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Standing Committee on Family and Human Services

Impact of illicit drugs on families

INTRODUCTION

About *beyondblue*

beyondblue: the national depression initiative is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance use disorders in Australia. Of particular relevance to the Inquiry into the Impact of Illicit Drug Use on Families is *beyondblue's* aim to increase community awareness of depression, anxiety and related substance use disorders.

beyondblue works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and their carers, to bring together their expertise. Specific population groups that *beyondblue* targets are Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, young people and the elderly.

Background - Illicit drug use and depression/anxiety

There is extensive evidence indicating that co-occurring depression/anxiety and alcohol and other drug (AOD) use is highly prevalent. It is also well recognised that individual's presenting with this form of comorbidity do not always receive quality and effective care and often 'fall between the cracks' of the alcohol and drug and mental health sectors, which has enormous implications for the impact upon families. There are particular challenges with the increased use of methamphetamines which are strongly associated with mental health disorders, particularly depression and, to a lesser extent, anxiety.

beyondblue has recognised the importance of the co-existence of depression/anxiety and AOD disorders and has initiated a number of pieces of work to address the issue. This includes the development of a large national community campaign on alcohol and depression and the commissioning of a large body of research in the area and it will form an expanded priority focus of *beyondblue's* work in the coming years.

What the current research indicates

Population surveys exploring the prevalence rates of co-occurring conditions among people with AOD use suggest that affective disorders (such as anxiety and depression) are the most prevalent type of mental health problems experienced by people with alcohol or other drug disorders. Furthermore, findings from the Illicit Drug Reporting System (IDRS) 2004, reveal that the main reasons for illicit substance users attending a health professional were for depression (69%), anxiety (34%), schizophrenia (12%), panic (8%), drug induced psychosis (6%), manic depression (5%) and paranoia (5%).

A large national survey (10,461 Australians) conducted in 1997 (Henderson et al: 2000) showed considerable co-morbidity between AOD disorders and other mental health diagnoses. Around a quarter of the respondents with anxiety, mood or AOD disorders, also met the criteria for at least one other diagnosis. Women (28%) were slightly more likely than men (24%) to suffer from co-morbid disorders (Teesson et al: 2000). Degenhardt, Hall and Lynskey (2003) argue that the frequent co-occurrence of these disorders reflects that they share common risks factors and life pathways.

The Senate Select Committee on Mental Health (2006) estimated that 30-50% of all drug dependence is associated with mental health disorders. In fact, the Committee noted that comorbidity is the expectation not the exception for people receiving treatment for either mental health or a substance abuse disorder.

The need for services to better meet the needs of those requiring treatment and support for this type of co-morbidity is not new. There are countless studies that show a direct relationship between mental health and AOD use. The problems that produce dependent drug use are often related to emotional, psychological and physical trauma, and depression. Mental health clients generally find drugs to be an effective short term way of self medicating, escaping anxiety, depression and other disorders. Many clients of mental health services have a history of drug use and self medication with drugs – usually alcohol, tobacco and cannabis, and clients of AOD services often have significant mental health issues. Suicidal thoughts and behaviours are prevalent among these clients. In short, the client groups of the two sectors are often one and the same.

Associate Professor Michael Baigent, Clinical Adviser to *beyondblue*, identified that substance use can produce symptoms of depression and anxiety, and induce depressive and anxiety disorders (2006). He notes that the substance use disorder 'always needs to be addressed' in order to reduce depression and anxiety related disorders.

While there is some acceptance that both specialist mental health and AOD sectors are addressing the needs of co-morbid clients, the extent to which the client's needs are being appropriately met within the existing service silos is questionable. Better meeting the needs of this client group is complex and represents a requirement for systemic change. There is also a growing role for Primary Health Care services, including General Practitioners, to respond more effectively to this client group and their families.

Comorbidity – methamphetamines and anxiety/depression

The widespread use of methamphetamines including 'ice' has received significant attention in recent times. It is important to note that of the 1.5 million Australians who have tried methamphetamine, the majority use the drug on only a small number of occasions (AIHW:2005a) and are unlikely to have significant problems arise from their methamphetamine use (ANCD:2007). However, methamphetamine is a highly addictive substance and depression and, to a lesser extent, anxiety is common among methamphetamine users presenting for treatment (ANCD: 2007).

Where medication is required to treat depression co-occurring with methamphetamine use, it is particularly problematic because of the potential for interaction of medications with illicit drugs (eg serotonin toxicity). There is little research that explores the potential for toxic side effects between the use of psychiatric medications and methamphetamines (ANCD:2007).

The difficulty of treating comorbid depression is widely acknowledged but psychosocial therapies tend to be more popular and considered more effective in the drug treatment context (ANCD:2007).

The presentation of methamphetamines and co-occurring anxiety and depressive disorders highlights the need for new and innovative approaches to management: and this is an area that is in its infancy. It also indicates the necessity for both AOD and mental health services to have the capacity to diagnose and treat both disorders (ANCD: 2007).

No 'safe level' of illicit drug use for good mental health

The most problematic aspect of methamphetamine and other illicit drug use remains the extent to which these drugs vary in their composition and the degree to which an individual may experience harm. Given that illicit drugs are not pharmaceutical grade preparations and their composition is likely to vary greatly at any given time and across geographical areas, their effects are unpredictable and therefore their use unsafe and risky (VAADA: 2003).

The harms associated with illicit drug use also vary depending on an individual's gender, age, metabolism, mental and emotional state, and the environment in which they are used.

For example, the possible physical harms associated with methamphetamine use can include:

- Neurotoxicity, heart, liver and kidney damage
- Coma-like effects, dependence, overheating, cardiac and respiratory depression and seizures
- Palpitations, hypertension, nausea and vomiting.

There are also social/mental/emotional/sexual harms including:

- Depression or 'coming down' effects that users of methamphetamines often refer to as 'Eccy Monday' and 'Suicide Tuesday'
- Drug facilitated sexual assault
- Dependence and risks related to presence at a particular scene (VAADA:2003).

All of these harm and risk factors have the potential for significant impact on families.

KEY ISSUES

Community awareness and destigmatisation

One of *beyondblue*'s key roles is to increase community awareness of depression, anxiety and related substance-use disorders. *beyondblue* has been active in the media addressing the language used to refer to methamphetamines decrying the terms 'party drugs' or 'recreational drugs' and the popular perception that this creates that these drugs are 'safe' (see attached media release: 2007). From a mental health perspective, the use of illicit drugs can precipitate or exacerbate the potential for an anxiety or depressive disorder to occur. *beyondblue* has a role in highlighting the extent to which there is no predictably safe level of illicit drug use and its implications for mental health, particularly anxiety and depression. One way in which *beyondblue* intends to further achieve this is to develop a concerted campaign that focuses upon tackling the language of 'party and recreational drug use'.

beyondblue, through its community awareness campaigns and other strategies, provides resources and information to inform and strengthen families who are coping with a member(s) using illicit drugs and experiencing a co-occurring mental health disorder such as depression and/or anxiety. *beyondblue* achieves this through:

- Implementing targeted strategies, including a focus on anxiety, bipolar and related disorders, monitoring against continuing benchmarks, with a focus on help-seeking and recovery
- Developing and implementing new advertising and other mass media campaigns
- Building school, youth and family depression and anxiety initiatives
- Building on workplace prevention programs
- Initiating programs arising from attitudinal monitoring, and
- Initiating and conducting research.

National campaigns to raise awareness

beyondblue's national campaign comprises a series of national TV, radio and print advertisements aimed at raising awareness of depression, anxiety and associated drug and alcohol problems. One of the commercials specifically addresses depression and drug and alcohol problems.

Carer and consumer participation

Participation by people with personal experience of depression underpins all *beyondblue*'s programs. The organisation's blueVoices consumer and carer reference group plays a major role in the development programs, resources, materials and fact sheets, as well as providing advice on the development of *beyondblue*'s national advertising campaign.

Fact sheets

beyondblue produces a range of fact sheets on a wide range of depression-related topics, often jointly developed with other health and welfare organisations (eg. National Heart Foundation).

The following *beyondblue* fact sheets are attached:

- Reducing Alcohol and Drugs
- Understanding depression
- How can you help someone with depression?
- Living with and caring for a person with depression
- What causes depression?
- Help for depression, anxiety and related disorders under Medicare.

beyondblue would be keen to develop partnerships with relevant organisations to produce further resources for families dealing with member(s) using illicit drugs who may be experiencing depression, anxiety or other related illnesses.

Website

The *beyondblue* website provides information to a large number of Australian visitors, including families of those experiencing comorbid drug and alcohol and mental health illnesses. Since launching the website in April 2001, total visits to the *beyondblue* website are now more than **3.51 million**. During 2006, new pages on depression, anxiety, bipolar and postnatal depression were created.

Media

beyondblue's research provides media with facts and figures that demonstrate the magnitude of the problem of depression in the community, what needs to be done and what is being achieved. *beyondblue* provides expert advice and information on a range of issues and has helped raise awareness of depression through interviews with a range of media outlets. Examples of recent media releases include:

Thursday, 22 February 2007

Letter to the editor - 22 February 2007

Young people, alcohol and depression: a risky business

Wednesday, 21 February 2007

"There is no such thing as a recreational drug!" - Jeff Kennett

Chairman of *beyondblue*: the national depression initiative Jeff Kennett, today welcomed the announcement by the Bracks Government that they are about to embark on a major campaign to point out the risks to young people of consuming the drug, ice.

beyondblue will work with the National Drug Strategy on its forthcoming Amphetamines campaign and its subsequent Comorbidity campaign which will focus on the high risk of associated depression and anxiety, and other mental health disorders. We emphasise a need not only to focus on psychosis and schizophrenia, but also depression and anxiety.

Prevention and Early Intervention focus

beyondblue supports and encourages the development of early prevention activities – including protection and risk reduction approaches. There is a large body of Australian and international research that demonstrates that health and social problems such as the use of alcohol and other drugs, criminal behaviour and mental health problems have many of the same antecedents. Despite this, programs aiming to address broader health, economic and social factors impacting

on alcohol and other drug use are not widely implemented in Australia. Instead, the focus has been towards alcohol and drug-specific prevention which has tended to focus on the individual.

While many targeted alcohol and drug-specific interventions have been shown to be effective, they have less capacity to impact on a wide range of issues than do broader initiatives. The cost of not fully acknowledging and dealing with excessive illicit drug use, depression and anxiety is substantial. A further shift in attitudes and behaviour is still required.

A key priority of *beyondblue's* second term (2005-2010) is the promotion and development of prevention and early intervention programs for young people and adults, particularly in the area of co-occurring substance use. *beyondblue* would be interested to investigate any potential partnerships that may arise through the adoption of a preventative focus as a result of the Inquiry into the impact of illicit drugs on families.

Primary care interventions

The importance of primary care interventions

Evidence indicates that the vast majority of people with drug addiction, see their General Practitioner as a 'first stop' when seeking help. In order to efficiently and effectively deal with drug related problems and comorbid mental illness, General Practitioners require appropriate training to recognise signs and symptoms. Referral pathways must be clearly identified and used by General Practitioners and specialist multi-faceted teams should be available to provide required treatment/s.

beyondblue continues to support and put in place initiatives aimed at better equipping GPs and other primary care practitioners to provide mental health care for people with co-existing substance use and depression and related disorders and their families.

A national, coordinated response

beyondblue strongly supports a national, coordinated response to comorbid illicit drug use and mental health disorders in primary health care settings, including GP, mental health services, alcohol and other drug services, community health and other frontline workers. People with illicit drug use problems and co-existing mental health issues, and their families, would directly benefit from coordinated primary health care services and responses (eg. screening, assessment, treatment and referral processes).

beyondblue would be pleased to engage in partnerships and linkage to other key strategies including mental health, suicide prevention and crime prevention. Relevant Australian Government strategies, initiatives and plans include the National Mental Health Strategy, the National Drug Strategy, the National Alcohol Strategy, the National Cannabis Strategy, the National Comorbidity Initiative, the National Suicide Prevention Strategy, Better Outcomes in Mental Health Care, the National Action Plan on Illicit Drugs and the Aboriginal and Torres Strait Islander Complementary Action Plan.

As noted previously, *beyondblue* recognises and incorporates the lived experience of families dealing with member(s) with illicit drug use and depression and related disorders in its work and recommends that consumer and carer perspectives inform primary health care services that affect them.

Research

Conducting quality research to address gaps in knowledge about depression and substance use disorders is a high priority for *beyondblue*, particularly in relation to the evidence base for community education, prevention and treatment. In particular, *beyondblue* is interested in knowing how to better deliver services, better measure key outcomes, include consumer and carer perspectives, and whether such efforts deliver better population-health outcomes.

***beyondblue's* future research agenda will include the relationship between illicit drug use, depression, anxiety and other mental illnesses, with an emphasis on primary care interventions.** Whilst there is a wealth of literature and expertise on each issue separately, the relationships between illicit drug use and depression, and illicit drug use and anxiety disorders on families have not been explored in depth.

beyondblue will build upon previous and current research and other evidence based research by commissioning quality, strategic and targeted research in a number of key priority areas and promoting the results.

beyondblue has identified gaps in the research in the area of AOD and depression/anxiety and will commission further strategic work. Examples of some of the areas that *beyondblue* might explore include:

- Identifying prevention strategies including the role of families and friends
- Development of comprehensive screening and assessment tools for use by primary health providers including GPs, youth services, general community health centres, mental health and AOD services
- Developing models of training for primary care providers that will enable the early identification of co-morbidity
- Identifying new and innovative better practice/models of care that are transferable to practice and promoted to increase awareness of evidence based management of comorbidity
- Developing an evidence base for effective treatment of comorbidity (eg which types of treatments are most effective for anxiety/depression and methamphetamine use – psychosocial, medication etc)
- Improving understanding of barriers to treatment among those with comorbidity
- Exploring the impact of comorbid disorders on potential for toxic side effects between the use of psychiatric medications and methamphetamines)
- Developing recommendations for NHMRC on safe drinking levels for those with depression and anxiety disorders (Baigent: 2006)
- Studying the factors involved in the development of co-morbidity, ie genetic studies to identify the link between depression/anxiety and AOD use; course of the illness; influences; responses to standard treatments etc (Baigent: 2006).

A listing of all *beyondblue's* current research is attached.

Conclusion

beyondblue recognises the importance of the co-existence of depression/anxiety and AOD disorders and has initiated some work to address the issue. The impact of AOD and depression and anxiety (including the impact upon families) will be a high priority for *beyondblue* in the coming three years.

beyondblue will build upon and expand its work in the areas of community awareness and destigmatisation, consumer and carer participation, early intervention and prevention primary care interventions, and research.

beyondblue welcomes the opportunity to work with Governments and key stakeholders to advance the responses provided to people with co-occurring AOD, depression and anxiety and their families for the benefit of the Australian community.

RECOMMENDATIONS

Beyondblue strongly recommends the following:

Community awareness

- That community awareness campaigns target families of people with illicit drug use to encourage help-seeking behaviour and reduce stigma associated with both drug use and mental health disorders.
- That community awareness campaigns that target illicit drug users and their families also highlight the often corresponding mental health issues, including depression, anxiety and post-traumatic stress disorder.

Primary health care

- That a national, coordinated response to comorbid illicit drug use and mental health disorders be developed.
- That a national, integrated model of care between specialist mental health and alcohol and drug sectors is developed to enable greater consistency in service provision including screening, assessment, treatment and referral pathways.
- That the workforce development of primary health care workers be given priority to enable them to effectively diagnose, treat and/or refer people experiencing comorbid disorders. Examples of available training include:
 - ❖ Level 1 Better Outcomes in Mental Health familiarisation training
 - ❖ Mental Health First Aid for frontline workers
- That education and training is provided to primary health care workers to ensure they are equipped to provide support to families of illicit drug users.

Research

- That research into the combined effects of psychiatric medications and illicit drugs (eg. methamphetamines) is undertaken to better understand the risks and potential toxic side effects.
- That research be undertaken into the efficacy of psychosocial therapies in treating people with comorbid presentations.
- That research into the impacts of illicit drug use focus on people, families, relationships, and their mental health.