T R A N S C R I P T

LAW REFORM, ROAD AND COMMUNITY SAFETY COMMITTEE

Inquiry into drug law reform

Melbourne — 18 September 2017

Members

Mr Geoff Howard — Chair
Mr Bill Tilley — Deputy Chair
Mr Martin Dixon
Mr Mark Gepp
Ms Fiona Patten
Ms Natalie Suleyman
Mr Murray Thompson

Witnesses

Mr William Bush, President,
Ms Jo Wade, and
Ms Brenda Irwin, Families and Friends for Drug Law Reform.

Necessary corrections to be notified to executive officer of committee

The CHAIR — We will hear from the Families and Friends for Drug Law Reform. We have got William, or Bill, Bush, Brenda Irwin and Jo Wade. We are looking forward to hearing from you in a moment. You would be aware that we have been open for written submissions but have been hearing from a range of groups, both here in Melbourne and more broadly in other places, over the last four months. We are pleased to hear your contributions. Hansard is recording what is being said, as you can see. After today the transcript of the discussion that we have had will come to you for you to look over in a couple of weeks. If there are any technical issues, you can follow those up, but other than that the discussion will go on the public record then.

I am not sure who we are going to hear from first. We thank you too for your very extensive submission, which has provided a great deal of information. We would welcome you leading us through some of the key points that you want to share, and then we will have some questions to follow up.

Mr BUSH — We congratulate the committee for taking on drug law reform. As Sir Humphrey might have observed, you have made a brave decision.

The CHAIR — Braveness was thrust upon us in this case.

Mr GEPP — If it works we will take credit.

Mr BUSH — It is one close to our heart, but we want to assure you that a determined investigation of drug policy will leave an enduring legacy that the people of Victoria will quickly come to appreciate and remember you for. I say 'quickly' because the deep-seated social problems caused by drug policy are the easiest to fix. Involvement in serious property offences by those on heroin-assisted treatment in Switzerland declined by 94 per cent after just one year of treatment. There was an impressive increase in employment and unstable living conditions dropped by more than a half, and this was achieved within a year — well within the Victorian electoral cycle.

Your quest is for justice — for sensible policy that makes a difference to people's lives at the grassroots. In the course of your quest you will encounter shadows of fear. Be brave; stare them down. In safe medical hands heroin is even now an analgesic widely used in cancer treatment in the United Kingdom and at several major hospitals in this very city was used by obstetricians until the hospital stocks ran out in the 1970s. We now have a whole new group of people whose opiate dependency has arisen from the use of prescription and over-the-counter medications initiated to control pain.

Currently the stimulant crystal methamphetamine is the most feared drug, but it is just that — a drug. Family Drug Support will attest that users respond to connection of treatment and react to coercive measures of disconnection. Drug policy created the conditions for the supply of crystal meth to thrive during the heroin drought. In June 2001 the AFP commissioner himself revealed to the *Herald Sun* that Asian crime syndicates had done a market survey that showed there was a more profitable market in Australia for drugs in pill form than injected ones like heroin.

Our drug policy fosters an evil, corrupting world trade, up there with trade in illegal arms and petroleum. It may be hard to believe, but soft treatment is many times more effective in reducing the availability of illicit drugs than tough law enforcement. The Swiss researchers measured a 92 per cent reduction in engagement in selling hard drugs by those receiving heroin-assisted treatment.

Victorian drug policy gifts a weapon to drug dealers to beat about the head families and Victorian society. Reform of drug policy would see that weapon wrenched from their hand. Drug policy drives disadvantage. We challenge you to identify a costly chronic social problem that is not compounded by it. It is the commonwealth's purported implementation of the multilateral drug treaties that seeks to determine the policy, but it is the states and territories that pick up the tab. In 2004–5, governments' budgets bear $260 million in health costs and $2.2 billion in crime costs, and the states and territories pick up 84 per cent of this. In Switzerland treatment in the form of heroin prescription is estimated to have produced a net saving to the community of 45 Swiss francs per user per day.

Before handing over to Brenda and Jo for their profoundly more important evidence of the impact at the human level, I ask you to recommend the end of policy that promotes the very evils it seeks to suppress, harms those it purports to protect and in doing so amounts to the most extreme form of nanny state overreach.

The CHAIR — We will move on to Jo next, and then back to Brenda for further comments. Then we will come back to you with questions.

Ms WADE — Good morning to everyone here, and thank you to family and friends and to Bill and drug law reform for giving me a voice here today. I am by nature a very private person, so sharing my experience and thoughts with you today is somewhat difficult. So I am going to read.

You have a photo of my daughter there. She is my only daughter and the eldest of my three children. She is 17 years of age here with a world of life and possibilities ahead of her. The reality was she died alone of a heroin overdose exactly 13 months after this photo was taken in 1999. During the 12 months of Linda's heroin use at the age of 17 she was deemed too young to get a bed in a rehab unit. Instead she was lucky to receive some occasional respite at Monash's adolescent psych unit to detox and give her mind and body a break from her hectic drug use and lifestyle. It was characterised by loneliness, poverty and ill health.

Because of Linda's age, authorities were mandated to report her interactions with our medical system. This included self-harm when she was alone, which was most of the time in accommodation, with at least six ambulance transports and ER treatments responding to her accidental overdoses. There was an admittance to hospital after using heroin, again alone, after she fell asleep seated and cross-legged, which caused cessation of her blood supply to her lower limbs for 10 hours. In this case she sustained permanent damage, taking six weeks to learn to walk again. At the time of her death, my 18-year-old daughter could neither run nor jump.

Assistants reported all of these incidents to us because of her age, but there seemed to be no effective interventions from the many, many services that she was interacting with, and we were powerless while she remained accommodated in youth refuges. I telephoned, I cried, I searched and wondered.

We told her 10-year-old younger brother the realities as kindly as we could and facilitated visits as often as we could during her respite at Monash. Can I tell you how I learned to find my daughter when I did not hear from her for a week or so? I would telephone through the list of accommodations, stating that I had been offered a job for Linda and could they pass a message on to her? This way they would admit if she was residing there.

If I did find her, then I would try to advise them that she had family, Outreach Youth and another outreach psych worker, to which a receptionist replied, 'If that young person doesn't want to tell us, then it's none of our business'. Linda died four days later after I received that message. Within six weeks of turning 18 she died alone in a toilet at the housing refuge.

Our reality is she died after a short time of limited possibilities during her drug use, a tragedy perhaps. Twenty years later that is unchanged. Should your child, niece or grandchild begin using narcotics, amphetamines or prescription drugs at the age of 17 today, would their outcome really be any different to my daughter's 20 years earlier? Could I suggest that if it was, then they would be very, very lucky.

It seems to me that what our current drug policies and laws are still trying to achieve is effectively negating the desired outcomes. Is my daughter a victim of a war on drugs? If we do not have effective harm minimisation, then who is affected — our children, our families or our ordered society? Twenty years later should we not expect our governments to continue to make decisions on our families based on solid and evidence-based research, facts and recommendations? Needle exchanges are successful. Dandenong's diversion court is a very hopeful outcome, especially with the current criminal laws forcing many people into interactions with the justice system that can prove to have lifelong ramifications.

What could be a catalyst for change if after 20 years our state's ability to respond with modern drug harm reduction measures, treatment options and availability remain the same now as then — a political football? Many, many drugs are used in our societies — narcotics, amphetamines, prescription, alcohol — and some are better regulated than others, to what end? Is a drug-free world an unachievable fantasy? Is it too much for our family and our community to expect something more responsible and more empathetic in response to this societal problem? Thank you for listening.

The CHAIR — Thank you for your bravery.

Ms PATTEN — Yes, thank you.

The CHAIR — We will come back to you in a moment with some other issues to follow up.

Ms IRWIN — I am a mother myself, and I lost my daughter in 1996 in the middle of what we have called the heroin epidemic. That was in the middle of the 1990s at a time when heroin availability was rampant, and according to my daughter it was being peddled in pubs. It was ubiquitous, so it was a very, very dangerous environment for anyone who may have had emotional problems or who was a risk taker or who may have been neither of those things but just tried it.

My daughter tried it. She had suffered from some anxiety. She was in her third year of study at Swinburne University to be a psychologist. She had done fantastically well in all her exams. At her testing she got high distinctions, but she had been using heroin for 18 months, and I did not find out until one month before she died. So she was hiding it because of the stigma and the shame. She felt terribly ashamed, and she was determined to try to battle and manage her life while on heroin as well, but she had become severely dependent on it, as I discovered. After a lot of pressure from me and other people trying to make her come off it — this was my initial reaction, which I think is not abnormal for parents. I mean I had been a teacher for 20 years and you would think I would have known how to work the young people, and suddenly I lost it with my own daughter. I went into panic mode.

In that one month that I had known about it I had started to transition into acceptance — kind of like that is what was happening — and we had lovely times together in that one month. We had a birthday with her, everything. Anyway she went into a detox, came out and used, and she died accidentally. I cannot describe the devastation that caused. She had 450 people at her funeral, but she felt really alone. I think she would have been stunned to see how many people loved her, because this is what it does. It breaks up relationships. It breaks up friendships. Everyone is terrified. Even her friends had kind of abandoned her in the middle of all of this.

There is so much I could say about this, but I was lucky that I got this inspiration that came from God only knows where that I had to do something. I could receive no help. I had lurched around from agency to agency asking how I was meant to deal with this. I felt kind of lost in the desert with this whole issue. I rang up one of the helplines and they said I had to let her go to rock bottom. That was the standing philosophy. Now, rock bottom is a bloody dangerous place. That is where people die — at rock bottom. There was this theory around that you had to let drug users experience the difficulty, the awful stumbling blocks and the danger zones if they were ever going to come out of it. That is totally wrong in my opinion.

After she died, I started a group for parents and families. I could not stand to see people struggling with lack of information and lack of support. People flew in from Mildura every month to that meeting. That is how desperate families were for help. It was still devastation all around.

I will get onto what came out of that. I learned so much about drug use from all the Guest Speakers I got to come and speak at this group, and I was learning along with the parents, a learning journey about coping and managing. They were de-escalating from stress in the whole thing and learning how to be families around someone using drugs who were not putting their own stress onto them as well, because that makes life more difficult for them.

Drug dependency is not a walk in the park. It is a bloody awful thing, and I have witnessed it firsthand — trying to manage in a world where you cannot get your drugs prescribed. You have got to get money from somewhere. You have got to have a job if you are going to remain stable, and once you become unstable anything can happen. It is terribly dangerous, and trying to force change does not work on people either, with the panic that people go through.

I might comment now on the federal government trial that is going on at the moment of the cashless welfare card. They think they might be able to bring about change by punishment. That is not, in my experience, a valid and useful approach. I will just throw that in. So I think we need policies that do not punish drug users further, because I can tell you that they are already being punished. I have seen that myself, and we need compassion for them. For God's sake, I am talking about young people here who have taken a risk, or they have used a drug that made them feel good when they previously felt stressed, anxious or unhappy, for whatever reason.

There are millions of reasons why people use drugs, so we just have to have compassion. They can recover. I should say to you that I knew two other young heroin users. Do you know what made them stop using? My daughter's death. Recovery can come out of the blue, randomly, for thousands of reasons. Someone can get pregnant, have a baby. I know another girl that that happened with. Do you know what I mean? But the whole thing is: shouldn't our policies be designed to keep them alive until that moment comes? They are not going to

recover if they are dead. So that is the thrust of what I am trying to get across today, and I am not going to take much more time.

I have got a few ideas about how we can do drug policy and drug services better.

The CHAIR — That is certainly the first question that I think is on all of our minds.

Ms IRWIN — They are just the kind of things — I agree with everything that Bill said. It would be great if we could offer legalised heroin for people who have struggled with it and have tried other treatments. There was a heroin trial proposed in Canberra the year after my daughter died. I was so in favour of it because suddenly I had done this kind of U-turn on what we should be doing for these young people. Then it was just cancelled, as you are all probably aware, by the Prime Minister at the time because he said it would be sending the wrong message. Somehow or other this idea has got across that the message we should be sending is one that we have to make things harder and we cannot do much to help them, because if we do, we might look like we are condoning drug use. How crazy is that? It just does not add up.

I am in favour of the safe injecting rooms that the Andrews government I suspect probably would like to implement. It is very politically difficult. Not everyone would benefit from them, but some people would. It is all about introducing safety measures that are there to fall back on when the times get hard. We need more rehabilitation — long term, not just the 14-day detox, because that is totally inadequate. We need more research, particularly for drugs like crystal meth; that is a big drug at the moment.

We need drug trials. We have million-dollar cancer drug trials. Why are we not having more drug trials for people on different drugs where there are not suitable alternative treatments? Alternative treatments are a fantastic way out. There is a drug called buprenorphine that became a very helpful drug, but it took five years after my daughter died for that drug to become available. It can be very slow, this whole process.

I personally believe we should just change the statute book and take the criminal out of someone who uses drugs. If you are an alcoholic — a young kid binging in a pub — you are not a criminal, but you are if you are using a drug that is somehow classified illegal. If my daughter had been charged with using heroin, it could have been the end of her career as a psychologist, which was what she wanted to be. We have got to try to safeguard the future for these people as well.

I am going to wind up, because I am sure I have done my 5 minutes. You can ask me anything else later on. Thank you very much.

The CHAIR — I will start by just following on that line with Jo in terms of the sorts of supports you would like to have seen at the time to see your daughter still alive.

Ms WADE — When a person leaves school, they are ineligible for any unemployment benefits, so there was no money coming in for her. She decided to drop out mid-year 12, so there was no income coming in. At home there was an expectation she would get some work. That was the expectation. Through people she knew she found out that if you reported yourself as homeless, you would get accommodation and you would get some income this way. So she ended up in accommodation, and that is where she first tried heroin — probably within about three months of leaving school.

From the moment she entered into the accommodation — two days later one of her best friends told the school her friends were all still at that she had used heroin that night — the night before. The school rang me. I tried to find the accommodation she was in, and I asked for a meeting with the workers. A worker came to my home. I had Linda's father there. I was there. Her aunty was there. We were saying, 'She's not homeless. Can we have contact? What's going to happen?'. The person said, 'She's reporting as homeless. She stays there. You can't have contact with her. You can't come to the accommodation'. I said, 'Do you understand she has just used heroin? I know my daughter. It can't be good', and the reply was, 'There's heroin available anywhere. They could use anywhere, anyway'.

From that point of view she was better off there without contact with family — without the family support, I guess. Were we a necessary evil? Could we have helped my daughter with the various interactions with different workers here and there? I do not know. We were really chopped off when I was just trying to keep

track of her. Then with the report of an overdose et cetera, we were brought into the picture again because of her age. I do not know what could have been of help. What has changed now? I do not know if it happens.

The CHAIR — So are you saying that pathway to financial support is inappropriate or that there should be alternatives?

Ms WADE — I do not know. I would hand it back to the people who make the rules and regulations. I only know what happened to us where the circumstances became like a tragedy in some ways. We were unable to get around it somehow, to have regular contact and provide supports.

Mr BUSH — I just want to confirm from my experience what goes. At that time — in the mid to early 90s — I volunteered at a detox centre in Canberra. I would cycle there, stay overnight and then don my suit and cycle across the lake to the Department of Foreign Affairs in the morning. One thing we were told then was 'Parents are the trouble and they will promote difficulties with the children and probably caused a lot of the reaction that led to their drug use, so just engage with them but don't allow contact'. Now that has changed. That is one thing I believe has changed.

Ms IRWIN — Can I just come in on that there, Bill. When I was struggling in that one month to get help, I walked into more than one leading drug and alcohol agency and said, 'I've found out my daughter's using heroin. Have you got any information and support for families?'. They said, 'No', with no further explanation. That is kind of what drove me into this thing with families. It is not just the person using the drug who is stressed out. It is just shocking. You can imagine how scary it is. They are all scared their child might die, or they are scared of the violence with ice. There is just fear all around.

That is why my group in the end linked up with two agencies and started Family Drug Help, which is a state-funded government service in Victoria, which involves a helpline 24 hours a day for family members and groups all around Victoria. People who come to those groups, who go to family drug support groups and who go to Families and Friends for Drug Law Reform groups all say this was so amazingly helpful for them in meeting other parents — all normal people like them.

The family support thing is great. It has to be kept being funded, because it is crucial. If the families get support, it is better for the person in the family who is on drugs. That whole idea that families are to blame is pretty archaic.

The CHAIR — Although I expect sometimes there will be issues within the family.

Ms IRWIN — There can be, but you cannot generalise.

The CHAIR — Yes, exactly.

Ms IRWIN — There are lots of families where parents have done the best job they can. None of us are perfect, are we? They have done the best they can and they love their kids, and it can still happen. It happened to Bob Hawke.

The CHAIR — Yes, that is right.

Ms WADE — I have to say that is why I called that meeting a couple of days after we found out Linda had first used heroin. I thought, 'Surely if I talk to these people, they will see. Come to my home. Come and see us'. That is what we did, and I feel that because there is always competition for organisations that are trying to get funding — trying to get people in the door. They had her. She was another number, and I don't know — it felt a little that way. We were chopped right out of the picture.

Ms PATTEN — Thank you for the work that you guys have been doing for the last 20-odd years. Hopefully we can recognise that and be brave.

Ms IRWIN — Thanks, Fiona.

Ms PATTEN — We have heard lots of compelling information, and obviously from the parents it is so compelling. I am wondering if you were to give us a to-do list, what do you think our top priority — our top recommendation to this government — should be?

Mr BUSH — I will start. Get the criminal law off the back of drug users. There are different ways of doing it — and we could go into it in different ways — but get the criminal law off their back.

Ms PATTEN — I guess that would have made it easier for your daughter to speak about her drug use.

Ms IRWIN — Absolutely. It keeps it in the dark. It keeps it hidden. People are so ashamed, and a lot of the shame is mixed up in the fact that it is a crime. It is so hypocritical when drugs that have the same effects happen to be legal and there is no crime associated with that.

Mr DIXON — What is number two, Bill?

Mr BUSH — Number two? I think that is the first and only one. As I said, you could go into different ways of achieving this. Heroin-assisted treatment would be one. That to me is the safest one because you are medicalising it. You are putting it in the hands of doctors. You are not changing its legal status otherwise. And there is such a strong evidence base from particularly Switzerland but also about 12 other countries, mainly European ones, that have really got an extraordinarily strong, robust evidence base for it.

The CHAIR — Some of us visited a facility in Vancouver as well as —

Ms PATTEN — As well as Switzerland.

Ms IRWIN — Did you?

Mr BUSH — To me there is just no political risk in following that path.

Ms IRWIN — Could I just add to that? One of the ways to mitigate against political risk is to actually have trials, not to change the policy at this stage but to agree to trial some new approaches. That is the kind of safe thing. If the outcomes are great, well, then you can think about it. If they are not good, well, then you have shown up something that probably would not have been good, but I think that is the way to go. They do it with cancer trials; millions of dollars go on cancer trials.

Mr BUSH — I hate to disagree —

Ms IRWIN — I knew you would say that.

Mr BUSH — with my learned friend, but the evidence base is already there. We do not need a trial. A trial costs time, years and lots of money.

Ms IRWIN — I know, but I am just thinking of the politics of it.

Mr BUSH — Yes, I agree.

The CHAIR — You know she is speaking to politicians.

Ms IRWIN — You have got to get elected to do these things, don't you?

Ms WADE — I think more action on harm minimisation is very effective. I wonder about sniffer dogs and no pill testing at festivals. What will young people do because there are going to be sniffer dogs there? Are they going to not take the drug? Is that your reality? Or will they just load up before they go? Or will they just take a risk and then be subject to law again?

Mr BUSH — Or swallow them in one handful.

Ms WADE — That is the reality. You will not change humans. We are human; we are all human, and people use drugs, whatever the reasons are. So if we can keep more young people alive, it has got to be a better thing. It has got to be more responsive to the problem.

Ms IRWIN — I agree. It is great that needle exchanges came in when they did. There was a kind of a burst of harm minimisation, but I just feel — you can correct me if I am wrong — that not that much has been done since, that we kind of rest on our laurels with that. I just think it is time to take some more leaps — brave leaps. Let us face it: the current government is a brave government. It is offering money to those refugees, with the

federal government taking away their accommodation and funding. It is offering to take people off some of the islands. It is a brave government, and I just hope that they can be re-elected and be brave again in this field. Sorry, you might be not from that —

Mr GEPP — No, I am from the government.

The CHAIR — Mark is in agreement.

Mr GEPP — I am thinking some of my other colleagues might not share that view.

Ms IRWIN — It is hard to be brave, like Malcolm Turnbull at the moment; it is hard to be brave if you have only got a small majority, but I just hope the government can be. You do need strength and courage and numbers to get these things through, but I still think we should be aiming for them.

The CHAIR — Mark, do you want to say how much you agree?

Mr GEPP — Yes, absolutely.

Ms PATTEN — What a great job the government is doing.

Mr GEPP — Yes, let the record reflect that we are brave. Firstly, let me say thank you so much for telling your stories here today. I am sure you have told them a number of times over the last 20 years. They are compelling stories and born out of personal tragedy, so thank you very much for sharing them with us.

What do you say to those people who say that if we decriminalise, if we treat it as a public health issue, if we do pill testing and safe injecting rooms, aren't we just going to make it easier for more of these stories to emerge? What do you say to those voices that are very loud in the community? I am sure you would have heard them many, many times over the last two decades.

Ms WADE — Nothing would be introduced all at once. For a safe injecting facility there is mountains of evidence that the world has not fallen in up in Sydney. It has been a very positive thing. Pill testing. Harm minimisation. People will take the drugs. What is the other option? If you are arresting them there at the gate, is that going to continue? Is that really an effective use of policing, of money that is allocated for policing? What were the other options? There was decriminalisation. It would be difficult to see that coming in for narcotics, but certainly there is no decriminalisation needed for prescription drugs, but prescription drugs are still a huge issue in our community, and a huge health issue. So where do those people go? What do they do?

Mr GEPP — In fact a fortnight ago we got evidence that, of the deaths in Victoria relating to drugs, 78 per cent of them came from prescription drugs — overdoses with prescription drugs.

Ms IRWIN — That is right — same drug, different form, different method of use. That is the joke of it all.

Ms PATTEN — And it is very often the combination of the two, so you mix an opioid with a benzo.

Ms IRWIN — That is right. Can I just say that every one of those measures that you have just mentioned may save a life; that is what I would be saying. If it was your child and the chips were down, and if you were in the unfortunate position that it ever happened in your family, try to imagine that that might be your priority, saving a life.

Mr BUSH — To your first question, Mr Gepp — would it not make the drugs more accessible to the people? — I think the answer is that it would not. Again, my favourite example is Switzerland, where this very careful study was done. It looked at the income stream of people who were on heroin-assisted treatment and it found, if my memory serves me right, that there was a 92 per cent reduction within 12 months, or less than 12 months, of people raising money from selling hard drugs. In relation to so-called soft drugs, cannabis was less but above 52 per cent.

A very careful study was published in the *Lancet* that compared the uptake of heroin in Switzerland before heroin prescription came in — you have probably heard that the Swiss tried a number of things, some of which were absolute failures before they went into heroin-assisted treatment — and from the early 1990s compared to 10 or 15 years on, that is 2000s, there was an 86 per cent reduction in uptake of drugs by novice users. For some

people I realise it is just not credible, because drugs are meant to be that you take it and you will use more and more.

I think part of the answer to this is Dutch policy, which is to make drugs boring. For young people it is known in terms of the reasons that are given as to why young people take drugs, one of the groups of people who do it, young people, are risk-takers. There are those who need it for support, but there are also those who need it because it is a risk, and young adolescents take risks. So if you make it boring, that is probably one of the best ways to do it. I will say no more.

Ms IRWIN — I just have a photo that I brought in. You can just have a glance. That is my daughter one year before she died. She was 23; she had just turned 24 actually.

The CHAIR — That is right. Part of this story is there are people behind all of those deaths.

Ms IRWIN — She is one of the ones behind.

Ms WADE — And their families. I think that is really important. And they are now extended families, and then their friends and the grandparents who are going to the funeral of their grandchild. They are helpless; they feel helpless. Is there anything that you can do to help us? I do not know. We did not know at the time, and I do not think much has changed.

Ms IRWIN — It is so wonderful that you are here wanting to talk to us. I could not have imagined anything like that 21 years ago, so thank you.

Ms PATTEN — Although, as you repeat in your submission, the Penington Institute was making some of these recommendations almost 20 years ago

Ms IRWIN — I read about the *Turning the Tide* investigation in Victoria when I was in my period of, 'Oh, my God, this is the world I'm in now. I've entered that world', and I could not believe all of that, and of course none of it really come to pass, recommending the legalisation of cannabis and —

Ms PATTEN — Heroin trials.

Mr BUSH — And if I can just add, again to take up the other aspect of your question, the situation is now quite different to what it was insofar as there are the prescription people who have become opiate dependent from prescription medications, opiates and for some over-the-counter medications. As the media release of the government said there are some 327 overdose deaths last year that were attributable to that. You are going to be hearing from NDARC, and Dr Roxburgh has written that the demography has now changed:

> In a reversal of the heroin epidemic of the late 90s and early 2000s, when heroin deaths peaked at over 1000, the 2013 figures show that accidental death related to opioid overdose is more likely to affect older Australians — those aged 35 to 44 and those aged 45 to 54. Deaths among 45 to 54-year-olds are now higher than at the peak of the heroin epidemic in 2001. By contrast deaths among 15 to 24-year-olds remain low and deaths among 25 to 34-year-olds have declined since 2011.

So there is a big change. This is harking back to the situation in New York. In the early 20th century you had these people who were suffering pain, veterans from the Civil War who were on heroin as a painkiller. What happened when the restrictions were imposed upon that by the federal government in America, in New York, was within weeks these people who were getting support from the medical profession were pushed into the hands of criminals. So if you are looking at a way of boosting the prosperity of the criminal black market, there is no better way than to come down hard on this new generation of people. Push them away from medical treatment and they will be going to the same people that Jo's and Brenda's daughters went to in order to get their supplies.

Mr GEPP — Chair, can I ask one final question?

The CHAIR — Yes. Any burning questions?

Mr GEPP — For Brenda and Jo, and you clearly still work with families of other young people who are —

Ms IRWIN — I do not. I did for a while, but oddly enough I retrained. I went back to study after my daughter died, and I now work as a counsellor. I am actually a team leader at an agency for alcohol and other drug counsellors, so I actually came into the field that way.

Mr GEPP — My question is whether or not you are seeing any other change. Obviously 20 years ago there would have been this stigma attached to overuse of drugs or alcohol. Have you seen any change in community responses to people who are using drugs and alcohol excessively?

Ms IRWIN — I think the family support groups, like Family Drug Support New South Wales and Family Drug Help here, have helped families speak out and bypass their shame and stigma. I think as an initial feeling it is still there, but I think there are a lot more avenues now for being open and sharing. Not being able to share is one of the worst things. What do you reckon, Jo?

Ms WADE — During my daughter's drug use I took advantage of Families Anonymous. I used to attend Families Anonymous religiously, just to listen to other people who were obviously undergoing the same sorts of issues that we were and just learning to just continue to love our daughter. It was her life. What she chose to do we could not control; that was her choice. But we could be there and love her and let her know that we were there if she needed help or support of some sort.

After she passed away I facilitated a grief support group with The Compassionate Friends for people whose child had died of drug use, so we were getting pharmaceutical drugs they were overdosing on, mixed-in drugs or heroin overdoses. They were a wide range of people, and I guess they felt some people's initial response at hearing of the death of their child was, 'Well, that's because they used drugs', 'They were stupid to use drugs', 'Why would you use drugs? That's going to kill you'. But if they are your child, you cannot stop that, you cannot help it and you cannot make it better. What can you do?

We did not know what to do. We could only just support each other. We do not know the answers. We did not know the answers then and we still do not know the answers now if it happens to you or if it happens to somebody else. People make decisions. What if there is a lifelong consequence from that decision? If it is a tattoo you have got away with it; if it is something else, then what can you do?

Ms IRWIN — I also think a lot of people get into drug use thinking naively they can manage it, because they are young, and once they become dependent I do not think they have quite bargained on how awful it is going to be. Anyway, I think the stigma and the shame are still there, but I just think it is like depression and mental health conditions: people are willing to get up and speak about it now. I think one of the reasons people feel they can is that people like us got up and spoke about it. Once you hear someone else opening up, it gives you permission, doesn't it? I just think it has got to be out there.

Mr BUSH — We have a remembrance ceremony every year in Canberra for those who have died, as we just say, 'From our efforts to save them from drugs'. A principal object of that is to bring this hidden shame into the open. It is in a park; it is by the lake. And this year we are having a local health minister speaking.

I hope that you will be hearing evidence from the Australian Injecting & Illicit Drug Users League, AIVL. They did a survey not that very long ago about the attitudes in the community to drug users, and the findings of that were appalling. I will just read a bit of it:

> The dominant personality traits of a person who injects drugs are seen to be selfishness, unreliability, dishonesty and untrustworthiness.

Ms IRWIN — Where did this come from?

Mr BUSH — This is AIVL:

> The expectation is that as drugs are the focus of the person's life, they are selfish in all the actions they undertake and do not consider the impact of their actions on others. It is expected they would do anything to get drugs, due to being addicted, so are unable to be trusted as they are not able to control themselves from acting on impulses.

This community attitude is what a drug user is up against every day, and this is in an environment where we have the presidents of two of our neighbouring countries who have encouraged their armed services, their police forces, to shoot to kill drug users. I can read you some other quotes, but that is enough.

The CHAIR — We are getting close to our time, although your contribution has been very emotional but very powerful. Thank you for sharing.

Ms IRWIN — Thanks so much.

Ms WADE — Thank you for listening.

Ms BUSH — Thank you. I am sorry, I get quite emotional about this.

Ms IRWIN — We are all emotional.

Ms PATTEN — It is emotional. It is personal.

Ms IRWIN — It is devastating. Anyway, thank you again.

Witnesses withdrew.