

Commonwealth to mount ambitious programs focusing on these early years, with support from the health, education, community and justice sectors. In Victoria, the Department of Human Services will lead a major initiative, Best Start, commencing 2001–02. This initiative will require the support and participation of a wide range of organisations, professional groups and the wider community.

As we begin to focus on early childhood more as a new area for public health investment, an opportunity exists to develop new measures of progress, in terms of both process and outcome. Tracking the progress and achievements of our strengthened child health strategies will be an important task for the next

decade. Future issues of *Health of Victorians* will chart the challenges, responses and lessons learned.

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*Professor John Catford DM, FRCP, FAFPHM is the Chief Health Officer and Director, Public Health, Department of Human Services. He holds a number of State and National appointments including Board Member of the ANZFA, National Public Health Partnership and NHMRC.*

Contact: Tel. 03 9637 4200, Fax. 03 9637 4250, Email: [john.catford@dhs.vic.gov.au](mailto:john.catford@dhs.vic.gov.au)

## ANNOTATION

# Harmful Drug Use in Victoria: It Is Our Problem

Rob Moodie

## Levels of drug use and the impact on Victoria

Drug use in Victoria is increasing. The use of cannabis, hallucinogens, amphetamines, ecstasy, cocaine, heroin, and hazardous drinking has been on the rise since 1991. Reported cannabis use (in the previous 12 months) rose from 10 per cent in 1991 to 18.4 per cent in 1998. Similarly, heroin use rose from 0.3 per cent in 1991 to 1 per cent in 1998.<sup>1</sup>

The only exception to this rule is tobacco. Consumption and prevalence levels declined over the 1990s, with levels of 23 per cent and 18 per cent among men and women at the end of 1999<sup>2</sup> compared with 28 per cent and 24 per cent in 1992.<sup>3</sup> Despite this improvement smoking still remains the major preventable killer in Victoria and Australia.

But it has been the impacts of illicit drug use that have sparked successive waves of community concern. In Victoria deaths from overdose rose from 50 in 1991 to 359 in 1999. A heroin drought has led to a decrease of deaths from 126 during the first four months of 2000 to 17 in the same period in 2001.

During the past decade we also witnessed a rapid rise in the number of non-fatal overdoses, a decline in the age of initiation in heroin use, and the emergence of visible street markets associated with crime, street sex work, overdoses, and public nuisance.<sup>4</sup> Drug-related crimes are on the rise, despite the overall fall in the crime rate, and account for over 60 per cent of crimes against property.<sup>4</sup> Magistrates estimate that 80–90 per cent of the criminal cases appearing before them are related to illicit drugs.<sup>5</sup>

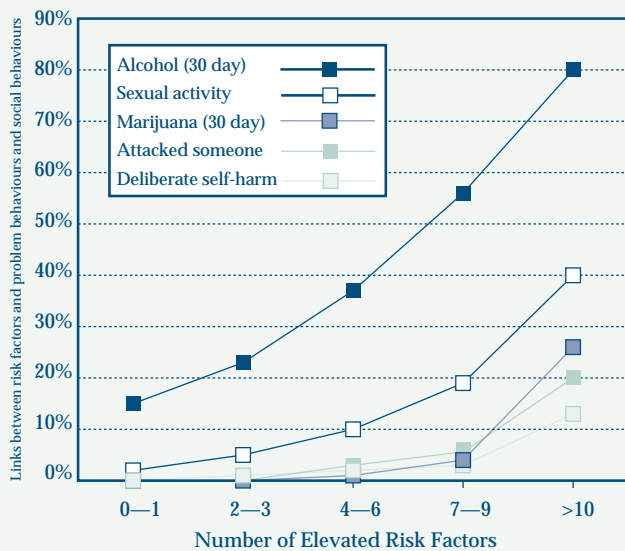
And what does the future hold for us? The Victorian Burden of Disease Study predicts that illicit drug use by 2016 will be the third largest cause of years of life lost among men.<sup>6</sup>

## What determines harmful drug use?

The availability of a drug—its cost, its purity and the accessibility and regularity of its supply—is one of the important determinants of its use. The more we have been able to regulate the availability of tobacco, for example, the more successful we have been in decreasing its use, despite it being legal. On the other hand we have virtually no control of the illicit drug market; price, purity, accessibility and regularity of supply are all deter-

### >Harmful Drug Use in Victoria, continued from page 3

Figure 1: How Risk Factors Are Linked with Problem Behaviours and Social Behaviours



Source: Department of Human Services. Improving lives of young Victorians in our community—summary report. Melbourne: 2000, p.7.

mined by unknown forces, many outside Australia, who participate in a hugely profitable global trade with an estimated annual turnover of US\$400 billion.<sup>7</sup>

Risk factors that determine the demand for drug use are manifold. They include poverty, low attachment to one's community and community disorganisation, detachment from one's school or workplace, parental alcohol and drug use, family conflict, inconsistent parenting, marital instability, and friends engaging in problem behaviours. As Figure 1 shows, the more of these risk factors that are present, the more individuals and communities are likely to use drugs such as marijuana, alcohol harmfully.

Factors that protect against drug use include: a culture of cooperation and tolerance among individuals and between institutions and diverse groups in society; a sense of belonging to family, to school, to one's workplace and to one's community; good relationships within and outside the family; positive achievements; and stability and security.<sup>8</sup>

The risk and protective factors are not easily addressed. They relate to the bigger picture about what level of investment we are prepared to make our social, educational and economic infrastructure. They fundamentally relate to what sort of society we want to be.

### What can we learn from other approaches? what is being done in Victoria?

The overarching strategies recommended by the Drug Policy Expert Committee and being implemented by the Victorian Government are prevention, criminal justice and law enforcement, user treatment and support, and reduction of drug-related harm. These are supported by workforce development and ongoing research and evaluation.

We have rightly become concerned about the death and

injury resulting from illicit drugs, but we also need to remember and draw from the lessons of our major public health successes. In the early 1950s, 75 per cent of Victorians smoked; now, less than 22 per cent smoke. In 1971, over 1000 Victorians died from road trauma and 10 times that number suffered serious physical injury; 30 years later, 600 fewer people die on our roads and 6000 fewer people suffer serious injury. We achieved these outcomes by agreeing on a collective strategy, by aligning our collective skills and capacities from different sections of our community.<sup>9</sup>

What we can also learn from successful approaches overseas is that different parts of the program can and have to work together. So, it is not policing or services for drug users. It is not abstinence-based education or education about avoiding harm from drugs. It is not drug-free treatment *against* methadone or heroin prescription. It is not even voluntary treatment *against* compulsory treatments.

From recent experience in Switzerland, Germany, Holland and Sweden it is clear that policing works better when there are easily accessible street-based services for drug users and when policy have somewhere to send users. It also appears the services for drug users work better when there is a good relationship with police and when users are free from the threat of dealers.

The Dutch experience reinforces the need for different approaches to work synergistically. The Netherlands is often demonised as the drug users' paradise because it has cannabis cafes. Yet, with a national population of 16 million it has approximately one third of the heroin users than Australia. Over 80 per cent of these smoke rather than inject heroin, and the average age of users is steadily rising as the number of young users decreases. The overdose rates in the Netherlands are less than one tenth of Australia's. The country's cannabis rates are even significantly lower than those in the United Kingdom.<sup>10</sup>

The Dutch have 70 per cent of their heroin users under treatment, with the majority on voluntary drug substitution programs. One quarter of those in treatment are in voluntary abstinence-oriented treatment or compulsory drug free prison programs or prison therapeutic community programs. At the same time others who are in opiate substitution programs such as methadone are there by order. The Netherlands is also conducting a trial of heroin substitution.

### What will determine the success of our programs in Victoria?

The success of the current program in Victoria will depend on the intensity and breadth of the interventions, on how well the different parts of the system can work together, and on how rigorously we evaluate every step of the process. A search for quality has to dominate our thinking. Success will also depend on how well we invest in the people working within the system—the youth and welfare workers, the alcohol and drug workers, the social workers, nurses, police, court officials and doctors.

## And what will we need to add to our current program?

As part of local drug strategies we have to expand street level health and support services for users, including primary health care services, treatment and referral, needle and syringe exchange, housing and employment support, as well as short-term accommodation.

We will need to complement the upcoming State drugs awareness campaign with a 10-year illicit drug communication strategy to ensure a long-term, consistent and coordinated approach.

Despite a level of concern from some quarters we will have to continue to consider the role of supervised injecting facilities and the role of expanding treatment opportunities, such as heroin substitution. Given the evidence of the effectiveness of the Swiss 'heroin trial' in greatly reducing harm to users and to the community (in terms of reduced crime and less public nuisance), it becomes unethical *not* to trial this approach in Australia.

We need to establish greater common ground to minimise the destructive effects of division and disagreement, as exemplified during the debate on a trial of supervised injecting rooms. We strongly agree on the need to decrease the numbers of young (and not so young) people who are injecting drugs or using other drugs harmfully. To do this we need to increase protective factors and minimise the risk factors mentioned earlier.

And if we can do this, then we will also be reducing the same risk factors and increasing the same protective factors of a whole range of issues such as alcohol abuse, smoking, depression, crime, early drop-out from school, suicide, road crashes, HIV infection, and so on. The more we can collectively focus all of our community's efforts on these risk and protective factors, the more successful we will be.

And for this we need an increasingly inclusive, tolerant and productive society—one in which we increasingly talk with each other, not at each other. Together we can do better.

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**Professor Rob Moodie** MBBS, MPH, F(FPHM)RACP is the CEO of VicHealth, Chair of Ministerial Council on AIDS, Hepatitis and Related Diseases. He is also a member of the Premiers Drug Prevention Council.

Contact: Tel. 03 9667 1302, Fax 03 9667 1375 (for Professor Moodie at the Victorian Health Promotion Foundation)

## LEADING ARTICLES

# New Pharmacotherapies: Improving Treatment Choices for Heroin Users in Victoria

Alison Ritter

### Abstract

*A three-year program of research examining new options for the treatment of heroin dependence focused on the practical application of research for Victoria. Australia has lagged behind other countries in establishing new pharmacotherapy treatments. LAAM, buprenorphine, naltrexone and slow-release oral mor-*

*phine provide possibilities for improving the treatment service system by increasing the choice available to clients. A comprehensive feasibility analysis determined the research questions and trial designs for 14 studies of these new treatments. A summary of the studies is provided here, along with a selection of the results. Importantly, the program of research has demonstrated the ability to conduct sci-*

*entific work while maintaining a focus on the practical implications and contributing to direct enhancement of the treatment service system. Buprenorphine is now registered in Australia and the results of the research program directly contributed to Victorian and national clinical guidelines and training programs for buprenorphine.*