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THE EFFECTS OF DRUG USE GO WAY BEYOND THE USER AND CAN HAVE DEVASTATING CONSEQUENCES FOR FAMILIES.

STORY: JAMES NICHOLSON

On the same day the media was working itself into a lather over the drug problems of a feted Western Australian footballer, a parliamentary inquiry in Canberra was hearing evidence from a professor of addiction medicine at the University of Western Australia.

The timing of Professor Gary Hulse's appearance was poignant to say the least.

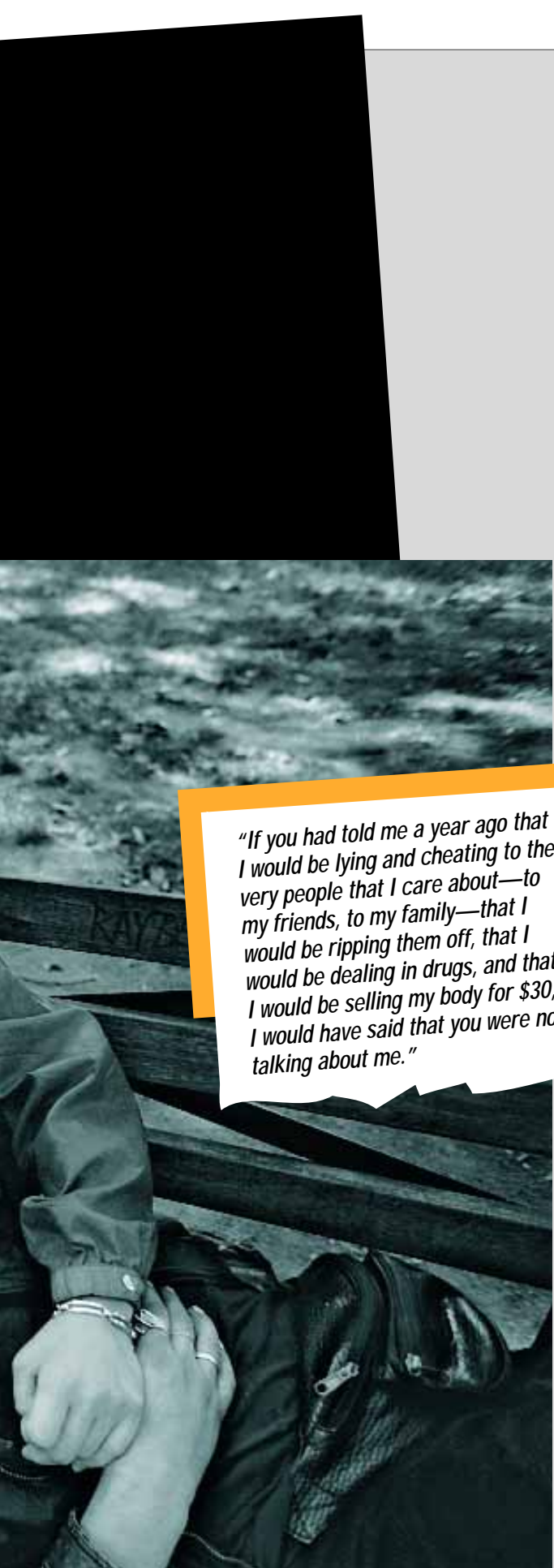
Ben Cousins' spectacular fall from grace—lauded former captain and star player for the AFL premiers West Coast Eagles one moment; inpatient at a drug rehabilitation clinic the next—was a grim reminder of the destructive influence of the drug menace and its boundless, indiscriminate reach.

The House of Representatives Families Committee inquiry into the impact of illicit drug use on families was established to examine how the federal government could better address the impact of importation, sale, use and prevention of illicit drugs on families.

The inquiry, chaired by Bronwyn Bishop (Member for Mackellar, NSW), builds on the work of a previous inquiry and its report, *Road to recovery*. It is exploring the costs to families who have a family member using illicit drugs, the impact of harm minimisation programs on families and ways of strengthening families who are coping with drug use.

"Governments need to understand the difficulties faced by families where a family member is using illicit drugs," Mrs Bishop said.

Statistics on illegal drug use in Australia paint an alarming picture. According to the most recent national data on the use of illicit drugs in the community, in 2004 more than 2.5 million Australians aged 14 and over had used an illegal drug in the previous year. One in 10 had used marijuana/cannabis in the previous 12 months. In 2004-05 more than 7,300 drug users of concern were



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referred by their families and friends to professionals for treatment.

The economic and social cost of illicit drug use has been put at more than \$6 billion a year.

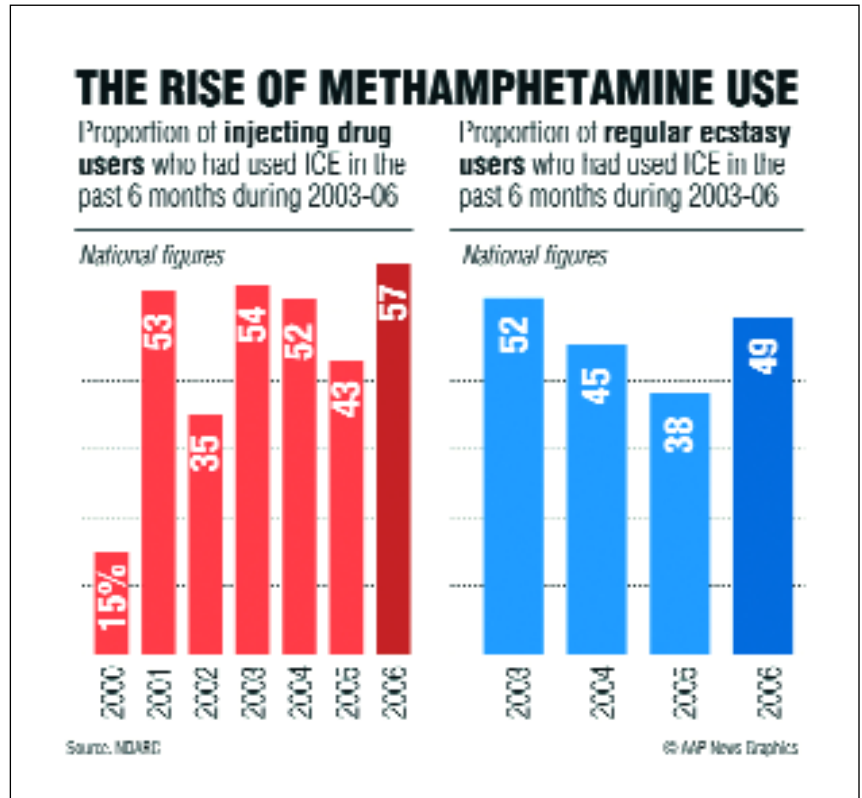
Nevertheless, the landscape is shifting. Both the Australian Federal Police and Customs have reported that while the level of heroin supply in Australia had declined in recent years, there was evidence of increased traffic in amphetamines, methamphetamines and ecstasy.

The AFP estimates one in 10 Australians has tried methamphetamines and there are approximately 100,000 users of methamphetamines in Australia, of which two thirds are dependent users. The implications of those statistics for the Australian community were spelt out in stark terms at a public hearing in Canberra by a senior public servant from the Department of Health and Ageing, Virginia Hart, who told the inquiry of “people losing the plot” and of “the multitude of harms that are caused by ice”.

“We see people who are raging out of control, who have lost their capacity to tell what is going on in the world and who are uncontrollable,” Ms Hart said. “They are very difficult for family, friends, and even accident and emergency workers—ambulance, police and nurses. They are raging out of control and it is attributable to ice.”

At a separate public hearing in Canberra, AFP Commissioner Mick Keelty provided an overview of extensive police operations that are tackling the problem.

The commissioner told the inquiry Australian police were pursuing a strategy to target the supply of illicit drugs at source, through a network of 88 overseas offices in 38 countries. Among notable successes the international network had enjoyed



Pic: AAP

was the seizure in Manila in 2004 of 1.5 tonnes of pseudoephedrine, which was enough to produce more than 60 million street doses of amphetamine.

Indeed, the success of law enforcement—particularly detection and seizure—has accounted at least in part for the marked decline in heroin availability in Australia, Mr Keelty told the inquiry. The shortage of heroin since 2000 has led to a significant drop in the number of fatal heroin overdoses. In 2003, the year for the most recent available data, the total number of deaths due to heroin overdoses was the lowest figure for a decade.

The decline in heroin availability, however, has coincided with a rise in amphetamine use. The number of clandestine amphetamine laboratories dismantled in Australia rose from 97 in 1996-97 to 381 in 2004-05.

West Australian professor of addiction medicine, Gary Hulse, reminded the committee that heroin remains a problem, but naltrexone implants were helping heroin addicts break free of a very charismatic drug. Professor Hulse explained to the MPs just how addictive heroin was, by

retelling the experience of one of his female patients.

“She said to me: ‘If you had told me a year ago that I would be lying and cheating to the very people that I care about—to my friends, to my family—that I would be ripping them off, that I would be dealing in drugs, and that I would be selling my body for \$30, I would have said that you were not talking about me—you were talking about someone else. I am a stronger character than that. Yet here we are a year later and that is me, and I don’t like me. I don’t like what I am doing. I don’t like what I have become. I don’t know what to do about it. Did I forget to tell you, I love to use heroin.’ People use heroin despite all of those things going on,” Professor Hulse said.

He warned about the pitfalls of favoured drug treatments such as methadone, buprenorphine and oral naltrexone in a tablet form and how many drug users stay on these programs for years. He argued naltrexone implants were the most effective drug treatment because they broke the cycle of addiction by blocking the opioid receptors in the brain that made heroin so appealing.



Professor of addiction medicine at the University of WA Gary Hulse (left) and Australian Federal Police Commissioner Mick Keelty (right) speaking at the Families Committee hearings. Photos: Andrew Dawson and AUSPIC

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“You can still use heroin while you are on methadone or while you are on buprenorphine. People continue to engage with the narcotic network [of dealers and other users] and they do not shift away. Relapse is not uncommon,” he said.

“The difficulty is that if you are a self-respecting user and you really like to use heroin, at any particular time, you are going to stop taking your oral naltrexone medication and you will start to say, ‘I’ll just have that one little dabble. I’ll just go back and try it once,’ and people relapse. Relapse is quite common with oral naltrexone.”

On a visit to Western Australia, the committee investigated the experience of the King Edward Memorial Hospital, which treats babies affected by their drug-dependent mothers’ use of methadone and illicit drugs. Of the 10,000 babies delivered at the hospital in the past two years, 102 newborns required neonatal drug withdrawal treatment in a special care nursery afterwards.

Highlighting the extent of the problem, Dr Dale Hamilton told MPs there had been a threefold increase in the past three years in women using illicit drugs who gave birth at the hospital.

“It is estimated that about 350 such women attended the hospital for

delivery of their infant in the last year,” Dr Hamilton said. “These women have complex medical needs such as hepatitis and are at risk of other life-threatening infections.”

Dr Hamilton explained the perils of trying to take pregnant addicts off their drugs and why they prefer to manage the addiction during the pregnancy, even if it means a baby is born dependent on methadone.

“The evidence is that if you try to take women off them, firstly, in the first trimester there is an increased incidence of miscarriage. If you do it in the third trimester there is an increased incidence of abruption and prematurity if the mother withdraws. There is also a very high incidence of mothers going back to using drugs. So in terms of keeping women stable, giving them constant levels of opiate in their blood and rationalising their lifestyle ... then you actually produce at the end of that a healthier mother and therefore a healthier baby at delivery, even though a percentage of those babies will actually withdraw. Not all of them will, but a percentage of them will withdraw, but the drug withdrawal is manageable.”

As to why people start using illicit drugs in the first place, the possible reasons presented to the inquiry were varied and often complex. Among the themes explored in some detail was the link between mental illness, learning difficulties or psychological issues and drug use.

Bronwyn Bishop made a point of recognising two distinct problems,

depending on whether drug use was accepted as the cause or the effect of a patient’s mental or emotional issues.

“When you talk about dual diagnosis, I think that comes in two categories,” Mrs Bishop said. “You have people who have a mental disease problem and take an illicit drug to try and assist them in that way. You also have people who have taken a drug and become mentally ill as a result of it. They are two entirely separate problems.”

Director of psychiatry at the Palm Beach Currumbin Clinic Dr Gregory Pearson told the inquiry at a roundtable hearing on the Gold Coast that giving consideration to users’ mental condition and social circumstances was central to understanding the reasons why people use illicit drugs.

“It is important that we see drug abuse as not just an isolated event in someone’s life,” he said. “It is usually related to other significant psychopathology and very commonly it is associated with other greater difficulties—social, psychological and emotional.”

Other reasons why young people were drawn into using illegal drugs, the inquiry heard, were “adolescent bravado”, easy access to information and the behavioural cycle into which the children of illicit drug users can so often be sucked. However, the overwhelming majority of illicit drug use stemmed from sheer curiosity.

According to the 2004 National Drug Strategy Household Survey: “All users (ex- and current) of any illicit drug were asked what factors influenced their decision to first use an illicit drug. Curiosity was the most common reason given: four in five (81.9 per cent) users aged 12-15 years nominated curiosity as an influence in their decision ... More than half of users of illicit drugs were influenced to do so by peer pressure, although only 45.3 per cent of those aged 12-15 were so influenced.”

Several witnesses have identified early intervention and education as the critical elements in smothering those effects of adolescent curiosity, to reach young would-be users and their parents before a pattern of regular use developed.

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AFP commissioner Mick Keely told the inquiry he would like to see something that “helps mums and dads communicate with their children about these drugs”.

“The best education a child is ever going to get is at home in the family unit,” he said.

“Mums and dads did not know about amphetamines when they were growing up and they did not know about ice or liquid ecstasy.

“We need to educate mums and dads to help them educate their children about prevention and about side-effects, because ... there is a belief that because you use the drug in a different way it is a safer drug—and it is certainly not a safer drug.

“I think right now, when people have seen so much publicity about amphetamines, is a good time to educate the community and children about amphetamines.”

At the Gold Coast roundtable Dr Pearson went further, advocating an education program for general practitioners as an effective means of providing potential users at a young age with credible information about the dangers of illicit drugs.

“Substance abuse or use is not something general practitioners are familiar with and necessarily want to know about,” he said. “There is a fair amount of research that shows that advice from a doctor at a very early stage of use of substances is effective in both harm minimisation and improving long-term outcomes.”

Clearly however, the absence of effective education programs was far from the only difficulty confronting the families of illicit drug users. Witnesses cited many others, not the least being an inadequate level of community support services accessible to illicit drug users and their families.

Maree Lubach, the chair and co-founder of the grandparents’ support group KinKare, told the inquiry at the Gold Coast of her frustrations at trying to find help for her son when she discovered that he had been using illicit drugs.

“When I finally realised what was happening, there was nowhere for me to turn,” Mrs Lubach said. “There was no one who could see what was happening. There was no place I could get him to. I am talking about a 14-year-old.”

Maree Newman, the chair of the Gold Coast regional branch of Grandparents Assisting Grandkids Support, told a similar story from a grandparent’s perspective.

“The police cannot assist you. The schools cannot assist you; they can only suspend or expel a troubled student,” Mrs Newman said. “Out of 85 per cent of grandparents raising grandchildren due to a drug problem, 55 per cent of them went as parents to the authorities with young ones from 11 to 15 only to be turned away.

“Of the 55 per cent of them that were turned away that went for help, I believe that if they had been helped we might have 25 to 30 per cent that

would not be addicts today because they were non-users when the parents went for assistance.”

Coupled to inadequate support services are funding shortages, questions of stigma attached to having to seek help for a family member using illicit drugs, and the conflicting and confused signals coming from governments and other drug authorities regarding harm minimisation versus zero tolerance. None of these offers any certainty or confidence to the families of users.

On the Gold Coast, where the rate of lifetime prevalence of drug use is the highest in the state, the inquiry heard from several witnesses whose support and advisory work was mitigating some of the ghastly impacts illicit drug use had on families of users. The final word at the hearing went to Christopher Dobbie, a former heroin user who appeared in a private capacity and who only turned up to give evidence after he had heard about the inquiry on the radio that morning.

“I had all these goals and ambitions and you cannot do that while you’re a drug addict,” Mr Dobbie said. “You can do some things, but in the end you’re just wasting your life.” ■

For more information on the Family Committee’s inquiry into the impact of illicit drug use on families, visit www.aph.gov.au/house/committee/fhs/illicitdrugs or email fhs.reps@aph.gov.au or phone (0) 6277 4566.



“We need to educate mums and dads to help them educate their children about prevention and side-effects.” Photo: AAP