Commonwealth Department of Health and Aged Care

SUBMISSION TO THE HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON FAMILY AND COMMUNITY AFFAIRS INQUIRY INTO SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES

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Substance Abuse in Australian Communities

Prevalence and Trends in Use

- Licit drugs, namely alcohol and tobacco remain the most widely used drugs in the Australian community and result in the greatest social and economic costs. 81% of Australians aged 14 years and over report using alcohol within the past year, and 26% report tobacco use within the last year. The most dramatic trend in use of licit drugs has been the marked decrease in prevalence of tobacco use by men, dropping from 72% in 1945, to 29% in 1998.

- Cannabis is the most widely used illicit drug in Australia, with 39% of those aged 14 years and over using it at some point in their lives and 18% having used it in the past year. In Australia, about 10% of people who ever use cannabis become daily users, and another 20-30% use weekly. The rate of lifetime cannabis use has increased from 28% in 1985 to 39% in 1998.

- Amphetamines is the next most widely used illicit drug, with around 9% of the adult population having used them at some time in their lives (this has increased from around 5% in 1993). This rate conceals a substantially higher rate of use among younger people, with for example, 25% of males aged 20-29 years reporting lifetime use in 1998.

- Use over the past year and lifetime use of other illicit drugs, including LSD/hallucinogens, ecstasy, cocaine and heroin is below 10%, with reported lifetime use of cocaine in 1998 at 3-4% and heroin at 2%. Because of the limited sample size of surveys, it is difficult to determine with any confidence whether rates of use of these drugs has changed dramatically, however other sources of evidence, including data on overdoses, suggest that heroin use is increasing.

Costs to Users and the Community

- Drug use cost Australia a minimum of $18.8 billion in 1992, with illicit drug abuse accounting for an estimated $1.6 billion or 8.9% of the total. The tangible costs of illicit drug use (in constant prices) rose from $908 million in 1988 to $1120 million in 1992, representing a 23.3% increase.

- Tobacco caused a great many more deaths (18,224) than alcohol (3,668) and illicit drugs (832) in 1997. Alcohol and illicit drugs accounted for more life years lost because both contribute to deaths among adults at an earlier age than tobacco.

- In Australia tobacco is associated with over four in every five drug-related deaths and almost three in every five drug-related hospital bed days. Tobacco contributed to over 18,000 deaths in 1997 and almost 150,000 hospitalisations.

- The most frequently occurring tobacco-related conditions were cancers, ischaemic heart disease and chronic obstructive pulmonary disease. Males were more than twice as likely as females to be hospitalised, and to die from, tobacco-related causes.

- Alcohol is second only to tobacco as the major cause of drug-related mortality in Australia. In 1997 there were almost 4,000 alcohol-related deaths and just under 100,000 hospital episodes. The main causes of alcohol-related deaths and hospital episodes were cirrhosis of the liver, strokes and motor vehicle accidents.

- In 1997, there were 832 Australian deaths attributable to illicit drug use, which was 42% of all drug-related-deaths among 15-34 year olds. Illicit drug use was mainly implicated in deaths due to opiate dependence (66%) and suicide (16%). There is a poverty of data on the causes of mortality among illicit drug users, although it is known that there is an excess among males and those aged in their twenties and thirties.

- In terms of life years lost, illicit drug use accounted for a relatively small number in aggregate but a much larger number of life years per death than tobacco or alcohol, reflecting the young age at which illicit drug users die (average of 30 years).

- The major causes of death attributable to illicit drug use were those due to opioid overdoses. Although injecting drug use is a major vector for the transmission of infectious diseases, such as, HIV and hepatitis B and C, this has not so far been reflected in Australian mortality data. This is likely to change in the future. Other forms of illicit drug use accounted for a minority of all deaths attributable to illicit drug use.

Cross-National Comparison of prevalence of use and problems

- Rates of alcohol use disorders (abuse and dependence) are similar in Australia (1.9% abuse, 4.1% dependence) and the US (2.5% and 4.4%). "Binge" drinking (more than 5-6 standard drinks per drinking occasion) appears slightly higher in the US, at 16% compared to 12% in Australia, while daily drinking is more common in France than Australia.

- Tobacco smoking is a prominent cause of preventable death in Australia, but more tobacco is smoked per capita in many Asian and European countries, and in the US and Canada. Equal numbers of Australian male and females are regular smokers, similar to European countries but different to the US. Rates of lung disease are lower in Australia than in other countries where the prevalence of tobacco use is much higher.

- Just under half (46.0%) of the Australian population reported using illicit drugs at some time in their lives in 1998, with 22% having done so within the past 12 months. This compares to 35.8% and 10.6% respectively of the population in the US.

Community Attitudes to Drug use and Drug Policy

In the 1998 National Drug Strategy Household Survey:

- heroin was nominated by 37% of people as the drug they first thought of when people talked about a drug 'problem', ahead of marijuana/cannabis (21%).

- excessive alcohol consumption was the behaviour/drug most frequently mentioned by Australians as being of most serious concern to the community (nominated by 25% of Australians). This was followed by heroin use (24%), tobacco smoking (17%) and sharing needles or syringes (14%).

- respondents asked how they would distribute a hypothetical $100

    - to reduce tobacco use, indicated $52 should be spent on education, $29 on treatment, and $19 on law enforcement:

    - to reduce alcohol use, indicated $46 should be spent on education, $28 on treatment and $26 on law enforcement;

    - to reduce cannabis use, indicated $46 should be spent on education; $25 on treatment and $29 on law enforcement; and

    - to reduce heroin/cocaine use, indicated that $36 should be spent on education, $24 on treatment and $40 on law enforcement.

The National Drug Strategy

- The National Drug Strategy (NDS) adopts a comprehensive approach to drugs which encompasses the misuse of licit as well as illicit drugs. Policies and programs to address the problems of alcohol, tobacco, pharmaceuticals and illicit drugs all fall under the umbrella of the NDS.

- The NDS, previously known as the National Campaign Against Drug Abuse, was established in 1985 to facilitate a national approach to reducing the harm caused to the Australian community by the use of licit and illicit drugs. The *National Drug Strategic Framework 1998-99 to 20002-03*, which provides the framework for the current phase of the NDS, was endorsed by the Ministerial Council on Drug Strategy on 19 November 1998.

- Advisory structures under the NDS include the:

    - **Ministerial Council on Drug Strategy**, which brings together Commonwealth, State and Territory Ministers responsible for health and law enforcement to collectively determine national policies and programs to reduce the harm caused by drugs;

    - **Intergovernmental Committee on Drugs**, a Commonwealth and State/Territory government forum, which supports the Ministerial Council on Drug Strategy.

    - **Australian National Council on Drugs**, which was established by the Prime Minister, the Hon John Howard, in March 1998. The ANCD provides Ministers with independent, expert advice on matters connected with licit and illicit drugs.

    - **National Expert Advisory Committees**, which have been established for tobacco, alcohol, illicit drugs, school drug education, research, and monitoring and evaluation. These committees have been established to provide expert advice to the Ministerial Council on Drug Strategy, the Australian National Council on Drugs and the Intergovernmental Committee on Drugs on priorities and strategies for dealing with specific drug related harm, including priorities and strategies for supply reduction, demand reduction and harm reduction.

Role of the Commonwealth, States and Territories under the National Drug Strategy

- The Commonwealth Government has a dual role under the National Drug Strategy. Firstly, it is responsible for providing national leadership in Australia's response to reducing drug-related harm. Secondly, the Commonwealth Government has responsibility for implementing its own policies and programs that contribute to the reduction of drug related harm.

- A range of Commonwealth Government agencies have responsibility for policies and programs that may impact on the demand for, or supply of, tobacco, alcohol and other drugs. These include the:

    - Department of Health and Aged Care;
    - Department of Family and Community Services;
    - The Commonwealth Department of Education, Training and Youth Affairs;
    - The Commonwealth Attorney-General's Department;
    - The Australian Customs Service;
    - The Australian Federal Police; and
    - The National Crime Authority.

- Under the National Drug Strategy State and Territory governments are responsible for providing leadership within their respective jurisdictions. They are responsible for policy development, implementation and evaluation and for the delivery of police, health (including drug treatment) and education services to reduce drug related harm.

Department of Health and Aged Care Responsibilities in Addressing Drug Related Harm

- The Department of Health and Aged Care administers programs which are both directly targeted at reducing drug related harm and more broadly focused, in recognition of the wider social and health context in which drug use occurs.

- Activities for which the Department is responsible include:

    - administration of Commonwealth Government funding to State and Territory Governments to contribute towards State based drug prevention, treatment, research and education activities;

    - mechanisms to assess pharmaceutical products, both for registration on the Australian Register of Therapeutic Goods and for subsidisation under the Pharmaceutical Benefits Scheme;

    - administration of Commonwealth Government funding to primary prevention initiatives. Such initiatives may be directly aimed at preventing the uptake to drug use, for example, the Community Partnerships Initiative, or may be in related areas, for example, activities under the National Suicide Prevention Strategy and the National Mental Health Strategy;

    - activities to promote health and wellbeing, for example, through the provision of education and information;

- improving access to treatment services through both the provision of funding to the States and Territories and direct funding of Non-Government Organisation (NGO) treatment services;

- improved service delivery through the development of best practice guidelines and training packages for a range of workers who come into contact with drug users;

- administration of Commonwealth Government funding for a range of research and monitoring activities to inform policy and practice;

- programs designed to reduce the transmission of blood borne viruses among people who inject drugs;

- programs promoting the diversion of illicit drug users away from the criminal justice system and into treatment; and

- participation in international forums to address alcohol and other drug use and related harms.

Current Initiatives and Responsibilities

- Responsibilities of the Department of Health and Aged Care which contribute to the reduction of drug use and related harm can be categorised into nine broad areas:

    1. Funding for State and Territory Governments and Peak Bodies under the National Drug Strategy. Includes:

        - funding to States and Territories under the Public Health Outcome Funding Agreements; and

        - funding to the Australian National Council on Drugs to support the outsourced secretariat and implementation of the Council's workplan.

    2. Prevention and Early Intervention. Activities include:

        - initiatives under the National Illicit Drug Strategy, including the Community Partnerships Initiative and the National Illicit Drug Campaign;

        - programs under the Second National Mental Health Plan and the National Suicide Prevention Strategy, including school based approaches such as *Mind Matters: a Mental Health Promotion Resource for Secondary Schools.*

        - National initiatives under the National Tobacco Strategy, including a review of current health warnings on tobacco products and changes to tobacco excise arrangements; and

        - development of social marketing campaigns in the area of tobacco, alcohol and illicit drugs.

3. National Responses to HIV/AIDS, hepatitis C and Related Diseases.

   - The Department of Health and Aged Care is the principal Commonwealth agency responsible for coordinating the national response to HIV/AIDS, hepatitis C and other related diseases within a 'whole-of-government' approach. Activities include the provision of funding to State and Territory Governments for needle and syringe programs and funding of activities in respect of the provision of education/information.

4. Treatment, including Diversion to Treatment. Responsibilities include:

   - the Commonwealth Government funds the cost of methadone syrup under section 100 of the Pharmaceutical Benefits Scheme;

   - Funding has been provided to 133 drug treatment programs across Australia under the National Illicit Drug Strategy, NGO Treatment Grants Program;

   - Under the Illicit Drug Diversion Initiative, funding will be provided to State and Territory Governments for the diversion of minor drug offenders out of the criminal justice system and into compulsory assessment, with a view to education and/or treatment.

5. Education and Promotion of Best Practice. Activities include:

   - funding the development of training materials for a range of frontline workers, including police, General Practitioners and people who work with young people;

   - the development of best practice guidelines on tobacco control for health professionals and allied workers;

   - a review of best practice in the provision, ongoing management and operation of the National Quitline Service;

   - the development of revised responsible drinking guidelines; and

   - the development of consumer and prescriber information on naltrexone and clinical guidelines for all pharmacotherapies for the treatment of opioid dependence, including naltrexone, methadone and buprenorphine.

6. Research, Monitoring and Evaluation. Activities include:

   - commissioning of research to inform effective nicotine regulation policy;

   - research in respect of the role of alcohol and other drugs in childhood poisonings, drownings and near drowning, and falls in the elderly, under the National Injury Prevention Action Plan; and

   - funding of drugs research by the National Health and Medical Research Council.

7. Addressing the Needs of Specific Populations.

   - A number of areas within the Department have responsibility for specific population groups, including the Office of Aboriginal and Torres Strait Islander Health and the Rural Health Branch. Generic programs also target specific populations, for example, the recent social marketing campaigns for both tobacco and alcohol have a component targeting people from culturally and linguistically diverse backgrounds. Similarly, best practice approaches to smoking cessation among Aboriginal and Torres Strait Islander Communities are being developed under the National Tobacco Strategy.

8. Registration, Availability and Quality Use of Medicines.

   - The Therapeutic Goods Administration is responsible for carrying out a range of assessment and monitoring activities to ensure that all therapeutic goods, including those for the management of alcohol and other drug use and harm, are of an acceptable standard.

   - The Pharmaceutical Benefits Branch is responsible for managing the listing of pharmaceutical products on the Pharmaceutical Benefits Scheme and for implementing quality use of medicines initiatives.

9. International Initiatives.

   - Australia is a signatory to several international conventions and agreements in respect to drugs. Australia is a major donor to the United Nations International Drug Control Program and has been a member of the Commission on Narcotic Drugs since 1973.

   - The Commonwealth is responsible for controlling the manufacture, import and export of all controlled substances. This responsibility is executed by the Department of Health and Aged Care through a system of licences and permits.

Evaluation and Monitoring

- Monitoring and evaluation strategies are required to determine whether the objectives and priorities of the National Drug Strategic Framework are being met and whether specific strategies identified in the National Drug Action Plans are effective. A comprehensive National Drug Monitoring and Evaluation Strategy is being developed under the direction of the Intergovernmental Committee on Drugs.

- An evaluation of the National Illicit Drug Strategy is being developed to feed into the evaluation of the National Drug Strategic Framework.