

# Amity

Community Services Inc



Submission to the Select Committee on a Northern Territory Harm Reduction Strategy  
Addictive Behaviours

September 2018

## *Preamble*

Amity Community Services Inc. (Amity) is a non-government, non-denominational, not-for-profit agency that has been providing harm reduction strategies, primarily in the form of prevention and intervention services - counselling, information, education and training - to the Darwin and broader Northern Territory community in relation to behaviours of habit since 1976. Amity believes in helping people help themselves. Amity supports the view that health is more than the absence of disease, and sees health as a complete state of physical, mental, emotional and spiritual well-being.

Amity accords with the World Health Organisation description of health as a resource for life and a product of lifestyles and living conditions. At Amity it is recognised that lifestyles contain different patterns of human behaviour encompassing both benefits and costs to the individual, family and the community. Amity aspires to be a leading community based organisation that values and actively promotes the adoption of healthier habits and lifestyles. Amity has been involved in the field of harm minimisation and community education and development for over four decades.

Amity's core knowledge is in human behaviour and habits and we espouse a public health view to alcohol, drugs and gambling in the Northern Territory. Public health is the science and art of prevention and of promoting health through the organised efforts and informed choices of society, public and private organisations, communities and individuals.

Amity understands addictive behaviour as a stimulus related behaviour (e.g. gambling, drug use, sex, eating, etc.) that is both rewarding and reinforcing and that over time becomes a relationship with costs and benefits. Amity views addiction as a complex interplay of biological, psychological and sociological factors. We hold expert knowledge across a range of behaviours however our core business focuses on drug, alcohol and gambling.

Amity acknowledges the harmful effects that addictive behaviours can have on people, their families, friends and the broader community. Amity has worked in this specialised area for over forty years and we advocate for an evidence-informed harm reduction approach built solidly upon all three pillars of harm minimisation – demand, harm and supply reduction. Each pillar is equally important to the success of the strategy. Prevention is an integral component across all three pillars.

While we believe there is a need to have effective policy across addictive behaviours the focus of this submission will be alcohol, other drugs and gambling. We believe the discussion about drug policy remains unproductive and history show us that we are failing with drug policy. People continue to seek out and use psychoactive substances to change the way they think, feel and behave. In many parts of the world health-centred drug policies are being implemented that are demonstrating effectiveness at reducing harm and improving public safety and health.

**At Amity we believe the primary measure of effectiveness of drug, alcohol and gambling policy should be the reduction of related harm for people, their families and our community.**

### *Gambling – Card playing*

Amity acknowledges that gambling is growing public health concern and sees the Northern Territory as having an opportunity to lead the way with evidence-informed gambling policy focused on harm reduction and with family at its core.

Amity views gambling behaviour as a habit that has both costs and benefits for people, families, communities. The existence of gambling and related problems arise from a complex interaction between:

- **Gambling activity** - such as type; degree of skill vs. chance; speed, intensity and duration; cost; availability and accessibility.
- **People and families** - factors within individuals and families that increase or decrease the desire to gamble.
- **Structural, political and social determinants** - factors and invested interests within society and economic systems that encourage or discourage gambling.

A comprehensive public health approach is necessary when working to reduce harms from gambling for families and people. A public health approach to gambling considers the impact of gambling on the entire community along with harms experienced by families and ‘gamblers’ not only ‘problem gamblers’. Public health focuses on prevention rather than treatment alone. The nature of problem gambling is complex and it is important to realise there is no single conceptual theoretical model of gambling that can account for the multiple biological, psychological and ecological influences that contribute to the development and maintenance of problem gambling.

Treatment sits on the tertiary part of the spectrum of the public health approach to gambling. Like treatment for other addictive behaviours such as drug and alcohol, treatment is a continuum from information & education to brief interventions and counselling to residential rehabilitation (including withdrawal). Treatment is one option of the public health spectrum.

Community education and development is a skilled process referring to a diverse range of projects to promote learning and social development with people and groups in their communities using a range of formal and informal methods. Community education is critical in raising broader community awareness of the risks and signs associated with problem gambling, so that people can recognise when gambling is causing them, or others in their life, harm. Community development is a structured intervention that enables communities to have greater control over the conditions that affect their lives. A common defining feature is that projects and activities are developed in dialogue with people, families and communities.

The Northern Territory Government, through the Community Benefit Fund, has a large investment in a gambling research and treatment pilot project contracted to Australian National University, Menzies and Amity Community Services Inc. – The NT Gambling Project. This pilot project employs the Ottawa Charter for Health Promotion and is underpinned by harm reduction. When considering best practice, cultural sensitivity and safety and evidence-informed approaches that may be effective in the context of the Northern Territory and urban, regional and remote communities for behaviours of habit – this pilot project is likely to deliver Territory knowledge, evidence and experience.

### *How we understand the Harm Minimisation Approach*

The approach is built on the three pillars of harm minimisation - demand, harm and supply reduction. Each pillar is equally important to the success of the strategy. Prevention is an integral component across all three pillars. The National Drug Strategy provides this framework for action to work to minimise harms for individuals, families and the wider community from tobacco, alcohol and other drugs. Harm minimisation acknowledges that people will engage in substance use regardless of the legality status and the aim is to work to reduce harms.

Demand reduction means working to reduce people's desire to engage in substance use. Demand reduction strategies could be diversionary activities, structured sports, arts or cultural activities or community participation in volunteering or such. Demand reduction strategies and actions are those that aim to prevent the uptake and/or delay the onset of use, first and foremost. This means for example, exploring the intended and unintended consequences of gambling advertising across sports and what normalising this type of activity is doing for young people and their desire to engage in gambling. Demand reduction is about ensuring there are structures and supported ways for people to engage in healthier activities and lives free from the ongoing exposure to legal harmful addictive products such as gambling, tobacco and alcohol.

Demand reduction is also about reducing the potential for problematic use and/or dependence of substances and supporting people to change habits around substance use. This can be in the form of public health campaigns and the treatment continuum (self-help, brief intervention, therapy, residential rehabilitation).

Harm reduction includes practical strategies and interventions aimed at reducing negative consequences associated with the use of gambling products, alcohol or other drugs. Harm reduction is a diverse range of services that are designed to work with people to identify and implement strategies to reduce negative consequences experienced from their use of alcohol or drugs or gambling products.

Australia was once a world leader in harm reduction and we are well known for our trailblazing work with needle and syringe programs. Pill testing's aim of reducing harm for people, their families and our community. Pill testing is about providing people with reliable information to make informed choices and this strategy is showing strong evidence in its effectiveness to reduce harm. Medically supervised injecting rooms are another harm reduction strategy with well-documented evidence that shows they work to reduce harms for people who choose to inject drugs and also for the broader community.

**Amity supports harm reduction strategies that hold at their heart the aim of reducing harm for people, their families and our community.**

Supply reduction means strategies and actions that focus on controlling supply. This pillar works to prevent, stop, disrupt or otherwise reduce the production and supply of those products and/or substances. Supply reduction is usually in the form of policy and policing.

Associate Professor Nicole Lee at the National Centre for Education and Training on Addiction at Flinders University (2015) stated “We know that for every dollar spent on drug treatment we save A\$7 to the community, compared with A\$2 for stronger policing. We need to ensure that treatment is a significant part of the solution to the problems created ...”.

As a treatment agency we see people experiencing a diverse range of relationship, family, social, health, legal, employment and financial harms as the result of their behaviours of habits. We understand many of the intended and unintended consequences of policy in action in this area. From our perspective there are many people with expert knowledge in this arena of drug and alcohol policy research and evidence. Two key resources are:

- *Drug policy and the public good – Babor et al., 2010*  
“Drug use represents a significant burden to public health, through disease, disability and social problems, and policy makers are becoming increasingly interested in how to develop evidence-based drug policy. It is therefore crucial to strengthen the links between addiction science and drug policy.”
- *Alcohol no ordinary commodity – Barbor et al., 2010*

**ABSTRACT**

*Alcohol: No Ordinary Commodity - Research and Public Policy Second Edition is a collaborative effort by an international group of addiction scientists to improve the linkages between addiction science and alcohol policy. It presents the accumulated scientific knowledge on alcohol research that has a direct relevance to the development of alcohol policy on local, national, and international levels. It provides an objective analytical basis on which to build relevant policies globally, and informs policy makers who have direct responsibility for public health and social welfare. By locating alcohol policy primarily within the realm of public health, this book draws attention to the growing tendency for governments, both national and local, to consider alcohol misuse as a major determinant of ill health, and to organize societal responses accordingly. The scope of the book is comprehensive and international.*

More broadly we are aware of a few papers that explore options for drug policy based in evidence. Numerous papers demonstrate that responses relying mainly upon supply reduction and have not achieved the much hoped for results. For example:

- Groves and Marmo (2009) “Australian policy responses have relied too heavily on a punitive approach.” (p. 414). “However, although these initiatives may aim to reduce supply of methamphetamine, they do not reduce demand ...” (p. 414).
- Australia 21 – report: Alternatives to Prohibition. Illicit Drugs: How we can stop killing and criminalizing young Australians (Mr Mick Palmer past NT and Federal Police Commissioner is Deputy Chair of Australia 21). “Attempts to control drug use through the criminal justice system have clearly failed. They have also caused the needless and damaging criminalisation of too many young people, often with adverse life-changing consequences, including premature death from overdose.”
- Global Commission on Drug Policy – Taking control: Pathways to drug policies that work. “We are driven by a sense of urgency. There is a widespread acknowledgment that the current

*system is not working, but also recognition that change is both necessary and achievable. We are convinced that the 2016 United Nations General Assembly Special Session (UNGASS) is an historic opportunity to discuss the shortcomings of the drug control regime, identify workable alternatives and align the debate with ongoing debates on the post-2015 development agenda and human rights." Fernando Henrique Cardoso Former President of Brazil (1994-2002).*

Amity supports, in principle, models of effective drug policy out of the Netherlands, Portugal and Colorado to name some of the key models and jurisdictions that we could learn from.

**Amity recommends and supports the use of evidence in policy formation and the Territory's overarching framework of Harm Reduction for Addictive Behaviours.**

Addictive Behaviours is best addressed through the development of an overarching plan. A plan would be useful to identify strategies, allocate resources, defined timelines for implementation as well as the requirement for a review and evaluation of the plan and strategies.

*Police, criminal justice and diversion*

Where people come into contact with the criminal justice system an important policy intervention is the diversion of these people to a broad range of programs and services with different levels of interventions and access.

Previously the Territory has had court diversion programs, most recently, from 2011, the Substance misuse assessment and referral for treatment court (SMART court). This specialist court was able to hear criminal matters in the Magistrate or Youth Justice Court in the Northern Territory where offenders had committed an offence and a history of serious alcohol and/or other drug use. The Smart court was able to issue bans on the consumption of alcohol and other drugs and mandate treatment orders. Essentially the court, monitored by qualified court clinicians, becomes the case manager for people in diversionary courts. This specialist court is no longer operating and no evaluation of the program is in the public domain.

Prior to the SMART court the Territory had an alcohol and illicit drug, CREDIT NT, specialist court. The CREDIT NT specialist court was a court diversion program targeting individuals whose offences were drug related. Treatment type is determined on the identified needs of the client as assessed by qualified court clinicians. Court clinicians become the case manager of the person in the diversion program.

Drug courts around the world have been evaluated and despite differences in the drug court structures, jurisdictional compositions, methods employed in evaluation these courts have been found to be "more successful than other forms of community supervision" (p. 12) and to generally reduce recidivism while offenders are in the program (National Centre on Addiction and Substance Abuse, 1998)

In a report on drug courts in Texas, Martinez and Eisenberg discussed the goals of drug courts are to provide court-supervised treatment to reduce drug usage, arrests and recidivism and to lower costs in the criminal justice system. In general research has found "lower recidivism rates for drug court participants" (p. 8) and savings in criminal justice costs. Levin (2006) suggested in his review of drug

courts being the 'right prescription for Texas' that instead of isolating people in prison, drug courts force people to confront their addiction and repair the damage they have done to themselves, their families and their community. He further stated "drug courts are not soft on crime" (p. 3) and they are "the right prescription for Texas" (p. 3).

The National Drug and Alcohol Research Centre (2008) suggest that best practice principles of diversion need to include a broad range of diversion programs with different levels of interventions and access for all offenders.

Mitchell (2012) suggested that there were better and cheaper ways of reducing drug-related offending other than prison. In the research of drug courts' effect on criminal offending for adults and juveniles it was found that court programs that work to reduce drug related offending through rehabilitation with supervised drug treatment programs and support services have been shown to be cost effective ways of reducing re-offending. An independent evaluation of the NSW Drug Court Completion Program found participants to be 37% less likely to be reconvicted during the follow-up period.

Amity supports the reinvestment into a specialist alcohol and other drug court for the Territory. As the NT is a small jurisdiction, we could take this opportunity to learn from others and adopt measures that would be transferrable to the NT.

**Broadly Amity supports investment into evidence-informed specialist diversionary programs through police and the courts.**

*Public health campaigns and health promotion*

Public health interventions are heavily reliant on educational strategies to raise awareness. Equally, public health campaigns that implement non judgmental, behaviour based messaging to trigger help seeking behaviour have evidenced as core components of broader harm minimisation strategies that utilise various forms of media, social activities and other strategies. Additionally engaging with personal feelings and experiences rather than just presenting information (facts) has been shown to be useful for message retention.

Social marketing is a newer area of study and practice. First coined in 1971 by Kotler and Zaltman the term social marketing means the design, implementation and control of programs planned to influence the acceptability of social ideas. Kotler, Lee and Rothchild in their research in suggest that social marketing is a process that applies marketing principles and techniques to create, communicate and deliver value in order to influence target audience behaviours that benefit society as well as the individuals. Further research conducted by Carter, Cribbe and Allengrante in their work on ethics in public health suggested that social marketing is a powerful tool in the health promotion kit.

There is value in providing evidence-informed, high quality well targeted social marketing campaigns. Research in health promotions has suggested that campaigns are more likely to be effective when they are: well-resourced and enduring; target a clearly defined audience; are based on advanced marketing strategies that effectively target and communicate with, and have relevance

for, and credibility with, the audience; and provide a credible message to which the audience is frequently exposed.

**Amity supports the inclusion of public health campaigns as a strategy for the Territory's harm minimisation plan and encourages consideration of an ethical framework for health promotion.**

*Information, education and support for concerned others, families and communities*

Amity supports a plan for a coordinated approach across the continuum of treatment options, services and facilities for individuals, family and friends. And urges the thoughtful consideration of humanitarian evidence-informed care, underpinned by the philosophy of harm reduction.

Also a workforce development plan for a diverse range of specialised professionals & services along with frontline workers that may be responding to problems created from these behaviours within our community e.g. Police, Paramedics, Emergency Department staff and the Territory's drug and alcohol workforce. In addition to frontline workers' development, the provision of information and education to the broader health, legal and social sector (e.g. housing tenancy support workers, legal aid, domestic violence workers) is required. Also ensuring appropriate resource allocation for infrastructure for the provision of safe work environments.

## **Recommendations**

**At Amity we believe the primary measure of effectiveness of drug, alcohol and gambling policy should be the reduction of related harm for people, their families and our community.**

- Amity supports harm reduction strategies with the aim of reducing harm for people, their families and our community. This includes support for harm reductions measures such as needle and syringe programs, pill testing and safe injecting centres as a matter of priority. Overdose from drug use is preventable.
- Amity supports, in principle, models of effective drug policy out of the Netherlands, Portugal and Colorado to name some of the key models and jurisdictions where harm reduction is a key to effective drug policy.
- Amity recommends and supports the use of evidence in policy formation and the Territory's overarching framework of Harm Reduction for Addictive Behaviours.
- Broadly, Amity supports investment into evidence-informed specialist diversionary programs through police and the courts.
- Amity supports the inclusion of public health campaigns as a strategy for the Territory's harm minimisation plan and encourages consideration of an ethical framework for health promotion.
- Amity supports a plan for a coordinated approach across the continuum of treatment options, services and facilities for individuals, family and friends. And urges the thoughtful consideration of humanitarian evidence-informed care, underpinned by the philosophy of harm reduction and with inclusion at its core.

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