



SELECT COMMITTEE ON SUBSTANCE ABUSE
IN THE COMMUNITY

SUBMISSION NUMBER 0032

DATE: 2 July 2002

TABLED: 2 July 2002

*RECEIVED FROM:
Tabled by DASA
Australian National Council on Drugs.*

rural and regional

ALCOHOL AND OTHER DRUGS
CONSULTATION FORUMS

AUSTRALIAN NATIONAL COUNCIL ON DRUGS

Background

In 1999, the Australian National Council on Drugs (ANCD) decided to examine more closely the drug and alcohol issues being experienced in rural and regional Australia. In making this decision, the ANCD was conscious that often the drug issue and associated debate focus on the situation in cities and urban settings. The Council saw this generally urban-centric focus as a potential weakness in the consideration, and ultimately the applicability, of nation-wide drug policies and practices.

This report aims to outline the main themes and issues arising from the ANCD's rural and regional consultation forums for the alcohol and other drugs sector. Readers of this Report should note the distinctions in phraseology used within this report. The phrase 'alcohol and other drug sector/services' includes the range of services specifically addressing alcohol and other drug issues, such as detoxification or treatment services. 'Alcohol and other drug workers' refers to the people working in the services described above. The Council recognises that there are a range of other sectors also involved in work related to alcohol and other drug issues, such as policing, education, housing, mental health, etc. To encapsulate these generalist and specialist services and professions, the phrase 'alcohol and other drugs, and related, sectors' is used.

The Council decided to prioritise rural and regionally based alcohol and other drug (AOD) services and workers in this way for a number of reasons.

They include:

1. Most Council meetings (which include consultation forums) are held in capital cities and members of the Council are often personally located in these urban settings.
2. Council members believe it important to obtain a national perspective of the range of drug and alcohol issues affecting Australians, and to hear first-hand the issues of major concern to rural and regionally based alcohol and other drug, and related, sectors.
3. Rural and regionally based AOD services operate in a very different setting from urban services. Infrastructure, population demographics and the isolation of many of these centres mean that the demands commonly placed on the often few AOD services and workers are substantial. These pressures are further exacerbated by the fact that often there are no other options for clients to pursue if they find that the local service does not meet their needs.
4. The Council considered it important to look at the variety of situations and circumstances in which AOD services are provided, and to identify innovation arising out of adversity in these areas.
5. The ANCD's emphasis on AOD issues for rural and regional Australia has served to glean information and experiences that will contribute to the fulfilment of one of the Council's key aims; that is, to promote information exchange about and within the alcohol and other drugs sector. The ANCD saw the forums as an opportunity not only to learn more about Australia's rural and regional alcohol and other drug issues, but also to provide representatives of the sector with information about the National Drug Strategy, policy developments, access to funding, etc. In this way, the Council viewed the rural and regional forums as an initiative to facilitate two-way communication.

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The purpose of this report is to highlight the issues and themes arising from the forums. It should be noted that this report is essentially a compilation of individual and organisational thoughts and experiences, and as such it is not presented or meant to be interpreted as conclusive or comprehensive, nor is it to presume that all rural and regional areas experience the same challenges.

The report does, however, provide an indicative cross-section of viewpoints, from a range of services, in a range of locations. It is important to note that, despite the range of locations, services and people encompassed within this strategy, a number of strong synergies and commonalities arose.

It should be further noted that the Council, in this report, makes no attempt to divide the report into sections of jurisdictional responsibility. The ANCD believes that Federal, State/Territory and local government and non-government sectors should co-operate in partnership and, as such, one report outlining all issues is provided.

Many of the issues contained within this report are directly within the ambit of the ANCD, which is to advise on drug and alcohol policy areas. Other issues raised in the report are matters for broader social policy consideration, and the ANCD highlights these as serious contributing factors to the levels of drug and alcohol misuse in our rural and regional communities.

Forums and attendances

The ANCD hosted 11 consultation forums in a range of rural and regional areas between August and December 2000. Careful consideration was given to the location of each forum, as the Council was cognisant of the importance of ensuring a diversity of settings, a spread of locations within an individual State or Territory, and a representation of both large and small rural and regional communities. Invitations were sent to agencies in the areas surrounding the host centre (e.g. within 1-3 hours drive), so that representatives from these areas could attend if able.

Bearing these factors in mind, the ANCD hosted forums in the following centres:

- Mt Isa & Rockhampton (Queensland)
- Coffs Harbour & Dubbo (New South Wales)
- Bendigo & Traralgon (Victoria)
- Launceston (Tasmania)
- Port Augusta (South Australia)
- Alice Springs (Northern Territory)
- Kalgoorlie & Broome (Western Australia)

A range of non-government and government sector representatives attended these forums. Intersectoral representation included the following key interest groups:

- AOD treatment and detoxification agency representatives
- mental health workers
- counsellors
- nurses
- general practitioners (GPs)
- needle and syringe program workers
- pharmacists
- drug user (peer-based) representative organisations
- police
- psychologists
- occupational health and safety practitioners
- clergy
- teachers, educators and school counsellors
- welfare and charitable organisations
- State/Territory Members of Parliament and members of local government
- State/Territory government departmental representatives

Forum participation also included those working with particular client groups, such as:

- prisoners
- young people
- women
- Indigenous people
- homeless
- parents and families.

Approximately 270 people attended the 11 forums from the rural and regional alcohol and other drug sector.

The ANCD Chairman, Major Brian Watters, attended each of the 11 forums. The Chairman's attendance at all the forums was considered a priority to ensure one ANCD member heard the broad experience of the situation facing communities around the nation, as well as to symbolise the priority status that the Council attaches to this issue.

Other Council members who attended forums included Mr Scott Wilson, Mr Dennis Young, Ms Tonie Miller, Mr Tony Trimmingham, Mr Westey Noffs, Mr Arthur Toon and Professor Margaret Hamilton, as well as Mr Gino Vumbaca and Ms Karen Price from the ANCD Secretariat. The attendance by a range of members and the Secretariat also allowed a much greater understanding of national rural and regional issues within the Council.

Introduction

The issues raised at these forums have been grouped under headings to assist the reading of the report. The ANCD notes, however, some issues may be applicable to more than one heading.

'APPROXIMATELY 30% OF AUSTRALIA'S POPULATION LIVES IN RURAL AND REGIONAL AREAS.'

Health in Rural and Remote Australia. AIHW 1998:41

.....ILLICIT DRUG USE IS INCREASING IN REGIONAL AUSTRALIA; WHILE THE CURRENT LEVELS ARE LOWER THAN THOSE FOUND IN METROPOLITAN AUSTRALIA, THEY APPROXIMATE RATES OBSERVED IN THE CITIES JUST A FEW YEARS AGO. ACCORDINGLY, LESSONS LEARNED FROM THE RESPONSE TO DRUGS IN METROPOLITAN AREAS SHOULD BE ADOPTED EARLY IF REGIONAL AUSTRALIA IS TO AVOID THE LEVELS OF DRUG-RELATED SOCIAL DISRUPTION EVIDENT IN THE CITIES.'

Adam Graycar, Australian Institute of Criminology, *Illicit Drug Use in Regional Australia, 1988-98*

Substances

Without question, alcohol remains the substance of most concern in rural and regional Australia. Strong support was expressed for an appropriate taxing of alcohol to ensure that the tax is proportional to the level of alcohol in the product, as well as for ongoing contributions from the alcohol industry to support alcohol-related prevention, education and treatment services.

Significant concern was voiced over the 'centrality' of alcohol to social and sporting life in rural and regional Australia. Support was expressed for further efforts to reduce alcohol advertising and promotion through sport sponsorship, and other community activities. The need for more health-promoting initiatives was also raised in this context.

Views regarding cannabis and the level of its use are not consistent throughout rural and regional communities. What is consistent is the view that cannabis use is becoming increasingly common as well as particular concern about the mixed messages surrounding cannabis and the level of harm it causes. Some forum participants reported that although the adult community believes that cannabis is a real and dangerous problem, young people do not necessarily share this view, believing that there are few, if any, actual problems associated with its use. This view is reinforced by the levels of damage young people associate with alcohol. One unfortunate result of the confusion about the effects of cannabis is a perceived increase in the [eve] of cannabis use and driving.

- The incidence of inhalant use (sniffing / chroming) amongst young people in rural and, in particular, remote communities is deeply concerning. Some communities report that sniffing appears to be increasing and that this type of drug use is causing deep divisions within communities. Of particular note is the deterioration in the relationship between Indigenous elders and young Indigenous people who are sniffing. Also, some communities reported that they experience 'periodic' sniffing problems. Although not a continual problem to warrant a specific service, these sniffing episodes need to be addressed by existing services, and workers require training and support to meet this need.
- For Indigenous communities reporting more endemic sniffing problems, innovative approaches developed by the local community are viewed as the most appropriate way to address the problem.
- Most areas reported that whilst the extent of the problems related to the use of opiates is currently reasonably small, it is increasing. While heroin is not common within rural and regional communities, relative proximity to major capital cities (e.g. within 2-3 hours' drive) makes these communities ready markets for such drugs and there is evidence of sporadic 'shipments' coming into these communities. Comments regarding the provision of morphine and methadone were also made in the context of apparently greater levels of prescription, diversion and misuse within rural and regional communities.
- In communities where there is a relatively high disposable income, the use of amphetamines is becoming more prevalent, particularly amongst people aged 20-30 years.
- Use of anti-depressant medication, particularly amongst women and middle-aged men, is an issue of increasing concern for rural and regional areas.
- Across all substances, there is a great reluctance to seek help for problematic drug use within small rural communities in particular, because of a perceived lack of confidentiality and a fear of being stigmatised.

'ACCORDING TO THE 1998 AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE REPORT (*AUSTRALIA'S HEALTH*), THE HEALTH STATUS OF THOSE LIVING IN RURAL AND REMOTE AREAS OF AUSTRALIA IS SIGNIFICANTLY WORSE THAN THAT OF THOSE LIVING IN METROPOLITAN CENTRES.'

Health in Rural and Remote Australia, AIHW 1998:40

Infrastructure and service issues

- High levels of unemployment, reductions in services such as banks, telecommunications and other public services and Limited hours of operation for facilities are evident within rural and regional communities. The pervading attitude of representatives attending the ANCD
- Limited infrastructure in rural communities extends to schooling - where children who are expelled from school for a drug-related issue have few, if any, alternatives - and also to police-related activities where, for instance, the limited hours of local sobering-up shelters can result in a person, picked up for being intoxicated in a public space, having no place to be taken other than the police station.
- High levels of unemployment, reductions in services such as banks, telecommunications and other public services and Limited hours of operation for facilities are evident within rural and regional communities. The pervading attitude of representatives attending the ANCD forums was that their communities are eroding and this erosion is a major contributing factor to greater Levels of substance misuse.
- Reduced capacity for smaller communities to respond to drug and alcohol issues is related to the diminishing infrastructure in rural communities overall. One-doctor towns, limited health services and operating hours, and fewer options for drug and/or alcohol treatment are realities of rural communities.
- Most commonly reported throughout the ANCD's forums were problems associated with one service towns. The demand for all types of services where there is such a limited supply means that decisions must be made as to who can and cannot access them. This is especially a problem for rural and regional AOD treatment, and for public housing. As relapse is common when working with addicted people, it is often the case that once a person 'fails' to meet the treatment or housing conditions, it is very difficult to access the service again (i.e. 'black mark' against name).
- The lack of public transport in rural and regional communities was cited as a contributing factor to the perceived higher rates of drink-driving in these areas.
- Rural and regional communities are experiencing a dislocation of families. Given the limited employment and education capacity, many young people move away from these communities to seek higher education, employment and other opportunities. In some cases these young people struggle to cope without support in the transition to an urban lifestyle and return from the Larger metropolitan centres to their families with drug- and/or alcohol related problems. The families are then required to support the affected person, often without the appropriate back-up services.
- People from remote communities, who seek assistance, travel considerable distances to access a regional or rural town's services and are often only able to afford to stay away from home for short periods of time, to then return to their own community, unsupported. The reverse is also of concern, where an AOD worker travels to a remote setting (perhaps once per month) to see a client but, between visits, the client is unable to access assistance within his/her own community. This disjointed treatment of a drug and/or alcohol problem is far from desirable and less likely to lead to a successful outcome.

Social and community issues

- The lack of recreational activities and facilities for young people often leads to boredom and its associated problems. In rural and regional communities where alcohol use is commonplace, binge drinking and consumption of alcohol by under-age youth are common occurrences.
- Some concern was expressed at the role of local media, in that they tend to take a sensationalist approach to illicit drug use (even in minor cases) whilst significantly under-reporting the [eve] of alcohol-related issues and problems faced by the community. This concern is further heightened given the reliance of many in the local community on Local media (especially print and radio) for their information.
- A distorted focus on illicit drug-related crime was considered to be counter-productive, as all drug users are portrayed as criminals. A greater focus on the health and social problems faced by many drug users would provide a more accurate picture for the community.
- People in rural and regional areas tend to be reluctant to disclose their drug use (particularly if they are from remote communities), for fear of identification and stigmatisation.
- Divisions between Indigenous and non-Indigenous people exist in some rural and regional communities, with attitudes reflecting a lack of appreciation for the needs and issues of Indigenous people, such as culture loss, displacement, etc. There is also a misperception in many rural and regional areas in Australia about the proportion of Indigenous people who consume harmful levels of alcohol or other drugs, and the level of damage they do within the community.

Public health issues

There appear to be three main issues associated with needle and syringe programs (NSPs) in rural and regional Australia:

1. the absence of a NSP in some rural/regional areas
2. Limitations and problems related to access of rural and regional NSPs
3. unsafe disposal of equipment.

The unsafe disposal issue is not unique to rural and regional communities. However, due to the stigma and negative perceptions of injecting drug users (IDUs) in these areas, the potential for vilification of IDUs when a needle or syringe is found in a public area is greatly magnified.

Blood-borne and other virus management is an important issue for rural and regional communities. More specifically, with the reluctance of people to seek assistance or make use of NSPs and other public health facilities for fear of being identified, there is a requirement for organisations such as workplaces and sporting clubs (e.g. rugby league and other contact sports), where there is potential for exposure to blood and saliva, to educate people on the potential for risk.

Recruitment of general practitioners (GPs) to rural and regional areas is at times difficult. Furthermore, the recruitment and training of even fewer GPs to prescribe methadone contribute to the tack of this service in rural and regional areas. It can be

argued that there may not be significant demand for this treatment option in these communities. However, as AOD workers suggest that the use of opiates is increasing, this may be an important emerging issue.

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Mental health issues are of increasing public health importance in rural and regional areas. Workers attending the forums indicated great concern for an apparent increase in the level of use of benzodiazepines and associated polydrug use. Dual diagnosis patients comprise a group gaining more attention as having particular needs, and in rural areas the capacity to meet these needs is significantly limited. In addition, suicide rates for young people (particularly adolescent males) in rural and regional communities is deeply concerning for workers, with forum participants stating that factors contributing to depression for this group include loneliness, isolation and, in some cases, cultural dislocation.

... PEOPLE LIVING IN RURAL AND REMOTE AUSTRALIA HAVE MANY HEALTH DISADVANTAGES COMPARED WITH THEIR URBAN COUNTERPARTS. THESE ARE DEMONSTRATED BY HIGHER MORTALITY AND MORBIDITY RATES FOR SOME DISEASES IN RURAL AND REMOTE COMMUNITIES.'

Health in Rural and Remote Australia, AIHW 1998:1

Concerns of the alcohol and other drugs sector

A major issue that was vigorously reinforced at each forum involves the problems associated with attracting trained professionals (such as doctors, pharmacists, psychologists, counsellors, etc) to rural and regional areas. The difficulties extend to maintaining this employment after the person has served an initial 'experience-gathering' term in a rural and regional work placement. Trained and experienced drug and alcohol workers are also in high demand in urban centres, which makes it more difficult for rural and regional AOD services to compete for workers.

The limited resources available to train new staff is a major issue in relation to the practical costs (such as travel expenses, etc) but also for the usually small work teams who need to cover extra workloads for training-related absences.

Opportunities to develop management capacity within rural and regional services are limited. Skills required to prepare successful submissions for funding, strategic planning, evaluation, financial accountability and reporting, and staff development are vital for the efficient operation of drug and alcohol services. Assistance and support for the development and maintenance of these skills are required in rural and regional areas of Australia.

The role of GPs in rural communities is considered vital. GPs are often the first point of assistance and need to be skilled to undertake brief intervention and motivational interviewing - areas in which they tend to lack confidence. For GPs closer links with and support from local drug and alcohol services need to be encouraged. It was also recognised that the needs and circumstances of rural pharmacists are often the same.

Policy and related issues

- Given the prominence of heroin and other opiate-related issues in cities, rural and regionally based AOD workers feel that much of the policy and funding emphasis is not directed towards the substances they see as their main concerns (that is, alcohol, cannabis and tobacco). It is the view of the rural and regional sector that this misguided attention leads to an increase in frustration and the perception that rural and regional AOD issues are not understood by Federal, State and Territory governments and departments.
- The resourcing of rural and regionally based services is not appropriately indexed to increasing costs. Costs of fuel and of developing information technology capacity are higher in these areas. However, this is not reflected in the allocation of funds. The particularly high costs of running residential programs (food, maintenance of buildings, etc) are inflated by isolation.
- The sector is concerned about the policies relating to alcohol advertising and support stricter controls to further limit advertising of alcoholic products. Support within the sector is also evident for a change in the taxation of cask wine, and wider community involvement in education campaigns.
- Corporate sponsorship in rural and regional areas primarily targets sporting events, where binge-drinking cultures thrive. More responsibility and leadership by corporate sponsors and sporting clubs are needed to foster safer environments whereby the community can enjoy recreation and community-building events.
- There is a perceived lack of strategy for the NGO sector, including the view that governments need to recognise and understand the work done in the NGO sector and the type of financial support they require. Recognition of the NGO sector is not well developed in rural and regional Australia. The need for more equitable partnerships with government services and the development of relevant policy and procedure protocols were highlighted as areas for assistance.
- The lack of housing options for people wishing to undertake residential treatment can undermine the efforts of the sector. For instance, residential treatment often requires the part-payment of social security benefits to the service provider. However, because of the shortage of housing in some regions, people are reluctant to give up their housing and are usually unable to afford rent for two places at the same time. The result is that many forgo residential treatment to maintain their housing.

Conclusions

- It is important to recognise that rural and regional areas require their own strategies. It is not feasible to simply apply urban-based strategies to the rural and regional setting.
- The role of local government in ensuring the success of local drug action teams and effectively dealing with local issues was highlighted.
- Rural and regional workers were unified in their anxiety regarding the broader context of social policy as it relates to their Localities. Infrastructure and other support within rural and regional communities are diminishing and the general air of negativity in relation to community development potential, in the current environment, is indeed worrying.

'INNOVATION IS REQUIRED, AND OFTEN IN RURAL AND REGIONAL AREAS CREATIVITY AND COOPERATION ARE DEMONSTRATED IN SERVICE DELIVERY... THESE APPROACHES PROVIDE A SIGNIFICANT ADVANTAGE FOR RURAL COMMUNITIES OVER THEIR URBAN COUNTERPARTS ... IN THESE CASES, RURAL/REGIONAL SERVICE PROVISION COULD EVEN SERVE AS A MODEL FOR URBAN SETTINGS.'

Communities are experiencing significant 'rural/urban drift' of their young people, with few returning after seeking further education and other opportunities, to provide the rural and regional community Leadership of the future. of those young people who do stay in their communities, alcohol use is reasonably heavy, as there is a seemingly entrenched drinking culture in some communities.

There is a realisation of the economic constraints that preclude a full suite of drug and alcohol services being provided in every Australian community. Innovation is required, and often in rural and regional areas creativity and co-operation are demonstrated in service delivery. If supported, these approaches provide a significant advantage for rural communities over their urban counterparts. It was stated that, in these cases, rural/regional service provision could even serve as a model for urban settings.

National campaigns, particularly through mass media, tend to be dismissed as urban issues and are seen to be too fleeting in duration. Local issues basically need focal campaigns.

Recommendations

1. The development of a rural and regional drug and alcohol strategy that encourages innovation and participation of rural and regional communities.
2. Greater encouragement to become involved in drug and alcohol issues.
3. Rural and regionally focused organisations, such as the Rural Health Alliance, Rural Centre for Addictive Behaviours and other such organisations, should be encouraged to further promote and advocate AOD issues on behalf of rural and regional communities.
4. Lack of transportation and housing are two specific areas that, the AOD sector feels, are compromising the effectiveness of their efforts, and the provision of incentives for capital investment in rural and regional areas would begin to address these issues.
5. The media - in particular, print and radio need to be made aware of the effect that sensationalist and (in some cases) erroneous reporting of drug issues has on both the perceptions of the general public towards people with a drug and/or alcohol problem, and the success of policy approaches to address substance misuse within the community and the associated public health effects of AOD use. This issue is particularly important in relation to potential 'demonisation of youth', leading to negative community perceptions, further fuelled by inaccurate or emotive reporting of some drug issues.
6. Media campaigns need to involve and be supported by the local community (organisations, businesses, etc) and offer practical/tangible activities or other means by which to bring the community together.
7. Greater promotion of the AOD sector as a rewarding profession is necessary in order to attract university graduates and others into the field. More needs to be done to recognise the role of these professionals in repairing some of the damage caused by other sections of our society. Possibly, the introduction of incentives for people to work in rural and regional areas (such as the schemes that operate for GPs) could be adopted.
8. GPs should be encouraged, both within the university system as undergraduates and after their induction into the profession, to consider AOD health problems with the same care and thoroughness as other health issues (such as diabetes, etc). Professional training of GPs should include a range of initial interventions and a thorough grounding in the public health benefits of pharmacotherapy treatment options (such as methadone, buprenorphine, etc), as well as the wide range of other treatments available.
9. Generic health workers in areas where there is no dedicated AOD service should be provided with specific training in order to cater for AOD issues. This type of approach could also serve to provide continuity of care for clients who need to travel to access treatment in another location and who then return to their community. There is also a need to ensure the quality of service provision, and initiatives such as a system of clinical supervision of health and/or AOD workers could be implemented to protect both the worker and clients. Technology could provide cost-effective means by which to implement such schemes.

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10. To achieve outcomes similar to their urban counterparts, rural and regionally based services require more funds and greater resources. These services bear increased costs associated with service delivery, including increased travel costs (e.g. time, fuel, vehicle depreciation due to poor roads, etc), reduced infrastructure support (e.g. telecommunication and information technology [imitations) and extra demands upon services and staff. Changes to the Fringe Benefits Tax have had a significant impact on the resources and attractiveness of rural and regional drug and alcohol services, and the positions within them.
11. Cannabis use, and its related health and other effects, is a matter that urgently requires clarification for the community. Clear and, where possible, unambiguous messages about the effects of cannabis on health, on driving, etc are required to rectify some of the current confusion.
12. Strategies that accurately convey information about the actual level of Indigenous and non Indigenous alcohol consumption, as well as the proportionate levels of harm it creates, are required. Also, a greater understanding within rural and regional communities of the social and cultural factors contributing to hazardous drinking behaviours is warranted.
13. Within Indigenous communities reporting significant alcohol abuse and endemic sniffing problems, innovative approaches developed and implemented by the local community are viewed as the most appropriate way to address the problem. As such, these approaches need to be supported.
14. Alcohol advertising - whether it be through sponsorships of sporting teams, print or other media - requires further attention to attempt to Limit its significant damaging impact on rural and regional communities. This includes the tightening of advertising rules that relate to television and cinema advertising, such as the introduction of a Limitation of alcohol advertising to movies and shows with similar age restrictions upon them (that is, to be shown only during R-rated movies).
15. The rural and regional AOD sector would like to see a 'social coalition' work towards a change of attitude towards alcohol. This translates into a desire for rural and regionally based businesses and corporations to sponsor and publicly support alcohol-free events, healthy community-building activities, and other activities (particularly for youth) to encourage more people to drink Less.
16. Co-morbidity is generally poorly understood and managed. Efforts that aim to support and increase the understanding and skills of workers (both in mental health and AOD services) are required.

Further information on these issues, or specific reports from each of the forums conducted by the Australian National Council on Drugs, can be obtained by visiting the ANCD's web site at: <http://www.ancd.org.au/news/ruralforums/> or by contacting the Secretariat on 02 6260 5791.

*Australian National Council on Drugs
September 2001*