Harmful Substance Use
POSITION STATEMENT

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College position

Smoking, vaping, alcohol, and illicit drug use combined contributed to over 16% of the total burden of disease, and to 18% of deaths in Australia in 2018.[1] Substance use disorders are strongly associated with social disadvantage. Consequently, people living in lower socio-economic areas, including in rural and remote parts of Australia, experience a greater burden from these risk factors.[2]

Harmful substance use should be regarded primarily as a health issue which should be treated through a range of strategies including addressing its underlying causes, encouraging help-seeking behaviours, and increasing contact with the health care system.

Programs are needed to address substance use disorders in rural and remote areas. These must be targeted, to address the unique issues faced by rural and remote and Aboriginal and Torres Strait Islander communities; tailored to their specific needs; and delivered in a culturally appropriate manner. In addition, they must incorporate strategies to address the underlying inequalities in health and social outcomes of the most disadvantaged.

Prevalence & Harm

People living outside cities are more likely to have low socioeconomic status and to be negatively impacted by social determinants of health which can lead to addictions and drug dependencies. They are also less likely to have access to many of the supports, services, and opportunities available in cities, that might prevent these.

Drug and alcohol addiction is a major cause of rural morbidity, mortality, and social breakdown. Crystal methamphetamine 'ice' use has been particularly destructive and is significantly more prevalent among rural Australians than other Australians.[3]

Harmful substance use can lead to problems both at the individual and societal level. For example, smoker expenditure on cigarettes means less money for essentials like food and clothing. Evidence demonstrates that socio-economically disadvantaged smokers spend a higher proportion of their income on cigarettes than other smokers.[4]

Alcohol and drug use disorders can impact on families through neglect, harm, violence, separation, legal and financial problems.[5] They can impact on workplaces and work colleagues through absenteeism, loss of productivity, and work accidents[6] and they impact on the wider community through criminal activity and by the burden they place on the healthcare system.[7]

However, health and wellbeing are not simply the consequence of personal choices and behaviours. Our rural and remote communities are in some of the lowest socio-economic areas in the country, and the contribution of social determinants to health inequities must be acknowledged and addressed.

Smoking - smoking contributes to health burden more than any other risk factor and was responsible for 8.6% of the total burden of disease in 2018.[8] Smoking is linked to serious health conditions including respiratory diseases, heart disease and strokes and many types of cancer. Although Australia has made significant progress in reducing smoking rates, it remains a major cause of illness and death.

Vaping - vaping is the act of using an e-cigarette, or 'vape,' which are lithium battery-powered devices that use cartridges filled with liquids, or 'juice.' The liquids typically contain nicotine, artificial flavourings, and various chemicals, some of which have been shown to be toxic. The liquid is heated into an aerosol, or vapour, and inhaled into the user's lungs.[9] Research analysing the chemical composition of e-cigarette liquids in Australia has raised serious concerns over the safety of these products and their risks to the respiratory health of young people.[10] The Australian Bureau of Statistics reports that more than 1 in 5 young people aged 18-24 and nearly 8% of 15-17 year old's have used e-cigarettes or vaping devices at least once.

Alcohol - in Australia, alcohol is second only to tobacco as a leading preventable cause of death and hospitalisation, contributing to more than 4.5% of the burden of disease 2018.[11] Harmful alcohol use can lead to problems beyond those experienced by the individual. The Australian Psychological Society reports that for every one person who drinks to excess, at least four other people are impacted.

HARMFUL SUBSTANCE USE

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Illicit Drugs - drug use accounted for 3% of the total burden of disease in Australia in 2018[12], including substance use disorders, communicable diseases (such as HIV/AIDS), overdose and injury. Illicit drug use includes illegal drugs (such as ecstasy, heroin, cocaine, and amphetamines), pharmaceuticals (when used for non-medical purposes, such as tranquilisers and painkillers), and other psychoactive substances such as inhalants (glue, solvents, and petrol).

Co-morbid Substance Use, Mental Health, and Chronic Disease

Harmful substance use and mental disorders often go hand in hand, and people with alcohol and other drug problems have higher rates of mental health problems. Suicide is also strongly linked to co-morbid substance use, particularly alcohol use and mental disorder.[13]

It is therefore important that services for mental health issues and the use of alcohol and other drugs are accessible, coordinated and interlinked to avoid management through separate systems, and difficulties with diagnosis and treatment.

Early intervention programs can assist in detecting issues before they develop into more serious harmful use or addiction.[14]

ACRRM welcomes the commitment in the National Tobacco Strategy. Ensuring this and other relevant strategies link with broader health strategies, such as those around chronic disease and cancer, and are in keeping with treatment guidelines, can lead to improved outcomes. Integrating smoking and Alcohol and Other Drug (AOD) interventions into chronic disease management programs and mental health services would provide a single point of contact for the patient.

The Role of the Rural Generalist

Rural Generalists are often the first, and sometimes the only, port of call and service providers in rural and remote areas. They are in a unique position to provide holistic care, crossing the siloes of mental health and AOD care and providing care across the illness spectrum and the lifespan.

Those with specialist AOD training will often be in the best position to deliver and coordinate a range of services, especially in those communities which lack the critical mass to employ a full health care team, including mental health and AOD workers. They are also well placed to integrate substance use interventions into patient treatment and cessation; however, they need to be fully funded and resourced to do so.

More generally, health practitioners should be provided with ongoing opportunities for education regarding new treatment protocols. This is especially important when new regulations are introduced which require practitioner referrals or other

interventions, as in the case of new vaping regulations introduced in 2023 in response to the identified crisis in use by young people in particular.

Aboriginal and Torres Strait Islander Peoples

Programs to address harmful alcohol and other drug use among Aboriginal and Torres Strait Islander people must be developed and delivered in the context of Aboriginal and Torres Strait Islander understanding of social and emotional wellbeing. There is a need to adapt evidence-based interventions and develop cultural adaptations, rather than attempting to utilise the same interventions used in the mainstream.[15] Programs should be designed and implemented in the accordance with the principles of co-design with communities.

Preventing and Reducing Harm

There is a need to balance personal freedoms with the public interest to ensure that regulatory measures are proportionate to the harm posed. Governments have a responsibility to regulate to protect people from participating in behaviour that places themselves and others at risk of preventable harm.

Ideally, harmful substance use should be treated as a health issue rather than a criminal justice issue. Policies should seek as much as possible to create scenarios where users are diverted into health intervention programs rather than the justice system, as court outcomes can lead to further social disadvantage and poorer health determinates. Studies demonstrate that people in custody experience multiple health problems and an increased likelihood of developing chronic disease.[16]

Education and Support

Effective integration of prevention, treatment and recovery services across healthcare systems is key to addressing substance misuse and its consequences, and represents the most promising way to improve access to and quality of treatment.[17]

Whilst government commitments to mass media campaigns around smoking and vaping, and complementary campaigns for high prevalence and at-risk populations are welcomed, this must be linked to well-funded and resourced cessation services, tailored to meet the needs of rural, remote and Aboriginal and Torres Strait Islander communities. Media campaigns must be designed to be relevant to the context and circumstances of people living in rural and remote areas and Aboriginal and Torres Strait Islander peoples, and ideally, co-designed with representatives from these communities.

Successful prevention and early intervention can minimise the effect of factors that contribute to harmful substance use and promote and strengthen the factors that protect against that behaviour.

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Find out more

If you have any queries relating to this Position Statement, please contact us by:

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Endnotes

1   Australian Institute of Health and Welfare Australian Burden of Disease Study: impact and causes of illness and death in Australia 2018.

2   2 NRHA Factsheet Illicit Drug Use in Rural Australia https://ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-illicit-drugs-0615.pdf.

3   Roche A et al (2017) Ice and the Outback. Ice and the outback: Patterns and prevalence of methamphetamine use in rural Australia. Aust. J. Rural Health. Vol(1) 25:202-209.

4   Tobacco in Australia – The Relationship between tobacco smoking and financial stress https://www.tobaccoinaustralia.org.au.

5   The Impact of Substance Use Disorder on Families and Children: From Theory to Practice https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3725219.

6   Alcohol and Other Drugs in the Workplace https://adf.org.au/insights/alcohol-and-other-drugs-in-the-workplace.

7   The Global Burden of Disease Attributable to Alcohol and Drug Use https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30337-7/fulltext.

8   Australian Institute of Health and Welfare Australian Burden of Disease Study: impact and causes of illness and death in Australia 2018.

9   Lung Foundation Australia, E-cigarettes and vaping, June 2023.

10 Larcombe, A., Allard, S., Pringle, P., Mead-Hunter, R., Anderson, N. and Mullins, B. (2022), Chemical analysis of fresh and aged Australian e-cigarette liquids. Med J Aust, 216: 27-32. https://doi.org/10.5694/mja2.51280.

11 Australian Institute of Health and Welfare Australian Burden of Disease Study: impact and causes of illness and death in Australia 2018.

12 Ibid.

13 Mental disorders, comorbidity, and suicidal behaviour: Results from the National Comorbidity Survey Replication, MK Nock et al, Molecular Psychiatry Aug 2010.

14 National Alcohol Strategy 2019-2028 https://www.health.gov.au/resources/publications/national-alcohol-strategy-2019-2028?language=en.

15 National Indigenous Drug and Alcohol Committee Report June 2014.

16 Standing Committee on Aboriginal and Torres Strait Islander Affairs, Indigenous Youth in the Criminal Justice System Chapter 4 - the link between health and the criminal justice system https://www.aph.gov.au/Parliamentary_Business/Committees/Committees_Exposed/atsia/sentencing/report/chapter4.

17 Healthcare Systems and Substance Use Disorders https://www.ncbi.nlm.nih.gov/books/NBK424848.