



Harm minimisation for alcohol and other drugs position statement

1. Purpose

This position statement sets out the actions the Australian Nursing and Midwifery Federation (ANMF) considers all Australian Governments should take to reduce the social, economic and health harms associated with alcohol and other drug (AOD) use in Australia.

2. Definitions

Harm minimisation is a strategy directed toward individuals or groups that aims to reduce the harms associated with certain behaviours. An AOD harm minimisation strategy accepts that:¹

- licit and illicit drug use is an inevitable part of society
- AOD use occurs across a continuum, ranging from occasional use to dependent use
- a range of harms are associated with different types and patterns of use
- a range of approaches can be used to respond to these harms
- change can be more usefully measured by measuring health, social and economic outcomes rather than the consumption of AOD.

3. Context

A range of significant social, economic and health harms are associated with AOD use.²

Health harms include injury; chronic conditions and preventable diseases (including lung and other cancers; cardiovascular disease; liver cirrhosis); mental health problems and road trauma.

Social harms include violence and other crime; unhealthy childhood development and trauma; intergenerational trauma; and domestic and family violence.

Economic harms include increased healthcare and law enforcement costs and increased marginalisation and disadvantage.

AOD also impacts the social determinants of health through associated discrimination, unemployment, homelessness, poverty and family breakdown.

The increasing prevalence of AOD use means people receiving care across the full spectrum of nursing and midwifery practice are affected.³ It is therefore essential that all Australian Governments develop and implement national harm minimisation strategies that include educating nurses and midwives about harm minimisation and equipping and supporting them to provide opportunistic education in their practice settings.

¹ In this document, alcohol and other drugs (AOD) includes licit and illicit drugs and tobacco.

² The *National drug strategy 2017-2026* lists these and other harms. See: <https://www.health.gov.au/resources/publications/national-drug-strategy-2017-2026?language=en>.

³ For up-to-date statistics on AOD use in Australia see: [Alcohol, tobacco & other drugs in Australia. About - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au) and Australian Bureau of Statistics, 2017, Drug induced deaths in Australia: a changing story at <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2016~Main%20Features~Drug%20Induced%20Deaths%20in%20Australia~6>.



4. Position

Harm minimisation AOD strategies

It is the position of the ANMF that:

1. All Australian Governments should acknowledge that:
 - AOD use is a persistent feature of contemporary society
 - AOD use is a public health issue that requires national and state evidence-based, whole of government, whole of community, harm minimisation strategies.
2. All Australian Governments should develop and implement such strategies and ensure they include successful programs such as:
 - needle and syringe programs⁴
 - opioid substitute therapy, such as Methadone or Suboxone programs
 - supervised injecting centres⁵
 - peer supported naloxone programs
 - peer education programs.
3. Decriminalisation may also be one element of such a strategy and all Australian Governments should thoroughly and expertly research and investigate the effectiveness of decriminalisation as a public health strategy.
4. National and international evidence supports the effectiveness of pill testing in preventing overdose and unnecessary deaths and in providing an opportunity to share information and education about the risks and potential harms of drug use and all Australian Governments should collaborate with frontline health experts to introduce pill testing trials⁶
5. All Australian Governments should also take meaningful action to address the wider socioeconomic causes of AOD use and break the cycle of under-education, unemployment, poverty, harmful AOD use and incarceration by:
 - funding education and policy measures to reduce the stigma and prejudices that contribute to anxiety, depression, shame, and fear and lead to self-medicating AOD use, particularly in already marginalised populations^{7,8}
 - increasing social support payments to reduce poverty and inequity
 - investing in public housing

⁴ Carruthers, S. 2018. *Needle and syringe programs in Australia: Peer-led best practice*, viewed 28 September 2023 at <https://idpc.net/publications/2018/04/needle-and-syringe-programs-in-australia-peer-led-best-practice>.

⁵ Schatz, E & Nougier, M. 2012. *IDPC Briefing paper: Drug consumption rooms: evidence and practice*, viewed 28 February 2019 <https://idpc.net/publications/2012/06/idpc-briefing-paper-drug-consumption-rooms-evidence-and-practice>.

⁶ Groves, A. 2018. Worth the test? Pragmatism, pill testing and drug policy in Australia, *Harm Reduction Journal*, 2018, 15:12 Viewed 28 September 2023 at <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-018-0216-z>.

⁷ Mendes KT, Ronzani TM, and de Paiva FS. 2019. Poverty, stigma, and drug use: Reflections about a perverse relation. In: Ximenes V, Moura Jr J, Cidade E, Nepomuceno B. (eds) *Psychosocial implications of poverty*. Springer, Cham pp.77-89.

⁸ Marginalised groups include people who are: over 50; experiencing homelessness; sex and gender diverse; Aboriginal and Torres Strait Islanders; and people who have had contact with the criminal justice system; experience mental ill health or chronic pain; and people who have experienced institutional abuse.



- providing parenting programs and other support services to reduce the number of children in out-of-home care⁹
- allocating dedicated, direct funding to services that address trauma and chronic pain management
- decriminalising simple drug possession (that is quantities consistent with personal use) and reallocating funding to rehabilitation, education and early intervention programs.¹⁰

Nursing and midwifery workforce development

It is the position of the ANMF that:

6. All Australian governments should provide funding to:
 - educate nurses and midwives on AOD use and harm minimisation strategies and interventions
 - facilitate more nurse and midwife-led harm minimisation programs and encourage and enable people to access them when and where they need to through face-to-face or telehealth services
 - employ more nurse practitioners in the AOD sector
 - ensure health assessments include screening for AOD use (prescription and illicit) with education and referral to support services offered as appropriate
 - ensure court liaison nurses are involved in the assessment of client suitability for AOD diversion programs.

5. Position statement management

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⁹ Chambers JM, Lint S, Thompson MG, Carlson MW, and Graef ML. 2019. Outcomes of the Iowa parent partner program evaluation: Stability of reunification and re-entry into foster care *Children and Youth Services Review* 104, 104353 DOI: 10.1016/j.chilyouth.2019.05.030.

¹⁰ Stevens A, Hughes CE., Hulme S, and Cassidy R. 2019. Depenalization, diversion and decriminalization: A realist review and programme theory of alternatives to criminalization for simple drug possession *European Journal of Criminology* pp. 1-26 <https://doi.org/10.1177/1477370819887514>.