

QUEENSLAND ALCOHOL & DRUG RESEARCH & EDUCATION CENTRE
QUEENSLAND HEALTH & THE UNIVERSITY OF QUEENSLAND

Senate Inquiry into the Impact of Illicit Drug Use on Families

The Terms of Reference of the Inquiry are as follows:

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;
2. The impact of harm minimisation programs on families; and
3. Ways to strengthen families who are coping with a member(s) using illicit drugs.

In considering policies to reduce the impact of illicit drug use on families, there are some well-accepted facts that should guide policy decisions:

1. Over 50% of young people experiment with illicit drugs, and perhaps one in five have used illicit drugs (primarily cannabis) to a level of dependence.
2. Most people, who use illicit drugs, use them with a sufficiently low frequency that they experience few, if any, negative consequences. However, a minority will use with high frequency and sometimes with a significant negative impact on their health.
3. Most people who have used illicit drugs stop using, usually without the benefit of treatment. Usage levels seem to "naturally" decline once the users enter the mid-20s.
4. Aggressive efforts to punish people who use illicit drugs may have unintended negative consequences, and much like the effect of the alcohol prohibition laws in the 1930s in the United States, can create serious problems and bring the legal system into disrepute. Any changes proposed by this senate committee would be unfortunate if they led to an unintended increase in deaths; or an increase in rates of HIV/AIDS or Hepatitis C; or to young people entering the criminal justice system for a behaviour that most will eventually give up.
5. Most users of illicit drugs are polydrug users. They will be willing to use any of a number of drugs and a decline in the availability or popularity of drug generally means they decide to use another drug.
6. The success of the Australian HIV/AIDS campaign was largely attributable to the active involvement of groups affected by HIV/AIDS. They helped develop education messages which led to safer sex practices. The research evidence relating to the "Grim Reaper" advertisement confirms that it had a high impact on the population as a whole (heterosexuals took note of the message that everyone was at risk), but there is no evidence whatsoever that it impacted on the sexual behaviour of gay men, the group most at risk. To reduce the harm or damage caused by illicit drug use, it is essential to involve organisations who know and understand the motives, beliefs and practices of those who use illicit drugs.

The remainder of QADREC's submission will focus on the second and third terms of reference; namely *the impact of harm minimisation programs on families* and *ways to strengthen families who are coping with a member(s) using illicit drugs*.

Two beliefs about harm reduction are cited here, with corresponding evidence presented below:

1. Harm reduction keeps addicts stuck: It is sometimes perceived that a harm reduction approach may 'enable' drug use or create licit dependencies, thereby creating another group of dependence addicts, albeit upon a legal substitute

The benefits of methadone treatment as a pharmacotherapy for opioid dependence warrant the continuation of Australia's methadone maintenance treatment programs. Research at both an international and national level shows the various benefits of methadone maintenance

treatment. Of particular note, research has shown methadone treatment significantly decreases mortality among opioid users (Barnett, 1999). Individuals who do not have access to methadone treatment have been found to have a death rate of up to 6.8 times that of opioid users who *do* have access to methadone treatment programs (Barnett, 1999). Further, methadone maintenance has been evaluated against various drug-free alternative treatments and consistently performs better at retaining people in treatment and reducing heroin use.

On a psycho-social level, methadone maintenance therapy may aid in bringing stability and routine to what is often a chaotic lifestyle (Gollnisch, 1997; Mino et al. 1998, cited in Southgate et al., 2001). Research suggests that methadone maintenance therapy has an impact on reducing imprisonment among injecting drug users by reducing criminal activity undertaken to support a drug habit (Gollnisch, 1997; Peters and Reid, 1997, cited in Southgate et al., 2001). In this light, methadone maintenance programs not only benefit the individual, but also the community at large.

The diversion of methadone for injecting appears to be another contentious issue that requires further research. As a consequence of this growing concern, more stringent restrictions have been placed on the authorisation of 'takeaway' doses in NSW (Southgate et al., 2001). The question of whether to provide takeaway doses to clients appears somewhat complex as the provision of takeaway doses has been linked to increased client retention in treatment (Southgate et al., 2001). In a study of service-user perspectives on methadone takeaway doses, Treloar et al (2007) asked twenty-five NSW methadone clients about the value of methadone takeaway doses (please see paper attached as Appendix A). Some of the ways in which methadone takeaways were valued are summarised below:

- Financial savings;
- Better employment opportunities;
- Reduced need for socialising with other methadone clients;
- Greater compliance with methadone treatment;
- Positive gains in self-concept – feeling 'trusted' by healthcare workers;
- Increase sense of 'normality' and flexibility in daily life patterns (including participation in social and family events).

Both methadone and buprenorphine pharmacotherapy treatment enable users to move out of the illicit drug scene and to begin the process of rehabilitation and reintegration into mainstream society, *if they have not already done so*. Sustained stability and ongoing support are more likely to encourage clients to engage in dose reduction regimes with a view to abstinence or further psychosocial treatment options.

2. Harm reduction encourages drug use: Harm reduction is thought to send out the wrong signals and to undermine primary prevention.

Nordt and Stohler (2006) recently investigated the incidence of heroin use among those involved in heroin-substitution treatments in Zurich, Switzerland. By means of obtaining data from the case register of substitution treatments in Zurich (over 7,000 records), it was found that the number of new heroin users had fallen from 850 in 1999 to only 150 in 2002- a sizeable decrease of 82% (Nordt & Stohler, 2006). This finding offers evidence attesting to the efficacy of substitution treatment interventions.

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

Finally, as an education and research centre, we have limited contact with families of drug users, and we are not funded to provide any treatment or counselling services to users or significant others per se. However, we are cognisant that drug use can affect families significantly.

Staff of our Centre receive emails and phone calls on numerous occasions from distressed parents of drug users who are frantically searching for relevant information and assistance in relation to illicit drug use. Correspondence with these families highlights the lack of clear information targeted and available to families who are attempting to understand and consequently deal with their loved one's illicit drug use. Families who do not traditionally access health and welfare services find themselves particularly lost as they are simply unaware of the services that are available to provide them with help.

There are a number of ways families can be provided with support. Targeted information to families should clearly articulate the issues in a manner that is factual and easy for parents to understand. Information must be available and accessible, and from trustworthy sources. Resources could explore the reasons a person might engage in illicit drug use, the perceived benefits derived from such use, the varying social contexts in which drug use occurs, and the potential harms associated with use of different drugs so that families are armed with the information required to understand their child or loved one's behaviour. Further, families need increased access to peer based support groups so that they are not marginalised, and so that they may draw upon the wisdom of other parents who are experiencing similar difficulties.

Simply stating that drug use is dangerous, damaging and wrong will further alienate families of drug users and drug users themselves, particularly in terms of creating an open and honest dialogue and promoting help seeking behaviour. When families are educated about drugs and drug related issues they are empowered to engage their loved one with credible information, and to assist them in any intervention or treatment plan that they may wish to undertake. It is important that families remain hopeful, and any government strategy should take such issues into consideration.

References

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- Treloar, C., Fraser, S. & Valentine, K. (2007). Valuing methadone takeaway doses: The contribution of service-user perspectives to policy and practice. *Drugs: education, prevention and policy, 14*, 61-74