides advice to MCDS ministers and is responsible for implementing the National Drug Strategy policies and guidelines and coordinating the development, implementation and evaluation of the National Drug Action Plans.
- Four expert committees which report to the IGCD on tobacco, alcohol, illicit drugs and school based drug education. Additional expert committees will be established as other priorities are identified.

The Commonwealth Government is responsible for providing leadership and to coordinate the National Drug Strategy and related programs and the States and Territory Governments are responsible for providing leadership in their respective jurisdictions.

Given the breadth of expertise, policy directions and activities associated with the National Drug Strategy, it is recommended that the National Drug Strategy be the key source for seeking information by the Standing Committee.

2.2 South Australia's Response to Substance Abuse

South Australia takes a strong and pro-active role in setting drug policy directions in the State. The State's commitment to addressing substance abuse is evident through its involvement as signatory to the National Drug Strategic Framework and in its high level decision making structures which oversee drug program priorities and the development of new initiatives.

A Cabinet Committee on Illicit Drugs and a Chief Executives' Coordinating Group on Drugs have been meeting regularly since early 1999. These structures were formed to ensure the State's strategic directions on drug programs are well focussed and coordinated across Government. The Cabinet Committee on Illicit Drugs focuses on drug policy priorities and monitors a range of new program initiatives announced in 1999 and funded through the Commonwealth and State. The Chief Executives Coordinating Group on Drugs provides

advice to the Cabinet Committee on Illicit Drugs and also advises the Cabinet Committee on licit drug program issues.

Examples of the types of drug programs currently operating in the State are provided in attachment B.

Fourteen new initiatives, some of which have been listed in Attachment B, have been funded – four by the Commonwealth and 10 by the State- totalling around \$31m over the next four years (approximately \$13m Commonwealth funding and \$18m State funding). These new initiatives cover a wide range of areas including drug supply reduction, demand reduction and harm reduction programs. They are a mixture of new trials and expanding existing services and include law enforcement, crime prevention, education and early intervention and treatment strategies.

Major new initiatives include a Drug Court Trial which commenced in May 2000, a Police Diversion proposal which is planned to commence in late 2000, the establishment of police led community based Drug Action Teams, expansion of the community based Clean Needle and Syringe Program, Aboriginal Kinship support service plans, local school and community based drug summits and cross sectoral initiatives across Catholic, State and independent schools to assist in the development of policies and practices for handling drug education and managing drug related incidents in schools.

3. Current Substance Use Statistics in South Australia

This section outlines current substance use trends in SA for a range of licit and illicit substances in order to provide the context and information about the level and types of problems being addressed in South Australia.

3.1 Alcohol Use

Alcohol remains the most widely accepted and extensively used drug in our community.

Alcohol is second to tobacco as the major cause of drug-related morbidity and mortality in South Australia. In 1997, 286 deaths and 7116 hospitalisations were attributable to alcohol use. This represents 15% of all drug related deaths and 32% of all drug related hospitalisations. In 1997, approximately 10% of all alcohol related deaths and hospitalisations were attributable to road accidents.

In addition to deaths and hospitalisations, alcohol use is associated with violence. In 1998, the National Household Survey ¹ revealed that:

- 6% of South Australian respondents reported that they had been physically abused by someone affected by alcohol in the previous twelve months
- 13% reported that they had been ‘put in fear’ by someone affected by alcohol within the previous twelve months.

¹ SA Drug and Alcohol Services Council (1999) National Drug Strategy National Household Survey – 1998 Unpublished Data: Adelaide South Australia

1992 estimates indicate that alcohol use cost South Australians at least \$374 million (ie: 24% of total drug related costs). Refer to the pie chart in section 4 of this submission to compare the estimated costs of alcohol in comparison to costs of other substances abused.

General Trends:

In 1998, the National Household Survey² revealed the following:

Weekly Drinking:

- Approximately 65%³ of adult South Australians reported drinking alcohol within the week prior to being interviewed
 - males (75%) were significantly more likely than females (56%) to have had a drink within the week prior
 - occasional drinking in South Australia appears higher than the national average, whereby 69% of males and 52% of females had consumed alcohol within the last week
 - the 1998 results showed a significant increase from 1995 estimates, when only 57% of adult South Australians indicated that they had consumed alcohol within the week prior (males 63%, females 51%)

Daily Drinking:

- Approximately 7% of South Australians consumed alcohol every day
 - males (10%) were more likely than females (4%) to have a daily drink
 - for both males and females the prevalence of daily drinking increased with age
 - the prevalence of daily drinking in South Australia is lower than the national figure, whereby 9% of the population drink daily (males 12%, females 5%)
 - there has been no significant change in daily drinking in South Australia since 1995

Harmful Drinking:

- Approximately 25% of South Australians reported drinking at hazardous or harmful levels (defined as the usual consumption of more than four standard drinks for males or two standard drinks for females within a 24 hour period)
 - for both males and females, the prevalence of drinking at hazardous or harmful levels peaked within the 18-24 age range, then decreased with age.

Teenage Drinking:

In 1996, the National Schoolchildren's Survey^{4 5} revealed that:

² SA Drug and Alcohol Services Council (1999)

³All percentage figures used have been rounded to the nearest whole number.

⁴Caution should be used when interpreting surveys which collect self-reporting information about the use of illicit drugs. Among schoolchildren in particular, it is probably the case that the level of reported drug use is higher than the actual level of drug use.

⁵ Christie P 1996 Drug and Alcohol Use among South Australian School Children – Bulletin on the SA School Children's Survey 1996. Drug and Alcohol Services Council: Adelaide, South Australia

- 30% of schoolchildren surveyed (aged 12 to 17 years) reported consuming alcohol weekly (boys 31%, girls 29%)
- Boys recorded a slightly higher prevalence of weekly drinking than girls, except at 14 years of age
- There was a steady increase in weekly alcohol consumption with age
- Less than 20% of 12 year olds drank in the last week, but nearly 50% of all 16-17 year old students had consumed alcohol in the last week.

3.2 Tobacco Use

Tobacco is the major cause of preventable drug related mortality in South Australia and a major cause of hospitalisation. In 1997, 1592 deaths and 14,287 hospitalisations were attributable to tobacco use. These figures represent 83% of all drug related deaths and 65% of all drug related hospitalisations. 1992 estimates indicate that tobacco use cost South Australians at least \$1061 million (ie: 67% of total drug related costs). Refer to the pie chart in section 4 of this submission to compare costs of tobacco use in comparison to costs of other substances abused.

General Trends:

Over recent years the number of smokers in South Australia has declined from 34% in 1981 to 26% in 1992. Since this time the decline in prevalence has stalled and possibly started to increase (28% in 1997). From 1989 to 1997 there has been a continual decline among those over 60 (22% to 12%), but an increase among those aged between 30 and 44 (28% to 34%). The above trends over the last two decades have been similar for males and females.⁶

Teenage Smoking:

The proportion of schoolchildren who use tobacco daily increases with age. In 1996, the National Schoolchildren's Survey revealed that the prevalence of ever having smoked and smoking in the previous week increased steadily with age, with slight differences found between the sexes. Over all age groups (12 to 17 years), in South Australia:

- 54% of students (boys 54%, girls 55%) reported having ever smoked cigarettes
- 18% of students (boys 17%, girls 19%) had smoked in the previous week
- 5.5% of students (boys 6%, girls 5%) had smoked daily in the previous week
- The prevalence of having ever smoked increased from less than 33% among 12 year olds, to approximately 75% among 17 year olds
- The prevalence of smoking in the previous week increased from 5% among 12 year olds, to approximately 40% among 17 year olds.

⁶ SA Department of Human Services 1997 Evaluation and Research Report No. 5 1995-1998, South Australian Smoking and Health Project.

3.3 Illicit Drug Use

Measuring the extent of illicit drug use in the community is difficult given its hidden nature. Many people who use illicit drugs on an occasional or irregular basis never come to the attention of authorities, so their activities do not appear in official statistics. The National Household Survey provides some data on illicit drug use in the general population, but the sample size for South Australia is too small to allow much meaningful analysis of this data. The findings on illicit drug use should be interpreted with caution.

Illicit drugs incur significantly less cost to the community than either alcohol or tobacco, but incur significant cost to the individual. In 1997, 49 deaths and 748 hospitalisations were associated with illicit drugs. This represents 2.5% of all drug related deaths and 3% of all drug related hospitalisations.

In 1998, 45 fatal heroin overdoses occurred in SA, an increase of 25% from 1997, which was marginally higher than the national increase of 23%. Dependent heroin users are 13 times more likely to die from illicit drug use than people of the same age and gender in the general population.⁷

1992 estimates indicate that illicit drug use cost South Australians at least \$140 million (ie: 9% of total drug related costs). Refer to the pie chart in section 4 of this submission to compare the costs associated with illicit drug use in comparison with costs for other substances abused.

General Trends:

The proportion of South Australians who are regular users of illicit drugs is relatively low. Cannabis remains the most commonly used illicit drug. In 1998, the National Household Survey revealed that approximately 6% of South Australians reported using illicit drugs every week.

Since 1995 there has been an increase in the prevalence of experimental drug use for all adult age categories. South Australian respondents in the 1998 Household Survey indicated that:

- 37% had tried cannabis, 6% reported use in the past week
- 8% had tried amphetamines, 3% reported use in the past 12 months
- 2% had tried heroin, 0.5% reported use in the past 12 months
- 2% had tried cocaine, 0.5% reported use in the past 12 months
- 9% had tried hallucinogens, 3% reported use in the past 12 months
- 3% had tried ecstasy/designer drugs, 1% reported use in the past 12 months
- 1% had tried barbiturates, 0.3% reporting use in the past 12 months.

The injection of amphetamine-type substances is increasing, particularly among males under 25 and it is believed that (as with heroin) the purchase of these drugs is often funded through

⁷ Hulse et al, 1999 The Quantification of Mortality resulting from the regular use of illicit opiates in Addiction no 94(2) pp221-229

crime. Recent research also indicates a strong link between amphetamine use and heightened verbal and physical aggression.

It is estimated that there are 5000 dependent heroin users in SA.

There is an increasing use of heroin in Aboriginal communities, leading to the emergence of Aboriginal people dealing in drugs which was previously unseen in South Australia.

There is a continuing and high level of cannabis use and acceptance of this habit. Long term cannabis smoking is not seen by users to be harmful despite strong health messages about smoking cigarettes. This is true for all members of the community including Aboriginal people.

Teenage use of Illicit Drugs:

Of the age group 12-17 years surveyed in 1996, the following use levels were reported:

- 33% had ever tried any illicit substance
- 36% had tried cannabis, 14% reported use in the last week
- 9% had used hallucinogens, 1% reported use in the last week
- 6% had used amphetamines, 1% reported use in the last week
- 2-4% had used ecstasy, heroin or cocaine, less than 1% reported use in the last week.

There were no significant differences between age groups of genders in the rate of lifetime or recent use.

The prevalence of experimental use among 14-17 year old boys decreased from 47% in 1995 to 38% in 1998. In comparison, experimental use among girls aged 14-17 years increased from 16% in 1995 to 37% in 1998. These differences are not statistically significant, possibly due to small sample size or reporting errors.

Within the school sector, the data collection that occurs in relation to suspension, exclusion and expulsion of students is in the process of being altered to include fields that relate to unsanctioned and illicit drug use. Anecdotally, cannabis is the illicit drug most used by students in South Australian schools.

Injecting drug use:

Injecting drug users are at greater risk of contracting blood borne viruses, such as HIV and Hepatitis C – but that risk has been significantly reduced through public education campaigns and the Clean Needle and Syringe Program.

Since 1987, there has been a substantial fall in the number of new HIV cases where injecting drug use has been the primary risk factor. Rates have fallen from 20%-30% in the late eighties

to 0%-6% in the late nineties. In 1998, no new cases of HIV were attributable to injecting drug use.⁸

Hepatitis C diagnoses have only been systematically recorded since 1995. Incident cases of Hepatitis C are defined as newly acquired infections and may be identified by recent seroconversion (infection within previous 12 months) or acute clinical illness not ascribed to other causes.

In 1999, 71 of the 78 (91%) incident cases of Hepatitis C were attributed to recent or current injecting drug use. All cases where it is not possible to be sure that infection was recent (within the past 12 months) are classified as prevalent cases. In 1999, 829 of the 1270 (65%) prevalent cases of Hepatitis C were attributable to past or recent injecting drug use.⁹

A 1999 analysis of injecting drug users in Adelaide¹⁰ found that:

- Polydrug use was the norm - users indicated that they had used 10 other licit or illicit drugs in their lifetime and 6 in the last six months (median figures)
- 68% of those surveyed reported heroin as the main drug of choice
- 57% of those surveyed reported amphetamine as the drug used for first injection
- Amphetamine use appears to be increasing among young people.

3.4 Use of Pharmaceutical Drugs

While pharmaceutical drugs have therapeutic benefits, there are complications that may result directly or indirectly from the use of prescribed drugs, including adverse reactions, dependence, traffic accidents, self-poisoning, drug related suicides and hip fractures in the elderly arising from falls.

In 1998/99, 37 individuals were registered with the SA Drug and Alcohol Services Council for treatment solely for benzodiazepine addiction and 511 other individuals sought treatment for more than one drug problem that included problematic benzodiazepine use.

Reliable, up-to-date information on the use of pharmaceutical drugs for non-medical purposes is difficult to find. The 1998 National Household Survey collected data regarding the rates in South Australia of 'ever used' and 'used within the last 12 months' of prescription and over-the-counter drugs for non-medical purpose.

The survey revealed the following levels of non-medical use of licit drugs:

- Approximately 14% of South Australians had ever misused analgesics
- Approximately 6% had misused analgesics within the last 12 months

⁸Department of Human Services (SA) Sexually Transmitted Disease Services, HIV Infections 1985 to 1998, Epidemiological Reports No 11 (1997), 12 (1998), 13 (1999).

⁹Department of Human Services (SA) Sexually Transmitted Disease Services, HCV Infections 1997 to 1999, unpublished.

¹⁰ Australian Institute of Criminology 1999 Demographic characteristics of Injecting Drug Users in Sydney, Adelaide and Melbourne 1997/98

- Approximately 6% had ever misused tranquillisers
- Approximately 3.5% had misused tranquillisers within the last 12 months
- There was a significant increase in misuse within the last 12 months for both drug types compared to 1995, while lifetime use has remained stable since 1995
- There is some evidence that misuse of analgesics and tranquillisers is higher among 18-24 year old females than other female age groups and all males, but sample sizes are too small to confirm this pattern.

Benzodiazepines are the most commonly prescribed psychoactive drug (mood/mind altering) in Australia. In 1992-93, benzodiazepines, sedatives and hypnotics accounted for 6% of all Pharmaceutical Benefits Scheme prescriptions.

In March 1992, the Clients of Treatment Agencies Census findings showed that 4% of the 5,259 clients surveyed reported benzodiazepines as their principal drug problem.

4. Social and Economic Costs of Substance Abuse

It is not easy to quantify the costs of substance abuse. This exercise would require an extensive research project which is not possible given the timeframe for this inquiry.

Drawing from existing research, the National Drug Strategic Framework identifies that nearly one in five deaths in Australia is drug related (licit and illicit). In 1998, it was estimated that approximately 22,500 Australians would die either directly or indirectly as a result of harmful drug use and over 175,000 Australians would be hospitalised for conditions that are the result of harmful drug use¹¹. There are however much wider and longer term implications of drug use in the community that need to be addressed outside of the obvious and concerning statistics on fatalities and hospital visits.

A national study was conducted in 1995 on behalf of the National Drug Strategy which attempted to quantify the economic costs of alcohol and other drug use in Australian society.¹²

The study estimated for the years 1988 and 1992:

- tangible costs, such as health care services, loss of production, welfare costs and road accident costs
- intangible costs, such as loss of life or reduced quality of life which cannot be valued in the economic marketplace.

Although the study was conducted at the national level and no comparable research has been carried out generally at the State level, a crude estimate for SA of economic cost can be calculated using the proportionate population of the State to Australia. This estimates that

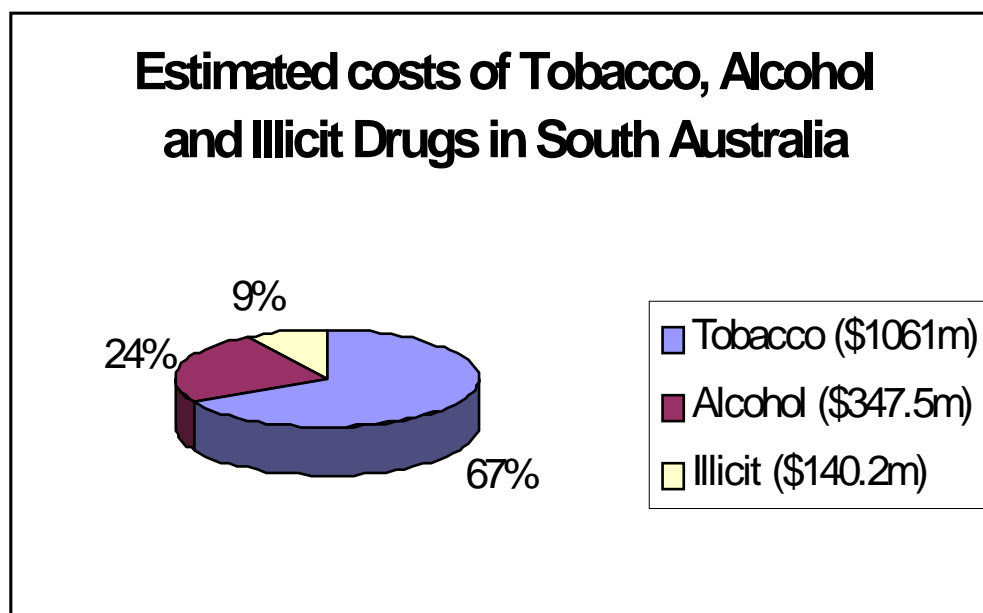
¹¹ Ministerial Council on Drug Strategy 1998

¹² Collins, D., & Lapsley, H. (1996). *The social costs of drug abuse in Australia in 1988 and 1992*. National Drug Strategy Monograph Series No.30. Canberra: Australian Government Publishing Service.

alcohol, tobacco and other drug use in the South Australia cost the community a minimum of \$1,569 million in 1992 ¹³.

Of this total approximately:

- 67% (\$1,061 million) is attributable to tobacco related costs
- 24% (\$374.5 million) is attributable to alcohol related costs
- 9% (\$140.2 million) is attributable to illicit drug related costs



These figures, although estimates, indicate the extensive and concerning impact that substance abuse has on the SA community, particularly from the use of alcohol and tobacco.

The following sections comment on a range of issues of concern to SA, all of which have significant social and economic costs. These issues cover many of the areas required for particular attention in the Standing Committee's terms of reference for the inquiry.

4.1 Crime

Crime has an economic impact on the community in a number of ways. The social ramifications of becoming a victim of crime for example, can include physical/psychological and financial harms and can require significant investments of time by police officers and other related community workers to help resolve such resulting problems.

¹³ The sum of the individual costs of all drugs exceeds the total cost as a result of adjustments for the effects of the individual aetiological fractions

While particular statistics on the underlying motive of all crime are not specifically collected, it is estimated that up to 80% of police time is devoted to incidents related to drug and alcohol misuse in some way or another.

The large amount of cash generated by the drug industry inevitably leads to a range of associated illegal or undesirable behaviours for example tax avoidance schemes, illegal gambling and stolen property markets.

It is believed that, especially with drug abusing offenders, a large number of offences are committed by a relatively small number of offenders. Up to 25% of all property offenders (including juveniles) have had a previous drug offence.

Up to 50% of dependent heroin users are unemployed,¹⁴ and many engage in property crime, drug dealing or prostitution to support their habit. The average expenditure on heroin by a dependent user is around \$230 per day (\$84,000 per annum) and it is estimated that over 60% (3000 people) engage in property crime and/or drug dealing to support their habit.

Of particular concern is the incidence of violent crime in the vicinity of licensed premises in SA including hotels, clubs and restaurants. Over the past six years, there has been on-average, more than a thousand serious assault-related offences in and around licensed premises.

Domestic violence is a criminal issue of public concern and refers to violence between men and women in both heterosexual and homosexual relationships. Refer to section 4.2 below.

4.2 Family Relationships

Substance abuse, apart from the costs to the individuals themselves, can be destructive to family relationships and places significant strain on those immediately affected. It contributes to such outcomes as family breakdowns, homelessness, poverty and unemployment.

It is often difficult to distinguish whether substance abuse issues are a symptom of relationship problems in families or a cause. Once established, however, substance abuse issues often contribute to or exacerbate relationship problems.

One outcome of substance abuse is family violence which is of concern in the general community and particularly in the Aboriginal community. In Aboriginal communities, family violence contributes to a high level of injuries and deaths, and behaviours are frequently exacerbated through drug and/or alcohol intake.

An Australian Bureau of Statistics survey of women in 1996 found that young women were more likely to be at risk of violence from their partner compared to older women. The survey estimated that 7.3% of women aged 18-24 had experienced violence by their current partners in the previous 12 months in Australia, compared to 2.1% of women aged 45-54 years.¹⁵

¹⁴ Australian Institute of Criminology 1999 Drug Use Monitoring in Australia: Preliminary results from the Southport site; Trends and Issues

¹⁵ Australian Bureau of Statistics. Women's Safety Australia. Canberra: ABS, 1996

Police are aware of a number of trends which link substance abuse to the manifestation of domestic violence such as:

- alcohol is frequently used as an excuse for the manifestation of domestic violence, but is generally not the primary causal factor
- drug dependent women in a violent relationship where they are also financially dependent on their partner to support their addiction, have difficulty escaping the circumstance
- many women turn to drugs and alcohol post relationship in an effort to mask their trauma symptoms, in effect turning to substance abuse as a coping mechanism.

4.3 Cultural Issues

Aboriginal Communities

This submission has highlighted Aboriginal community issues in a number of areas including family relationships and violence, the increasing use of heroin leading to the emergence of Aboriginal people dealing in drugs and road trauma (refer section 4.5 below). Apart from family violence, substance abuse also contributes to early deaths and for Aboriginal people, generational incarceration. Petrol sniffing is also a major concern.

Multicultural Youth and Communities

The issue of drug abuse is a serious concern among youth of diverse cultural backgrounds. A recent Multicultural Youth Speakout identified the use of drugs and alcohol as one of six major issues affecting young people from culturally and linguistically diverse backgrounds. Young participants stated that, although not specifically a youth issue, there are some drug and alcohol issues that are unique to people from culturally and linguistically diverse backgrounds.

4.4 Workplace Safety

Harmful drug and alcohol use can create a range of problems in the workplace. Employees with drug and alcohol problems can cause injury to themselves and others, can lose their job or family and damage their physical and mental health. Work mates of a drug or alcohol user can be faced with an increased rate of injury or disputes and covering for colleagues' poor work performance. Consequences for employers include loss of productivity, lateness, absenteeism, lost time, reduced production and work quality, inefficiency, damage to plant and equipment, injuries and workers compensation claims.

A survey conducted by the International Labour Organisation¹⁶ estimates that

- 20-25% of all occupational injuries are as a result of drug and alcohol use
- 62% of harmful drug and alcohol users are in full time employment
- 3-15% of fatal injuries are related to drug and alcohol use.

¹⁶ In Workcover Corporation of South Australia 1997 Guidelines for Drugs, Alcohol and the Workplace.

4.5 Road Safety

Of the many causes of road crashes, alcohol and drugs have attracted increasing attention. Research has been conducted on the relationship between substance use and road accidents. There is a clear relationship between alcohol and culpability for road trauma and is clearly linked to drink-driving offences (nearly 7,000 in 1998). More research on the effects of other drugs needs to be undertaken.

Analysis of random breath testing results shows a decrease in the number of positive tests in light of increased testing and public education campaigns. The data collected so far has identified hot spots, typical types of crashes, peak times for accidents which allows police to target areas of concern with tangible results.

In 1994/95, a project under the State Government's annual Road Safety Research Program, investigated the incidence of drugs and alcohol in 2,500 crash-involved drivers in South Australia¹⁷. Alcohol was confirmed as the major drug of concern for culpability for a crash. There was also evidence that Benzodiazapines (ie prescription sedatives) caused road crashes. There was no evidence that Cannabinoids were associated with elevated levels of culpability for road crashes. This latter finding continues to be researched.

A recent study has identified that there is an over-representation of Indigenous Australians in road fatality statistics¹⁸. Many drivers and pedestrian fatalities are related to alcohol abuse. Other factors include the non-wearing of seat belts and the poor condition of both the vehicles driven and some rural roads in remote areas.

Over recent years, the evidence highlighted in section 3 above on increased amphetamine use in SA suggests that more people are driving under the influence of amphetamines. The effect of this drug on driving behaviour needs further examination.

4.6 Sport

Although not highlighted for particular focus by the Standing Committee, substance abuse within the sporting community is particularly topical given the current focus on the upcoming Sydney Olympic Games and discussions about the use of performance enhancing drugs.

The 'drugs in sport' issue is usually associated with the use of anabolic steroids and more sophisticated performance enhancing drugs such as Human Growth Hormone, Erythropoietin and Insulin Growth Factor-1. However, there are many other issues surrounding substance abuse in sport.

The current issues and emerging trends include (but are not limited to):

- the use of medications, substances and supplements
 - in sport – to gain a competitive edge
 - recreationally – for enhanced body image

¹⁷ Hunter et al 1998 "*The Prevalence and Role of Alcohol, Cannabinoids, Benzodiazapines and Stimulants in Non-Fatal Crashes*"

¹⁸ Brice G (in progress) Australian Indigenous Road Safety – a critical review

- in minority groups and certain occupations – where an enhanced physique may be considered advantageous
- health risks associated with using these substances, eg contaminated products, sharing needles, etc
- the devaluing of sport in the eyes of the community due to the unethical use of banned performance enhancing drugs or the innuendo of its use
- the alleged ‘black market’ trade, criminal activity, illegal manufacture and importation of so called sports performance drugs/substances
- the proliferation of performance related products and gimmicks targeted at these communities
- the impact on families, the harm to athletes and the legal costs associated with athletes who test positive to banned performance enhancing drugs
- the misuse of medications by athletes to overcome or mask the effects of injury or illness
- the association between sport and the misuse of alcohol, a culture which currently exists and has been so for some time
- the exposure to ‘recreational’ drugs and illicit substances within these communities.

The non-sporting use of performance and image enhancing drugs is an emerging area of concern which was recently reviewed by the National Expert Advisory Committee on Illicit Drugs¹⁹.

¹⁹ Henry-Edwards S, Ali R, Bisshop et al (1999) Options for the Control of Performance and Image Enhancing Drugs. Paper prepared on behalf of the National Expert Committee on Illicit Drugs

ATTACHMENT A

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ATTACHMENT B

Examples of Current SA Programs and Services that Address Substance Abuse

The list of programs below gives an indication of the types of programs and strategies that are currently being used in South Australia to address the social and economic cost of substance abuse in the State.

This list of programs and strategies is not exhaustive.

Rehabilitation Services:

- Detoxification services
- The Woolshed Therapeutic Community
- SA Methadone Program - public, private and correctional services prescribers
- Drug Court Trial
- Police Drug Diversion Program
- Rapid Opioid Detoxification Trial
- Archway Rehabilitation and Community Services Inc - Rehabilitation Program
- Ceduna Sobering-Up Centre
- Archway Rehabilitation and Community Services Inc - Archway Sobering Up Service
- Mission SA – Hindmarsh Centre, Youth Drug and Alcohol Intervention Centre

Support Services:

- The Drug and Alcohol Resource Unit - assessment, counselling and referral for people with Alcohol and Other Drugs (AOD) related problems who are receiving other treatment at the Royal Adelaide Hospital.
- Metropolitan Community Services - outpatient counselling, assessment and referral for people with AOD problems living in the Adelaide metropolitan area
- Country Outreach Program- outpatient counselling, assessment and referral for people with AOD problems living in the rural areas of SA
- The Clean Needle and Syringe Program
- Supported Assistance Accommodation Project
- DASC Obstetrics Unit
- Mental Health Project
- Crime Prevention Program
- The Driver Assessment Clinic
- City Homeless Assessment and Support Team
- Responding to Harmful Use of Amphetamines
- Adelaide Day Centre for Homeless Persons
- AIDS Council of South Australia (ACSA)

- South Australian Voice for Intravenous Education ('SAVIVE')
- Loreto Spirituality Centre - provide counselling services and other support mechanisms to the families, friends and carers of people who are experiencing alcohol or drug problems
- Passenger Transport Board - sponsored free bus, train and tram service to the general public between midnight and 8.00 am on New Year's Day + 'Night Moves' sponsored public transport late Saturday evenings between midnight and 4am
- Pharmacy Guild of Australia – SA Branch - provision of administrative and data management facilities, professional fees and waste management to pharmacists participating in the 'Fitpack' clean needle and syringe scheme
- The Salvation Army – Sobering-Up Unit
- Wesley Uniting Mission counselling support program
- West End Baptist Mission Inc - Westcare Drug and Alcohol Services

Community-based Services:

- Adelaide City Council Alcohol and Illicit Drug Management Program
- Community Based Drug programs
- Police led community based Drug Action Teams
- Youth Advisory Forum
- Vietnamese Community Program
- Noarlunga Community Action on Drugs
- Indigenous Alcohol and Other Drug Programs
- Power Community Youth Program ('Healthy Lifestyles for Young People')
- Report on Illicit Drug Use by Aboriginal Communities in Adelaide
- Adelaide Central Mission, Byron Place Community Centre - caters for homeless people with AOD related problems
- Adelaide Central Mission, Kuitpo Community - long-term residential program for people with AOD dependency issues
- Blue Light Inc - Police initiative to forge links between SA Police and the community, particularly young people
- City of Salisbury – "In Motion" Dance Party
- Nganampa Health Council Inc - community based programs that are aimed at reducing petrol sniffing and other substance abuse
- Port Augusta Substance Misuse Service
- South East Drug & Alcohol Counselling Service Inc (SEDACS)

Education Services:

- Alcohol & Drug Information Service - telephone information service
- Communicable Diseases Program
- School Based Drug Education Program
- Professional Education and Training
- Hepatitis C training for General Practitioners
- Drug & Alcohol Services Council Library
- General Practitioner Project
- Health Promotion - Alcohol Go-Easy Project

- Media campaigns - Drink Driving
- Basketball Association of SA - encourages children to participate in the sport and to adopt appropriate role models
- Construction and other Industries Drug and Alcohol Program Inc
- Life Education SA Inc. - health and drug education program
- National Centre for Education & Training on Addiction (NCETA)
- Harm minimisation training for South Australia Police (SAPOL)
- Amphetamines Training Package
- Alcohol & Drug training for Tertiary Nurse Education Programs
- SA Branch Sports Medicine Association – SA Drugs in Sport Project

Other Services:

- Research and Development
- Development of Pharmacy Database
- Evidence-based Best Practice Unit
- Heroin Overdose Study
- Department for Correctional Services - development and coordination of drug and alcohol initiatives
- Flinders University of South Australia Projects:
 - Aboriginal Services Officer
 - Department of Medical Biochemistry – Liver Research
 - Graduate Certificate in Health, Alcohol and Other Drug Studies Scholarship
 - Noarlunga Community Action on Drugs Project
- South Australia Police – Drug and Alcohol Policy Coordinator
- South Australian School Children’s Survey - triennial survey of alcohol, tobacco and other drug use among South Australian schoolchildren
- University of Adelaide projects -
 - Lecturer Position
 - Chair of Addiction Studies
 - Graduate Diploma in Alcohol and Drug Studies course