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The Scourge of Prescription Drug Abuse

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MR MORRIS (Mornington) — The abuse of prescription drugs is of course not a new problem. Indeed it was one of the very first issues that I had to confront as a new member of Parliament, and I am sure it had been going on for decades, if not centuries, before that.

Too many people think that if a drug is prescribed, it is safe, and of course it is, if taken in an appropriate manner and in the way it is intended. If it is taken inappropriately, it is dangerous.

The Drugs and Crime Prevention Committee conducted an inquiry into this subject back in 2007, and I want to quote in particular the evidence of one witness:

I went and had a haircut last Friday and there were not too many people in my hairdresser's, so I mentioned that I was coming here today. They said, 'Drugs and crime. What's all that about?'. So I just let it slip and we had a discussion. They said, 'Yes, but that's not you'. I said, 'Yes. I'm a recovering drug addict'. 'Really?'. I said, 'Yes'. 'Yes, but not you'. I said, 'Yes'. They said, 'But what did you take?'. I said, 'Narcotics: codeine, pethidine, benzodiazepine, valium'. 'Yes, but that's not really drugs'. I said, 'Yes, it is'. They said, 'But that's not really — you wouldn't call that a drug addict'. I said, 'Well, what do you mean by a drug addict'. Again, it came straight back to somebody with a needle hanging out of their arm, somebody who is addicted to cocaine, marijuana, somebody who is a street person, somebody who is dirty and unclean; that is a drug addict. Drug addicts do not look like me or you.

The minister in her second-reading speech referred to the death of Simon Millington, who crashed his car on a country road in 1994 and sadly lost his life to addiction in 2010. The Member for Lowan last night of course read into the record a letter from his parents and family and, in doing that, confirmed to me that a young man referred to anonymously in the 2007 report was indeed Simon.

I remember very, very clearly the testimony of the Millingtons, and it did contribute significantly to the inquiry findings. Standing orders prevent me from addressing the gallery directly, but if I could address the gallery directly, I would thank them for their testimony then and their commitment over so many years. I am sure the bill is no consolation for the loss of Simon, but it does them great credit and I really want to recognise the enormous commitment and sacrifice that they have made. Unfortunately this bill has come too late for Simon, but his story I think does demonstrate very clearly what a scourge prescription drugs can be. The consequences of abusing licit drugs are just as damaging to the individual and damaging to the community as the consequences of abusing illicit drugs.

Why do people become drug dependent?

Whatever the drug is — whether it is alcohol, cannabis, heroin, street drugs or, as we are talking about today, prescription drugs — the reasons are often rather similar.

Frequently of course the motivation is self-medication. People try to manage their pain on their own. Perhaps it is the physical pain of an imperfectly treated condition, emotional pain, or the legacy of past trauma. Sadly and too frequently self-medication is used to endure personal circumstances that would otherwise be intolerable.

Sometimes prescription drugs are used to assist withdrawal from other drugs or to deal with the consequences of the use of other drugs. Sometimes they are used to enhance performance in social or work situations. Sometimes the decision to choose prescription drugs is simply because the drug of choice is not easily available. Certainly when we were doing this inquiry a decade ago a shortage of street heroin meant that there was an increase in the diversion of benzodiazepines and prescribed opioids.

Prescription drugs are also occasionally used by sexual predators and often as street currency.

You might argue that in the case of the individual the use of prescription drugs is not particularly harmful, and there undoubtedly remains a veneer of respectability attached to this particular form of substance abuse. But the house should be in absolutely no doubt there are consequences for the individual and there are consequences for society. None of them are good.

The first consequence is dependence and all the problems that go with that — ongoing addiction, the incapacity to function without the drug, the inability to manage your life without a chemical boost. Benzodiazepines have a particularly physical impact, initially loss of concentration and memory problems. That in turn can lead to chaotic behaviour, total loss of memory, damage to the central nervous system, depression and even significantly impaired driving, and there are incredible stats around that. There is also of course an increased incidence of overdose.

But the risks are not only physical; there are criminal risks as well.

In 2007 the National Drug Law Enforcement Research Fund undertook a study. They talked about an entrenched culture in Melbourne particularly and had findings that suggested drugs were diverted to the black market and could be sold for considerable profit. They noted that prescription drugs are relatively easy to obtain on the street and that there seemed to be a diffuse network of users, friends, dealers and suppliers.

Of course the consequent criminal behaviour from dependence on and use of prescription drugs includes shoplifting, property crime, drug dealing, violence and, as I mentioned, intoxicated driving.

They concluded by saying:

In addition, disinhibited, aggressive and bizarre behaviour, and feelings of invincibility, were attributed to the drugs, in particular benzodiazepines.

So these are nasty substances, and they have enormous consequences for any individual who is caught in the tentacles of addiction, and they have consequences for our society as a whole.

Unfortunately the 10-minute time limit on the second-reading debate does not allow me to reflect on the circumstances of other jurisdictions, but as the house is aware, there is no experience of a similar proposal in this country. There is, however, considerable experience elsewhere, particularly in Canada and the United States. Indeed the minister's tabled speech referred to 'international best practice, as demonstrated particularly in the United States'.

More than 10 years ago, with Andrew McIntosh and Hugh Delahunty, and Sandy Cook, the executive officer, I saw firsthand in the United States prescription monitoring at work. We had the opportunity to discuss the practicalities of the system, both from a national perspective in Washington, DC, and in Kentucky and in California — three very different processes.

Yes, they have strong controls in place, and yes, absolutely the schemes they have in place have significantly improved circumstances since they were introduced, but I do also want to sound a note of caution, because the approach to drug abuse, both licit and illicit, in the United States is of course very different to the approach we take in Victoria.

It is not unusual in Victoria to hear commentary in the media about a punitive approach being taken to drug use, and the 'war on drugs' is often cited, but frankly, that is nonsense.

In Victoria we see drug addiction for what it truly is, and that is a health problem. In the United States they do not see it as a health problem; they see drug addiction as a crime, and it is punished accordingly. It is a very, very different approach, so I think we need to be very cautious about following any drug policy direction from the United States too closely.

The bill before us essentially establishes a database to facilitate real-time prescription monitoring. New division 9, inserted into part II of the principal act, will establish the database. Prescribers and pharmacies will be required to review a patient's dispensing history before writing or filling a prescription. The bill also includes a range of matters, including penalties for the misuse of the database and other issues.

I believe the changes proposed by this bill will have a positive impact.

Mechanisms similar to the one proposed have proved effective, and indeed they proved effective a very long time ago. In December 2007 the committee report that I have referred to throughout my contribution today was presented to the Parliament. It contained 30 recommendations. Recommendation 16 reads:

Develop in consultation with the Pharmacy Board of Victoria, Royal Australian College of General Practitioners, Health Commissioner of Victoria and other relevant health and medical stakeholders an electronic 'real time' prescription recording service that would be available to medical practitioners and pharmacists in Victoria.

It is not clear to me from the second-reading speech whether the pharmacy board, the college of general practitioners or the other agencies that have been mentioned have been consulted, but whether they have been or not, let me say that I am delighted, almost a decade on, that at least one of our 30 recommendations has finally made it into the Parliament and looks like it will be implemented.

I commend the bill to the house.