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The Secretary
House of Representatives Standing Committee
On Family and Community Affairs
Parliament House
Canberra ACT 2600

**CATHOLIC WOMEN'S LEAGUE AUSTRALIA INC.
SUBMISSION
to the Standing Committee on Family and Community
Affairs for Substance Abuse in Australian Communities.**

This submission is in two parts.

- Part A is the substance of this submission put together by
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- Part B is a perception from the standpoint of regional Australia in
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In preparing this Submission into Substance Abuse, Catholic Women's League Australia Inc. has received input from its Member Organisations across Australia. Many of their multiple concerns are addressed in A & B. Others are mentioned as an attachment.

Anne Rosewarne
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8 June 2000

ATTACHMENTS.

1. Report of the Archdiocesan Drug Task Force, Archdiocese of Melbourne.
2. Recommendations coming from this Report. Archdiocesan Drug Task force.
3. Rural Health Information Paper No. 4 From National Rural Health Alliance.
4. Alcohol in Sport and Culture. Australian Drug Foundation.
5. Drug Testing in Schools. Australian Drug Foundation.
6. Australian Family Association Drugs Policy. & How Needle Exchange Program Spreads Hepatitis C.
7. Compulsory Treatment not injecting rooms. Australian Family Association.
8. Drug deaths linked to easier access. Dr. Lucy Sullivan, News Weekly.
9. Australia and Sweden contrasted. — a comparison of drug policies. Dr. Lucy Sullivan, News weekly.
10. Anecdotal evidence from members.
11. Expressed concerns of members.

PART A.**"DRUGS CANNOT BE CONQUERED WITH DRUGS"****A SUBMISSION TO THE PARLIAMENTARY INQUIRY INTO
SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES.****9 JUNE 2000****FROM****THE CATHOLIC WOMEN'S LEAGUE OF AUSTRALIA**

The Catholic Women's League of Australia is a hands on, grass roots organisation with 11,500 members nationally located over 600 branches with diocesan, regional, state and national structures collating the work of branches. Its objects state that it is to advance the cause of women's spirituality, educationally and to provide leadership in the civic and cultural arenas. The CWLA established a National Secretariat in Canberra in 1998 to facilitate networking with member organisations, governments and other groups. The CWLA is an NGO in consultative (Roster) status with the economic and Social Council of the United Nations; it is a member of the World Union of Catholic Women's Organisations (an umbrella organisation of 90 plus groups with a mega network of more than 30 million women).

SUMMARY

“DRUG ABUSE CANNOT BE CONQUERED WITH DRUGS” POPE JOHN PAUL 11.

The Pontifical Council for the family stresses, drug dependence is one of the reasons for the weakening of the family and the breaking up of homes. In the event of the legalisation of the sale and use of products encouraging drug dependence, the future of individuals is at stake. The lives of some will be diminished, that is marred, while others, perhaps without falling into real dependence, will waste their youth without fully developing their potential. Experiments must not be carried out at people's expense. The primary duty of the nation is to safeguard the common good.

The experience of those who work with special competence in the world of drug dependence shows that the primary point of reference upon which to insist on any action for the prevention, treatment and recovery of the individual is the family. It is in the family that the effects are first felt and it is the family who sustain most of the health and economic consequence of drug use. Does the nation really have the financial means and personnel for dealing with the growth of health problems that the legalisation of drugs would inevitably entail?

Various attitudes are possible towards the problem of drug abuse and they can all be justified. However, rather than a policy of “limitation” or “reduction” of the damage, accepting as a fact of civilisation that part of the population uses drugs and is heading for destruction, would it not be preferable to opt for a policy of true prevention aimed at building a drug free society? Should the law recognise this behaviour as normal, it is easy to accept that what is

legal is normal, would the authorities be able to deal with the economic and social consequences? Given that the health costs of our two legal drugs for 1989-90 (the only figures available despite diligent enquiry) were \$714.47 million for tobacco and \$533.51 million for alcohol. Australian Institute of Health and Welfare.

Sweden's adoption of permissive policy reforms led it to becoming one of the highest drug using nations in Europe. It then reversed these reforms and replaced them with a restrictive drug policy including health and education measures. Sweden is now the lowest drug users of the western nations. School age drug use is less than one fifth of that in Australia. Drug Precipice, Moffit, Malouf and Thompson.

The following is an extract from the Swedish governments drug policy statement, A Restrictive Drug Policy - The Swedish Experience National Institute of Public Health, 1993, p11.

We do not accept the integration of (narcotics drugs) in society, and our aim is a society in which abuse remains a socially unacceptable form of behaviour, a society in which drug abuse remains a marginal phenomenon.

A drug free society is a vision expressing optimism and a positive view of humanity: the onslaught of drugs can be restrained, a drug abuser can be rehabilitated.

This submission focuses not only on the substance user but on those whose lives are adversely affected by that person's irrational and irresponsible behaviour and incredible mood swings. It refers to the heartache of the spouse, the anguish of parents and the powerlessness of children. The victimisation of employers and the endangering of workmates. We are constantly informed of deaths on the road and are barely aware of the 23,780 p/a. victims of road trauma hospitalised and possibly maimed for life often by someone whose judgement and visual perception is distorted by drugs.

The conceptual basis of the National Drug Strategy, Chapter 4 states: "Harm minimisation strategies such as methadone maintenance and syringe exchange have helped many drug dependent Australians lead normal lives, and in some cases led them to successful treatment, without promoting drug use in the general population...and does not and should

not necessarily mean support for legalisation", and yet we are constantly experiencing attempts to legalise and normalise drug use. Catholic women/parents are firmly opposed to a harm reduction policy, which we believe will lead to the normalisation of drug use and send entirely the wrong message to our young people. Australia's firm stance on tobacco smoking has already halved tobacco consumption.

A report of the HEROIN PILOT TASK FORCE, JANUARY 1996 supporting the Canberra Heroin Trial says "The misuse of heroin imposes significant social, economic and health costs on the Australian community. Methadone is a widely used treatment option. However like most treatments, methadone has limited effectiveness".

The Medical Journal of Australia, in an article entitled "the proposal to make heroin legally available" says "Those persons who are supplied with heroin, even if every heroin abuser is considered eligible, will not necessarily agree with the dose that is prescribed. Experience would suggest that no dose will be considered adequate unless it is determined by the user. Therefore it might be anticipated that legal heroin, like methadone, will be supplemented by other drugs including illegally obtained heroin".

Among the objections to the legalisation of heroin is one from Kenneth Gee QC retired Judge of the NSW Court he says "To legalise heroin is really a counsel of despair, and a process which once begun would be impossible to reverse. The issue needs to be clearly defined, as they seldom are in public debates. Firstly the debate is not simply about heroin alone, but all the mind bending, ultimately destructive drugs: cocaine, crack, ecstasy, speed, angel dust, hashish, and the new designer drugs. Cocaine is becoming the flavour of the future, seeping down from the executive class to the broad community. The fashions change, the demand for mental props does not. The debate is properly about all the hard narcotic drugs" Judge Gee goes on to say "Maybe there are cases where the habit has become manageable and benign, but in 12 years on the bench I never struck one. I find it hard to believe that such an obsession can be controlled into harmlessness, least of all by supplying the very drug that causes it. Illegality, or legality seems irrelevant to the power of the white powder.

Some people argue that all legal restraints should be removed, leaving the drug scene to the operations of the market, as with other drugs, such as

tobacco and alcohol and that this would reduce the price, the habit would become manageable, and the nexus between the drug scene and the evil empire of crime would thereby be broken. The drug squads would be out of business, the thrill of illegality, the stolen apple syndrome removed. There is no evidence to support this view.

“The connection between unlawfulness and disapproval has been a phenomenon of all societies at all times. To declare legal something which is known to be bad, has about it the ring of approval The British experience, of addicts attending clinics for carefully regulated doses, is advanced by those who are often unaware that the experiment has been abandoned, simply because it failed”.

As Dr. Joe Santamaria says “The public is confronted with persuasive terms such as “harm minimisation,” “normalisation,” and an “unwinnable war,” not to mention “civil liberty”. They hear about the US model, the British model, the Dutch model and the Swedish model. There is talk about decriminalisation, needle exchange programmes, heroin trials, methadone maintenance and drug related deaths (A. Wodak, Age, January 15, 1996) advocates a trial of intravenous heroin for a variety of reasons and says that . “heroin is dangerous because it is prohibited” rather than prohibited because it is dangerous. J. Keipert, Age, December 13, 1995 assures us, that if heroin is administered in a pure form, in a known and safe dose..... fatalities would be avoided and addicts would usually be able to lead a satisfactory life. Wodak refers in belittling terms to the “diminished band of prohibition supporters” who are determined to frustrate the pure aims of the scientists. Catholic Women are with the 70% of the population who are overwhelmingly opposed to the normalisation and/or legalisation of drugs, and who welcome the Prime Minister’s Tough on Drugs Policy.

SUBSTANCE USE AND ABUSE IN AUSTRALIA.

Australia must address the wide spread use of mind altering chemical substances known as drugs. Drugs which act upon the central nervous system change the way the mind functions, distort information received, alter time and visual perception and impair cognitive capacity. They also alter behaviour and skilled performance which impacts on the wider community, particularly on families.

A smorgasbord of drugs legal, illegal and prescribed are now available in Australia. Our nations drug usage has grown to be amongst the highest in the world with 40% of the adult population suffering health, financial or legal problems associated with the use of alcohol, tobacco, pharmaceuticals, and illicit drugs. We can expect the situation to worsen because Australian politicians, academics, health professionals and a whole industry of health "experts" have surrendered to a policy of drug use normalisation rather than a policy objective of a drug free society. Despite the cost to the economy and the adverse effects on family and society Australia does little to get addicts drug free and back to a normal life style.

Legal and illicit drugs are readily available in all parts of Australia even to young people and children. Traditionally the focus has been on the "user" with little or no attention given to the toll on the wider community. The level of drug use in the general population is increasing and many young people misuse or abuse substances such as alcohol and marijuana. There is increased use of stimulants and hallucinogens, pain relievers, patent medicines and prescription drugs.

It was not until the 1960s and 1970s that illicit drugs began to become both significant in amount and widespread throughout all sectors of the Australian community. In the 1980s illicit drugs had become a major concern in Australia. Much of the debate on drug issues centred on heroin use and its consequences (especially heroin related crime), although the use of heroin was much less frequent than use of other illicit substances such as cannabis and amphetamines. Illicit drugs account for only 1 percent of drug related deaths, the majority being related to tobacco and alcohol. Most of the population is affected, directly or indirectly, by drug use. Beginning with our favourite drug alcohol, substance use could well be the largest cause of family breakdown in Australia.

FAMILY RELATIONSHIPS

House of Representatives standing Committee on Legal and Constitutional Affairs acknowledges "that the time when children reach adolescence is a very demanding time for parents, and relationships may be under threat due to the associated pressures" p60.

Parents of substance abusers

- Any family member "using" drugs impacts on the entire family
- Parents are frequently at a loss to know what to do about a young person's drug use.
- There is little parents can do because of the adolescent's free will, a propensity to hide the problem and very few reliable agencies.
- Parents banning drugs and drug use from the home face having their son/daughter leave home and go with people who exacerbate the problem.
- Ultimately parents have little choice due to the defiance, paranoia and unacceptable behaviour of the "user".
- The young person is then likely to become homeless.
- Inaction is the result of too few rehabilitation centres and a mistaken belief "that they'll grow out of it".
- Some people can experiment or casually use drugs and leave off without apparent harm.
- Many use experimentally, go on to use persistently and end up as victims, moving on to other substances once their drug of choice no longer satisfies.
- Injury and overdose patients frequent hospital casualty departments.
- Parents, especially lone parents, are frequently "stood over" and abused both emotionally and physically by the "user".
- All too frequently a young person suffers drug psychosis and requires hospitalisation.
- Drug use can precipitate mental illness.
- Appropriate assessment and early intervention is vital.
- Parents may separate due to the pressure and mutual blame.

A spouse/parent that's "using"

Families have a strong impact on the intellectual, emotional and social development of children and a powerful effect on their ongoing development. Any one family member's use of a mood altering substance impacts on the entire family. The distress differs depending on whether it is the male spouse or the female or both that are using.

- substance use within the family results in a growing inability to carry out the family's primary social function.
- the substance using husband/father may relinquish responsibilities, spend more money than planned, demonstrate alarming mood swings and give way to outbursts of violence.
- his spouse assumes more and more responsibility often going to work in order to pay the bills.
- she becomes angry irritable and resentful with all of her emotional focus on her spouse.
- female substance users endanger the unborn and there is a risk of damage to the baby's liver and Foetal Alcohol Syndrome.
- alcohol and other drugs are transmitted to the baby through breast milk.
- mothers with a substance abuse problem are increasingly irrational and irresponsible.
- mothers, physically present, can be reduced to zombies by their drug of choice and become "unavailable" to their children.
- females may subject their children to serial father figures.
- when either or both adults are "using" the young are deprived of both parents and often assume duties far beyond their years.
- little people are in very real danger of every form of neglect and may develop serious emotional problems.
- when either or both parents are "using" children become victims of physical and emotional neglect, and often physical and sexual abuse.
- children learn not to feel or trust or even talk about the problems
- children are often subjected to sudden removal to shelter accommodation or a receiving home.
- medical and psychiatric problems arise in both spouse and children.
- much adult illiteracy is born of stress at home which blocked learning.
- there is increased incidence of alcoholism or addiction in other family members and in subsequent generations.

CHILDREN OF SUBSTANCE USERS.

A sound family is essential to the formation of a competently functioning person and chemical dependency decimates the family.

Early in life the children of addicts adopt "survival" roles in order to cope with an uncertain home environment. Unknowingly they carry these assumed persona into adulthood which together with three unwritten rules inhibit their forming lasting relationships. They frequently duplicate their parents marriages, perpetuating the problem.

The House of Representatives Committee on Legal and Constitutional Affairs states "People who spend their developing experience in a dysfunctional family may not be equipped to establish and maintain a healthy, happy ongoing relationship" p55.

The three unwritten rules children who live with substance abuse learn are

Don't talk
Don't trust
Don't feel

The don't talk rule ensures that people outside the home remain in ignorance of the situation (there is a minimum of 4 children in every classroom in Australia who are coping with the problem of substance abuse at home and yet they are rarely identified let alone helped). Not talking about it, even with siblings and peers, keeps everyone in denial including the victims. Children learn not to trust because of many forgotten broken promises. Children elect to live on an emotional and spiritual plateau of "unfeeling" rather than have their vitality sapped by events at home. Truancy is common and learning is impaired. Young people frequently leave home and become "street kids" in the belief that "nobody here cares about me". In an analysis of the 1996 census data published by the ABS in 1999, 36% of the 105,300 homeless were under 25 years of age. The truth is a family marred by frequent bouts of substance abuse, one or both parent focused on their drug of choice, or the other parent focused on fixing "this thing", is a perfect recipe for the physical and/or emotional neglect of children. Women and Drugs Conference, 1994, Sydney.

MARRIAGE BREAKDOWN

The family is our greatest social resource. Australia has a 40% marriage breakdown according to the House of Representatives: Standing Committee on Legal and Constitutional Affairs June 1998, "To have and to hold".

Those who work with affected families know that substance use takes a heavy toll on marriage and contributes greatly to marriage and family breakdown. Because alcohol and other drug use is frequently unidentified it fails to make an appearance in the list of causes for marriage breakdown. Often the symptoms are listed as the cause e.g. irresponsibility, inability to support the family verbal or physical abuse.

There were 52,500 divorces in 1996 according to House of Representatives: Standing Committee on Legal and Constitutional Affairs June 1998. The number of children involved in divorce has increased from 12,950 in 1966 to 48,055 in 1993. Ibid.

A family fleeing home require emergency accommodation. Many stay in services funded through Supported Accommodation Assistance Programme (SAAP), jointly funded by Commonwealth and State Governments. There are 1,200 crisis services around the country.

A senate enquiry launched in 1996 found that divorce costs Australia \$6 billion dollars a year - \$3 billion in direct costs of marriage and family breakdown, with another \$3 billion in indirect costs. The human toll is much higher "A lot of lives are stuffed up by divorce and not too many improved. Children of divorce, dragged back and forth across the map, grown scared and neurotic, mistrust friendships and sexual contact, do badly at school, lose jobs and drink too much – lives are at stake here, young lives. Children are not just genetic baggage they have rights. Among them, I believe is the right not to be stuffed around and emotionally wrecked by the self indulgence of their immature progenitors". says Bob Ellis, Sydney Morning Herald and New Weekly 23.8.1997.

Separation is devastating for men, who respond with helplessness, manipulative pursuit techniques, violence and sometimes suicide threats. Their immediate goal is getting their wives back, not finding out how they can address their own problem.

"Parental conflict prior to divorce can explain why children with divorced parents exhibit more academic and adjustment difficulties than children of parents who stay together...parental divorce increases behaviour problems by about one-third of a standard deviation and reduces well being by about 50% of a standard deviation. Parental conflict accounts for about 10% of the effects of divorce on some measures of delinquency, health and psychological well being". according to sociologist Thomas L Hanson of the University of California following his analysis of a National Survey of Families and Households 1992-94. Published in 'Social Forces' Volume 77.

CRIME, VIOLENCE

Misuse of drugs may lead to a loss of control resulting in emotional, verbal, physical and/or sexual violence.

The House of Representatives Committee on Legal and Constitutional Affairs states that the causes of marriage breakdown are complex, diverse and interactive and that no single factor can be isolated as the most significant or important reason for marriage breakdown. On page 55 of the report "it was suggested that marriages often breakdown largely as a result of problems associated with alcohol, drugs and gambling. Apart from the economic drain they cause, such addictive behaviours, often bring associated problems of domestic violence".

A substance may not be evident in situations of domestic violence and industrial accident but investigation may reveal that a substance was used some hours prior to an incident and be a predisposing cause.

Law enforcement Officers are frequently called to assault and domestic situations ignited by substance use or the economic consequences of use. Police are very wary of domestic violence situations because they can experience first hand the paranoia and homicidal intent of an addict. Many restraining orders are requested by partners and parents of drug abusers. While restraining orders are necessary the process can prove costly and time consuming. Report 4 in a series of reports prepared for the National Symposium on Alcohol Misuse and Violence highlights alcohol and violence against women and children in the home. In 1998, national

statistics on crime reported to police showed 53,018 women had been a victim of assault and 11,642 had been a victim of sexual assault. **Crime and Safety (Women in Australia)**. It is reasonable to believe that alcohol or other drugs are present in some of these assaults.

The acceptance of a high level of alcohol use in Australian society often blinds us to the consequences. We know that alcohol is linked to half of all criminal assaults in the home and one third of child abuse. There are times when other mood and behaviour changing agents are not recognised in arguments, incidents of domestic violence and road trauma because they occur "coming down" from use and the connection is not made. It would be useful to know how many hours have elapsed since a substance was used. Many people use depressant intoxicant such as Marijuana which like all drugs first soothes and then agitates.

Valium, Serapax, Mogadon, Libium, Benzotran and Xanax are frequently prescribed because a doctors haven't recognised that the patient's primary problem is with alcohol or the stress of living with alcoholism. The prescribed drugs then exacerbate the problem often becoming a problem in their own right. The cost of maintaining a habit, even smoking tobacco, can keep the family in penury. When the family income is spent on maintaining a drug or gambling habit 'food orders' become the only means of feeding the family. In 1998-99 the Commonwealth spent over \$23 million through religious, community and charitable organisations to deliver emergency assistance to people in financial crisis. **National Homeless discussion paper 25 May 2000**. We submit that a percentage of this assistance is required because regular income is spent on alcohol, other drugs or gambling. According to the Australian Bureau of Statistics Australians spent \$7.6 billion on Alcohol and \$4 billion on tobacco in 1993-94. This sum would now be greater because of price increases which are tipped in today's news (30 May 2000) to rise a further \$3 million with the GST.

The implications for health, welfare and criminal justice provision are staggering and according to New South Wales Crime Statistics and Research. Refuge costs amount to \$27.6 million (1986-7). One must add to this the direct costs of policing, hospital and other medical services, court services and legal consultation, marriage guidance and other types of counselling social security payments, housing provision and so on.

The Public Policy Research centre found that fifty four per cent described the abuse as resulting in permanent damage to their health.

There are devastating consequences of violence to individuals and their families in terms of their physical and psychological health. Given that the propensity to commit violence within the home appears to be passed on from generation to generation, the problems are compounded.

In an ESR study, respondents drawn from the general community were asked for their views on the 'causes' of domestic violence. Responses included social pressures such as unemployment, financial stress, gambling and alcohol and an inability to express feelings.

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ROAD TRAUMA

People who have taken drugs are more likely to be involved in car accidents work related accidents or drowning.

Drugs remove our inhibitions and distort our sense of space and time which betokens danger in charge of a vehicle. Children must be trained from an early age to identify a person under the influence, rehearsed in what to say and do, and given leave to refuse to travel with them.

Proponents of a liberalised drug policy seem to avoid the realisation that along with the euphoria, the pharmacological action of these substances affect behaviour, cognition, perception and mood. The normalisation and harm minimisation approaches expand the size of the population using these drugs and the economic costs are shifted into health and welfare. The cost of minimising harm on our roads is that many of our police are busy with breathalyser testing even though this does not pick up the poly drugs that maybe affecting our drivers.

The daily papers acquaint us with the road toll which is exacerbated by drug affected drivers. The statistics show the unacceptable level of deaths, 1763 in 1998, but seldom show the high level of associated injuries to passengers. The survivor's injuries are often irreparable, ongoing and costly. There were 23,780 hospitalisations resulting from injuries on the road in 1998, this figure does not include roadside and casualty treatment. NRMA. Among the injuries cited by the MAIB are major and minor head injuries, amputations, spinal injuries including Paraplegic and Quadriplegic, whiplash body fractures, internal injuries and burns.

WORKPLACE SAFETY AND PRODUCTIVITY

A person with distorted visual and aural perception is a danger in the workplace.

Prescribed medications, which act upon the central nervous system, clearly display warnings against the dangers of driving or using machinery "while taking this medication" yet many "self medicated" people are driving and using machinery while their judgement is impaired. Blood tests on drivers involved in early morning road accidents in Sydney discovered residual effects of sleep medication.

The Building Union is conscious of the hazard of placing a rivet gun (as an example) in the hands of a worker who has used into the early hours of the morning or maybe had a "breaky - joint" before work. Marijuana, our most commonly used illegal drug, is both a depressant and a hallucinogen. Hallucinogens distort both visual and aural perception with the effects varying greatly from person to person. Depressants slow down the function of the central nervous system. A person thus affected is a danger in the workplace.

The loss of productivity in the workplace and the absenteeism of the user and other family members, has an effect on the economy of the nation. An employer suffers poor work performance and the employee experiences frequent job changes. The person using and their co-dependents (family) lose both work and study time.

In 1998 - 1999 in Victoria alone there were 31,340 serious injuries at work requiring hospitalisation - some of these injuries were life changing. Gross payments for Work Cover Safe, Victoria amounted to \$1.072 million. This figure does not include those who were privately insured and the self employed. The National Occupation Health and Safety Commission show 117,466 new compensation cases for Australia (excluding Victoria and the ACT) in 1997-98 with compensation payments reaching close on \$1 billion.

HEALTH CARE COST ASSOCIATED WITH DRUG USE.

(see Appendix 21-30)

There is every reason personal, social, societal and economic to place the health of the family at the core of our concern.

Addiction is a family illness and the effects can be observed over four generations. Preventative medicine means working with families to establish long term health by breaking the cycle of chemical dependence and consequent behaviours in successive generations. The stability of the family unit must become a priority area in the treatment of alcohol and drug abuse in order to reduce the associated negative impact on health and social functioning of the entire family.

Individuals or family alcohol or other drug abuse may well be a social factor linked to youth suicide. Twenty eight percent of suicide attempts have a history of problems with alcohol and drug abuse. The rising incidence of suicide deaths and attempted suicide amongst young people has caused extensive community concern. It is estimated that unsuccessful attempt at suicide may range between 20-100 attempts for every suicide death. It is difficult to settle on accurate estimates with respect to the link between alcohol and other drugs and suicide. This is largely attributed to the difficulty in ascertaining whether accidents, overdoses and single road fatalities are linked to suicide or other factors. From the research available we know that youth suicide for 15-24 year olds has increased by 400% since 1967, and that 200 suicide deaths and an estimated 1,200 attempted suicides each year are linked with alcohol and drugs for this age group. The family dynamics, listed under children of substance users, can also be a contributing factor. *Drugs in Society*, a publication of the Alcohol and Drug Foundation Queensland Nov. 1997.

Drug levels sometimes go unchecked and many of our older citizens are over medicated. 21% of 70 to 79 year olds have been hospitalised because of adverse reactions to drugs according to the Australian Association of Consultant Pharmacy.

Who could calculate the huge health costs associated with the declining health of the substance user, accidents at work, spouse stress, divorce and children's trauma.

RECOMMENDATIONS

To tackle the problem it is necessary to

- come out of the denial which prevents us seeing how serious the problem has become
- recognise the social and economic consequences of drug use.
- take note of substance use legal, illegal and prescribed whenever health checks are undertaken.
- remove the stigma of addiction and treat drug abuse as a sickness.
- adopt a policy of court order detoxification and rehabilitation.
- support a drug free society rather than surrendering to harm minimisation which takes no account of the family.
- set about making drug use socially unacceptable as we have with tobacco.
- treat the family rather than the just the "user".
- find the means to deal with feelings/emotions without resorting to drugs.
- gain the ability to recognise our own physical and emotional needs.
- encourage families to seek support and treatment where necessary instead of hiding the problem.
- establish self responsibility from an early age through linking actions to consequences.
- maintain sanctions on the use of mind altering drugs.
- effective early intervention is vital.
- provide treatment facilities to follow upon intervention.
- invest some of the revenue from alcohol and gambling in trusts and apply the proceeds to drug rehabilitation and family programs. Australians gambled \$102.85 billion in 98-99

according to national figures compiled by the Tasmanian Gaming Commission in May 2000. Plus the billions of dollars spent on Alcohol and Tobacco.

APPENDIX

1. It was not until the 1960s and 1970s that illicit drugs began to become both significant in amount and widespread throughout all sectors of the Australian community. In the 1980s illicit drugs had become a major concern in Australia. Much of the debate on drug issues centred on heroin use and its consequences (especially heroin related crime). although heroin was much less frequent than use of other illicit substances such as cannabis and amphetamines. Illicit drugs account for only 1 percent of drug related deaths, the majority being related to tobacco and alcohol. **COMPARATIVE ANALYSIS OF ILLICIT DRUG STRATEGY** prepared for the Ministerial Council on Drug Strategy by the Australian Institute of Criminology.

2. The following table is taken from the United Nations World Drug Report 1997 it applies to the lifetime prevalence of drug use in:

	<u>Sweden</u>	<u>Australia</u>
16-29 year olds in Sweden		
14-25 year olds in Australia	9%	52%
use in previous year	2%	33%
estimated dependent heroin users	500	5000-16000
percentage of dependent users aged under 20	1.5%	8.2%
methadone patients per million population	50	940
drug-related deaths per million population	23	46
percentage of all deaths age under 25	1.5%	3.7%
offences per million population	3100 arrests	1000 convictions

property crimes per million population	51000	57000
violent crimes per million population	6600	1230
cumulative AIDS cases per million population	150	330

Sweden has a policy which promotes abstinence and Australia's policy is one of harm minimisation which, judging from the figures, induces wide spread drug use. (See Attachment 9)

3. "40% of the adult population have health financial or legal problems associated with the use of alcohol, tobacco, pharmaceuticals, and illicit drugs". Bob Aldred, CEO, Alcohol and Drug Foundation, Queensland.
4. An ABS analysis of the 1996 census data shows 105,300 homeless under 25 years of age.
5. Divorce statistics in Australia since 1901

1901 - 1910	400p.a.
1961 - 1970	9,000p.a.
1976	63,230p.a.
1976 - 1980	45,220p.a.
1996	52,500p.a.
6. Divorce costs \$3 million per year in direct costs and a further \$3 million in indirect costs according to the House of Reps. Standing Committee on Legal and Constitutional Affairs "To have and to hold".
7. Almost half of the children whose mothers divorce have a step-father living in the household within six years. David Grace, Queensland President and National Vice-President, Australian Family Association.
8. In 1992 of 4,775,200 families, 4,097,100 (86%) were couple families 620,000 (13%) were single parent families. House of Representatives: Standing Committee on Legal and Constitutional Affairs June 1998.
9. "It was suggested that marriages often breakdown largely as a result of problems associated with alcohol, drugs and gambling. Apart from

the economic drain they cause, such addictive behaviours, often bring associated problems of domestic violence". "To have and to hold" House of Reps. Standing Committee

10. Much of the debate on drug issues centred on heroin use and its consequences (especially heroin related crime), although heroin use was much less frequent than the use of other illicit substances such as cannabis and amphetamines. Illicit drugs account for only 1 percent of drug related deaths, the majority being related to tobacco and alcohol. Comparative Analysis of Illicit Drug Strategy, Monograph series No. 18 Prepared for the Ministerial Council on Drug Strategy by the Australian Institute of Criminology.
11. The needle exchange program in Australia was introduced to slow the spread of the AIDS virus among intravenous drug users. Evidence shows that the program actually helped spread Hepatitis C. The National Health and Medical Research Council estimated in August 1997, that more than 70% of past and current intravenous drug users are infected with Hepatitis C, of whom 80-85% will go on to chronic hepatitis, often resulting in cirrhosis of the liver and possible liver cancer.
12. Excessive alcohol consumption causes damage to the stomach, oesophagus, liver, brain and pancreas. Alcohol can also lead to sexual dysfunction. The Alcohol and Drug Service.
13. Cannabis (or Marijuana) affects three body systems the respiratory system, the immune system and the central nervous system. "The health and psychological consequences of cannabis use" Monograph Series No. 25 prepared for the National Drug Strategy.
14. Cannabis (Marijuana): Affects the immune system and users are at increased risk of developing various types of cancer (the upper aerodigestive tract and lung) and infectious diseases. National Drug Strategy, Health and psychological consequences of cannabis use No.25.p61.

15. Even a modest reduction in immunity caused by cannabis use has a public health significance because of the relatively high number of young adults who have used the drug. (Munson Fehr 1983). Professor Wayne Hall and others have reminded us of the respiratory and carcinogenic consequences of pot smoking.
16. At a Neo Natal Intensive Care Conference, held at the Wrest Point Casino in 1996 the staff of the Chemical Dependency Unit at Royal Women's Hospital said; that the withdrawal symptoms of the new born to Marijuana using-mothers, require much the same treatment as babies of Heroin using-mothers i.e. dosing with Morphine Syrup. Dr. Phillip Henske.
17. Marijuana grower's indoor hydroponics plantations are set to cost the energy industry \$100 million in the next decade. Growers cut their electricity bills and adjust meters recording power consumption in order to steal power for their 24 hour a day operation - according to the Electronic Supply Association.
18. Side effects of the designer drug Ecstasy are dehydration, anxiety exhaustion and sometimes death. The British Medical Journal Lancet, May 2000 states that regular use results in long term depression and users show brain patterns similar to the elderly and dementia patients.
19. In Patterns of Drug Use in Australia 1985-95, 30% of IDUs admitted to sharing needles. Page 74 Dept of Health and Family Services 1998. Diligent enquiry did not reveal the cost of the free needle program in Australia or the national cost of prescribed drug.
20. The authors of this submission discovered only at the eleventh hour that the Department of Health and Aged Care's most recent publication 'Statistics on Drug Abuse' 1998 is now available free of charge.

The following quotes are taken from the Australian Institute of Health and Welfare, (AIHW), Releases - 1999 Drug use in Australia and its health impact.

21. In 1998 the drugs most commonly used in the Australian community were alcohol, tobacco and marijuana / cannabis. Respectively, 815, 26% and 18% of people aged 14 years and over had used these drugs in the past twelve months. Adult regular use of marijuana is acceptable to 26% of the population while heroin use is acceptable to only 2% of the population.
22. 49% of the population aged 14 years and over regularly consumed alcohol, 35% of whom do so at hazardous or harmful levels.
23. Around 2.7 million people are estimated to have used marijuana / cannabis in the past 12 months, or 18% of the population aged 14 years or more. The proportion exceeds one third of the population in the younger group aged 14 - 19 years and 20 - 29 years.
24. Around 108,000 adults are estimated to have injected drugs in the past 12 months.
25. The use of tobacco, alcohol and illicit drugs produces a significant health burden on the Australian community. In 1997, just over 22,700 deaths were attributed to drug use, representing 18% of all deaths.
- | | |
|------------------|--------|
| Tobacco related | 18,200 |
| Alcohol | 3,700 |
| Illicit drug use | 800 |
26. There were almost 260,000 hospital episodes in 1996 - 97 attributed to drug use.
27. The Social Vost of Drug abuse in Australia in 1998 and 1992 estimates the economic costs of tobacco consumption imposed on the Australian community at more than \$12.7 billion every year comprising:
- \$6.5 billion of tangible costs, loss of workforce productivity and health care costs.
 - \$6.2 billion of intangible costs, (pain and suffering of the sick, and suffering imposed on the rest of the community).

28. "The quantification of Drug caused morbidity and mortality in Australia 1995" reports an estimated 23,086 drug related deaths in 1992.
29. The Pharmacy Guild of Australia, puts the total expenditure on Pharmaceuticals for 1997 at \$5056 million.
30. Proving Partnership Review of the Third National HIV/ AIDS Strategy puts the cost of Needle and syringe programs at \$13279 million for 1997- 98

Betty Roberts OAM

INPUT
for
Catholic Women's
League Australia
(Inc.)
SUBMISSION
to
The Standing
Committee on Family
and Community
Affairs for Substance
Abuse in Australian
Communities

Catholic Women's League
of
Australia (Inc) Lismore Diocese

Mary Moss 02 66899329
Diocesan Social Responsibility Convenor
Lismore Diocese
RMB 12 Cox Road
KOONORIGAN NSW 2480

20 May 2000
Pat Canard
National Secretary
Catholic Women's League Aus (Inc)
PO Box 238
KALLANGUR QLD 4503

Dear Pat

RE: PARLIAMENTARY INQUIRY INTO SUBSTANCE ABUSE:

Please find attached the report from the Catholic Women's League, Lismore Diocese to assist you in your submission to the House of Representatives Standing Committee on Family Affairs in their inquiry into substance abuse in Australian communities.

The village of Nimbin which is euphemistically described as the "drug capital" of Australia is in the Lismore Diocese, and hopefully our input will be of valuable assistance in the compiling of your submission.

As stated in the report, it a perception from the standpoint of the Lismore Diocese incorporating the area extending from Port Macquarie to the Tweed Heads.

Yours sincerely



Mary Moss
CWL Social Justice Convenor
Lismore Diocese

SUBSTANCE ABUSE IN THE AUSTRALIAN COMMUNITIES

TERMS OF REFERENCE

Abuse of licit drugs such as alcohol, tobacco, over the counter and prescription drugs and illicit drugs like marijuana and heroine and their social and economic costs in regard to:

- **family relationships,**
- **crime, violence (including domestic violence) and law enforcement,**
- **road trauma,**
- **workplace safety and productivity**
- **health care costs.**

THIS REPORT IS A PERCEPTION FROM THE STANDPOINT OF REGIONAL AUSTRALIA IN NORTHERN NEW SOUTH WALES

The following is a precis of some 50 case histories of alcoholic related social problems

1.1 Alcohol

Affect on Family relationships: The effects of alcohol on family relationships is well documented and self evident in most communities, particularly in rural communities where there is a strong drinking culture. The focal point of even the smallest hamlet is either the pub or club. Most recreational activities take place at these venues. A teetotaler in a small rural community is viewed with suspicion and often the object of derision by his hard drinking neighbours. The expression of one holding their drink often means that there is no obvious behavioural changes, but the effects of the drink are there; as any family

member of such a heavy drinker will attest. This type of drinker will come home after a heavy drinking session, sullen and depressed, he will go to bed after a night cap and will have difficulty waking in the morning. He seldom takes part in his children's activities such as sport and leaves most family and financial decisions to his wife. He prefers to go to the pub or to his own preferred activity on the weekend rather than be with the family and does little around the house, he is often poorly motivated and seems to prefer the company of his drinking friends, he enjoys barbeques at home and often elects himself as chef. He is sociable as long as he is drinking. He is generally liked by his peers he is never loud or embarrassing but his drinking does effect his judgement, he is prone to accidents and is very surprised when picked up and breathalysed and it shows a high blood alcohol - he is always the one to drive the other "blokes" home as he is the one designated as the most sober. This drinker is usually the "beer belly" type that often ends up with arthritis, kidney and liver complications, he is not very pleasant to live with as his symptoms become more aggravating, and even though his doctor will tell him to "give up the grog" he usually does not until there is a crisis. Family breakups usually occur because of lack of communication and family involvement, and often unfaithfulness. He is the chap at the pub or club that everyone likes, tells a good joke and always shouts, he is described by his wife and family as an outside angel and an inside devil. When the marriage finally breaks down and there is a separation the wife is always seen as the villain, but the children always know different.

1.1-2 Another type of drinker is the one that is constant drinker, dawn to dusk he has his own stool at the bar, he is a listener and seldom joins in with the conversations but enjoys the company he always laughs at the jokes, he leaves when the barman refuses to serve him more drink, a "mate" will take him home or in some cases his wife or son will turn up to drive him home. He has difficulty holding down a job and usually has an outdoor occupation. He is not reliable and often leaves the job because he does not turn up, if he is married he is just tolerated by the family they put up with him only because he is incapable of looking after himself. He is usually very thin and emaciated he has a poor appetite and usually ends up with early dementia with a condition referred to as alcoholic brain syndrome.

1.1-3 The binge drinker is one that will drink to excess in a short space of time they often put off their drinking until the weekend or do their drinking in spurts. They do not seem to have the insatiable thirst that other drinkers have but they have a capacity to drink an enormous amount in a short time. These drinkers often become quarrelsome and violent they will go home and rip up the house. The next morning when they observe their handiwork they are full

of remorse and make every effort to amend the damage. The wife and children have gone through a night of hell but he remembers none or very little of it.

1.1-4 The closet drinker is usually a woman, she does her drinking quietly alone at home her drinking does not become obvious until her behaviour betrays her and usually by this time it is too late and there is obvious brain damage. She has an insatiable thirst she will hide her drink, she is very cunning even to the point of putting the drink often whisky in a vase camouflaged with plastic flowers. What is surprising about these drinkers is that they function very well and often keep an immaculately clean house. People often put the blame on some distant tragedy in the woman's life, but often, the drinking has preceded this tragedy. Families often cover up the situation and withdraw from many outside family activities especially if alcohol is involved. They protect the drinker and hide the alcohol but the drinker is always one step ahead and has hidden supplies. Children do not like to bring friends home. The husband often feels guilty and is often surprisingly tolerant and caring.

1.1-5 The heavy social drinker is a common occurrence in the upper income bracket, they are into spirits, wine and fortified cocktail drinks; usually of the expensive exotic variety. They have a lot of time on their hands, most have big homes, paid help, and if there are children they are often at boarding school. They start with morning cocktails around a pool or social morning get-togethers with their friends. As one drinker said, the drinking goes on into the afternoon and often by that time they are not too sure whose house they are in. They return home and sober up with a shower and a rest and a pick-me-up. The evening could mean another social event with more drinking. If they stay home there will be pre dinner drinks, wine for dinner and more to drink after. It is at this point that the woman will become intermittently noisy, maudlin and self effacing and accusing, and the husband, also a heavy drinker will sit through it all in a semi alcoholic stupor. If there are children and they are home this time is devastating for them, they either become very withdrawn or resilient and ride it out with some sort of forced bravado, as if nothing is wrong. Many of these children follow a similar pattern, parents give them carte blanche for teenage parties with alcohol and little adult supervision. Usually the children are left alone with paid help or the caterers. This sort of drinking is not obvious to most people in the wider community and is tolerated in the upper echelons of society as being sophisticated and part and parcel of "gracious living" until something tragic happens as a result eg suicide or an accident.

1.1-6 The counterpart of the heavy upper class social drinker is the social drinker in the lower economic strata of society. These people mostly have been brought up in a "drink culture" they see heavy drinking and having drink at all get-to-gethers and recreational activities and celebrations as the norm. These type of group drinkers are the bane of all police in every large country town. They usually live in public housing estates or in run down low rental areas of the town. On a Thursday when the Social Security cheques come in, taxi drivers are hired to go to the local hotels and pick up the "Grog". The drinking starts on Thursday and continues until Sunday night when the drink and money run out. In the meantime the drinking gets out of hand and on Saturday nights the police are called in to answer calls for noise disturbances, domestic violence, bashings etc. and in some cases to fires. Arrests are often made. On Monday morning they front up to the NGO welfare places looking for food and help. The public housing officers are called in if there is damage to property or complaints from other residents and the situation is assessed and often trouble makers are identified and evicted. After the evictions things quieten down for a while and within a few months the cycle starts again. The drinking problem is not addressed - only the recalcitrant behaviour. The children often come under the watchful eye of youth and community services, but only if complaints are made.

1.1-7 Teenage drinking has become a problem over the past 40 years. Hotels are open until very late in the night. In regional Australia teenage drinking has become a very disturbing social problem. Most of the entertainment and social activities take place where alcohol is easily available. The young people don't start going out until about 11pm and are often out all night (pubs and clubs are open till well after midnight sometimes all night. As one venue closes they move on to another until they end up dossing at a friends place. The amount of drink they have had is enormous, the younger ones often become very ill. School break up parties are mostly drinking parties, if alcohol is disallowed some one will gate crash the party and bring in the drink. The parties often go on until dawn. In country towns parents are vulnerable, they would be loathe to bring in the police for fear of repercussion and they have to contend with the situation alone. When the final clean up in the morning takes place many of these well meaning good parents are horrified to find syringes, condoms and other paraphernalia associated with drugs scattered around their garden. Generally the breakup parties are a nightmare for the parents who give them. These parents only offer to give the breakup party because they feel they will have control. Mainstream parents who only want the best for their children are seen as fuddy duddies and out-of-touch. This unfortunately is the image that is often portrayed of parents in some human development and sex education programmes that are given in high school. After the breakup parties many

school leavers go to the Gold Coast or Byron Bay for breakup holidays they are called "schoolies" by the locals who welcome them as a great boost to the economy, they tolerate the drinking and wild behaviour. Police are under pressure to turn a blind eye. There have been some tragic outcomes of these 'schoolie' holidays.

1.2 Affect on crime violence (including domestic violence) and law enforcement. Alcoholic behaviour is often blamed for crimes of violence. In country towns after the hotels and clubs close young people affected by drink often walk down the main street falling into shop windows and breaking them some are violent and smash headlights of cars or telephone booths. In one country town the deputy Mayor has formed a crime stoppers group that patrol the streets of the town in the early hours of the morning. This town has seen a dramatic reduction in this type of crime. However civil libertarians see it as a vigilante group. Most towns now have refuges for women subjected to domestic violence, according to their figures, most domestic violence is alcohol related perpetrated by drink affected men. In regional Australia the community often feel that too much of the police time and energy is taken up with alcohol related matters. Recently the police were not available to attend a serious home invasion crime where the perpetrators were able to get away because police were held up with a serious brawl and stabbing at an hotel. This is not an isolated incident.

1.3 Road Trauma. The road toll due to drink driving is well known. Lives are lost and the implication of this is tremendous. One life is lost - but many other lives are shattered because of this single loss. Injuries due to road accidents can be horrific and can also be the cause of shattered lives for families concerned. Years of treatment and painful rehabilitation, loss of limbs, sight, movement, disfigurement - the list goes on. In recent years a young physiotherapist's life hung in balance after a serious car accident. After many months of treatment and hospitalisation she was rendered incapable of ever working full time, she can never play sport and most physical activities have been reduced - this was the result of a drink driver. In this single instance the cost has been enormous

1.4 Workplace safety and productivity. Alcohol is a drug that has an effect on the brain. A worker who is a heavy drinker is a menace in the workplace. His reflexes are deficient, his memory is affected, his judgment is blurred but worst of all he knows this and covers it up. His deception will lead to lies where he will pass the blame on to others usually his subordinates. In machine shops, the heavy drinker is a real problem. Proprietors of work places, that involve machinery, are particularly loathe to take on workers who are heavy

drinkers, they are accident prone when there is a heavy insurance payout the fact that they are a heavy drinker is not taken into account and subsequently there is the inevitable rise in premiums for the proprietor. They are often very skilled and their work can be good but they are not consistent, every now and then there is a major slip up and the result there can be loss of life. A false calculation or a careless alignment can result in a bad batch and an enormous economic loss to the business.

1.5 Health care costs One often wonders how much better off our health system would be if there were no alcoholic related illnesses. Unfortunately we will never know this. Alcoholism is an illness in itself and until we can unlock the key to addiction in the brain the problem will remain. There are measures that can be taken to curb excessive drinking but this is tantamount to social engineering that would be unacceptable to most people in the community. The Americans tried it with prohibition but with it came increase in crime, bootlegging and speakeasys and a period in the law enforcement history of the United States which they would rather forget, a period of gangsters such as Dutch Schultz and Al Capone.

2.1 Tobacco

Affect on family relationship. The affect tobacco has on family relationships would mainly be that of; health, cost and living with the odour of stale cigarettes and the fear of the affects of passive smoking on other non smoking members of the family.

2.2 Crime violence (including domestic violence) and law enforcement

This would be minimal unless perpetrated by a non smoking fanatic. There have been some rather tragic circumstances where children playing with matches and cigarette lighters have started fires causing loss of life and property. These incidents have been particularly traumatic for the attending law officers and fire men.

2.3 Road Trauma. There have been cases of serious, even fatal accidents where a driver has been distracted by a fire in the car due to a dropped cigarette. Also there are reported cases of smokers lighting up at petrol bowsers and fire and serious explosions. Many people feel that smoking while driving is dangerous and should be discouraged.

2.4 Work place safety and productivity. Management generally prefer the non-smoke worker. The smoker can be as addictive as any other substance abusers, workers often disappear for a quick smoke leaving their post empty

and vulnerable. The proverbial "Smoko" has always been the enemy of productivity.

2.5 Health costs. The health cost of smoking can be hard to assess. Nearly all lung problems especially emphysema can be attributed to smoking or passive smoking. There are also cardiac and vascular problems attributed to smoking. Most lung cancers have been blamed on cigarette smoking. The cost would probably vie with that of alcohol. Health departments would have accurate figures.

3 Over-the-counter and prescription drugs

Affects on the family. To assess the affects on the family one would have to look at the different substances that could have an adverse affect, these mainly would be:

- Laxatives often used indiscriminately especially where anorexia nervosa was a problem
- Antihistamines often taken indiscriminately as sedatives
- Pseudoephedrine
- Panadiene painkiller that contains codeine a derivative of morphine
- Ventolin, an aerosol spray that can raise serotonin levels and give a "high"
- Antibiotics prescribed indiscriminately can build up immunity and be rendered useless
- Sleeping pills can become addictive
- Prescription Painkillers can become addictive

Doctors and pharmacists are becoming more and more aware of the indiscriminate use of all medications. Pharmacists have been particularly aware of the over use of some over-the-counter drugs and will take time to leave the dispensary and counsel with the customer. Most pharmacists today will give computer print outs on all aspects of prescription drugs. As well a print out of information on the medical condition for which the drug is prescribed. The over use of any medication can be particularly worrying for the family, all drugs have side effects and can have deleterious and lasting effects and even death if taken indiscriminately. Many people take natural medicines thinking that they are harmless they do not know some can cause problems if taken with heart or blood pressure medication and some can even

render the contraceptive pill ineffective. Many over the counter drugs are sold at supermarkets and there is no one to advise that there are even contraindications for taking these. Excessive use of cough mixtures and aspirin can be dangerous. twenty years ago Bex powders were a favourite among housewives. The advertising campaign slogan of "...a cup of tea a Bex and a good lie down" became a catch phrase for all worn out housewives. The result was that some would take up to a packet a day with the effect that they damaged their kidneys and Australia had the highest incidence of analgesic nephropathy (diseased kidneys due to APC powders) in the world. The condition of anorexia nervosa is a particularly worrying condition for the family, such a person has an unreal perception of their body and see themselves as grossly fat and ugly. In their mind only thin is beautiful, no matter how thin. Living with these type of people can be a living nightmare. They have access to over the counter drugs that can purge them and cause themselves to vomit, they can loose so much weight that they virtually look like a skeleton with skin pulled over the bones, they look as if they are on the brink of death, and in many cases they are. The pharmacist and the doctor are always on the lookout for this type of condition existing in a patient/customer.

3.2 Crime, violence (including domestic violence), and law enforcement.

The over use of some over-the-counter medication and prescription medication can cause delusions and hallucinations that can lead to violence, including domestic violence. Suicides due to overdoses does involve law enforcement and the police dealing with suicides are often affected by the situation. They are usually the first to notify the family. The police are involved with a lot of follow up including the Coroners inquiry.

3.3 Road trauma. Most drugs carry warnings about running machinery or driving cars if on medication that can cause drowsiness. Two of the biggest bus accidents in Australia, Cowper and Kempsey (Clybucca) were caused by over-the-counter and prescriptions drugs.

3.4 Workplace safety and productivity. The overuse of any medication can have adverse affect of workplace safety and productivity. A person so focussed on over medicating themselves for no matter what reason, compromises workplace safety and productivity, especially if working where drugs are freely available such as hospitals pharmacies etc. The person who over medicates has the same problem as a drug addict.

3.5. Health costs . The abuser of over-the-counter or prescription drugs are mostly hypochondriacs and they are notorious and unnecessary users of the health system. Sometimes on admission to a nursing home a person in a very

frail state may be taking up to twenty to thirty of over-the-counter drugs daily. All such medication is withdrawn and the person observed with only essential medication given. It is well documented that many of these people get better- and some to the point of being discharged. Often these over-the-counter- drugs are given by overzealous relatives. The abuser of laxatives and drugs that cause vomiting have anorexia nervosa and bulimia. The cost to the health system by these people are very high. They are very frequent users of the health system for a self induced condition, they are hard to treat, they refuse to eat and are very difficult to manage, health professionals become impatient with them and they move on to a health service in another area, they are very persistent and self focussed.

4 Illicit drugs such as marijuana and heroine

Family relationships. Many families are torn apart when family members become associated with illicit drug taking. The drug users are dependant on dealers and others to support their habit. The money required to continue the habit is often sought illegally, such as; house invasions, where the elderly are particularly vulnerable, assault (mainly stabbing) and robbery. People using the ATM at night, particularly the elderly and women, feel very vulnerable to attacks . Young people are lured into the sex scene and become prostitutes at a very early age to support their habit, frequently, girls become pregnant and are delivered of a drug affected baby. Many young people find themselves on the street when their behaviour at home becomes intolerable. For the family it can be a living hell. They can be confrontational, violent, and abusive, they lose all sense of decency and honesty, they will steal from parents and sell valuable household goods and jewellery to support their habit, their only priority is their next "fix" . In one instance all the white goods were taken from the home and sold while the mother was at work. Parents are constantly faced with legal costs when children are picked up for drug possession. They often have the extra trauma of seeing their children incarcerated for drug related offences that would have been unthinkable only one or two years earlier. There are breakdowns in marriages when blame is directed at one or the other parent and when the money is depleted, because of huge legal costs and theft. Suicide is always a threat and a frequent occurrence. Some illicit drugs can be a trigger for mental illness in particular marijuana. It is very hard to diagnose mental illness in people who are taking illicit drugs which are hallucinogenic. When diagnosed it is called dual diagnosis, and the preferred treatment is "harm minimisation", which means it is preferable for them to continue with the drug rather than have them subjected to withdrawal symptoms on top of their mental illness. Parents and carers of these sufferers see harm minimisation as exacerbating both conditions. The parents pleas are not heard and the health

professionals are adamant that this line of treatment is best. The sad part about the long term drug user is, that there is little compassion for them out in the community, most people say "lock them up and throw away the key". This is an ongoing problem and must be addressed. the solution could be in mandatory treatment with in a detoxification clinic that is supervised by well trained and compassionate health servers. All parents and carers of drug users that we spoke to were against the "shooting gallery".

4.2-1 Crime, violence, (including domestic violence) and law enforcement

Crime and violence are a follow on from drug taking as aforementioned They occur as a consequence of the cost of maintaining the addiction. The wider community have become fearful of the effects drug takers are having on property and life. There is a major increase in drug related crimes of breakins in rural Australia as no doubt everywhere. Intruders are very game - following women into the house, getting into homes at night to the extent that many elderly are too frightened to go to sleep. There is enormous vandalism to shops and parks which is causing huge costs to businesses and councils, cars are stolen from shopping centres and clubs. The list is endless.

4.2-2 The Nimbin Mardi Gras held recently and shown on TV, was the cause of much consternation among many people in the wider community. People were amazed at the lack of police support, they stood by and were impotent to do anything - they were told the Nimbin Mardi Gras brings in tourist dollars and not to offend any one and to be low key. Hard drugs were sold openly, the street scene was a smorgasbord of a wide range of drugs - amphetamines , ecstasy, cocaine, heroine and massive amounts of marijuana. Marijuana legalisation lobbying was the focus of the event. The decor and behaviour left little to the imagination and the scandal it gave to young children was deplorable. Children were allowed to mingle naked among the crowd and were urinating in gutters. It makes one wonder where our values are heading when a community where the prevailing religion is paganism acts out a drug Bacchanalian mayhem where lives, health, and morals are in danger and the police stand idly by watching it all. The concern of many of our interviewees was that the Nimbin culture has found its way into every town and settlement on the North Coast of NSW. They are a very forceful lobby group and have the ability to seek and get much government funding to further proselytise their values and lifestyles to our young people

4.3 Road traumas. Drug affected drivers are the cause of many road accidents, unfortunately many are not recorded as drug related because many drugs are difficult to detect as they are quickly passed through the system. It is

hoped that soon this situation will change and on the spot detection of drugs will be made available.

4.4 Work place safety and productivity. In many work places marijuana is smoked during tea breaks and quite a few young men had their first "joint" given to them by a work mate, often by an older man. In those work places where there is a lot of marijuana use, productivity is affected. The marijuana user is poorly motivated and has difficulty with concentration and it shows in the work. Management know that if there is an increase accidents and poor productivity someone has introduced marijuana to his workers, he becomes particularly concerned if it is an apprentice as he will soon loose that apprentice. There are different qualities and strengths in marijuana and some are stronger than others, also some people appear to function quite well when using, while others are very badly affected they can become disoriented and confused, others become addicted but manage to stay on top. On the North Coast of NSW marijuana is freely available and supporting the habit is not as costly as other drugs therefore it is widely used. There would hardly be a workplace of say three or four employees or more that did not have a user. It has become a problem for employers to get workers who are "drug free". Even medication containing pseudo ephedrine and many cough mixtures and antihistamines cause drowsiness and people on these types of medication are warned about driving and using machinery.

4.5.1 Health care costs. Illicit drugs do not have labels, there are no warnings or indication of the dosage or strengths and certainly no indication of their quality. One thing is sure that they are all addictive. The longer the habit persists the greater the danger of being permanently damaged or even dying.

4.5-2 Past Chairman of the Australian National Council on Drugs, Major Brian Watters, once said, "...there are no old drug addicts." Many coroners have noted that it was amazing that some lived as long as they did, given the state of the organs of some drug users during autopsies. Many accidents occur when administering heroine, a strong dose can lead to overdose and death and poor quality or adulterated heroine has been the cause of many deaths. Drug users soon find themselves as avid consumers of the Health Services, they have poor immune systems and in some cases have appalling living conditions and become infected with unclean needles. The cost to the health system would be hard to assess as one has to take into consideration just not the drug user, but also those they have hurt to support their habit, and family members that cave in under the stress of living with a drug addict, the shame, the degradation, the disappointment of often seeing the brightest and most endearing of their children succumb to the habit soon take their toll.

OVERVIEW

On compiling this document which contains the thoughts, experiences, and opinions of many of our members as well as some pertinent facts that were relevant to the terms of reference, it became very clear that substance abuse is a major cause of many family and marriage breakdowns, crime, accidents both road and otherwise a hazard in the workplace and a huge cost to our health system an unnecessary cost of human resources, time and money for our law enforcement agencies.

RECOMMENDATIONS

Would not the cost of education on adverse effects of substance abuse and other measures taken to prevent substance abuse be cheaper in the long run? The incidence of Aids/HIV has been reduced especially among heterosexual since the introduction prevention awareness programs. Could not the same thing be done for substance abuse? Unfortunately there has been a perception of glamour and fame associated with substance abuse. Rock stars are frequently being reported in the press as being drug users, press reporting of after film and TV Award party where all the stars are seen and reported to be drunk or high on some substance, and alcohol reported to be flowing freely at all the glamour parties. This reporting is often sensationalised and exaggerated. Could not the print and electronic media show more responsibility and be brought in to be an integral part of a widespread education campaign against substance abuse. Advertising agencies could be employed to bring the message home very clearly. The Education Departments should combine with such bodies as; The Australian National Council on Drugs, and Alcoholics Anonymous, to devise national educational programs to be used in all schools, public and private.

The Australian Hoteliers Association (AHA) and the all the service clubs should also be involved in the campaign. Hotels and clubs are kept open to three o'clock in the morning and sometimes to dawn. There has been a constant barrage of rock music and stroboscope lighting taking place for hours on end, this quickly drives out the older customers out and the young ones come in their droves after 11pm and as they say "to rage all night". It may be fun but it is not healthy