



Inquiry into Drug Law Reform

Parliament of Victoria

Law Reform, Road and Community Safety Committee

beyondblue Submission

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beyondblue

PO Box 6100

HAWTHORN VIC 3122

Tel: (03) 9810 6100

Fax: (03) 9810 6111

www.beyondblue.org.au

Introduction

beyondblue welcomes the opportunity to make this submission to the Parliament of Victoria's Law Reform, Road and Community Safety Committee Inquiry into Drug Law Reform.

beyondblue is a national, independent, not-for-profit organisation working to promote good mental health. We are committed our vision that all people in Australia achieve their best possible mental health. As a national population mental health organisation, we have a range of integrated initiatives to prevent depression, anxiety and suicide and to support people who experience these conditions to get the right services and supports at the right time. We work to create change to protect everyone's mental health and improve the lives of individuals, families and communities affected by depression, anxiety and suicide.

Background

- The majority of injecting drug users in Victoria are male, from an English speaking background and unemployed.
- Mental health conditions are twice as high among illicit drug users as non-illicit drug users.
- People who use illicit drugs also experience high levels of psychological distress.
- There is currently a lack of focus on promotion, prevention and early intervention across national plans and strategies, as well as an imbalance of funding in this area.

Drug use in Victoria

Drug use is common. Around 7.3 million people in Australia report having used an illegal drug in their lifetime, almost 3 million in the last 12 months.ⁱ Within Victoria:

- The majority injecting drug users are male (72%), from an English speaking background (95%), and unemployed (91%).ⁱⁱ
- The average age of a drug user is 41 years, more than half (56%) have a prison history, and nearly 1 in 10 (9%) identify as an Aboriginal or Torres Strait Islander.ⁱⁱⁱ
- North Richmond Community Health currently distributes around 70,000 clean needles per month to drug users in the North Richmond area alone.^{iv}

The burden of drug use is not isolated to illicit substances. The Australian Institute of Health and Welfare reports that illicit drug use remained stable in Australia between 2010 and 2013, but misuse of prescription drugs rose from 4.2% to 4.7% during this time.^v The number of deaths from drug overdose in 2014 was 1,137, an increase of 61% compared with a decade earlier. More than two thirds (69%) of these deaths can be attributed to prescription drugs.^{vi}

The nature of drug use

Drug use varies on a spectrum from once-off or occasional use through to substance misuse and dependence. Substance misuse is influenced by a range of personal, environmental and social determinants which are linked via a bidirectional pathway. Ultimately substance misuse and dependence need to be understood as health conditions driven by and leading to a range of social consequences. An effective policy response therefore requires a 'social health' approach to dealing with the biopsychosocial contributing factors and outcomes and includes a joined up response across health and human services portfolios. As with any health condition, efforts are required across the spectrum of prevention, early intervention and support for recovery, and must take a holistic whole-of-person approach.

Comorbidity with mental health conditions

Substance use and misuse is highly correlated with a range of health and mental health conditions.

Mental health conditions are almost twice as high among illicit drug users (21%) than non-illicit drug users (13%). People who use illicit drugs also report high levels of psychological distress, which could be a marker of an undiagnosed mental health condition.^{vii}

There is a well-established link between injecting drug use and depression and anxiety, and the risk of suicide. Within Australia and overseas, research has demonstrated high levels of comorbidity between substance use conditions and mental health conditions. Different studies provide different prevalence rates. Generally speaking, somewhere between 30-60% of people who inject opioids such as heroin, or amphetamines, have co-morbid depression or anxiety conditions.^{viii ix} This is significantly higher than the 17% of people in the general population who are currently experiencing one of these conditions.^x

Due to the strong link between mental ill health and illicit drug use, our submission will focus only on this area.

Prevention is key for comorbid conditions

Promotion and prevention has been a priority in Australia for many years, reflected in national plans such as the National Mental Health Plans and the National Drug Strategy. However, there is often an imbalance of funding for services, programs, research and policy development in this area. Funding is generally directed at immediate problems, namely established disease states, rather than future problems. There is also a tendency to focus the limited prevention funding on 'lifestyle' risk factors that influence a range of chronic conditions such as cardiovascular disease and cancer, rather than the broader social determinants which influence the underlying cause of conditions.

Taking a more macro view, it is clear that there are a range of risk factors that are common across mental health conditions and substance misuse that if addressed could assist with reducing the incidence of each. Furthermore, people with substance misuse and those with a mental health condition experience similar problems in life such as stigma and discrimination, difficulty accessing services, and maintaining employment and housing. But more so, many people experience social and economic hardship, evidenced by the proportion of drug users and people with certain mental health conditions who are unemployed.

At present, prevention activities are typically underfunded and focused on individual factors rather than the social determinants that underlie the problems. As a result they often have minimal impact on reducing the burden of mental health and alcohol and other drug conditions. However, in the longer term they are likely to be much more cost-effective, as well as more likely to result in these people living a 'contributing life'.¹

¹ The National Mental Health Commission defines a contributing life as *"a fulfilling life enriched with close connections to family and friends, and experiencing good health and wellbeing to allow those connections to be enjoyed. It means having something to do each day that provides meaning and purpose, whether this is a job, supporting others or volunteering. It means having a home and being free from financial stress and uncertainty"*.

Recommendations

In light of the evidence, *beyondblue* makes the following recommendations to the Inquiry into Drug Law Reform.

Programs that address the precursors of drug use and rehabilitative drug use

A whole of government approach to promotion, prevention, early intervention and treatment for illicit drug use is important. Drug use is a concern not just for justice, but for health and social sectors, employment, education and so on.

Recommendation:

1. Establish prevention and early intervention programs that address the precursors of drug use.

An integrated system

Across the country, multiple reforms across mental health and drug use are being implemented concurrently. Service integration and consistency is key to the success of these major reforms. In Victoria, integration of the service system should enable people to be treated holistically, accessing services to recover from both mental health and substance use conditions with the right treatment and support. Colocation of services and multidisciplinary teams of professionals should be the core of the system. Primary Health Networks (PHNs) provide a critical structure to help integrate policies, funding and services, across Commonwealth and Victorian initiatives.

Treatment should be person-centred, encompassing comorbid mental health conditions, psychosocial risk factors and broader social determinants that are likely to impact on a successful outcome. This may include establishing links with the housing, employment and education sectors. Programs should be evidence-based and accessible across the state. Access to culturally relevant and sensitive programs should be a priority to support Aboriginal and Torres Strait Islander people who misuse drugs. Meeting the needs of affected communities will be best determined by the communities themselves. Access to these programs should be extended to those in the justice system.

Recommendations:

2. As a priority, develop and deliver truly integrated service models, which respond to the high prevalence and complex needs of comorbid mental health and substance use conditions.
3. Develop and implement governance structures and oversight mechanisms to support service integration and shared outcomes.

Better access to harm reduction supports

There are a range of established harm reduction approaches that should be supported and expanded to reduce harm from illicit drug use in Victoria. Some of these were emphasised in the recent coronial findings by coroner Jacqui Hawkins.^{xi}

Needle and syringe programs

A strong body of evidence recommends injecting drug users have access to sterile injecting equipment in order to reduce the risk of blood borne virus transmission and injection-related injuries (acquired through using other paraphernalia). Given the recent introduction and financial investment in curative drugs for hepatitis C, this is more important than ever.

Expanding access to needle and syringe programs, in particular, 24 hour access through outreach or vending machines, should be considered a priority. Supporting peer distribution of clean needles, through appropriate legislation, should also be considered.

Naloxone distribution and education

Naloxone is an opioid antagonist that reverses the effects of heroin. Examples of peer distribution and education on naloxone has shown to be effective in reducing death by overdose. Often peers are the first responder at a scene when an individual overdoses. If peers are confident in administering naloxone, they may be able to prevent loss of life. A targeted naloxone peer distribution and education program should be implemented in high risk populations across the state.

The recent announcement by the Andrews' Government to subsidise the cost of naloxone, improving access for those who are unable to afford it, should be acknowledged.^{xii} This action strengthens Victoria's approach to harm reduction, and the outreach service to follow up drug users who've survived an overdose also provides an opportunity to further educate and support individuals.

Introduction of a safe injecting facility

Safe injecting facilities provide a safe, stigma-free environment, staffed by medical professionals, where individuals can inject drugs without many of the pressures that they would otherwise experience in a public place. In many ways, they can be seen more as integrated care facilities, focusing on the health and social needs of a person.

There are more than 100 safe injecting facilities around the world, including in Sydney. Data from the existing Sydney safe injecting facility indicates that 82% of frequent attenders report mental health problems and 54% report at least one previous suicide attempt.^{xiii} Lifetime rates of depression and anxiety are also considerably higher among injecting drug users than the general population.

During the 10 year trial period, the Sydney service decreased ambulance call outs to the area by 80%, reduced the number of publicly discarded needles and syringes in the area by half, managed more than 4,400 drug overdoses without one death, generated more than 9,500 referrals to health and social welfare services, and had no negative impact on crime rates for robbery, property crime or drug offences in the area.^{xiv} This evaluation also found that community acceptance and support for the service had increased by 15% to 78% of residents who live nearby.^{xv}

Stress and stigma are major risk factors for depression and anxiety, and most injecting drug users lead lives far more stressful, degrading, stigmatised and dangerous than those of the general community. The constant threat of arrest, the possibility of overdosing and the difficulty of finding a private place to inject loom large for most injecting drug users.

Importantly, safe injecting facilities also link injecting drug users with medical professionals who help them connect with mental health, physical health, welfare and rehabilitation services they may never have otherwise accessed. Safe injecting facilities present an opportunity to connect marginalised and disadvantaged people to vital health care and other supports, including mental health care, often for the first time. In fact, the Sydney service has made almost 11,000 referrals to health and welfare services since it opened.^{xvi}

beyondblue supports the recommendation of Coroner Jacqui Hawkins that consideration should be given to trialling a safe injecting facility in Victoria, as one part of a comprehensive, evidence-based approach to harm reduction.

Recommendations:

4. Expand needle and syringe programs to ensure injecting drug users throughout Victoria have access to sterile injecting equipment, including after hours.
5. Enable peer distribution of clean needles through appropriate amendments to legislation.
6. Implement a targeted naloxone peer distribution and education program in high risk populations across the state.
7. Establish a trial of a safe injecting facility in Victoria.

Alternative approaches to supply reduction

Supply reduction predominantly focuses on legislative means for managing illegal drug supply. In particular, tougher penalties were introduced a number of years ago, which increase the cost and limit the availability of illegal drugs, thus impacting on supply. However, at the same time, Victoria has seen a continued increase in the number of individuals facing prison time, with current facilities struggling to house those who have been incarcerated. Consideration needs to be given to the best way to continue to curb illegal drug supply. Alternative approaches that do not rely upon imprisoning a person should be trialled. In many cases, there are broader social reasons and implications behind an individual's decision to traffic drugs. Alternative approaches should look at the underlying reasons for drug trafficking rather than just the action itself. Introduced under the Government's Ice Action Plan, drug courts provide an intensive therapeutic sentencing option. Consideration should be given to expanding the capacity of these courts.

Recommendation:

8. Expand the capacity of Victoria's drug courts to provide intensive therapeutic sentencing options for more people charged with drug offences.

Strengthening culturally appropriate supports and treatment

Although the absolute number is low, a disproportionate amount of people imprisoned for drug related offences identify as being from an Aboriginal or Torres Strait Islander background, or culturally and linguistically diverse backgrounds. As such, consideration must be given to the availability of culturally appropriate supports and treatments.

In line with findings in the coronial report referred to earlier, *beyondblue* supports a review of drug treatment programs to ensure client demand and needs are being met, and services are culturally safe and relevant.

Recommendation:

9. Undertake a review of drug treatment programs to ensure client demand and needs are being met and services are culturally safe and relevant.

Summary

beyondblue believes drug law reform is critically important. Substance misuse needs to be clearly identified as a health and social issue, not a judicial issue. Moreover, the interconnection between substance misuse and poor mental health and 'social health', needs to be recognised and dealt with by tackling the common risk factors for both and providing a joined up approach to service delivery. To improve the health of all Victorians experiencing these conditions, *beyondblue* makes the following recommendations to the inquiry:

1. Establish prevention and early intervention programs that address the precursors of drug use.
2. As a priority, develop and deliver truly integrated service models, which respond to the high prevalence and complex needs of comorbid mental health and substance use conditions.
3. Develop and implement governance structures and oversight mechanisms to support service integration and shared outcomes.
4. Expand needle and syringe programs to ensure injecting drug users throughout Victoria have access to sterile injecting equipment, including after hours.
5. Expand peer distribution of clean needles through appropriate amendments to legislation.
6. Implement a targeted naloxone peer distribution and education program in high risk populations across the state.
7. Establish a trial of a safe injecting facility in Victoria.
8. Expand the capacity of Victoria's drug courts to provide intensive therapeutic sentencing options for more people charged with drug offences.
9. Undertake a review of drug treatment programs to ensure client demand and needs are being met and services are culturally safe and relevant.

References

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