



Promoting Illicit Drug Prevention Initiatives Nationally

Position Statement

October 2007

Drug Free Australia's Response to the House of Representatives 'Inquiry into the Impact of Illicit Drugs on Families' and the associated report 'The Winnable War on Drugs'

The Board, Drug Free Australia and attached signatories to this Statement of Position, support the report entitled, 'The Winnable war on drugs: The impact of illicit drug use on families', tabled on the 13th of September, 2007 in the 40th Federal Parliament, as a valuable evidence-base that encapsulates the Australian community's experience with the harms caused by illicit drugs.

Escalating drug use in Australia has brought the House of Representatives to mount two national inquiries in the past seven (7) years. They are reported in: 'The Road to Recovery Report', 2003 and 'The Winnable War on Drugs: The impact of illicit drug use on families', 2007.

Overall, the two Parliamentary Inquiries received hundreds of written submissions and met with people of every persuasion before publishing two comprehensive reports recommending a need to prevent people ever starting illicit drug use and offering those who have developed a dependence for drugs every assistance to quit. Both reports apply that well known health maxim "Prevention is better than cure" and suggest "replacing 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". This expresses the Political Will to address the misery of addiction for the benefit of all concerned.

Attached is a list of the recommendations made in 'The winnable war on drugs' report, together with Drug Free Australia's response.

Recommendation:

Drug Free Australia recommends that the incoming Federal Government commits to researching, with a bi-partisan team, the recommendations of the 2007 House of Representatives Committee's report - '**The Winnable war on drugs: The impact of illicit drug use on families**', aligning these wherever possible, with the **Road to Recovery** report, so that without delay, seven (7) years' of community-based evidence is recognized and applied.

DECLARATION OF SUPPORT

I/we wish to register my/our support for the above recommendation regarding the 2007 House of Representatives Committee's report - '*The Winnable war on drugs: The impact of illicit drug use on families*',

Name of organisation/individual _____

Address _____ P/C _____

If an organization, group or /family, please indicate the number of people you represent _____

Name of authorized person _____ Phone () _____

Please send completed declaration of support via e-mail to: admin@drugfree.org.au

Drug Free Australia Ltd, National Office: PO Box 497, Elizabeth SA 5112. Ph: 08 8287 6815 Fax: 08 8252 6314 Email: admin@drugfree.org.au Web: www.drugfree.org.au

Patron: Dr Margaret Court AO

Board of Directors: Craig Thompson (Chair) Maj. Brian Watters AO (NSW) Gary Christian (NSW) Isobel Gawler (NT) Graeme Rule (Vic) John Barich (WA) Herschel Baker (Qld) Maj. Gen. Peter Phillips AO MC Rtd (ACT) Betty Roberts, OAM (Tas), Paul Russell (SA).

Executive Officer: Josephine Baxter

'The winnable war on drugs' – Response to the Recommendations

This paper is Drug Free Australia's response, both to the conduct of the inquiry, as well as each of the 31 recommendations contained in the report:

1. The Inquiry

1.1 Committee Membership

A bi-partisan committee was formed comprising five Liberal, four Labor and one Independent member.

1.2 Terms of reference

"The Committee shall inquire into and report on how the Australian Government can better address the impact of the importation, production, sale, use and prevention of illicit drugs on families. The Committee is particularly interested in:

- 1. the financial, social and personal cost to families who have a member(s) using illicit drugs, including the impact of drug induced psychoses or other consequent mental disorders.*
- 2. the impact of harm minimisation programs on families and*
- 3. ways to strengthen and assist families who are coping with a member(s) using illicit drugs".*

1.3 Commentary

1. In many respects, the report complements the work done by the 2000 Committee in its 'Road to Recovery' report. However, it is noted that the 2007 report was specifically commissioned to address deficiencies in that report. That is to :
 - address the fact *Road to Recovery* report lacked clear direction for illicit drug policy and
 - that more specific information was needed on the damage inflicted on families by these drugs.
2. The importance of taking time to gain more evidence on illicit drug use is two-fold:
 - the need to review current measures to prevent uptake, given that there is an escalating use of these drugs in Australia¹
 - the immediate and irrevocable physical and mental harms caused by some of these drugs (particularly meth-amphetamines) is more significant than some of the legal drugs²
3. The report reflects a balanced evidence gathering approach with submissions invited from all sectors. The appendices C, D and F reflect evidence from a wide range of stakeholders, both with views that support harm minimisation and those who provided evidence of direct harm caused when primary prevention is bypassed.
4. The conduct of the Inquiry was professional, with sufficient time (and opportunity) allowed for members from all parties to question those who gave evidence.
5. The Chair and Committee Members are to be commended for keeping to the Terms of Reference, in a difficult to manage inquiry that was sensitive in nature.
6. Recommendations should be read in the context of the entire report and in conjunction with other recommendations, rather than as stand alone items.
7. The efficiency of producing a tabled report within a stringent timeframe is commended., delays in document production can reflect out-of-date data, and bring questions of relevance. Those involved in compiling this document managed a complex task most efficiently.

2. The Recommendations

Recommendation 1

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

DFA's Response

Supported – Australia's approach preventing drug use with allocation of resources to law enforcement, both at a local and international level has been effective. In 2003, the lowest opiate-related deaths were recorded for 10 years in Australia, due in large part to the heroin drought³. Additional funding announced by the Prime Minister, earlier this year for the Australian Federal Police, is a further step in the right direction, strengthening international initiatives.

Recommendation 2

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

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

DFA's Response

Supported – The Terms of Reference of this Inquiry were to address issues concerning illicit drugs, and the aim was to ensure that these issues were not clouded. Matters related to alcohol harms have been addressed separately. For example in Section 5 of *The Road to Recovery Report* and in Section 3 of the ANCD's 2007 publication *Drug Use and the Family – Impacts and Implications for Children*. Further alcohol-specific research is either in progress or earmarked as ANCD projects for the next 12 months.

Recommendation 3

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

DFA's Response

Supported – Methadone needs to be far more responsibly administered, with greater accountability. Statistics within the report quoted in paragraphs 3.49-3.54 indicate an alarming rate of child abuse, neglect and death, linked to parents who are affected by methadone misuse.

Recommendation 4

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

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

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

DFA's Response

Supported – This recommendation has been advocated by rehabilitation facilities for many years. There are some successful models existing in Australia, where live-in facilities for parents and their children are already operating. This recommendation clearly indicates an understanding of the additional costs that will be incurred and demonstrates an understanding of the complexities of healing family groups affected by the harms of illicit drugs. It encompasses a high ideal – something that people addicted to drugs can aspire to, rather than a defeatist attitude that leads to an inability to rehabilitate a place where counsellors assist residents to know like and accept themselves. A place where the family dynamics can change for the better.

Recommendation 5

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

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

DFA's Response

Supported – This recommendation places the well-being of the child as a priority. Drug Free Australia would not support adoption per se. However, the statistics and case studies quoted in paragraphs 3.76-3.112 of the report demonstrate that there may be place, **in extreme circumstances**, for small children (under the age of 5) to be given a safer, more stable living environment. There is evidence in some areas of law enforcement that strict laws act as a deterrent.

Recommendation 6

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

- child protection authorities must notify Centrelink when a child protection substantiation detects any illicit drug use by a parent/s, and that this notification shall activate the income management regime provisions; and
- that it be mandated that when children are returned to a parent/s following a care and protection order the income management regime provisions be automatically applied. (para 3.124)

DFA's Response

Supported – This recommendation is another example of making the well-being of the child a priority. developing systems and protocols that ensure child safety and care and ensuring Parental responsibility are part of the process. Most parents will seek treatment when they realize that their responsibility is to their child, and if their counselor gives them the motivational encouragement to take this stance.

Recommendation 7

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

DFA's Response

Reserved Support – While DFA strongly supports the recognition that more should be done to educate and inform women about the effects of illicit drugs on the unborn, prior to a pregnancy occurring (Cf. Para 3.131), the wording of Recommendation 7 contains implications beyond this positive statement, which we find unacceptable.

As it stands, taking into account evidence provided in para 3.125-3.131 of the report, Recommendation 7 seeks to target drug using women in their child-bearing years for 'special treatment' through Australian health services, aimed at reducing pregnancy. Drug use is the problem - not pregnancy. Public awareness of the effects of drugs on the unborn is the solution.

DFA supports the adoption of the Royal Australian College of Physicians suggestion that, "information about the effects of illicit drug use on unborn children be made available to all women of child-bearing age prior to pregnancy occurring." A message to all women of child-bearing age (rather than simply existing drug users) may well deter some young women from taking up illicit drug use in the first instance.

DFA would not support any notion of compulsory contraception and/or long term decisions made for, and on behalf of, a drug dependent woman, whereby all rights to produce children are taken away from her.

Recommendation 8

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

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

DFA's Response

Supported – The report contains some important information about Australia's current policy outcomes, compared to those of more successful countries such as Sweden. For instance, para 1.47-1.59, Fig. 2.1, page 22 and Section 4 of the report provides compelling evidence to support a change of focus from one of harm minimization (a 'cause for confusion?') to that of Harm Prevention. There is no other area of public health that does not place prevention uppermost in its policy.

Recommendation 9

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

DFA's Response

Supported – a review of this nature is well past due. The true cost of Harm Minimisation and associated drug maintenance programs needs to be estimated and accounted for with a view to the money being reapplied to programs aimed at getting addicts drug free. **Recommendation 10**

The Commonwealth Government:

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

DFA's Response

Supported – This is not an ideological argument, it is health related. The original intention of introducing methadone as a treatment for heroin use was to provide a temporary 'bridge' for people to do without heroin. With the current system, people are known to have dual addictions – methadone to prevent the pain of withdrawal and other substances to get the high, – often for life.

Recommendation 11

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

DFA's Response

Supported – in conjunction with Recommendation 12. Current use of naltrexone implants indicate a potentially high success rate but only for withdrawal not for recovery. if there was concentrated treatment leading to recovery while the person is temporarily drug free it MAY have some success?

Recommendation 12

The Department of Health and Ageing:

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

DFA's Response

Supported – This is long overdue and welcomed. Research for new pharmacotherapy programs, such as naltrexone implants should complement those for methadone. Independent members of an advisory committee established to oversee the research program could include international experts for what purpose?.

Recommendation 13

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

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

DFA's Response

Supported – This is also long overdue. The model proposed works well in Sweden. However, as with the Swedish approach, consideration should be given to reverting back to the concept of the original needle and syringe **exchange** programs NEP's that provide greater accountability for numbers of needles issued and to ensure that users can be referred to treatment. For further information go to www.drugfree.org.au and source Dr Kerstin Kall's paper on the effectiveness of NEP's world wide.

Recommendation 14

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

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

DFA Response

Supported – the effectiveness and benefits of such statements are made clearly in Recommendation 4, as well as Section 5 of the report. This recommendation is further enhanced by Recommendation 15.

Recommendation 15

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

DFA's Response

Supported – Young people need a clear message about the harms of illicit drugs. Parents need support, with up to date information, if they are play a pivotal role in influence their children. Much of the material available to schools needs to be updated, since much of it was written in the late 90's early 2000's. For example the new evidence about the harms of cannabis needs to be incorporated. Schools need to be encouraged to provide a more interactive, community-based approach to the pedagogy they employ in their health and drug education curriculum. Adolescence is painful. Students need to learn how to identify, own and deal with their feelings without recourse to drugs

Recommendation 16

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

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

DFA's Response

Supported – There is a wide range of current evidence that supports the need for graphic imagery that depict realistic dangers of illicit. Physical as well as mental damage should be clearly portrayed. Models from other countries could be drawn upon, as could the concepts employed in Australian's successful QUIT smoking campaigns, that engaged the public in their development.

Recommendation 17

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

DFA's Response

Supported – People learn quickly to re-adjust their terminology (in either direction) There is no valid argument to suggest that there is a need to use 'street names' to engage people. Part of the rehabilitation process is 're-learning' and people want to do that, if they are trying to heal. It is demeaning to treat them in any other way. It is especially irresponsible to pander to their needs (including using 'trendy' name for drugs that cause so much harm. Terminology has crept in, in Australia, to subtly engage young people in negative ways. This needs to be addressed – and a recommendation such as this one is the first step in re-educating the sector and future generations.

Recommendation 18

The Commonwealth Government:

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

DFA's Response

Supported – but with a caveat that these style guides be updated to ensure standards are maintained.

Recommendation 19

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

DFA's Response

Supported – It is a complete double-standard to have one law for illicit substances and another for the drug paraphernalia that goes with their use.

Recommendation 20

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

DFA's Response

Supported – RDT appears to be a deterrent in the states where drug testing for drivers is already employed.

Recommendation 21

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

DFA's Response

Supported – This is an extension of the concept in Recommendation 20. Successful workplace testing occurs in many industries already.

Recommendation 22

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

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

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

DFA's Response

Supported – This will encourage information sharing about treatment processes that work. There are organizations achieving drug free results, that have hitherto been overlooked. The collection of data on treatment outcomes is valuable and should be encouraged.

Recommendation 23

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

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

DFA's Response

Supported – If all agencies begin with a Drug Free objective, there is greater likelihood of success for clients, rather than a mediocre expectation. This recommendation builds on the previous one and will facilitate providing simpler access to information on services for families.

Recommendation 24

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

DFA's Response

Supported – the family are the first to feel the pain of addiction. Pain is nature's motivator and therefore the family provides the doorway to success in any abstinence based policy. Policy makers and decision makers would benefit from this data.

Recommendation 25

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

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

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

DFA's Response

Supported – It is of paramount importance NOT to make the family responsible for the addict. They have suffered enough. The family's rights and concern should be recognized but they are not responsible for the addict who must assume responsibility for themselves as part of their recovery. This is common practice in other public health arenas, where clients are not able to make healthy choices for themselves. A precedent has already been set and should be available to those family members suffering constraints in the current AOD system.

Recommendation 26

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

DFA's Response

Supported – This would enhance previous recommendations that support family involvement in the treatment process.

Recommendation 27

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

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

DFA's Response

Supported – Schools are very much aware of the drug epidemic – in fact the behavioural problems of children who are either living with addiction or have been removed from their home because of it is preventing teachers from teaching. This is very achievable and could be an extension of some existing practices, that offer some useful models to enable a systemic approach.

Recommendation 28

The Commonwealth Government:

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

DFA's Response

Supported – This is a viable option as an early intervention, for young people under the age of 18. Compulsory treatment is something that has been shown to work in that age group and should be a priority.

Recommendation 29

The Department of Health and Ageing:

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

DFA's Response

Supported – wilderness programs with reliable mentors are highly successful and consideration should be given to overseas trials, to avoid duplication of research.

Recommendation 30

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

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

DFA's Response

Supported – A useful addition to the survey but an invasion of privacy..

Recommendation 31

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

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

DFA's Response

Supported – More people 'in recovery' need to be employed in the treatment area. This has been a long awaited initiative. Dual diagnosis is increasing and complex clients are on the increase in treatment and rehabilitation facilities. The effect of this will create greater community awareness of the links between mental health and drug use. It will also help to reduce the stigmas attached to both the illicit drug user and the person with mental illness (or both). Denial of one or the other (or both) has created greater family anxiety and trauma than may have been the case, had this issue been addressed earlier.

Signatories:

Board, Drug Free Australia