Families and Friends for Drug Law Reform (ACT) Inc.

committed to preventing tragedy that arises from illicit drug policy

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Inquiry into
Youth Mental Health in the ACT
by the
Standing Committee on
Education, Employment and Use Affairs

Submission of
Families and Friends for Drug Law Reform

Annexure C Submission dated 11 April 2016 of Families and Friends for Drug Law Reform inquiry into youth suicide and self harm in the ACT by the Health, Ageing, Community and Social Services Standing Committee.

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INQUIRY INTO YOUTH SUICIDE AND SELF HARM IN THE ACT BY THE HEALTH, AGEING, COMMUNITY AND SOCIAL SERVICES STANDING COMMITTEE

SUBMISSION OF FAMILIES AND FRIENDS FOR DRUG LAW REFORM

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Introduction

1. Families and Friends for Drug Law Reform commends the Assembly and this committee for commissioning the current enquiry into youth mental health and suicide prevention. We are most grateful for the opportunity to make a submission. That there has been, as the media release reports, a 650% increase in deaths from self harm of young children in the ACT between 2007 and 2012 is cause alone for great concern.

2. In this submission Families and Friends will explore the link between alcohol and illicit drugs and suicide. We will show that poor mental health is a driver for drug abuse and suicide. However, we will also demonstrate that illicit drug consumption leads to a higher chance of suicide than alcohol consumption due to the different ways Australians view alcohol and illicit drugs. The criminality surrounding consumption of drugs automatically brings discriminates against and alienates users increasing their marginalisation and reducing their chance of receiving appropriate health care.

About Families and Friends for Drug Law Reform

3. Families and Friends for Drug Law Reform was formed 21 years ago as a result of the public meeting in April 1995 of a group of people in the Australian Capital Territory who had a child, relative or friend who had died from a drug overdose. Its membership now extends across Australia. The grief that all shared turned to frustration and anger that those lives should have been lost: many would be alive today if drug use and addiction had been treated as a social and medical problem and not a law and order one. The criminal law, and how it was enforced, contributed significantly to the death of these young Australians.

4. Families and Friends for Drug Law Reform does not promote the view that all drugs should be freely available. Indeed it believes that they are too available

now in spite of and probably because of their illegality. As this submission will demonstrate, the fact that personal drug use is deemed a criminal activity helps to alienates drug users from their family, employment is and non-drug using peer group. High prevalence of depression and other mental health problems among dependent drug users is a a consequence. Mental health conditions such as this are notoriously influential drivers of suicide and self harm.

5. Since its establishment FFDLR has been intent on reducing the tragedy arising from illicit drugs, reducing marginalisation and shame, raising awareness of the issues surrounding illicit drugs and encouraging the search for, and adoption of, less damaging drug policies. Accordingly, the criterion that we apply in assessing the measures bearing upon drug use is whether they will promote the following objectives:

(a) make currently illicit drugs less available; and

(b) ensure that those who happen to consume such drugs that are available do not die or are harmed, thus reducing in society the suffering that has been experienced by so many FFDLR families and members.

Approach adopted in this submission

6. Families and Friends has made an extensive review of the literature available in regards to the effective management of illicit drugs over its 21 years. We have also investigated jurisdictions that take a very different approach to current Australian drug policy. The scientific and practical evidence clearly supports our position that decriminalisation of all illicit drugs for personal use supported by a well funded and extensive health support system is the only way that the scourge of drugs can be abated. We will demonstrate why such an approach is required in the rest of this report and show how its adoption would result in far fewer suicides of young Australians.

Association between substance abuse and suicide.

7. If the committee is to make any serious investigation into youth suicide examination of the role of drugs and drug policy is unavoidable. There is widespread evidence that illicit drug dependence is a powerful driver of suicide. In the words of Suicide Prevention Australia: “Alcohol and other drug (AOD) abuse confers a high risk of suicide” (SPA 2011, p. 3). The 2010 Senate report into Suicide in Australia noted that:

> "The role of alcohol and drug abuse in completed suicides was frequently mentioned during the inquiry. Alcohol or substance abuse disorders are often comorbid with other conditions which have an increased risk of suicide" (Senate 2010, para. 620, p. 86).

8. The suicide/drug policy link is shown by a meta analysis of 64 papers. The analysis was published in 2004 in the reputable peer reviewed journal, *Drug and*

Alcohol Dependence utilising the statistical concept of standardized mortality ratios that reveal the extent to which death in a study population exceeds the rate of the population at large:

> " . . . standardized mortality ratio (SMR) is a relative index of mortality, expressing the mortality experience of a given study population relative to that of a comparison ("standard") population. In this study, the SMRs were used to estimate whether risk for suicide among those with specific alcohol or drug use disorders were at greater risk than expected in the general population. SMRs were calculated by dividing the observed number of suicides by the expected number of suicides and multiplying by 100, in order to yield results without decimals as . . . " (Wilcox *et al.* p. S13).

9. The meta-analysis showed that while Alcohol use disorder was a high risk factor for suicide, it was far exceeded by risk factors associated with the consumption of illicit drugs. Someone with an alcohol use disorder was almost 10 times more likely to attempt suicide than a member of the community at large (being just a heavy drinker raises one's risk of suicide by a mere 3.5 times), the risk factor for those with an opioid use disorder were 13 more times more likely, intravenous drug users were between 13 and 14 times more likely and mixed drug users (those we would refer to as polydrug users) an astounding 16 to 17 times more likely (Wilcox *et al.*).

10. The studies relied upon in this meta-analysis were undertaken in the United States, Sweden, Norway, the Netherlands and parts of the United Kingdom. As far as Families and Friends is aware no similar study has been undertaken in Australia and while we can be confident that the situation here will be similar, it would be well for the committee to recommend that a study of Australian standardized mortality ratios be undertaken by a drug research agency. Given that overseas research shows the variation of association between mortality and different addictive substances, SMRs would be developed for users of each such substance.

Recommendation 1:

> A drug research agency should be commissioned to develop standardized mortality ratios of users of different addictive substances in Australia.

11. The Bureau of Statistics has pointed out about its latest release on causes of death in Australia that accidental poisonings including drug overdoses are among the leading causes of death for the youngest cohort:

> "Among those aged 15 to 44, the leading causes of death were Intentional self-harm (suicide) (X60-X84), Accidental poisonings (including drug overdoses) (X40-X49) and Land transport accidents (V01-V89)." (ABS 2016a).

Road accidents are, of course, also among the leading causes. That is particularly significant in the Australian Capital Territory where in 2013 and 2014 “the number of ACT opioid-related deaths . . . (32) was almost twice the number of people who died in motor vehicle crashes in the ACT over the same period (17—seven in 2013 and 10 in 2014)” (Olsen *et al*. 2015 p. 19). These data are surprising because fatal overdoses are particularly associated with heroin suggesting that, contrary to the media and political pre-occupation with the stimulant crystal methamphetamine, this depressive drug is making a come back.

12. Of course, not every drug overdose death is a suicide but most likely many are. This is even more likely now that the availability of naloxone will hopefully reduce the number of unintended overdose deaths.

13. The ABS seem to include overdoses among "Accidental poisoning by and exposure to noxious substances (X40-X49)" (ABS 2016b). Within the categories X40-X49 opiate overdoses seem listed under category X42 (Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified). In the provisional figures released for 2014, 11 deaths are listed (8 male and 3 female). The breakdown of ACT deaths in 2014 by age reveals that there were no deaths classified in the range X40-X49 of anyone less than 45 (ABS 2016c). This suggests the conclusion that none of the 45 deaths recorded for intentional self harm of those aged between 15 and 44 years was effected by overdose (ABS 2016c).

Suicide by drug users can be effected by means other than drug overdoses

14. The causes of death as published by the Bureau of Statistics hide the extent of suicide by drug users. Many dependent drug users despairing of ever getting on top of their addiction end their life by means other than drug overdose. Thus Neri, whose story is related below, took her own life at the age of 21 by asphyxiating herself in a friend’s car. A writer of this submission has spent many hours communicating with another drug user who, also despairing of getting “the gorilla” of addiction off, as his back as he puts it, has talked at various times of his determination to end his life by means such as jumping off the top of a tall public housing block or of driving his car over the side of Scrivener dam. That he has not yet implemented these schemes has been thanks to a handful of us in whom he has confidence enough to talk with, his fear of his attempt being unsuccessful and his own realisation of the distress that suicide brings to others.

15. There is a disconnect between the trend of suicides and overdoses. What still seems to be the most comprehensive analysis of opiate overdoses and suicide mortality was published by the National Drug and Alcohol Research Centre in 1999 (Hall, Degenhardt & Lynskey 1999). That showed that between 1964 and 1996 "the age of death among suicides *decreased* marginally while

that among opioid overdose deaths *increased* steadily." (*ibid.* p. 18). "The average age of deaths among persons whose death was attributable to suicide declined from approximately 35 years in 1964 to approximately 30 years in 1997" (*ibid.* p. 15). In contrast, from the late 1960s "the average age at death [from opiate overdoses] steadily increased" (*ibid.* p. 11).

16. Such information makes it of the first importance to secure accurate information about the psychological motivations for suicide and the extent to which those who have intentionally killed themselves were dependent drug users. The public health challenge is to ensure that information about the causes of heroin overdose and motives of suicide are gathered so that measures can be put in place to address them.

Recommendation 2:

Statistics should be assembled by coroners and published:

(a) on whether the consumption of drugs causing death was taken with the intention of ending the victim's own life; and

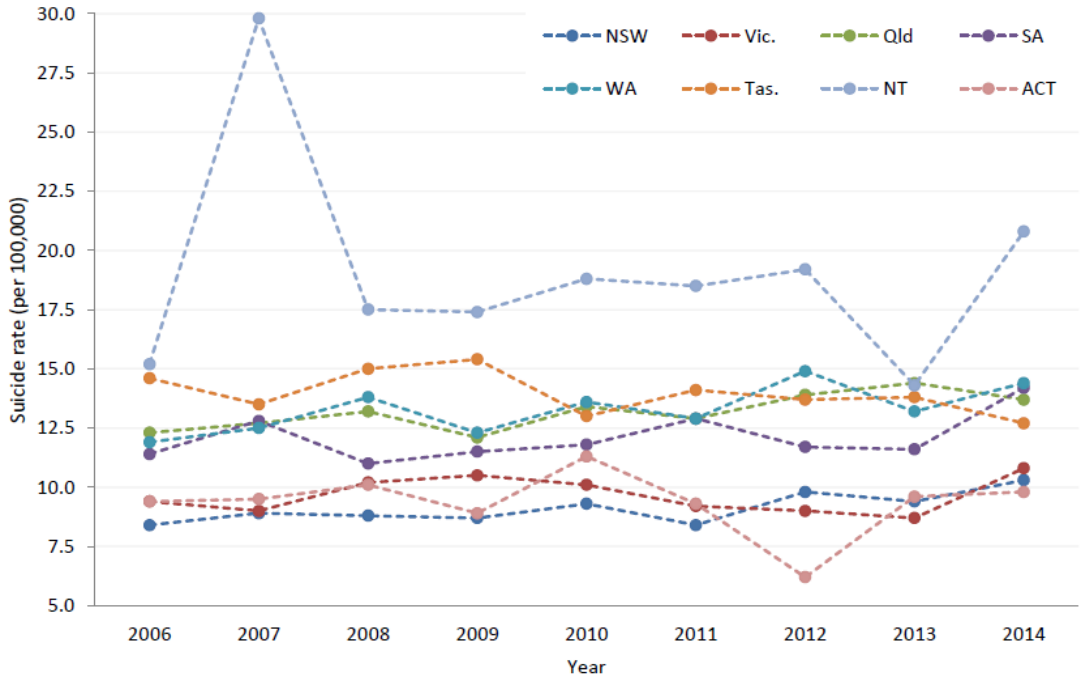
(b) whether those who intentionally take their own life by means other than the consumption of drugs were themselves drug users.

Rate of suicide generally in the Australian Capital Territory

17. The recent alarming spike in child suicide needs to be put into the context of the overall trends in suicide in the territory. The rate of suicide in the territory measured in terms of deaths per 100,000 of the population is 9.8 (at HIMH 2016 Table 1. Suicide count and rate by State/Territory and Sex, 2014). This rate was in 2014 the lowest in the country, slightly lower than that of New South Wales (10.3) within which the ACT lies. Furthermore, the overall suicide rate here has remained fairly stable at least since 2006 (*ibid*).

18. By comparison then, the ACT is doing reasonably well but 38 self-inflicted deaths in a year is 38 too many. What the ACT is doing may be better than other jurisdictions but it is still not good enough, particularly in the light of the surge in suicides of children.

Figure 21. Age standardised death rates, by State and territory, 2006 – 2014



SOURCE: HIMH 2016 table 21.

Shared risk factors of suicide and drug dependence

19. Most, if not all, of the risk factors that are associated with suicide are also risk factors for drug dependence. What is more the responses to drug use dictated by current drug policies intensify the risk factors for suicide. “Both suicide and AOD abuse share some common risk factors that can be targeted at a social level, often by instilling protective factors during early childhood and adolescence” (SPA 2011, p. 3).

Mental illness as a driver of suicide

20. Suicide Prevention Australia points out that “mental disorders are present in the majority of suicides” to the extent that “Mental illness is one of the most common and significant contributing factors to suicide in Australia” (SPA 2009 p. 2).

People who commit suicide are commonly overwhelmed with problems in their life. This is typically associated with depression and anxiety.

Social exclusion and isolation as drivers of suicide

21. According to Suicide Prevention Australia the two most salient explanations for drug users becoming suicidal are:

> • Long-term substance abuse can lead to social issues such as financial stress, criminality, physical ill health or family breakdown, resulting in distress and social exclusion and thus suicide risk.
>
> • Social disadvantage, childhood adversities, personal traumas and mental illness contribute to a risk for both substance abuse and suicide concurrently. (SPA 2011 p. 9).

The ground breaking Not for Service report of 2005 included the following testimony of a consumer advocate:

> "Social isolation & loneliness are guaranteed triggers of episodes of mental illness, substance abuse, self harm & suicide. This happens, and it happens all the time. And in rural and isolated communities, where resources are even more scarce, the problems are much worse" (MHC 2005: pp. 134 & 249).

22. Loneliness that comes from social disconnection also occurs in the case of alcohol abuse (*ibid.* p.7). That the standardized mortality ratios for most illicit drugs is between a third and a half higher than for alcohol indicates that the factors of social exclusion at work in the case of illicit drugs are significantly more intense and potent than for alcohol (above para. 8). 23. The obvious difference is the impact of the different policy environments applicable to alcohol on the one hand, and illicit drugs on the other. The exclusionary impacts of processes of the criminal law that apply directly to drug possession and use but not to the possession and use of alcohol.

Recommendation 3:

> That the committee carefully consider the effect of criminalisation of drugs on the marginalisation of drug takers and how changes to drug policy would have a direct bearing on the suicide rate.

24. In purchasing, possessing and using illicit drugs drug users are exposed to the stigmatising procedures of arrest, search, and prosecution. As a result they are far more likely to become disconnected from their family, employment and non-drug using friends than those who misuse alcohol.

25. These considerations were apparent at a community forum in Queanbeyan last Tuesday evening (5th April) entitled *Breaking the Ice in our Community*. Speakers from the Australian Drug Foundation, the Southern New South Wales Local Health District, Winnunga Nimitijah and Family Drug Support all stressed the importance of connection. A flavour of this approach is given by the following transcript of a videoed talk by a drug user in recovery that was

shown at the gathering. This gives an insight into the profound isolation and remorseless despair that is often associated with the life of dependent drug users.

Jay Morris's Story

Jay Morris, ex-user of massive methylamphetamine: It is really important, I feel, that we look beyond the person that you see who is affected by drugs and realize that I am a person, that the person that you have in your life who is using is a person. They have emotions, they have feelings, they need help. I started using ice when I was 20 years old. I used it recreationally and formed a habit over a period of a couple of months and it ended up spiralling into something that I couldn't control and then I went through a very long and painful recovery period. The triggers for me that made me realise crystal meth was a problem was that I felt like by my addiction I had done everything wrong by hurting my family. Not in a violent way. But you can hurt people in other ways, emotionally, mentally like lying to my family, stealing from my family. All of that stuff bottled up inside me to make me feel that what I was doing just wasn't right. That feeling of loneliness, complete and utter loneliness was not worth it at all. From recognising what the issues were and those being triggers, a few things came together to make me realise that I needed help. I was going out regularly to night clubs and there was a security guard said to me that I needed to get a rehab which was amazing. Really, to this day, the fact that somebody - I get emotional with it - somebody put their hands out and said you need help. It was a kick in the arse. It really pushed me along and that was the moment that I realised that yes I need help; yes I need to move forward. So as soon as I got into a rehab facility, I had a huge impact with stigma and then going out into the community it was like a waterfall of stigma. But it is important to be strong enough to know that recovery is possible and that recovery is a better life than using. So my message for anybody out there using the drug would be that the first step is just call someone and talk; admit you have a problem. My life has changed dramatically since recovering from crystal meth. I am going to be studying in social work giving back to everyone who has given to me. My hope for the future is to see that the stigma around drug addiction ceases and that as a community and as an individual we look at the people in addiction as human beings. So it's really important to recognise that and give them support as people and to look beyond the drugs. My name is Jay Morris. I am a recovering addict. I'd like you to see the person and not just the drug.26. Families and Friends urges the committee to view the complete video from which this transcript is taken. It is available on the website of the Australian Drug Foundation at http://adf.org.au/cdat-breaking-the-ice-resources.

27. What beneficial role could be played by the police in promoting recovery was an obvious question that was expressly put to the Queanbeyan meeting. It

was apparent that ready availability of illicit drugs shows that police are not effective in eliminating or even reducing supply. There was a marked difference in the role of the police depending upon whether the issue was characterised as a welfare one involving assistance in the case of mental health problems, as can happen with psychoses of drug users often associated with crystal methamphetamine. In such cases police are often called upon as the first line of assistance and must serve as a *de facto* mental health service to secure medical help for the psychotic person. If, on the other hand, the same person is discovered with drugs in his possession, or in selling drugs to friends as a means of financing his or her own habit, then the police will be likely to process him or her as a criminal. It can be arbitrary which path the police will follow.

28. A policy problem facing the committee is how to recommend less alienating and isolating processing of drug users without exposing the government to the charge of "sending the wrong message" or being "soft on drugs." But, if risk of suicide is to be ameliorated then an isolating tough on drugs approach is very much the wrong approach.

29. The dynamics associated with drug use and how dependent drug users can take a perfectly rational decision to end their own lives as the only way out of their predicament is revealed in the following story of a young woman who died not far from here at 21. The isolating factors illustrated by this story that the committee can and should do something about, include the absence of holistic mental health and drug treatment, absence of adequate opiate pharmacotherapies; the widespread stigma found even among the caring professions against drug users.

Neri's story

Neri was a richly endowed young woman. She had spirit, beauty, athleticism and words the last of which would by now have made her a household name in Australian literary circles if not those of the world had she not at 21 ended her own life in a friend’s car filled with exhaust fumes. The autopsy showed no trace of drugs in her body.

She was a brilliant student with a commitment to perfection always convinced she was fated to disappoint and a heart so big that it was bound to shatter. She wrote in her diary:

. . . it sounds like I expect a lot of myself, but I don’t. I expect very little from me and the one thing I can proudly say is that I never disappoint myself. There are a lot of people out there who expect more and I’m constantly disappointing them. I don’t mean to disappoint people and I don’t like to disappoint people either, I just do. . . .
I’m afraid Neri just doesn’t perform.

As a brilliant school student and debater she met smack. The two embraced just as so many sensitive young talented children have done. Her mother who witnessed this commented:

Neri turned to drugs first out of a sense of dare-devilment and a wish to experiment and live a bit on the edge. She didn't climb mountains, she didn't drive fast cars, she didn't sail the Southern Ocean. She used drugs to get her thrills, to make herself a more exciting person, to speak with confidence and to act with a sense of power. Then she needed them to give her back the confidence that drug usage had sapped. . . . The shame of drug use stopped her from seeking my help, the one person close to her who might have been able to give it.

Her struggle to free herself from her lifestyle as a drug user and her brilliance and sensitivity only served to enmesh her more deeply in it.

Neri finally fell in love. Her mother believes that this would have helped had it happened earlier, but it was too late. Her mind was tattered from using all sorts of drugs in her attempts to escape the grip of heroin. She feared for her sanity and she hated her past. "I think she felt she could not offer anyone a future. She held no hope for her own future."

Recommendation **4:**

The Government should develop effective:

- holistic mental health and drug treatment services;
- opiate pharmacotherapies successfully implemented overseas; and
- to combat widespread stigma found even among the caring professions against drug users.

11/04/2016

REFERENCES

ABS 2016a: Australian Bureau of Statistics, *Cause of death: Summary of findings* at http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0 visited 05/04/2016

ABS 2016b: Australian Bureau of Statistics, 3303.0 Causes of Death, Australia, 2014, Table 9.1 Underlying cause of death, All causes, Australian Capital Terrritory, 2014, Released at 11.30am (Canberra time) 8 March 2016.

ABS 2016c: Australian Bureau of Statistics, 3303.0 Causes of Death, Australia, 2014, Table 9.3 Underlying cause of death, Selected causes by age at death, numbers and rates, Australian Capital Territory, 2014

Hall, Degenhardt & Lynskey 1999: Wayne Hall, Louisa Degenhardt & Michael Lynskey, Trends in overdose and suicide mortality in young adults in Australia 1964 – 1997 (Technical report no. 67, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, 1999)

HIMH 2016: Hunter Institute of Mental Health, suicide figures (2016) Mindframe media release at http://www.mindframe-media.info/__data/assets/pdf_file/0018/12834/Suicide-figures-ABS-2016_final3.pdf visited 5/04/2016.

MHC 2005: Mental Health Council of Australia, *Not For Service: Experiences of Injustice and Despair in Mental Health Care in Australia. A report of the consultations by the Mental Health Council of Australia and the Brain and Mind Research Institute in association with the Human Rights and Equal Opportunity Commission* (Mental Health Council of Australia, Canberra, 2005) at http://www.mhca.org.au/notforservice/documents/NFS_Finaldoc.pdf visited 20/10/05

Olsen *et al*. 2015, Anna Olsen, David McDonald, Simon Lenton & Paul Dietze, *Independent evaluation of the 'Implementing Expanded Naloxone Availability in the ACT (I-ENAACT)' Program, 2011-2014,* Final Report August 2015 (ACT Health, 2015) at http://health.act.gov.au/sites/default/files//Naloxone%20Evaluation%20Report%20FINAL_August%202015.pdf visited 25/02/2016.

Senate 2010: The Senate, Community Affairs References Committee, *The Hidden Toll: Suicide in Australia* (Canberra, The Senate, June 2010) at http://www.aph.gov.au/~/media/wopapub/senate/committee/clac_ctte/completed_inquiries/2008_10/suicide/report/report_pdf.ashx visited 11/04/2016

SPA 2009: Suicide Prevention Australia, Mental Illness and Suicide, Position

Statement (Suicide Prevention Australia, June 2009)

SPA 2011: Suicide Prevention Australia, *Alcohol, Drugs and Suicide Prevention, Position statement,* (Suicide Prevention Australia, Leichhardt NSW, June 2011 at http://suicidepreventionaust.org/wp-content/uploads/2012/01/Suicide-Prevention-Australia-Alcohol-Drugs-and-Suicide-Prevention-2011.pdf visited 2/04/2016

Wilcox et al. 2004: Holly C. Wilcox, Kenneth R. Connerc, & Eric D. Cainec, Association of alcohol and drug use disorders and completed suicide: an empirical review of cohort studies in Drug and Alcohol Dependence, vol. 76, supplement, 7 December 2004, pp. S11–S19