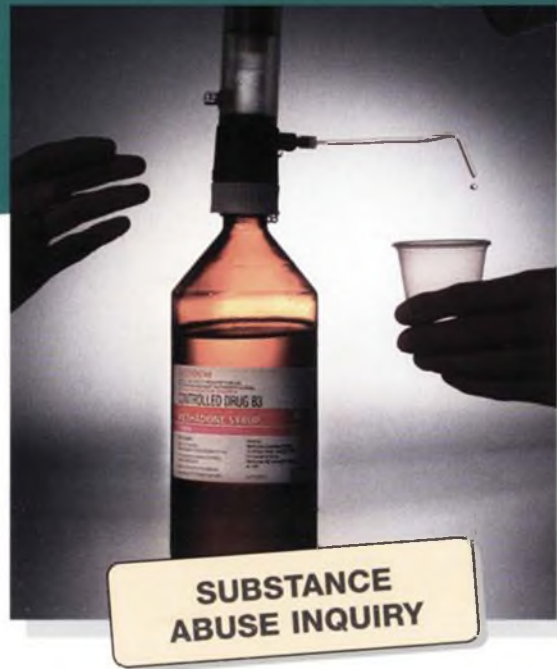


“Involve families in **drug** solutions”



We need to involve families and the broader community in finding solutions to drug problems. That's what Professor Margaret Hamilton told the House of Representatives Family and Community Affairs Committee at a recent public hearing on its inquiry into substance abuse in Australian communities. Professor Hamilton is Director of the Turning Point Alcohol and Drug Centre in Victoria and a member of the Australian National Council on Drugs. In this exclusive article for About the House, Professor Hamilton outlines what the House Family and Community Affairs Committee needs to consider when it formulates its recommendations on dealing with substance abuse.

Drugs command attention with daily media mention at the local as well as national level. Drugs already occupy a powerful place in our agenda of community concerns. 92% of parents who were surveyed in the research leading to the National Illicit Drug campaign (launched by the Prime Minister on 25 March in Sydney) rated illegal drug taking by young people to be a problem, with 66% considering it to be a major problem. This is not a reflection of the actual odds of their children being involved with drugs but reflects the extent to which illicit drugs worry families and the community. This worry is often associated with a sense of impotence, confusion and fear. It is both a consequence and cause of the high public profile that drug issues command in the media.

Responding to drugs requires cooperation.

The challenge faced by the Members of the House of Representatives Family and Community Affairs Committee in their inquiry into substance abuse is to consider the diverse opinions, experience and research evidence available in their effort to sort out just what the issues are, what factors influence drug taking and drug problems, and what might be done in constructively responding to them. A particular focus should be the impact on and opportunity for action residing in families and the community.

The reasons for ongoing drug use in our community are complex. They arise in our history, culture, geography and diplomatic relationships. They require a study of the economies of demand and supply, including global trade, where illicit products share some characteristics with legitimate products. We need to consider the social circumstances and life chances of our citizens, especially the young, and we must take into account physiology, psychology and public health.

Responding to drugs requires cooperation between all levels of government and non-government groups. It also needs business and professional groups to engage in the community effort. While the link with States is recognised, illicit drugs pose special problems for local government leaders who have to face the tensions between local residents, traders, service providers and drug users who are sometimes visitors to the area. This experience can be quite different depending on whether it is a country town or central metropolitan city and whether the area has become a site for public drug trading and/or use. Too much community energy is deflected by ill-informed debates that might be relevant for one locality but quite ill-advised and not relevant for another. High-profile debates tend to assume that suggestions being made are global – all or nothing. This is dysfunctional.

We need to monitor new and emerging drugs and trends in their use. This includes the increasing use of performance and image enhancing drugs; the increase in the use of different routes of administration of traditional drugs or new techniques such as smoking (or 'chasing') of heroin; the use of bongos as an alternative to rolled joints for cannabis. We need to understand the different profile of risk and harm associated with these products and modes of administration. Similarly, we must monitor and develop promising responses to drug use and trouble. If we are to be proactive and thoughtful we need to be willing to carefully and systematically trial and evaluate promising responses.

There are some specific messages that the substance abuse inquiry should take on board.

Illicit drugs need to be understood in the context of all drug use including tobacco, alcohol, psychoactive pharmaceutical products, volatile substances and drugs as yet unknown.

Research needs to be considered and analysed. Not all research or experience is equally valid or reliable. The source of a claim to 'Expert' status in this area needs to be included in the analysis of the advice provided.

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Newer ways of thinking about prevention hold promise.

Evidence is emerging to link the precursors of other social and behavioural problems such as juvenile crime, suicide and mental ill-health, suggesting some synergistic opportunities for prevention of a range of social trouble. A long-time perspective is necessary and families and communities sit at the heart of these programmes. These are more about support and services to forming families and the early years of life than traditional efforts directed at school drug education, information campaigns or drug supply measures.

We need a diverse menu of treatments.

Drug use might be understood as one symptom of other changes in our social and community life. Research is needed to explore the impact of the increasingly economically divided Australian community. Disparity between wealth and poverty might be increasingly problematic, especially when those who perceive or experience limits to their opportunities see the celebration of conspicuous consumption by others.

Keep them alive such that they can use treatment. If they can be kept alive and helped to avoid viral infections, they will stop opiate use one day (most do by middle years) and they can and will 'recover' given support and opportunity. When they stop they will be less physically damaged than their alcohol dependent peers. We do not have to be losing so many young people through death.

Treatment works, but rarely the first time around. Patience and persistence is required in responding to those wanting to cease or change their heroin use. Those who have ceased tobacco smoking should know what it is like. Even when you know you should 'just stop' this tends to be a serial event! A decision or approach to stop is usually triggered by a crisis or by a shift in the balance of benefits and relief of use against the hassles and

harms. Eventually, for most, it's more harm than pleasure or good. This, together with an opportunity for change can provoke entry to treatment.

We could do much to make treatment more attractive and effective. We need greater oversight of standards and clarity about what approaches to treatment should be supported. We need a diverse menu of treatments that should be grounded in research evidence. Realistic expectations of success as well as factors that enhance outcomes such as family and social support should be available to community members seeking treatment and their families.

There is a serious shortage of treatment, especially those treatments that are most cost effective such as methadone maintenance. Many do not understand this treatment and in their ignorance condemn it. There are others who have qualms about it. It is not ideal or even right for everyone and we all endeavour to further support those who want to be opiate free. A pathway out of heroin use that includes methadone can later include withdrawal from methadone, but this should not be forced or too readily supported since it could reduce the efficacy of the methadone treatment outcome. New products – such as buprenorphine – currently under consideration for listing by the Pharmaceutical Benefits Advisory Committee could significantly enhance withdrawal.

Treatment is more than detoxification or withdrawal. This is just the treatment entry-point for most. Ongoing active interventions, counselling and linkage with other services are part of a process of longer-term rehabilitation and reintegration, without which treatment is incomplete. This requires a substantial commitment and appropriate resourcing.

Harmful illicit drug and alcohol use is now pervasive in the community service sector. This requires broad engagement in treatment. Various generic and other specialist areas of health, welfare and education need help to identify the extent and nature of drug issues present in their clients and ways of responding to them. Referral is an inadequate, inappropriate and generally unsuccessful response. Specialist services need to re-orient to support generic services that deliver treatment.

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Professor Margaret Hamilton meets with Members of the House Family and Community Affairs Committee. Left to right: Kevin Andrews, Harry Quick, Margaret Hamilton, Annette Ellis (Committee Deputy Chair) and Alby Schultz. Photo: AUSPIC

Watch this space



Review of Budget documents

Parliament's financial watchdog, the Joint Committee of Public Accounts and Audit, is investigating the format and content of the Commonwealth Government's Budget documents, including Portfolio Budget Statements, Annual Reports and Portfolio Additional Estimates. The Committee wants to know how effectively the documents assist parliamentary and public scrutiny of the Budget and what options there are for enhancing the Budget documents. Submissions are due by 14 May 2001. To find out how you can have your say, call: (02) 6277 4574, email: john.carter.reps@aph.gov.au or visit: www.aph.gov.au/house/committee/jpaa

Public works worth \$22 million under review

Two Commonwealth public works projects worth \$22 million are being reviewed by the Parliamentary Committee on Public Works. They are:

- development of new freight and passenger facilities on West Island in the Cocos (Keeling) Islands; and
- fit-out of new leased premises for the Department of Immigration and Multicultural Affairs in Belconnen ACT.

For more information on the Public Works Committee inquiries, call: (02) 6277 4636 or email: jcpw@aph.gov.au

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We should celebrate our successes and strive to identify our specifically Australian approach to drugs. We should recognise our significant successes in responding to drugs as well as working to do better where we have not done so well. I characterise this as humane pragmatism. I expect us to care for people in our community, including those who use drugs. Drugs can affect us all. Every drug user is somebody's daughter or son and many are the next generation's mothers and fathers. Their children will be the next generation of drug users if we do not provide treatment and humane support to break this lineage. In my experience we in Australia have seen ourselves as fixers, problem solvers with a stance that encourages giving promising solutions 'a go' and a determination to work together to ensure it works. We have celebrated our pragmatic approach to problems.

While it would be naive to suggest that this is all that is necessary, it might well be a prerequisite to success. Increasingly, research evidence suggests that community competence, and the sense in which the community believes it can make a difference in the face of some community crisis, is vital to prevention and provision of reintegration services. Community competence can influence the outcome of our efforts, in the same way it can at the clinical level, where research has shown that the belief of the clinician/therapist in their ability to be effective actually influences the outcomes for their clients. Belief in self is necessary for a competent performance in any domain. This applies to communities as well as to individuals and to personal as well as public roles. If our communities are constantly told that we are failing a 'drug war' and are not provided any opportunity to engage in discussion and

efforts to respond at many levels, then we will have an 'incompetent' community in relation to drugs. This further increases the risk that young people will take up harmful drug use.

The emerging research on the factors that confer resilience or produce risk identify four domains: individual, family, school and broader community.

In this sense, the competence of the community and the degree to which individuals feel valued, cared for and connected is vital in our response to drug problems.

There is no one answer to stopping the harm associated with illicit drug use. These drugs will be with us for a long time. We need complex, multi-faceted responses to mediate and manage them in our community. We cannot deny their existence or hope that if we just shut our eyes it will all go away.

For more information on the substance abuse inquiry by the House of Representatives Family and Community Affairs Committee, including access to the submissions and transcripts of evidence, call: (02) 6277 4566, email: fca.reps@aph.gov.au or visit: www.aph.gov.au/house/committee/fca



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