
The Parliament of the Commonwealth of Australia

The winnable war on drugs

The impact of illicit drug use on families

House of Representatives
Standing Committee on Family and Human Services

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Canberra

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Foreword

The winnable war on drugs: The impact of illicit drug use on families

The destruction of an individual's humanity by the use of illicit drugs is unarguable.

What is required is policy to prevent harm to individuals from illicit drugs, not policy to merely reduce or minimise it.

Prevention necessitates self-control and self-esteem. Thus policies need to be based on higher principles and morality. Those who promote harm minimisation say it has a morally neutral stance, stating that drug use is neither good nor bad.

It is the prevalence of this amoral stance that has allowed the plight of families, particularly vulnerable little children, to be hidden victims of illicit drug use. The aim for these people is not to prevent harm but merely to reduce or minimise it.

One witness, Ryan Hidden, told the committee:

I survived harm minimisation, because it literally threatened to destroy my life and my family's life through the messages that it can implant into that structure and the way it threatened to tear us apart, literally. It was almost like that was its objective; it did not want me to escape my addiction, it wanted me to stay stuck there.¹

Australia needs a prevention policy to protect her young and a rehabilitation policy to save those who slip.

To reduce our outlay on the cost of policing we need to achieve a society where individuals respect the rights of other individuals to function and flourish and where there is agreement on the validity of laws that are in place.

1 Hidden R, transcript, 23 May 2007, p 5.

We all feel free when we agree with the laws that govern us.

As the understanding of higher principles increases, the society becomes more cohesive.

This is not abstract idealism. It is the very basis of individualism.

The evidence received by the committee in the course of this inquiry has shown there is a drug industry which pushes harm reduction and minimisation at the expense of harm prevention and treatment with the aim of making an individual drug free.

An example of this is Dr Alex Wodak, President of the Australian Drug Law Reform Foundation, writing in a published essay entitled 'Beyond the prohibition of heroin: The development of a controlled availability policy' and published by Pluto Press in association with the Australian Fabian Society and Socialist Forum in 1991:

Heroin has relatively few side-effects. Provided careful attention is given to dose and administration, heroin can be safely injected for decades... Most of the present morbidity and mortality related to heroin use is consequent on its illegality.²

Dr Wodak gave evidence to the committee still advocating for drug legalisation, stating that '... the least-worst option for cannabis is to control demand and supply by taxation and regulation'.³ That is, legalise cannabis sales.

A more contemporary and realistic position is that published in the *Lancet* on 28 July 2007, where it admits that its 1995 editorial statement that 'the smoking of cannabis, even long term, is not harmful to health' is wrong. Its editorial now states that in the most comprehensive meta-analysis to date of a possible causal relation between cannabis use and psychotic and affective illness later in life:

Theresa Moore and colleagues found 'an increase in risk of psychosis of about 40 per cent in participants who had ever used cannabis', and a clear dose-response effect with an increased risk of 50–200 per cent in the most frequent users.⁴

and further states:

Research published since 1995, including Moore's systematic review in this issue, leads us now to conclude that cannabis use could increase the

2 Carney T, Drew L, Mathews J, Mugford S and Wodak A, *An unwinnable war against drugs: The politics of decriminalisation* (1991), p 64.

3 Australian Drug Law Reform Foundation, submission 39, p 26.

4 'Editorial', *The Lancet* (2007), vol 370, 28 July, p 292.

risk of psychotic illness. Further research is needed on the effects of cannabis on affective disorders. The Advisory Council on the Misuse of Drugs will have plenty to consider. But whatever their eventual recommendation, governments would do well to invest in sustained and effective education campaigns on the risks to health of taking cannabis.⁵

The committee takes a strong stand and details the strong evidence showing the connection between illicit drugs and mental illness and current research showing DNA damage. It thus recommends a television-focused campaign of the same magnitude as the anti-tobacco campaign against illicit drug taking.

The inquiry uncovered the plight of young children as perhaps the most distressing aspect of the inquiry.

The committee took evidence of how children are put at risk because of drug-addicted parents and the attitudes shared by state departments and many magistrates that force children to be with their biological parents as their preferred policy.

One foster mother of 24 years standing told the committee of experiences she has had in several states:

They just think blood is thicker than water, that the kids should be with their parents. I think they need to know their history. It is not necessarily good for them to be there; in most cases it is not. I cannot see that it is good for children to be with parents in a situation that means you do not know when you come home from school if you are going to be fed or not. In WA we had a 14 year old girl stay with us for two weeks who was responsible for her 11year old brother with ADHD and her seven year old sister with an intellectual disability. Her mother was 28 and a heroin addict. This girl was hiding clothes and hiding food on her way to school so that she would be able to feed her siblings when she got home. She sussed out which church groups had youth groups going and on a Friday night the kids got a hot meal because she would take them to these youth groups that were providing food for 50 cents. She would scab bottles, cans, anything, to get money to take her brother and sister for a hot meal. She used to have to wag school and come home to clean up her mum and her mum's friends so that the kids did not walk into syringes and bongs and things lying around.⁶

Adoption is currently not an option — The interest of the child is not the dominant issue. Again, Mrs Rowe told us:

5 'Editorial', *The Lancet* (2007), vol 370, 28 July, p 292.

6 Rowe L, transcript, 15 August 2007, p 10.

It is having someone who cares if you go to school. We had a 12 year old girl who had 89 days of unexplained absence from school in year 6. I said, 'How am I going to get her into high school?' That is nearly two terms of not being at school, because mum was so drugged out she had to stay home and look after her brothers. Our goal for the year that she was with us was to get her to school every day.

... She is back home with mum, but she knows I am there if she needs me. ... But if there is a problem the girl knows that her mum—this is the mum of the two boys that have just gone home as well—will ring me if she wants some suggestions. I am glad that that has just been a little bit in that child's life but she is actually turning up for school. She is still misbehaving at school because she knows she can manipulate mum. But her brothers came to us when they were one and two and, had they been adopted out, they could be now well on their way to being settled and having a great future.⁷

Another reason mothers seem to approach the department and court to have the child returned is money — the family support payments that move with the child. Evidence was given that:

You have to buy me this because you are getting all my mum's money. The government has given you my mum's money, so you have to buy me Spiderman; you have to buy me this. I want this; I want that, because you are getting my mum's money.' That is the message that mum is sending back through the children—she cannot buy them things because 'your foster carer has got all my money'.⁸

Empirically the evidence of so many children with disabilities being born to drug-addicted mothers is cause for great concern and hence the committee has recommended a long-term longitudinal study be funded.

There has to be change. The new policy must be the best interest of the child not the drug addicted parent:

- In New South Wales, drug abuse was associated with 22 per cent (15) of the 75 child deaths examined in detail where there were suspicions of abuse or neglect over the three year period to June 2002;⁹
- In Queensland, between 1999 and 2002 drug use was present in 41.2 per cent of families in which a child death occurred;¹⁰

7 Rowe L, transcript, 15 August 2007, p 8.

8 Rowe L, transcript, 15 August 2007, p 3.

9 NSW Child Death Review Team, *Fatal assault and neglect of children and young people 2003* (2003), p 28.

- In Victoria, parental drug use featured in nine, or 45 per cent of the 20 child deaths known to child protection authorities in 2005-06;¹¹ and
- In Western Australia, 77 per cent of 44 child deaths since 2003 involved parental drug use.¹²

The following example alone shows how the system lets children perish. One of six children of a heroin-addicted mother ingested 40mg of methadone and died. The coroner found enough evidence for charges to be laid, but none were laid.¹³

The Chief Executive Officer of the Australian Drug Foundation, Mr Stronach told an International Drug Conference in Washington in 1992:

We've focused as [the then Alcohol and Drug Foundation Victoria now the Australian Drug Foundation] quite clearly strategically on the media. We've employed journalists, not to churn out press releases but to get in there as subversives and work with their colleagues in the mainstream press ... So we've got 24-hour availability of those journalists and what we're finding now is that in the last eight months over 50 per cent of the mainstream printed and radio and television reporting on alcohol and drug issues has now been generated by the Foundation, or has been filtered through it.¹⁴

The Australian Drug Foundation in 2005-06 received State and Commonwealth funding totalling \$1.971 million and is listed by the Australian Taxation Office as a deductible gift recipient. The Foundation states 'abstinence is a valid goal for some programs within a harm minimisation framework but it is not the only goal'.¹⁵

Curiosity is shown by the National Drug Strategy Household Survey conducted by the Australian Institute of Health and Welfare to be the greatest reason (77 per cent) that individuals first try an illicit drug.¹⁶

We have a moral obligation as a nation to inform young people of the consequences of illicit drug use on their brain, their appearance, their health, their shortened life expectancy and most importantly what it does to their families.

10 Commission for Children and Young People and Child Guardian (Qld), submission 146, p 7.

11 Victorian Child Death Review Committee, *Annual report of inquiries into the deaths of children known to Child Protection 2006* (2006), p 31.

12 Government of Western Australia, Drug and Alcohol Office, submission 144, p 1.

13 Rowe L, transcript, 15 August 2007, pp 1, 13.

14 International Drug Conference, Washington DC, 1992, exhibit 14.4.

15 Australian Drug Foundation, 'ADF position on the role of zero tolerance in Australian Drug Strategy', viewed on 7 September 2007 at http://www.adf.org.au/article.asp?ContentID=zero_tolerance.

16 Australian Institute of Health and Welfare, *2004 National Drug Strategy Household Survey: Detailed findings* (2005), cat no PHE 66, p 37.

Those who peddle an amoral stance in association with illicit drug use and fail to see the need for higher principles to underpin policy do the nation and her people a great disservice.



The Hon Bronwyn Bishop MP
Chairman

Statement by the Hon John Howard MP, Prime Minister, 16 August 2007

There is no issue that bothers Australian parents more than the threat of illicit drug use. It represents one of the continuing social challenges to the wellbeing of young Australians, and anything that governments can do to help parents deal with this terrible problem they ought to do. I am very proud of the fact that since 1997 this government has spent more than \$1.4 billion under its Tough on Drugs strategy across education, treatment and law enforcement measures. I am very pleased that over that 10-year period there has been a major change in community attitudes to the use of what used to be called soft drugs, like marijuana. Eight or nine years ago, attempts were made at a state parliamentary level on both sides of politics—both Labor and coalition—to decriminalise marijuana in the mistaken belief that marijuana was harmless. It is now realised by a growing number of Australians, particularly the parents of young people who have taken their lives in deep depression or because of a severe mental illness occasioned by marijuana abuse, that marijuana and other so-called soft drugs represent an enduring menace to the health of many thousands of young Australians. We are making progress in the war against drugs, but we have a long way to go. I say to those cynics who over the years have said it was all a waste of time, and the answer was to legalise it all and the problem would go away, that they could not have been more mistaken. The problem will only get worse if you legalise it all because you are saying to the drug traffickers and you are saying to the parents of children desperately trying to break the habit that it is all too hard and you might as well give up. This government will never give up in the fight against drugs. We will never adopt a harm minimisation strategy; we will always maintain a zero tolerance approach.

Source House of Representatives Debates, 16 August 2007, p 52.

Membership of the Committee

Chair The Hon Bronwyn Bishop MP

Deputy Chair Mrs Julia Irwin MP

Members The Hon Alan Cadman MP

Ms Kate Ellis MP

Mrs Kay Elson MP

Mr David Fawcett MP

Ms Jennie George MP

Mrs Louise Markus MP

Mr Harry Quick MP

Mr Ken Ticehurst MP



Committee Secretariat

Secretary	James Catchpole
Inquiry Secretary	Kai Swoboda
Research Officers	Julia Morris (from 2/5/07) Anna Engwerda-Smith Belynda Zolotto Matthew Mowtell (from 19/2/07 to 18/5/07)
Administrative Officers	Emily Shum (until 1/5/07) Gaye Milner (from 1/5/07)



Terms of reference

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.



List of abbreviations

ABC	Australian Broadcasting Corporation
ABS	Australian Bureau of Statistics
ADCA	Alcohol and Other Drugs Council of Australia
ADF	Australian Drug Foundation
AIDS	Acquired Immune Deficiency Syndrome
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ANCD	Australian National Council on Drugs
ATS	Amphetamine Type Substances
CALD	Culturally and Linguistically Diverse
COAG	Council of Australian Governments
DHI	Drug Harm Index
DUMA	Drug Use Monitoring in Australia
EDRS	Ecstasy and Related Drugs Initiative
ERD	Ecstasy and Related Drugs
GHB	Gamma-hydroxybutyrate
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System

MCDS	Ministerial Council on Drug Strategy
MDA	Methylendioxyamphetamine
MDEA	Methylenedioxyethylamphetamine
MDMA	Methylenedioxymethylamphetamine
MMT	Methadone Maintenance Treatment
NDARC	National Drug and Alcohol Research Centre
NDS	National Drug Strategy
NHMRC	National Health and Medical Research Council
NSDES	National School Drug Education Strategy
OECD	Organisation for Economic Cooperation and Development
OST	Opioid Substitution Treatment
PMA	Para-methoxyamphetamine
SKATE	Supporting Kids and Their Environment Program
THC	Tetra-hydro-cannabinol



List of recommendations

1. Introduction

Recommendation 1

The Commonwealth Government continue its allocation of significant resources to policing activity as a highly effective prevention method. *(para 1.39)*

3. Protecting children

Recommendation 2

The National Health and Medical Research Council fund a long-term longitudinal study of the babies of drug-using mothers to look at the impact of maternal illicit drug use, including:

- the long-term implications for the future life of a baby born addicted to methadone and/or other illicit drugs;
- birth outcomes, such as prematurity, birth weight, and neonatal distress;
- physical, mental and social developmental milestones;
- family functioning and family characteristics;
- any later interactions with the child protection system;
- propensity to drug use in adolescent and adult life; and
- comparisons of outcomes for alternatives to methadone, including buprenorphine, naltrexone and supervised detoxification and withdrawal, with regards to which options are in the best interests of the child, both before and after birth. *(para 3.21)*

Recommendation 3

That the Minister for Health disallow the provision of takeaway methadone through the Pharmaceutical Benefits Scheme for drug users who are parents and have children living in their household. (*para 3.55*)

Recommendation 4

The Department of Health and Ageing, as part of the next funding round for the Non Government Organisation Treatment Grants Program, give urgent priority to funding:

- residential treatment services that provide for children to live-in with their mothers during treatment; and
- non-residential treatment services that cater for the needs of parents with dependent children

where the aim is to make parents drug-free individuals. (*para 3.75*)

Recommendation 5

The Commonwealth Minister for Families, Community Services and Indigenous Affairs, in conjunction with state and territory child protection ministers:

- develop a national adoption strategy which acknowledges that adoption is a legitimate way of forming or adding to a family and adoption is a desirable way of providing a stable life for a significant proportion of children with drug-addicted parents; and
- establish adoption as the 'default' care option for children aged 0–5 years where the child protection notification involved illicit drug use by the parent/s, with the onus on child protection authorities to demonstrate that other care options would result in superior outcomes for the child/ren. (*para 3.113*)

Recommendation 6

The Minister for Families, Community Services and Indigenous Affairs include in the Legislative Instrument covering the implementation of the Income Management Provisions of the *Social Security and Other Legislation Amendment (Welfare Payment Reform) Act 2007* requirements that:

- child protection authorities must notify Centrelink when a child protection substantiation detects *any* illicit drug use by a parent/s, and that this notification shall activate the income management regime provisions; and

- that it be mandated that when children are returned to a parent/s following a care and protection order the income management regime provisions be automatically applied. (*para 3.124*)

Recommendation 7

The Department of Health and Ageing, in liaison with state and territory governments, promote the integration of contraception and family planning advice into treatment and general practice services for drug-using women of child-bearing age. (*para 3.132*)

4. The impact of harm minimisation programs on families

Recommendation 8

The Commonwealth Government develop and bring to the Council of Australian Governments a national illicit drug policy that:

- replaces the current focus of the National Drug Strategy on harm minimisation with a focus on harm prevention and treatment that has the aim of achieving permanent drug-free status for individuals with the goal of enabling drug users to be drug free; and
- only provide funding to treatment and support organisations which have a clearly stated aim to achieve permanent drug-free status for their clients or participants. (*para 4.79*)

Recommendation 9

The Department of Health and Ageing conduct research to estimate the full cost of pharmacotherapy programs to the Commonwealth, including the cost of medical consultations covered by Medicare. (*para 4.94*)

Recommendation 10

The Commonwealth Government:

- amend the National Pharmacotherapy Policy for People Dependent on Opioids to specify that the primary objective of pharmacotherapy treatment is to end an individual's opioid use; and
- renegotiate funding arrangements for methadone maintenance programs to require the states and territories to commit sufficient funding to provide comprehensive support services to meet the revised National Pharmacotherapy Policy for People Dependent on Opioids objective. (*para 4.108*)

Recommendation 11

The Commonwealth Government list naltrexone implants on the Pharmaceutical Benefits Scheme for the treatment of opioid dependence. *(para 4.118)*

Recommendation 12

The Department of Health and Ageing:

- provide funding for ongoing research into the relative effectiveness of pharmacotherapy programs including naltrexone implants and methadone; and
- form an advisory body comprised of independent research experts to advise on project methodology. *(para 4.122)*

Recommendation 13

The Australian Government Department of Health and Ageing undertake a review of needle and syringe exchange programs to assess whether they are:

- supported by the local communities in which they operate; and
- successful in directing drug users to appropriate treatment to enable them to be drug free individuals. *(para 4.132)*

5. Strengthening families through prevention**Recommendation 14**

Within the framework of the proposed illicit drug policy (see recommendation 8), the Commonwealth Government make a clear unequivocal statement, in line with the Prime Minister's statement to the House of Representatives, that includes reference to:

- the damage inflicted on families by illicit drug use; and
- the positive role that families can play in strengthening prevention and treatment services. *(para 5.16)*

Recommendation 15

The Commonwealth Government take a leadership role in reviewing and updating the National School Drug Education Strategy to re-iterate a commitment to a zero tolerance approach to illicit drugs and reflect the desire of parents for their children not to use illicit drugs. *(para 5.31)*

Recommendation 16

While commending the Government on the media campaign against ice, the committee recommends that the Minister for Health and Ageing fund, as a matter of priority, a fourth phase of the National Drugs Campaign aimed at young people, that draws on experiences from the anti smoking campaign and other campaigns most notably the Montana Meth Project in the United States that:

- moves away from pointing out the ‘harm’ related to illicit drugs to one that highlights ‘damage’, ‘destruction’ and ‘danger’;
- employs compelling and confronting imagery such as that used in local campaigns and the Montana Meth Project campaign (www.notevenonce.com/index.php);
- documents the health effects of illicit drug taking, particularly the ageing and degenerative effects on physical appearance; and
- raises awareness of the mental health consequences of illicit drug use. *(para 5.72)*

Recommendation 17

The Commonwealth Government provide funding only to organisations that adhere to the policy not to use language that glamorises or promotes the use of drugs, such as the terms ‘recreational’ and ‘party’ to describe drugs or drug use in public statements, correspondence and reports and that have implemented this policy to documents available electronically via their website. The Commonwealth Government also withdraw funding from organisations that promote legalisation of all or any illicit drugs. *(para 5.84)*

Recommendation 18

The Commonwealth Government:

- direct the Australian Broadcasting Corporation that its News and Current Affairs Style Guide should apply to all presenters; and
- encourage the Australian Press Council to adopt a similar code. *(para 5.88)*

Recommendation 19

The Minister for Health and Ageing work with states and territories to implement bans on the sale of drug equipment and the Minister for Justice and Customs ban the import of such equipment. *(para 5.94)*

Recommendation 20

The Commonwealth Government work with state and territory police to implement random testing for drivers affected by illicit drugs concurrently with random breath testing for alcohol. *(para 5.109)*

Recommendation 21

As part of the next public hospital funding agreement between the Commonwealth and the states and territories, the Minister for Health and Ageing include a requirement for the implementation of a random workplace drug testing regime to improve safety for patients and other staff. *(para 5.113)*

6. Strengthening families through treatment

Recommendation 22

The Department of Health and Ageing include, as part of the next round of illicit drug treatment funding agreements, requirements that:

- treatment organisations collect and report data on their success rate in making individuals drug free after they have completed their initial treatment; and
- give priority to funding those treatment approaches that demonstrate their success in making individuals drug free.

Further, the Department should maintain a database containing such information and make it public. *(para 6.16)*

Recommendation 23

The Department of Health and Ageing, in conjunction with other appropriate agencies:

- establish a regionally-based information and referral service, modelled on the *Carelink* aged care information service, that incorporates a 1800 telephone number and a regional network and database of service providers, to assist families obtain information about illicit drugs and how they can access treatment; and
- only include treatment agencies on the database that have the objective of making individuals drug free. *(para 6.31)*

Recommendation 24

The Australian Institute of Health and Welfare work with relevant government and non-government agencies to include in the Alcohol and Other Drug Treatment Services National Minimum Data Set measures relating to the use of family inclusive services to treat illicit drug use. *(para 6.54)*

Recommendation 25

The Department of Health and Ageing promote, as part of the next round of funding arrangements for non-government drug treatment agencies, models of explicit informed consent for giving families information, which include a discussion about information management with all drug users on their initial consultation with health professionals.

The Attorney-General, in consultation with state and territory governments and professional bodies, review whether the National Privacy Principles and Information Privacy Principles adequately allow for the position of families of clients with drug addictions, particularly with respect to subclause 2.4 and the definition of a client who is incapable of giving or communicating consent, and particularly where:

- families will be involved in the ongoing care of the client;
- the behaviour or state of the client in treatment suggests that families may be placed at physical risk; and
- families make a compassionate request to know of the client's whereabouts and state of health. *(para 6.76)*

Recommendation 26

The Department of Health and Ageing, as part of the next funding round for the *Non Government Organisation Treatment Grants Program* give priority to funding services that help family members affected by a family member's drug use. *(para 6.85)*

Recommendation 27

The Minister for Health and Ageing, in conjunction with the states and territories, develop:

- a range of standardised screening tools to identify the needs of families affected by a family member's drug use; and
- a set of referral protocols for families that need help in their own right to address the impact that caring for a drug-using family member has had on their lives. *(para 6.86)*

Recommendation 28

The Commonwealth Government:

- enter negotiations with the states and territories to change legislation to allow for children aged up to 18 years to be placed in mandatory treatment for illicit drug addiction with an organisation or individual which has as its treatment goal making individuals drug free; and
- provide the appropriate funds required to increase capacity to assist children and the families of those made subject to mandatory treatment. *(para 6.108)*

Recommendation 29

The Department of Health and Ageing:

- undertake research on the implementation of a rewards-based model for drug treatment participation in Australia that offers drug users positive incentives to undergo treatment; and
- conduct a number of small-scale trials across Australia to examine the effectiveness of a rewards-based treatment participation approach. *(para 6.110)*

7. Social and personal impact on families of illicit drug use

Recommendation 30

That the Department of Health and Ageing, as the funder for the National Drug Strategy Household Survey, the Illicit Drug Reporting System and the Ecstasy and Related Drugs Initiative, require that data collected by collection agencies include:

- whether any biological or dependent children live in the drug user's household; and
- for users aged under 18 years, the status of their regular full-time carers (such as parents or grandparents). *(para 7.12)*

8. Drug-induced psychoses and mental illness

Recommendation 31

The committee notes the prevalence of illicit drug users developing mental illness, and therefore recommends that the Department of Health and Ageing oversee:

- the development of more treatment services that treat both drug use and mental illness together, with the aim of making the individual drug free, and to avoid mental illness being treated without knowledge and consideration of illicit drug use;
- workforce training for primary health care workers to raise awareness of the connections between illicit drug use and mental illness; and
- information and support services for families, including information on how to deal with family members undergoing drug-induced or drug-related psychosis. (*para 8.97*)

