AODCCC
Alcohol & Other Drug Consumer & Community Coalition

INQUIRY SUBMISSION

"ALTERNATE APPROACHES TO REDUCING ILLICIT DRUG USE AND ITS EFFECTS ON THE COMMUNITY"

The Alcohol and Other Drug Consumer & Community Coalition (AODCCC) was incorporated in June 2018. Our purpose is to promote the interests, education and welfare of those affected by alcohol and other drug use. Membership is open to current and past users of alcohol and other drugs, their family members, significant others and supporters. We are unique in this regard and in doing this we hope to strengthen the understanding that drug related harm does not occur in isolation and that healing involves the whole of our community.

PREFACE

In February 2019 the Alcohol and Other Drug Consumer & Community Coalition (AODCCC) undertook consultations amongst its members and their networks in order to make a submission to the inquiry *"alternate approaches to reducing illicit drug use and its effects on the community"*. The following submission is based on information that was collected from 80 participants via face to face consultations and an online feedback platform.

There was sentiment that the wording of the inquiry itself was restrictive in that the specification of *"illicit"* drugs excluded conversation around *legal* drugs. It was unclear whether this was intentional or unintentional and to what purpose if so. By omission, the implication here is that harm from *legal* drugs is somehow different. The recent rescheduling of codeine (Therapeutic Goods Administration, 2018), the national roll out of prescription monitoring (Hendrie, 2018) and the increase in Fentanyl related deaths (Roxburgh et al., 2013) are current indications that they are just as problematic.

This focus was also seen to be stigmatising in that by its definition *illicit* is directly associated with crime and societal fears of crime. Global studies have shown that illicit drug users are *the* most highly stigmatised population (Room, 2009; Ustun et al., 1999). The phrase *"drug use"* without the qualifier would perhaps have been more encompassing and a better language choice if there were no pertinent reasons for the specification. Additionally, the emphasis on *illicit* encourages sensationalism which is always unhelpful considering the stigmatising tendencies of media (Hughes, Lancaster, & Spicer, 2011). Furthermore, it also seems to imply that harm from illicit drugs is not just different to harm from legal drugs but somehow worse. Comment was also made in relation to mixed societal messages around the acceptability of alcohol, which is legal, yet widely understood for its greater contribution to the global burden of disease and harms to the community (World Health Organization, 2014).

The Select Committee is to be commended for its initiative in this area. Perhaps these reflections have highlighted the value of consulting with the related demographic around nuances of language, particularly language describing subcultures and their networks. There are significant implications here for the level of engagement in consultation and for the quality of data collected.

RECOMMENDATIONS

In relation to (a) *"other Australian state jurisdictions and international approaches (including Portugal) to reducing harm from illicit drug use, including the relative weighting given to enforcement, health and social interventions"*:

1. EXPLORATION OF INTERNATIONAL APPROACHES

Comprehensive exploration of international approaches to reducing harm from drug use, outside of decriminalisation, and effective translation of these findings, would support implementation of progressive and potentially silo breaking services that may reduce harm from drug use in the Western Australian context.

2. DECRIMINALISATION

Legislation to decriminalise possession of drugs for personal use and the act of drug use itself is supported. Support for decriminalisation can be considered in terms of the following arguments:

a) Criminalisation of drugs is not a significant deterrent to drug use;
b) Criminalisation may be seen as enticing to some;
c) Stigma from criminalisation of drugs increases harm;
d) Stigma from criminalisation is a barrier to both seeking and getting help;
e) Stigma from criminalisation impacts the quality of help you get;
f) Stigma from criminalisation increases harm to families;
g) Stigma from criminalisation reduces opportunity for education, employment and therefore reintegration which perpetuates institutionalisation and maintains the cycle of drug use and disempowerment.

Furthermore, it is recommended that appropriate, carefully planned campaigns and strategies to counter community fear around decriminalisation be undertaken and that drug education to support informed choice be part of school curricula.

3. PILL TESTING & SAFE SPACE AT FESTIVALS

Pill testing as a method of reducing harm from drug use is supported. An emphasis needs to be on creating safe spaces at festivals which allow people to either 'chill out', seek advice or

get help without risk of police involvement. Broader access to peer-led, community-based and family friendly drug education, which includes drug and safety awareness, social and emotional wellbeing, and legal implications and rights when involved with Police, is an accompanying priority.

4. EDUCATION BASED APPROACH

Harm from drug use can be mitigated by increasing the knowledge of those at risk and those around them. Additionally, an education based approach may be a strategy to address stigma. Education that explores drug use in its historical context including its relationship to power, politics and religion throughout history may begin to shift attitudes. Education that explores the human condition, addiction in all its forms and our varied responses to the world may also begin to relax judgement around the phenomena of drug use in society. Increasing whole of community understanding around the historical, philosophical, social, emotional, physiological and psychological aspects of drug use, its association to trauma, understanding the process of dependence or addiction and what it looks like, and raising awareness of where and what types of help are available, are educational aspects that should be actively incorporated into curricula at all levels, and for all ages and stages. Strategies that address parental and community fear around this kind of education would also need to be implemented. It is impossible to protect a child from everything, empowering them to make the best decisions they can, along with teaching them how to cope when they don't, may be the best approach we have. Older Australians are not to be forgotten as they are also at risk of drug related harm whether from illicit drugs, non-therapeutic use of legal drugs or of course, alcohol. The Recovery College model is an example of a successful education based approach which has been implemented by several other states including WA which could be strengthened to reduce many harms, including drug related harm, to the community.

5. ACKNOWLEDGING SOCIETAL SUB CULTURES AND UTILISING PEERS

Any education based approach would benefit from acknowledging subcultures and utilising peers. Community education is necessary but not all people will respond to mainstream approaches. There are many subcultures that have their own unique relationships to drug use and drug related harm. Education is more effective when it is tailored to a specific group and engagement is more effective when it is delivered by peers.

6. WELFARE REFORM

While it is acknowledged that many recipients of welfare also use drugs, problematically or not, strategies such as drug screening are considered punitive, stigmatising and harmful. Current welfare reform is under way with the *"Australian Priority Investment Approach to Welfare"* which claims to give *"those with capacity the opportunity to develop life skills and to participate economically and socially through work"* (Department of Social Services, 2018). So far, we have seen focus on employment rather than life skills. There is a massive opportunity here for effective, meaningful and non-punitive social interventions that could significantly reduce harm from drug use, among other positive outcomes. Welfare reform needs to make good on its claim to improve life skills, address poverty and include aspects of tax reform that assist escaping the poverty cycle.

7. PROTECTING THE FAMILY UNIT

A social focus in welfare reform should build the capacity of individuals to participate differently in society but it should also include an emphasis on supporting the family as a unit. Protecting the family unit by providing meaningful services that support them, rather than punitive services that threaten to dismantle them, would reduce harm and encourage people to seek the help they need sooner.

8. THERAPEUTIC COMMUNITY APPROACH

Strengthening existing therapeutic community implementation and applying a therapeutic community approach within Justice and Mental Health is supported. Transitional accommodation is an important aspect of a therapeutic community approach. More transitional accommodation programs are needed and therapeutic community based housing models such as the Oxford Houses model (Jason, Davis, & Ferrari, 2007) could be easily applied. Comment here in relation to Mental Health specifically was that there are not enough longer term residential or supported accommodation services that facilitate transition from acute treatment, relationship building and long term behaviour change. Prison rehabilitation programs such as the one newly established at Wandoo are supported. To ensure delivery of an effective therapeutic community model, prison programs need to be properly evaluated by processes involving *independent* consultation with the participating population.

9. COMPULSORY TREATMENT

Compulsory treatment or the proposed *"compulsory crisis intervention"* should be a last resort and undertaken with caution. Freedom is a basic human right and any imposure on this is cause for alarm. While there may potentially be benefits to an intervention of this kind for a small number of people, other less restrictive alternatives that may support a greater number of people in the community need to be explored. Addressing barriers to intake processes and providing more detox services, temporary accommodation, safe houses and other safe spaces in the community could address many related harms including violence and sexual violence. 'Lock-up' is the extent of current provision for this. Anything that promotes exclusion reinforces stigma and strengthens negative beliefs around lack of value as a human being. Evaluations and recommendations from participants, their families and service providers, from jurisdictions who have implemented similar legislation such as NSW, the Northern Territory and Victoria, should be sought and thoroughly considered prior to any legislative changes.

10. INTEGRATED SYSTEMS

A focus on integration of intersecting systems should underlie any service delivery approach. An example of progress here is the Police and Mental Health Co-Response team trial.

11. HEALTH AND SOCIAL INTERVENTIONS

Using the language from the inquiry Terms of Reference, it is agreed that weighting of Commonwealth funding needs to shift from *"enforcement"* to *"health"* and *"social interventions"*. There is strong agreement that drug use is a whole of population health and social issue. There is debate on whether framing it as a health issue would deny its social basis but consensus that addressing drug use at the level of primary health is paramount. A focus on increasing competencies of GPs and health professionals to meet needs across Health, Mental Health, and Justice, is a priority. A focus on increasing acceptance and availability of complementary and alternative therapies is also highlighted. Medication is one avenue for treatment, there are many others.

12. CURRENT SOCIAL INTERVENTIONS ARE NOT ENOUGH

Social interventions need to include more than housing, employment and volunteering opportunities. Social intervention does not necessarily result in social inclusion or inclusive societies.

13. HOUSING

Housing people is an approach to reducing harm in itself and worthy of separate mention. Shelters, shared and supported housing arrangements as well as affordable independent living options need to be provided. Aftercare when leaving treatment is not often prioritised, supporting people in their accommodation, whether transitioning from treatment or not, is vital.

14. SOCIAL INCLUSION

A focus on inclusive societies from a connection perspective rather than social intervention from a welfare perspective is considered a more helpful approach. Social isolation was identified as a contributing factor to drug use however social isolation was also attributed to social anxiety and behaviours from drug use that are not socially acceptable. Whatever the cause, social isolation of drug users and their families is further exacerbated by stigma. Consultation clearly indicated the belief in, need for, and absence of, access to services that fostered social inclusion across areas of experience.

15. EQUAL WEIGHTING INCREASE

If Commonwealth funding patterns were to shift, weighting increases to "*social interventions*" should be equivalent to, or greater than, increases to "*health*".

16. ENFORCEMENT CAN IMPROVE REGARDLESS

Whether Commonwealth funding patterns shift or not, there is strong agreement that "*enforcement*" needs to improve at all levels. Attitudes toward those with mental health diagnoses may have improved somewhat but attitudes toward drug users are still disturbing. Consultation clearly indicated that the needs of those in and around the Justice system are significantly unmet.

OTHER FINDINGS

In relation to **(d)** *"consider any other relevant matter"*:

To contextualise the following findings, the consultation process gathered information in relation to five main systems or areas of service provision and five main areas of drug use related experience:

Systems:

1. Health
2. Mental Health
3. Justice
4. Social Inclusion
5. Education

Experiences related to drug use:

1. Experimentation
   (*drug use is either casual or regular but not considered problematic*)
2. Addiction
   (*drug use has caused physiological dependence or is uncontrollable despite obvious harm i.e. considered problematic*)
3. Mental health
   (*drug use has significant interplay with mental health*)
4. Criminality
   (*drug use has significant interplay the criminal justice system*)
5. Recovery
   (*after an extended period of drug use may include abstinence, manageable use and/or management of mental health*)

Consultation found that:

a) Social inclusion services were the most needed and least available followed by Justice services and Mental Health services.

b) Those experiencing problematic drug use, involvement with the Justice system and involvement with the Mental Health system were most unable to access the services they needed.

c) Stigma is a major barrier to effective service delivery across all systems.

d) Stigma is a major barrier to access to services at all levels of experience.

e) Stigma from health professionals is endemic to all systems.

f) Peer workers and peer led education are seen to be the most effective ways to engage those experiencing ,or at risk of, harm from drug use however, they are undervalued as non-professionals and consequently underutilised.

g) Families experiencing harm are still not adequately acknowledged or provided for.

h) Mental health services still do not adequately respond to drug use.

i) Mental health services are still being denied or withdrawn from those who disclose drug use..

j) The traditional medical model approach to mental health alone is insufficient, diagnosis is often inaccurate or inconsistent and long term medication can involve multiple comorbidities that seriously impact the quality of life of the person and their families. There is no provision for psychotropic medication reduction.

k) The traditional medical model approach to drug treatment alone is also insufficient. Complementary therapies including basics such nutrition, exercise and mindfulness, as well as a variety of other therapies that people find helpful, need to be incorporated into treatment systems.

l) Complementary and alternative medicine is understood to support, not replace, medical model treatments and interventions.

m) Behavioural therapies, of all kinds, are underutilised. Contingency Management (CM) and others were mentioned.

n) Education around the neuroscience of behaviour change, emotional regulation and emotional intelligence is also underutilised.

o) A relational perspective needs to be incorporated into treatment and education. Rather than focussing on fixing a problem within the individual, treatment and education should focus on helping the relational space around the individual.

p) Building communication and relationship skills is an important component of treatment and education.

q) Maslow's Hierarchy is always relevant. Housing, or shelter at the very least, is a priority. Issues such as food insecurity that cause stress and malnutrition by way of poor food choices due to cost could easily be addressed through innovative service provision and partnerships. The Women's Recovery Community Food Program is an example of an innovative grass roots initiative.

r) Attitudes of Police are still causing harm.

s) The Justice system does not provide adequate education programs. 'Blood-Borne Viruses' and 'Pathways' as the entirety of the Justice education suite is woefully insufficient. Literacy, communication, relationships and a host of other life education themes that work to reduce harm should be explored and strengthened.

t) Diversion needs to be improved. Diversion program options need to go far beyond urinalysis and counselling.

u) If Hepatitis C is to be eradicated in Australia, Needle and Syringe Exchange Programs (NSEPs) need to be implemented within prisons no matter how unappealing it is to government or the Justice system.

v) Justice system navigation, for individuals and families, needs to be strengthened.

w) Peers and mentorship could and should be utilised in the Justice space.

x) Requirements for National Police Clearances are increasing. Strategies to negotiate this for people who have records will reduce barriers to education, participation and employment, and need to be implemented.

y) More should be done for the Justice population, which includes families. This group are already at a disadvantage and experience much of the burden of harm in our community.

z) Social messages around 'success', 'fitting in' and 'looking the part' are also aspects of crime, particularly for those that already feel they don't. The need to be 'successful' can also drive drug use. Social education, intervention and/or inclusion programs could do a lot to address this.

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