Special Commission of Inquiry into the Drug 'Ice'

NCOSS Submission

May 2019

ncoss
NSW Council of Social Service

About NCOSS

The NSW Council of Social Service (NCOSS) works with and for people experiencing poverty and disadvantage to see positive change in our communities.

When rates of poverty and inequality are low, everyone in NSW benefits. With 80 years of knowledge and experience informing our vision, NCOSS is uniquely placed to bring together civil society to work with government and business to ensure communities in NSW are strong for everyone.

As the peak body for health and community services in NSW we support the sector to deliver innovative services that grow and evolve as needs and circumstances evolve.

Published May 2019.

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Introduction

Thank you for this opportunity to contribute to the Special Commission of Inquiry into the Drug 'Ice' (the Inquiry).

Over the last few years NCOSS has undertaken grassroots consultation in over 24 communities across metropolitan and regional NSW and regularly convened a range of expert advisory groups – including the Forum of Non-Government Agencies, Regional Forum, Health Equity Alliance and Children, Young People and Families Alliance.

This submission is therefore informed by the expertise and experiences of our members, expert advisory groups, the broader social services sector and their clients. NCOSS also endorses the specific points and recommendations put forward by our member the Network of Alcohol and other Drug Agencies (NADA) in their submission to this Inquiry, and previous recommendations made to the 2017 Parliament inquiry into the provision of drug rehabilitation services in regional, rural and remote New South Wales by NCOSS, NADA and Mission Australia.

Finally, NCOSS would like to draw the Inquiry's attention to our recent submission to the Productivity Commission Inquiry into Mental Health. Given the close links between substance use and mental health conditions and symptoms, any response to ice and other illicit amphetamine type stimulants (ATS) must include measures to support mental health.

Substance use, poverty and disadvantage

NCOSS represents a sector that sees all too often the nexus between substance use, poverty and disadvantage, and entire cohorts of the population missing out on support and treatment because of factors beyond their control; such as what they can afford or where they live.

Research shows that people experiencing poverty and disadvantage have poorer health and are more likely to use tobacco, drink alcohol in a high-risk manner and use illicit drugs.[1] They have less access to resources, supports and vital services, and often live with a heightened level of psychological distress due to their circumstances which can lead to substance use as a means of coping.[2] *Guardian* journalist Maia Szalavitz summed up the issue when she wrote, 'If we want to fight addiction, we've got to look at what drives people to despair. And to do that, we can't ignore inequality.'[3]

It is important to stress that disadvantage is not a prerequisite for substance use, but it is a strong risk factor that makes access to support for rehabilitation and recovery all the more difficult. People experiencing drug dependence are more likely to be unemployed and experience marginalisation

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[1] Hetherington, K. & Spooner, C. 2004, *Social Determinants of Drug Use*, Technical Report Number 228, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

[2] Sinha, R. 2008, 'Chronic Stress, Drug Use, and Vulnerability to Addiction', *Annals of the New York Academy of The Sciences*, October, vol.1141, pp.105-130.

[3] Szalavitz, M. 2016, 'Addictions are harder to kick when you're poor. Here's why', The Guardian, 1 June, para.16, available at: https://www.theguardian.com/commentisfree/2016/jun/01/drug-addiction-income-inequality-impacts-recovery

and stigmatisation, both of which can exacerbate their situation and pose a significant barrier to accessing treatment and support.[4]

In this context, it will be important for this Inquiry to revisit recommendations made to the 2015 National Ice Taskforce, which identified the need to consider the broader social determinants that contribute to substance use.[5]

People can and do experience multiple and intersecting forms of disadvantage that go beyond poverty. Responses to substance use must therefore look at the drivers of disadvantage, be comprehensive and culturally appropriate, and incorporate holistic approaches such as wraparound supports for intersecting needs.

Support for intersecting mental health needs

Mental ill-health can be both a cause and consequence of substance use. People who use methamphetamine, particularly those experiencing dependence on the drug, often have pre-existing mental health conditions, including major depression, anxiety and conditions associated with psychotic symptoms, such as bipolar disorder and schizophrenia. Heavy methamphetamine use can further exacerbate or precipitate symptoms in people who are vulnerable to these mental health conditions.[6]

Between 2013 and 2016, the proportion of people reporting mental illness who used methamphetamine in the previous 12 months increased from 29% to 42%.[7] Further, the most common main treatment type for episodes with amphetamines as the principal drug of concern was counselling (38%), followed by assessment only (22%), and withdrawal management (11%).

Further to the clear case to address the complex mental health needs of people experiencing drug dependency, research suggests that strategies to address social inclusion and support individual and community resilience could be protective against issues of substance use in the community.[8] A key part of this is supporting services that build social capital and a human services system that is responsive to a range of mental health needs.

The mental health system continues to lack direct pathways to community services that combine psychosocial, peer and clinical support as well as information, resources and referral to more acute services if required. Where these services do exist, the pathway to access them is complex, inefficient and convoluted, meaning many people often go untreated until they have reached crisis. More than 250,000 Australians visit the emergency department each year seeking help for acute

[4] Hetherington, K. & Spooner, C. 2004, *Social Determinants of Drug Use*, Technical Report Number 228, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
[5] Department of Premier & Cabinet 2015, *Final Report of the National Ice Taskforce*, Commonwealth of Australia, Canberra.
[6] Farrell, M. & McKetin, R. 2015, 'Ice epidemic or not, heavier use and higher purity is increasing harms', National Drug & Alcohol Research Centre, available at: https://ndarc.med.unsw.edu.au/blog/ice-epidemic-or-not-heavier-use-and-higher-purity-increasing-harms
[7] Australian Institute of Health & Welfare 2018, *Alcohol, tobacco & other drugs in Australia*, available at: https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/meth/amphetamine-and-other-stimulants
[8] Hetherington, K. & Spooner, C. 2004, *Social Determinants of Drug Use*, Technical Report Number 228, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

mental and behavioural conditions,[9] placing an immense burden on the hospital system. This is not an optimal treatment and support environment – it is an expensive and ineffective last resort.

NCOSS's submission to the Productivity Commission Inquiry into Mental Health sets out a number of recommendations urging governments to focus efforts on the 'missing middle' of services[10] to keep people well in the community for longer and out of crisis, particularly through access to non-stigmatising, soft entry points to mental health support, and affordable and accessible community-based services. In both mental health and substance use, people must also be supported to transition in and out of acute care where it is needed and have access to peer support to feel more empowered and resilient.

Challenges facing regional communities

Just as low levels of education, low socio-economic status, unemployment and isolation are all contributing factors to higher substance use, the higher concentration of these factors in regional and rural communities contributes to higher substance use than in urban areas.

A 2016 study by the National Centre for Education and Training on Addiction found that both lifetime and recent (use in the last 12 months) use of methamphetamine were significantly higher among rural Australians compared to those living in cities, as was the recent use of crystal methamphetamines.[11]

During NCOSS regional consultations,[12,13] we consistently heard that substance use was a significant concern for communities and local services. In particular, access to drug rehabilitation services is a critical issue, with inadequate funding in the alcohol and other drugs (AOD) service sector resulting in a major shortage of treatment places and people experiencing poverty and geographical disadvantage finding it hard to access and maintain the treatment and support they need.

For example, NCOSS heard that in the Hunter New England area, there are insufficient or no supports for young people with drug and alcohol dependency issues. The closest detox or rehabilitation facility to Tamworth for young people suffering from addiction is in Coffs Harbour or Dubbo, both over 300km away. These options are not utilised because it is inappropriate to send a young person so far away from their home and support network.

The AOD service sector is not supported and resourced to meet the specific and complex needs of vulnerable groups. For example, services often see clients experiencing intersecting issues such as poor mental and/or oral health. These can have a significant flow on impact on general health,

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[9] Australasian College for Emergency Medicine 2018, The Long Wait: An Analysis of Mental Health Presentations to Australian Emergency Departments, Report, October, available at: https://acem.org.au/getmedia/60763b10-1bf5-4fbc-a7e2-9fd58620d2cf/ACEM_report_41018
[10] The 'missing middle' here refers to the gap in services between primary care and hospitals, where people whose mental health needs are too complex for primary care but not eligible or appropriate for acute care are falling through.
[11] Roche, A. 2016, 'Ice and the outback: Meth in rural Australia', National Centre for Education and Training on Addiction, available at: http://connections.edu.au/opinion/ice-and-outback-meth-rural-australia
[12] NCOSS 2017, What we heard: Insights and actions from NCOSS community consultations 2017, available at: https://www.ncoss.org.au/sites/default/files/public/policy/29062018%202017%20What%20We%20Heard.pdf
[13] NCOSS 2018, What we heard: Insights from NCOSS regional community consultations 2018, available at: https://www.ncoss.org.au/sites/default/files/public/policy/2018-08-22%20whole_report_Final%20Version.pdf

employment and social integration. However, AOD services are often not equipped or resourced to provide for these intersecting needs and this problem is exacerbated in regional and rural areas.

Moreover, there is limited continuity of support for people transitioning back into the community following AOD treatment. This means that without adequate support, some people are at higher risk of experiencing homelessness, compounding health issues or coming into contact with the justice system, which further entrenches the cycle of disadvantage.

Regional consultation participants stressed that increased and sustained funding is needed for:

- More detox beds and specialist detox centres, particularly in regional and remote communities.
- Increased capacity of the Drug Court program to accept more referrals from Local and District Courts.
- Incorporating more dental health and hygiene programs into AOD services.
- Embedding rehab or detox service into existing health services.
- Residential drug and alcohol treatment facilities with long term case management as well as community-based services, that take into account intersecting needs such as mental health and provide a framework of stability.

Conclusion

The intersection between substance use, poverty and disadvantage presents a complex range of factors that can only be addressed with a comprehensive and fully resourced response, particularly for our regional and rural communities. NCOSS reinforces views from previous consultations of and submissions from the health and community services sector that:

- The AOD service sector needs more support and resources to meet demand for treatment and bed shortages, particularly in rural and remote NSW where services are limited. Services in these areas need more funding and investment not only to meet demand, but to also reduce the need for clients to travel long distances to access treatment.

- Where long distances must be travelled, regional communities must be supported by a range of appropriate transport options. This includes properly resourcing community transport providers and ensuring young people are able to get their driver licence.

- Funding allocations must be informed by robust and evidence-based assessment of population and community need, for example, through the under-utilised *Drug and Alcohol Service Planning* (DASP) model.

- Rehabilitation services need to be affordable, holistic and provide adequate aftercare supports. Wraparound supports should include links to mental health, education and employment, housing and other community services.

- More direct pathways to affordable, accessible, community-based mental health services are needed, that provide a mix of allied health, psychosocial and peer support options to tailor the right support at the right time.

- There is a need to better understand how peer workers as people with lived experience identify in the AOD workforce, so that adequate support can be provided to this cohort into the future. Peer workers need to be supported and valued for the crucial role they play across the human services sector.

- Community-based services that build social capital along with individual and community resilience should be recognised and properly resourced for the role they play in supporting mental wellbeing, social inclusion and other drivers of disadvantage.

- Targeted and culturally appropriate supports and services should be provided to Aboriginal and Torres Strait Islander people in regional, rural and remote areas. These services should be designed and delivered by Aboriginal and Torres Strait Islander people and organisations.