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Inquiry into Drug and Alcohol Treatment

Anex submission to the Inquiry Into Drug and Alcohol Treatment – March 2013

About Anex

Anex is a leading national voice in the public health sector. Since our inception as an independent, non-profit organisation in the 1990s, we have worked to increase understanding and improve responses to the problems arising from the use of illicit drugs, pharmaceuticals and alcohol.

Anex does not condone drug use, but strives to protect people from drug-related harm when at their most vulnerable.

Our mission

To employ the best available evidence and compassion to improve individual and community health and wellbeing by supporting and strengthening policies and programs that reduce drug-related harm in Australia.

Our Patrons

Professor Emeritus Sir Gustav Nossal AC CBE

Professor Emeritus David Penington AC

Professor Margaret Hamilton AO

The Hon Michael Kirby AC CMG

For more information, contact:

John Ryan

Chief Executive Officer
Anex
600 Nicholson St
Suite 1 Level 2
Fitzroy North 3068

T: 61 3 9486 6399
F: 61 3 9486 7844

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1. Overview

Anex welcomes the opportunity to contribute to the work of the NSW Legislative Council's Inquiry into Drug and Alcohol Treatment and commends the government for initiating scrutiny of the opportunities for improvement in this important area of community concern. Anex considers that a strategic approach to reform across multiple portfolio areas, together with private and community based stakeholders, represents the best opportunity to achieve long term improvements in the efficiency and effectiveness with which existing and potential additional resources are deployed in the state.

Anex is committed to the promotion of public health and harm reduction, particularly in relation to alcohol and drug misuse in the Australian Community.

Its priority areas include the promotion and development of the capability of the harm prevention and reduction workforce and the completion of high quality research that will continue to increase the evidence base for harm prevention and reduction and inform best practice for the sector.

The work of Anex is set in the context of the social determinants of health, which the World Health Organisation defines as:

> "The conditions in which people are born, grown, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequalities – the unfair and avoidable differences in health status seen within and between countries."

Anex strongly supports a client centred approach across all aspects of multi-lateral government and other involvement. A client centred approach is one that meaningfully engages clients in planning, implementation, delivery, review and evaluation of interventions and services with recognition of the importance of family and community in client outcomes.

1.1.1. Overarching harm minimisation approach

Such an approach should reinforce the three policy pillars that have underpinned activity in this field in Australia for many years and made us a world leader in drug and alcohol policy:

- reduction in supply of illicit drugs and the inappropriate and harmful supply of licit drugs
- reduction in demand through an integrated approach across all sectors, including health, justice and harm reduction elements
- reduction in the harm caused to both individuals, their families, workplace colleagues and the wider community

It has been a number of years since there has been a thorough analysis of how government expenditure on illicit drug harm minimisation measures is divided. Even the most recent publication on the matter, (Moore 2008), refers to 2002-2003 data. Of "proactive" expenditure, the largest

amount was on law enforcement (55%), followed by prevention (23%), treatment (17%), harm reduction (3%) and other (1%). [1]

However, judging by commercially conducted public attitudes research commissioned by Anex in 2009,[2] Australians are in favour of greater balance between taxpayer funding on law enforcement measures to address illicit drug-related issues and harm reduction interventions. When asked the question *"if the government had $100 to spend on addressing problems associated with illegal drugs, how much do you think they should spend on each of the following?"*, results analysis found that the preferred division for a majority of respondents was as follows:

- Police, courts and imprisonment for people who use or produce illegal drugs: $20
- Educating people to prevent commencement of illegal drug use: $30
- Treatment programs that aim to reduce or end use in people using illegal drugs: $20
- Programs to reduce harms to individuals and the community resulting from illegal drugs use: $20

The 2010 National Drugs Household Survey found that 68.5 percent of Australians (14 years old and older) supported NSPs to reduce harms associated with heroin.[3]

1.1.2. Harm Reduction needs emphasis

Anex supports a strong harm minimisation focus evident in the consultation paper along with an equally strong emphasis on harm reduction. Such an emphasis should address shortcomings in:

- the connections between service sectors, including the primary health sector, mental health sector, and harm reduction services such as Needle and Syringe Programs (NSPs);
- inter-sectoral referral pathways;
- improved resourcing of the various sectors to better support people misusing drugs and alcohol by more effective linking to a comprehensive range of services and supports which may increase the prospects of effective recovery interventions in the future;

2. A Whole of Government Approach

Anex advocates greater cohesion and coordination in relation to alcohol and drug policy and services. What should this mean in practice?

[1] Moore, T. (2005). Monograph No. 01: What is Australia's "drug budget"? The policy mix of illicit drug-related government spending in Australia. Drug Policy Modelling Project Monograph Series. Fitzroy, Turning Point Drug and Alcohol Centre.

[2] Anex. **Anex Community Research Project - Summary of Findings**. In. Melbourne: Anex; 2009.

[3] AIHW (2011). 2010 National Drug Strategy Household Survey report. Canberra, Australian Institute of Health and Welfare. **Drug statistics series no. 25. Cat. no. PHE**.

Over many decades governments at both state and federal level, and of all political persuasions, have from time to time set out to integrate and harmonise policy and practice across multiple areas of government interest and activity. Sometimes this has simply been challenge enough to achieve within a single portfolio. In other cases more ambitious inter-portfolio agendas have been pursued.

Results have, it must be said, generally been mixed, particularly when cross portfolio agendas have been pursued. This underscores the challenge governments face in seeking to put in place, and then implement, a cohesive alcohol and drug strategy across all areas of government activity and interest.

It is submitted that, as well as embracing the best ideas which come forward to this inquiry, attention must also be directed internally in regard to the operations of government and the cultures which are dominant within various agencies. A whole of government strategy in any area cannot be expected to succeed where:

- different elements of government are in competition with each other for scarce budgetary resources
- fundamental differences in values and perspective exist, whether overtly or not, between different areas of government

A simple, if blunt, example can be taken of an overall system in which drug taking behaviour is regarded by the law enforcement system as primarily a crime. This leads to custodial punishment in an environment where continued drug taking is possible but treatment and meaningful prevention of the transmission of blood borne viruses is not. Upon release the wider community is exposed to transmission risks, leading to a demand on health resources as well as a range of societal harms. This could not be considered an integrated client and community centred approach.

Conversely, an overall system in which the law enforcement system approached drug taking as a health issue and sought to connect the individual with appropriate health interventions, thereby reducing harm, generating increased potential for effective treatment while reducing demands on the justice and penal systems, could be seen as a more effective use of scarce resources.

The values and culture of any element of the overall system are therefore paramount and must be harmonised across the system from the top down.

It is suggested that the government give consideration to how traditional government processes and portfolio arrangements should be reviewed and revised to ensure the implementation of specific programs and initiatives is not undermined by conventional intra government norms.

3. Outline of areas emphasised in Submission

This submission seeks to bring 10 main areas to the attention of the Committee. These are:

1. Criminal justice;
2. Alcohol and drug issues in the workplace.
3. Improving capacity for referral to other services;
4. Improving the resourcing of secondary outlets;

5. Expanding the availability of equipment – syringe vending machines;
6. Enabling outreach through peer networks to young injectors;
7. Workforce development;
8. Pharmacotherapy.

The submission will also discuss four particular subject matters that warrant consideration. These are:

1. Increased pharmaceutical misuse;
2. Prison-based needle and syringe programs;
3. Take-home naloxone to reduce overdose deaths and injuries;
4. Improved data collection.

4. Criminal justice

4.1. Prevention and early intervention

Recognising that involvement in the criminal justice system at an early age is correlated with ongoing contact and engagement in later life, the importance of prevention and early intervention programs has long been recognised.

The most significant point of contact that the Government has with young people is through the education system, both the government system and, indirectly, through the religious and independent school systems.

New South Wales secondary schools, and increasingly primary schools, are called upon to respond to the impact of alcohol use and illicit drug use by students. Further, most secondary schools and some primary schools have found it necessary to formulate school drug policies, in response to incidents of unauthorised alcohol use and illicit drug use by students.

National policies in these areas have been set over the past decade by the 1999 drug education policy document of the Department of Education, Training and Youth Affairs (DETYA) *"National School Drug Education Strategy"* and the subsequent policy document dealing with drug incidents: *"National framework for protocols for managing the possession, use and/or distribution of illicit and other unsanctioned drugs in schools"*.[4]

During the last decade, there has been increased understanding and knowledge of the close link existing between young people's drug misuse and mental health needs, and the need to carefully assess drug incidents in relation to the absence of youth friendly and accessible mental health services.

This submission would argue for an emphasis on a more holistic response to incidents of unsanctioned alcohol use and illicit drug use by school students, leading to a substantial social

[4] DEST. National framework for protocols for managing the possession, use and/or distribution of illicit and other unsanctioned drugs in schools. In. Canberra: Departement of Education, Science and Training, Commonwealth of Australia; 2000.

assessment following such an incident, so that appropriate considerations can be given to other than criminal justice interventions.

All schools within Australia are expected to work within the national framework (DETYA 2000), which while maintaining the goal of no illicit drugs in schools, incorporates three integrated approaches to drug use in schools, including supply reduction strategies; demand reduction strategies; and harm reduction strategies.

The Catholic Education System, which is responsible for over 600,000 students nationally, representing more than 20 percent of all students in primary and secondary schools in Australia, also works within this National Framework, but has largely through its local offices built policies of assessment and social inclusion, in response to the report *"Keeping Them Connected"*.[5]

Keeping students connected to their local environment, using the resources of the school community and associated professional services from within the education system, and involving the instrumentalities of the juvenile justice and criminal justice system only when it is deemed necessary or required by law has proven to be an effective response.

- **Recommendation 1 -** That departmental strategies and intervention programs be established between relevant government departments and agencies across the education, early childhood, health and human services, and justice systems to ensure that a coordinated response is established with recognised protocols ensuring that interventions that occur in response to drug incidents in New South Wales schools are focused on harm reduction and positive outcomes for the students concerned.

4.2. Juvenile Justice

The percentage of young people having formal contact with the NSW juvenile justice system is considerably higher than in some other jurisdictions, such as Victoria. Programs to divert many of those who otherwise would come under the jurisdiction of the Children's Court should be established to generate far more positive outcomes for the child, the child's family, and equally importantly for the wider New South Wales community.

For those who really do need to come before the Children's Court, it is important to ensure that positive outcomes are also forthcoming. Only a small percentage actually requires a custodial sentence. Generally, they are a group who have had their chances, or who have been convicted of a very serious offence. The greater the penetration young people have into the juvenile justice system, the greater the likelihood of their graduating to a further involvement with the adult system in later years.

Those young people who appear with substantial involvement with misuse of alcohol or illicit substances generally exhibit complex needs, a clear indication that a carefully managed treatment plan is required. A period of placement within a juvenile justice facility will not teach them a good lesson. What is required, generally, are substantial interventions that provide the young person with the opportunity to once again access educational, training and employment opportunities. The alternative is the development of an anti-social, or even criminal, identity that will cause untold distress to the lives of those they come into contact with.

[5] Norden P. Keeping them connected: A national study examining how Catholic Schools can best respond to incidents of illicit drug use. In. Melbourne: The Ignatius Centre for Social Policy and Research: A program of Jesuit Social Services 2005.

This perspective points to the need for closer liaison between relevant agencies. A disproportionate number of young people with complex social needs coming under the attention of the juvenile justice system need pathways back into further training and education to increase their chances of gaining access to the employment market. In addition, many are second generation Australians, with a disproportionate number with experiences of refugee resettlement or trauma from their countries of origin. Cross departmental co-operation and skilled workers are required to ensure positive outcomes from state interventions with such young people. The justice system also needs to be involved, to ensure that the future generation of police officers are trained with an awareness of cultural diversity and the ability to engage with ethnic and religious differences that are now part of our Australian society.

This submission argues that a supportive needs to be sustained and supported in the coming decade, despite the political pressure mounted by some media outlets and partisan interest groups that would move our community to a more punitive approach by the state in response to problematic juvenile behaviour.

We need to recognise that behaviours which attract such media attention are largely episodic, not chronic, and largely is in response to serious social or economic disadvantage and a sense of social isolation or exclusion. If we can continue to find the solution early we avoid the damage that inevitably results from a deeper incursion by the instrumentalities of the juvenile justice system.

- **Recommendation 2 -** That an Interdepartmental Task Force be established to ensure that the complex needs presented by that small group of young people that have substantial contact with the Juvenile Justice System are better responded to with an intensive case management plan for each individual.

4.3. Community Corrections

The vast majority of adults who come into contact with the criminal justice system receive fines, bonds, or some form of community based orders. For the most part, their engagement with the criminal justice system is incidental, resulting from a bad decision or episode of behaviour that is not reflective of consistent behaviour responses. For those who receive community based orders, there is either a need for some form of compensation to the community, expressed through unpaid community work, or they have been identified as in need of a more complex form of intervention or treatment, in response to their behaviour.

It is important that the courts retain the capacity to mould sentencing options according to the circumstances identified through the court process. This has been the strength of the practice of judicial sentencing in this State over many decades.

Many of those who appear before the courts come with more complex behaviours for which there is not a speedy or single dimensional response. As in the juvenile justice system, there is an over-representation of persons from disadvantaged areas: both metropolitan, rural and remote. The recent social investigations completed by Professor Tony Vinson of the University of Sydney found that 3 percent of the postcodes measured nationally had three times the number of persons convicted of criminal convictions, compared to the national average. He warned of the danger of the Australian criminal justice system "mining" such disadvantaged communities more and more deeply in the coming years. It is perhaps this trend that gives some explanation to the fact that the Australian

prison population has been increasing by 3.7 percent per year over the last 15 years, more than three times the rate of the national population increase.[6]

For this reason, it is important that community corrections has the capacity to respond not only to the particular offence that brings the offender to court, but also the underlying factors that influence or shape the offender's behaviour.

Where serious difficulties in relation to alcohol or illicit drug misuse are identified, treatment interventions must be broader than single dimensional, reflecting these social determinants that lead to appearance before the courts. The health system must devise programs that reflect the prevalence of dual disability in many of those appearing before the courts. Alcohol and drug misuse is a clear indicator of mental health concerns and the intervention focused on substance misuse must also take into account the co-occurring mental health needs of the person.

- **Recommendation 3 -** Stronger coordination between mental health services and alcohol and drug treatment programs be established to more effectively respond to the needs of those persons coming into contact with the community corrections system.

4.4. Custodial Services

A recent report of the Victorian Ombudsman identified the challenges facing Victorian correctional services in providing health services within their facilities at a level even approximating those services readily available in the community.[7] This issue becomes particularly stark, when the rate of Hepatitis C among Victorian prisoners (43 percent) is compared with the general rate within the wider community (1 percent). Despite this disparity and the presence of a classic "captive audience" for medical intervention, only three of Victoria's prisons enable prisoners to access hepatitis C health treatment programs.

It could be reasonably expected that a similar situation exists in NSW custodial settings.

As the Ombudsman's Report found:

"Prisoner rights are legislated in the Corrections Act 1986 which states that prisoners have the right to access reasonable medical care and treatment necessary for the preservation of health."

There is clearly a serious obligation on state government authorities to respond more effectively to the complex health and mental health needs of the prison population. Given that 49 percent of current inmates had previously served an earlier period of imprisonment (ABS, November 2010) and that the death rate of those recently released from prison has been found to be 10 times the rate of those incarcerated in prison (Burnet Institute, Medical Journal of Australia, July 2011), one could suggest that the provision of health services to those in our correctional facilities needs to be seriously reviewed.[8]

This submission would suggest that the administration of health services to those in New South Wales prisons should be managed directly by the health system rather than the justice system. Many of the personal health concerns applicable to individual inmates have public health implications for the

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[6] ABS. Prisoners in Australia, 2009. In. Canberra: Australian Bureau of Statistics; 2010.

[7] Victorian Ombudsman. Investigation into prisoner access to health care (August 2011). Melbourne: Ombudsman 2011.

[8] Stuart A Kinner, David B Preen, et al. (2011). "Counting the cost: estimating the number of deaths among recently released prisoners in Australia." Medical Journal of Australia 195(2): 64-68.

whole community. The transfer of these responsibilities directly to the Department of Health would recognise that prisoners' health has direct implications on public health and the level of health services available within custody should not be determined by management and security barriers placed by prison administrators or obstructions from prison officer unions.

This issue has been addressed in the recent "Consensus Statement: Addressing Hepatitis C in Australian Custodial Settings".[9] That report found that: "custodial settings provide a unique opportunity to protect and enhance the health of marginalised individuals and populations through prevention and treatment programs". It concluded that: "Given the inability of custodial authorities to achieve and maintain the unrealistic expectation of a drug-free prison environment, prevention strategies using proven harm reduction measures including prison-based Needle and Syringe Programs should be introduced in the interests of public health, duty of care and human rights obligations".

The case for controlled NSPs in Australian prisons has been clearly outlined in the recent publication "With Conviction" by Anex which is based on the understanding that "prisoner health is community health".[10] In recognising the efforts prison administrators have made in harm minimisation programs around supply and demand reduction, the report calls for a more significant commitment to institutionalised prison management practices in the area of harm reduction and efforts to ensure that prisoners be entitled to health services comparable to those available to the general community.

The case to introduce NSPs within Australian prisons is not based around condoning the use of illicit drugs within prison, but rather is founded on the public health imperative that leads to the minimisation of harm when people continue to use drugs, be it inside prison or beyond. The Australian Capital Territory government has committed to the introduction of a prison based NSP

- **Recommendation 4 -** Harm Reduction strategies, including prison based needle syringe exchange programs be established in New South Wales prisons, recognising that the NSW prison population represents a community with complex and serious general health needs and that their release back into the community has serious public health implications.

4.5. Post Release Services

The experience of imprisonment impacts not only on the offender, but also the offender's family and the community to which he or she returns, if in fact such exists. There is recent evidence that the return to the community is not always a smooth transition, to say the least.

A recent study by the Burnet Institute found that the death rate of those recently released from prison around Australia was ten times the mortality rate of those actually incarcerated.[11] The deaths reflected high rates of drug overdoses, suicides and death by accident or reckless behaviour. Such dramatic and disproportionate figures indicate a serious problem and raises questions about the connection, if any, between prison based interventions and the impact of "the prison experience" on the inmate's capacity to resettle after release.

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[9] Hepatitis Australia. Consensus Statement: Addressing Hepatitis C in Australian Custodial Settings. In. Canberra: Hepatitis Australia; 2011.

[10] Anex. With Conviction: the case for controlled needle and syringe programs in Australian prisons. In. Melbourne, Australia: Association for Prevention and Harm Reduction Programs Australia Inc. (Anex); 2010.

[11] Stuart A Kinner, David B Preen, et al. (2011). "Counting the cost: estimating the number of deaths among recently released prisoners in Australia." Medical Journal of Australia 195(2): 64-68.

Many of those returning to the community after a period of imprisonment in fact have no community to return to. The social dislocation of prison life, and the increased fragmentation of significant relationships that occurs as a result of the separation involved, results in many of the 50,000 individuals released from prison around Australia each year facing a major crisis that is life-threatening.

The challenge facing many individuals in the twelve months following release has been evidenced in a recent report by the Australian Housing and Urban Research Institute,[12] which showed the significance of housing instability on the lives of many released offenders and the significance of changes of residence during the first six months on the likelihood of return to custody. The report also found ex-prisoners were more likely to return to prison if they had an increase in the severity of alcohol and other drug problems in the months following release. The policy implications of these findings point to the need for drug and alcohol services to be delivered in conjunction with housing support services, rather than separate from them, for "when stable housing is combined with helpful support that assists in addressing issues such as drug problems, family relations and employment, the evidence from this study is that ex-prisoners are much less likely to return to prison".

These findings highlighted the importance of a multi-agency team approach to housing, mental health and employment, that includes ex-prisoners' views and knowledge. The study concluded that the "allocation of a trained caseworker to each and every prisoner pre-release could be a way to aid this integration".

- **Recommendation 5 -** A post release program be developed for every person released from custody, including ensuring access to affordable housing, mental health services, drug treatment programs and harm reduction programs.

4.6. Whole of Government approach in relation to criminal justice services

The nature of the recommendations contained in the above studies, suggesting multi agency teams and integrated responses covering different areas of social need will never be possible, much less successfully implemented, without a substantial shift in thinking and operational management across a range of government authorities.

At present there appears to be an inherent conflict of values and priorities in developing a more effective whole of government response to alcohol and drug services in relation to the operation and responsibilities of the criminal justice system in Australia.

It is not just a matter of organisational structure, but includes different ethical and value approaches that reflect judgements about the causes of criminal behaviour and interventions that are appropriate in response.

It is perhaps best illustrated by the practice common across the country in the loss of "privileges" in relation to contact visiting rights imposed on all prisoners who breach prison regulations. This is seen by prison authorities as an effective punishment, but it is widely recognised that the fractured family

[12] Baldry E, McDonnell D, Maplestone P, Peeters M. The role of housing in preventing re-offending. *Australian Housing and Urban Research Institute - Research & Policy Bulletin* 2004,36.

relationships that could result are one of the strongest correlates to further re-offending behaviour and returns to prison.

Before a whole of government response can be considered in relation to drug and alcohol services in the context of the operation of the criminal justice system, State and Territory Governments across the country need to come to terms with such inherent contradictions in goals and strategies if true co-operation and a greater level of complementary programs could be considered across government authorities.

- **Recommendation 6 -** That the New South Wales Government recognises that single dimensional interventions will not be effective in responding to the needs of the NSW population that becomes substantially involved in the criminal justice system, but that cross departmental interventions are required for more effective outcomes that are intended to protect the safety of the wider community

4.7. Prison-based needle and syringe programs

More than 10 nations, including Spain, Switzerland and Germany, have established NSPs in prisons. These programs have been implemented without a single case of a needle/syringe being used a weapon against prison staff.

National health strategies, including the Third National Hepatitis C Strategy 2010-2013, recommend that New South Wales and other jurisdictions identify correctional facilities to trial needle and syringe distribution for prisoners. It states:

> "In view of the well documented return on investment and effectiveness of Australian community-based needle and syringe programs, combined with the international evidence demonstrating the effectiveness of prison needle and syringe programs, it is appropriate throughout the life of this strategy for State and Territory Governments to identify opportunities for trialling the intervention in Australian custodial settings." [13]

Hepatitis and HIV are the primary diseases communicable through needle sharing. A communicable diseases prevention strategy for the correctional system that did not respond to risks of hepatitis and HIV transmission amongst prisoners whilst they were in custody would be negligent.

Anex supports trialling of prison-based needle and syringe exchange within the New South Wales correctional system.

- **Recommendation 7 –** The inquiry should adopt a goal of public health policy in New South Wales including the establishment of NSP services within the correctional system where appropriate.

- **Recommendation 8 -** That policies be developed in such a way as to 'feed into' any forthcoming communicable diseases strategy for the correctional system. The Strategy should seek to:

    - a) identify potential sites for NSP implementation as either a pilot or trial,

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[13] DoHA (2010). Third National Hepatitis C Strategy 2010-2013. Canberra Australian Government Department of Health and Ageing.

- b) develop guidelines and protocols for operations of such an NSP, and
- c) identify barriers to implementation and possible means to overcome those barriers. As a minimum there should be strong collaboration in the development and implementation of such as system between the health and justice systems with overall responsibility vested in the former.

5. Drug and Alcohol Issues in the Workplace

Anex recommends the development of policies and programs directed towards issues associated with alcohol and drug use in, or associated with, employment and workplaces. Resources should be directed towards assisting employers to establish drug and alcohol policies and programs to ensure that misuse of alcohol or drugs in a workplace context can be dealt with ethically, legally and to the benefit of both the company and the employee.

Of the total social cost of drug abuse in 2004/05 of $55.2 billion, alcohol accounted for $15.3 billion (27.3 per cent of the unadjusted total), tobacco for $31.5 billion (56.2 per cent), and illicit drugs $8.2 billion (14.6 per cent). Alcohol and illicit drugs acting together accounted for another $1.1 billion (1.9 per cent).[14]

The International Labour Organisation (ILO) estimates that:

- 20-25 percent of all occupational injuries are a result of drug and alcohol use
- 62 percent of harmful drug and alcohol users are in full time employment, which amounts to about 300,000 workers in Australia
- 3-15 percent of fatal injuries are related to drug and alcohol use.

The House of Representatives Standing Committee on Family and Community Affairs noted that tangible costs associated with drug use in the workplace was second only to the costs impacting on home and family.[15]

Harmful drug and alcohol use can create a range of problems in the workplace. Employees with drug and alcohol problems can cause injury to themselves and others can lose their job or family and damage their physical and mental health. Workmates of a drug or alcohol user can be faced with an increased risk of injury and disputes, covering for colleagues poor work performance and the need to "dob in" a mate for their own good.

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[14]Collins D, Lapsley H. The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. In. Canberra: Department of Health and Ageing (Australia); 2008.

[15] Australian Parliament House of Representatives. Road to recovery: Report on the inquiry into substance abuse in Australian communities. Canberra; 2003.

Consequences which employers are faced with include lateness and absenteeism, lost time and reduced production and work quality as a result of incidents and injuries. There may also be losses associated with inefficiency and damage to plant, equipment and other property. The workplace is an ideal place to run effective drug and alcohol prevention programs because the peer support network in a workplace can be used to shape behaviour. Workers have a better chance of recovery from drug and alcohol problems if they are still working. Notably, the sanction for drug use is more severe in the workplace than it is in the criminal justice system.

5.1. Initiatives to address workplace alcohol and drug issues

Anex has introduced a new program called Lucid to address this serious problem in the absence of other effective initiatives available to employers, employees and their families. Lucid aims to de-stigmatise addiction and improve organisational and individual capacity to prevent and reduce harm from drug problems through policy training and referral. Lucid will reduce organisational, individual, community and economic harm arising from workplace drug and alcohol issues.

5.2. Occupations and alcohol

The harmful use of alcohol can be found at all levels in organisations from the boardroom to the shopfloor, in community service, manufacturing, retail and business sectors. Harmful alcohol use is more prevalent in some industries than others, indicating environmental and cultural influences in addition to workplace stressors as possible contributing factors.

The highest rate of alcohol consumption is among administrative and executive staff. Other heavy drinking occupations include mine workers, salespersons, clerical staff, professionals, transport workers, tradespeople and labourers.

5.3. Causes

Genetic factors, unemployment and boredom have been linked to the harmful use of drugs and alcohol. Stressors at home and at work can also contribute to the extent to which drugs and alcohol are used. These may include:

- shiftwork
- high risk of personal injury or illness at work
- dirty, noisy work environment
- poorly designed, difficult to use equipment
- tight deadlines (e.g., transport industry)
- fear of losing job
- conflict with peers or supervisor
- discrimination or prejudice

• peer pressure

• marital or personal relationship problems

• financial problems.

5.4. Extent of drug use

Illegal drug use is not a major factor in Australian workplaces with the exception of the transport industry where amphetamine use has been reported by some drivers. A survey conducted by the Victorian Occupational Health and Safety Commission found cannabis use was reported by seven percent of workers. Similar patterns could be expected in New South Wales. The 2010 National Drug Strategy Household Survey report indicates that 35.4% of the population 14 years and over had tried cannabis; 10.3% had tried ecstasy; 7% had tried meth/amphetamines; 8.8% had tried hallucinogens; 3.2% tranquillisers/sleeping pills; 3.8% had tried inhalants in their lifetime. 11.7% of those surveyed went to work while under the influence of illicit drugs in the previous 12 months while 15.8% of people currently employed reported using an illicit drug in the previous 12 months.[16]

There is also a range of medications which can affect performance as seriously as illegal drugs or alcohol. These include pain relievers, sleeping pills, tranquillisers, cough medicine and anti histamines. Many of these commonly used medications can have an adverse effect on performance, particularly when mixed with alcohol. Chemicals used in workplaces, such as solvents and pesticides, can also have a negative effect on performance, which may be worsened if the employee has used alcohol or other drugs. Information and training needs to be provided so any adverse effects which may result are considered.

5.5. Statutory Obligations and Responsibilities

New South Wales is party to a Council of Australian Governments (COAG) initiative to bring about harmonisation of such legislation relating to occupational health and safety across all jurisdictions. When completed, this is expected to, *inter alia*, provide for the following responsibilities:

<u>Employers</u>

In general terms, occupational health and safety legislation requires an employer to ensure, so far as is reasonably practicable, the health and safety of the workers engaged, or caused to be engaged by the employer, and those workers whose activities in carrying out work are influenced or directed by the employer, while the workers are at work in the business or undertaking.

A person conducting a business or undertaking must ensure, so far as is reasonably practicable, that the health and safety of other persons is not put at risk from work carried out as part of the conduct of the business or undertaking.

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[16] AIHW. **2010 National Drug Strategy Household Survey report**. In. Canberra: Australian Institute of Health and Welfare; 2011.

Without limiting subsections to the above, a person conducting a business or undertaking must ensure, so far as is reasonably practicable:

- The provision and maintenance of a work environment without risks to health to safety.
- The provision and maintenance of safe plant and structures.
- The provision and maintenance of safe systems of work.
- The safe use, handling and storage of plant, structures and substances.
- The provision of adequate facilities for the welfare at work of workers in carrying out work for the business or undertaking, including ensuring access to those facilities.
- The provision of any information, training, instruction or supervision that is necessary to protect all persons from risks to their health and safety arising from work carried out as part of the conduct of the business or undertaking.
- That the health of workers and the conditions at the workplace are monitored for the purpose of preventing illness or injury of workers arising from the conduct of the business or undertaking.
- If a worker occupies accommodation that is owned by or under the management or control of the person conducting the business or undertaking.
- The occupancy is necessary for the purposes of the worker's engagement because other accommodation is not reasonably available, the person conducting the business or undertaking must, so far as is reasonably practicable, maintain the premises so that the worker occupying the premises is not exposed to risks to health and safety.

A self-employed person must ensure, so far as is reasonably practicable, his or her own health and safety while at work.

<u>Employees</u>

While at work, a worker must:

- Take reasonable care for his or her own health and safety;
- Take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons;
- Comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act;
- Cooperate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers.

<u>Other Persons at a Workplace</u>

A person at a workplace (whether or not the person has another duty under this Part) must:

- Take reasonable care for his or her own health and safety;

- Take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons;

- Comply, so far as the person is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person conducting the business or undertaking to comply with this Act.

Although drugs and alcohol are not specifically mentioned in the new national OH&S Act, they are covered under the general statement of the employer's responsibility to manage risk in relation to the employee's health and safety. The employer is required to eliminate or reduce risk as far is practically possible, and to provide any information, training, or instruction that is necessary to protect all persons from risks to their health and safety arising from work carried out as part of the conduct of the business or undertaking.

tors) have a responsibility to take reasonable care for their own health and safety; and to comply, so far as the person is reasonably able, with any reasonable instruction that is given by the employer.

5.6. Remediating harms arising from workplace alcohol and drug use issues

Clearly, employment by one or more members of a household may be considered the "normal state" in New South Wales communities. Time spent in employment or travelling to and from or in the course of employment necessarily accounts for a significant component of a typical lifestyle.

A strong relationship between health issues in the workplace and overall community wellbeing and functioning therefore exists, in terms of both economic impact on businesses, families, communities and the State and the social effects thereon. Where health issues arising from alcohol and drug usage are present in the workplace, the effect is felt throughout the New South Wales economy and community.

It is therefore argued that a comprehensive approach to addressing drug and alcohol issues in the community must include policies and initiatives directed at remediating the individual, family, community and economic harm arising from health issues related to alcohol and drug usage in the workplace.

- **Recommendation 9 -** That government initiatives include mechanisms designed to:

- strengthen a focus on the development of an appropriate culture in all workplaces regarding alcohol and drug issues through collaboration between New South Wales Health and the Workcover Authority of New South Wales;

- ensure that Workcover arrangements for the determination of workers compensation premiums provide an appropriate incentive to employers to address these issues pro-actively and preventatively and not be limited to *post hoc* action or reactive postures on their part;

- engage with unions, employer and industry groups and other workplace stakeholders to build a consensus and culture around the prevention of harm arising from alcohol and drug usage

in the workplace through collaboration between New South Wales Health and Business and Innovation, and Worksafe;

- Ensure that the education sector, in particular that part of the sector focussed on vocational education, includes in curricula coverage of "healthy workplace" issues, particularly as regards alcohol and drugs in the workplace, through collaboration between the Departments of Education and Early Childhood Development and Business and Innovation.

- Fund advertising and other promotional activity in regard to workplace health and safety relevant messages in relation to the use of alcohol and drugs in the workplace or impacting on the workplace, through collaboration between the Department of Health and Worksafe.

- Create and/or reinforce connections between workplace health and other sectors such as primary health, community health, alcohol and drug treatment services, the employment sector etc. to provide a more integrated government and community approach to the addressing of relevant issues, through collaboration between the Departments of Health, Workcover and the Department of Trade and Investment, Regional Infrastructure and Services.

6. Harm Reduction Programs

This section provides an introduction and background regarding harm reduction programs and the proven social, health and economic benefits it contributes for the whole community in New South Wales.

Harm reduction can be considered as measures which contribute to "reduction of adverse health, social and economic consequences of the use of alcohol and drugs, for community safety and amenity, families and individuals".

Anex's work in the area of drug harm reduction is situated within the broader debate about how to promote community public health, ways in which governments can respond to concerns about community safety and continuing efforts to bring about an integrated government approach to complex social problems in our society. Harm reduction services should be seen as an important front line element which integrate with initiatives directed towards the promotion of public health, community safety and efficient use of taxpayer funds.

6.1. Harm Reduction Services – What Are They?

- Needle and Syringe Programs, including syringe vending machines
- Primary Health Care Centres for Injecting Drug Users
- The Sydney Medically Supervised Injecting Centre
- Opioid Replacement Therapy service providers including GPs and Specialist Pharmacotherapy Services

Harm reduction services – while sharing areas of commonality and overlap – are not primarily drug treatment services as their first priority is not the reduction and cessation of drug use. Rather, they

are committed to preventing and reducing the harms associated with drug use. In relation to NSPs the prevention of infection through obviating needle sharing practices has far reaching positive impacts beyond the individual drug user to the wider community, and therefore to the public purse in terms of health expenditures, economic productivity, social cohesion and functioning. Better resourcing of this sector can be seen to provide enhanced opportunities for future treatment and recovery.

In relation to injecting drug users, NSPs are often the first point of contact they have with any element of the overall "health" system, at least in relation to their drug use. Many will, however, have had contact with some element of the criminal justice system.

Without community awareness of the benefits of NSPs and an improved understanding of their performance, NSPs may be vulnerable to community backlash and resistance, particularly at the crucially important local level. This could result in the closure of services, leading to decreased availability of and access to clean needles and syringes, potentially resulting in increased sharing of used injecting equipment with the concomitant increased risk of transmission of blood borne viruses. Additionally, if local communities are hostile to NSPs, attempts to increase and improve access to these services for people most vulnerable to drug-related harms would continue to be hampered. The net effect would be less effective NSP services and increased harms to injecting drug users and the community.

6.2. Needle and Syringe Program

The investment in the New South Wales NSP sector generates a net positive for taxpayers and the state's economy. It saves money by preventing disease.

Having a qualified workforce is a major step towards guaranteeing service quality. However, no minimum training requirements applies to workers within the NSP. Additional and much-improved workforce development strategies are required.

The NSP workforce can potentially play a much more important and effective role in the area of demand reduction, which is one element of prevention. The NSP workforce, whether full time or as part of a person's overall work duties, should be formally considered part of the New South Wales Alcohol and Other Drug workforce. At the moment this is not the case.

Secondary NSPs operate without direct and specific public funding yet account for a significant proportion of the sterile injecting equipment distributed in New South Wales under the Program, and therefore the benefit they provide can be seen to be essential and positive. Additional support is required for secondary NSPs so that they may play a far greater role in brief interventions and referral to other services, particularly drug counselling and treatment.

Additional resources for the NSP sector should not be viewed as a cost to government, as the NSP sector effectively pays for itself by way of preventing disease and therefore significantly reducing cost burdens upon the public and private health systems as well as public and private enterprises. Additional resources for the NSP should be viewed as 'reinvesting' proven cost savings in order to enhance the capacity of the sector's workforce to play a greater role in harm minimisation more generally.

6.3. Value of Needle and Syringe Programs

Beginning with Australia's enlightened and world leading response to the emerging AIDS issue in the 1980's, the contribution harm reduction programs make to an integrated and multi-faceted policy and practice landscape has been well established. By reducing the harm caused by drugs lives are saved, the negative impact on the rest of the community is reduced, and the prospects for future treatment and recovery are enhanced. Public health, community safety and the economy benefit as a result.

As part of our commitment to promoting community safety and to promoting increased levels of public health, Anex is engaged in policy development, research and support of programs that lead to a reduction in harm emanating from alcohol and drug misuse in our community. It is within this context that our work in promoting effective NSPs is located.

Indisputably, NSPs represent a highly cost effective, evidence-based health intervention. The program saves millions in Government revenue each year. There is a strong business case to support maintaining, expanding and further improving NSPs

The second Return on Investment report published in 2009 identified that in Australia, an estimated 32,050 HIV infections and 96,667 HCV infections have been directly averted over the period 2000-2009.

The analysis found that for each dollar invested, NSPs have (effectively) saved $27 in health and productivity costs. It saves both the public and private sector millions. Put simply, the NSP program overall does not just pay for itself, but contributes a very positive and exponential benefit to the overall health economy.

The NSP was pioneered in New South Wales in 1986 via the establishment of the first trial service in inner Sydney at Darlinghurst. The program has since expanded to include over 400 services.

NSPs are supported by the vast majority of the Australian public.

7. Operationalisation of existing related health policies

The overall policy and strategic framework in relation to NSP service delivery is contained in, and guided by, a number of fundamental documents including:

- National NSP Programs Strategic Framework 2010-2014.
- Third National Hepatitis C Strategy 2010-2013.
- The National Hepatitis B Strategy 2010-2013.
- Sixth National HIV Strategy 2010-2013.
- Second National Sexually Transmissible Infections Strategy 2010-2013.
- Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010-2013.
- The National Drug Strategy 2010-2015.

It is clear that NSP policy and strategy is an integral component of the broader harm minimisation strategy. These policies and strategies are clear in policy direction, and identify a number of related issues in relation to harm minimisation.

- **Recommendation 10 –** New South Wales drug and alcohol policies should not only reflect the National Drugs Strategy. They should be based on the aforementioned related strategies in totality. In particular, in so far NSPs are concerned, a policy stance should emphasise the need for, and forecast sufficient resources for, operationalising the significant number of recommendations outlined in the National NSP Programs Strategic Framework 2010-2014.

8. Improving capacity for referral to other services

Those who misuse alcohol and drugs in our community largely represent a group with complex health and mental health needs. Generally they fail to access general health services and as their general health condition deteriorates come into contact with the criminal justice system and specialist services such as NSPs, and in some cases specialist alcohol and drug treatment services.

There is a major need for greater coordination of services between mental health and drug treatment services, those with the greatest health needs presenting a challenge to the service delivery system as they are by virtue of their circumstances inherently less likely to access general health services.

Under the Howard Government's Illicit Drug Diversion Initiative (IDDI), additional funding was provided to New South Wales through Council of Australian Governments (COAG) processes with the specific intention of increasing the NSP sector's capacity to better counsel drug injectors and play a role in referring them to other social services if required.

This is recognition that for many injecting drug users, but not all, NSPs are the most common and often only health services they access on a sufficiently regular basis. Appropriate and prompt referral to the full range of other available services is a central task for the Program. These services include drug treatment, HIV and hepatitis C treatment, mental health services, general practice, dental care, counselling, social work, housing services and other NSP outlets.

Key areas for linkages with harm reduction services include early intervention, case management, primary care, allied health professionals, as well as counselling, consultancy and continuing care services within the specialist AOD treatment system.

However, evaluations point to inconsistent practice between and within states regarding referrals and counselling, particularly with regards to non-primary services.

The National NSP Strategic Framework released by the Commonwealth Department of Health and Ageing, notes that significant workforce capacity development is required to further improve frontline staff ability and propensity to conduct counselling and referrals.[17] Additional resourcing is required to ensure that harm reduction services are better able to identify and respond to client needs, to link clients into appropriate specialist and generalist services, and to support those who may fall through the gaps.

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[17] DoHA. **National Needle and Syringe Programs Strategic Framework 2010-2014**. In. Canberra: Australian Government Department of Health and Ageing, 2010.

There is an opportunity to inject resources into high-client contact NSPs (funded and unfunded) to give priority to the development and maintenance of partnerships and linkages with a range of organisations, and to support clients through the health and welfare service system.

- **Recommendation 11 -** Policies recognise the important role that NSP staff have in referrals and counselling. Further, they should provide for, consistent with the National NSP Strategic Framework, greater resourcing for workforce development, including curriculum development, E-learning and for regularised experience sharing through support for state-wide/national networking events.

9. Improving the resourcing of secondary outlets

Funded Needle and Syringe Program services have capacity to undertake referrals and counselling, thereby contributing to demand reduction as well as harm reduction. Unfunded services have very limited capacity for enabling confidentiality, opportunistic interventions and for referrals to treatment. As such, they are vastly under-utilised.

It is important to appreciate the significance of the secondary NSPs sector to the overall savings that the NSW program has achieved.

- **Recommendation 12 -** The Strategy should make particular note that secondary NSP services receive no specific funding for NSP services, thereby constraining quality improvement and limiting the potential for the NSP to assist through referrals.

- **Recommendation 13 -** The Strategy should signal Government intention to commit additional resources to secondary NSPs, either directly on a service-by-service basis or through additional means such as resourcing support workers who could help tap the latent potential for the unfunded services to enhance their 'all of government' role through referral to other services. Such an investment strategy should ensure that population distribution is factored in so as to reduce eliminate existing regional disparities in service availability.

- **Recommendation 14 –** The Strategy should ensure that existing and future resources are deployed for maximum return to the community by encompassing and recognising the return on investment potential of all service modalities, noting that unfunded services currently account for a significant proportion of the State's NSP throughput and hence return on investment.

10. Diversified availability of equipment

Maintaining and expanding access to sterile equipment as well as behaviour change interventions that promote non-sharing are essential to maintaining low HIV rates amongst injectors, and particularly important to reducing the still high rates of hepatitis C transmission.

Australia has one of the highest per person (IDU) rates of average needle access in the world.[18]

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[18] Mathers BM, Degenhardt L, Ali H, Wiessing L, Hickman M, Mattick RP, *et al.* HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *The Lancet* 2010,375:1014-1028.

However, there is scope to enable greater access, particularly in under-serviced parts of metropolitan Sydney, rural areas (towns, regional cities) where clients have greater practical concerns over anonymity, distance and access outside normal business working hours.

One way that after-hours access has been addressed in some areas in Australia has been through hospitals whereby staff deliver equipment to clients around the clock, typically through emergency departments.

- **Recommendation 15 –** That the availability and operations of staffed health service NSPs be expanded to improve access to sterile equipment.

10.1. Automatic Dispensing Machines

Sterile needles and syringes can be dispensed via mechanical or electronic vending machines, in most cases for a small fee. These machines may operate outside NSP staffed service hours or provide 24-hour access to sterile injecting equipment. They are co-located with disposal facilities.

Formerly referred to as Syringe Vending Machines, these machines operate successfully in NSW, Queensland, Tasmania, South Australia, the Australian Capital Territory and Western Australia. SVMs account for approximately 10 percent of equipment distribution in Queensland.

Vending machines are considered to be a cost effective modality for increasing the reach of NSPs both geographically and temporally and should continue to be supported and expanded.

- **Recommendation 16 -** The availability of dispending machines in New South Wales should continue to be significantly expanded.

11. Enabling reach through peer networks to young injectors

There is ample evidence that people starting out as drug injectors do not begin by attending NSPs for accurate health advice. Rather, it may be some time before individuals stop relying on others to source injecting equipment for them and begin visiting NSPs themselves. In that time, they may well have learned high-risk injecting practices and already have contracted hepatitis C.

In some jurisdictions it is not possible to formally implement a peer education program training NSP clients who are collecting equipment for others to impart safer-injecting advice to those others due to legislative restrictions, which may be unintended. In reality, vast numbers of sterile injecting equipment are received by people who then provide them to other injectors, thereby contributing to disease prevention.

Any such anomaly evident in New South Wales legislation could easily be remedied by authorising NSP clients as a class of person eligible to give other people sterile needles and syringes.

- **Recommendation 17** - Any statutory barriers to facilitating client-to-non client distribution of sterile injecting equipment provided through an NSP be removed and NSP clients be encouraged to provide accurate and frank advice to their networks to encourage third parties to reduce risks of blood borne viruses and other injecting-related health risks.

12. Workforce Development

This pertains to Key Results Area 5 of the National NSP Strategic Framework which states: "Implementation of national core training for NSP workers".[19]

For most of the workforce, NSP service provision is not the primary focus. As discussed earlier, for most agencies NSP service provision is not funded. This significantly constrains the ability of many staff to access workforce development and training opportunities. This is further exacerbated by there being no minimum training requirements for providing NSP services.

- **Recommendation 18 -** Policies should consider that all people working in an NSP role in New South Wales, whether full or part time, be part of the NSP workforce. In addition, future workforce development planning and support for the sector should specifically recognise the unique role and contribution of NSP frontline staff.

Workforce development capacity needs to be enhanced, including consideration of introducing minimum stands in line with the sentiment of the National NSP Strategic Framework. In Tasmania, training for NSP workers is compulsory. This should be replicated in New South Wales.

Staff need to understand the full range of client needs and have the confidence, skills and time to be able to respond to the needs of their clients in the most effective and appropriate way. Staff should know what services are available, and staff (or at least line managers) should be able to maintain effective relationships with those services.

Sufficiently qualified and/or experienced workforce development and support staff should be deployed to cover particular areas and/or networks, with particular emphasis on supporting secondary NSPs in population growth corridors, regional centres and in rural communities.

- **Recommendation 19 -** That New South Wales Health require all staff involved with client contact to be trained, and to provide increased resources in the annual funding allocation for this purpose. This training should be crafted in such a way as the potential for inter-linkages across needs/service areas is emphasised, particularly with regard to drug treatment, law enforcement, mental health services and social welfare services such as housing and family services.

- **Recommendation 20 -** In addition, workforce development improvement must be implemented in the context of the National Drugs Strategy and the National NSP Strategic Framework which emphasises the need to strive for higher quality and more uniform training and service delivery standards.

It has been demonstrated in Canada that setting 'best practice' standards and operationalising them organisationally is feasible and leads to better client outcomes.

- **Recommendation 21 -** That as a matter of urgency New South Wales work with other jurisdictions to establish feasible, flexible best practice standards and have necessary training systems, data collection and monitoring and evaluation systems in place to implement best practice and draw from learnt experiences for on-going systems improvement and policy development. This should be a co-ordinated exercise involving all relevant government agencies including general and mental health, police, justice and communities.

[19] DoHA. National Needle and Syringe Programs Strategic Framework 2010-2014. In. Canberra: Australian Government Department of Health and Ageing, 2010.

13. Pharmacotherapy

Pharmacotherapy assists in the reduction of harm by reducing blood borne virus transmission, overdoses and offender recidivism. Pharmacotherapy also assists people participate in the vocational training system and the workforce. As such, pharmacotherapy is a prime example of an addiction intervention at the heart of whole of government drug prevention and treatment strategies, as well as enhancing the prospects of future treatment and recovery

As with other jurisdictions, New South Wales is facing a pharmacotherapy crisis as the need and demand for places on the Opioid Substitution Therapy program (OST) far outstrips the structural supply of a) prescribing doctors, and b) dispensing pharmacists.

Improving pharmacotherapy services should be viewed as one component of an overall strategy. Therefore, far greater investment and capacity is required to create linkages between health-related services and other psychosocial services more generally.

The potential for the community health services and GPs in private practice play a larger role in the area of pharmacotherapy. At present, involvement by these sectors varies dramatically and is an under-utilised resource.

- **Recommendation 22 -** That funding with conditions for the public and private GP sector be reviewed as an element of a whole of government alcohol and drug strategy to ensure that the resources available to these sectors and the community context in which they operate is leveraged to maximise their positive contribution to harm minimisation, harm reduction, referral, counselling and treatment.

14. Other areas of importance

14.1. Prescription Drug Misuse – challenge of "harmaceuticals"

Judging by trends abroad, including the United Kingdom, the United States and Canada, New South Wales can expect to see increasing numbers of people misusing prescription medicines. The increased availability of over the counter prescription opioid and other pharmaceuticals will almost certainly challenge perceptions and realities of drug misuse, and will present critical new challenges to the already stretched and under-resourced drug treatment and harm reduction sectors. By way of example, the increase in misuse of fentanyl patches and associated overdoses is an urgent issue that has, to date, not been adequately addressed in terms of assessment and health promotion.

The increased misuse of prescription drugs has direct implications for NSP services. In particular, staff need regular and updated training on the specifics of pharmaceutical misuse, including the emergence of a new clientele with mismanaged chronic pain. Addressing this need should be done in the context of workforce development overall, discussed elsewhere in this submission.

- **Recommendation 23 -** The government should recognise that pharmaceutical drug injection requires additional equipment (wheel filters), which are currently not funded through the Program. The Program therefore should provide additional resources to enable service to provide additional equipment.

- **Recommendation 24 -** In addition, investment is required to create informational and behaviour change educative programs targeted at both NSP staff, but more importantly, NSP clients.

- **Recommendation 25 -** Demand and supply reduction strategies will remain hamstrung until such time as reform of health records and pharmaceutical dispensing data is better synchronised. This is an urgent matter that the State Governments must address through negotiations with the Australian Government and related stakeholders.

14.2. Take home Naloxone to reduce opioid overdose fatalities and injuries

Naloxone hydrochloride (Narcan®) is a prescription-only drug which reverses the effects of opioids including heroin and prescription drugs such as MS Contin®. It can be injected or administered as a nasal spray. Trials of the nasal spray in Victoria confirm that it is effective in overdose reversal.

International experience demonstrates that non-medical personnel can be trained to safely administer Naloxone hydrochloride to reverse opioid overdoses, thereby saving lives.

There are dozens of programs overseas, including in the US and UK, under which naloxone is provided to potential overdose witnesses (including drug users). They have saved thousands of lives.

- **Recommendation 26 -** The government should consider a program for Naloxone distribution to potential overdose witnesses be supported and funded in New South Wales including incorporating naloxone training and provision to at-risk prisoners prior to their release.

- **Recommendation 27 -** The government should consider if minor legislative changes necessary to remove any barriers for prescribers, dispensers and administrators of Naloxone.

14.3. Smoking cessation during alcohol or illicit drug treatment

The relationship between smoking and substance use presents questions for harm reduction more broadly, but for drug treatment in particular. It is common for Australian residential withdrawal and rehabilitation services to not address nicotine addiction simultaneously, and for clients' 'smoko' privileges have been known to be used a disciplinary tool. In such scenarios, the threat to take away one drug (cigarettes) is used as a means to facilitate treatment of another. It has been argued that not dealing with tobacco dependence can be seen as a form of harm reduction in that tobacco use is viewed as a lesser evil compared with alcohol or illicit drug use and/or other self-harm behaviours.

Three prevalent assumptions undermining nicotine cessation being included in other drug treatment are: (1) clients are not interested in cessation; (2) staff are not interested in helping clients quit; and (3) quitting smoking may hinder abstinence from alcohol or illicit drug use.

However, a recently published review in the journal, *Drug and Alcohol Dependence*, argued that in fact, treating tobacco addiction during other addictions treatment "appear to enhance rather than compromise long-term abstinence".[20]

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[20] Prochaska JJ. Failure to treat tobacco use in mental health and addiction treatment settings: A form of harm reduction? *Drug and Alcohol Dependence* 2010,110:177-182.

As with other high risk groups, including people who use drugs, people who are incarcerated and people of Aboriginal and Torres Strait Islander background and people with mental health issues not only have a greater prevalence of smoking, but also greater potential for associated physical, psychological and social hardship. Each of these factors needs to be addressed should smoking cessation or reduction be achieved.

Permitting alternatives to cigarette smoking

New forms of nicotine delivery may now provide means for uncoupling nicotine use from smoked tobacco, thereby removing most of the harms of smoking tobacco. There is increasing interest within some public health circles in the harm reduction potential of smoke-free nicotine-providing products, of which Swedish-style snus and electronic cigarettes are two examples.[21] They do not expose the user or others to tobacco smoke, and there is epidemiological evidence to suggest they are significantly less harmful than cigarettes. Insufficient harm reduction measures toward smoking is indicative of the need to foster a more holistic regulatory framework based on a continuum of risk and including all nicotine providing products such as pharmaceutical nicotine replacement therapies.

Anex appreciates that these matters fall within Commonwealth responsibilities, but contends that there is scope for New South Wales policies to be cognisant of emerging evidence that alternatives to cigarettes may be a legitimate part of programs to reduce smoking-related harms.

For example, in the United Kingdom, the Behavioural Insights Unit within the Cabinet Office has recently raised the possibility of allowing sale and promotion of e-cigarettes based on the potential to reduce incidence of lung-cancer. Its annual report, published in September 2011, states: "products that deliver nicotine quickly in a fine vapour instead of as harmful smoke could prove an effective substitute for 'conventional smoking'. It will be important to get the regulatory framework for these products right, to encourage new products, which smokers can use as safer nicotine alternatives, to be made available in the UK."[22]

- **Recommendation 28 -** That New South Wales regulatory frameworks amenable to such approaches be developed through on-going discussions with Local Government regarding banning of cigarette smoking in far more, or all, public spaces. Consideration should be given to including exemptions for e-cigarettes, which may currently be legally consumed in Australia (but not sold).

[21] Gartner CE, Hall WD, Vos T, Bertram MY, Wallace AL, Lim SS. Assessment of Swedish snus for tobacco harm reduction: an epidemiological modelling study. *The Lancet* 2007,369:2010-2014.

[22] Government of the United Kingdom. Behavioural Insights Team Annual update 2010–11. In. London: Cabinet Office, 2011.

15. Appendices

15.1. Appendix I – Recommendations from this Submission

- **Recommendation 1 -** That departmental strategies and intervention programs be established between relevant government departments and agencies across the education, early childhood, health and human services, and justice systems to ensure that a coordinated response is established with recognised protocols ensuring that interventions that occur in response to drug incidents in New South Wales schools are focused on harm reduction and positive outcomes for the students concerned.

- **Recommendation 2 -** That an Interdepartmental Task Force be established to ensure that the complex needs presented by that small group of young people that have substantial contact with the Juvenile Justice System are better responded to with an intensive case management plan for each individual.

- **Recommendation 3 -** Stronger coordination between mental health services and alcohol and drug treatment programs be established to more effectively respond to the needs of those persons coming into contact with the community corrections system.

- **Recommendation 4 -** Harm Reduction strategies, including prison based needle syringe exchange programs be established in New South Wales prisons, recognising that the NSW prison population represents a community with complex and serious general health needs and that their release back into the community has serious public health implications.

- **Recommendation 5 -** A post release program be developed for every person released from custody, including ensuring access to affordable housing, mental health services, drug treatment programs and harm reduction programs.

- **Recommendation 6 -** That the New South Wales Government recognises that single dimensional interventions will not be effective in responding to the needs of the NSW population that becomes substantially involved in the criminal justice system, but that cross departmental interventions are required for more effective outcomes that are intended to protect the safety of the wider community

- **Recommendation 7 –** The inquiry should adopt a goal of public health policy in New South Wales including the establishment of NSP services within the correctional system where appropriate.

- **Recommendation 8 -** That policies be developed in such a way as to 'feed into' any forthcoming communicable diseases strategy for the correctional system. The Strategy should seek to:

    - a) identify potential sites for NSP implementation as either a pilot or trial,

    - b) develop guidelines and protocols for operations of such an NSP, and

    - c) identify barriers to implementation and possible means to overcome those barriers. As a minimum there should be strong collaboration in the development and

implementation of such as system between the health and justice systems with overall responsibility vested in the former.

- **Recommendation 9 -** That government initiatives include mechanisms designed to:

- strengthen a focus on the development of an appropriate culture in all workplaces regarding alcohol and drug issues through collaboration between New South Wales Health and the Workcover Authority of New South Wales;

- ensure that Workcover arrangements for the determination of workers compensation premiums provide an appropriate incentive to employers to address these issues pro-actively and preventatively and not be limited to *post hoc* action or reactive postures on their part;

- engage with unions, employer and industry groups and other workplace stakeholders to build a consensus and culture around the prevention of harm arising from alcohol and drug usage in the workplace through collaboration between New South Wales Health and Business and Innovation, and Worksafe;

- Ensure that the education sector, in particular that part of the sector focussed on vocational education, includes in curricula coverage of "healthy workplace" issues, particularly as regards alcohol and drugs in the workplace, through collaboration between the Departments of Education and Early Childhood Development and Business and Innovation.

- Fund advertising and other promotional activity in regard to workplace health and safety relevant messages in relation to the use of alcohol and drugs in the workplace or impacting on the workplace, through collaboration between the Department of Health and Worksafe.

- Create and/or reinforce connections between workplace health and other sectors such as primary health, community health, alcohol and drug treatment services, the employment sector etc. to provide a more integrated government and community approach to the addressing of relevant issues, through collaboration between the Departments of Health, Workcover and the Department of Trade and Investment, Regional Infrastructure and Services.

- **Recommendation 10 –** New South Wales drug and alcohol policies should not only reflect the National Drugs Strategy. They should be based on the aforementioned related strategies in totality. In particular, in so far NSPs are concerned, a policy stance should emphasise the need for, and forecast sufficient resources for, operationalising the significant number of recommendations outlined in the National NSP Programs Strategic Framework 2010-2014.

- **Recommendation 11 -** Policies recognise the important role that NSP staff have in referrals and counselling. Further, they should provide for, consistent with the National NSP Strategic Framework, greater resourcing for workforce development, including curriculum development, E-learning and for regularised experience sharing through support for state-wide/national networking events.

- **Recommendation 12 -** The Strategy should make particular note that secondary NSP services receive no specific funding for NSP services, thereby constraining quality improvement and limiting the potential for the NSP to assist through referrals.

- **Recommendation 13 -** The Strategy should signal Government intention to commit additional resources to secondary NSPs, either directly on a service-by-service basis or through additional means such as resourcing support workers who could help tap the latent potential for the unfunded services to enhance their 'all of government' role through referral to other services. Such an investment strategy should ensure that population distribution is factored in so as to reduce eliminate existing regional disparities in service availability.

- **Recommendation 14 –** The Strategy should ensure that existing and future resources are deployed for maximum return to the community by encompassing and recognising the return on investment potential of all service modalities, noting that unfunded services currently account for a significant proportion of the State's NSP throughput and hence return on investment.

- **Recommendation 15 –** That the availalbity and operations of staffed health service NSPs be expanded to improve access to sterile equipment.

- **Recommendation 16 -** The availability of dispending machines in New South Wales should continue to be significantly expanded.

- **Recommendation 17** - Any statutory barriers to facilitating client-to-non client distribution of sterile injecting equipment provided through an NSP be removed and NSP clients be encouraged to provide accurate and frank advice to their networks to encourage third parties to reduce risks of blood borne viruses and other injecting-related health risks.

- **Recommendation 18 -** Policies should consider that all people working in an NSP role in New South Wales, whether full or part time, be part of the NSP workforce. In addition, future workforce development planning and support for the sector should specifically recognise the unique role and contribution of NSP frontline staff.

- **Recommendation 19 -** That New South Wales Health require all staff involved with client contact to be trained, and to provide increased resources in the annual funding allocation for this purpose. This training should be crafted in such a way as the potential for inter-linkages across needs/service areas is emphasised, particularly with regard to drug treatment, law enforcement, mental health services and social welfare services such as housing and family services.

- **Recommendation 20 -** In addition, workforce development improvement must be implemented in the context of the National Drugs Strategy and the National NSP Strategic Framework which emphasises the need to strive for higher quality and more uniform training and service delivery standards.

- **Recommendation 21 -** That as a matter of urgency New South Wales work with other jurisdictions to establish feasible, flexible best practice standards and have necessary training systems, data collection and monitoring and evaluation systems in place to implement best practice and draw from learnt experiences for on-going systems improvement and policy development. This should be a co-ordinated exercise involving all relevant government agencies including general and mental health, police, justice and communities.

- **Recommendation 22 -** That funding with conditions for the public and private GP sector be reviewed as an element of a whole of government alcohol and drug strategy to ensure that the resources available to these sectors and the community context in which they operate is

leveraged to maximise their positive contribution to harm minimisation, harm reduction, referral, counselling and treatment.

- **Recommendation 23 -** The government should recognise that pharmaceutical drug injection requires additional equipment (wheel filters), which are currently not funded through the Program. The Program therefore should provide additional resources to enable service to provide additional equipment.

- **Recommendation 24 -** In addition, investment is required to create informational and behaviour change educative programs targeted at both NSP staff, but more importantly, NSP clients.

- **Recommendation 25 -** Demand and supply reduction strategies will remain hamstrung until such time as reform of health records and pharmaceutical dispensing data is better synchronised. This is an urgent matter that the State Governments must address through negotiations with the Australian Government and related stakeholders.

- **Recommendation 26 -** The government should consider a program for Naloxone distribution to potential overdose witnesses be supported and funded in New South Wales including incorporating naloxone training and provision to at-risk prisoners prior to their release.

- **Recommendation 27 -** The government should consider if minor legislative changes necessary to remove any barriers for prescribers, dispensers and administrators of Naloxone.

- **Recommendation 28 -** That New South Wales regulatory frameworks amenable to such approaches be developed through on-going discussions with Local Government regarding banning of cigarette smoking in far more, or all, public spaces. Consideration should be given to including exemptions for e-cigarettes, which may currently be legally consumed in Australia (but not sold).