



**Alcohol and other Drugs Council of
Australia**

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

**Inquiry into
Substance Abuse in
Australian
Communities**

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1. Introduction

The Alcohol and other Drugs Council of Australia (ADCA) is pleased to have the opportunity to make a submission to the House of Representatives Standing Committee on Family and Community Affairs Inquiry into Substance Abuse in Australian Communities.

This submission aims to provide a clear framework for addressing the social and economic costs that arise as a result of substance misuse.

The issue of substance misuse has been of growing concern in communities across Australia. In a recent survey by the Brotherhood of St Laurence the 'drugs problem' was the key issue of concern for respondents above unemployment, poverty, education, and health (Johnson & Taylor 2000).

The level and focus of concern does not always correspond to the highest social and economic costs of drug misuse. For example the greatest social and economic costs from substance misuse in this country are as a result of the misuse of alcohol and tobacco. The greatest focus for many in the community in relation to drug misuse however, is on the use of heroin and other illicit drugs, drugs which are used by only 2.2% of the population (AIHW 1999).

Identifying the social and economic costs of substance misuse is an important means of clarifying the real impacts of this misuse in Australia today.

ADCA has recently completed a period of extensive consultation and policy development resulting in the production of *Drug Policy 2000: A New Agenda for Harm Reduction*, which is included as part of the Council's submission.

In this submission ADCA examines the social and economic costs of substance misuse and recommends strategies for addressing these costs. Following an overview of ADCA and its role in Chapter Two, Chapter Three contains an outline of key issues for consideration in an Inquiry into Substance Abuse in Australia. These issues include a discussion of the terms of reference of the Inquiry, a discussion of the relationship between the harm caused by drug misuse and its social and economic costs. This section also outlines the key groups and organisations that need to work in partnership to address the harm caused by the misuse of drugs.

Chapter four examines the social and economic costs of substance misuse across the areas identified in the terms of reference for the Inquiry and provides strategies for addressing these costs and reducing the harm of drug misuse in the community.

ADCA would welcome the opportunity to discuss this submission in detail with the Standing Committee.

2. Role of the Alcohol and other Drugs Council of

Australia

ADCA is the Australian peak body for the alcohol and other drugs sector – the national voice for consumer groups and people working to reduce the harm caused by alcohol and other drugs.

The Council develops, in consultation with members and other people working in the alcohol and other drugs field and with consumers, progressive, innovative, cohesive and equitable evidence-based policies. It then advocates them to governments, businesses and communities, and raises public debate about key issues.

ADCA is an independent, non-government organisation managed by a Board of Directors and administered by a Chief Executive Officer. It (under another name) was established in 1967.

There are over 350 financial members of ADCA; these include alcohol and other drug agencies, consumer groups, a wide range of health professionals, lawyers, researchers, police officers, educators, academics, policy advisers, social workers, people involved in correctional services, and organisations which support ADCA's aims.

REFERENCE GROUPS

ADCA's strength is in its membership. It develops its policy positions through eight reference groups which cover the following topics:

- policy co-ordination
- prevention and community education
- treatment and rehabilitation services
- staff education and training; research
- law and criminal justice
- occupational health, and
- Aboriginals and Torres Strait Islander peoples and other special populations.

Each reference group comprises one member from each state and territory, (elected by members in their own state/ territory), constituting the 64 members of the groups. This structure enables access to expertise and knowledge from around Australia on important issues, effective representation of the membership base, and structured communication channels for members to communicate their views. The reference groups form the core for effective policy development.

3. Key Issues

Drugs are playing an ever-increasing role in the lives of Australians. The majority of Australians consume some form of caffeine and/or alcohol product on a regular basis, and use prescribed or over the counter medications. One quarter of the population use tobacco regularly and about half the population have used illicit drugs (such as marijuana) at some point in their lives.

The licit (or legal) drug industry is a significant contributor to the Australian economy. In 1997-98 alone, some \$7.3 billion was received by governments in alcohol and tobacco taxes, which means that, on average, each person in Australia contributes \$388 per year in drug taxes, excise and franchise fees (ADCA, 1999). The alcohol, tobacco and pharmaceutical industries also employ a significant number of Australians in fields such as manufacturing, bottling, advertising and sales.

Australia is well regarded internationally for its comprehensive approach to addressing the harms arising from and associated with the misuse of drugs. ADCA supports the current National Drug Strategic Framework and was a key partner in its development.

Outlined below are the key issues to be considered in examining the social and economic costs of substance misuse in Australian communities.

Terms of Reference

ADCA welcomes the broad terms of reference that the Committee has adopted for this Inquiry into the Social and Economic Costs of Substance abuse.

The terms of reference present a challenging amount of terrain for the Inquiry to cover, reflecting the complex and interrelated way that alcohol and other drug misuse impacts on the lives of Australians. Addressing the misuse of alcohol and other drugs in the community will inevitably require action across a number of portfolios and jurisdictions and organisations.

ADCA has recently covered this terrain in some detail in the development of *Drug Policy 2000*, a comprehensive examination of alcohol and other drug use in Australia today including strategies for reducing the harm from alcohol and other drug misuse. *Drug Policy 2000* was developed in consultation with ADCA members and other key stakeholders. It addresses alcohol and other drug misuse across all drugs and population groups and provides comprehensive recommendations for addressing the social and economic costs of the misuse of these drugs. The key areas for action developed by ADCA in consultation with members and stakeholders are outlined in this submission and *Drug Policy 2000* is attached as an additional resource for the Committee.

While ADCA welcomes the broad nature of this Inquiry ADCA believes that there is a need for the Committee to highlight areas for harm reduction. ADCA has recently gone

through an extensive process of determining priorities and these are outlined in Chapter Three.

Harm and Costs

The misuse of all drugs delivers enormous social, economic and health costs to the Australian community. Approximately one fifth of all deaths are drug-related with more than 22 000 people dying annually from the direct or indirect use of drugs. More than 170000 people are hospitalised each year as a result of drug misuse. The dollar cost of drug misuse has been estimated at more than \$18 billion annually (Collins and Lapsley, 1996). In 1996 it has been estimated that 18 580 people died from tobacco-related causes, 3 656 from alcohol-related causes and 739 people from conditions associated with illicit drug use. Legal drugs therefore, account for nearly 95% of all drug-related deaths. Approximately one quarter of a million people are hospitalised annually as a result of the misuse of drugs.

Australia has led the world in taking a balanced approach to reducing the harm caused by the misuse of alcohol and other drugs. The harm reduction approach taken by Australia has incorporated an examination of the social and economic costs of substance misuse and sought to develop strategies to effectively address these costs.

The social and economic costs of substance misuse can be seen as indicators of the level of harm that such misuse causes in the community. This Inquiry provides an opportunity for a comprehensive examination of these indicators of harm and the level and type of best practice strategies that need to be enacted to reduce these costs to the community.

Such an examination benefits from the recognition that social and economic costs of drug misuse in the community are inevitably interrelated. All social costs have an economic impact. For example, the social costs to families living with a drug dependent family member such as increased stress, violence, increased caring responsibilities and loss of income, will inevitably have economic impacts. These economic impacts will potentially include increased likelihood of poverty and requirements for government assistance, and inability to participate in the workforce.

Similarly the economic costs of supply reduction and law enforcement in relation to substance misuse can be seen to have a social cost as the significant amount of funds spent in this area is not being allocated to other areas of the budget.

Social costs

The misuse of drugs generates significant social costs. These include:

- alcohol related violence
- road accidents, poor health
- the need for a well-resourced criminal justice system
- corruption,
- impacts on family relationships and carer/parenting abilities, and
- loss of employment (Collins and Lapsley, 1996).

The cost of drug misuse is often hidden, with large populations of the community misusing drugs without coming into contact with the health or criminal justice systems.

Economic Costs

In addition to the health costs, there are other significant economic costs relating to the misuse of drugs. The economic cost of the misuse of drugs was estimated at \$18 billion in 1992, including the cost of prevention, treatment, property crime, lost workplace productivity and law enforcement activities. The misuse of tobacco was related to 67% of these costs, alcohol 24% and illicit drugs 9%. It should be noted that these costs do not include the significant costs to the health system arising from passive smoking.

Measuring Costs

Much of the social and economic data relating to the social and economic costs of the misuse of drugs is quite old, with 1992 being the benchmark.

ADCA has welcomed this Inquiry as an opportunity to provide up-to-date information on the cost to Australia of the misuse of drugs.

Key Partners in a Solution

Addressing the social and economic costs of drug misuse in the community will be achieved by various stakeholders working together.

Key stakeholders who need to be involved in a partnership to reduce the harm of substance misuse include:

- Federal government
- State and territory governments
- Local governments
- The alcohol and other drugs sector
- Community organisations and groups
- Peak organisations with interests in the root causes of substance misuse or population groups
- Public and private sector employers
- Trade unions and workers
- Police and law enforcement agencies
- Drug users and those with drug dependencies
- Licit drug manufacturers including brewers, tobacco manufacturers
- Researchers

4. Specific Strategies for Action to Address the Cost of Substance Misuse

Following an extensive period of consultation and policy development ADCA has identified the following 10 key areas for action in reducing drug related harm and its social and economic costs.

- Increasing funding for prevention and early intervention.
- Reducing substance misuse by Aboriginal Peoples and Torres Strait Islanders.
- Providing support to families.
- Reducing alcohol-related violence and disorder.
- Developing a national approach to preventing and treating mental health and substance misuse problems.
- Developing a national workplace alcohol and other drugs policy
- Developing a balanced national drug research, evaluation and monitoring agenda
- Reducing the high levels of smoking by young women.
- Reducing the misuse of prescription drugs by older people.
- Reducing fatal heroin-related overdoses.

These strategies are the key action areas identified in *Drugs Policy 2000*. Further information on these and other action areas can be found in *Drug Policy 2000*

Prevention and Early Intervention

While substance misuse has a social cost across the whole community, particular communities are paying a higher price both socially and economically than others in terms of family relationships, crime, violence and law enforcement, road trauma, workplace safety and productivity and health care costs.

The National Drug Strategic Framework recognises that each of the following areas are risk factors and protective factors in relation to drug-related harm:

- employment,
- health status (including mental health status),
- homelessness,
- remoteness,
- recreation opportunities,
- cultural considerations,
- family support,
- community development and
- access to services must all be taken into account.

Addressing these risk factors is a key component in reducing the harm of alcohol and other drug misuse in the community and the social and economic costs of this misuse. These risk factors cut across the key issues identified for consideration in the Inquiry's Terms of Reference. They indicate that addressing the social and economic costs of substance misuse will involve cross agency and partnership approaches.

There are a range of possible strategies for preventing and reducing the misuse of drugs, including:

- community education,
- financial strategies,
- improving employment opportunities, and
- education and training strategies that underlie good health practices.

Good health promotion has been tremendously powerful. Smoking rates have dropped from 75% in men in the 1950s to less than 25% now. Reductions in alcohol-related road accidents and HIV/AIDS infection rates can be directly attributed to good health promotion (Moodie, 1999).

Demand reduction is seen by governments to be an integral component of the National Drug Strategic Framework. However, prevention and early intervention is generally ranked third behind supply control and treatment in government funding. Prevention and health promotion needs to be repositioned as key priorities in the national strategy and adequately resourced.

Recommendations:

1. Resourcing Prevention and Early Intervention

ADCA calls on the Committee to recommend that prevention, education and early intervention activities be resourced at a level that enables good practice strategies to be put in place, for pilot testing of new strategies and for ongoing monitoring and evaluation, with the results being disseminated and publicised.

2. Review of all Government's funding of prevention and education activities

ADCA calls on the Committee to recommend that the evaluation of the National Drug Strategic Framework examine, and provide recommendations on the extent to which Governments are funding community prevention, education and early intervention activities.

Reducing substance misuse by Aboriginal Peoples and Torres Strait Islanders.

The health of Australia's Indigenous population remains an area of major concern, and a major impediment to reconciliation. The social and economic costs of substance misuse in Indigenous communities are unacceptably high resulting in family breakdown, crime, violence, and economic disadvantage.

As the House of Representatives Standing Committee on Family and Community Affairs has noted in the *Inquiry to Indigenous Health Discussion Paper* (1999):

"Substance abuse needs to be seen as both a major problem requiring continuing improved services and targeted programs as well as part of the broader health disadvantage of Indigenous Australians which require action and support from all sectors."

(1999:48)

Alcohol and tobacco misuse are strongly linked to the four main causes of morbidity and mortality among Indigenous people:

- cardio-vascular disease
- injury associated with alcohol related violence
- respiratory disease, and
- organ diseases.

Injecting drug use and solvent abuse are areas of growing and significant concern (Commonwealth Department of Health and Family Services, 1998).

Alcohol-related violence is endemic in many Indigenous communities, arising from continued dispossession, cultural fragmentation and marginalisation. There is an urgent need for a comprehensive range of services, including mental health services in Indigenous communities (Queensland Health, 1999).

Substance misuse in Indigenous communities is directly linked to underlying social and political issues, and a history of dispossession.

The complex links between substance misuse, mental health and primary health care within the Aboriginal and Torres Strait Islander population make effective coordination of services even more crucial than amongst other populations.

There is, therefore, an urgent need for a fully funded national Indigenous substance misuse strategy, which emphasises community control of health services. Such services should include on the ground community education, prevention, early intervention, treatment, diversion, support and rehabilitation.

Recommendations

3. Indigenous Substance Misuse Strategy

ADCA calls on the Committee to recommend the urgent establishment of a fully funded national Indigenous substance misuse strategy, in partnership with community controlled Indigenous alcohol and other drug services and health services. The strategy will outline mechanisms for implementing community controlled education, prevention, early intervention and treatment diversion programs, including mental health services.

Family Relationships and the Social and Economic Costs of Drug Misuse

The misuse of alcohol and other drugs can have devastating impacts on families. Families often bear the burden of this misuse by suffering poverty, violence and increased levels of stress and strain as a result of high levels of care being required.

The variety of types of families that exist in Australia today means that the misuse of drugs has a variety of different impacts on families depending on who is misusing drugs. The impacts will vary if it is the primary care giver or the child, or a member of the extended family, whether the family is a couple and children, a single parent family, a blended family, or a family spanning across more than two generations.

The family can play a major role in the prevention of alcohol and other drug problems, and a significant role in assisting with the treatment of problems. Across cultures, teenagers report that it is their parents who are most influential in the development of their ideas about alcohol and other drugs (Wilks, 1987).

There remains an urgent need to provide parents and other family members with access to accurate, relevant and current evidence based information on alcohol and other drugs.

Recommendations:

5. Good practice parent education strategies

ADCA calls on the Committee to recommend that parent education components of drug education and prevention programs have specific and systematic funding to ensure good practice strategies occur at a level where they can be effective.

6. Support phone line for parents and carers of drug users

ADCA calls on the Committee to recommend that the Federal Government provide funding for the establishment of a national support phone line for families and carers of drug users.

Developing a National Approach to Preventing and Treating Mental Health and Substance Misuse Problems

There is growing recognition in the mental health and the alcohol and other drugs sectors that as many as three quarters of all clients of alcohol and other drug services have a comorbidity or dual diagnosis, with a similar percentage of people with mental illnesses misusing alcohol and other drugs. The effective management and treatment of people with mental health and substance use disorders (comorbidity) is a major challenge for the health sector.

People with mental health and substance misuse disorders are currently falling between the cracks of the health care system. They and their families suffer an enormous amount of stress and harm as a result of being unable to access adequate treatment services.

There is currently a lack of specific Commonwealth funding to address comorbidity issues. Alcohol and other drug and mental health workers lack training and resources in relation to comorbidity. There is an urgent need for a strategic national approach to comorbidity, including innovative pilot programs trialing the effectiveness of different integrated service delivery models (ADCA, 2000).

ADCA recognises that steps have been taken in this direction through the establishment of a National Comorbidity Taskforce and the organisation of a National Comorbidity Workshop. These developments have been welcomed by ADCA, but there is a need for a more concerted, strategic and adequately funded approach to this critical issue.

Recommendations

7. A Strategic National Approach to Comorbidity

ADCA calls on the Committee to recommend the establishment of a strategic national approach to comorbidity by the Intergovernmental Committee on Drugs and the National Mental Health Working Group, in consultation with key community organisations such as the Alcohol and other Drugs Council of Australia and the Mental Health Council of Australia.

As part of this approach governments need to explore options for:

- more effective collaboration between the mental health and alcohol and other drug sectors;
- commissioned research into the management of clients with comorbidity, with a view to implementing good practice models of service delivery;
- professional development and training of mental health and alcohol and other drug workers; and
- education for mainstream health professionals, particularly general practitioners and allied health workers.

Reducing Alcohol Related Violence and Disorder and Road Trauma

There were more than 3 600 alcohol-related deaths in Australia in 1997. More than 400 road deaths and 7 700 serious road injuries each year are linked to high-risk alcohol consumption, at a cost to the community of \$1.34 billion (National Drug Research Institute, 2000)

More than one third of Australians aged 14-19, and 60% of people aged 20-24 suffered alcohol-related personal abuse in 1998 (Williams, 2000). Although there has been a reduction in the number of victims of alcohol-related violence, this level remains unacceptable. There is also a strong relationship between alcohol and domestic violence, with about half of such violence being alcohol-related.

Alcohol-related road deaths and injuries and have dropped by about 20% in the past decade, as a result of the introduction of 0.05 legislation, random breath testing, responsible serving practices and public education campaigns, and strategic partnerships between law enforcement and public health agencies. Greater resourcing of these initiatives will lead to continued reductions in alcohol-related road accidents. These strategies should be complemented by the introduction of pricing strategies that favour low strength alcohol.

There is evidence to suggest that the establishment of voluntary agreements between licensed premises, police and local government agencies to establish responsible serving

practices or licensing accords can reduce alcohol-related violence. (Homel et al, 1994; Rumbold et al, 1996).

Recommendations:

8. Multifaceted Harm Reduction Strategies

ADCA calls on the Committee to recommend the establishment and maintenance of multifaceted harm reduction strategies at the local and jurisdictional level. These strategies need to be based on community partnerships and include:

- Industry accords
- Random breath testing and other policing strategies
- Community, prevention and early intervention activities
- Diversion to sobering up facilities, and
- Availability of treatment options for alcohol dependency.

9. Volumetric Taxation of Alcohol

ADCA calls on the Committee to recommend that all alcoholic products be taxed according to their alcoholic content.

Developing a Balanced National Drug Research, Evaluation and Monitoring Agenda

Research has played a prominent role in the National Drug Strategy, and Australia is seen as a world leader in the field of drug misuse prevention and treatment research.

Evidence based prevention and treatment strategies are a key factor in effectively and efficiently reducing the harm of substance misuse.

The Federal Government has recently increased funding for illicit drugs research. This has been welcomed by ADCA. There is, however, a need for a better funding balance between research on licit and illicit drugs and between research on prevention, treatment and supply reduction. There is also a need for continued research into the prevention and treatment of blood-borne viruses, including the development of good practice strategies for reducing the spread of blood-borne viruses among injecting drug users.

The Intergovernmental Committee on Drugs is currently developing a process for evaluating the National Drug Strategic Framework. In ADCA's view the evaluation needs to examine:

- whether the broad objectives are correct
- the extent to which governments are implementing evidence based policies, meeting current objectives and reducing drug-related harms, and
- the effectiveness and appropriateness of the strategy's action plans.

The evaluation needs to also recommend an appropriate mechanism for ongoing monitoring of funding and outcomes for drug-related prevention, treatment, law enforcement and research.

Recommendations:

10. Effective Monitoring of Funding Outcomes

ADCA calls on the Committee to recommend that the Federal Government work with State and Territory Governments, non-government organisations and the business sector, in establishing a national process to monitor funding and outcomes for drug-related prevention, treatment, research and law enforcement programs.

11. Establishment of a National Alcohol Research Program

ADCA calls on the Committee to recommend that the Federal Government establish a national alcohol research program addressing alcohol-related public health and safety issues.

12. Increased funding for prevention research

ADCA calls on the Committee to recommend that the Federal Government increase funding for research on the prevention of the misuse of drugs.

A National Workplace Alcohol and other Drugs Policy

The misuse of drugs has a significant impact on workplace occupational health and safety and workplace productivity. ADCA believes that all Australian workplaces should have a drug policy as part of their occupational health and safety requirements.

Many people spend a significant period of time each day in the workplace. Therefore it follows that, the misuse of drugs can have a significant impact on the safety and productivity not only of the individuals misusing drugs but also of their co-workers.

Many Australian workers experience alcohol and drug-related problems that result in absenteeism, poor work performance, ongoing health problems, industrial accidents and significant losses in productivity. The financial cost of alcohol and other drug misuse to Australian industry is difficult to determine but net production loss has been estimated at \$5.6 billion annually (Collins and Lapsley, 1996).

The extent of these problems is unclear and it is difficult to generalise between different industries, workplaces and groups of workers. There is, in particular, a lack of Australian evidence regarding the extent of the problem in this country.

Occupational health and safety is primarily the responsibility of State and Territory Governments. However, the Federal Government has a key role to play in demonstrating leadership and encouraging consistency across jurisdictions.

Key Policy Recommendations:

13. Recognition of workplaces as key locations for addressing substance misuse
ADCA recommends that the Committee promote the fact that workplaces are important settings for addressing substance misuse in the Australian community.

14. Development of National Guidelines and Frameworks

ADCA calls on the Committee to recommend that the Federal Government work with State and Territory Governments in developing national guidelines and appropriate legislative frameworks for the implementation and monitoring of workplace alcohol and other drug policies.

15. Stakeholder involvement in workplace alcohol and other drug policy

ADCA calls on the Committee to recommend that all the key stakeholders within the workplace (employers, employees and their union representatives, Worksafe Australia, occupational health and safety and workers' compensation professionals, others with expertise on alcohol and drug issues) be involved in developing, implementing, and monitoring the workplace alcohol and other drug policy.

16. Workplace insurance and alcohol and other drug policies

ADCA recommends that workplace insurance policies and occupational health and safety legislation require the establishment of workplace alcohol and other policies in all medium size and large workplaces.

17. Employee participation in prevention programs

ADCA recommends that Australian workplaces be encouraged to support employee participation in alcohol and other drug abuse prevention programs.

Reducing the High Levels of Smoking by Young Women

Young women are now more likely to smoke than young men, with 25.6% of young women describing themselves as regular or occasional smokers, compared with 19% in 1995. 130 000 women aged 14-19 smoke on a daily basis. Another 75 000 smoke most days of the week (Australian Institute of Health and Welfare, 1999).

Tobacco smoking is the single largest preventable cause of premature death and disease in Australia, with more than 18 000 Australians dying each year from smoking from 1990-1995 (Williams, 1997). Smoking is a major cause of heart disease, stroke, various forms of cancer plus a contributor to a wide variety of other problems (Winstanley et al, 1995).

Cancers may begin to occur in people aged in their 30s, if they have been smoking for 15-20 years. The influence of smoking on heart disease is also much greater at younger ages (Winstanley et al, 1995).

Good practice strategies that have been effective in reducing tobacco smoking include awareness campaigns, restriction of access to tobacco products, limiting smoking in public areas and cessation programs.

Key Policy Recommendations:

18. Strategies for raising awareness in young women

ADCA calls on the Committee to recommend that governments continue to develop strategies for increasing awareness among young women of the effects of tobacco products, through well designed and delivered mass media anti-tobacco campaigns.

19. Community level actions to complement mass media campaigns

ADCA calls the committee to recommend that mass media campaigns be complemented by sustained efforts by community groups at a local level, directly involving young people in developing and implementing appropriate strategies.

20. Prohibition of additives to cigarettes

ADCA urges the Committee to recommend that the Federal Government prohibit manufacturing processes or additives that make the product more palatable to children.

21. Low costs treatment options

ADCA calls on the Committee to recommend that free or low cost smoking cessation services to be made readily available throughout Australia.

Reducing the Misuse of Prescription Drugs by Older People

The prescription and use of benzodiazepines and other pharmaceutical drugs is of particular concern amongst older people, especially older women. (Benzodiazepines are a group of drugs used mainly as sedatives and muscle relaxants.) Almost one quarter of people over 75 years of age report use of sleeping pills (Mant, et. al., 1993). In more recent years there has been a large increase in the reported illicit use of tranquillisers and other prescription drugs by women over the age of 50 years, increasing from 3.9% to 13.4% in the 50 to 59 age group, and 3.7% to 6.3% in the 60 and over range (Australian Institute of Health and Welfare, 1999).

It is ironic, and disturbing, that although older people living in the community have a lower prevalence of affective and anxiety disorders, they are heavy users of prescription drugs for anxiety, nervous tension, depression and sleeping problems (Jorm et al, 2000). There is a clear need for better information for older people and better training for general practitioners regarding the use and misuse of prescription drugs.

Recommendations

22. Information for Older Australians

ADCA calls on the Committee to recommend the introduction of targeted education and training programs for older Australians, their carers and families, gerontologists and other aged care workers, to provide information about the use of prescription drugs.

23. Prescribing strategies for doctors

ADCA calls on the Committee to recommend that doctors adopt prescribing strategies, such as medication review, which will assist prescribers to manage patients using and/or dependent upon benzodiazepines.

24. National Education campaign for GPs

ADCA calls on the Committee to recommend that the Federal Government, in consultation with State and Territory Governments, undertake a national education campaign for general practitioners and pharmacists on the appropriate use of benzodiazepines.

25. Independent prescriber information

ADCA calls on the Committee to recommend that governments encourage and facilitate the provision of independent non-pharmaceutical industry sponsored prescriber education.

26. Support and training for allied health professionals

ADCA calls on the Committee to recommend that governments increase support and training for allied health professionals working with benzodiazepine dependence.

Reducing Fatal Heroin-Related Overdoses

Australia is currently experiencing an epidemic of heroin-related fatal and non-fatal overdoses. 737 Australians died from opiate overdoses in 1998, a 23% increase on the previous year. There was an increase in overdose deaths in all States and Territories, with the exception of Western Australia. Overdose deaths have more than doubled in the past decade (NDARC, 1999).

There are clear social and economic costs as a result of this situation; the loss of valuable members of the community; the strain on family relationships; the related crime and violence associated with trafficking; and workplace safety and productivity issues.

It is clear that the current approaches to treating heroin dependence are not able to meet the needs of all people seeking treatment. There is an urgent need for increased funding for the prevention and treatment of heroin dependence. There is a need for more residential treatment places, greater access to methadone and better resourcing of counselling and aftercare services.

There is also an urgent need to examine innovative approaches to this issue, including diversion from the criminal justice system into treatment, the establishment of trials of medically supervised injecting facilities, and the trialing of alternative treatment options, including buprenorphine, naltrexone and pharmaceutical heroin. Governments need to support peer-based programs that aim to educate drug users about safer injecting practices. These strategies also have the potential to reduce the spread of blood-borne viruses among injecting drug users.

There also needs to be recognition of the fact that police and emergency services play a critical role in preventing heroin-related overdose deaths. ADCA supports formal guidelines regarding police attendance at overdoses, and believes that naloxone (Narcan) should be available to every ambulance service in Australia. There should be no cost to individuals for the attendance of ambulances at overdoses. ADCA believes there would be value in investigating the supply of naloxone to injecting drug users.

Recommendations:

27. Wider range of Treatment Options

ADCA calls on the Committee to recommend that the widest possible range of treatment options be made available in Australia for heroin dependent people, including methadone, buprenorphine, naltrexone and pharmaceutical heroin. Services should be consumer focused and should include pharmacological treatments as well as counselling, support and other behavioural therapies.

28. Support for Supervised Injecting Place Trials

ADCA recommends that the Committee support trials of medically supervised injecting places in every Australian State and Territory in order to ascertain the effectiveness of a national approach to supervised injecting places.

29. Narcan Availability

ADCA recommends that naloxone (Narcan) be made available to every ambulance service in Australia, and that there be no financial cost to individuals for ambulance attendance at overdoses.