

NATIONAL LEADERSHIP FORUM ON ICE

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PREVENTION, EDUCATION AND COMMUNITY RESPONSES TO REDUCE USE AND RELATED HARMS

SCOPE

The focus of this paper is on prevention, education and other community support responses to reduce the use of methamphetamines and 'ice' and to reduce the harms associated with methamphetamines and 'ice'.

Information on issues related to diversion and to workforce development are covered in more detail under the agenda paper 'Rehabilitation – treatment and other support responses'.

BACKGROUND

The *National Illicit Drug Strategy* describes prevention as 'measures that prevent or delay the onset of drug use as well as measures that protect against risk and prevent and reduce harm associated with drug use and supply' (MCDS, 2004).

While the age of initiation to alcohol and drug use is decreasing (AIHW, 2005), young people today are faced with expanding choices within a drug using culture. Australia's national drug policy aims to provide a framework within which individuals are able to make **informed choices** that centre on minimising the risks of drug use (MCDS, 2004).

Prevention of drug use and drug related harm involves the implementation of prevention activities at a number of different levels including: primary, secondary and tertiary prevention. (MCDS 2004)

- Primary prevention is the implementation of strategies that delay or minimise the onset of problematic drug use. These include universal strategies targeting whole populations as well as targeted activities for more vulnerable groups.
- Secondary prevention includes early detection and intervention to identify and reduce drug related harm. Activities within this level focus on reducing harms, preventing dependency and enabling social functioning.
- Tertiary prevention aims to reduce further damage to people with drug dependence and promote positive health outcomes. Much of this activity is around reducing mental illness and burden of disease.

'Ice' user profiles

When considering prevention, education and other community support responses to 'ice' and other forms of methamphetamines, it is important to consider the wide range of possible target audiences in the community that could benefit from these approaches.

In particular, it is important to consider that the demographic of users varies greatly.

- Occasional drug users: Individuals who choose to use drugs in a social context. 'Ice' may be one of the drugs used occasionally, within specific social situations, without it impacting on the users ability to function in everyday life.
- Regular 'ice' users: Tend to use 'ice' between one and four occasions per month. (McKetin et al., 2005a). Drug use may not necessarily interfere with everyday functioning however a person may begin to experience drug related harms.
- Problematic 'ice' users: Dependence includes physical tolerance as well as indicators that drug use is impairing a person's ability to carry out every day functions. Dependence can be characterised by using more than once per week. Evidence indicates that more than half of all regular 'ice' users become dependant (McKetin et al., 2005a). This group of users may be presenting to health or law enforcement services as a result of their drug use.

In terms of prevention and education approaches, it would appear that a key priority is the development of strategies aimed at occasional or regular users in order to prevent their transition to dependant use. This is of particular significance given:

- occasional or regular users do not frequently come into contact with health services or law enforcement because of their use (PDI, NDARC 2005). This means that these users will not access the standard opportunistic health promotion and information points. It is for this reason it is important to use broad based education programs and information campaigns that are relevant and available in places these users frequent.
- a proportion of methamphetamine users are likely to be parents and may require specific intervention strategies to take account of risks to child safety and well being. Of a sample of 310 regular methamphetamine users, 10% identified as single parents or part of a couple living at home with children (McKetin et al. 2005b)
- methamphetamine users are 11 times more likely to experience a psychotic episode than the general public and further to that dependent methamphetamine users are three times more likely than regular users to experience a psychotic episode (McKetin et al., 2005c).

- methamphetamine users are also likely to use the drug in conjunction with other drugs and alcohol which may cause further harms.

Prevention, Education and Community Support Approaches for Other Populations

Prevention initiatives are inextricably linked to health promotion activities and education. Government policy, advertising, media, police, parents, community services and peers all have significant influence over an individual's behaviours.

Although prevention, education and community support responses for 'ice' users are key considerations in helping to lessen the impact of the drug on the community, it is important to also consider the possible needs of other groups in the community affected by the impacts of the drug. These may include families, carers and friends of drug users, services that work with drug users or deal with the social impact of the drug as well as families and other groups in the community concerned about preventing the uptake of the drug by young people and other community members.

General considerations

All prevention, education and community support initiatives need to carefully consider the specific information needs of the target group in question and the appropriate channels to access these groups.

Some of the specific social and cultural population groups that may require special consideration include young people, Aboriginal communities, rural vs metropolitan communities, drug users (occasional, regular and problematic), families and people working in specific professions.

CURRENT SITUATION

There are few specific programs or strategies currently addressing 'ice' use in the community.

There are however, a number of standard prevention and education strategies that could be utilised for future prevention, education and community support strategies that could be applicable. These include:

Targeted Prevention, Education and Training Strategies

Family and carer education

'Ice' use within the home may have a range of immediate and long-term impacts on family members. With many young people now choosing to delay their move from the family home to independent living, parents have a greater degree of influence on the development of their children into young adulthood.

Parenting education

The mental health and behavioural impacts of 'ice' use can have serious impacts on children in the care of users. There are opportunities through parenting and family support programs to deliver education on the risks to children associated with parental use of 'ice'.

School based education

The primary focus of school-based education is on increasing young people's knowledge of drugs and the negative consequences.

School based drug education is most likely to be effective when it is well resourced, is offered as part of a whole of school approach and is skills based. Interventions should aim at preventing and reducing a range of harms, not just use. When delivered consistent with best practice guidelines it can have a small effect but on a large number of people. Poorly resourced programs that are not part of a whole of school approach are not likely to be effective.

Tertiary institutions

Over the last decade there has been a significant increase in young people attending tertiary education. An opportunity exists then to target campaigns at students during this time of emerging independence when many young people choose to experiment with drug use. Again, it is likely that effective programs will be credible to students, contain information and strategies and be well resourced and evidence-based.

University and Vocational Education and Training (VET) undergraduates are potential members of a skilled drug and alcohol workforce. It will be important to increasingly include drug and alcohol programs in generalist degrees and courses to ensure agencies have a broad and competent workforce.

Peer education

Research indicates that young people are influenced by their peers more than any other group in the community. Peer education programs provide opportunities to influence the behaviour and attitudes of young people in a way that is seen to be credible and reliable. While research on effects is equivocal, given the traditional challenges to accessing young people as a target group, peer education is a promising approach as part of a coordinated prevention strategy.

Targeted education strategies for existing users

Given occasional or regular users may not come into contact with health and law enforcement services future initiatives may need to consider a range of channels for providing information to ice users to help prevent and manage the harms associated with the drug.

Possible channels may include pharmacies, mental health services, accommodation, churches and charities, nightclubs, emergency departments, needle and syringe programs and general medical practice.

Workforce training and development

Equipping the non-specialist workforce in the prevention of drug related problems could assist in the reduction of drug related harm. Many 'ice' users may not access treatment services but may approach the private sector or general practice for education or assistance. Workforce development strategies within these sectors could assist to enhance the capacity of services to deliver opportunistic interventions.

Specialist agencies and workers will also need support to integrate the rapid development of sophisticated interventions and treatments for methamphetamine use.

Workplace Education

Drug use in the workplace is particularly pertinent among some industry groups such as truck drivers, hospitality and building. Developing appropriate infrastructure within the workplace through employee assistance programs and providing information and education can assist in preventing problematic drug use and associated harms.

Community mobilisation

The community is ultimately the conduit to reducing demand for drugs. Community mobilisation programs usually consist of a locally organised and planned, community wide interventions, whereby individual stakeholders and relevant agencies such as police, health services, drug agencies, local government and local businesses collaborate on a range of complementary interventions. These interventions are implemented at a number of different levels so as to simultaneously target the social and physical environments,

local policies and individual behaviours (National Drug Research Institute, 2003).

Social Marketing Campaigns

Effective social marketing campaigns do not use a one-size-fits all approach, rather they differentiate between messages for the general community and have targeted harm minimisation messages for users and at-risk groups. (Home Office Anti-Drug Co-ordinating Unit, 2000)

Effective campaigns must have realistic and measurable objectives, closely target a well research group and utilise a wide range of appropriate media. Campaigns should also be restricted to areas of activity which evidence suggest are likely to be effective namely:

- reinforcing non-drug using behaviour;
 - providing new information on certain drugs or drug related behaviours;
 - increasing uptake of other drug programmes;
 - encouraging safe drug use; and
 - increasing public support for drug programmes.
- (Home Office Anti-Drug Co-ordinating Unit, 2000).

There is little evidence that media and communication interventions alone have been effective in reducing drug use, although they can be and have been effective in raising awareness and changing knowledge, if appropriately designed and well-targeted (Home Office Anti-Drug Co-ordinating Unit, 2000).

Where behaviour change is the objective, media and communication interventions are more effective where they emphasise the positive benefits of changing behaviour rather than the negative consequences of current behaviour (Home Office Anti-Drug Co-ordinating Unit, 2000).

Overall multi-faceted, integrated interventions, in which mass media advertising is complemented by community initiatives, schools programmes, policy development and other activities have been found to be effective in producing desired health behaviour changes.

LINKS TO SPECIFIC ACTIVITIES OR STRATEGIES

The following examples provide a snapshot of existing activities. Although these examples are predominantly NSW based, it is acknowledged that a range of similar initiatives are in place in other jurisdictions.

Family education

Family Drug Support (FDS) provides support for families and friends of users. FDS provides a national 24-hour, seven-day telephone helpline, website and a number of electronic and print resources for family and carers of people with problematic drug use. The Stepping Stones course, a 27-hour program that guides families through the process of dealing with drugs and developing resilience is also available through FDS.

Drug Info @ Your Local Library (formerly **Di@yll**) is a partnership between NSW Health and the State Library of NSW to provide community members with access to a range of credible Alcohol and Other Drug (AOD) resources and referral points.

The NSW Department of Community Services and NSW Health have developed frontline worker training and resources for the families and carers, affected by the drug or alcohol use of someone close project. This includes take-home booklets for family members and carers in seven community languages, and resources targeting Aboriginal family members and carers. These resources do not specifically describe 'ice' but advise on where to get help when drug use is suspected.

Parenting education

The Department of Community Services provides training and resources to child protection and family workers to support their work with families affected by parental drug misuse. Strategies have included information to be provided by workers to drug affected parents on how drug use may impact on parenting function (for example dual diagnosis resource for parent, drugs in pregnancy, and the *Your Child's Safety* education campaign for methadone users). Specific on-line information on 'ice' is available to Department of Community Services workers but as yet there are no specific resources for parents on parenting issues associated with use of 'ice'.

School education

School based education strategies take a holistic approach to preventing drug use by educating young people about the harms associated with drug use and building the confidence and skills of students so that they can better manage the many complex influences associated with drugs. In NSW the Personal Development, Health and Physical Education Years 7-10 syllabus deals with alcohol and other drug use and Crossroads course for students in Years 11 and 12 in government schools focuses on drugs and relationships.

The focus of current drug education courses is on drugs more prevalent among school-aged young people, including tobacco, alcohol and cannabis.

Tertiary education

The University of Sydney *Alcohol and Other Drugs: Exposed* program has been running since 2002 and has conducted over 15 targeted projects for students in partnership with a wide range of other organisations.

The University of Sydney and Sydney South West Area Health Service have implemented a pilot health promotion project to gather insights into attitudes to and knowledge about psychostimulant use, including methamphetamines, among young people as well as testing the effectiveness of harm minimisation messages in changing attitudes and knowledge about the effects of psychostimulants.

Workplace Education Schemes

The NSW Government is establishing a taskforce to combat the use of amphetamines within the road transport industry.

Workplace Development and Training

An example of workforce training and development is 'Mental health first aid', which bridges the gap between the onset of a mental health crisis or problems and the provision of appropriate professional treatment. Instructors for 'Mental health first aid' training are available in all jurisdictions across Australia.

Peer education

There are a number of peer education initiatives running throughout Australia and while many do not focus on 'ice' specifically they do provide an existing mechanism for:

- increasing the capacity of young people to be aware of their health and safety;
- increasing the capacity of young people to look after themselves and their friends; and
- increasing the collaboration between venue operator and peer educators to promote health and safety in nightclubs and at dance parties.

The National Drug and Alcohol Research Centre (NDARC) is also currently conducting research into the effectiveness of peer education in Australia.

An example of peer education is Red Cross' 'Save a mate' program, which aims to support young people and promote health and wellbeing through education on key health issues, in particular those related to alcohol, other drug use and mental health.

Community mobilisation

In 2001 the NSW Government launched the Community Drug Strategies (CDS) program with a dual focus on information campaigns and community mobilisation for targeted local response. Community Drug Action Teams (CDATs) are the main vehicle for the community mobilisation strategy at a local level. CDATs are a coalition of government, non-government, community representatives and local agencies who work together to take action towards reducing the harmful effect of drugs and alcohol in their local community.

Over the last five years 80 CDATs have formed across NSW, with approximately 1,200 members. During this time CDATs have conducted 540 projects to address local priority issues in their communities. Responding to community needs, a number of CDATs have begun planning and implemented 'ice' specific initiatives.

Social marketing campaigns

NSW Health Community Drug Strategies program recently launched the *Club Drugs* campaign aimed at young ecstasy users who also engage in polydrug use of other substances, including 'ice'. The campaign includes referrals to emergency help, counselling and treatment, as well as displaying the following messages:

- the importance of seeking medical help if a friend becomes ill from illicit drug use;
- the possibility of individual toxic reactions to illicit drugs;
- the highly addictive nature of methamphetamines, specifically 'ice';
- the risk of overdose from GHB; and
- the risks of long-term effects of regular ecstasy use.

The campaign includes posters in street press read by this target audience, as well as, advertising in licensed premises, universities and TAFE campuses across NSW. The campaign included a detailed broadly distributed print information resource *Drug Safety – A guide to a better night*.

The Australian Government's National Drugs Campaigns in 2001 and 2005 demonstrated the effectiveness of comprehensive, researched based social marketing campaigns:

- The initial campaign phase in 2001 targeting parents of children and teenagers achieved very high awareness and effective communication about the harms associated with illicit drug use and the role parents can play in prevention and prompted greater discussion about drugs between parents and their children (Bertram et al., 2003).
- The second phase of the campaign in 2005 targeted teenagers with a prevention strategy focusing on the harms associated with illicit drug use, the benefits of avoiding drug use and sources of assistance and support for young people. This phase resulted in significant changes in attitudes and a reduction in the proportion of young people who were

'at risk' of accepting an offer of cannabis or amphetamines from a friend (Pennay et al., 2006).

Roadside drug driver testing

The NSW Parliament passed the bill in October 2006 allowing roadside drug driver testing. The test will be an oral fluid test and will test for active THC (active ingredient in cannabis), ecstasy and methamphetamine in all its forms.

A public education campaign is scheduled to commence in late 2006.

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