Government of **Western Australia**
Department of **Communities**

Your ref: A721465
Our ref: 2018/23523

Ms Tracey Sharpe
Committee Clerk
Select Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community
Legislative Council Committee Office
Parliament House 4 Harvest Terrace
PERTH WA 6005

Dear Ms Sharpe

Department of Communities submission to the Select Committee

I refer to the letter dated 23 October 2018 from Hon Alison Xamon MLC, Chair of the Select Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community , inviting the Department of Communities to make a submission on matters referred to in the Committee's terms of reference.

I understand that the Committee granted an extension for submission to 7 December 2018. Thank you for accommodating our request for additional time. I apologise for not responding to you by the date you requested and I hope that the Committee is able to consider this response.

Communities commends the Committee for its investigation into alternative approaches to a problem that causes harm to individuals, families and communities, and compromises their capability to achieve good life outcomes.

Communities' response (attached) focuses on the unique experiences and harms faced by the groups it represents, approaches that are consistent with and complement its role and purpose, and supporting the achievement of its outcomes.

Yours sincerely

Grahame Searle
Director General

17 December 2018

Att.

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Department of Communities Response to the Select Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community

The Department of Communities welcomes the opportunity to provide comment to the Select Committee into Alternate Approaches to Reducing Illict Drug Use and its Effects on the Community.

The Committee is commended for its investigation into alternative approaches to a problem that causes harm to individuals, families and communties, and compromises their capability to achieve good life outcomes.

Introduction

Formed on 1 July 2017, Communities has been positioned as the flagship department for the reform of human services in Western Australia. Communities' role is to ensure that, across the lifecourse, all **people** have a **place** where they are included and connected, and a **home** that provides physical and emotional security.

Communities' purpose is to collaborate with others to create pathways to strengthen the social determinants of individual, family and community wellbeing. It will do this by focusing on the following five outcome areas:

- safe children to enable a good start to life
- strong families and kin to provide safe and nurturing environments
- empowered people with valued roles and fulfilling lives
- inclusive and accessible communities that enable social, economic and cultural prosperity
- a place to call home that provides a secure foundation for life.

Communities will achieve its purpose and deliver these outcomes by:

- working with all stakeholders—including our clients—making use of their unique capabilities, and combining expertise and efforts for greater collective impact
- creating pathways by using a strengths-based approach to empowering people and communities to identify and make needed change, take responsibility for their own lives and, ultimately, to thrive
- addressing all aspects of wellbeing, recognising that wellbeing rests on meeting a person's basic, psychological and self-fulfilment needs. This means feeling safe, having positive relationships, and a sense of meaning and belonging.

While the Department's work encompasses all Western Australians, it has a specific focus on improving life outcomes for children who come into contact with the child protection system, women and children experiencing family and domestic violence, people living with disability, people who are homeless or experiencing housing stress, women, young people, seniors, veterans and carers.

In 2018-19, Communities will invest more than $3.2 billion[1] to build strong and safe communities, and support families. This investment includes funding to more than 200 services to support the acheivement of good life outomes for the above groups. Although Communities' investment does not include the direct purchase and delivery of illict drug prevention activities, many of its purchased services indirectly support harm minimisation through referrals to specialised support programs, and by working to empower individuals, families and communities to address issues and circumstances that may put them at greater risk of illict drug use and harm.

Communities' response focuses on the unique experiences and harms faced by the above identified groups, as well as approaches that are consistent with and complement its role and purpose, and support the achievement of its outcomes.

Communities makes the following recommendations:

Recommendation 1:

It is recommended that in the course of its inquiry, the Committee further investigates the unique experiences and needs of the groups identified in this response.

Recommendation 2:

It is recommended that in the course of its inquiry, the Committee further investigates harm minimisation approaches targeted to the groups identified in this response.

Recommendation 3:

It is recommended that in the course of its inquiry, the Commmittee further investigates the social determinants of illict drug use, misuse and harm.

Recommendation 4:

It is recommended that in the course of its inquiry, the Committee further investigates approaches that address the social determinants of drug use and harm.

Supporting comments on these recommendations are provided in **Attachment 1.**

[1] 2018-2018 WA State Budget Papers: Communities's services summary.

Attachment 1: Comments supporting Communities' recommendations

Background: Illicit drug use and community attitudes in Australia and Western Australia

Rates and prevalence

According to the 2016 National Drug Strategy Household Survey (NDSHS), 3.1 million Australians aged 14 years and over reported illicit drug use in the 12 months prior to the survey. In addition, 43 per cent of the same cohort reported lifetime (ever) illicit drug use, a pattern has steadily increased since 2001 (from 38%). Close to five per cent of survey respondents reported misusing pharmaceuticals.[2]

In Western Australia (WA), the rate of use of any illicit drug has remained stable over time (around 16.6%), and was only slightly higher than the national average (15.6%). However, compared with the national average, WA had the highest rates of meth/amphetamine (2.7% in WA and 1.4% nationally) and ecstasy (3.2% in WA and 2.2% nationally) use. Country WA had the nation's third highest rate (22.3%) of illicit drug use in the 12 months prior to the survey.

Reasons for use

The reasons and motivations for illicit drug use are diverse, personal and often complex. These reasons include for fun and pleasure, to control and modulate mood, peer and family pressure and norms, and conformity and belonging.

There is now growing recognition among researchers and practitioners that illict drug use and misuse can be socially determined. This approach recognises that a variety of individual, social and environmental factors contribute to drug use and harm, and problem outcomes. These factors include social disadvantage and exclusion, poor educational and employment outcomes, financial distress, insecure housing, family and neighbourhood dysfunction, and violence against women.

Community attitudes

The 2016 NDSHS showed increasing community support for harm reduction, education and treatment, and decreasing support for law enforcement, criminal and punitive approaches, as the most appropriate responses to the use of some illicit drugs.

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[2] Australian Institute of Health and Welfare (AIHW), *National Drug Strategy Survey 2016*, www.aihw.gov.au

Community tolerance for cannabis use is increasing, with growing support for legalisation and the use of cautions, warnings or no action for possession of this substance. With regard to the possession of other types of illicit drug, more NDSHS respondents supported the use of treatment or education responses over law enforcment. This includes growing and significant support for rapid detoxification therapy, opioid substitution therapy, and needle and syringe exchange programs.

These attitudes are contrasted against low levels of community support for these approaches in response to meth/amphetamine use, possession and sale. Meth/amphetamine has overtaken alcohol as the substance of most concern to the community, and support for penalties for possession is increasing.

Harms associated with illicit drug use and misuse

Illicit drug use is associated with significant health, social and economic harms to the individuals who consume drugs, their family and friends, and the wider community. These harms include, but are not limited to:

- 1.8 per cent of the total disease burden in Australia[3]
- high risk behaviours leading to accidents and injury, toxicity, immediate psychotic episodes and death
- the development of preventable diseases and infections, including cancers and HIV
- physical and mental ill health, and physical and cognitive disability
- criminal activity, including theft and physical, verbal and sexual assault;
- child protection notifications, placement of children in out of home care, family and domestic violence, and family dysfunction
- loss of social networks, unemployment, financial distress, homelessness, stigma and discrimination, and involvement with the criminal justice system
- significant economic cost: in 2011, the burden of disease was estimated to have cost the economy $8.2 billion. [4]

Experiences of use and harm differ across the community. The experiences of many of the groups Communities represents are unique. These unique experiences, decribed below, should be considered and addressed as part of an effective and inclusive harm minimisation approach.

It should be noted that the experiences of some groups—including people with disability, carers and veterans—is not yet fully understood. The available research points to expected experiences and outcomes based on the exposure of these

[3] Figure for 2011 cited by AIHW 2016

[4] AIHW 2016, op cit; AIHW 2018, *Australia's Health 2018*; Australian Medical Students' Association (AMSA) (no date), *Policy document: Harm Minimisation and Substance Use*, www.amsa.org.au; Commonwealth Department of Health, *National Drug Strategy 2017-2016*, Canberra; Uniting Care Moreland Hall (2011), *Supporting Evidence – Harm Reduction;*

groups to social determinants and other risk factors known to be associated with illicit drug use and harm.

Children, young people and families

Parental drug use impacts on children in many ways. The available evidence shows strong negative associations between maternal and/or parental drug use and:

- a child's short and long-term physical, cognitive and behavioural development
- child neglect through the parents' inability to consistently provide a stable, safe and nurturing environment, or attend to and provide for basic needs such as health, hygiene, education, food and clothing;
- child abuse, with estimates that illicit drug use is present in more than half of WA child protection notifications[5]
- impaired child development and conduct, which may initiate a pathway of poor child adjustment leading to harmful drug use in adolescence
- increased likelihood of drug use in adolescence through exposure to drug-supportive attitudes and behaviours.

Since 2001, there has been a decline in illicit drug use by young people aged between 12 and 24 years, and this cohort is decreasing as a proportion of total drug users. While experimentation, recreation and peer group influence are the most common motivators for drug use among this cohort, some younger people face social and environmental factors that put them at greater risk of use and harm, including social exclusion, family dysfunction, and pro-drug norms amongst peers and family members.

The 2016 NDSHS found that illict drug use is associated with signficant harms to young people, including being:

- one of the leading causes of the total disease burden among males aged between 15 and 24 years
- present in 45 per cent of depressive disorders in young people
- significantly associated with early school dropout, unemployment, violent offending and property offending
- most commonly present in drug-induced deaths in males aged between 20 and 24 years.

Women

Licit and illicit substance use is a recognised contributor to, and consequence of, all forms of violence against women, including sexual assault and family and domestic violence.

Consumption and misuse by both victim and perpetrator frequently co-occur, and may:

[5] A recent sample of 85 child protection notifications to Communities identified that 57% of biological parents had substance abuse issues.

- enhance a perpetrator's aggressiveness and misperception of behaviour as indicating consent
- inhibit or impair a woman's ability to evaluate risk, and resist or evade their perpatrator
- be used as a mechanism to cope with the physical, emotional or psychological effects of violence, in turn increasing vulnerability
- be used by perpetrators as a tactic for maintaining power and control over the victim, particularly in circumstances where the perpetrator is the victim's sole supplier. [6]

Seniors

The 2016 NDSHS recorded significant increases in illicit drug use by among males in their 50s and people aged 60 years and over. People aged 50 years and over now comprise almost one-quarter (22.4%) of illicit drug users and are most likely to misuse pharmaceuticals compared with other cohorts.[7]

This increase is attributed to the ageing of cohorts—baby boomers and generation X—whose attitudes towards drugs, and history of drug taking, are generally different and more liberal compared with previous generations of seniors. It is anticipated that many older people will continue to use illicit drugs as they age.

The implications for harm minimisation efforts include that this cohort:

- will contine to grow in size, thereby increasing the absolute numbers of older people using substances and who may have substance use issues
- is likely to include people with existing and past addiction, or a history of life-long drug use, as well as people experiencing cognitive impairment or psychological effects related to past drug use
- is more vulnerable to drug related harms due to lower tolerance, increased sensitivity and increased likelihood of interaction with other medications
- are already at greater risk of injury, falls, accidents and suicide, and this risk is heightened even with low levels of consumptions. [8]

People experiencing homelessness

Illicit drug use can contribute to, and be a consequence of, housing stress and homelessness. Recent research by the Australian Institute of Health and Welfare

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[6] AIHW 2016, op cit; Leggett, N and Newbigin, J (2009), *Supporting Women with Complex Needs: The relationship between substance use and domestic and family violence*, Women's Council for Family and Domestic Violence; Perpetrator Accountability in Child Protection Practice (2013), *A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence.*

[7] AIHW 2016, op cit

[8] National Centre for Education and Training on Addicition (NCETA) (2014), *Gray Matters: Preventing and responding to alcohol and other drug problems among older Australians*, Information Sheet 1, Flinders University: South Australia.

found that in 2016-2017 close to 10 per cent of clients presenting to a specialist homelessness service reported problematic drug use, and that of these, slightly more than half were seeking specialist homelessness service assistance because of their drug problem.

A 2008 study of homelessness services in Melbourne found that 43 per cent of the homeless population reported having an alcohol or other drug problem (AOD). Of these, one-third reported having the problem before becoming homeless, and one-third reported developing their problem after becoming homeless.[9]

People who are homeless and living with an AOD problem face additional disadvantages and challenges compared with other homeless people, including higher rates of unemployment, poly-drug use, and poorer treatment and housing outcomes.[10]

People with disability

The understanding of illict drug use and harm amongst people living with disability is growing, but remains underdeveloped. The current lack of evidence challenges the ability of government and service providers to effectively respond to peoples' needs.[11]

Factors identified as possible motivators for illict drug use and misuse by people living with disability include:

- that they disproportionately face conditions that may encourage illicit drug use, such as low self-esteem, peer pressure and family substance abuse;
- disability-specific risk factors such as chronic pain, poor adjustment to disability and easy access to prescription drugs; and
- increased risk of progression from use to dependence because their disability masks symptoms of substance abuse, thereby inhibiting prevention and treatment.[12]

Carers

Illict drug use can have an immediate and negative impact on family and friends supporting someone with a drug issue. An estimated 320,000 Western Australians are carers, providing unpaid personal care, support and assistance to a person(s) who needs help with daily life for a number of reasons, including a substance use issue.

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[9] AIHW (2018), *Alcohol, tobacco and other drugs in Australia: Homeless people*, Web report, 14 August 2018, www.aihw.gov.au.

[10] AIHW 2018, ibid.

[11] Chapman, S and Wu, L (2012), Substance abuse among individuals with intellectual disabilities, *Research in Developmental Disabilities*, Vol 33:4, pp1147-1156.

[12] UK Drug Policy Commission, *Drugs and Diversity: Disabled people*, ukdpc.org.uk; Moore, D and Li, L (1998) Prevalence and Risk Factors of Illicit Drug Use by People With Disabilities, *American Journal on Addictions* 7(2):93-102.

As a result of their caring role, carers disproportionately face risk factors associated with drug use, misuse and harm, including social isolation, disconnection from education and employment, poor health and wellbeing, and limited opportunities to pursue life goals.[13]

Veterans

While evidence for this cohort is underdeveloped, a small number of international and Australian studies have identified that some returned veterans struggle to adjust to post-war life, and suffer prolonged physical impairments, mental illness and trauma. These experiences alone can put them at risk of illicit substance use, misuse and harm, as well as increase their vulnerability to other risk factors associated with drug use and harm, including unemployment, financial stress, family breakdown and homelessness.[14]

Alternative approaches to harm minimisation and reduction

Harm minimisation

Harm minimisation is internationally endorsed as the most effective approach to addressing and reducing drug use and misuse.[15] While not condoning illicit drug use, this approach recognises that it is not always possible to reduce or eradicate drug use.[16]

A harm minimisation approach is central to Australia's National Drug Strategy 2017-2026 , which aims to build a safe, healthy and resilient Australia by preventing and minimising drug associated health, social, cultural and economic harms on individuals, families and communities.

The Strategy seeks to achieve this through coordinated, multi-agency approaches that address the following three pillars of harm minimisation:

1. Demand reduction – attending to the biological, psychosocial and environmental (social determinants) risk and protective factors that influence drug taking choices to prevent uptake and delay first use, reduce harmful levels of consumption and support recovery
2. Supply reduction – strategies to restrict the availability of, and access to, drugs by controlling when, where and how use occurs to reduce harm to the consumer and the community. Strategies generally focus on regulation, restriction and disruption of supply

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[13] Government of Western Australia (2016), *WA Carers Strategy*.
[14] Mission Australia (2018), *War veterans battle with homelessness in silence*, www.missionaustralia.com.au
[15] United Nations General Assembly (UNGA) Resolution S-30/1, Our Joint Commitment to Effectively Addressing and Countering the World Drug Problem, adopted 19 April 2016.
[16] AMSA op cit; Department of Health, op cit; International Drug Policy Consortium (2018), *Taking Stock: a decade of drug policy,* www.idpc.net

3. Harm reduction – strategies that encourage safer behaviours and reduce preventable risk factors.

Social determinants informed approaches to harm minimisation

There is growing international support for social determinants informed approaches to harm minimisation. These approaches address the individual, social and environmental risk factors associated with drug use and problem outcomes that have been identified throughout this response.

It is globally recognised that prevention and harm minimisation strategies and policies are more likely to be effective if they are:

- complemented by structural interventions that:
  - address broader vulnerabilities that may motivate drug use, including poverty, trauma, social exclusion, homelessness and neighbourhood dysfunction, without exacerbating existing disadvantage
  - build, increase and strengthen protective factors known to modulate drug taking behaviour, including supportive parenting, family stability, healthy development, social connectedness and belonging, and personal, familial and community resilience.
- co-designed and place-based: designed, developed and delivered in partnership with the individuals, families, cohorts and communities affected by illict drug use and harm, and centred on and tailored to their specific needs
- person centred, recognisning that a combination of responses may be required to address and attend to the needs of the individual
- sustainable and holistic, bringing together multiple responses, including information, education, treatment and social support, and maintaining activities and interventions over time
- developed and delivered in a coordinated and collaborative way by stakeholders from government, the community and private sectors, researchers and practioners, drug consumers and their families and carers, and the community
- multi-dimensional, recognising that drug use, misuse and harm often results from complex circumstances.[17]

[17] UNGA 2016, op cit; Catford, J (2001), Illicit drugs: effective prevention requires a health promotion approach, *Health Promotion International*, Vol 16:2, pp 107-110; De Jarlais, D (1995), Editorial: Harm reduction – A framework for incorporating science into drug policy, *American Journal of Public Health*, Vol 85:1, pp10-12; Dube, S et al (2003), Childhood abuse, neglect and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study, *Pediatrics*, Vol 111:3, pp 564-572; Fletcher, A and Krug, A (nd), *Excluding youth? A global review of harm reduction services for young people*, Cardiff University www.orca.ch.ac.uk, Hawkins, J et al (1992), Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substances abuse and prevention, *Psychological Bulletin*, Vol 112:1, pp 64-105; Tambourou, J et al (2007), Interventions to reduce harm assocoiated with adolescent substnace use, *The Lancet*, Vol 369, pp1391-1401.