



Community Drug Summit

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Linking Drug Strategies Into Overall Social Policies To Address The Underlying Causes That Generate Other Social Problems, Such As Violence, Suicide And Crime.

This is an Issues Paper. The Community Drug Summit Office has formed no conclusion on any issue mentioned in this paper. The purpose of the Issues Papers are to encourage discussion in the lead up to the Community Drug Summit and to encourage persons or organisations to make submissions to the Community Drug Summit Office. The Issues Papers are not meant to restrict persons or organisations in any way. Respondents should feel free to raise other relevant issues.

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Issues Paper Number 9

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1.0 Introduction

The foundations of modern social policy can be traced to the early nineteenth century when industrialisation brought poverty, disease and crime to public attention. Faced with the growth of large urban populations, governments passed laws on sanitation, education, the relief of poverty, town planning and crime control. These early initiatives were set against the laissez-faire notions of non-interference by the state. While it was accepted that governments should intervene to control crime, reduce disease, ameliorate poverty and provide education, it was also believed that any such intervention should be as unobtrusive as possible. Social, like economic, relationships were thought to be self-regulating. The job of governments was thus to provide the conditions under which individual responsibility and self-regulation would be most likely to occur. However, by the end of the nineteenth century, widespread poverty, poor public sanitation, poor health, unemployment and industrial unrest were casting serious doubts over the classical notion of non-interference by governments. Critics argued that they had failed to produce a better society and urged a more active and comprehensive program of government intervention. Australia, like a host of other Western countries, responded by initiating measures relating to income security, infant health, juvenile justice, and family welfare.

These fledgling initiatives were put to the test and found wanting during the 1930s depression. Western nations responded in one of two ways: some introduced new social legislation and others tightened their belts and hung on. Australia belonged to the second group. It was the Second World War which produced the next great transition in social policy for Australia.

When the Commonwealth Government won universal and pre-emptive tax powers in 1942, it gained the capacity to direct the nation's welfare program as well as its war effort. A number of welfare measures were then introduced, emphasising national goals, post-war reconstruction, economic planning and a society 'fit for heroes'. Full employment was accepted as a national policy, pensions and benefits were put on a statutory footing, and essential services, such as health, education, telecommunications, rail and air travel, were either provided or regulated by government.

This more socially interventionist position was reproduced in many other Western nations, however, it was questioned from the outset. Those from the political Right argued that it threatened human freedom while those from the Left argued that the welfare state was a new means of controlling the working class. On the political front, the early enthusiasm lost ground to the long economic boom. In Australia, the Menzies period entrusted social justice to the interaction of state, non-

government and market forces. This view of social policy was called into question by the rediscovery of poverty in the late sixties, when welfare agencies drew attention to the 'hidden poor' and the relationship between deprivation, violence and crime. Professor Ronald Henderson undertook a study of poverty in Melbourne and reported that one twelfth of the population lived below or just above the poverty line. The then government moved to a more interventionist social policy stance and appointed a National Poverty Inquiry (1971). This was extended by the Whitlam government, which came to power promising a platform of widespread social reform.

Ironically, a significant sea change in the international economy occurred at just about this time. The components and causes of this change are many and complex. One principle cause was slowing economic growth rates and the resultant increase in long-term unemployment. A response to the economic downturn was a period of globalisation, placing limits on any national government's capacity to pursue policies that diverge significantly from the norms established by international financial markets. One of the most significant elements of these changes is the pull of economic rationalism and the reduced capacity of a country to deliver broadly-based welfare programs.

As a result, social policy entered a new phase. The older accent on national planning receded in favour of individual initiative, the local community, family responsibility and mutual obligation. At the same time, social policy has become wider and more complex in scope. If the older notions predominantly focused on socio-economic inequality, policy-makers now struggled with a host of issues including gender, ethnicity, race, class, sexuality, age, employment, disability, family relationships and homelessness.

Fundamentally, social policy is concerned with the welfare of the community and the distribution of the resources available. At its heart lie the relations between the different component groups that as a whole form our society. Social policy deals with matters such as access to health care and education, the provision of welfare services to the disadvantaged, employment programs, and income security for people in and outside the workforce.

Social policy is pivotal to society's response to drugs. Among other things, it establishes the distinction between legal and illegal usage of drugs, defines what is considered 'abuse' of drugs and determines society's response to drug related harm. It is also through social policy that issues associated with drug abuse, such as homelessness, crime, prostitution and suicide, are considered.

Social policy is not a neutral, objective or scientific enterprise. Its development depends on the knowledge available, social mores and community convictions. It is capable of making things worse, just as it is capable of making things better. Furthermore, social policy does not work in isolation. While it is often distinguished from economic policy, which is concerned with the state of the economy and the production of goods and services, it cannot, in reality, be so neatly separated. The supply and demand for drugs is as much an economic as it is a social issue. Finally, social policy is a broad terrain. It incorporates issues relating to health, education, families, housing, employment, income security, crime, recreation and community.

Issues which need to be addressed by the Community Drug Summit, thus, include the current directions of social policy, the mix of individual, community and national level initiatives and the interactions between drug abuse and other areas of social and economic life. Unless this broad terrain is recognised, social policy will inevitably fail. Drug use and its associated harms cannot be considered in isolation from the prevailing social and economic environment.

2.0 Western Australian Context

2.1 Social Policy in Western Australia

In 1990, the Community and Family Commission reviewed the needs and concerns of the people of WA. This resulted in 'The Social Advantage' (1992), a document described as signalling new directions in 'social policy' based on the principles of prevention and early intervention. The Social Advantage provided for:

- government working in partnerships with local communities;
- community policing and crime prevention;
- full time pre-primary schooling for five year olds;
- an expanded role for child health nurses; and
- an enhanced role for local government.

In addition, a Social Justice Unit was established in the then Department of the Premier and Cabinet.

Under the Coalition Government from 1993-2001, the primary focus was on economic development and competition policy. Social policy initiatives included the Graffiti Task Force and the Task Force on Drugs.

Coordinated approaches were referred to as 'cross agency' initiatives (2000-01 Economic and Fiscal Outlook Budget Paper No 3). Examples included:

- the State Salinity Strategy aimed at reducing the impact of salinity in the South West;
- the WA Strategy Against Drug Abuse, aimed at reducing the extent of drug abuse and its impact, through an integrated whole of government and whole of community strategy; and
- the Building Blocks Program for the support of families with children in the 0-2 age group involving the Health Department of WA and the Department of Family and Children's Services.

The current State Government has indicated that it wishes to adopt a fundamentally different approach to developing and implementing social policy, with a move away from a 'competitive markets' approach to a community development approach. To this end the Government has established a Cabinet Sub Committee on Social Policy to coordinate the development and implementation of social policy, with a Social Policy Unit reporting directly to the Premier. The new approach should mean that the Government will seek to develop links and coordinate the strategies aimed at alleviating drug problems with broader social policy and activity. This objective should be further assisted by the proposals to reduce the number of government departments and, therefore, theoretically, a more efficient and responsive public sector.

2.2 Drug Policy

Australia has pursued a national strategy in relation to drugs since 1985, with the stated objective being the minimisation of the harms associated with the use of drugs. While this strategy has been reviewed and refined on a number of occasions, it remains the framework within which Western Australian policy has been enacted.

This framework has in general enjoyed bipartisan political support. Different states and territories in Australia have experimented with a variety of measures designed to address the problems arising from drug use in their jurisdictions. In some cases these measures have followed the recommendations of Task Forces or Commissions, as has occurred in WA.

WA undertook an extensive review of its policies and structures in 1995, resulting in the publication 'Protecting the Community: Report of the Task Force on Drug Abuse'. This report emphasised the right of the community to be protected from the harms associated with drug abuse and took issue with policies which it construed as leading to the normalisation of drug use. Acceptance of the Task Force's main recommendations led to the formation of the West Australian Drug Abuse Strategy Office (WADASO), the restructuring of the West Australian Alcohol and Drug Authority into Next

Step, and the establishment of a Ministerial Committee on Drugs, which has provided the basis for West Australian policy since that time.

3.0 Issues For Consideration¹

3.1 The Need to See Drug Use in a Global and Historical Context

It is important to acknowledge that drug use is a worldwide phenomenon not confined to any country or society. No one country, no matter how powerful, can hope to solve the problems associated with drug use. The forces and factors influencing drug supply and demand often involve international criminal cartels and reflect worldwide economic, political and social conditions. As a consequence international bodies, such as the United Nations Drug Control Program, have been established to coordinate drug policy on a global level.

WA has a largely uninhabited coastline and a limited means of policing its borders. Its ability to limit the supply of certain drugs is severely restrained by these and other factors. As WA has limited means to control the supply of certain drugs, it is important to consider the factors that result in a demand for drugs.

Drugs must be viewed on a historical basis. For instance, a drug may be illegal in one country but legal in another. The legal status of particular drugs can change from one time in history to another, and from one place to another. For example, heroin is currently illegal in Australia while it still can be legally prescribed in England (although on a tightly controlled basis). Similarly, heroin was legally prescribed in Australia during the 1950s, but has since been prohibited.

Whether a drug is legal or illegal is a matter of contention and does not wholly depend on the nature of the drug itself. Society's response to a drug at a particular point in history is one of the factors involved in the decision about its legality.

Important Questions

- Is it reasonable to suggest that a drug free society is a realistic goal?
- Is it desirable to aspire to a drug free society?
- What factors should determine whether a drug is legal or illegal?

¹The term 'drug use' is used throughout on the grounds that the definition of some drug use as legal and other as illegal is itself an issue for discussion. Similarly such terms as 'harm' and 'acceptable use' have been used without seeking to define them.

3.2 The Need to View Drug Use in a Social and Cultural Context

Not only can the same drug have a different legal status in different societies and at different times but the impact of the drug itself can vary depending on the cultural context. For example, the effect of alcohol varies greatly depending on the expectation society has of its intoxicating effects. In some communities alcohol is closely associated with violence whilst in others it serves a social function. A drug's effects may be also modified by the individual characteristics of the user, such as age, weight, gender and previous experience with the drug.

It is important to acknowledge that drug use, whether legal or illegal, does not arise in a cultural vacuum. It will depend on factors such as:

- availability;
- legal status;
- expectations about its effects;
- promotion through advertising or other means;
- society's customs and values;
- cost and quality; and
- factors which contribute to the demand for the drug.

Important Questions

- What social policy framework is required to ensure that social and cultural factors are taken into consideration for the effective management of illicit drug use and its associated problems?

3.3 The Need to View Drug Use as Functional

'Functional' means that the user believes that taking the drug will serve some purpose for them, as drug use is not random behaviour. The purpose may not, however, be apparent to people other than the user and paradoxically may even result in harm to the user.

That purpose may be the relief of withdrawal symptoms, the desire to remain awake all night, the euphoria associated with certain drugs, the notoriety afforded being a user or, in the case of users on maintenance methadone, their eventual rehabilitation. Indeed the reason for use of an illegal drug may not be all that dissimilar to that for the use of legal drugs such as alcohol, tobacco and caffeine.

Important Questions

- Does the identification of the functional use of illicit drugs assist policy development?

3.4 Drug Use has Many Causes

Drug use is rarely motivated by a single purpose or serves a single function. Nor is it always possible to identify the causes of drug use. Drug use that requires acquiring illegal supplies is itself criminal behaviour and may 'cause' other criminal behaviour like stealing. Drug use may result in eviction and homelessness but may also be a response to homelessness. Prostitution may be the means whereby one is exposed to drugs in the first place, but may also be the means by which drug use is sustained.

It should not be assumed that there is a direct cause and effect relationship in every instance. Drug use may be a factor in some youth suicides, while playing no part in others. Similarly, not all prostitutes are drug users, and not all drug users are prostitutes. There are few, if any, entirely predictable causal connections despite many people's readiness to attribute single causes. The reality is that many factors combine to create drug use and its resultant harms.

Drug use is associated with many negative issues in our community, such as homelessness, crime, suicide, unemployment, violence and mental illness. Certainly, the link with each of these issues is well established through research.

Dependent drug use can be an extremely expensive habit. The phrase 'hook, cook, steal or deal' refers to the options generally available to many heroin dependant users to support their habit. Many have to resort to 'cooking' replacement drugs from codeine and morphine pharmaceuticals, or prostitution, stealing, and dealing in the drug to provide the vast sums of money to support their habit. It is therefore imperative that society's response to the negative consequences of dependent drug use addresses the underlying causes which in this case may be the drug addiction itself.

Dependent drug use is often underpinned by other factors. It has been shown that many female addicts have been sexually abused in the past. Similarly, whilst drug use crosses socio-economic boundaries, most dependent users are from low socio-economic backgrounds where, crime, unemployment and low levels of educational participation are the norm. Although this is not always the case, as there are dependent users from all sectors of society, it is generally true that social inequality and isolation have usually proceeded drug use and perpetuate it.

Important Questions

- Do existing social policies acknowledge the complex reasons behind drug use?
- Do existing social policies take into account the complexity and diversity of causes and effects?
- What social policy framework is the most appropriate for dealing with all aspects of illicit drug use and its associated problems?

3.5 The Need to Acknowledge that Society has Always Tolerated the 'Recreational' Use of Drugs

Anthropological evidence suggests that in the whole course of human history most societies have used drugs for non-medicinal, 'recreational' purposes. We need to look no further than our own society's 'recreational' use of alcohol and tobacco. Both are legal drugs, but are now recognised as having significant harmful effects, as well as conveying significant pleasure to their users. Moreover, as already observed, different societies display different degrees of tolerance to the same drug, and may change their tolerance to the drug over time as, for example, has occurred when certain drugs legally prescribed at one time are prohibited at another.

Important Questions

- How is 'acceptable' drug use to be defined?
- Noting that not all legal drug use is tolerated (for example, drunk driving), is all currently illegal drug use 'unacceptable'?
- Does a drug's harmfulness provide a reliable basis for such definition?
- If so, who is to define what is harmful?
- How can drug use be managed (regulated, etc) in a way which renders it more 'acceptable'?

3.6 Drug Use is a Dynamic Phenomenon

The drugs used by a society and the manner of their use change over time. It is a fair generalisation to say that both the number of drugs used and the manner of their use have multiplied over time and most markedly in recent times. The manufacture and use of the so called 'designer' drugs provides a dramatic example of this phenomenon as does the significant increase in 'polydrug use' (using more than just one drug).

As a consequence the regulation of drug use, particularly its legislative control, has had great difficulty in keeping abreast of such developments and is most often in a 'catch up' situation. As it seems clear that drug use will continue changing, policies which seek to regulate drug use must also be part of a dynamic process. As policies change, they must be constantly evaluated and refined where necessary. If such a process is not to be merely ad hoc it will need some guiding principles.

Important Questions

- What might be such guiding principles for social policy, for example, the reduction of the harm associated with drug use or the reduction of drug use itself or some combination of the two?
- Who is to define such guiding principles?
- Who is to evaluate the effectiveness of such guiding principles?
- How is effectiveness to be independently assessed?
- If social policy in this area needs to be dynamic and changing, how are those who have responsibility for implementing it (eg; police, teachers, doctors, pharmacists, drug users) to be organised and supported?

3.7 No One Policy will be Enough

A range of policies will be required because of the variety of drugs used, their effects and the characteristics of their users. Some policies will be needed to prevent people from taking up harmful drug use. Other policies will be needed to limit or reduce the harmfulness of ongoing drug use among people who show no inclination to give up. Others will seek to encourage motivated users to quit. Both the potential user and the actual user are deserving of society's concern and protection and abandoning either would have consequences for the other.

The need to address different segments of the population often leads to the allegation that conflicting messages are being sent. While it is acknowledged that this is a problem it is one that needs to be managed as part of considered social policy development. The public has shown itself able to understand and support the rationale of conflicting messages when suitable explanations are given.

For example, the community has generally accepted needle and syringe programs to stop the spread of blood borne viruses, however, this program contradicts drug prohibition policies. It appears that the community has

been prepared to accept this contradiction after the benefits of the program were adequately explained. In the end, it is the actual policy outcomes that are important rather than the perceptions of policy conflict.

Important Questions

- Do we currently have a range of appropriate drug policies in place?
- Is it a 'balanced' range, or are the needs of some segments of the population ignored or devalued?

3.8 Governments do not have the Whole Responsibility.

Governments have a particular responsibility to enact social policies in the drugs area, but they cannot be held wholly responsible to solve all the problems associated with drug use. Addressing the 'drugs problem', however defined, will not only require a whole of government approach, it will require a whole of society approach.

Governments should however make sure (to the extent possible), that the environment in which drug use occurs does not encourage the harmful use of drugs. At the very least governments should not enact laws or favour policies which have contradictory results. They should not, for example, put in place policies which reduce the availability of crisis accommodation for young people while at the same time acknowledging the connection between youth homelessness and drug use.

Important Questions

- If governments are to create logically consistent and comprehensive policies designed to prevent drug use or reduce harm from use, what are the best ways to go about this task? What mechanisms or coordinating structures should be involved?
- How can we ensure that such policies are sensitive to the circumstances of the individuals they address?

3.9 Illegal Drug Use cannot be Addressed in Isolation

It is rare for people to become habitual users of illegal drugs if they have not had a history of use of legal drugs (especially alcohol) at an early age. To the extent that there is a 'gateway' to illegal drugs, its footbridge is most often the legal drugs alcohol and tobacco.

Important Questions

- Should coherent and comprehensive drug use policies concentrate only on drugs that are currently illegal or address all drugs, whether legal or illegal?

4.0 Conclusion

There are many reasons for drug use and it should always be viewed in its social and cultural context. Narrowly focussed policies will inevitably fail. Drug policy can only be effective if it is multi-faceted and very much a part of a comprehensive, consistent, broader social policy framework.