

Submission

on

Suicide in Australia

to the

Senate Standing Committee on Community Affairs

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1. Introduction

On 10 September 2009 the Senate referred to the Community Affairs References Committee for inquiry and report by the last sitting day in April 2010 the matter of “The impact of suicide on the Australian community including high risk groups such as Indigenous youth and rural communities”.

The Committee has called for public submissions which are due by 20 November 2009.

FamilyVoice Australia commends the excellent work being done by suicide prevention groups in Australia. This submission highlights some specific issues that may affect the rate of suicide in Australia.

2. Suicide promotion and instruction on the Internet

The Internet, alongside its many benefits, has introduced a new danger to impressionable people who may be at risk of suicide. It is possible through the Internet for complete strangers to encourage such vulnerable people to commit suicide and to provide detailed instruction in effective methods of committing suicide.

Any serious national suicide prevention strategy needs to respond to this new technological development.

Australian law already prohibits the use of any carriage service (including the Internet) to “directly or indirectly counsel or incite committing or attempting to commit suicide” or to “promote a particular method of committing suicide; or to provide instruction on a particular method of committing suicide”.¹

However, in the absence of a mandatory filtering scheme these provisions have proved ineffective in preventing suicides following instruction and encouragement received by vulnerable people over the Internet.

In April 2007, two 16 year old girls, Jodie Gater and Stephanie Gestier committed suicide. They hanged themselves from the branch of a tree a few kilometres from their homes in Melbourne’s Dandenong Ranges.²

It was later discovered that the children had followed step-by-step instructions from a suicide website hosted in the Netherlands.³

The site offered practical and illustrated advice on a variety of methods including strangulation, asphyxiation and poisoning.

Liam Bartlett of Channel Nine’s Sixty Minutes program reported Rob Gater’s horror when he discovered that his daughter and her friend had used the internet to find a virtual suicide manual - telling them the kind of rope and knots to use, plus other deadly details.⁴

Similar incidents have occurred in Britain.

In 2008 it was reported that up to 29 “internet suicides” had been identified as having occurred in Britain since 2001, including a cluster of suicides of young people in the Welsh town of Bridgend. Various suicide promoting websites had been implicated including one sponsored by California-based Nagasiva Yronwode, who identifies as a Satanist and runs the so-called Church of Euthanasia, which advocates suicide as a means of saving the world from overpopulation.

Another website sponsored by Dutch woman Karin Spaink gives detailed instruction in 41 methods of suicide. A Swedish man, Calle Dybedahl who also hosts a suicide instruction site, claims that death is not an inherently bad thing.⁵

Dr Phillip Nitschke, Australia's best known promoter of euthanasia, believes that the means and knowledge of how to commit suicide should be available to every person. In an interview on National Review Online, Dr Nitschke said:

I do not believe that telling people they have a right to life while denying them the means, manner, or information necessary for them to give this life away has any ethical consistency.

*So all people qualify, not just those with the training, knowledge, or resources to find out how to 'give away' their life. And someone needs to provide this knowledge, training, or recourse necessary to anyone who wants it, including the depressed, the elderly bereaved, [and] the troubled teen. If we are to remain consistent and we believe that the individual has the right to dispose of their life, we should not erect artificial barriers in the way of sub-groups who don't meet our criteria.*⁶

Dr Nitschke's website, located offshore, offers his Peaceful Pill Handbook for sale.⁷ This book is prohibited from sale or distribution in Australia after it was Refused Classification for instructing in crime, including the manufacture and importing of illicit drugs (barbiturates) as well as in how to avoid a coronial inquiry following an assisted suicide.⁸

Dr Nitschke recently announced that Exit International would be offering mail order deliveries of a solid version of Nembutal, a lethal substance, which could be reconstituted as a liquid for consumption.⁹

These developments point to the urgent need for implementation of the Rudd government's proposal for a mandatory national filtering scheme that would prevent, or at least significantly hamper access to, sites containing material that would be Refused Classification. Suicide promotion and instruction sites such as those implicated in the suicides of young people in Victoria and in Britain, as well as the website of Exit International, should be blocked from easy access by anyone using the Internet in Australia.

Recommendation 1:

That suicide related material as defined in Section 474.29A of the Criminal Code be included as prohibited material in the proposed scheme for mandatory filtering of the Internet.

3. Euthanasia as a form of suicide

Recent proposals for legalising euthanasia have included provisions for assisted suicide.¹⁰

Such proposals are premised on the notion that there may be a justification for assisting suicide in the case of the terminally ill, the chronically ill and the disabled. The proposals seek to amend the existing laws which prohibit assisting a person to commit suicide by granting immunity from criminal liability for medical practitioners, pharmacists and others who would be authorised under the proposed laws to prescribe or to assist in the ingestion of otherwise prohibited lethal substances.

There are good reasons to treat suicidal ideation and requests for assistance in suicide by persons with terminal or chronic illness or with disability in the same way we treat suicidal ideation or requests for assistance in suicide from other persons. That is, to treat such ideation or requests as a cry for help and to seek to resolve the underlying issues rather than pander to the suicidal ideation and requests for assistance.¹¹

Recommendation 2:

Suicidal ideation and requests for assistance in suicide by persons with terminal or chronic illness or with disabilities should be treated the same way as such ideation or requests from other persons. Proposals for euthanasia which involve changing the law on assisted suicide should be firmly opposed.

4. Suicide and cannabis and other drugs

A review of youth suicides in Western Australia from 1986 to 1998 indicated that alcohol and illicit drugs, especially cannabis, played a significant role in the incidence of suicide. In part the report stated:

It is now generally accepted that the rise in suicide among younger age groups over the past few decades has been associated with secular changes in the use of alcohol and other drugs over the same period.

Almost half of male suicides and a third of female suicides had blood alcohol readings on post-mortem examination, which were above the WA legal limit for driving a motor vehicle (0.05%). Nearly a third of WA male suicides in the 15-24 years age group and over a quarter of females had illicit drugs detected on post-mortem examination.

The drugs most commonly associated with suicide in this age group were alcohol and cannabis, with cannabis detected in 20% of males and 11% of females. The next most commonly detected drugs were stimulants (9% of males & 8% of females) and opiates (7% of males & 12% of females).

Young people with a history of drug use were significantly more likely to have had illicit drugs detected at post-mortem.

Alcohol and other drug use appears to increase the risk of suicide both through the short-term effects of intoxication increasing the likelihood of impulsive suicide, and through the indirect effects of longer-term use and/or dependency resulting in accumulating psychosocial stress triggering, or by exacerbating existing mental health disorders. However, the evidence available suggests that the primary mechanisms of association are the disinhibiting effects of intoxication and its attenuation of cognition which both increase the risk of impulsive suicide.¹²

In the light of this evidence it would be helpful to reinforce the recommendations of the House of Representatives Standing Committee on Family and Human Services in its inquiry into the impact of illicit drug use on families that:

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

- *replaces the current focus of the National Drug Strategy on harm minimisation with a focus on harm prevention and treatment that has the aim of achieving permanent drug-free status for individuals with the goal of enabling drug users to be drug free; and*
- *only provide funding to treatment and support organizations which have a clearly stated aim to achieve permanent drug-free status for their clients or participants.¹³*

Recommendation 3:

That Recommendation 8 contained in the September 2007 report of the House of Representatives Standing Committee on Family and Human Services on “The Impact of Illicit Drug Use on Families” be fully supported.

Recommendation 8 is that:

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

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

5. Men’s suicide and divorce

Suicide epidemiologist, Augustine Kposowa, using data from the US National Longitudinal Mortality Study, found that divorced and separated men were nearly 2.4 times more likely to kill themselves than their married counterparts.¹⁴

*Divorced men are nearly 9.7 times as likely to kill themselves as divorced women... Why are divorced men killing themselves? ... In many jurisdictions ... there seems to be an implicit assumption that the bond between a woman and her children is stronger than that between a man and his children. As a consequence, in a divorce settlement, custody of children is more likely to be given to the wife. In the end, the father loses not only his marriage, but his children. The result may be anger at the court system especially in situations wherein the husband feels betrayed because it was the wife that initiated the divorce, or because the courts virtually gave away everything that was previously owned by the ex-husband or the now defunct household to the former wife. Events could spiral into resentment (toward the spouse and ‘the system’), bitterness, anxiety, and depression, reduced self esteem, and a sense of ‘life not worth living’. As depression and poor mental health are known markers of suicide risk, it may well be that one of the fundamental reasons for the observed association between divorce and suicide in men is the impact of post divorce (court sanctioned) ‘arrangements’. Clearly this is an issue that needs further investigation.*¹⁵

A Queensland study found that separated (compared with married) males were six times more likely to suicide, and this was greater in younger age groups. Males may be particularly vulnerable to suicide associated with interpersonal conflict in the separation phase.¹⁶

A media release issued by from Mensline Australia just prior to Christmas 2008 highlighted the issue of suicide for fathers separated from their children:

As Christmas approaches, Mensline Australia has uncovered men living without their children are five times more likely to have attempted suicide, as compared to fathers who are living with their children.

Highlighted in an analysis of the 60,000 callers who ring Mensline Australia each year, fathers living alone are also twice as likely to have experienced a serious mental health concern.

The extreme isolation and emotional pain many men feel is immediately apparent when they reach out for help and contact Mensline Australia. Fathers living alone are also three times more likely to be in the act of suicide when calling the professional telephone counselling service.

Dr Nick Foster of Mensline Australia explains many separated fathers are devastated by the inability to see or live with their children. "Men are awash with pain, anger and frustration when they call our counsellors. We receive at least two suicide-related calls every day. Sadly, we receive many more calls from men whose only glimmer of hope is the possibility of one day, being able to spend more time with their kids", said Dr Foster.

"The festive season really intensifies the difficulties faced of many non-custodial parents, with many dads highly frustrated and distressed that access to their kids is being controlled by someone else. This strips away a man's sense of worth, dignity and his identity as a father. The struggle to deal with these overwhelming feelings and separation from their kids, increases their risk of suicide", said Dr Foster.¹⁷

In Australia most divorces are initiated by women: 64% according to women and 53% according to men.¹⁸ The no-fault divorce regime introduced by the Family Law Act 1975 leaves men vulnerable to unilateral divorce in the absence of any fault. The fundamental injustice of this system has not been seriously reviewed since its introduction.

Comprehensive proposals for a fundamental reform of the Family Law Act 1975 have been made by Barry Maley in his book *Divorce Law and the Future of Marriage*.¹⁹

One of my proposals for reform is to require that the divorce must begin with a joint, consensual application, along with a statement that both agree to the divorce and terms of settlement (including questions of custody, if relevant).

Where there is no consensus, the partner wanting to separate could do so by simply leaving the marriage for a year and submitting a solo application.

On the face of it, leaving the marriage would constitute serious misconduct (desertion) unless the applicant could prove that he or she had been forced out of the marriage by the serious misconduct of the other spouse.

This would not mean reintroducing fault as a condition of divorce. The divorce would go ahead after a year's separation and a solo application. But a claim of serious misconduct by either or both spouses would have to be adjudicated, with the potential to compensate a victimised spouse through the divorce settlement.

Recognition of the reality of serious misconduct in many marriages, and dealing with the damage it does, is not only fair and proper, it must discourage it and contribute to better, more stable marriages.

A survey of almost 6000 adults earlier this year showed that three out of four agreed or strongly agreed with the proposition "that serious misconduct in a marriage should be able to affect the terms of a divorce settlement".

Requiring consensus where misconduct is not an issue is fairer and also likely to force spouses on the verge of divorce to fully confront the costs to each of them and to any children.

The present situation encourages precipitate, ill-considered separation and casualises divorce rather than treating it as the deeply serious issue it is.

Recommendation 4:

In the light of the elevated suicide rates of divorced men, a serious review of the no-fault, unilateral divorce provisions of the Family Law Act 1975 should be undertaken as a matter of urgency.

6. Endnotes

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