

Submission No: 23  
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### **Submission to the Inquiry into the impact of illicit drug use on families.**

The Committee shall inquire into and report on how the Australian Government can better address the impact of the importation, production, sale, use and prevention of illicit drugs on families. The Committee is particularly interested in:

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.

### **Introduction.**

There is little hope that there will be any appreciable reduction in the importation, production and sale of illicit drugs and much of the money spent now may be better used to provide education and information to children about the effects of drugs using teachers as they are generally respected and trusted whereas an outsider cannot gain their confidence in a short session resulting in a diminished response and wasted resources. The use of peer educators should be encouraged.

It is noted that "families" will include a single parent with a child and either or both could be users;

two partners who are users, with or without children;

two partners, one of whom is a user and with or without children;

two partners who have one or more children who are users;

parent(s) or grandparent(s) who are caring for children of a relative who is a user.

one or more single people sharing accommodation, of which one or more could be users.

The special needs of these diverse families should be addressed.

This inquiry is restricted to illicit drugs but the cost to families of alcohol dependence or abuse is probably as great or greater and needs to be addressed.

Services and support is needed to address social issues that facilitate drug use such as poverty, unemployment, housing conditions, lack of transport and the need for both parents to work resulting in "latchkey children". People in higher socio-economic classes also use drugs and in many cases they suffer less financial harm but middle "working class" families are often in need of financial support and they need the same degree of emotional support.

We cannot blame kids who take up drug use or be surprised when they do as they see adults smoking and drinking alcohol to excess. The majority of kids accept that smoking tobacco is dangerous and do not take it up but alcohol is seen as OK and it is almost obligatory to drink. More resources need to be made available to reduce the uptake of tobacco by adults, children and teenagers. The impact of the use of alcohol by teenagers

must be addressed and families should be encouraged or educated to set an example to their children regarding alcohol use. Alcohol promotion should not be associated with any sport or outdoor activity and advertising should be limited to print media with the name of the product and price only.

Many issues will need cooperation from State Governments.

1. Families are often the last people to know about a family member's use of illicit drugs. By the time a person becomes a burden on their family he/she could be a committed drug user who is not ready or willing to reduce or stop that drug use. Families need access to services that can provide support and advice to help them through their various problems. They need coordinated psychosocial services that can address and help with the financial and emotional and physical costs of coping with the drug user.

There is little coordination of Alcohol and Drug services with Mental Health services. It is essential that when contact is made with one of these services that timely referral is made to the other service if necessary and that the services cooperate in the patient management.

There is often a lack of cooperation by police who are called when a person is having an unstable mental episode. The police need to have training and an understanding of the other two services and suitable guidelines to follow. There should be a family liaison officer in the police force who can support and assist family members when necessary.

Services must be available to respond promptly and effectively when there is any potential harm to infants and children.

2. Harm minimisation services should be promoted to families. Harm minimisation has been proved to be effective and there is no evidence to show that it encourages or facilitates drug use. Families should know about Needle and syringe (NSP) programs.

I have been involved in NSP services since 1985 and remember early on that an aboriginal boy who looked about 12 asked for syringes. My dilemma was whether to supply them or not. I did because the principle was the same for him as an adult, if he was going to use them he would use a dirty syringe if he did not have a clean one.

Other harm minimisation interventions should include the prescribing of heroin to selected patients. This has been proven in Switzerland to help reduce the number of heroin users in a community.

It is not yet known if Amphetamine Substitution Therapy (AST) will be effective in treating amphetamine dependence but the existing trials should be expanded to address the large number of people who have severe problems from amphetamine use. Even if AST is not an effective treatment, it will at least substitute a pure drug of known quantity for a contaminated illicit product and it keeps users in contact with a health service.

Methadone dispensing should be subsidised by the PBS as for any other medicine. The cost of dispensing to the patient is in the vicinity of \$2,000 per year and is a financial burden on a person or couple on social benefits. The subsidy of methadone would increase the number of people in treatment, and therefore the benefits to the community as the cost is often a reason for people dropping off the program.

There should be an expansion and liberalisation of entry and retention rules of programs such as MERIT and the Drug Courts so that most drug offenders are kept out of jail. We do

not jail alcoholics who are dependent on alcohol, so why should we jail people who chose to use an illicit drug. A jail sentence is a burden on the family and often results in assault and blood born infection and does not guarantee abstinence when the person is released. AOD services and counselling need to be increased in jails and post release services provided to reduce the number of deaths due to drug overdose after release from jail.

Consideration needs to be given to legalise cannabis growing in restricted quantities for personal use or making it commercially available through pharmacies or AOD clinics. This will have the effect of reducing contact with drug dealers who are selling a variety of other more harmful drugs. The availability of cannabis in the Netherlands has not resulted in an increase in the number of users.

3. Services are needed to reduce tension and conflict in the household and provide advice on how the user may be encouraged to cease drug use or access and / or accept treatment. These services need to be adequately funded and advertised and readily accessible. Such services should be suitably qualified and accountable. Generally funding should only be provided where an intervention is evidence based and / or the outcome can be measured.

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