



Anex Submission

to the

**House of Representatives
Standing Committee into Family and Human Services**

Inquiry into the Impact of Illicit Drug Use on Families

March 2007

Summary of Recommendations

Recommendation 1:

That guidelines on media reporting of drugs and drug issues be developed ensuring that journalists refrain from either glamourising, sensationalising or trivializing drugs and drug issues, and that emphasise the media's duty to report drugs and drug issues in a manner that is balanced and accurate.

Recommendation 2:

That drug information services be more widely publicized – and include useful information on how to recognize symptoms of drug use and effective strategies for parents to communicate with their children about illicit drug use and its cessation.

Recommendation 3:

That support services for families who are providing care and support for family members who are using drugs be adequately resourced and more widely promoted.

Recommendation 4:

That information on treatment options to assist people who are using illicit drugs to manage and reduce their drug consumption (including cessation of drug use) be made more accessible to Australian families.

Recommendation 5:

That accurate information about pharmacotherapy programs be made available and accessible to Australian families to ensure that they are aware of the full range of choices that are available, and that Australian families have the capacity to make fully informed decisions.

Recommendation 6:

That the capacity of services that are currently focused on working with families be improved in relation to illicit drug use issues.

Recommendation 7:

That drug services' capacity to work with families be improved.

Recommendation 8:

That access to drug treatment programs be improved, including the provision of appropriate subsidies for clients of pharmacotherapy programs.

Recommendation 9:

That the role and effectiveness of NSPs in protecting families from the negative impact of illicit drug use including blood-borne virus infections, fatal overdose and other injection-related infections be more widely reported and promoted.

Recommendation 10:

That frontline services such as NSPs are supported and adequately resourced to maximize their capacity to protect individuals and consequently, their families from the negative impacts of illicit drug use.

Recommendation 11:

That NSPs continue to be established in a variety of locations to increase accessibility for a range of injecting drug users.

Recommendation 12:

That NSPs be adequately resourced and supported to provide critical prevention education and information to decrease the incidence of hepatitis C within the injecting drug user population.

Recommendation 13:

That all staff responsible for providing NSP services are adequately trained and supported to provide important health and referral information to clients, as well as brief intervention where appropriate.

Recommendation 14:

That policies aimed at preventing and reducing the negative impacts of illicit drug use on families be framed in terms of "harm minimization".

Recommendation 15:

That the development of policies relating to illicit drug use takes into account the social and cultural context of drug use and the psychosocial impact of representations of illicit drug use issues and illicit drug users on the Australian families.

Recommendation 16:

That funding of strategies to address illicit drug use needs to ensure that there is better balance between law enforcement, efforts to prevent the uptake of illicit drug use, drug treatment, and efforts to prevent the problems associated with illicit drug use to ensure a positive overall (net) outcome.

Recommendation 17:

That efforts to prevent the supply of drug use, efforts to prevent the uptake of drugs, efforts to reduce demand for drugs, and efforts to prevent the problems associated with illicit drugs needs to be better coordination to ensure a positive overall (net) outcome.

Introduction

Anex congratulates the House of Representatives Standing Committee on Family and Human Services for embarking on this inquiry into the impact of illicit drug use on families. We fervently hope that it will shed light on the need for better integrated, coordinated and balanced approaches that will together achieve the greatest good and which demonstrate compassion for those Australians who may not be privileged and who need to be better supported so as to prevent the negative impact of illicit drug use.

About Anex

Anex (the Association for Prevention and Harm Reduction Programs Australia Inc) is a not-for-profit, non-government organization working towards a society in which individuals, families and communities in Australia can enjoy good health and well-being free from drug-related harm. We are committed to supporting and promoting the development of policies and programs that prevent and reduce drug-related harms which are supported by the best available evidence and which demonstrate a compassionate approach towards people affected by drug use and its consequences.

Anex is governed by a Board of Management comprising of individuals with expertise in a range of areas including drug and alcohol service provision, government policy, law, philanthropy, community.

The organization is pleased to name 2001 Australian of the Year, Sir Gustav Nossal, as its Chief Patron.

About Illicit Drug Use in Australia

There is little comprehensive and accurate data on the prevalence of illicit drug use in Australia. This is due in part to the illicit and therefore sensitive nature of the activity. The latest estimates from the Australian Institute of Health and Welfare¹ suggests that in 2004, there were over six million Australians aged 14 years and above who had used an illicit drug in their lifetime, and more than 2.5 million who have used an illicit drug in the 12 months previous to the survey.

Practitioners working with illicit drug users estimate that this figure could be higher given that it does not include people who are in prison or in hospital, and does not include people who are homeless.

As the data from the National Drug Strategy Household Surveys suggest², the vast majority of Australians who have ever used illicit drugs tend not to continue to use and tend to be “experimental users”. Most people who have tried illicit drugs stop using. For example, of the 1,230,000 Australians aged 14 years and above who have ever tried ecstasy, a little less than half stop using ecstasy. Similarly, of the 313,500 Australians in the Survey who indicated that they have ever injected drugs, 76% have ceased injecting.

¹ Australian Institute of Health and Welfare (2005) *2004 National Drug Strategy Household Survey: Detailed Findings* (Canberra: Australian Institute of Health and Welfare)

² Australian Institute of Health and Welfare (2005) *2004 National Drug Strategy Household Survey: Detailed Findings* (Canberra: Australian Institute of Health and Welfare)

The cost of illicit drug use and its impact on families

The harms associated with illicit drug use extend beyond those experienced by individual users themselves, and include those experienced by their families and friends, as well as other third parties and society collectively. The cost of illicit drug use, including costs associated with crime, health, workplace productivity, road accidents and household fires was last estimated during 1999 to be approximately \$6,075 billion³. Of these, \$59.2 million is spent on acute health care including treatment for preventable infections such as blood-borne virus infections (HIV/AIDS and hepatitis C), and infective endocarditis.

These costs only account for costs to society at large, and do not include the private cost to families who are grappling with the impact of illicit drug use. Nor do they include the non-financial costs to families – the anxiety, fear and anguish that may be experienced not just in relation to the use of illicit drugs by family members but also in regard to the health and other problems associated with illicit drug use.

The impact of illicit drug use on families will vary depending on whether a family member is currently using illicit drugs. The following sub-sections will provide a brief description of ways that illicit drug use may impact on different types of families.

(i) Families not currently affected by illicit drug use

For families who are not currently affected by illicit drug use (ie no family member is currently using illicit drugs), and in particular for families with young children, there is the fear and anxiety that their children will begin experimenting with illicit drugs and become dependent on those drugs.

³ Collins, D. and Lapsley, H. (1996) *The Social Cost of Drug Abuse in Australia in 1988 and 1992* (Canberra: Commonwealth Department of Human Services and Health)

As indicated by the Australian Institute of Criminology⁴, the media is the main source of information for many people about matters beyond their personal experience, including illicit drug use. How the media portrays these issues therefore is important in ensuring that families receive accurate information concerning illicit drug use. While it is important to raise awareness regarding illicit drugs, Anex submits that media reporting on these issues needs to be balanced, responsible and avoid generating unnecessary public hysteria.

Recommendation 1:

That guidelines on media reporting of drugs and drug issues be developed ensuring that journalists refrain from either glamourising, sensationalising or trivializing drugs and drug issues, and that emphasise the media's duty to report drugs and drug issues in a manner that is balanced and accurate.

(ii) Families affected by early on-set of illicit drug use

For families for whom family members are experimenting with drug use, there is the fear and anxiety that their children will become dependent on the illicit drug. Often the information that these families receive from the media may increase their anxiety particularly when media reporting tends towards hyperbole.

Feedback from practitioners suggests that many people are unaware of where to turn to for accurate information about various illicit drugs and the potential harms that may result from their use. Family members may be anxious and unaware of how to broach the subject with their children who are experimenting with illicit drugs.

Recommendation 2:

That drug information services be more widely publicized – and include useful information on how to recognize symptoms of drug use and effective strategies

⁴ Teece, M. and Makkai, T. (2000) "Print Media Reporting on Drugs and Crime, 1995 – 1998" in *Trends and Issues in Crime and Criminal Justice*, no. 158, July 2000. (Canberra: Australian Institute of Criminology)

for parents to communicate with their children about illicit drug use and its cessation.

(iii) Families affected by illicit drug use

For those who are living with a family member who is dependent on drugs there is the anguish of seeing a loved one becoming dependent on illicit drugs. There are also a number of other fears and anxieties relating to infection with preventable illnesses such as HIV and hepatitis C, the risk of fatal overdose, risk of imprisonment, as well as the risk of coming to harm through association with criminality.

The Committee will have received submissions from family members providing personal stories about the ways that families suffer from and are affected by illicit drug use. Anex believes that while there is an ongoing need to protect Australian families from the negative impacts of illicit drug use through controlling the supply of illicit drugs, and through preventing the uptake of illicit drug use, it is equally important to focus on the needs of those Australians and their families who are currently grappling with illicit drug use and ensure that these needs are adequately addressed.

Feedback from practitioners working to prevent and reduce the negative impacts of illicit drug use suggests that often these families are isolated and have limited support. Barriers to support include:

- the sensitive and often shameful nature of illicit drug use which prevent families members from revealing that they have a loved one who is using drugs and reaching out for support;
- lack of knowledge by family members about support services that are available;
- lack of information about the treatment options that are available;

- lack of services focused on supporting families who are affected by illicit drug use;
- limited knowledge and expertise among services directed at supporting families about illicit drug use issues;
- limited knowledge and expertise among services focusing on illicit drug use issues about working with families given their predominant focus on working with the individual drug user.

Pharmacotherapy programs such as methadone and buprenorphine have been shown to be one of the most effective treatment for illicit drug use. A joint WHO/UNODC/UNAIDS statement on substitution maintenance therapy⁵ released in 2004 indicated that:

“Substitution maintenance therapy is one of the most effective treatment options for opioid dependence. It can decrease the high cost of opioid dependence to individuals, their families and society at large by reducing heroin use, associated deaths, HIV risk behaviours and criminal activity. Substitution maintenance therapy is a critical component of community-based approaches in the management of opioid dependence and the prevention of HIV infection among injecting drug users (IDUs).⁶”

The WHO, UNODC and UNAIDS emphasizes that pharmacotherapies have proven to be effective in terms of retention in treatment, reduction of drug use, improvement in psychological and social functioning, and reduction of high risk injecting and sexual behaviours.

⁵ Substitution maintenance therapy is defined as “the administration under medical supervision of a prescribed psychoactive substance, pharmacologically related to the one producing dependence, to people with substance dependence, for achieving defined treatment aims.” A range of pharmacological agents are used for opioid substitution therapy. Methadone and buprenorphine are the most commonly utilized agents in Australia.

⁶ WHO/UNODC/UNAIDS (2004) *Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention: position paper* (Geneva, World Health Organisation) p. 2

However, the effectiveness of pharmacotherapies are not well publicized. Consequently, there is limited support for such programs despite their effectiveness. The Australian Institute of Health and Welfare suggests that pharmacotherapy programs are supported by 58% of respondents compared to rapid detoxification therapy which is supported by 73.4% of the sample⁷. Families, therefore, do not have adequate information on the range of drug treatment options that are available and, as a result, have limited capacity to make informed choices regarding their course of action.

Recommendation 3:

That support services for families who are providing care and support for family members who are using drugs be adequately resourced and more widely promoted.

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That accurate information about pharmacotherapy programs be made available and accessible to Australian families to ensure that they are aware of the full range of choices that are available, and that Australian families have the capacity to make fully informed decisions.

Recommendation 6:

That the capacity of services that are currently focused on working with families be improved in relation to illicit drug use issues.

⁷ Australian Institute of Health and Welfare (2005) 2004 National Drug Strategy Household Survey: Detailed Findings (Canberra: Australian Institute of Health and Welfare)

Recommendation 7:

That drug services' capacity to work with families be improved.

Feedback from professionals working with illicit drug users indicates that people who are seeking to stop using are sometimes unable to access the appropriate drug treatment services due to long waiting lists.

Feedback suggests that the demand for effective treatments such as pharmacotherapy programs (methadone and buprenorphine) outstrips the availability of these services. Families supporting loved ones who are on a pharmacotherapy program may have to bear the financial cost of paying for the treatment. The costs incurred could be as much as \$30-\$35 a week.

The limited accessibility to services can disrupt family unity and add further stresses to families with loved ones who are using illicit drugs. Parents who are using drugs are separated from their children because they are unable to afford and/or access services to assist them to cease their drug use. Family members – with limited knowledge and capacity about illicit drug issues - become the source of support for individuals who want to stop using but are unable to access timely assistance from health professionals. They may also be responsible for looking after the children of their family members who are unable to access drug treatment services.

Recommendation 8:

That access to drug treatment programs be improved, including the provision of appropriate subsidies for clients of pharmacotherapy programs.

As indicated, families with loved ones who are using illicit drugs may also be vulnerable to the impact of a range of other problems that are associated with illicit drug use. They are at risk of suffering the burden of blood-borne virus infection - having to experience the anguish of a loved one being infected with a

blood-borne virus, and providing care and support for their illness. They are at risk of losing a family member as a result of a fatal overdose. They are also at risk of suffering the burden of mental illness among their loved ones.

Services such as the Needle and Syringe Program (NSP) and other frontline health services play a crucial role in protecting Australian families from potentially devastating health consequences. NSPs for example have saved thousands of lives and protected a vast number of Australian families from the anguish and suffering of living with HIV and hepatitis C⁸. Additionally they provide health information and education on ways to prevent problems associated with drug use including overdose, endocarditis, vein damage and other injection-related harms. They also work with clients and provide information on the range of options that are available to manage their illicit drug use, including cessation of drug consumption.

These frontline services also provide primary health care, and are able to refer and link people to other health and welfare services including drug treatment, mental health, accommodation and legal aid. Feedback from some of these services suggest that they work with clients who are currently using illicit drugs and assist them to access appropriate drug treatment and family services that could in turn assist them in managing their drug use and being reunited with their children and families.

Drug use may be described as a "chronic relapsing condition". Many Australians who are dependent on illicit drugs struggle to stop using and many are successful. Anex submits that to protect families from the negative impact of illicit drug use, there is a need to ensure that those who are successful in ceasing their drug consumption can continue to enjoy good health and well-being, and to fully participate and contribute as members of the Australian community.

⁸ Commonwealth Government (2002) *Return on Investment in Needle and Syringe Programs in Australia* (Canberra: Department of Health and Ageing)

Frontline services such as NSPs have a role to play in protecting families from the negative impact of illicit drug use. Nonetheless, there is limited understanding within the community of the benefits of NSPs. As a consequence, NSPs face a range of community pressures and there have been instances of outlets being closed as a result of lack of community support – thereby increasing the risk of blood-borne virus transmission among individuals injectors and their friends and families.

Recommendation 9:

That the role and effectiveness of NSPs in protecting families from the negative impact of illicit drug use including blood-borne virus infections, fatal overdose and other injection-related infections be more widely reported and promoted.

Feedback suggests that the impact of hepatitis C on families can be devastating. People with hepatitis C can suffer from a number of physiological and psychological effects including depression and chronic fatigue which can impact on many areas of life including relationships, work and other activities. It has been estimated that in 2005, there are approximately 197,000 people living with chronic hepatitis C infection⁹. Prevention of hepatitis C infection among injecting drug users is crucial in alleviating the burden of illicit drug use on Australian families.

Many services are generally provided by a small percentage of these services which are funded with designated staff who have primary responsibility for providing a full range of health services to clients.

⁹ Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis: Hepatitis C Sub-Committee (2006) *Hepatitis C Virus Projections Working Group: Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2006* (Sydney: National Centre in HIV Epidemiology and Clinical Research, University of New South Wales).

Recommendation 10:

That frontline services such as NSPs are supported and adequately resourced to maximize their capacity to protect individuals and consequently, their families from the negative impacts of illicit drug use.

Recommendation 11:

That NSPs continue to be established in a variety of locations to increase accessibility for a range of injecting drug users.

Recommendation 12:

That NSPs be adequately resourced and supported to provide critical prevention education and information to decrease the incidence of hepatitis C within the injecting drug user population.

Recommendation 13:

That all staff responsible for providing NSP services are adequately trained and supported to provide important health and referral information to clients, as well as brief intervention where appropriate.

The impact of harm minimization on families

Anex believes that Australia's approach to illicit drug use must be focused on achieving the greatest good for the greatest number of people, and ensure that there is equality in outcomes for those with the greatest need. Such a policy on illicit drugs in Australia would arguably include a firm stance on the dangers associated with illicit drug use and not be focused only on the drug use itself; it must include a commitment to tackle the associated problems that may be experienced by drug users including infections with blood-borne viruses, fatal overdose, mental health problems and other adverse condition which also contribute to the burden of illicit drug use on families.

For this reason, Anex supports the current approach to illicit drug use in Australia which is commonly described as "harm minimization". It is an approach that maintains the illegality of illicit drug use, while recognizing that there are initiatives that can be implemented to achieve equitable outcomes for the greater good of all Australians. "Harm minimization" consists of strategies to reduce the supply of illicit drugs, to reduce the demand for illicit drugs (including preventing the uptake of illicit drugs) and efforts to prevent and reduce the problems that are associated with drug use (harm reduction).

Law enforcement agencies operate within this framework, as do a number of health services including drug treatment services, pharmacotherapy programs and NSPs all of which are endorsed by more than half of the Australian community.

Through the operation of NSPs, the approach of "harm minimization" has saved thousands of lives and protected a vast number of Australian families from the anguish and suffering of living with HIV and hepatitis C. Given their effectiveness in preventing blood-borne viruses such as HIV and hepatitis C, NSPs have received bipartisan support in Australia since their establishment in 1987. They

are also endorsed and supported by 2001 Australian of the Year, Sir Gustav Nossal (Anex Chief Patron) because of their proven effectiveness.

Anex submits that a policy of "harm minimization" should not be understood as a "soft" approach to drugs. The use of drugs such as cannabis, heroin and amphetamines continue to be illegal. According to the Australian Crime Commission¹⁰, in the 2004-2005 period there were a total of 77,333 arrests for drug offences in Australia, of which 62,209 (80%) were among consumers, ie possessing or administering a drug for one's own use. The policy continues to maintain a "tough" stance on the supply and use of drugs. It also manifests a "tough" position on the problems that are associated with illicit drug use and seeks to prevent them.

"Harm minimization" as an integrated approach to tackle the problems associated with illicit drugs has wide support from such organizations as the Australian Medical Association, the Royal Australasian College of Physicians, and the Royal Australian and New Zealand College of Psychiatrists.

It was has also recently received the support of the Parliamentary Joint Committee on the Australian Crime Commission.

Recommendation 14:

That policies aimed at preventing and reducing the negative impacts of illicit drug use on families be framed in terms of "harm minimization".

In its report on its recent Inquiry into Amphetamines and Other Synthetic Drugs (AOSD), the Committee notes that:

"The Committee has come to the view that, in dealing with the escalating problems surrounding the use of AOSD and their effects, particularly on young

¹⁰ Australian Crime Commission (2005) *Illicit Drug Data Report 2004-2005* (Canberra: Australian Crime Commission)

people, harm reduction must receive more support in the execution of the NDS [National Drug Strategy]. It is an unpalatable fact that AOSD are being used increasingly in our society. Prohibition, while theoretically a logical and properly-intentioned strategy, is not effective, as it has the effect of driving AOSD use underground. Consequently, drug-induced illness is frequently going untreated because people who use illicit substances are reluctant to seek medical help for fear of the possible consequences of criminal conviction.

“The Committee does not consider that the efforts of law enforcement agencies to reduce supply of AOSD should be diminished in any way. However, the evidence to the inquiry suggests there is a need to place greater emphasis on, and resources in, the area of harm reduction. The current national approach to illicit drugs – supply reduction, demand reduction and harm reduction – will achieve greater outcomes if a better balance between these approaches can be reached.”¹¹

As indicated by the Joint Parliamentary Committee on the Australian Crime Commission, the benefits of Australia’s approach to illicit drug use (harm minimization) can only be maximized if there is better balance between its various strategies. Anex endorses the view of the Joint Parliamentary Committee for a balance between being tough with being compassionate.

A recent estimate of government spending on drug interventions indicates that of the \$1.3 billion spent by Australian governments to address illicit drug use problems directly in 2002-2003, more than half (56%) is spent on enforcement-related activity. Prevention (22%) and treatment (19%) account for approximately one-fifth of these expenditures, while harm reduction (2%) and expenditure not elsewhere included (1%) are negligible components¹².

¹¹ Joint Parliamentary Committee on the Australian Crime Commission (2007) *Inquiry into the manufacture, importation and use of amphetamines and other synthetic drugs (AOSD) in Australia* (Canberra: Parliament of the Commonwealth of Australia) p. 57

¹² Moore, T. (2006) *What is Australia’s “drug budget”? The policy mix of illicit drug-related government spending in Australia* (Melbourne: Turning Point Alcohol and Drug Centre)

The imbalance in the current policy, has unintended negative impacts on families. Not only do families have to grapple with the shame of illicit drug use, there is a risk that added to this burden is the shame of having family members in prison. There is also a risk of other burdens such as losing family members as a consequence of death from overdose, infections with chronic diseases, and mental illness.

Feedback from practitioners for example suggest that there are young people who are using illicit drugs who are not accessing relevant health services for fear of being identified and labeled as a drug user with all the attendant stigma and social ostracism. Consequently, those who have the greatest need are not accessing vital information about preventing the harms associated with their drug use, and they are not accessing the vital opportunity to be linked to a range of other care and support services, and are thus at greater risk of the dangers associated with their drug use.

While there is a need for enhanced measures to prevent the uptake of illicit drug use and to inform all Australians (and in particular the young) of the dangers of drug use, Anex suggests that care needs to be taken to ensure that these measures do not result in demonizing drug users. Doing so would further increase the isolation and add to the burden of Australian families who are struggling with illicit drug use. It would also drive those who are using illicit drugs further underground – and deprive them of the assistance that they require.

Recommendation 15:

That the development of policies relating to illicit drug use takes into account the social and cultural context of drug use and the psychosocial impact of representations of illicit drug use issues and illicit drug users on the Australian families.

Recommendation 16:

That funding of strategies to address illicit drug use needs to ensure that there is better balance between law enforcement, efforts to prevent the uptake of illicit drug use, drug treatment, and efforts to prevent the problems associated with illicit drug use to ensure a positive overall (net) outcome.

Recommendation 17:

That efforts to prevent the supply of drug use, efforts to prevent the uptake of drugs, efforts to reduce demand for drugs, and efforts to prevent the problems associated with illicit drugs needs to be better coordination to ensure a positive overall (net) outcome.