

Submission by the Australian Federation of AIDS Organisations to the House of Representatives Standing Committee on Family and Community Affairs: Substance Abuse in Australian Communities.

Drug Abuse...

How are we handling it?

Introduction

The Australian Federation of AIDS Organisations (AFAO) is the peak non-government organisation representing Australia's community-based response to HIV/AIDS. AFAO's members are the state and territory AIDS councils, the Australian IV League (representing injecting drug users), the National Association of People Living with HIV/AIDS, and the Scarlet Alliance (representing sex workers).

We welcome this opportunity to make a submission to the House of Representatives Standing Committee on Family and Community Affairs inquiry: Substance Abuse in Australian Communities.

Since the onset of the HIV/AIDS epidemic in this country, AFAO and its members have developed considerable experience in addressing the risk of HIV transmission which can be associated with illicit drug use. The Australian approach to HIV prevention among people who inject drugs has been successful to date and is considered a world model of best practice. Australia's response to the harm and potential harm associated with HIV risk has been based on the effectiveness of developing education and service delivery capacity among the affected communities, access to the means of prevention, and the reduction of legal barriers to adopting safer behaviours. In other respects, reduction of drug related harm Australia has been less successful, and much remains to be done.

Substance abuse affects Australian communities in many ways: through the costs of police, courts, prisons, healthcare, crime,

corruption, and through experience whether personal or among families or friends. All Australians are touched by this phenomenon.

Significant numbers of Australians use both legal and illegal drugs. This has a number of impacts on the community's health, social amenity and the cost of the criminal justice system. Debate has increased in public prominence, and has engaged many of the interested parties including medical, legal, drug treatment, law enforcement bodies, medical practitioners, and the broad community including illicit drug users. The need for cooperative approaches is becoming increasingly recognised, as in the recently published Australian Illicit Drug Report 1998–1999:

“Emerging data on drug trends indicates that illicit drug use in Australia is increasing, drugs are becoming cheaper and more readily available. The social, health and economic costs of harmful drug use are also increasingly recognised. There is a strong community sentiment that the drug problem needs to be addressed in innovative and far reaching ways.”

(Australian Illicit Drug Report 1998–1999, Australian Bureau of Criminal Intelligence Commonwealth of Australia, 2000, page 12)

Drug use can have significant impact on the people who use drugs, as well as on their families and the broader community. Addressing drug use must address behaviour and impact at an individual level. Impacts are sometimes divided into the effects of the drug, the impact of the person's physiology and psychology, and the effects of the environment in which the drug is consumed. These are summarised as drug, set and setting.

This is as an important distinction from abuse, as the health and social consequences of use and abuse are quite different. The factors that influence high impact use or low impact use can be viewed in terms of drug set and setting. Yet there is little information for users of illegal

drugs to mitigate against abuse, while this is one of the major strategies to address adverse affects of legal drug use.

One of the key features of the environment in which illicit drug users consume drugs is that it criminalises their behaviour. In addition to this, their behaviour is subject to stigma and discrimination. This discriminatory environment leads to reticence to seek treatment, breaks down dialogue within families, inhibits effective health education, and encourages local communities to reject drug and alcohol treatment services for their own members, on the mistaken basis they will attract drug using people from outside the local community.

There is often an assumption that all illicit drug use is abuse. Most consumers of illicit drugs do not fit the stereotypes portrayed in the media. For the most part they are not drug-dependent, they are employed, have good social and personal relations, and are otherwise uninvolved in crime, rarely if ever coming into contact with police or treatment services.

The illegal status of a drug may have adverse effects by increasing the harm associated with drug use, and increasing the risk of abuse. In the Netherlands, for example, cannabis remains illegal but its possession, consumption and sale are tolerated under controlled conditions. Fewer people in the Netherlands use cannabis and there is a lower uptake of cannabis use among the young. Cannabis consumers do not face the adverse consequences of engaging in the criminal justice system. Additionally, the people of Holland do not bear the costs of enforcement, trial and incarceration, as the management of drug use is based on careful monitoring, management and responding directly to real threats to social amenity.

The status of legal drugs permits effective public education, based in a sophisticated policy structure, to address the harms associated with these drugs. In response to alcohol use, the community has more control over such things as the age at which people can purchase, place of consumption, taxation, (including price influence on

consumption of lower alcohol drinks), establishing peer norms of acceptable behaviour around such issues as drink driving and workplace intoxication, responsible serving legislation, and controls on the production, distribution and marketing of alcohol. Education can be tailored to address the harmful effects of the drug and behaviours associated with the drug more effectively because of its legal status.

One of the impacts of the characterisation of Australians who use currently illicit drugs in the public debate and in some public education as “bad” or “evil” creates many problems for policy development on drug issues, and the provision of adequate services for drug users.

Many experts in the field of addiction treatment will explain the importance of the therapeutic alliance between professional and patient in addressing drug related problems. However, the funding of drug treatment services, and the stereotyping associated with drug education programs, leads to people seeking treatment as a last resort. This inhibits effective early interventions and low threshold services, and concentrates expenditure in the crisis addiction area.

The therapeutic alliance is also threatened through the utilisation of coercive treatment either through sentencing orders or diversion programs. To optimise the utilisation of treatments, treatment options have to be made more available, accessible and attractive to potential clients. Currently many people seeking assistance for drug dependency cannot get access to treatment.

Access to treatment is further reduced by factors which actively deter people engaging with it. Women with children are often afraid to access drug treatment, as they fear their children will be taken away from them. The provision of childcare relief, and the development of child friendly drug treatment facilities could address this problem.

People who are homeless and seek drug treatment for heroin are likely to be placed on methadone, the most widely available treatment for

opiate dependence in Australia. However, if they require temporary supported accommodation to address their homelessness, they will be excluded from many services on the basis of their methadone consumption.

Stereotyping (hate) campaigns which portray drug users as “mad, bad or dangerous to know” create divisions in families between drug-using members and other family members. Families may otherwise be (and sometimes are) the core of a support network which can assist the person through crisis. Stereotyping campaigns can feed into community fears around drug use, which can lead in turn to the closure of drug services in areas where they are greatly needed.

Many of the stereotyping campaigns carry incomplete or misinformation which is dismissed by people who use drugs and their peers but which makes it harder for them to seek assistance or talk to their families or other community support agencies. It is important that campaigns be based in fact and promote openness without increasing divisions in the community.

Drug-related deaths

Too many young Australians are dying each year from drug-related causes. The number dying from the effects of illicit drug use and associated causes has doubled in the last five years. There can be fewer things that impact more horrendously on families than the premature death of a member. The thousand or so Australians who will lose their lives to illicit drug use and related causes in the year 2000 are fathers and mothers, sons, daughters, brothers, sisters and friends. If each death affects ten other lives, then an additional ten thousand Australians will be grieving each year.

Efforts to expand our response to early death among drug users must be increased. These need to include proven strategies such as access to a broad range of accessible and desirable treatments, education for drug users and their peers, support for ambulances, public education, and supportive public policies such as those relating to the role of

police in overdose situations. Additionally, careful trials of interventions likely to reduce overdose death should be carried out. These include new pharmacotherapies, pharmacy access to Narcan (a drug which reverses acute opiate intoxication), supervised injecting facilities, improved strategic policing, legislative reform to abolish the charge of self administration, and enhanced education for drug users in identifying risks and addressing consequences.

Significant adverse impacts occur on individuals, families and the health system through chronic and relapsing conditions. These include many of the conditions which affect people who use drugs, such as hepatitis C, HIV and drug dependency. Addressing chronic relapsing conditions effectively requires a long term approach, and a coordination of services that includes expanded and better resourced needle and syringe programs. Reduction in the incidence of these conditions can be assisted through community education, both in the broader community and among people who use drugs.

Most people who use drugs do not develop a dependency requiring treatment. Few become HIV positive, and there are increasing indications that hepatitis C infection rates are being reduced. This shows there is a significant amount of experience and expertise among people who use illicit drugs, and this experience and expertise needs to be harnessed in further reducing harms. In spite of the successes of peer education in contributing to the prevention of HIV, this approach is only beginning to be applied to hepatitis C, and is not widely used in addressing drug use behaviour and dependency issues. Peer education efforts and resources should be enhanced. This would build on a well established basis of expertise and experience in the fields of community development and harm.

AFAO would also like to address the terms of reference specifically as follows.

How drug abuse affects:

Family relationships

Drug abuse affects families and their relationships in a range of ways. Drug users and abusers are members of families. Families offer a key support structure to assist members through periods of drug abuse. Their capacity in this role needs to be enhanced, through support for family members who are living with drug use in their families. Education which portrays drug users as immoral, unthinking or unfeeling people drives a wedge between drug users and their families, and separates families, often prolonging and intensifying the adverse health and social consequences of drug use.

Many people who seek treatment for drug abuse find there are few choices, insufficient treatment places, and such services that are available are not family friendly in terms of their opening hours or accessibility.

Treatment for drug abuse needs to be improved in a number of ways. A diversity of treatment options needs to be provided. Access to services needs to be enhanced, including opening hours that permit clients to remain in work while utilising the service. Services should also enhance the quality and effectiveness of their service delivery by ensuring input from service users.

Additionally, there needs to be an increase in the range of early interventions available, to ensure that people using drugs and their families have access to assistance prior to the development of a drug-related crisis.

The impact of the criminal justice system on families and family relations is tangible. This occurs through the separation of family members due to incarceration and the stresses of the arrest, prosecution and court process.

Drug services for people with children need to be further developed, to enable attendance and participation by drug users who are parents. Drug treatment services and family support services should be developed to support the families of drug users, as well as drug users.

Crime, violence (including Domestic Violence), and law enforcement.

The relationships between crime and illicit drug use are complex. They include the corruption of the police force and criminal justice system by vast illicit profits, the participation in property crime by some illicit drug users, violence in criminal groups, and engagement with the criminal environment by otherwise law-abiding citizens.

Although domestic violence is widely associated with alcohol use, there is also domestic violence that occurs in association with illicit drugs. The response of police and domestic violence services to domestic violence would be greatly assisted by improved understanding of and intervention with drug and alcohol initiatives.

There are many aspects of crime associated with illicit drug use. For example, increases in property crime can be associated with theft in order to maintain an illicit drug habit, and in this context it should be noted that the majority of people who steal to maintain a drug habit began their criminal activities prior to their drug dependence. This is exacerbated by the shortage of drug treatment places, which are cheaper to maintain than prisons, and which address the underlying problem of drug dependency. The criminal justice system's response could be further enhanced by increased diversion, and increased support through training of probation and parole officers.

Government expenditure in the areas of health education and prevention, research and treatment, and the Criminal Justice System, are currently imbalanced. Eighty-six percent of expenditure goes to the criminal justice system, in spite of its tendency to exacerbate drug-related harms without addressing the underlying problem. Six percent of expenditure goes on education and prevention, and only eight percent goes on research and treatment. The RAND study from the USA showed that expenditure on research/treatment and education/prevention were both more cost effective than money spent on any aspect of intervention through customs or the criminal justice system.

Health Care costs

Prevention is better than cure, especially when there is no cure. Drug abuse places significant costs on the health care system. The health care costs of people with Hepatitis C, (200,000 current infections with 8,000–10,000 new infections each year), and for people with HIV/AIDS, and the costs of treating drug dependence, are all arguments for enhancing initiatives aimed at the prevention of drug dependence and transmission of blood borne diseases. Treatment for dependence could also be improved by increasing the options and by making treatment more accountable to its consumers.

Conclusion

We need to make changes to our response to illicit drug use and associated harms. These should include:

- the development of new and better treatment choices for drug dependency;
- law and policy reform to reduce the harms associated with interventions by the criminal justice system;
- engagement with the target community, to ensure the design, development, and delivery of services and education to meet the needs of the target community;
- provision of funds on the basis of the harm reduction impact achieved, with significant increases in funding for the education of drug users, treatment, research and prevention;
- development of family-friendly drug treatment services, including services to support the families of those in treatment;
- making treatment services accessible, attractive to drug users, and able to meet low threshold needs, as well as addressing high impact dependency.
- addressing discrimination and marginalisation, to facilitate the participation of drug users in treatment, education and support initiatives.