The impact of drug policy on the implementation of the Canberra Social Plan: introductory comments

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Public Forum:
Making it Happen:
Impact of Drug Policy on the implementation
of the Canberra Social Plan

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Introduction

Before we start the proceedings, let us acknowledge that that our Forum is taking place on country for which the members and elders of the Ngunnawal community have been custodians for many centuries, and on which Aboriginal people have performed age old ceremonies. We acknowledge their living culture and unique role in the life of this region.

Our Forum is about the Canberra Social Plan. We have given it the theme: *Making it Happen*: *The Impact of Drug Policy on the Implementation of the Canberra Social Plan*.

I was looking back through some of the papers on the Canberra Social Plan (Australian Capital Territory 2004) and noted that when Mr Jon Stanhope MLA, Chief Minister for the ACT, launched the Plan on 3 February this year he made a particularly interesting remark. He said:

> But I want to make one thing very clear. In *Building Our Community - The Canberra Social Plan,* you have a vision which has my personal backing; a program that I will personally lead.
>
> This document was not written to sit clean, unread and dust-covered on the bookshelf. It was written to become dog-eared, marked-up, notated and photocopied for years to come (Stanhope 2004).

Part of our role here today is to contribute to the process of it becoming 'dog-eared, marked up, notated and photocopied'. In other words, part of our task is, in a sense, to start the process of tearing it apart, looking at it, putting it together and making our contributions, as members of the community, to turning what is at the moment a government policy document, into reality.

I refer briefly to the purpose and objectives of today's Forum. We have listed three specific objectives and they are to consider these questions:
1. Are the measures outlined in the Canberra Social Plan, if implemented thoroughly, likely to achieve the Plan's objectives?
2. Are the resources needed to turn the Canberra Social Plan into reality likely to be made available?
3. What new approaches to integration in policy making and service delivery might be needed to make the Canberra Social Plan a reality?

These goals have been chosen because the Social Plan combines many statements of a general nature with a lot of detail. There are some specific commitments and some broad aspirational statements and so these issues become important. Is it in fact likely that the broad goals of the Social Plan could be achieved through the kinds of strategies mentioned? Is it in fact a reality that we would be able to produce in our ACT society the amount of money needed to achieve these very broad social goals? And in the past we haven't been very good at integrating the different sections of government, and the government and non-government sectors, together in a whole-of-government approach. Can we do better now?

Prevention

That said, byway of background I want to say a few things about prevention. A lot of us, having read the Canberra Social Plan, are quite excited about the fact that it has a major focus on prevention. Just next week there will be the release of a document that we have long awaited: a National Drug Strategy (NDS) monograph called *The prevention of substance use, risk and harm in Australia - a review of the evidence* (Loxley et al. 2004). This report will focus on substance use rather than substance abuse and it will be a major contribution to the development of the new National Drug Strategy Prevention Agenda. One of the components of the NDS monograph is about prevention in the area of alcohol, tobacco and other drugs (ATOD) within the broader context of prevention of social problems across society generally - the underlying theme of our Public Forum today.

A recent review of prevention thinking concluded that the types of prevention programs that we have now in the drug and alcohol field (and more broadly) could be improved if they demonstrated (among other things):
(a) 'greater understanding of the linkages among psychosocial problems' and
(b) 'expanding the breadth of prevailing models of prevention (Roche & Stockwell 2004). What this means is that the two most important things to move prevention along are first, to develop a better understanding of how different kinds of psychosocial problems interrelate, and second, that our models of prevention today and our theories and the way we turn theory into practice are not particularly sound, are not very well based in the research evidence nor in good practice, so we need to expand our approaches to prevention if we are going to move much further forward.

Social determinants of health

Part of this thinking comes from the social determinants of health field within population health. Perhaps we should really refer to that as the social determinant of health and well-being, taking a very broad concept of health.
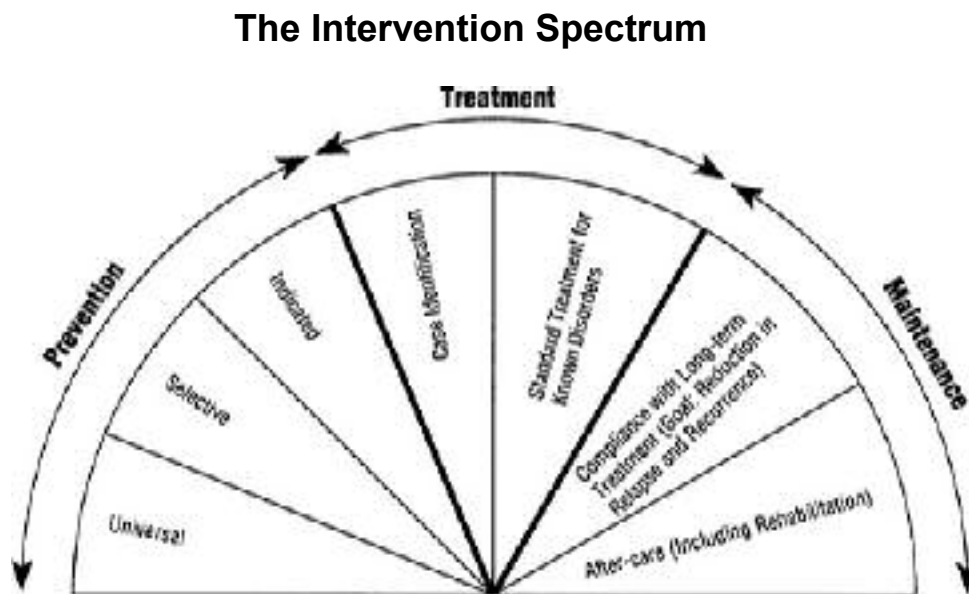
The European Office of the World Health Organisation has identified the key social determinants of health, based upon sound evidence. They are stress, early life, social exclusion, working conditions, unemployment, social support, addiction, healthy food and transport policies (Wikinson & Marmot 2003).

For those of is who are particularly interested in drugs, something important to understand about social determinants of health is that a two-way flow operates. Various up-stream issues in society (such as poverty or pre-natal nutrition) can influence outcomes in terms of problematic drug use. In turn, though, drug use and particularly problematic drug use can impact on other areas of life. For example, some groups in our community are socially marginalised, including many drug users and Indigenous people. That very process of social exclusion is itself a risk factor for problematic drug use. At the same time, harmful drug use is a risk factor for social exclusion so that creates some complexity in terms of prevention in dealing with the two way processes.

The intervention spectrum

Another piece of background and context which may be useful is that an intervention spectrum exists, a spectrum of interventions covering prevention, treatment and maintenance. In developing interventions we need to be careful that we get the balance right between the various types of services and approaches, and that is one of the greatest challenges confronting the people responsible for implementing our Social Plan.

This figure, from Mrazek & Heggerty (1994), shows the intervention spectrum as seen from a mental health perspective:

The Intervention Spectrum

Note that under 'prevention' the authors of this approach (which is widely used by prevention specialists in the ATOD and other fields) describe three types of preventive measures:
- universal measures: interventions suitable for everyone
- selective measures: interventions that are directed at people who are in population groups where there is a combination of risk factors and
- indicated measures: interventions with individuals starting to experience the problems in which we are interested.[1]

The prevention paradox

I will now turn to the last point I wish to make about prevention: the prevention paradox. Geoffrey Rose, a great public health thinker, pointed out that 'a large number of people exposed to a small risk may generate many more cases than a small number exposed to high risk' (Rose 1992). For example, with alcohol consumption we have in our society a large number of people, indeed a very large proportion of our population, drinking at levels above those recommended, but far below the levels that most people would think of as problem drinking. The fact is, however, that they

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[1]   Although Mrazek & Heggerty have popularised these three stages of prevention, the taxonomy was originally developed by Robert Gordon (1983).

contribute much more harm to our society than the relatively small proportion of people who are alcohol dependent.

The converse of this is that 'when many people each receive a little benefit, the total benefit may be large' (op. cit.).

How does this apply to the Canberra Social Plan? Were we to focus, in implementing the Social Plan, more-or-less exclusively on the people who are most disadvantaged in society, we would probably achieve society-wide outcomes that would not be as great as those flowing from a focus on the whole society. Of course we need to meet the needs of the most disadvantaged, but at the same time we need to take a population-level focus for prevention.

Canberra's Social Plan

Let me turn briefly to the Social Plan before introducing the speakers. The Social Plan lists seven priorities, as follows:

Seven priorities to guide policy-makers over the next 10 to 15 years

Economic opportunity for all Canberrans
Respect, diversity and human rights
A safe, strong and cohesive community
To improve health and well being
To lead Australia in education, training and lifelong learning
Housing for a future Canberra
Respect and protect the environment

We need to ask, do the people responsible for implementing the Plan have the authority to guide policy making on a whole-of-government basis over the next 10 to 15 years, particularly considering how diverse and pervasive the priorities are? And the Government has pointed out that the Plan should be seen in the context of other plans especially the Canberra Spatial Plan and the Economic Plan. How will these linkages occur?

We turn now to some of the Social Plan's priorities to which Families and Friends for Drug Law Reform have drawn particular attention.

Priority 1: Economic opportunity for all Canberrans

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"Reduce long-term unemployment and the level of unemployment experienced by vulnerable groups towards the ACT average" *(Social Plan, pp. 24, 26)*

"Reduce poverty and exclusion for vulnerable people" *(Social Plan, pp. 6, 10, 26)*

There is to be a "concerted attack on the causes of poverty and social exclusion" *(Social Plan, pp. 8, 10, 26).*

"Close to one-in-thirteen adults and one-in-nine children live in poverty. A study on poverty in the ACT indicated that people living in financial hardship are more likely to be young, in receipt of government cash benefits, living in public housing, in lone-parent households and unemployed" *(Social Plan, p. 20)*

In regard to economic opportunity you can see that the plan talks about reducing long term unemployment and the level of unemployment experienced by vulnerable groups. It also talks about reducing poverty and exclusion in vulnerable people and there is a concern to tackle the causes of poverty and the causes of social exclusion.

Priority 3: A safe, strong and cohesive community

Priority 3 is also important to us; it is about a 'safe, strong and cohesive community'. But look at these figures on female imprisonment. Something is going very wrong in the operation of the criminal justice system, or in the human services more broadly, to produce this picture.

Priority 3: A safe, strong and cohesive community

Female imprisonment

In Australia "the imprisonment rate for women increased by 60% between 1995 and 2002, in contrast to an increase of 15% in the imprisonment rate for men." (Australian Bureau of Statistics, Australian social trends 2004, p. 185)

 "In 2003, women prisoners were described as often experiencing 'multiple social and economic disadvantages pre and post release…"

"Women in prison appear to be a high-need group, with many having poor physical and mental health." (Australian Bureau of Statistics, Australian social trends 2004, p. 185)
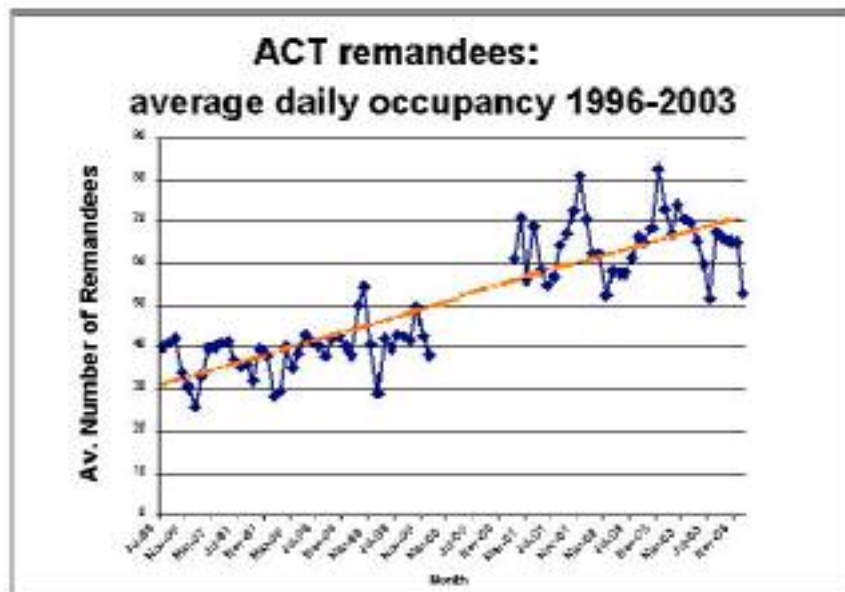

Here are some charts presenting criminal justice data that have been prepared by Families and Friends.

Source: Table 1.3 of Adam Graycar & Peter Grobosy eds, *The Cambridge handbook of Australian criminology* (Cambridge UP, 2002) p. 16.
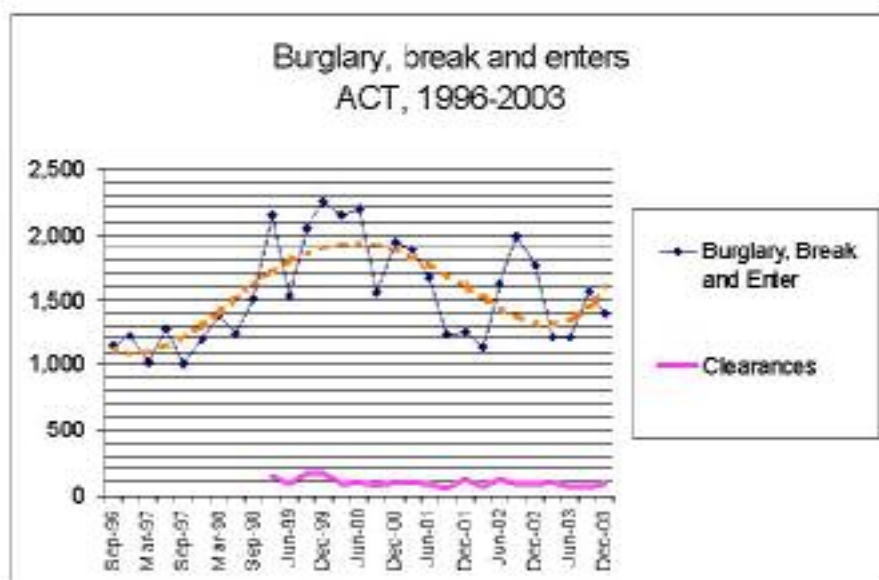
This chart shows trends in imprisonment rates over the century. It is clear that we are in awful situation: we are now returning to a period of relative high imprisonment

rates. One can ask: 'Is Australia a better society by virtue of locking up such a large number of people, a lot more now than in previous generations?'.
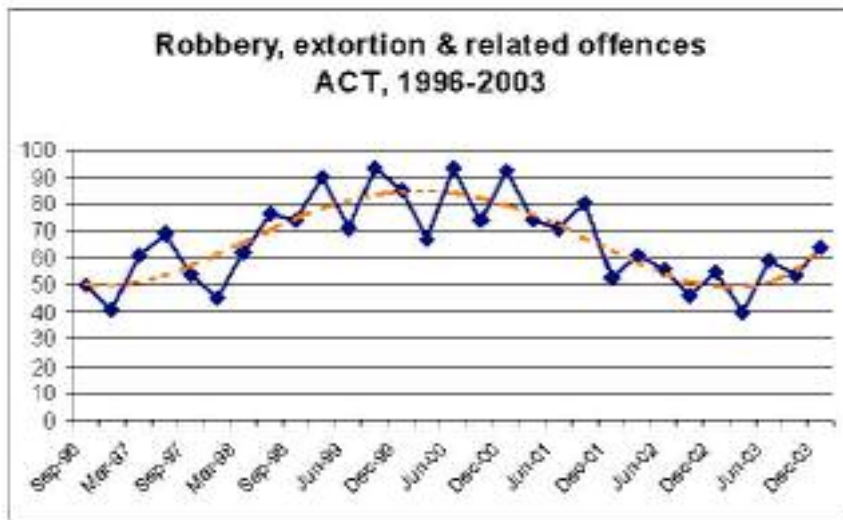

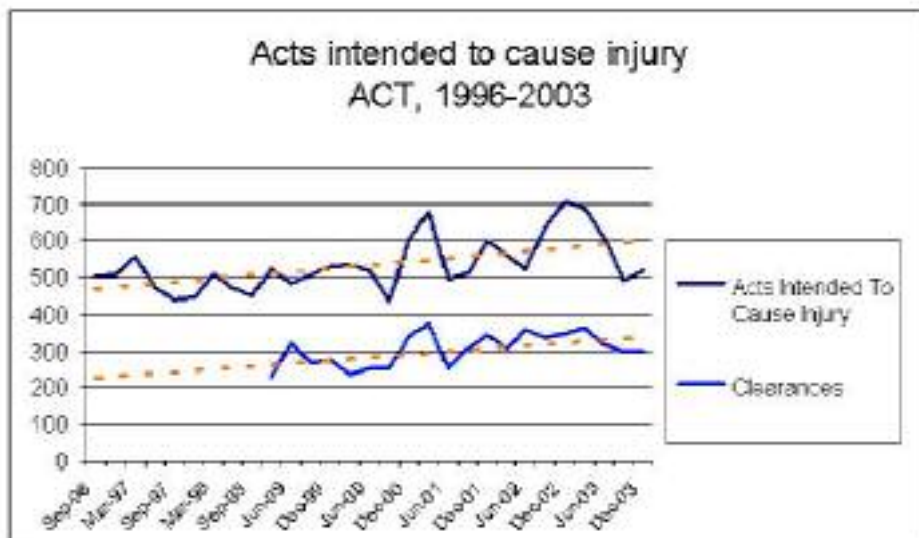Source: ACT criminal justice statistic profile

Coming closer to home we can see trends in regards to ACT remandees over the last nine years or so. A linear trend - a straight line tending upwards – showing the number of people who have been remanded in custody in the ACT.

We turn to burglary and break and enter offences in the ACT over the same time period. You can see how the number rose around 2000, fell and appears to be rising again. Some say the heroin drought was the driver of that particular pattern.

A similar trend curve can be seen with respect to with robbery and related offences.

Now let us look at injury here in the ACT. We see a slightly different pattern but still a slight increase in reported injury offences – another challenge for our criminal justice system.

Priority 4: to improve health and well-being

Child Protection

"There were 2,124 notifications of child abuse and neglect recorded in the ACT in 2002-03. Of these 310 (15%) were substantiated, resulting in 149 children being admitted to care and protection orders." *(Social Plan*, p. 24)

Priority 4 is improvements in health and well-being. For many people, child protection is a core issue in respect of community well-being.

Priority 6: Housing for a future Canberra

Homelessness

"…studies in the 1960s and early 1970s suggested that the homeless population was mostly male, and disproportionately in the older age groups…

"…here are now more women in the population, more young people, and a significant minority of families…

"It is also clear that the population has increased over the past 40 years…" (MacKenzie, *Counting the Homeless 2001*, Australian census analytic program (2003), p. 64)"Homelessness was estimated to affect around 1,230 Canberrans at any one time in 2001. The number who sleep rough … each night was between 120 to 315 people." (*Social Plan*, p. 24)

And finally Priority 6 concerns housing - a core issue in terms of the well-being of individuals in our community as a whole. The Canberra Social Plan points out the extent of homelessness in our relatively well-to-do community. I suspect that this would surprise many from interstate who do not realise that Canberra faces many social problems similar to those found in other parts of Australia

Conclusion

So with those background comments completed, it is now my pleasure to welcome our guest speakers, Prof Ian Webster: Physician, Emeritus Professor of Community Medicine and Public Health; Assoc Prof Dr Michael Levy: Director, Centre of Health Research in Criminal Justice (Corrections Health Service); Ms Meredith Hunter: Executive Officer, Youth Coalition of the ACT; and Mr Basil Varghese: Education Co-ordinator/Ambassador, The Brotherhood of St Laurence, Melbourne.

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