



Alcohol, tobacco, and other drugs

Background

The use of alcohol, tobacco, and other drugs is a significant direct and indirect contributor to ill health and preventable disease.

While the rate of use is decreasing, alcohol remains the most highly consumed substance of concern. Almost 40% of Australian adults exceed the single occasion risk guidelines;¹ alcohol use contributes to 4.5% of disease and injury in Australia, including 22% of road traffic accidents,² and either caused or directly contributed to over 5,500 deaths recorded in Australia during 2017.³ Used in isolation, excess alcohol consumption accounted for half of the 137,000 drug related hospital presentations in 2016-17.⁴

Although fewer Australians smoke than ever before, tobacco use remains the single greatest preventable contributor to disease and premature death in Australia, responsible for 9.3% of all disease and injury in 2018.⁵

Over a million Australians misuse prescription drugs annually, and that figure is increasing.⁶ Many people believe these medications are lower risk and safer than illicit drugs, but in 2016 over half of Australia's drug-induced deaths resulting from two or more substances involved prescription drugs, primarily benzodiazepines (an almost three-fold increase since 2006), and prescription opioids (more than twice the number of prescription opioid-related deaths a decade earlier).⁷

Physical dependence can occur even when some prescription medications (particularly opiates and benzodiazepines) are taken as directed. This often starts as tolerance – the drug has less effect, and the person or prescriber increases the dose to achieve the same result. Physical dependence causes symptoms of withdrawal, leading people to take higher doses or combine drugs in order to relieve these symptoms.⁸ Prescription drug misuse occurs in isolation, in combination with other prescription medications and/or alcohol, and in conjunction with illicit drug use.

Experiencing stigma and prejudice increases the incidences of problematic and long-term substance use. This is particularly the case for marginalised populations, including people who:

- a. are older (classified as over 50, as alcohol and other drug misuse can contribute to premature ageing);
- b. are experiencing homelessness;
- c. are sex and gender diverse;
- d. are of Aboriginal and/or Torres Strait Islander heritage;
- e. have had contact with the criminal justice system;
- f. have mental ill-health (dual diagnosis);
- g. have chronic pain; and/or
- h. have experienced institutional abuse.

Many people who use alcohol, tobacco and drugs occupy more than one of these population groups, and are more likely than the general population to have had adverse childhood experiences, including out-of-home care, and/or experienced complex, inter- or multi-generational trauma.⁹



It is the position of the Australian Nursing and Midwifery Federation that:

1. People use substances for a wide range of reasons, including recreational use, and they are generally unaware of the potential for harmful effects.
2. The prevalence of substance use means people receiving care across the full spectrum of nursing and midwifery practice may be affected. It is therefore essential that all nurses and midwives are aware of, educated and informed about issues relating to harm minimisation for substance use, and be prepared to provide opportunistic education in their practice settings. Health assessments should include screening for alcohol, tobacco, and drug use (prescription and illicit) with education and referral to support services offered as appropriate.
3. State/territory and federal funding should be provided to:
 - a. assist in the education of nurses and midwives on alcohol, tobacco and other drug use interventions and management strategies;
 - b. facilitate more nurse- and midwife-led programs;
 - c. enable and engage people to access support services from nurses and midwives through face-to-face and/or telehealth when and where needed to suit people's needs; and
 - d. employ more nurse practitioners in the alcohol and other drug sector.
4. Harm minimisation measures are required to reduce harm from substance use, avoid unnecessary deaths, reduce the burden of disease, and decrease hospitalisations for the benefit of the individual and the community.
5. While essential and underfunded, harm minimisation and rehabilitation services do not prevent initial or prolonged substance use. Any meaningful action must therefore address the wider socioeconomic causes that increase the likelihood of people using alcohol and other drugs.
6. Meaningful action requires early intervention, including:
 - a. Education and policy measures to reduce stigma and prejudices, particularly those experienced by marginalised populations, that contribute to anxiety, depression, shame, and fear which lead to self-medication with alcohol, tobacco and drugs;
 - b. Reducing poverty and inequity through increasing social support payments;
 - c. Investing in public housing;
 - d. Providing parenting programs and other support services to reduce the number of children in out-of-home care;¹⁰ and
 - e. Allocating dedicated, direct funding to services that address trauma and chronic pain management.

These interventions contribute to breaking the cycle of under-education, unemployment, problematic substance use, and incarceration.

7. Shifting away from an emphasis on criminal justice approaches to illicit drug use allows allocation of more funding for rehabilitation, education and early intervention programs without increasing overall costs. Illicit drug use should be managed as a health issue rather than an



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enforcement matter. Decriminalisation of simple drug possession (quantities consistent with personal use) breaks the cycle of under-education, joblessness, poverty, harmful drug use and incarceration.¹¹ It has also been shown to reduce stigma, a contributing factor to problematic alcohol, tobacco, prescription and illicit drug use, treatment service avoidance, and impeded social reintegration.¹²

8. Substance use not only affects the individual but families, friends and the broader community.
9. Harm minimisation is a whole of community responsibility, not just that of any one organisation or person. Social harm caused by alcohol, tobacco, and prescription and illicit drug use is trending upwards.¹³ The notion of social harm being reduced by 'decriminalisation' requires a national approach to properly investigate, understand, and address associated impacts.

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References

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This position statement should be read in conjunction with the ANMF Position Statement on *Harm Minimisation* and the ANMF Policy on *Nurses, midwives and assistants in nursing and harmful use of alcohol and other drugs*.