

Appendix 2: Terms of Reference of the ACT Alcohol and other Drug Taskforce

The ACT Alcohol and other Drug Taskforce is a cross-sectoral Ministerial advisory group responsible for making recommendations to Government on ways to minimise alcohol and other drug (drug) related harm in the ACT.

The Terms of Reference for the Taskforce are to:

- Inquire into the level, nature and impact of harm related to the intentional and unintentional use of both licit and illicit drug in the ACT; and
- Develop the future Drug Strategy for the ACT.

The Taskforce will undertake this role with particular reference to:

- Prevention, early intervention and education, especially for youth;
- At risk and marginalised groups including women, youth, people from non English speaking backgrounds and indigenous people;
- Improving links and pathways to treatment and utilisation of data including links across Government and to existing working groups and committees, including those that have already been convened to oversee specific projects;
- Opportunities to improve service provision that can be implemented immediately and within existing budgets;
- National initiatives, policy or funding opportunities;
- The regional role of the ACT;
- Consumer involvement;
- Evidence based best practice in service provision and
- Gaps in alcohol and other drug service provision in the ACT; and
- The role of the criminal justice system in minimising alcohol and drug related harm.

The main elements of the work program for the Taskforce will include:

- Consolidating existing data on ACT drug use and need;
- Collecting additional data, where warranted, on ACT drug use and need; and
- Developing the ACT Drug Strategy.

Appendix 3: Other Government strategies that relate to this Strategy

The ACT Government strategies and policies that relate to this strategy are listed below:

- ACT Aboriginal and Torres Strait Islander Regional Health Plan 2000-2004
- ACT Community Crime Prevention Strategy
- ACT Health Action Plan 2002
- ACT Mental Health Strategy and Action Plan
- ACT Multicultural Framework 2001-2005
- ACT Policing Drug Strategy
- ACT Sexual Health and Blood Borne Diseases Strategic Plan 1998-2000 (to be updated)
- ACT Women's Action Plan (draft)
- ACT Young People's Framework
- Canberra Social Plan
- Caring for Carer's Policy 2003
- Drug Education Framework for ACT Government Schools 1999

The National strategies that relate to this strategy are listed below:

- National Drug Strategy 2004-2009
- National Tobacco Strategy 1999-2004
- National Alcohol Strategy 2001-2004
- National HIV/AIDS Strategy 1999-2004
- National Hepatitis C Action Plan 1999-2004

Glossary

Blood-borne virus: A virus that can be transmitted from an infected person to another person by blood-to-blood contact, including through the sharing of injecting equipment [National Drug Strategic Framework (NDSF): p.45].

Carers: As defined for this Strategy, carers are family members or friends that provide care to people that have a substance abuse problem or a dual diagnosis/ co morbidity involving mental illness and substance abuse

Detoxification (Withdrawal): The means by which a drug dependent person may withdraw from the effects of a drug [NDSF: p.46]. The symptoms that can occur when a person using a drug over a prolonged period reduces or ceases use are known as withdrawal symptoms [NDSF: p.49].

Drug: A substance that produces a psychoactive effect. This includes tobacco, alcohol, pharmaceutical drugs, image and performance enhancing substances and illicit drugs. It also includes substances such as kava and inhalants [NDSF: p.45].

Drug dependence: Drug dependence is characterized by a strong desire to use a drug. Among the indicators of dependence are impaired control over drug use, a higher priority given to drug use than to other activities and obligations, increased tolerance, physical withdrawal symptoms, and repeated drug use to suppress withdrawal [NDSF: p.46].

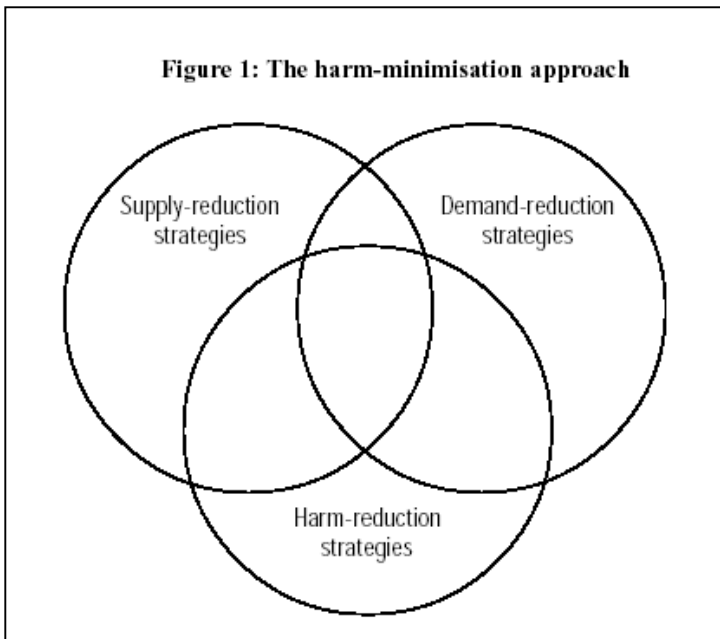
Dual Diagnosis/Co morbidity: Individuals with co-existing mental health and alcohol and other drug issues.

Early intervention: Early intervention describes practices designed to minimise the progression of a person at risk towards harmful drug use behaviours. It can include interventions early in a child's development to address specific risk factors that are associated with harmful drug use later in life, or it can include interventions early in a person's period of drug use to minimise the risk of their drug use behaviors becoming increasingly harmful.

Evidence-based best-practice: Evidence-based practice is based on rigorous research and evaluation, including assessment of the cost-effectiveness of interventions. Best-practice takes account of the preferences of individual clients, their families and the wider community [NDSF: p.18] and, on the evidence available, promotes the best intervention to produce improved outcomes for an identified issue [NDSF: p.35].

Harmful or problematic drug use: A pattern of drug use that has adverse social, physical, psychological, legal or other consequences for a person using drugs or people living with, or otherwise affected by the actions of, a person using drugs [NDSF: p.46].

Harm minimisation: Harm minimisation has been the key principle underpinning Australia's *Drug Strategy* since 1985 and was identified by Professors Single and Rohl as one of the features contributing to the success of the *National Drug Strategy*. Harm minimisation refers to policies and programs aimed at reducing drug-related harm. Harm minimisation aims to improve health, social and economic outcomes for both the community and the individual and encompasses a wide range of integrated approaches. These approaches are defined by the United Nations International Drug Control Programme, 2000, in their publication *Demand reduction: a glossary of terms*.



The following outlines these definitions:

Supply-reduction: “A broad term used for a range of activities designed to stop the production, manufacture and distribution of illicit drugs. Production can be curtailed through crop eradication or through large programmes of alternative development. Production (illicit manufacture) is attacked directly through the suppression of illicit laboratories and / or the control of pre-cursor chemicals, while distribution is reduced through police and customs and in some countries by military operations. Supply control is a term often used to cover police and customs activities.”

Demand reduction: "International drug control conventions use this term in relation to the aim of reducing consumer demand for controlled substances. Demand reduction strategies contrast with approaches which aim to reduce supply of drugs though in practice demand and supply reduction can be complementary. The success of demand reduction is conventionally measured by a reduction in the prevalence of use, i.e. by more abstinence, and hence is separate and distinct from harm reduction.

Demand reduction is a broad term used for a range of policies and programmes, which seek a reduction of desire and of preparedness to obtain and use illegal drugs. Demand for drugs may be reduced through prevention and education programmes to dissuade users or potential users from experimenting with illegal drugs and/or continuing to use them; drug substitution programmes (e.g. methadone); treatment programmes mainly aimed at facilitating abstinence, reduction in frequency or amount of use; court diversion programmes offering education or treatment as alternatives to imprisonment; broad social policies to mitigate factors contributing to drug use such as unemployment, homelessness and truancy.'

Harm reduction: "In the context of alcohol or other drugs, harm reduction refers to policies or programmes that focus directly on reducing the harm resulting from the use of alcohol or other drugs, both to the individual and the larger community. The term is used particularly for policies or programmes that aim to reduce the harm without necessarily requiring abstinence. Some harm reduction strategies designed to achieve safer drug use may, however, precede subsequent efforts to achieve total abstinence. Examples of harm reduction include needle/syringe exchanges to reduce rates of needle sharing among injecting drug users, and the use of shatterproof glassware to reduce glass injuries in pub brawls. Harm reduction strategies can be distinguished from supply and demand reduction strategies."

Both licit and illicit drugs are the focus of Australia's harm-minimisation strategy. Harm minimisation includes preventing anticipated harm as well as reducing actual harm. Harm minimisation is therefore consistent with a comprehensive approach to drug-related harm, involving a balance between demand-reduction, supply-reduction and harm-reduction strategies.

A comprehensive harm-minimisation approach must take into account three interacting components: the individuals and communities involved; their social, cultural, physical and economic environment; and the drug itself. Approaches will vary according to population group, time and locality. For example, strategies for reducing harm to under-age drinkers will be entirely different from strategies targeting older smokers. Similarly, different strategies may be required for people who inject drugs in rural Queensland and people who inject drugs in metropolitan Sydney.

Governments do not condone illegal risk behaviours such as injecting drug use, but they do acknowledge that these behaviours occur. They have a responsibility to develop and implement public health and law-enforcement measures designed to reduce the harm that such behaviours can cause, both to individuals and to the community. In these circumstances harm-reduction strategies specifically target the individual using drugs and promote initiatives that benefit the wider community. For example, drink driving was identified as a serious drug-related harm and changes to legislation and law-enforcement practices were introduced. These harm-reduction strategies aimed to reduce harm associated with drink driving. Similarly, while the practice of injecting drug use continues, the provision of sterile injecting equipment through needle and syringe exchange programs is an important harm-reduction strategy for preventing the spread of blood-borne viruses such as HIV and hepatitis C.

Illicit drug: A drug whose production, sale or possession is prohibited. 'Illegal drug' is an alternative term [NDSF: p.47].

Licit drug: A drug whose production, sale or possession is not prohibited. 'Legal drug' is an alternative term [NDSF: p.47].

Net harm: A net harm approach to policy and intervention development is one, which takes into account both the anticipated positive and negative consequences of interventions, and weighs one against the other. It includes looking broadly to identify the consequences of one intervention for other interventions. If the likely impact of an intervention is limited to shifting the burden of harm from one sector to another (especially from the general community to drug users) this should be made explicit in the planning process and judgements made, based upon a net harm analysis, as to the appropriateness of proceeding [David McDonald].

Pharmacotherapies: Pharmaceutical drugs that either: substitute for a similar type of drug used in maintenance therapy; assist in the management of withdrawal symptoms; or, assist in the maintenance of abstinence after detoxification by either blocking the desired effects of a drug or by producing adverse affects such as nausea if drugs are taken.

Prevention: Preventing harmful drug use and preventing drug related harm including preventing or delaying the commencement of drug use [NDSF: p.49].

Psychoactive effects: Effects that alter mental processes such as mood, cognition, or thinking [NDSF: p.49].

Rehabilitate/Rehabilitation: Rehabilitation is a process, not an event and refers to the period following a decision by the individual to reduce harm associated with their substance use. This period can begin with withdrawal from the substance, but can also include commencement on a pharmacotherapy. Rehabilitation interventions include withdrawal, attendance at a support group (eg Relapse Prevention, Alcoholics Anonymous), residential rehabilitation or a pharmacotherapy (ie methadone or buprenorphine).

Withdrawal (Detoxification): The means by which a drug dependent person may withdraw from the effects of a drug [NDSF: p.46]. The symptoms that can occur when a person using a drug over a prolonged period reduces or ceases use are known as withdrawal symptoms [NDSF: p.49].

User Friendly Services: Services that are accessible and which are provided in a non-judgemental, appropriate, professional manner and that have appropriate mechanisms for client input and feedback and where peer-based service delivery models are valued.

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