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AUSTRALIAN INJECTING & ILLICIT DRUG USERS LEAGUE

House of Representatives
Family and Human Services Committee

Parliamentary Inquiry Submission

INQUIRY INTO THE IMPACT OF ILLICIT DRUG USE ON FAMILIES

March 2007

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BACKGROUND

The Australian Injecting and Illicit Drug Users League (AIVL) is the national peak organization representing the state and territory drug user organizations and issues of national significance for people who use illicit drugs. AIVL is a peer-based organization, which means it is run by and for people who use or have used illicit drugs.

As a peak body, AIVL has a membership made up of a national network of peer-based organizations and programs which ensures the organization truly represents a national perspective on the issues for people who use illicit drugs. AIVL's current members, and also on behalf of whom this submission is forwarded, are:

- NSW – NSW Users and AIDS Association (NUAA)
- ACT – Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- Vic – Victorian Drug Users Group (VIVAIDS)
- SA – South Australian Voice of Intravenous Education (SAVIVE)
- WA – Western Australian Substance Users' Association (WASUA)
- NT – Network Against Prohibition (NAP)
- Qld – Queensland Injectors Health Network (QuIHN)
- Tas – Tasmanian AIDS, Hepatitis and Related Diseases Council (TasCAHRD)

AIVL operates within a health promotion framework as articulated in the *Ottawa Charter for Health Promotion* (1986). With this overall framework in mind, AIVL undertakes a broad range of health promotion and disease prevention activities and programs. One of AIVL's primary aims is to prevent and reduce the transmission of blood borne viruses amongst people who inject illicit drugs (PWID), such as hepatitis B and C and HIV, and to ameliorate the negative impact of such conditions amongst those already infected. In addition to disease prevention activities, AIVL also works to promote the provision of high quality, accessible and relevant services for people who use illicit drugs throughout Australia, including drug treatment services.

Although AIVL represents and addresses issues affecting all illicit drug users, AIVL and its member organisations maintain a priority focus on PWID and injecting drug use issues due to the higher levels of harm and marginalisation routinely experienced by PWID. AIVL believes people who use illicit drugs have the right to be treated with dignity and respect and be able to live their lives free from discrimination, stigma and health and human rights violations.

AIVL would like to thank the Standing Committee on Family and Human Services for the opportunity to participate in, and provide comments to, the *Inquiry into the Impact of Illicit Drug Use on Families*.

This submission has been authorized to forward to the Inquiry by Michael Lodge, an AIVL Executive Committee member, on behalf of AIVL.

Appearing as a Witness

AIVL understands the committee will determine who shall be called to a hearing to appear as a witness. Given the direct personal experiences of AIVL members and the professional involvement of the organization in relation to all of the Inquiry's terms of reference, AIVL would appreciate the opportunity to appear before the Inquiry as a witness to discuss the matter further. AIVL's Executive Officer and Treatment and Policy Manager would nominate to appear.

INTRODUCTION

Whilst it is acknowledged this Inquiry is focusing on the impact of illicit drug use on families, AIVL believes it is important to keep at the forefront of the Australian response to drug use the real situation in which alcohol is the drug wreaking the greatest havoc on Australian families. Putting this into perspective, alcohol causes the majority of harm in terms of the social, health and economic cost on Australian society. A report in 2000[1] stated 47% of assaults perpetrated by Australian males were attributed to alcohol use, with an equal figure attributable to alcohol use by women. The same study notes alcohol is involved in approximately 50% of cases of domestic, physical and sexual violence[2]. Alcohol related harms place a severe strain on the public health system and include cancer risks, cirrhosis of the liver, cognitive problems and dementia, heart and circulation concerns, stress, sleep and sexual functioning irregularities, gut and pancreas concerns, impact on pregnancy and risk taking behaviour leading to injuries and death. Social consequences range from minor acts of vandalism or offensive behaviour to more serious anti-social behaviour and family breakdowns. Economic consequences range from the bigger picture costs, expenditure and demands on the Australian health care system, public housing and Centrelink benefits, through to individual costs such as loss of employment, housing and family support networks.

In the context of this submission, it is acknowledged a great many harms are associated with illicit drug use. These range from health related concerns including lung and liver cancer, fatal drug overdose, transmission of blood borne viruses, heart disease and loss of limbs, to key social and financial costs such as difficulty holding down employment due to a chaotic lifestyle resulting in a reliance on welfare and public housing, or homelessness, dislocation from family, friends and social support systems, and potentially periods in prison for drug related offences.

By its very nature, the illegal and illicit status of drug use isolates and marginalises the person, and it keeps the person away from their family for a variety of reasons including fear of rejection, fear of discrimination and judgement, and shame. The same is said to be the case for family members seeking support –

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[1] National Health and Medical Research Council, (2000). *Australian Drinking Guidelines: Consultation Draft*, NHMRC, Sydney.
[2] Ibid.

experiences of isolation, fear of rejection, discrimination and judgement[3]. A great deal of these harms for the families is caused by the fact that the drugs and the act of administering the drugs are illegal.

People who use illicit drugs are part of families and should not be looked at in isolation. In much the same way, people who use illicit drugs should not be isolated or demonized through this Inquiry. Upon informed reflection it becomes clear it is not the individual causing the harm, it is the context in which the drug use occurs such as structural systems acting as barriers to quit, barriers to accessing treatment due to waiting lists, or barriers to accessing the means to safer drug use; institutions imposing punitive compliance measures without due note to the individual's human rights, wishes and needs; the complexities involved in the decision making process around drug use; misunderstanding and fear generating panic fed by ill informed institutions such as the media; and simple ignorance. It should not be forgotten people who use illicit drugs also have families, they may be carers for family members, whether they be children or frail parents.

AIVL's submission will touch not just on non-drug using parents and their using children but also briefly on using parents and their non-using children.

TERMS OF REFERENCE

1. The financial, social and personal cost to families who have a member(s) using illicit drugs, including the impact of drug induced psychoses or other mental disorders

All drug support and treatment services must be accessible, realistic and affordable to minimise the cost to families who have a member using illicit drugs. Unfortunately this is not consistently the case across Australia. Criteria for simply gaining a place to enter a drug detoxification clinic may be unrealistic in its expectations. Often the life of a drug user when they seek treatment has become chaotic and in response services must be flexible in approach, ready there and then to take on the individual and be able to work with people as individuals.

Currently Australia's drug treatment programs are based on a 'user-pays' principle. If the person who has been using drugs cannot afford to pay for the treatment then the service will often automatically look to the family to provide financial support, however if the family is unable to cover the costs, then it is questionable if system is responding adequately.

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[3] Sayer-Jones, M. (Ed.), (2006). *In My Life*, Commonwealth of Australia, Canberra.

One mother we spoke to in preparation for this submission explained that she became aware her daughter was injecting amphetamine-type stimulants and was having psychotic episodes. The daughter advised she used heroin intermittently. The mother expressed exasperation at the conflicting advice she received with each telephone call and the struggles she had trying to interact with the 'system'. The mother felt the treatment sector had moved away from maintenance and was pushing coming off drugs as the only option. Maintenance on a drug treatment regime provides stability and the opportunity to live fulfilling lives, look after basic needs. In the long term it is less of a cost to society because it enables a move away from welfare to training and employment opportunities.

The mother experienced treatment workers voicing ways the mother could get the child into coerced treatment, which was not an option, research shows coerced treatment is less successful than requested treatment (Leukefeld, C.G. & Tims, F.M., (Eds) Compulsory Treatment of Drug Abuse Research and Clinical Practice,National Institute on Drug Abuse Research Monograph #86, US Department of Health and Human Services, Washington 1988). There was already tension within the family about money to pay for the treatment, and opinions differed on what was the best treatment.

Treatment suggested was a pharmacotherapy program for opioid dependency, buprenorphine, through a private clinic at cost. The mother was informed after 3 months the daughter could switch to a public clinic at reduced cost. However, some months later the daughter remains at the private clinic, has been switched to methadone and advised the daughter could not access a public clinic unless something bad happened eg the daughter was arrested. The daughter was not assessed thoroughly at commencement, the mother questions whether qualified counselors are working with her daughter and now has a daughter with an opiate addiction. Because of a lack of pharmacotherapy programs for amphetamine related dependence the daughter was pushed into opioid pharmacotherapy which has exacerbated the problem by increased dependence on another drug. This clearly shows more treatment options are required – no one size fits all.

The daughter is on Centrelink benefits awaiting court appearance for drug related offences and until then must remain in a specific residential area and State to report regularly to police. This requirement hasn't helped the family stay intact. This is also indicative of taking a law enforcement approach rather than dealing with it as a health issue. As a family group, they are no longer able to live together and the mother (contract worker) and stepfather (self employed) are required to pay for the daughter's rent and pharmacotherapy payments. Her benefits would not cover rent, food, pharmacotherapy payments, legal fees, utilities, transport to collect daily dosing and police reporting. Tension exists in relation to money. The mother does not want to create a sense of financial dependency on her by the daughter, but at the same time she cannot abandon her daughter for fear she may pick up drug use again.

The way in which a family responds to a member's illicit drug use can have a huge difference to the financial, social and personal cost to the family. For example, if the person is unable or unwilling at that time to cease their drug use, or seek treatment and support, and the family is pushing an 'immediate abstinence' stance, the family will push that member away, leading to family breakdown. If it is a young person using drugs, forcing these people away from

their families is the real harm. One Australian family support service redefines the concept of 'success' and utilizes harm reduction in its work with families. "Our definition of success does not incorporate drug-free status as a definite and primary outcome. Instead we find that the by-product of having support, collective wisdom and coping skills is that the drug user is often healthier and moving more positively and quickly through his or her 'Stages of Changes'"[4].

Harm reduction is a 'family friendly' approach in that it provides practical tools to keep moving forward together. After the using ceases the impact will have been kept to a minimum. A mother interviewed for this submission, who has a daughter using illicit drugs, has been able to work with her daughter throughout the daughter's move from drug use into treatment because the mother has understood the concept of harm reduction, as a safety mechanism and the importance of each component of harm reduction. The mother recently noted:

> "Because I have been exposed to harm reduction we have a good relationship other wise I think the relationship would be very strained and different." mother, February 2007

Recommendation 1: That all Australian governments commit to providing a range of high quality, accessible, affordable and evidence-based treatment services.

2. The impact of harm minimization programs on families

The Federal, State and Territory Governments have responded to drug use in Australia by investing heavily in a series of nationally agreed strategies within a harm minimization framework. The National Drug Strategy 2004-2009 articulates a nationally consistent approach and links the response to associated public health policies such as the National Hepatitis C Strategy 2005-2008, the National Aboriginal and Torres Strait Island Sexual Health and Blood Borne Virus Strategy 2005-2008 and the National Mental Health Plan. Such an approach supports a partnership response 'on the ground' for government, business and non-government organizations to develop programmatic strategies to the health, legal and social issues affecting people who use drugs. The direct involvement of service users or consumer representatives in the planning and delivery of services has been accepted as critical in all other areas of health and social services provision. This must occur in the response to drug use to ensure relevance and effectiveness.

Recommendation 2: That people who use illicit drugs are recognized as key players in the response to drug use issues and challenges.

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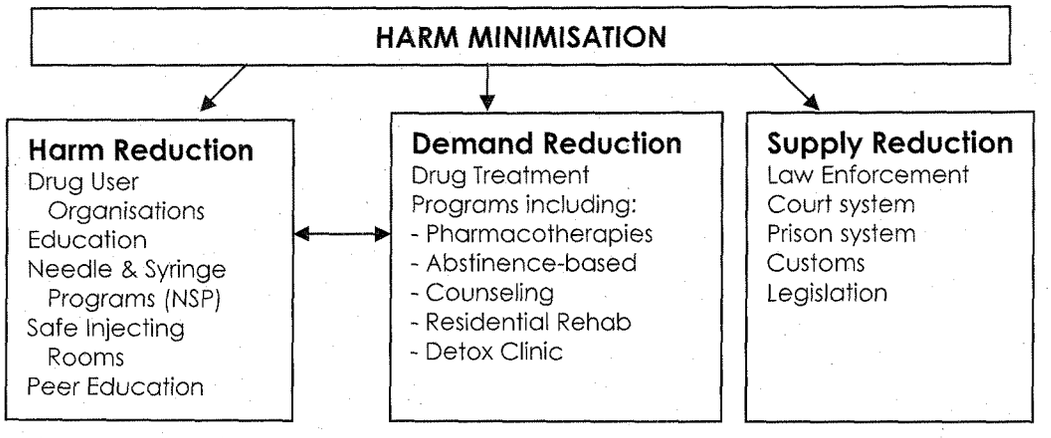
[4] Trimmingham, T. and McConnell, B. (Ed.), (2000). *National Families & Community Conference on Drugs: Voices to be Heard, Conference Proceedings*, Family and Friends for Drug Law Reform (ACT) Inc., Canberra

The three elements which underpin Australia's approach to drug use are harm reduction, demand reduction and supply reduction. Flowchart 1 depicts the harm minimization framework and provides strategies for the implementation and/or delivery of the 3 elements. For example, pharmacotherapy programs are both a demand reduction strategy and a harm reduction strategy, in much the same way education falls under both elements.



Flowchart 1: The harm minimization framework

With reference to this specific term of reference, the strategies or programs operated from within each of the 3 elements have the potential to impact on families. The impact would be determined by consideration of factors including isolation a person may feel whilst accessing or undergoing a program, the level of ignorance family members may have of the program the person using drugs is accessing, the respect shown towards the individual and their family by service providers.

When examining the impact of an NSP on families, factors such as perceptions and experiences of judgement from workers need to be examined as these then impact on a person's ability to establish a relationship with the program, access a range of services delivered there eg collection of sterile injecting equipment, disposal of used injecting equipment, education on hepatitis C prevention, referral to a health clinic for hepatitis B vaccination or methadone prescribing. The resultant effect on the individual's family should be a sense of security in that the family member is receiving sound health care advice and support, and the means to remain free from blood borne viruses and bacterial infections keeping the whole family safe.

Sadly however, there is much community fear and ignorance around the role of NSP that many have been forced to close over the years and it is often extremely difficult to establish new NSP despite clear evidence showing the need for the program in a particular area. This misunderstanding could be alleviated by strong leadership from all 3 tiers of government in assisting the community to understand the invaluable role NSP play in society to assist and lessen the impact of illicit drug use on all families. Several years ago, and updated in 2005, the Commonwealth Government developed a booklet answering commonly asked

questions about NSP eg do NSP increase the rates of injecting drug use[5] - the answer is 'no'. The responses were drawn from evidence based research. This booklet was produced for distribution to media outlets, politicians and local councilors with the aim of providing the facts and alleviating media sensationalism around the topic of drug use and Australian responses. Unfortunately, distribution has fallen short of intended recipients, hindered by a commitment to invest in the booklet's effective distribution and the foreseen benefits have fallen short as a result.

Recommendation 3: That Governments liaise with media to ensure reporting on drug use issues does not increase the marginalization and discrimination for people who use drugs and their families, that reporting is balanced and depictions of people who use drugs are not sensationalized.

The following harm reduction based strategies are clearly evidence-based in their benefits to the Australian community, and in turn limit the impact on Australian families. In addition, these strategies are sound investments, which have shown to have long term public health savings.

It has been almost 21 years since Australia's first NSP opened and a direct corollary of this has been the HIV rate amongst PWID has remained at a low 1-2% within this community group. This remarkable achievement is a worldwide phenomenon, and many other countries followed suit establishing NSP. Australia maintains one of the lowest rates of HIV amongst PWID in the western world[6].

In 2002, the Commonwealth Government released the *Return on Investment in Needle and Syringe Programs in Australia* report[7]. This Commonwealth Department of Health and Ageing commissioned research, assessed the effectiveness of NSP in preventing the transmission of hepatitis C and HIV, and used the findings to calculate a monetary figure for the return on investment of these programs. Findings showed that based on 21,000 hepatitis C cases being avoided between1988-2000, it is estimated that $783 million in hepatitis C treatment costs will be avoided due to the introduction of NSP. Applied to HIV, and based on 25,000 cases avoided, it is estimated $7,025 million in HIV treatment costs will be avoided by the introduction of NSP.

The role of NSP has evolved over the years from one with the primary focus on blood borne virus transmission prevention to one in which PWID are offered information on a range of health and community support issues including information and referral to drug treatment programs. NSP are an effective

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[5] Commonwealth of Australia, (2005). *Needle and Syringe Program Information Kit*, Australian Government Department of Health and Ageing, Canberra.
[6] Australian Government, (2005). National HIV/AIDS Strategy: Revitalising Australia's response 2005-2008, Australian Government, Canberra.
[7] Health Outcomes International Pty. Ltd., the National Centre for HIV Epidemiology and Clinical Research and Drummond, M., (2002). *Return on Investment in Needle and Syringe Programs in Australia*, Commonwealth Department of Health and Ageing, Canberra.

conduit from harm reduction to demand reduction activities or in other words moving PWID through to drug treatment services. This process must occur on an 'as asked basis'. NSP workers, particularly peer workers, are often the only 'trusted' source of information for PWID who quite often feel isolated from community health services and their support workers.

Drug user organizations operate throughout Australia and are funded by state and territory governments, unfortunately they remain unfunded in the Northern Territory, the Australian Capital Territory and Tasmania. These unique organizations play a crucial role for people who use illicit drugs, people quite often isolated from their families and the rest of society. Through the workers direct experiences, the organisations provide governments, services and the broader community with the 'drug user perspective' on a range of issues in relation to illicit drug use. Equally, as 'peers' they have the credibility and trust required to reach other people who use illicit drugs. The peer-based approach of these organizations is based on respect and a recognition that people who use illicit drugs can and do educate and learn from each other. This approach recognizes that people who use illicit drugs can manage their own effective and professional organizations.

Within these organizations and programs, drug users are represented at all levels of the organization. It is an empowering experience for a person who uses illicit drugs to be in the workplace, developing, delivering and evaluating projects (such as education sessions for their peers on blood borne virus prevention), and delivering services (such as NSP) which match their unique set of skills and expertise. On the other hand drug users are learning new sets of skills and volunteering on Committees of Management, effectively contributing in a meaningful way, and to coin a government phrase, to one's mutual obligations.

Another successful strategy and a contributor to the drop in fatal overdose statistics over the past 5 years has been overdose training in which peer educators have been skilled up and qualified to run overdose information sessions for their peers (PWID). These sessions involve discussion of overdose related matters, dispelling myths, identification of overdose symptoms and expired air resuscitation (EAR) training. As a result of these training sessions, PWID have saved the life of their peer by responding in a timely manner, not panicking, calling an ambulance, and administering first aid, all of which has meant families have not been heartbroken as a result of another drug related overdose death.

AIVL and its member organizations, the jurisdictional state and territory drug user organisations, play a crucial role for those isolated from their families and the rest of society due to the illegal nature of their drug use[8]. It is not unusual for family members to seek in the first instance, support from a harm reduction based service. This may be for any number of reasons, eg they have found sterile

[8] AIVL, (2003). *Why AIVL is an Important Organisation*, AIVL, Australian Injecting and Illicit Drug Users League, Canberra.

injecting equipment in the home and through media reporting are aware of the local NSP. Workers at AIVL member organizations have found that family members are often greatly relieved to be able to speak with someone who understands and provides insight from the user's perspective:

> "The only real support I got came from professionals in harm reduction agencies" mother, February 2007

Recommendation 4: Harm reduction strategies including NSP, peer education and drug user organizations should be enhanced and expanded, and governments should educate the public on the community benefits derived from these government funded services.

If we look at supply reduction and the impact it has on families, the potential for sound health and social outcomes is minimal in comparison to the harm reduction and demand reduction elements. In an analysis of the 2002-03 budget, this element received by far the greatest percentage of funding (at 42% for law enforcement and 14% for customs of allocated dollars) followed by prevention eg in schools (23%) and treatment (17%), while harm reduction received 3% and other at 1%[9]. Unfortunately however, this element causes the greater negative impact for the illicit drug user and their family, resulting for example in isolation from health and support services, family breakdown, and a criminal record which a young person will have for the rest of their life limiting employment, travel and assets investment opportunities.

Recommendation 5: That an assessment be undertaken with a view to repositioning funding on an equitable basis across the 3 elements of the harm minimization response.

An effective response to drug use, is to view it as a health issue, not as a legal issue, otherwise as one parent stated[10]:

> "Until our community gets its head sorted out and treats addiction for what it is, an illness not a crime, we'll continue to have problems."

The criminalisation of drug use leads to underground activities and silence whereby a person using drugs may not access sterile injecting equipment from a primary NSP for fear of being seen by the police or someone they know. As such the person may reuse their own used syringe placing them at risk of bacterial infections and collapsed veins or share other user's syringes placing them at risk

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[9] Moore, T. (2005). What is Australia's *"Drug Budget"? The Policy mix of illicit drug-related government spending in Australia*, Turning Point Alcohol and Drug Centre Inc., Fitzroy.

[10] Sayer-Jones, M. (Ed.), (2006). *In My Life*, Commonwealth of Australia, Canberra.

of blood borne viral transmission. In addition, the user may not ask for help from a service provider or a family member for fear of judgement, disappointment and the negative impact of disclosure. The latter is often a major barrier for a person using drugs to access help in a small regional town for fear their confidentiality will be broken or they are seen accessing a drug treatment centre. The stigma and discrimination resultant from the illegal nature of drugs and the act of illicit drug taking, makes it extremely difficult for the person using drugs and their families to seek support.

An enabling environment is characterised as a guiding principle of Australian public health strategies, including those policy documents linked in their response to drug use in Australian society. An enabling environment is fundamental to undertaking or harm reduction activities. All Australian police officers are guided by jurisdictional operational guidelines when working in the vicinity of NSP. Such guidelines acknowledge the health imperatives of these services and advise police, that unless directed by senior officers and in line with operational requirements, they must maintain a discrete distance from NSP and not target them for offenders. In the main, protocols such as these are effective, however, the periodic breach by over-zealous police officers damages local relations, and takes some time to rebuild a trusting supportive environment for PWID to feel safe accessing the service without fear of police harassment.

Recommendation 6: That programs educating police across Australia are encouraged with a view to enhancing their understanding of the national partnership approach to drug use, the role police play and the importance of working within associated operational guidelines.

A supportive legal and policy environment must complement activities which are seeking to effectively respond to drug use in our society. Unfortunately, however, until the environment is truly enabling and supported by legislative reform, supply reduction activities will adversely impact on a person who uses illicit drugs and come at a cost to families.

Recommendation 7: That Australian policy and legal structures and systems be reviewed to highlight barriers to the provision of an enabling environment in the response to drug use issues in Australia.

3. Ways to strengthen families who are coping with a member(s) using illicit drugs

Environments must be created in which families are able to speak openly about their experiences of supporting and/or having a member of their family using illicit drugs. Families are fearful to come forward, to ask for help, eg a parent will fear that they will be judged for their child's drug use, blamed for their failure to keep their child 'on the right track', they will experience guilt and self blame[11]. An enabling environment must be created where the stigma associated with illicit drug use ceases to exist, where family members can openly talk to each other, the person using the drugs or to friends to seek support. As a society we must stop demonizing the illicit drug user and try to understand the complexities which lead to the decision to take drugs, the barriers to ceasing drug use such as a lack of places in drug treatment programs.

For parents who use illicit drugs their needs are difficult to articulate because studies have not being undertaken in which the parent was asked what their support needs were. To ask this question requires an affirmative answer and due to years of welfare intrusion into the homes of parents who use drugs and the removal of their children, parents who use illicit drugs are highly unlikely to admit to drug use for fear of the loss of their children. Keeping the family together is a motivator for people to reduce chaotic use. To loose their children would be to escalate the drug use.

Drug use may be a symptom of what is going on in a person's life but drug use is known to escalate as a coping mechanism when a person is unable to get help. Once you've lost your children to welfare and fought to have them returned, if the parent finds themselves struggling to manage, where do they go for help? They would be too scared to ask for help for fear of loss of their children again. Their needs may be basic such as simple support with day-to-day living or assistance with parenting skills. Drug use has the potential to feed generational families of dysfunctional drug use and a cycle of prison, welfare and public housing. Our aim must be to strengthen the family unit rather than pull it apart.

Government activities such as providing "Better access to psychiatrists, psychologists and GPs through Medicare Benefits Schedule" are great initiatives, however they need to be better advertised to potential clients, and in this case with people who use illicit drugs and their families. This initiative in itself also raises the issue of difficulties recruiting psychiatrists, psychologists and GPs to work with PWID. Already we have a shortage of GPs working with PWID to provide greater access to pharmacotherapy programs, often due to GPs misconceptions of what is a drug user. Whilst this particular initiative is a good one, will it be successfully implemented if it wasn't adequately thought through in the beginning including for example training psychiatrists, psychologists and GPs on drug use issues with the intention of breaking down barriers and misconceptions.

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[11] Sayer-Jones, M. (Ed.), (2006). *In My Life*, Commonwealth of Australia, Canberra.

Services must work in partnership and be prepared to refer or direct families to services, programs or organizations which offer the type of service suited to the needs of the families. The needs may be based on access issues (financial or location), and philosophical beliefs. There must be better coordination of services to prevent the 'ring around' scenario family members often find themselves first in when trying to find the appropriate service.

Recommendation 8: A comprehensive resource should be available for AOD service providers and family members to access which outlines contact details and information on the complete range of AOD related services available in each state and territory.

Family based support services such as Family Drug Support in NSW, where workers have a combination of personal experience and are trained to provide a pragmatic intervention approach in their work with families who have a member using illicit drugs, must be better resourced to deliver and raise awareness of their quality reviewed support programs. This is particularly the case for families who have barriers to accessing assistance such as literacy, poverty, culture and language. Australia is a multicultural society and in order to provide services to meet the needs of all cultural communities, workers must have a knowledge of cultural barriers and differences to improve and offer a more accessible service.

Recommendation 9: Families that have significant barriers to accessing support services need special attention, eg upskilling existing family support programs to understand cultural and socio-economic complexities which present as barriers.

RECOMMENDATIONS

Recommendation 1: That all Australian governments commit to providing a range of high quality, accessible, affordable and evidence based treatment services.

Recommendation 2: That people who use illicit drugs are recognized as key players in the response to drug use issues and challenges.

Recommendation 3: That Governments liaise with media to ensure reporting on drug use issues does not increase the marginalization and discrimination for people who use drugs and their families, that reporting is balanced and depictions of people who use drugs are not sensationalized.

Recommendation 4: Harm reduction strategies including needle and syringe programs, peer education and drug user organizations should be enhanced and expanded and governments should educate the public on the community benefits derived from these government funded services.

Recommendation 5: That an assessment be undertaken with a view to reposition funding on an equitable basis across the 3 elements of the harm minimization response.

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