# International Drug Policy Symposium (NZ)

## Reflections on emergence of public health approaches to drug policy

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**Australian National Council on Drugs**

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# Thanks ....

- NZ Drug Foundation
- NSADD
- Various colleagues


- Neighbours, friends and family & our supporters

# Outline

- Overall - Reflections – evolution of a public health approach to drug policy and programme development

- Include need to redress the 'balance'

- Elements that facilitate reasoned and evidence grounded policy/practice

- Some current issues (throughout)

# Evolution – of a public health approach

- ## When starts (?)
  - – Depends on time frame (!)
    - • Late C$_{19th}$ (disease; public improvement)
  - – Much earlier …..
  - – Today – especially the past 50 years (arbitrary date) incorporating the 'new' public health
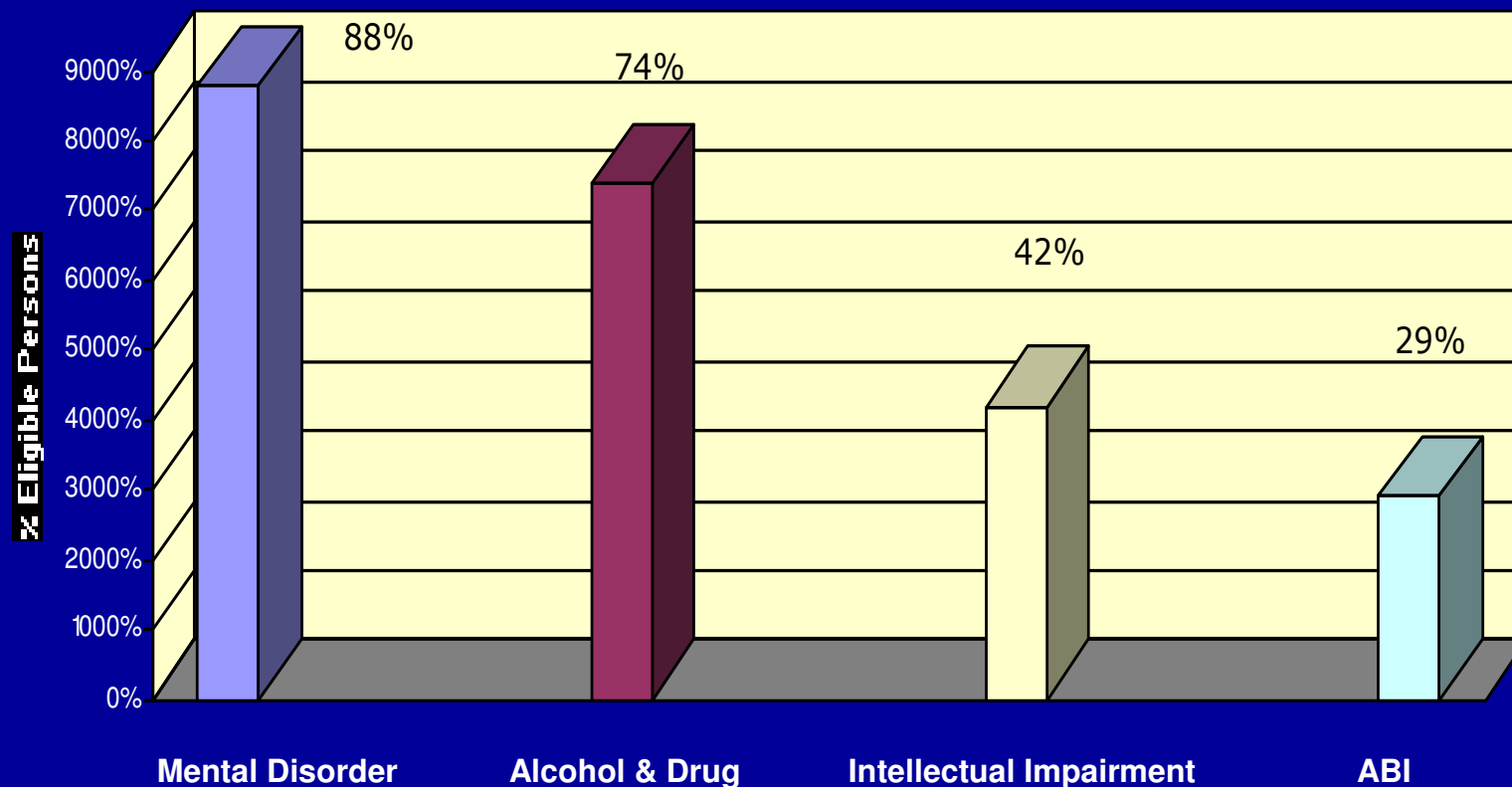
# Conceptual Cycles in understanding and responses (not necessarily linear)

- From rejection as 'bad' and moralising
  – to disease / illness
  – to circumstance (social/structural determinants)
  – to complexity (genetics, environment, ….. & opportunity)
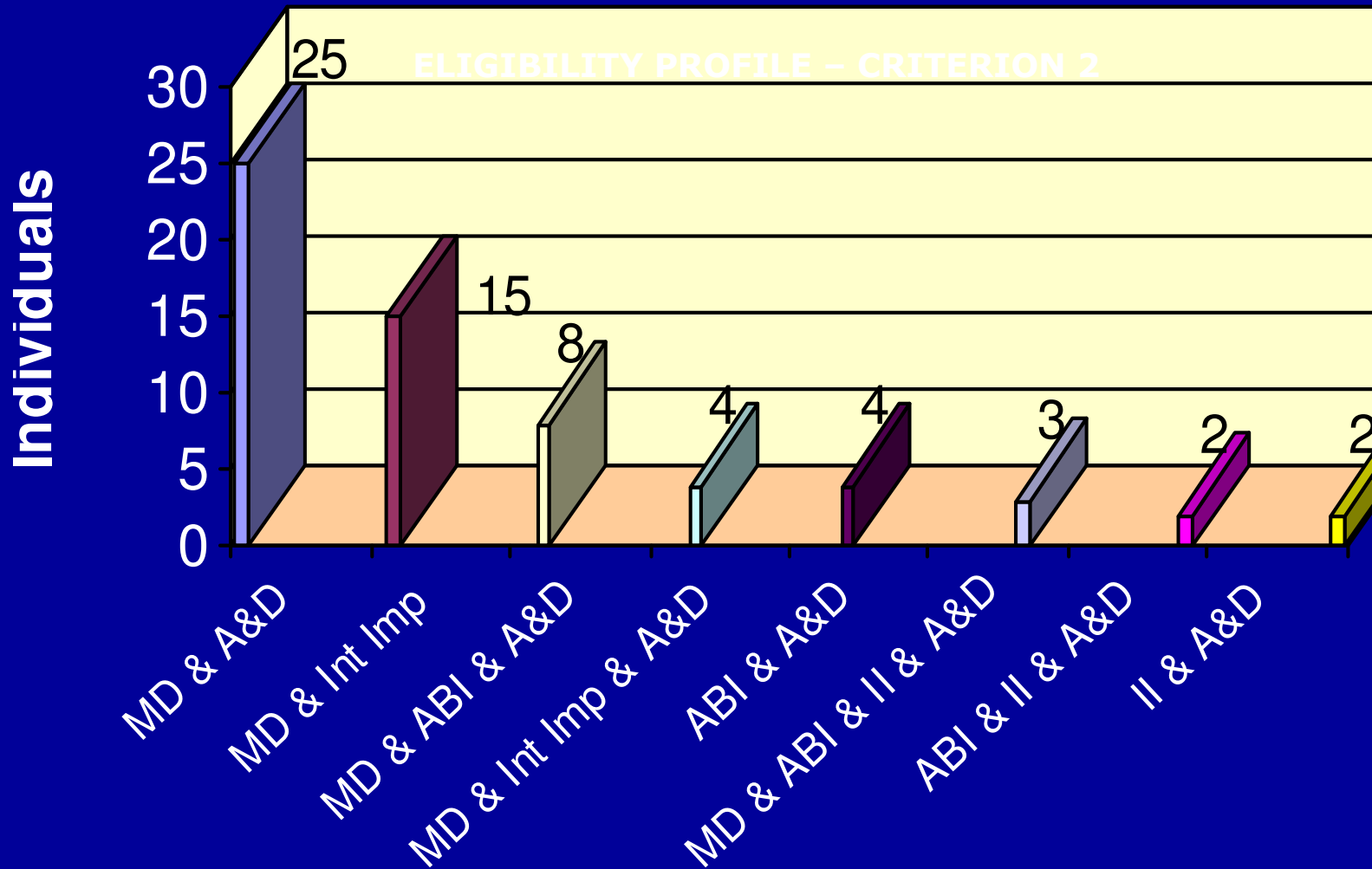- But ….. Still all apparent today …

**Figure 12.  (Indicative) Hospital separation rates related to alcohol use by Aboriginal and Torres Strait Islander status, Australia, 2002-03** ( #NDRI/Brady, 2005 ).
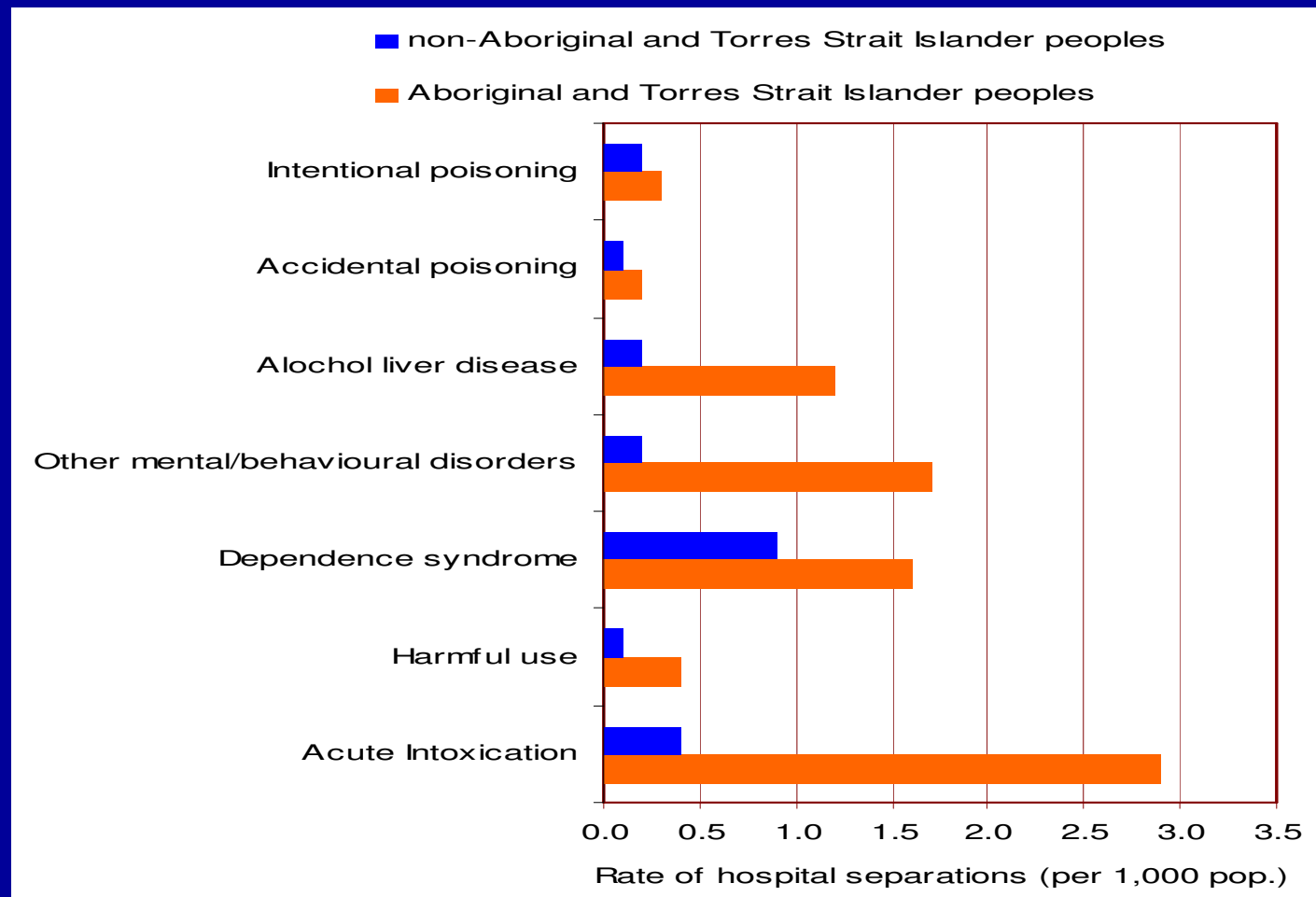
Complexity: MACN Panel – Diagnostic criteria
(65 individuals to June 08)

# Cycles (not necessarily linear)

- From rejection as 'bad' and moralising
  - to disease / illness
  - to circumstance (social/structural determinants)
  - to complexity (genetics, environment, ….. & opportunity)

- ## From clients
  - to customers
  - to consumers
  - & back to clients (and patients) … (?)

- ## From individual with pathology
  - to total population
  - Including 'disadvantaged groups'

- ## From Programmes for those 'afflicted'
  - to universal approaches
  - and targeted interventions

Note: importance of language…..

# Focus over time:

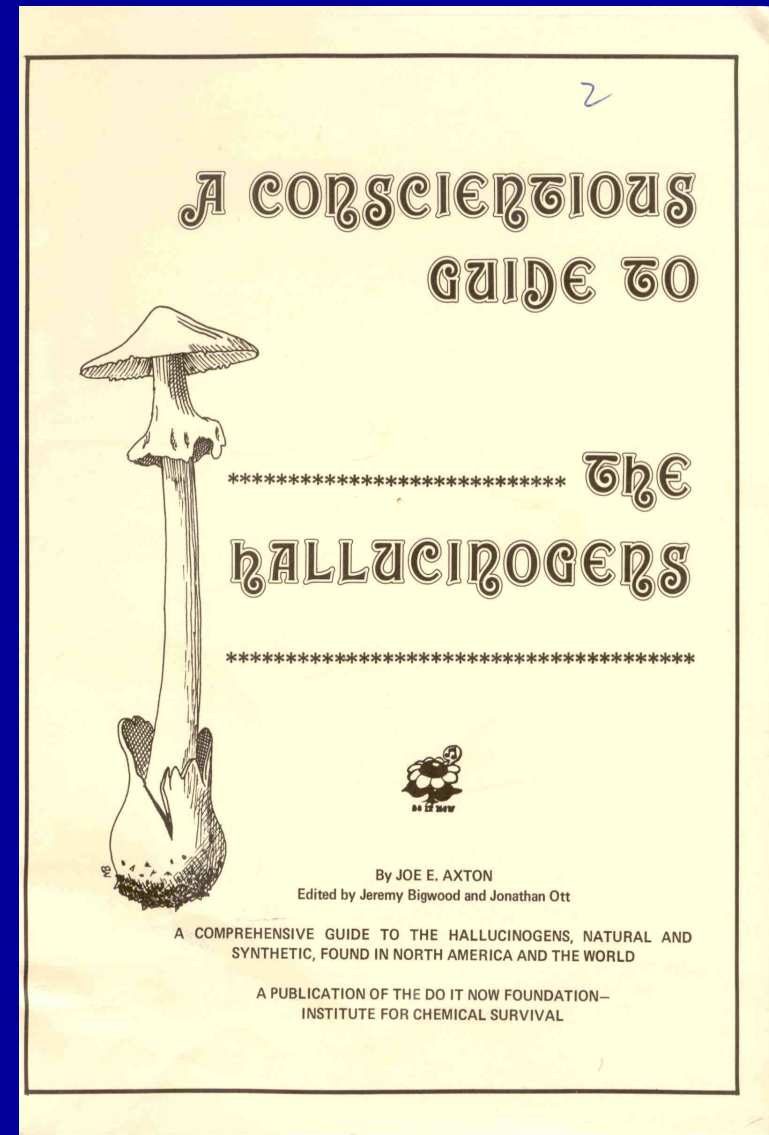- 1950's – mid 70's : parallel work
  - Clinical focus
  - Self as experiment – (…'normalising')
  - Early data collection & research (eg: description of users; crime stories)
  - Early economic analyses (eg: Deakin, 1973)

- Mid 1970's – mid 1980's
  - New public health
  - *Drug* – *set* (person) – *setting* (situation/environment)
  - Stronger focus on reducing harm / alcohol
  - Tobacco –some progress

- Mid 1980's – mid 2000's
  - reducing harm (Aust: NCADA / NDS amidst HIV concern)
  - Health + Law enforcement + (Education?)
  - Establishment of National Research programme & National Research Centres (NDRI & NDARC)

Self as subject:

"…Drugs offered a way of 'touching the fringes of ecstasy'….

I was both right and wrong in the supposition…

in supposing that I had a right to pursue, as one might pursue any branch of knowledge, my interest in the inconstancy of consciousness." Ward, R. H. (1957) A Drug Taker's Notes, Victor Gollanz, London.



A CONSCIENTIOUS GUIDE TO

*************************** THE

HALLUCINOGENS

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By JOE E. AXTON
Edited by Jeremy Bigwood and Jonathan Ott

A COMPREHENSIVE GUIDE TO THE HALLUCINOGENS, NATURAL AND SYNTHETIC, FOUND IN NORTH AMERICA AND THE WORLD

A PUBLICATION OF THE DO IT NOW FOUNDATION—
INSTITUTE FOR CHEMICAL SURVIVAL

Deakin et al (MJA,1973)

100 consecutive patients
(April- August '67)

"These results indicate very
forcibly how much better the
prognosis for alcoholism is
in its early stages and how
expensive it is to the
community if it is allowed to
progress untreated."
(p. 1307)

Early economic
analyses for policy
purposes



'Social Cost-Benefit Balance for Funds'
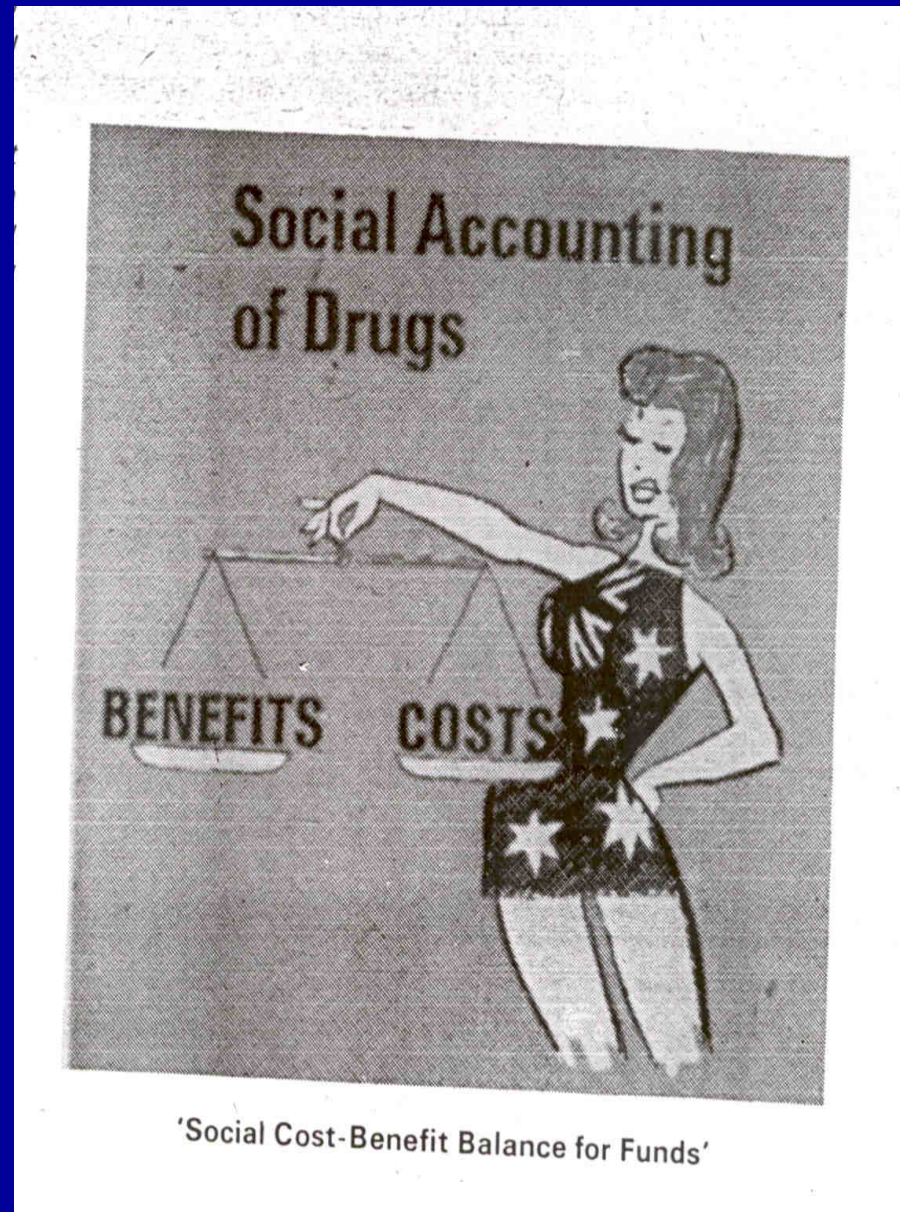
# NGO's – important partners

- **General welfare (often church based) & health & homeless**

- **Self-help : AA**
  (Sydney 1945)

- **New organisations:**
  1958/9 – Alcoholism Foundation of Victoria (AFV) *now the ADF*
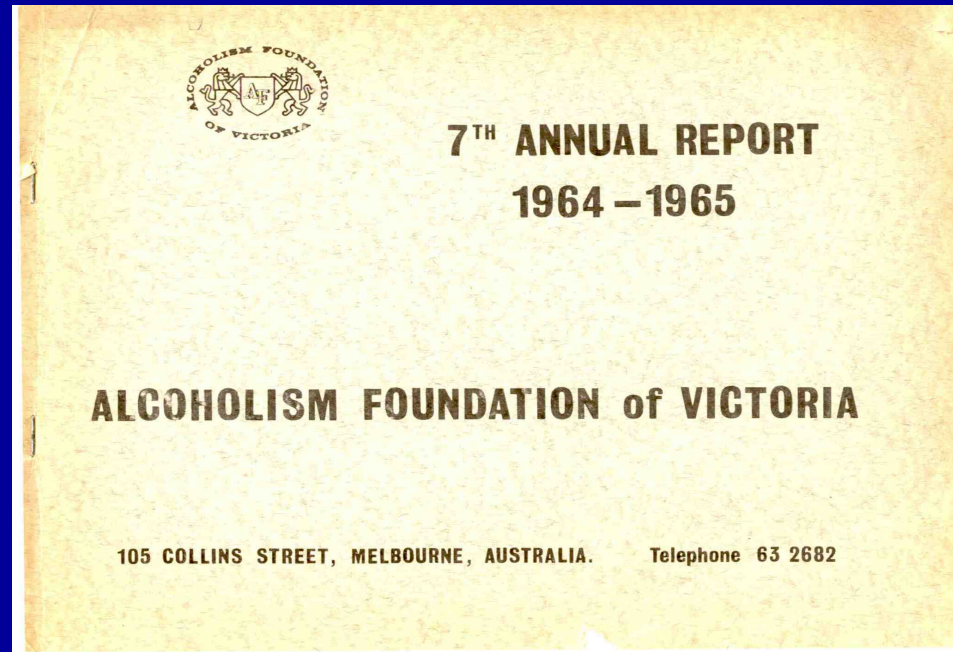


Arguing for *"recognition of alcoholism as a disease entity as worthy of the attention of the medical profession as any other disease. Its primary aim was to give medical respectability to what was popularly seen as a condition best dealt with by punitive measures or moral reform".*

# Focus over time:

- 1950's – mid 70's : parallel streams of work
  - Clinical focus
  - Self as experiment
  - Early data collection & research (description of users; crime)
  - Early economic analyses (eg: Deakin, 1973)

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# Emerging (new) public health perspective:

- Using total population data from previous decade's: eg:
  - Smoking, tobacco and disease (Sir Richard Dole, 1956)
  - Alcohol. Ledermann, S '…The log normal distribution of alcohol consumption' (1956)

# Trends in adult smoking prevalence - Australia
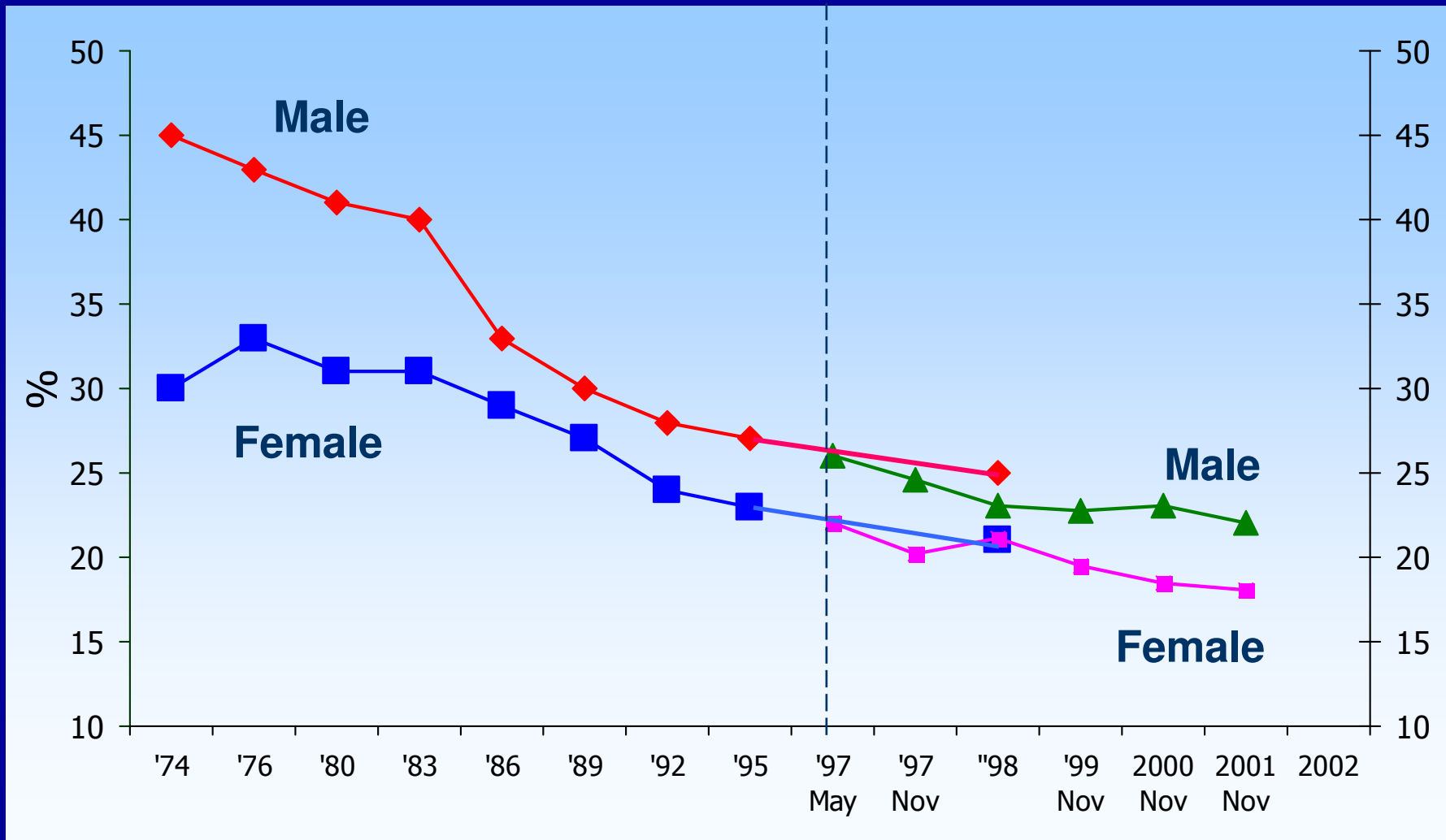
# Broadening
# the view .......
(1970 's)

# Public health and safety – (again)
# Prevention based in research:

1. Alcohol dependence, poor nutrition ⟶
   Wernicke-Korsakoff syndrome
   (research & advocacy in 1970's; action in late 1980's)

2. Alcohol consumption and road trauma (research
   1970's and intro of BAC max – most within 2-5 yrs)

- 'Causes' with champions
- Scientific and safety bodies engage

Note: Impact on 'me' / 'them'

# 'Drug Problems in Australia - An Intoxicated Society?' - landmark report 1977

- Comparable to other countries eg:
  UK 1979

- All psychoactive drugs included
  (tobacco, illicit drugs, barbiturates,
  other prescription drugs, alcohol,
  etc)

- 'Alcohol problems of endemic
  proportions'

- Recommended reduction in overall
  consumption

- 1980 Government rejected most
  recommendations, including less
  alcohol consumption

# Focus over time:

- 1950's – mid 70's : parallel streams of work
  - Clinical focus
  - Self as experiment (continuing a tradition)
  - Early data collection & research (description of users; crime)
  - Early economic analyses (eg: Deakin, 1973)

- Mid 1970's – mid 1980's
  - New public health
  - *Drug* – *set* (person) – *setting (*situation/environment)
  - Stronger focus on reducing harm / alcohol
  - Tobacco – doubts about 'safer cigarettes'

- Mid 1980's – mid 2000's
  - reducing harm (Aust: Politics - NDS amidst HIV concern)
  - Health + Law enforcement + (Education?)
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# Conceptual Pillars :
# Australia's National Drug Strategy
# (since 1985)
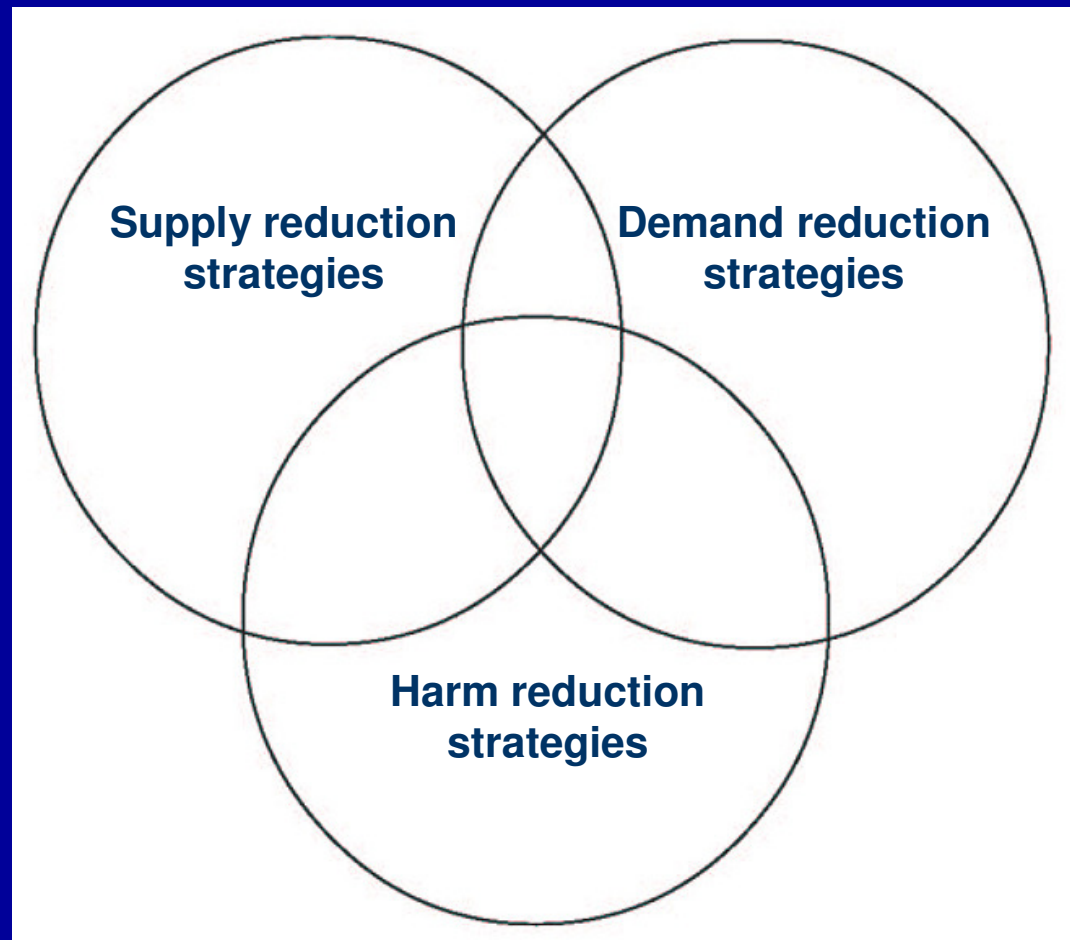
# Reflection : Slow journey from tension to continuity

- – Treatment / Prevention
- – Tobacco / Alcohol / Use of illicit drugs ('exotic' …. 'losers')
- – Health / Social consequences
- – Treatment / Support
- – Clinical / Self help

Factors associated with the emergence of the (new) public health perspective:

- Data collection & systematic analyses
- Epidemiology
- Multidisciplinary teams – shared/borrowed concepts
- Evaluation's
- (Societal shifts - Parallel developments)

# Data, research & evaluation

- Data useful – if make meaning of it
- Research – include answering community questions
- Evaluation's – interpretation / timeliness
- More needed especially in area of regulatory and general supply reduction measures + take note of what we do have!
- …. Balance (?)

# Data development

- Data generation / exploration
- Rich description can be useful

- Developing:
  - Methodology
  - Capacity
  - Appropriate tools
  - Appropriate comparisons, standard analyses
  - Feedback for utilisation & uptake

- Ways of informing and educating broader community (who determine our drug policy)

# Detections ATS - border



Figure 1: Number and weight of detections of ATS (excluding phenethylamines) at the Australian border 1993–94 to 2004–05
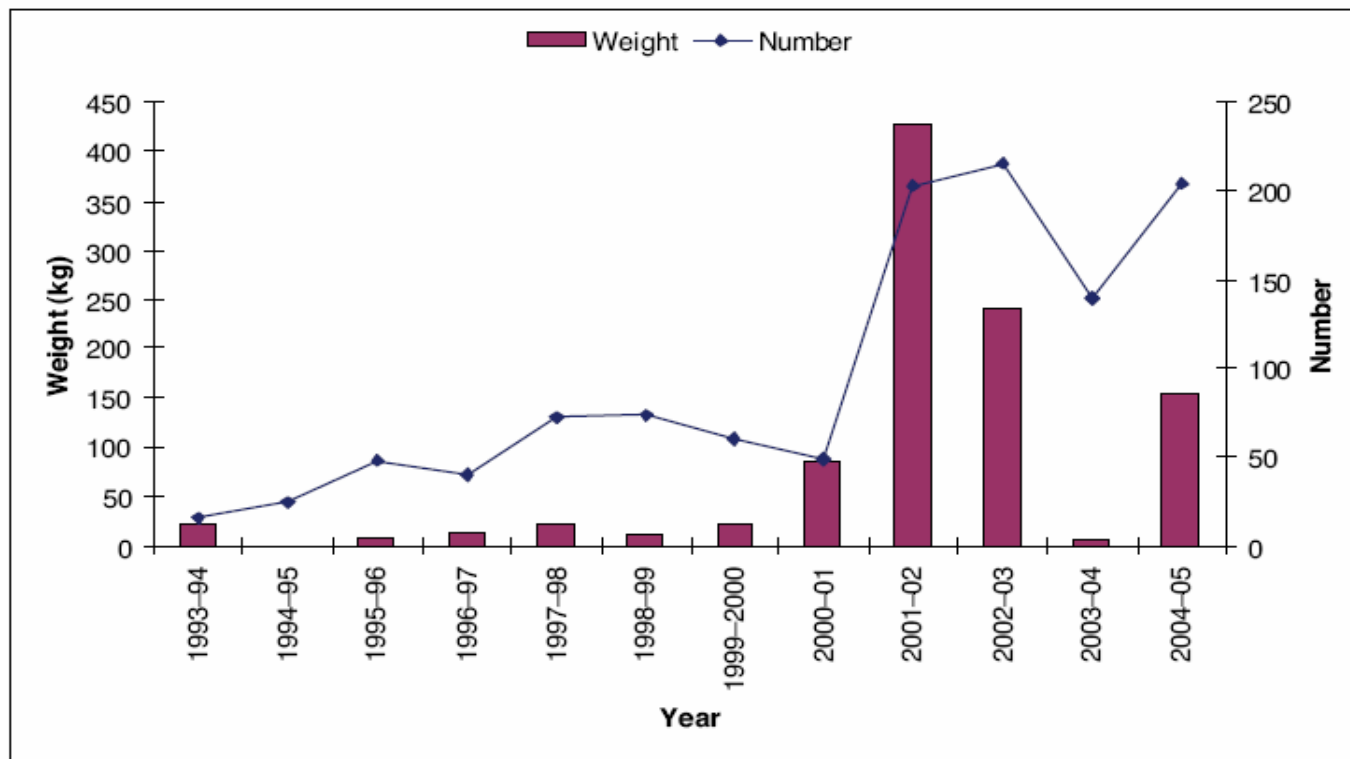
Source: Australian Customs Service

# Heroin Seizures



Figure 18: Heroin seizures, by weight and number, 1996-97 to 2003-04
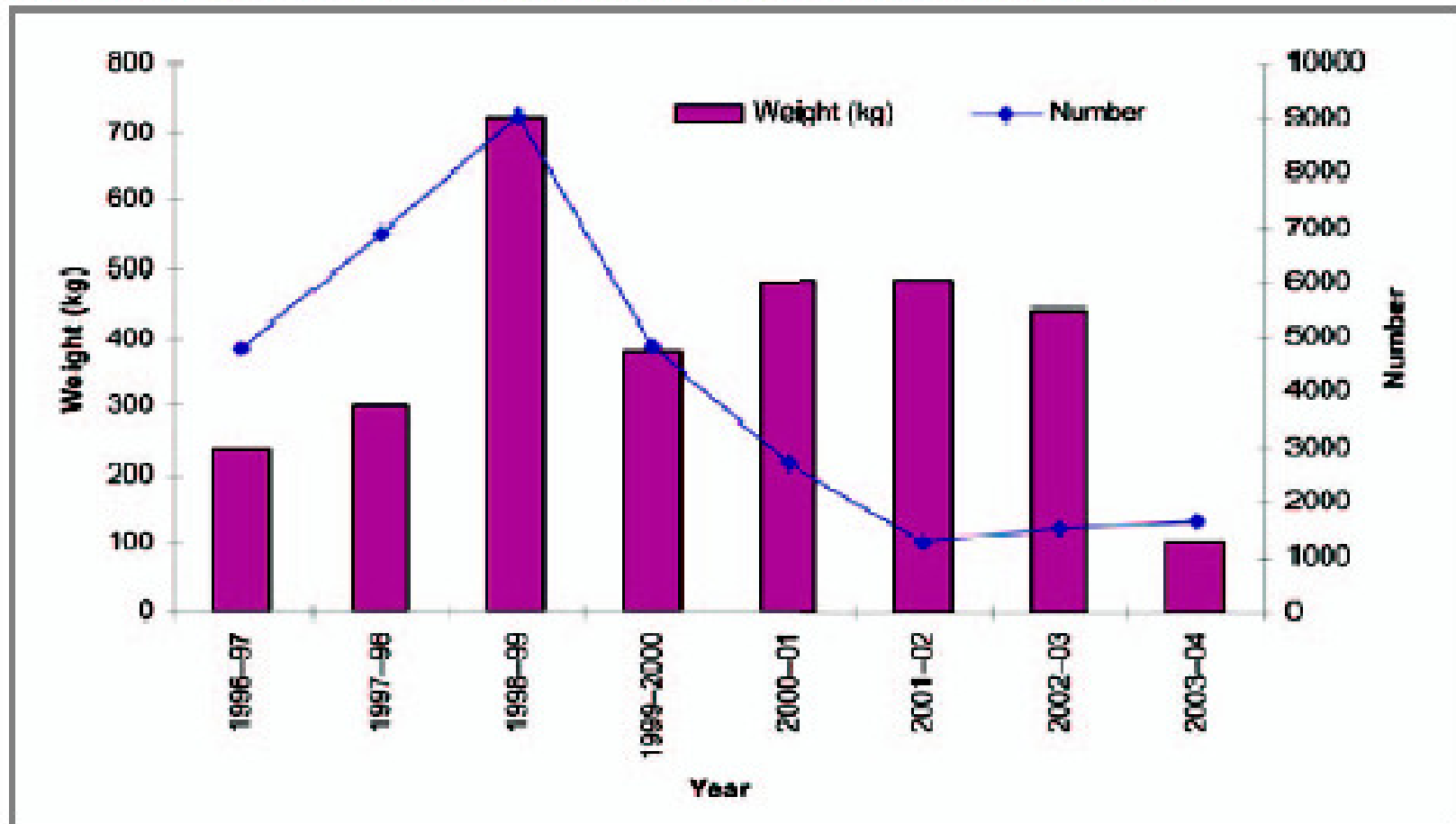
Number of accidental deaths due to opioids among those aged 15 - 54 years (1988 – 2002) in Australia
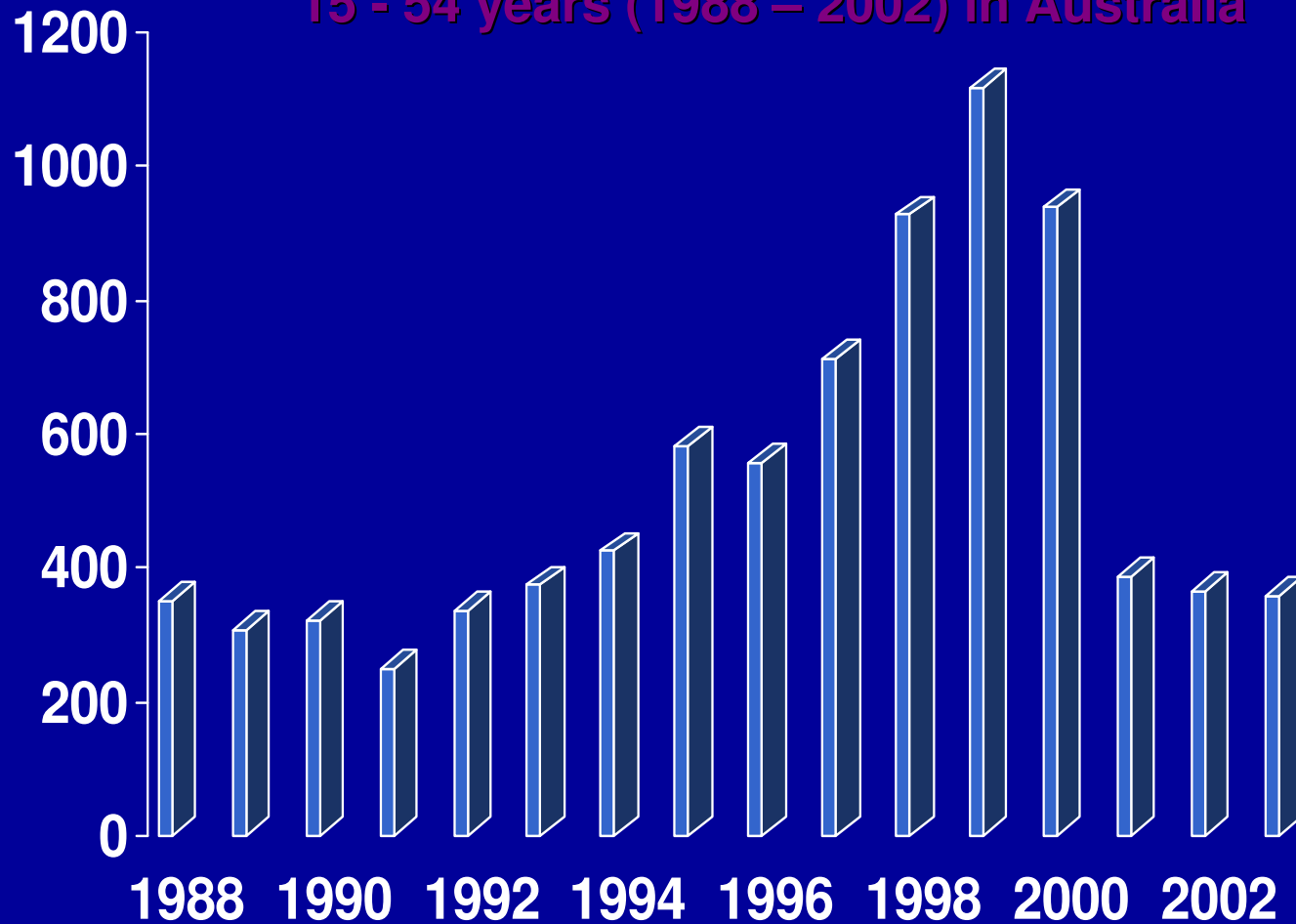
Data Source: Australian Bureau of Statistics

# Clandestine Laboratory Detection



**Number of detections**
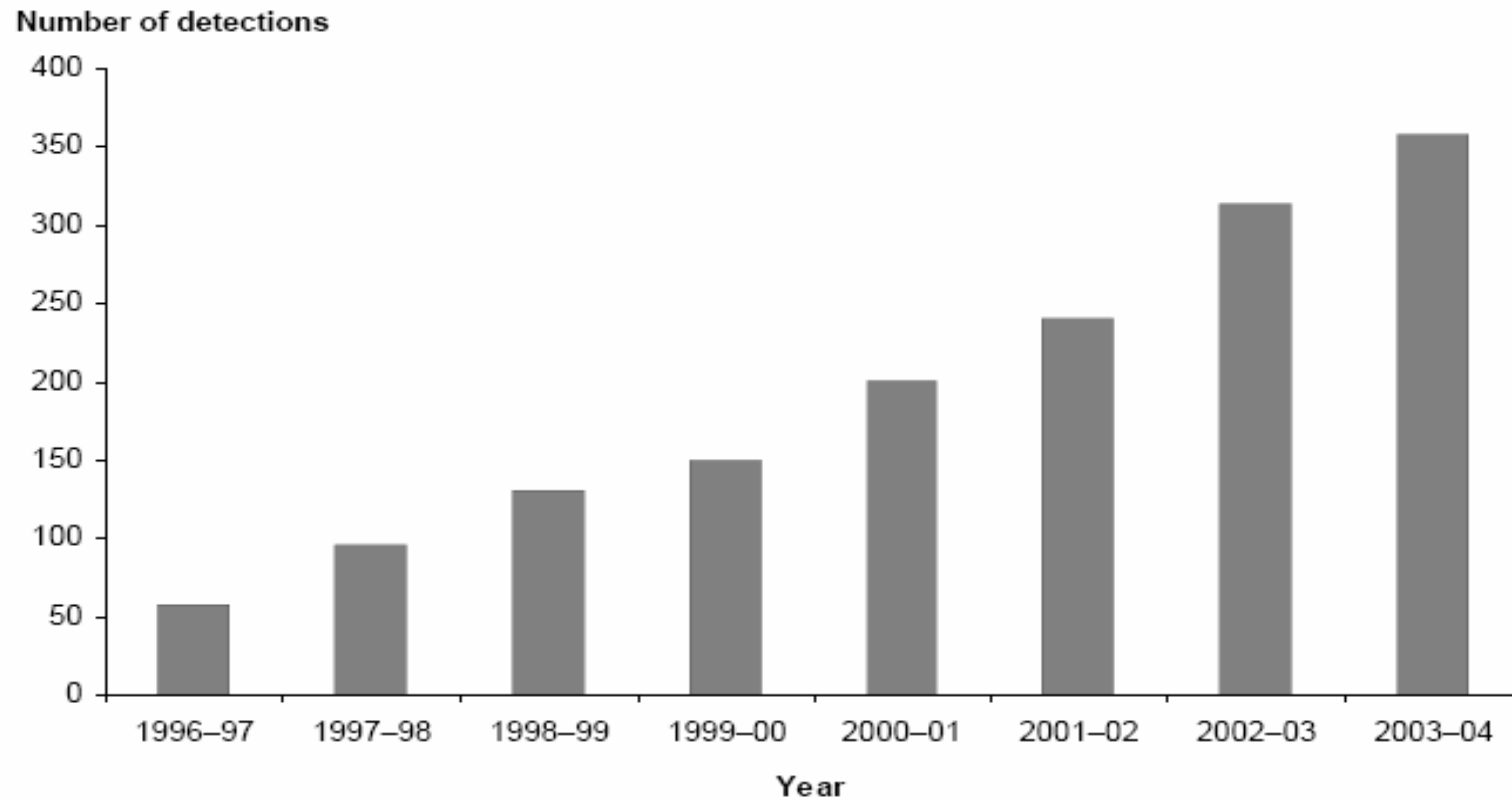
Source: ACC 2005.

Figure 10.3: Clandestine laboratory detections, Australia, 1996–97 to 2003–04

# Location of last injection among IDU by jurisdiction, 2002 (%)

| Location of last injection (%) | NSW N=158 | ACT N=100 | VIC N=156 | TAS N=100 | SA N=100 | WA N=100 | NT N=111 | QLD N=104 | Total Sample N=929 |
|---|---|---|---|---|---|---|---|---|---|
| **Home** | 50 | 62 | 65 | 80 | 82 | 75 | 92 | 68 | 70 |
| Street/Park | 32 | 14 | 13 | 0 | 2 | 4 | 3 | 9 | 11 |
| Car | 3 | 9 | 9 | 5 | 11 | 12 | 4 | 11 | 8 |
| Public Toilet | 3 | 12 | 12 | 12 | 4 | 8 | 2 | 10 | 8 |
| Shooting Room | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | <1 |

Source: Australian Drug Trends, IDRS 2002. NDARC

**Victims Of Alcohol-Related Incidents**
AIHW 2001

**Vic Youth Survey Self-report Behaviour Under Influence Alcohol (Illegal Drugs) 2002**

| | Age 20-29 | All ages | Vic (M) teens | Vic (F) teens |
|---|---|---|---|---|
| Verbal abuse | 1,189,100 | 4,169,000 | 30% (20.5%) | 20% (14.5%) |
| Physical abuse | 270,100 | 766,300 | 11% (6.3%) | 4% (3.2%) |
| Put in fear | 624,700 | 2,160,700 | | |
| Drove car | | | 17% (30%) | 9% (18%) |
| Public Disturb. | | | 15% (8%) | 7% (5%) |
| Damage property | | | 11% (7.5%) | 4% (3.5%) |
| Stealing | | | 6% (5.7%) | 2% (3.5%) |

# Routes of (attempted) diversion and smuggling

Legend:
- **3,4-MD-P-2-P and P-2-P** (solid green arrow)
- **Safrole, including safrole in the form of sassafras oil** (dotted green arrow)
- **Preparations containing ephedrine and pseudoephedrine** (dotted red arrow)
- **Ephedrine and pseudoephedrine (raw material)** (solid red arrow)

Locations labeled: Russian Federation, United Kingdom, Netherlands, Ukraine, Canada, France, Jordan, USA, Greece, Iran, Pakistan, China, Mexico, India, Panama, Guinea, Myanmar, Hong Kong SAR of China, Malaysia, Philippines, Fiji, Australia, South Africa

# Influences urging harm reduction:

- Threats / epidemics
  - HIV /AIDS  [12 November 1986 first NSP opened in Sydney]
  - 'Public nuisance' & crime
  - (Early focus - drink driving, public drunkenness …. Later …public injecting - MSIC)
- Harm(s) – to individual, those around them and broader community
- Mutual-help & identity – drug users
- Social justice
- Risk and perceptions of safety
- Cost of pursuing failed approaches (?)

# Is drug policy irrational?

- Drugs – Symbolic
- Complexity vs. clarity (simplicity?)
- 'Tough' talk - language of leadership (?)
- Politically expedient – use of 'common sense' (pragmatism ?) (Wars …)
- No one Ministry responsible
- Drugs - pawn in policy trading
- Mix of responses – means choices / thus political
- Uncertain effectiveness (especially re law enforcement)
- Media role crucial
- Research and policy community / community backlash

Return on Investment for NSP's

Investment on NSP's (1990-2000) = $149.9 million
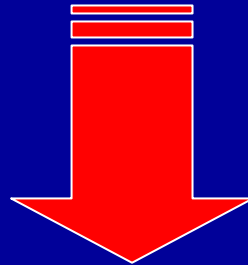
Estimated Number of HIV cases avoided (1990-200) =25,000

Estimated Number of HCV cases avoided (1990-2000) = 21,000

Estimated Number of HIV related deaths (by 2010) = 4,500

Estimated Number of HCV related deaths (by 2010) = 650

Based on costs for treatment, quality of life, productivity loss etc, it is estimated that the return for the investment on NSP's is between $2.4 billion and $7.7 billion.

Source: Commonwealth Department of Health & Ageing (to be released)

# Evidence and policy connections

- What facilitates use of evidence & impact of research?

  – Evidence must exist
  – Someone must know it exists
  – Must have policy implications – so what?
  – Must be relevant to public interest
  – Must be in the 'zone of proximal development'

  David Halpern (UK Strategy Unit, Cabinet Office, 2007)

# The politics of drug policy

- International:
  - Policy trading
  - 'Experts', diplomats, 'civil society' … High level/?low level
  - Dependence & independence (Power/Aid $)
  - Alternative development
  - Blocks (EU, … others …) but internal differences
  - Language, style / pomp & circumstance (no to 'harm' ..?)
  - History & previous resolutions
  - Related charters (including hierarchy – note Human Rights)
  - Tied and untied $ ('weaker' centre and coordination difficulties)
  - Producer, transit and consumer countries (different drugs/times)

Does it all matter? Yes … but long journey!

# INCB

- What was/ is/ is to be their charter/role?
  - Interpretation
  - Appears enforcement function = total focus
  - Missing elements in operational implementation of the past decade (eg: Ensuring access to essential medicines?)

- Trapped like other regulatory bodies in the emphasis on controls …
- Balance?

# National…. Local

- Paradox: Conservative governments more likely to take 'radical' decisions
- International actions / posture for home audiences
- $ sources influence allegiance (at all levels)
- Media …. reflect & / or create opinion (?)
- Community knowledge and views mostly decides policy choices
- Useful for us to look out for our neighbours (ANCD Asia Pacific Committee & much NZ reaching out)

# Leading 12 selected risk factors as causes of disease burden

| High Mortality Developing Countries | Low Mortality Developing Countries | Developed Countries |
|---|---|---|
| 1  Underweight | Alcohol | Tobacco |
| 2  Unsafe sex | Blood pressure | Blood pressure |
| 3  Unsafe water | Tobacco | Alcohol |
| 4  Indoor smoke | Underweight | Cholesterol |
| 5  Zinc deficiency | Body mass index | Body mass index |
| 6  Iron deficiency | Cholesterol | Low fruit & veg. intake |
| 7  Vitamin A deficiency | Low fruit & veg intake | Physical inactivity |
| 8  Blood pressure | Indoor smoke - solid fuels | Illicit drugs |
| 9  Tobacco | Iron deficiency | Unsafe sex |
| 10  Cholesterol | Unsafe water | Iron deficiency |
| 11  Alcohol | Unsafe sex | Lead exposure |
| 12  Low fruit & veg intake | Lead exposure | Childhood sexual abuse |

*World Health Organization*

# UN – Drugs – Toward 2050 (?)

- Could we ever have a single framework for all psychoactive drugs?
  - Tobacco
  - Alcohol
  - Illicit drugs
  - Uncertain:
    - …. Mescaline,
    - ..Kava,
    - Khat, ….
  - Future: therapeutic psychoactive products and enhancement drugs (performance, image, … intelligence (?) and let us start afresh with these

# Reflecting on this past – to achieve better policy in long term:

- Good observations and descriptive data

- Evolution of concepts and frameworks

- Careful analysis + creative presentation for different audiences

- Spectrum of goals + strategies
- Champions & Collaborators
- Sustainable resources
- Patience and persistence
- Wisdom (to reflect, learn from & protect gains of the past)
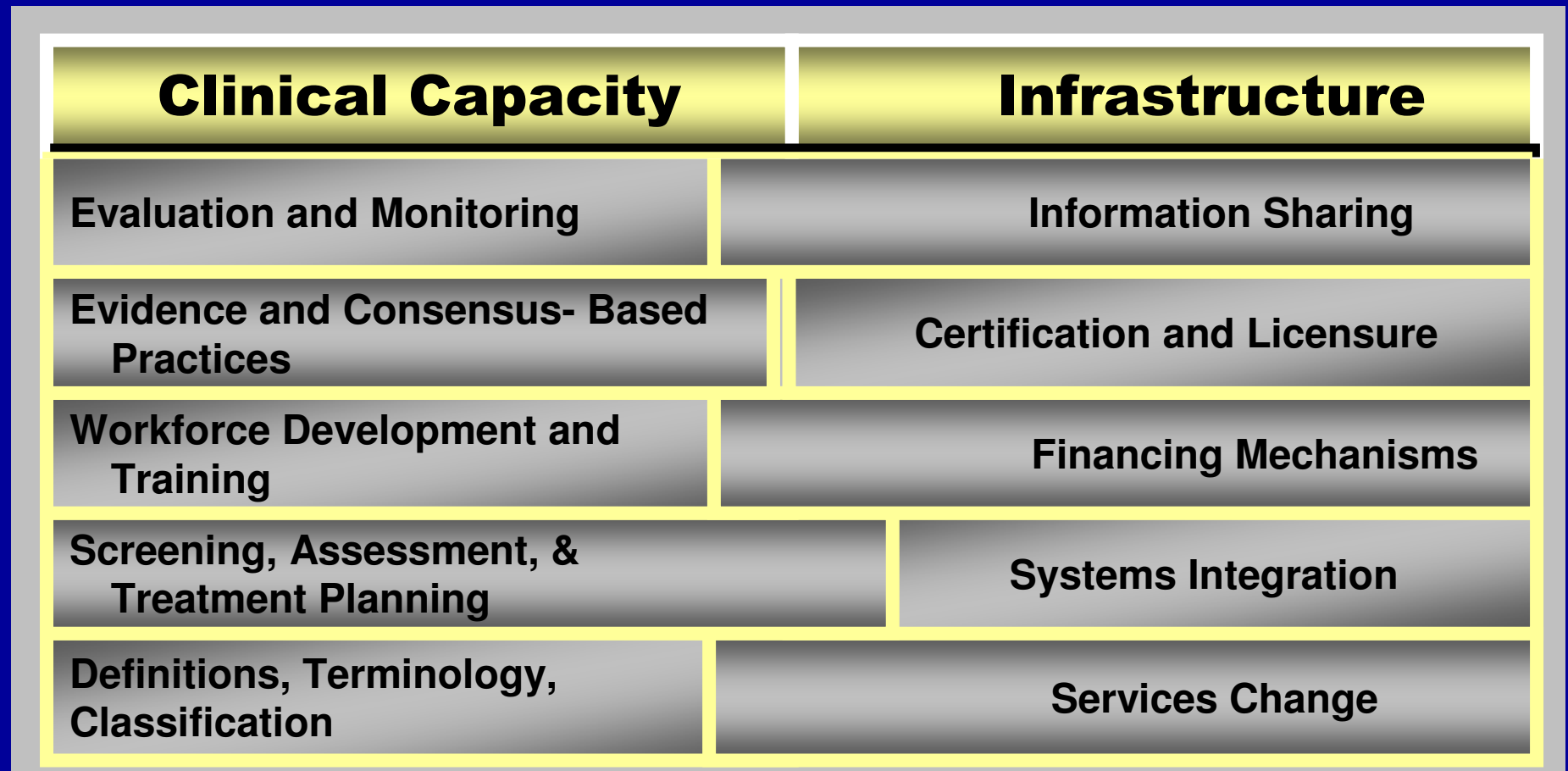- New recruits.

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# Building Blocks for Constructing a Co-Occurring Treatment System

| Clinical Capacity | Infrastructure |
|---|---|
| Evaluation and Monitoring | Information Sharing |
| Evidence and Consensus- Based Practices | Certification and Licensure |
| Workforce Development and Training | Financing Mechanisms |
| Screening, Assessment, & Treatment Planning | Systems Integration |
| Definitions, Terminology, Classification | Services Change |

Challis, J (APSAD conference, NZ  Nov. '07

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