RESPONDING TO DRUGS – HOW? EXPERIENCE FROM AUSTRALIA

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Australian patterns of drug use are similar to other western industrialised democracies but there are some differences and some interesting recent changes for drug policy analysts.

Of the illicit drugs, cannabis remains the most commonly used. Although there has been a reduction in the total proportion of Australians using cannabis in their lifetimes, there is evidence of changing patterns of use that could lead to an increase in the level of harm associated with this substance (that is, more intensive use by individuals, especially those with a mental health disorder). Amphetamines are the second most commonly used illicit drug. This reflects a general trend away from the use of the traditional plant-based illicit substances towards manufactured chemical substances. Heroin, cocaine and other substances, although used by smaller proportions of the population, remain significant contributors to the overall pattern of drug-related harm, such as injecting drug use and acquisitive crime.

PATTERNS OF USE AND PATTERNS OF HARM

The pattern and incidence of drug-related harm varies with the type of substance. For example, tobacco use is the cause of chronic and debilitating disease, and for most smokers its effects are not realised until later life. For this reason, it contributes more than any other drug to mortality and hospitalisations. However, alcohol and illicit drugs contribute to a wide range of acute harms such as overdoses and acts of violence. As such they contribute more to the total years of life lost, despite their lesser impact on health care costs.

Despite the decline in daily smoking rates, smoking continues to be the single largest preventable cause of death in Australia. Tobacco accounted for approximately $21 billion of the total social cost of drug abuse in 1998-9 ($34 billion). Of note, the value of excise collected by the Government on tobacco products is estimated to be approximately $4.6 billion a year. Alcohol continues to be the most widely used drug in Australia, with 82.4 per cent of the population aged 14 years and over having recently consumed alcohol. There is particular concern about youth drinking, with 28.3% teenagers consuming alcohol weekly. The proportion of 16-17 year olds that drink, putting themselves at risk of short-term harm, increased from 15% in 1990 to 22% in 1999. After tobacco, alcohol causes the greatest number of deaths attributable to drug use in Australia. In 1998-9 the total tangible (e.g. loss of labour in the workforce and road accidents) and intangible (e.g. loss of life and pain and suffering) costs of alcohol misuse to the Australian community was approximately $7.5 billion. In the same period, the combined costs of all illicit drug use to the Australian community was estimated to be approximately $6.1 billion.

AUSTRALIAN NATIONAL DRUG STRATEGY (NDS) – FEATURES

A National Campaign Against Drug Abuse was introduced in Australia in 1985; our first explicit national drug policy in response to recognition of the increasing use of a range of drugs, principally cannabis, and an emerging picture of injecting drugs, predominantly heroin. At that time, the global alarm regarding HIV/AIDS was a strong driver in shaping the harm reduction tone of this policy. Harm reduction or harm minimisation has been the main philosophy underpinning Australia's approach to date, with the existing framework identifying three areas for attention: supply, demand and harm reduction.

Our drug policy incorporates licit as well as illicit drugs, and so tobacco and alcohol are considered together with illegal drugs and the inappropriate use of pharmaceutical drugs. Some ambiguity remains regarding performance - and image - enhancing drugs but our drug policy does include inhalants and some more 'exotic' drugs. Our experience suggests that this combining of different classes of drugs in thinking about drug policy is functional and rational. Australia has conducted periodic government reviews and evaluations, and drug-related enquiries are common.

AUSTRALIAN NATIONAL DRUG STRATEGY - COMPONENTS

Information/data. Surveys and other epidemiological data on mortality/morbidity and other health data (e.g. ambulance and drug treatment attendances), some crime data and coroners court records.

Education and prevention efforts. Like most other countries, this is a 'given' even when there is some challenge about its effectiveness. We have devoted significant effort to drug education in schools and mass media campaigns, with more recent attention paid to the shared aetiology with other social and behavioural problems (e.g. juvenile crime, mental illness, youth suicide and homelessness). Therefore, the current focus is on the identification of risk and resilience factors.

Treatment and rehabilitation. Treatment has been well funded so the menu of options is relatively broad, e.g. self-help groups and substitute pharmacotherapy treatment.

International treaties and legal status of drugs. Australia is a signatory to the main UN treaties regarding drugs, and an active participant in international drug policy discussions. There is considerable ongoing debate about the legal status of cannabis.

Interdiction and law-enforcement. There is a history of local community policing; state-level drug squads; national police drug-law enforcement and interdiction through customs and other services. As in many other countries over the past four years, heightened concern about illegal migration, terrorism and purported links to the drug trade has heightened the profile and resources going to law enforcement.

Capacity building. Much of the drug-related research of the past decade has been government funded. There is now a significant body of research literature, a mix of investigator-initiated and specifically-commissioned research, available to help inform drug policy decision-making. The extent to which it is used in this context is now itself a matter of some research. One of the consequences of this investment that

warrants comment is the advantage of a 'critical mass' of researchers, who can and do engage in public policy debate in Australia. While the roles and relationships can sometimes be difficult to manage, and while the research and researchers are only of real value when independent, this community is an important part of the drug policy domain. This resource is potentially threatened by the move away from investigator - initiated and independent research towards government-commissioned research.

WHY IS DRUG POLICY SO COMPLEX AND APPARENTLY IRRATIONAL?

Drugs have symbolic status and meaning in our society, and psychoactive substances have always attracted attention due, in part, to their powerful capacity to change the way we think, feel and behave. Drug use and its consequences is inherently a complex phenomenon. The community however seeks clarity. Simple messages are more likely to sound convincing than erudite explanations of complexity. Thus the drug arena attracts attention and commentary from those in power. Holding some drugs illegal, or outside the mainstream of commerce and use, allows leaders opportunities for 'tough' talk, including declarations of 'war'. This provides an additional apparent show of leadership in an era increasingly preoccupied with risk and enemies.

It is in this environment that drug policy emerges, peppered by politically expedient, knee-jerk reactions that can appear to provide a 'quick fix'; although we must recognise that in this field, common sense is often common but not sense, if effectiveness in reducing drug-related harm is our measure. However, this goal is sometimes not the motive for strong actions in relation to drugs. Drug-related matters are often not especially drug-specific, given that much of the community concern is about public amenity, about perceptions of risk and reduced safety, about the alienation or hopelessness of some sub-groups of young people. Drugs may just come to represent an easier 'target' than the multiple aetiologies of these woes.

Drug policy straddles a number of ministries in government, providing opportunities for responsibility to be both dissipated and confused. At both local and international levels of governance, policy positions about other goods or services and alliances are often traded in exchange or recognition of positions taken on drug matters. Drug policy is thus a pawn in policy-trading. Drug policy requires a mix of responses and choices, thus is very political.

The role of the media is crucial in moulding public perceptions and so in directing politicians' preoccupations. In this environment it is easier for policy-makers to follow than to lead. Policy-makers are nervous about change, and understand that making policy that is 'ahead' of the community is risky. This suggests that in order to achieve better-informed outcomes and to prevent a community backlash, we need to take the community with us on the drug policy journey and not leave it to apparent 'experts' alone. In this sense, perhaps, drug policy is actually more rational than we think: it is just that we have not fully examined the ingredients that inform drug policy.

RESEARCH – POLICY INTERFACE

Drug policy is an arena increasingly reflecting the attention of a mix of disciplines, including programme-evaluators, public health and crime professionals, policy-analysts, and education and training professionals involved in dissemination, uptake and utilisation studies. From my own experience in research, education, treatment, community-level advocacy and national policy process, this mix of orientations brings a strength that any one alone lacks in responding to the complexity of drug policy.

Over the life of the National Drug Strategy (with changes in both state and national governments, ministers and public officials), a system of advisory bodies has emerged in Australia as a means of tapping expertise, 'evidence' and advice. This advice structure is now undergoing change and is in a state of flux. Certainly there is concern that the recent dissolution of the National Expert Advisory and Reference bodies will result in a reduction in consultation, furthering the distance from science, experience, and mix of views. Instead, it is likely to herald an increasing reliance on public officials and on specifically-commissioned research.

REVIEWS, EVALUATIONS, ENQUIRIES – SIGNIFICANT SOURCES OF CHANGE

Government-driven enquiries represent significant opportunities for evolutionary development, and have become drivers for overall collation, analysis and review of evidence from overseas as well as within Australia. They have also, to varying degrees, been an opportunity for public education as well as vehicles for hyperbole and controversy. It is important to garner the progress involved in these, and not to be too distracted by the recommendations that were not adopted or attracted high media profile. In fact, there is great value in being ready with research evidence to help frame the debate at times when drugs take on a high community profile. In these environments, having 'homework' done helps.

Researcher-developed 'new knowledge' is not as readily disseminated to the general public and tends to be a less powerful driver of change. However, it can be a constant informant and provocateur at times of 'usual business' and lower profile development, as well as vital and called for at times of crisis (especially if a relationship respectful of independence has already been built).

There are a number of examples of research and 'homework' informing policy in Australia. These have occurred at many levels, including those driven by National and State governments, e.g. planned and regular evaluations of the National Drug Strategy since 1985, although the most recent commissioned report has not been released publicly. Others have been reactive, and usually represent a strategy for managing community disquiet or challenge expressed or provoked by media attention, e.g. State Summits. These actions produce a phenomenon of competition or 'me-too-ism', with other States then holding similar summits. Local government, especially State capitals, have attracted policy attention often with a particular focus on the impact of drug markets on public amenity. Professional groups or service-providers working with researchers in pursuit of 'best practice' can also provoke change.

Observations Regarding Policy, Programme and Practice Evaluation

In the early days of the new era of Australian drug policy there was an inclination towards independent review and evaluation. In the mid- to late 1990s, governments started to set 'hard targets' on the advice of evaluators. Results under these circumstances are hard to read and can be politically embarrassing. International comparisons are difficult, given the varying state of data collection and analysis, yet these are valuable in considering what the situation might have been had the policies and programmes not been in place. More recently, governments and public officials are opting for softer process targets with some avoidance of explicit goals for overall drug policy evaluation, while still urging harder targets for specific programmes, such as treatment services.

Politicians are prone to set unrealistic goals regarding drugs when caught up in community rhetoric. They are quick to claim 'success' or 'wins', but mute on a lack of positive change. Governments are increasingly risk-averse, with bold leadership rare. Public officials are important in the policy-development, sustenance and progress process. They often represent the relatively anonymous continuity underpinning drug policy, while others engage in peripheral debate. It is important that we as researchers remain willing to respond to their needs for information, if or while we can do this and still remain independent. I do recognise that this is a risky position to take, and not easy to achieve.

Researchers and evidence-led drug policy advisors are loath to engage in prediction, which is frustrating and unhelpful to politicians and the community. Perhaps we must ask questions of ourselves. Is our science underdone? Are we missing vital data? Do we lack appropriate methods and measures, or is the task inherently too difficult? It does seem to me that we must ask ourselves these questions and try to overcome our reticence if we want our experience and evidence to be noted.

It is necessary to identify and sustain a critical mass of committed people to journey the 'highway' and support forward motion (avoiding the by-ways where much of the political rhetoric and dispute is conducted). Much of the political debate is on the fringes. The core of drug policy, and ongoing improvement and increases in evidence, can continue even in these sometimes volatile environments. It is pleasing to see the emergence of an increasing commitment to evaluation of law-enforcement initiatives in Australia in recent times, e.g. the Australian Federal Police have employed a full-time evaluator, and are starting to publish findings in International journals. This is all the more significant given that law enforcement has in the past rarely been expected to provide evidence of effectiveness.

It is likely that change will occur more through small increments than through bold new policy shifts. 'Shaping' not 'changing' might be the credo. Options and a mix of possible responses are needed. In this context, I have developed the *Drug Policy Modelling Project (DPMP)* to respond to some of the big questions that are posed in our drug policy debates. That project, and forums such as this one offered by the Beckley Foundation, provide an opportunity to meet with colleagues around the world involved in drug policy study, analysis and advice. Even if 'answers' are not achieved, perhaps trying to answer the questions will help inform future policy and provide impetus for engagement in drug policy debate.

Fundamentally, both enterprises are trying to enhance the chance that research evidence will be used more consistently and frequently in drug policy planning. There are two aspects to the DPMP: research, evidence and apparent rationality on one hand; and the *realpolitik* and/or a study of the policy process on the other. The project is grounded in consideration of the necessary mix of responses to drugs, and uses different ways of asking questions about the 'best mix'. It is inherently interactive, multi-disciplinary and complex.

CONCLUSION

Overall, I think that if we are to see better drug policy we must recognise that drug policy is complex and that we have to use complex approaches to our understanding of it, including engagement in complexity science.

Determining appropriate expectations and objectives can be based on a consideration of research evidence and on an understanding of the policy drivers. We need to develop tools to help tell us which are the most harmful drugs and drug policies, and to whom these harms accrue – both individuals and communities. We need to differentiate reasonable short- and medium-term goals (long-term goals are likely to be beyond us), identify which are realistic, achievable, or at least promising, and frame them in a manner so that they can be readily conveyed to others.

Drug policy might appear to be irrational. This however does not reduce the value of studying it. It is important to continue to build a better scientific base and to prepare our 'homework'. All this will be of limited value if we are not willing to engage in the messy business of the policy process. This involvement will ask us not merely to describe the past but also to predict the future. We therefore need tools that can approach this, while remaining humble about their limitations.

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