

**TO THE MINISTERIAL COUNCIL ON DRUG
STRATEGY
NATIONAL CONSULTATION**

2010 – 2015

“ADDICTION IS A MAJOR HEALTH ISSUE”

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FROM CATHOLIC WOMEN’S LEAGUE AUSTRALIA Inc.

Catholic Women’s League Australia Inc. is a hands on grass roots organisation with 7,000 members located over 600 branches with diocesan, regional, state and national structures collating the work of branches. The CWLA Objects state that the League is “to advance the cause of women, spiritually and educationally, and to provide leadership in civic and cultural arenas”.

A National Secretariat was established in Canberra in 1998 to facilitate networking with member organisations, government and other groups. CWLA is a non-party political, Non-Government Organisation in consultative (Roster) status with the Economic and Social Council of the United Nations; it is a member of the World Union of Catholic Women’s Organisations (an umbrella organisation of 90 plus groups with a mega network of more than 30 million women.)

As a member organisation of The World’s Union of Catholic Women’s Organisations (WUCWO) CWLA has NGO status with the Economic and Social Council of the United Nations with representation at

United Nations - New York,
UNESCO - Paris,
United Nations - Geneva,
FAO - Rome.

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CWLA'S EXECUTIVE SUMMARY

- 1. Since there is no safe way to use powerful mood altering drugs and to do nothing is to court disaster - a whole of community approach is required to tackle the problem.**
- 2. The Australian government must acknowledge the drug problem and find the political will to address the damage to Australian individuals and families resulting from drug use.**
- 3. Use of drugs licit and illicit is not only a major health issue – it impacts on social security, border control, the judiciary, law enforcement and education.**
- 4. Prevention is at the core of health strategies; why should addiction be any different? Affected families and concerned members of the community need to demand action.**
- 5. Illicit drug use has become socially acceptable as demonstrated by the terms ‘party drugs’ and ‘recreational drug use’ – we can discard those terms and make illicit drugs socially unacceptable as with tobacco smoking.**
- 6. We need to move away from a policy of Harm Minimisation that never effectively implemented primary drug prevention and resorted to ‘band aid’ measures in a vain attempt to address the problem.**
- 7. Existing government advisory councils need to ensure their objectives are aligned to drug prevention and adopt innovative proven methods to reduce demand.**
- 8. Supply reduction is imperative along with the availability of abstinence based drug free rehabilitation – everyone attempting recovery needs to withdraw to a place of safety.**
- 9. What we have been doing is clearly not working. The Council on Drug Strategy would do well to examine world’s best practice in countries that are making significant inroads into levels of illicit drug use e.g. Sweden.**
- 10. We could adopt a model similar to the successful anti-tobacco campaign.**
- 11. Specific targeting of illicit drugs and the illicit use of prescribed drugs would allow for more careful monitoring and reliable records.**
- 12. Addiction is a feeling illness. We Australians must learn to identify our feelings, ‘own’ them, instead of blaming someone else for the way we feel, accept them - and deal with our feelings without recourse to drugs, rage or despair – our suicide rate is quite unacceptable.**
- 13. We also need to know ourselves, accept ourselves and be ourselves – this too can be learnt and the current emphasis on a national curriculum presents a golden opportunity.**
- 14. We must send a clear and unequivocal message to the community that drugs are illegal and unsanctioned because they are dangerous - and expand the parameters of responsibility and action to prescribed drugs.**

ADDICTION IS A MAJOR HEALTH ISSUE.

Unlike other health issues that have prevention at their core, the drug policy in Australia is based on 'harm minimization' that delivers a "safe use" message when there is no 'safe way' to use powerful mood altering substances that:

- act upon the central nervous system
- change the way the mind functions,
- distort information received,
- alter time and visual perception
- impair cognitive capacity.
- alter behaviour and skilled performance and impact on the whole community - particularly the family.

Australians have long been the heaviest drinkers in the English-speaking world and alcohol remains our favourite drug. Now the World Health Organization ranks Australians as the highest illicit drug users in the OECD.

"Marriages often break down as a result of problems associated with alcohol, drugs and gambling. Apart from the economic drain they cause, such addictive behaviour, frequently bring associated problems of domestic violence". *The House of Representatives Committee on Legal and Constitutional Affairs Report, page 55.*

Substance abuse may not be immediately evident in a domestic violence situation but diligent enquiry often reveals the use of a powerful mood-altering substance or an inability to get it, some time prior to the incident.

Maybe we Australians became a nation of addicts because alcohol abuse was common in the UK at the time Australia was settled and many of those transported would already have been alcohol dependent. There followed a period when workers were paid in Rum in lieu of money.

People use drugs to change the way they feel and everyone who came to this country following settlement experienced hardship, homesickness and a longing for those they loved - they were mostly in the company of men. We suspect that alcohol was used to suppress grief and loneliness as it is today. Alcoholism and addiction is a 'feeling illness'. We Australians are largely 'feeling' illiterate. Loneliness is our fatal illness and alcohol remains our favourite drug.

Fed up with drunken violence, Hobart licensees are looking at the Pubwatch scheme that has been in place in the UK for more than a decade and place lifetime bans on louts. "These young people have no respect for anything, they see there is no consequence for their actions, they just don't care" said Mr. Proller general manager of four hotels, who is prepared to ban the trouble makers for life. The question is "will this solve the problem - or will it simply move it?"

A menu of powerful mood-altering drugs is available in Australia and gambling has become a serious problem. Addictions seldom come singly and it is no accident that gaming machines are located on premises licensed to sell alcohol where many of the customers are prone to addiction. Moderate drinkers and those who occasionally purchase a lottery ticket do not provide a living for either publican or gamester.

THE PROCESS OF ADDICTION

Alcoholism and drug dependence is a disease. (A disease has its own symptoms and is describable, as is measles).

It is a PRIMARY DISEASE – It is not secondary to something else.

It is a PROGRESSIVE DISEASE – It gets progressively worse, until the dependent becomes physically, spiritually, emotionally and mentally ill.

It is a CHRONIC DISEASE - there is no cure it can only be arrested.

It is a FATAL DISEASE – and if not arrested the person will die from it.

People use the substance or activity to change the way they feel. Alcohol, drugs, gambling, sex, exercise, work etc. eases their emotional pain and lend them a temporary sense of belonging. Some are hooked from the start others fall into addiction from excessive use.

Addicts are beautiful intelligent people with a treble dose of all the ‘feelings’ - even contradictory feeling like huge ego and poor self-esteem. A square peg in a round hole, a stray that the pack ignores or turns on and bullies! Feeling different, they develop the skill to ‘act as if’ so as to fit in. This overwhelming feeling of being different predisposes them to use their drug of choice to change the way they feel - sometimes allowing them to becoming “the life of the party”.

Like many diseases it tends to be genetic. A search of the family tree will often reveal addiction in the family. It may skip a generation or move sideways and appear in another branch of the family but it will be there.

The author of this article worked with addicts and their families for 30 years and she is speaking from experience when she says “an addict isn’t a bad person trying to be good but a sick person trying to get well”.

Alcohol consumption trebles at festive season – Tasmania Pop. 500,000 had 45 road deaths over Christmas and 64 for the year. Australia had 1504 deaths on the road in 2009 mostly from inattention, speeding, alcohol, inexperience and drugs. Little wonder that Australia’s peak motoring body is calling for concerted national action to address this spike in the road toll. I sought the statistics of people who sustained life-changing injuries in these crashes only to find that they are not kept!

Addiction is a cruel vicious and horrible disease. Nobody is immune and many ‘fall over the edge’ through excessive ‘use’ in a society that is becoming increasingly drug dependent. It is pleasing to see sporting bodies taking a stand against intoxication and subsequent unacceptable behaviour; however it will take time and perseverance to change the culture.

ADDICTED PEOPLE ARE A THREAT TO SOCIETY

Misuse of drug can lead to a loss of control resulting in emotional, verbal physical and/or sexual violence that is daily reported in our papers. The murders, assaults, robberies and stand over tactics are becoming worse all the time and fear is increasingly evident in our society.

Most of us know the story of Dr. Jekyll and Mr. Hyde, but few of us associate the story of a gentleman taking an unnamed potion and changing into a very different person, with its modern equivalent that occurs after the consumption of alcohol and/or other drugs.

Many of us have attended a social function, where large quantities of Australia's favourite drug alcohol is consumed, when suddenly someone becomes argumentative and even violent. Everyone looks at one another and asks "what happened?" The answer is "intoxication" that releases a very different person from the affable man or woman we are used to.

Drugs first soothe and then agitate. A person using alcohol or other mood changing substances adversely affects family members and friends. If it's the spouse that is drinking or drugging the stress on their partner is intolerable and it often leads to divorce. If it is a child who is 'using' the parents may separate due to stress and mutual blame. Work colleagues who 'cover for the sick person and pick up the slack when he/she is incapable of carrying out their duties are also affected.

Alcoholism and addiction is no respecter of persons, it cuts right across the social fabric. Social position, education, upbringing and will power are powerless over addiction. Professional men and women, adolescents and even children succumb.

Sound scientific and medical research is available on the short and long-term effects of drugs. This information must be made be translated into lay terms and made available to the entire community. "Users" and potential users deserve to know the physical, psychological social and legal consequences of drug use.

HOME AND FAMILY

Substance abuse or other addiction within the family results in a growing inability to carry out the family's primary social function. A gambling or substance abusing parent relinquishes responsibilities and is increasingly irrational and irresponsible. They spend more money than planned, demonstrate alarming mood swings and give way to outbursts of violence. Living with an addict and coping with their mood swings is a recipe for madness.

Unfortunately the greatest threat to the home often comes from within. All of us need our parents to be gentle. Mostly we need our parents to protect us. Our home should be a sanctuary, watched over by protective eyes yet much of what brought about the Northern Territory 'Intervention' is occurring behind closed doors in the suburbs.

Family members living with a heavy drinker or other drug user 'walk on egg shells' lest they wake the sleeping monster and expose themselves to sick and unacceptable behaviour. Children living in this tense environment adopt 'roles' in order to survive the madness and since they are unaware that they are living a 'role' this persona accompanies them throughout life.

Some people 'use' experimentally, go on to use persistently and end up victims of the disease - moving on to other substances once their drug of choice no longer satisfies. Parents, particularly sole parents are frequently 'stood over' and abused emotionally and physically by the 'user' in their effort to obtain the money for their next 'fix'.

When either or both parents are ‘using’ children frequently become victims of physical and emotional neglect, and physical and sexual abuse. There are thousands of grandparents throughout Australia caring for their grandchildren because their parents are too ‘out of it’ on powerful mood altering substances to care for them.

THE SIZE OF THE PROBLEM

Australians are the heaviest drinkers in the English-speaking world and among the highest illicit drug users in the OECD (source, UNOCD, World Drug Report – 2006).

Hospital emergency staff have been spat on, punched, kicked, scratched and verbally abused by violent drunks. They have treated people with missing limbs, smashed in faces and a host of other horrific injuries – all caused by alcohol related stupidity and violence. Hospital staff are faced with situations where they need to physically restrain some seriously injured people who are so drunk they do not want to be treated, others are victims of drunken assaults. Some are injured in crashes involving drunk drivers, some get so drunk they fall over and injure themselves, while others are taken to hospital after getting drunk and trying to harm themselves”. An emergency nurse said the problem is getting worse “Alcohol is a huge problem in society. The culture of drinking in Australia has been accepted for so long, now there seems to be a lot more violence in that culture. It is a major concern that so many innocent people are injured in drunken attacks”. Our streets are no longer safe. (The Mercury Dec. 2009)

Australia’s drug use has grown to be amongst the highest in the world with over 40% of the adult population suffering health, financial or legal problems associated with substance abuse and other forms of addiction that seldom come singly.

The South Australian Centre for Economic Studies reports that, despite some harm minimisation-practices, the industry has not had an impact on reducing gambling rates since 2006. Substance abuse and gambling deprive the family of the means to live and causes many of them to rely on food orders. It is also responsible for a lot of crime including stealing from family members and friends.

Gambling and sex addiction are triggered by the release of chemicals within the body. Though a recent survey done by La Trobe University, shows a lot of unwanted sexual activity occurs under the influence of alcohol and drugs.

The greatest contributor to gambling expenditure is gaming machines, with 38.1 percent of total spending, followed by casino gambling at 34.7 per cent and lotteries at 17.2 per cent – there is no mention of horse racing but it does say that poker machines are bad news. The report highlighted a significant relationship between gambling expenditure and some crime rates, in particular income-generating crimes such as embezzlement, fraud or robberies.

Poker machine losses for Tasmania alone are set to top \$220 million for 2009, prompting calls for more government action on problem gambling. The Gaming Control Amendment Act simply fiddles around the edge of the problem with measures including a ban on food and alcohol service in gaming areas after 9pm – an addict will go without food and drink, lose his/her home and family and declare themselves bankrupt before addressing their problem!

Anglicare chief executive Chris Jones says it is a major concern that pokie losses are growing while so many Tasmanian families are struggling. I am confident that problem gambling is making similar inroads throughout Australia. Just take a glance inside one of the many gambling venues at 10am and you will find people - mostly women at the poker machines.

Australia needs to target addiction in ALL its forms because it is the source of so much misery and expense. Studies show half of the children brought up in an addictive home become addicts and the other half marry addicts – following their two major role models and perpetuating the disease.

We have long acknowledged the problem of intoxication and increasing the number of police and prosecuting offenders is not the answer. Intoxication at schoolies on the Gold Coast was the worst it's ever been and the income from the sale of intoxicants is so good that there are now people manufacturing drugs in back yard sheds or their kitchen - with lethal consequences. We need to find a way to prevent people from embarking on drug use and make it anti social like smoking.

EARLY EFFECTIVE INTERVENTION IS ESSENTIAL

Appropriate assessment and early intervention is vital yet parents and loved ones are at a loss to know what to do about a person's drug use, because there are so few reliable agencies. I know families who have persuaded a family member to present for help only to have the person told to cut down their use or only to 'use' on weekends. Believe me by the time a person arrives at an alcohol or drug agency they are feeling the pain of their condition and, as pain is nature's motivator, this golden opportunity can be lost unless a person who really understands the condition interviews the sufferer. Unless this person demonstrates some 'real' understanding of the illness the sufferer will not re-present. As Father Reid, a self confessed recovering alcoholic, said to Andrew Denton: the only authority a dependent person acknowledges is a person who has 'been there'.

Family shelter and protect the addict, take on their responsibilities and absorb the pain of the situation, effectively insulating the 'user' from the consequences of their alcohol/drug use. It is a total fallacy that we must wait for a person to be 'ready' to do something about their addiction - most of those I have known are too sick to make a rational decision. While everyone waits for this hypothetical readiness - all those who care about this sick person have fallen away yet they are the best placed to lovingly break through the wall of denial.

Addiction is possibly the only disease that has denial as its primary symptom. Getting through this wall of denial is essential. A motivated friend or family member who appeals for help provides a perfect opportunity for successful intervention. I have personally trained families to intervene. Working with motivated family members/friends is a legitimate way of breaking through the wall of denial.

The front line troops in this battle to overcome addiction are the co-dependents, who cover up, support and absorb most of the pain that might otherwise move the dependant to do something about their problem. Those, who work with special competence in the world of drug dependence, know that the primary point of reference, when considering action for prevention, is the family.

PREVENTION

I hope that I have convinced you that people use alcohol and drugs to change the way they feel and that addiction is a disease. Now I hope to persuade you that prevention is the answer. To prevent this disease we must examine why we Australians that have a pretty good life wish to escape reality.

Addiction has now spawned an industry of 'helpers' many of whom perpetuate the disease through attempting to moderate the condition with a policy of 'harm minimisation' or so called 'responsible use'. Once a person is 'hooked' and chasing the 'high', that becomes increasingly elusive - they need more and more of whatever it is they are using just to get relief from the craving.

Prevention could start by making the physical and psychological short and long-term consequences of addictive behaviour known before they are on offer - though knowledge alone will not deter experimentation and some people will be 'hooked' right away.

We must make drunkenness and drugging socially unacceptable instead of pretending it never happened and 'level' with the offender next day when he or she has no memory of what they did. Training family and concerned friends in early intervention would be a great advantage – but they then need workers who can be relied upon to help them. In many instances we would have to be drinking a lot to be drinking more than our doctor.

The Harm Minimisation policy uses terms such as 'recreational' and encourages people if they are going to 'use' to use in moderation when, once a person has an established habit or ingested alcohol or other drugs, acting responsibly is well nigh impossible. Once a compulsive habit is established, the user invariably needs more of whatever it is to "to get the feeling" and this often means moving onto other substances or activities.

Given all the tensions and frustrations of adolescence, imagine how a teenager might feel on being handed a substance that when inhaled, ingested or injected is said to make all your hassles vanish. The temptation to experiment is understandably considerable. So are the risks. This is why we owe people the facts.

All teenagers are difficult, withdrawn secretive and utterly self-centred at least some of the time. Teenagers with drug problems are difficult withdrawn, secretive and utterly self-centred most of the time and drugs keep them that way.

Every life lost, family devastated, home destroyed, child deprived of parent or parents, assault, robbery, accident and lost potential resulting from chemical addiction points to gross negligence on the part of our policy makers.

Then there's sex addiction brought before us recently with the slaying of tycoon Herman Rockefeller and the published activities of Tiger Woods. Crime violence and family dysfunction are now empirically linked to hard-core porn yet porn merchants have found sanctuary in the territories, primarily the ACT where no action is taken against them. The sale, hire and display of such material is illegal everywhere else. Why not place the same simple restrictions that exist in other states on X-rated DVD's in Canberra?

Dr. Patrick Carnes, PhD a specialist in the area of sex addiction and author of several books on the topic says -

“Sexual activity on the Internet has fundamentally altered our sexuality – and most professionals are unsure as to how or even how much. Barriers and obstacles to sexual exploration were literally obliterated overnight. The (multimillion dollar) sex industry developed ‘technology core to the Internet’ for distribution of pornography. Its investment is now the third largest economic sector on the Internet. Since there are more than one hundred thousand Pornography Web sites and more than two hundred new ones introduced daily, surfing the internet for pornography is a regular activity for many. Most pornography is downloaded between 9:00 and 5:00 pm, making it a corporate problem”. We are pleased that Senator Conroy is committed to cleaning up the net.

As one Stanford researcher working with MSNBC data observed there are now people struggling with sexual compulsivity who never would have been were it not for the Internet. About 40% of these sex addicts are women”.

It’s not just the viewers and their families who are damaged but also the performers and their families. It sickens me that men, women and children are sexually exploited, their abuse filmed and distributed for profit and the corruption of others.

LEARNING ABOUT FEELINGS IS ESSENTIAL

People use drugs to change the way they feel. In our culture most of us are 'feeling' illiterate. All of us need to learn to identify, own and deal with our feelings without recourse to drugs.

‘Feelings’ give us important messages if we are tuned to them. The entire learning ethos is currently under review and presents a wonderful opportunity to provide education in feelings.

Mood altering drugs can be used to escape reality. Australians enjoy a pretty good life. Why is it that so many people young and old wish to escape reality?

THE ULTIMATE ESCAPE FROM REALITY IS SUICIDE

Australia's suicide rate is appalling. We need to trust and say how we feel – so as to release tensions safely instead of escaping into drugs - legal or illegal. As a result of bullying a young woman jumped from a four story car park to her death in Melbourne– not even her mother knew of her emotional pain.

- bullying
- disappointment
- rejection
- loneliness
- broken relationships,
- job loss
- separation or divorce
- financial and legal problems

Emotional pain is common to us all and the only way for the pain to get out is for us to talk about it - over and over again if necessary. Sadly listeners think that they have to do something about it but often it's enough just to listen.

I had a nephew whose wife left him and took the two children – just when he appeared to be turning the corner he hanged himself. To my mind the medication he was prescribed simply masked his feelings and locked them in. I know that even when a suicidal person enters a Psyche ward for their own protection they are simply medicated rather than encouraged to talk – staff emerge from their glass enclosure only to distribute medication!

When in 2008, 'All Saints' star Mark Priestly threw himself to his death it had an enormous impact on may thousands of viewers - it is horrifying that any person could reach such a state of despair in 'the lucky country'.

Despite the horror of around 2000 lives lost to suicide each year Australians get only head learning. The sooner we start teaching people to identify, own and deal with their feelings without resorting to violence and/or suicide the better. Every death has a negative impact on a minimum of 15 people including police and health workers.

It is good that suicide is being discussed but NOT I fear by those most deeply affected. Family members have a sense of shame when someone they love succumbs to despair and they try to distance themselves from the pain by not talking about it – a form of denial that serves to curtail the essential mourning process.

I attended the funeral of a young musician who killed himself. Those attending were mostly young and the pews shook with their uncontrollable emotions - a very healthy and natural release for them all but it is my guess that they then put their feelings for Aaron aside and avoided talking about their friend for fear of upsetting others. Let a tear appear in anyone's eye and we change the subject! Why are we so afraid of tears? It is through crying and talking that pent up feelings are released.

Families cope by pretending it never happened. We all need to hear more from those who mourn the loss of a loved one especially following suicide. Australian Story is one of the few programs that share the aftermath of disaster yet, because it is on ABC, many people never benefit from this valuable sharing that is an effective suicide prevention strategy.

All of us need to learn in childhood that feelings are facts and all feelings are OK - it's what we do with our feelings that can be either good or bad.

Addicts use alcohol, gambling, drugs, sex, shopping, exercise, work – even anorexia and bulimia to change the way they feel.

The current restructuring of education presents a timely opportunity to include emotional learning in the curriculum i.e. learning to 'identify and own our feelings' (this is 'my' feeling and I can't blame anybody else for the way I feel) and learn to deal with our feeling without recourse to drugs or harmful activities.

It is also important for us all to learn that every action has a consequence. Each and every one of us needs to learn and experiences this from childhood both at home and at school. It

will then become part of us and contribute to our becoming responsible adults. A bonus would be better relationships and marriages that last.

Feelings ‘colour’ our lives – to be out of touch with our feelings is deprivation.

MORE ABSTINENCE BASED REHABILITATION FACILITIES.

We are a nation of addicts. There is an urgent need for abstinence based rehabilitation where, in a structured drug free environment, addicts may come to know themselves, accept themselves and learn to be themselves - and live drug free.

Odyssey House Victoria, Drug and Alcohol Treatment Training and Support provides opportunities for change and growth, improving mental health, and reconnecting people to their family and the community. Odyssey House Victoria provides long term, intensive residential treatment for individuals and families (including parents with addiction and their young children) within an 85 bed Therapeutic Community in Lower Plenty. Teen Challenge and the Salvation Army programs achieve results - as does the Shearing Shed.

The government claims that it can't afford residential rehabilitation yet a single completely abstinent drug addict saves the public hundreds of thousands of dollars in the short run and millions in the long run. Maybe the money spent on needles could be redirected to rehabs that focus on abstinence, feelings and a complete behaviour/attitude change. A single addict, who quits drugs/alcohol, gets a job, pays child support/taxes/rates, ceases criminal activity and does volunteer work, pays for those who don't make the grade.

If Australia was to lose over 1500 lives at war in a year, as we did here on the roads in 2009, there would be a public outcry demanding more than a police warning that “drunken louts who flout the law will not be tolerated over the busy festive season”. When did arrests, imprisonment and fines achieve anything?

IF PEOPLE ARE TO SEEK HELP, ADDICTION MUST BE RECOGNIZED AS AN ILLNESS AND THE STIGMA MUST GO!

Addicts are beautiful sensitive people well worth saving. The clean and sober addicts I know have become clean and sober through 12 step programs run by addicts for addicts. There is no substitute for the understanding of people who have ‘been there’.

There is A.A. (Alcoholics Anonymous), N.A. (Narcotics Anonymous), S.L.A.A. (Sex and Love Addicts Anonymous), O.A. (Overeaters Anonymous) for people with eating disorders and G.A. (Gamblers Anonymous), and Al Anon and Gam Anon for family members who also become ill. There is GROW, an international community health movement for rehabilitation after mental breakdown.

All 12 step programs are free and people such as Martin Sheen, Barry Humphries, Anthony Hopkins and Father Des Reed have generously told us that they owe their continuing recovery from addiction to their 12 Step program.

Mel Gibson had long sobriety through A.A., he relapsed, which is common for a chronic disease, but is now back on track.

Americans and the English appear to be less sensitive about possible **stigma**. We know of many who have battled the disease including Naomi Campbell, Carrie Fisher, Elizabeth Taylor, Demi Moore, Brittany Spears, Whitney Houston, Gerry Halliwell, Mary Taylor Moore and Drew Barrymore. There are thousands of 12 step meetings held daily throughout Australia and countless more throughout the world and there would be many more but for the fear of being stigmatized.

I admire the way people suffering addiction have formed groups to help themselves and each other. Many diseases have self-help groups and AA may well have set the trend.