

**HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON FAMILY AND
HUMAN SERVICES**

Inquiry into the Impact of Illicit Drug Use on Families

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INTRODUCTION

The Department of Health and Ageing is primarily responsible for the development and implementation of national policies and guidelines that enable and support state and territory government agencies and the non-government sector to deliver drug treatment services and prevention programs.

Illustrations of the Department's leadership and role at a national level include:

- The development and provision of national policy/guidelines/frameworks (on a population and individual basis) to assist states and territories to deliver best practice strategies to address illicit drug issues;
- Commissioning of the Prevention Monograph¹ to underpin and inform a comprehensive prevention agenda in Australia and subsequent development of resources to assist jurisdictions in establishing and evaluating programs which address risk factors such as the uptake of drugs and identifying examples of good practice;
- Funding non-government organisations to deliver vital treatment services as a supplement to the funding provided by states and territories;
- Funding approximately 60 per cent of Indigenous specific drug treatment services;
- The development and delivery of social marketing campaigns to educate the Australian community about drugs; and
- Investing in robust research that provides a strong evidence base to inform policies and programs and identify emerging trends.

Through the Australian Government's *Tough on Drugs* Initiative, the Department works across Governments and in partnership with the non-government sector to pursue an uncompromising approach to drug trafficking, strengthening laws and improving strategies to reduce the supply of dangerous drugs to the Australian community, educating the community against starting to use drugs in the first place and facilitating access to rehabilitation services for those people wanting to get off drugs.

¹ The Prevention of Substance Use, Risk and Harm in Australia, January 2004

FINANCIAL, SOCIAL AND PERSONAL COSTS TO FAMILIES

Financial Costs

The Department recognises the significant financial, social and personal costs to families in dealing with illicit drug use. The burden on families is far reaching and costs can particularly result from:

- investing in various treatment options for a family member that may be provided by a private practice;
- accessing and maintaining a family member in treatment when a service is not located close by and supported accommodation is required;
- theft from family members and damage to property as a result of drug dependence;
- caring for a drug dependent family member at home and the inability to continue in paid employment as a result;
- caring/raising children (including grandchildren) as a result of a family members drug dependence and inability to adequately care/provide for their children.

It has commissioned a number of studies to capture and assist in quantifying these costs; including:

- *Estimates of the Social Costs of Drug Abuse in Australia*: David Collins and Helen Lapsley published in 1991, 1996 and 2002.
- *The National Drug Strategy Household Survey*: has been conducted since 1985, every 2-3 years, to monitor the population's experience of and attitude towards drug use.
- *The Alcohol and Other Drug Treatment Services National Minimum Data Set*: has provided annual reports since 2000 of the numbers and types of client episodes provided by treatment services nationally.

The studies are key sources that contribute to knowledge about the costs of drug abuse and recognise that some costs can be measured directly, such as government expenditure specifically sourced from the National Illicit Drug Strategy, while many of the social costs borne by the community (such as the extra cost of welfare, health and law and order services), can only be estimated. The costs associated with pain and suffering resulting from a reduced quality of life are not quantifiable.

In its 2002 Report, Collins and Lapsley estimated that the economic and social costs associated with licit and illicit drug use in 1998–99 amounted to \$34.5 billion, of which illicit drugs accounted for 17 per cent.²

² Collins DJ and Lapsley HM, 2002, *Counting the cost: estimates of the social costs of drug abuse in Australia in 1998–99*. National Drug Strategies Monograph Series No. 49, Commonwealth of Australia.

Social Costs

The Department recognises that illicit drug use can result in social costs to families associated with:

- domestic, sexual and psychological violence/abuse suffered by members of the family; and
- isolation of the family due to difficult and potentially dangerous behaviour of drug dependent family member(s).

As well as affecting the personal lives of individuals, illicit drug use has an impact on many aspects of Australian society, including individual and community health; family and community functioning; crime; violence and the social cohesion of our society. The impact of illicit drug use on the community is far reaching and difficult to quantify. It can include anti-social behaviour, crime, loss of income due to absenteeism or unemployment, homelessness and suicide. Illicit drug use can have other significant adverse consequences such as interfering with educational and vocational attainment, involvement in crime, normal maturation, and family problems.³

The *2004 National Drug Strategy Household Survey* found that approximately 5 per cent of Australians suffered an (non-self inflicted) injury as a result of a drug and alcohol related incident in the 12 months before the 2004 National Drug Strategy Household Survey. About 40 per cent of these suffered minor bruising and abrasions and about 3 per cent were sufficiently serious to be admitted to hospital.

The Survey also revealed that approximately 10 per cent of people aged 14 or over had suffered verbal abuse; 2 per cent physical abuse, and 7 per cent had been put in fear by a person under the influence of illicit drugs.

Personal Costs to Families

The Department recognises the devastating impact that illicit drug use can have on families, parents and children. It has been estimated that social costs of illicit drug use on family household labour is about \$345 million per annum.⁴ Families can be impacted by a lack of awareness of services or appropriate pathways to access treatment for their family member's drug use and subsequent support required to meet the needs of the affected family.

The impact of drug induced psychoses, for example, methamphetamine psychosis can result in violence towards family members and hallucinations or bizarre beliefs which lead to irrational and unpredictable behaviour.

³ Spooner, C., R. Mattick and J. Howard, 1996, *The Nature and Treatment of Adolescent Substance Abuse* (NDARC Monograph no. 26). Sydney: University of New South Wales, National Drug and Alcohol Research Centre.

⁴ Social Costs of Drug Abuse. 1998-99

Recent estimates indicate that there are approximately 73,000 dependent methamphetamine users in Australia. Improving coverage for methamphetamine treatment is a priority for the Department. Reducing the number of people who are dependent on methamphetamine will decrease the incidence of psychosis, crime and violent behaviour that is associated with methamphetamine usage.⁵

⁵ McKetin, R. & Kelly, E., 2006, Socio-demographic indicators of methamphetamine treatment contact among methamphetamine users in Sydney, Australia, *Drug and Alcohol Review*. *In press*.

PROGRAMS FOR FAMILIES

The Department administers a number of programs under the Government's Tough on Drugs Initiative that aim to prevent and reduce the impact of illicit drug use on families.

Non-Government Organisation Treatment Grants Program

State and Territory governments are primarily responsible for the provision of drug and alcohol treatment services, however in recognition of the importance of providing access to the broadest range of treatment approaches, the Government supports non-government organisations to provide drug and alcohol services as well.

The long term aim of this program is to assist patients to become abstinent by funding the delivery of a range of treatment types including outreach support, outpatient counselling, inpatient and outpatient detoxification, medium- to long-term rehabilitation and support for clients on pharmacotherapy programs.

There are currently 43 treatment services funded by the Department under this Program that provide specific services to support families, including:

- family counselling; treatment and referrals;
- residential rehabilitation and parenting support for parents and children;
- case management, group work and counselling for individuals and their families;
- therapeutic community for families;
- home detoxification to minimise the impact of withdrawal on families;
- pre- natal and peri partum family support for women using substances;
- early intervention and home visitation;
- supported accommodation for women and children to support substance use change; and
- case management and counselling for young people and their families.

Given the Government's recent announcement of an additional \$79.5 million to expand this Program, the Department will work with the non-government sector to ensure more treatment places and services are provided, particularly providing for flexible family therapies and detoxification arrangements for families who have members who are trying to fight drug addiction.

National Drugs Campaign

The *National Drugs Campaign* is a major component of *NIDS – Tough on Drugs*, and is administered by the Department to educate and inform young people and their parents about the negative consequences of illicit drug use. Phase One of the campaign was launched in March 2001 and targeted parents of children aged 8 to 17 years with the tools to discuss drugs with their children. Phase Two was launched in April 2005 and was intended to prevent young people from using drugs. The Phase Two campaign offered hope and positive alternatives to drug use, information on counselling services for drug users and their families, and reinforced the message that parents should talk to their children about drugs.

An evaluation of the Phase Two campaign found that 2 in 3 parents of 8-17 year olds felt that the campaign had made it easier to talk to their children about illegal drugs. Around 2 in 3 young people aged 13-20 years felt that the campaign had influenced what they do and how they think about drugs, and more than half felt that the campaign had made it easier to discuss illicit drugs with their parents. Further, there appeared to be an increase in young people's confidence in their parents' ability to source information about illegal drugs and their credibility in being aware of drug-related issues to which youth may be exposed. Compared to findings from the pre-campaign survey, there was increased awareness among young people of mental and other health problems associated with using marijuana, ecstasy and speed.

The Government recently announced additional funding of \$9.2 million to enhance its significant investment in Phase 3 of the National Drugs Campaign, taking total investment to \$32.9 million. A new television commercial on Ice will be developed adding to existing education and awareness commercials on cannabis, ecstasy and amphetamines. An updated version of the parents' booklet '*Talking with your kids about drugs*' will also be distributed to all households in Australia.

Illicit Drugs Diversion Initiative

In 1999 the Council of Australian Governments (COAG) developed the National Illicit Drug Diversion Initiative (IDDI) to divert non-violent drug offenders away from the criminal justice system and into assessment, education and treatment services.⁶ The Department administers IDDI through funding agreements with State and Territory Governments, to give people early incentives to address their drug use problem; increase the number of illicit drug users diverted into drug education, assessment and treatment; and reduce the number of people appearing before the courts for use or possession of small quantities of illicit drugs.

The Department has commissioned an evaluation of this initiative to assess:

- the costs and benefits of the Initiative;
- the long term impact of police drug diversion on reducing contact with the criminal justice system, including the identification of factors that contribute to delayed or reduced levels of re-offending and the seriousness of offending; and
- the effectiveness of the Initiative in rural and remote Australia.

⁶ Australian Government funding of more than \$340 million has been allocated to IDDI.

Community Partnerships Initiative

The Community Partnerships Initiative (CPI) is administered by the Department and essentially supports community based projects that aim to prevent and reduce illicit drug use through locally developed interventions and solutions.

To date 224 community based organisations have been funded across Australia to a total of more than \$17 million. In addition, 57 projects at a cost of \$5.2 million will be undertaken over the next 2 years.

An illustration of some of the projects that have been funded to provide services which focus on reducing the impact of illicit drug use within families, include:

- The Local Drug Action Group in Western Australia will develop a comprehensive project that encompasses emerging areas of identified need as expressed by communities and families. The new *Helping Empower Local Parents* (HELP) project will provide a level of service to all parents in Western Australia.
- Community Vision provides support for grandparents who care for their grandchildren as a consequence of their children's drug use, as well as the grandchildren who are being cared for by their grandparents, through the *Grandparents and Grandchildren: The Intergenerational Response Against Drugs* (TIRAD).
- Holyoake Tasmania runs a 12 session program to enhance family function and communication for parents and caregivers affected by their young person's substance use.
- Centacare in the Northern Territory provides life skill training to parents and parents-to-be who are using illicit drugs, carers of children affected by illicit drug use, and parents who have been separated from their children where the use of illicit drugs was a factor.

Pharmacotherapies for Opioid Dependence

International research literature clearly shows that being in treatment leads to less heroin use, lowered mortality rates, and reduced crime. Consistent with the international evidence, the Department funded the National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD) that demonstrated that maintenance treatment with opioid pharmacotherapies resulted in substantial reductions in heroin use, criminal activity and spending on illicit drugs while participants remained in treatment.

The State and Territory Governments are responsible for the regulation of methadone and buprenorphine prescribing as pharmacotherapies for the management of opioid dependence. However, the Australian Government, through the Department, facilitates access to low cost treatment for opioid dependence by funding the wholesale cost of methadone and buprenorphine under Section 100 of the Pharmaceutical Benefits Scheme (PBS), and funding consultations and urinalysis relating to these services through the Medicare Benefits

Schedule.⁷ As naltrexone implants have not yet been approved for marketing in Australia for the treatment of opioid dependence they are not eligible for subsidy under the PBS.

Recognising that naltrexone implants may be an effective treatment to add to the options currently available, and subsequently achieve the highly desirable goal of abstinence from all opioids, the Department is aware of the various grants provided by the National Health and Medical Research Council (NHMRC) for clinical trials and studies associated with comparing the safety and efficacy of naltrexone implants.

National Comorbidity Initiative

\$17.9 million over seven years from 2003-04 to 2009-10 has been allocated for a National Comorbidity Initiative (NCI). The NCI aims to:

- raise awareness of comorbidity among clinicians/health workers and promote examples of good practice resources/models;
- provide support to general practitioners and other health workers to improve treatment outcomes;
- facilitate resources and information for consumers; and
- improve data systems and collection methods within the mental health and alcohol and other drugs sectors to manage comorbidity more effectively.

In my Life is an NCI project aimed at specifically at supporting families. *In My Life* is a 'family stories' project which involved the development and wide dissemination of a book of case studies of real life stories from ordinary Australians who have experienced what it is like to have, or be exposed to someone that has, a drug and alcohol and mental health problem. This approach has been successfully utilised in other areas (eg: homelessness) and aims to break down the barriers and stigma associated with drug and alcohol and mental health disorders. The book, *in my life*, was launched in Sydney on 5 June 2006 and portrays the experiences of families with family members from a wide range of education and social backgrounds seeking or undergoing treatment for their illicit drug use. It also refers to a number of barriers and issues families face in supporting their family members, including comorbidity and other complex vulnerabilities. *In my life* has been widely distributed nationally and strengths-based workshops were held during August and September across three jurisdictions. The project was completed in October 2006.

⁷ In 2005-2006 the total cost to the Australian Government for buprenorphine was \$18,133,398 million. The total cost of methadone was \$4,210,783 million.

WAYS TO STRENGTHEN FAMILIES WHO ARE COPING WITH ILLICIT DRUG USE

The following is a summary of recent initiatives and programs that are administered by the Department that may strengthen families who are coping with illicit drug use.

Mental Health Initiatives

In 2006-07 Federal Budget, the Australian Government committed \$1.9 billion over five years to the Council of Australian Governments (COAG) National Action Plan on Mental Health, to improve access to mental health services and provide additional support to people with mental illness, their families and their carers.

The measures outlined below have the potential to reduce the impact of illicit drug use on families through raising awareness of the link between illicit drug use and mental illness; increasing access to mental health care and facilitating early intervention for young people at risk of developing mental health problems.

- ***Improved Services for People with Drug and Alcohol Problems and Mental Health***
\$73.9 million was allocated to the *Improved Services for People with Drug and Alcohol Problems and Mental Health* measure in the 2006-07 federal Budget as part of the Australian Government's response to the COAG Mental Health package. The measure aims to build the capacity of non-government organisations to provide best-practice services that effectively address and treat coinciding mental illness and substance abuse.

- ***Alerting the Community to the Links Between Illicit Drugs and Mental Illness***
\$21.6 million was allocated to an *Alerting the Community to the Links between Illicit Drugs and Mental Illness* public awareness program. This campaign will raise awareness and understanding of the connections between illicit drug use and mental illness and encourage at-risk individuals to seek help and treatment early.

- ***Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative (Better Access)***
\$538 million was committed to provide Better Access to Psychiatrists, Psychologists and General Practitioners (GPs) through the MBS to increase community access to better and more affordable team-based mental health care. Through this initiative, GPs are supported to coordinate the treatment needs of patients with mental health disorders in the primary care setting through the new GP Mental Health Care Plan and Consultation MBS items.

In addition, 20 new MBS items are now available for allied mental health services provided to patients on referral from a GP, psychiatrist or pediatrician.

People with drug use disorders are eligible to access Medicare-rebateable services under the Better Access initiative, as are people who have a comorbid substance use problem and a mental disorder.

- ***New Early Intervention Services for Parents, Children and Young People***
\$28.1 million was allocated to support early intervention for children and young people who are at highest risk of developing mental health problems, or who are showing early behavioural signs or symptoms of mental health problems. One component of the measure is to provide the following support for parenting programs to facilitate early intervention:

- maintain standards and information on evidenced-based parenting programs including enhance links with the Department of Family and Community Services and Indigenous Affairs (FACCSIA) around current parenting resources; and
- provide funding through non-government organisations for facilitating the availability of a range of evidence-based parenting programs.

University Counsellors Initiative

The 2006-07 Budget also provided \$19.8 million over four years to establish a network of counselling services on university campuses across Australia, to assist students who have problems with substance abuse, mental illness and/or need family support. The measure will ease pressure on families who are seeking access to appropriate specialist and mainstream services for family members attending university.

Indigenous Initiatives

At the June 2006 Intergovernmental Summit on Violence and Child Abuse in Indigenous Communities a collaborative approach was agreed to address the high levels of family violence and child abuse in indigenous communities.

On 14 July 2006 the Council of Australian Governments announced a comprehensive package of policing, justice, governance and supporting initiatives valued at up to \$130 million over four years. Two complementary health measures formed part of this package, and these are outlined below (*):

- ***Indigenous Communities Initiative ****

The 'Tough On Drugs' Indigenous Communities Initiative, announced as part of the Australian Government's 2007-2008 Budget, committed \$14.6 million over the next four years, as part of a larger package to address the consequences of violence and child abuse in Aboriginal and Torres Strait Islander communities.

This Initiative assists Aboriginal and Torres Strait Islander communities to develop local solutions to violence that is experienced by families as a result of drug and alcohol abuse.

- ***NIDS – Tough on Drugs – Capacity Building in Indigenous Communities***

In May 2005, the Australian Government provided \$8 million over four years to develop and implement strategies to improve the capacity of Indigenous communities to address problems with alcohol and drug abuse. This will involve working with Indigenous communities on broad-based prevention programmes to help reduce the adverse effects and harms caused by substance use.

- ***Aboriginal and Torres Strait Islander Substance Use Program***

The Australian Government's Aboriginal and Torres Strait Islander Substance Use Program, administered by the Department, allocated \$20.5 million for 2006-07 to address drug and alcohol related issues. The majority of the service deliverers provide services for illicit and licit drug users.

- Of this funding \$19.6 million was allocated to support Aboriginal and Torres Strait Islander substance use services nationally. Of these services, 42 are specific Aboriginal and Torres Strait Islander substance use services with 29 services providing residential care.
- The remaining 28 services receive funding as part of Indigenous primary health care services.

\$0.9 million was allocated to national projects such as:

- Drug Action Week - funding is provided to OATSIH Substance Use Services to run health promotional activities during Drug Action Week; and
- development, production and reprint of educational resources including – *The Indigenous Male Health Report, Giving Away the Grog* and Foetal Alcohol Spectrum Disorder (FASD)

On 14 July 2006, the Australian Government offered the states and territories a package of funding including \$49.3 million over four years, for additional drug and alcohol rehabilitation services (*).

Under this measure, funding will be provided to build on existing effective services; create new services, including new service types; establish safe places to sober up; establish new multidisciplinary teams with skills in substance use and associated issues; and develop services to support individuals leaving rehabilitation and returning to their communities to prevent relapse. Funding under this initiative is expected to be provided from June 2007.