

**HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON FAMILY AND HUMAN SERVICES**

**SUBMISSION TO INQUIRY INTO
THE IMPACT OF ILLICIT DRUG USE ON FAMILIES**

- **The financial, social and personal cost to families who have a member(s) using illicit drugs, including the impact of drug induced psychoses or other mental disorders.**

Of necessity, this response can only be based on anecdotal material, but it is derived from personal experience, both in my private acquaintance and my voluntary service as a St Vincent de Paul visitor.

1. Frank and Paul.

A family whom I have known most of my life includes two sons, now around 50 years old, who have used drugs on a long term basis and now have symptoms indistinguishable from schizophrenia. They have been unemployed for nearly 20 years, as a result of dabbling in a multitude of drugs and especially from their long term use of marijuana. Both receive disability pensions. One is loud but usually gentle. The other is aggressive, capable of violence and speaks in a number of voices when disturbed, some of which are reminiscent of the character in "The Exorcist".

Both returned some years ago to live with their father, a kindly and erudite former member of the Victorian State Parliament, until his death and the disposal of his assets. During their time with him, he was often discomforted and humiliated, and sometimes virtually terrorised. On one occasion, he was detained by police while trying to return the proceeds of a theft carried out by one of his sons.

Currently, the families of the three siblings attempt to help the two brothers materially, while trying to insulate their own children from their influence and the social embarrassment of spaced-out and often urine-smelling uncles.

2. The Ice-Dancer and the Builder

A couple whom I have met have a son who graduated from marijuana to heroin. He fed his habit by stealing from his parents. His mother had been an internationally-acclaimed dancer on ice and had been awarded many valuable trophies and much jewellery in her European career. The father was a builder and had acquired many expensive tools. Both suffered the theft of all of these possessions at the hands of their son.

When I met the mother, she was unrecognisable from the photos of her in her skating career only 20 years earlier. She had just survived a period with her son in an isolated house, where she tried to establish a cold turkey regime for him, and suffered both physically and in emotional terms.

3. Weekly visits as a St Vincent de Paul Conference Member

More than half of my visits during the past 8-9 years have been to young men in the 25-30 years-old range who are on the Disability Support Pension and unable to hold a job, although they seem physically whole. They are typically the result of long term drug use and are sometimes on some sort of drug maintenance program, such as the methadone scheme. Claims to be drug-free are not consistent with their behaviour, although they are often plausible and lucid.

These young men are often estranged from their families and frequently admit to having worn out the material and emotional capacity of their families to help them. They and the less frequent young woman or female partner in the same situation may live in increasingly scarce rooming houses, occupy public housing or enjoy assisted tenancy in flats leased by the Salvation Army or similar organisations. I have rarely struck a drug-dependent person with a drug-free partner, so I assume that illicit drugs break relationships. However, many of these young men report that they have children in the custody of former partners and that there are often problems with access. Maintenance payments, where in operation, never exceed the \$5c per week arrangement.

Bob Birrell, of Monash University, in 2003 published an analysis of the 2001 census material, revealing that up to 30% of young Australian males do not receive an income sufficient to form and support a family. Their typical incomes are little more than what New Start or the Disability Support Pension provides, and it is obvious that many like my clients form a large percentage of this group. They do not support children and the children whom they have sired are typically growing up without a male parent. This is surely a glaring example of the impact of illicit drug use on families?

- **The impact of harm minimisation programs on families.**

This is based on my observation and reading, together with my experience as a secondary teacher, in the case of drug education.

Harm minimisation I understand to include such initiatives as needle exchanges, maintenance programs such as methadone issue, decriminalisation of possession, drug education in schools, and proposals for "shooting galleries".

For a number of reasons, I regard the whole philosophy as having been proved demonstrably flawed, on the evidence.

- (i) Needle exchanges tend to normalise the injecting of illicit drugs. In any case, a study in Sydney showed that while HIV was quarantined in an area where needle exchange was available, Hep C was spread among needle-sharers who were less of an in-group than the mainly gay heroin addicts at first targeted for study.
- (ii) Methadone has rarely replaced heroin as a drug of choice, but supplemented it in many cases. Overdoses are frequently poly-drug, with heroin, methadone and alcohol being the most common factors.
- (iii) Decriminalisation of possession may free up police and courts, but is permissive and counter-productive. It is laughable that a youth was detained by police on a Melbourne railway station (according to my students) for drinking a can of beer, and subsequently convicted for consuming alcohol in a public place. Meanwhile, drug deals and shooting-up occurred in view of the police, who ignored it because of the impossibility of getting a conviction.

- (iv) As a teacher with 40 years experience in public and private secondary schools, I find the values and messages of drug education programs of great concern, as they defy common sense and undermine the authority of the family. I have been aware of this since the beginning of the *Turning the Tide* program in Victorian schools in the mid 1990s. These programs are typically informative and non-judgmental – taking drugs is not wrong, but sometimes involves unsafe and unwise choices. Some people believe that the information itself encourages children to try drugs and experiment with their effects. In any case, the tone of the programs usually encourages students to see illicit drugs in the wider context of harmful effects, including those of the legal drugs, tobacco and alcohol, and to be consciously wiser than their blinkered and drinking and/or smoking parents. This undermines the authority of parents, who are the first line of defence of children and are ultimately responsible, and is certainly harmful to families – who have ultimately to bear the brunt.
- (v) “Shooting galleries” have been rejected by every Australian community which has been given the chance to have a say. These include public meetings in suburbs to the West, North and East of Melbourne, where drug abuse is acknowledged as a problem. In Switzerland and other European cities where drug injection rooms have been provided, the saving of lives has been claimed, but the creation of a magnet for drug-dealers has been undeniable.

The best argument against harm minimisation policies has been provided by Sweden. There, drug use and dependence is a fraction of that of their EU neighbours, even neighbouring Denmark. This has been in spite of Sweden’s proximity to Russia and Eastern Europe, from which the spreading effects of drug-related crime have afflicted the rest of area. This can only have resulted from Sweden’s holistic approach to illicit drugs, which punishes possession, use and dealing, and mandates both detox treatment and maintenance of a drug-free state, under pain of prison. Sweden’s policy is to achieve a drug-free society, rather than one which accepts and compromises with the problem. National statistics show a steep climb towards achieving this goal, interrupted only by a flat spot during the mid-1990s, when funding for programs was cut.

Australia’s preference for harm minimisation reflects not only a fuzzy optimism, but a belief that it can all be done on the cheap – with a dollop of good intentions.

- **Ways to strengthen families who are coping with a member(s) using illicit drugs.**

This is the most difficult area for a response. I can rely only on what I know, what I have seen, what I have heard and what I have read. I offer some suggestions.

- (i) Most important, the predicament of families must be recognised. They must not be left to face the problem alone. It is similar to the plight of the now ageing parents of handicapped children. Case-workers, whether from State government, local government or the various agencies, must recognise their stake in the illicit drug-taker’s situation.
- (ii) The provision of places for detox and follow-up to maintain a drug-free state is vital. These places must be residential and fully-funded, as Sweden has recognised.

- (iii) A combination of zero tolerance of possession, use and dealing could be used to compel those using illicit drugs to enter treatment and relieve families of concern, responsibility and harassment. The emotional and exemplary effect on younger children must also be considered when considering whether to coerce illicit drug users to undergo treatment.
- (iv) Supporting the extended family can also be necessary. At present, many grandparents especially are taking responsibility for children whose parents, through drug abuse or even suicide, are unable to care for them. In many cases, this entails financial hardship, while the Family Tax Benefit and other entitlements are going elsewhere. These issues must be addressed and the necessary redress streamlined.
- (v) Organisations such as the Grandparents Association should be encouraged and funded to assist those who have to take on the care of children who are victims of illicit drug abuse by their parents.
- (vi) Training in the principles of "Tough Love" should be available. This includes safety practices, house rules for dependent children, spelling out consequences, security of valuables, and other precepts taught in these courses.
- (vii) Police and emergency services may need special training, in the interests of the families of illicit drug users, as well as in how to respond to the subjects themselves.

I trust that members of the Standing Committee will give their attention to my observations and suggestions. If any further information is required, I would be pleased to assist.

John Morrissey