CATHOLIC WOMEN'S LEAGUE OF AUSTRALIA INC.

SUBMISSION TO

STANDING COMMITTEE ON FAMILY AND HUMAN SERVICES INQUIRY INTO THE IMPACT OF ILLICIT DRUG USE ON FAMILIES

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Contact person:

Betty Roberts OAM
11 Sharps Road
Lenah Valley 7008
TASMANIA

ALCOHOL AND OTHER DRUG ADDICTION IS A MAJOR CAUSE OF MARRIAGE AND FAMILY BREAKDOWN, MENTAL HEALTH PROBLEMS, VIOLENCE, ACCIDENTS AND CRIME IN AUSTRALIA AND A CONTRIBUTOR TO THE HIGH SUICIDE RATE.

INTRODUCTION

Catholic women feel great compassion for people caught up in drug use. Once addicted, only a small percentage of 'users' get to be 'clean and sober', the majority become chronic users. **It is therefore of primary importance that they never begin.**

The author of this submission has had 30 years experience working with addicts and their families and is currently C.W.L.A's National Social Issues Convenor. We are most impressed by the House of Representative's attempt to come to grips with the wider effects of drug use particularly on the family.

Firstly I would like to draw a line between the person who has the Primary Disease of addiction and those who have not as yet taken that path.

The taking of powerful mood altering chemicals denotes a 'feeling illness' – ask any doctor who prescribes them.

For a person suffering addiction 'choice' has been replaced by an insatiable hunger for mood changing chemicals. If they are to turn their lives around abstinence is not only desirable it is essential. The harm minimisation message of "responsible" use is an oxymoron because **whatever the drug of choice addiction is a:**

A. **Primary disease** - it is not a secondary symptom of something else
B. **Progressive disease** – it gets progressively worse the user becomes physically, spiritually, emotionally and mentally ill
C. **Chronic disease** - there is no cure. Relapse is common. There is no way to drink or drug again.
E. **Fatal disease** - that can only be arrested, if it is not arrested, the person will die from it.

Emotional Intelligence?

As for those who have not yet embarked on this disastrous path, they don't need more knowledge about drugs and their effects - they possibly already know more than their instructors. They need to learn about 'feelings' - ask any Australian how

they feel and they will answer with what they think! We Australians are emotionally illiterate and need to learn how to identify, accept and deal with our feelings so that medicating them becomes unnecessary.

The process of addiction

Persons prone to addiction are sensitive people with a double dose of **all** the feelings, even seemingly contradictory feelings like huge ego and poor self-esteem. They seldom feel at ease even in their own skin and frequently feel alone in a crowd.

Life is extremely painful for the pre addict until they chance upon a chemical that brings both temporary relief and emotional reward. At last they have discovered something that gives them ease and a sense of belonging, erases their insecurities and makes them feel the way they've always longed to feel – for a while it really works and they honestly believe that they have discovered something to erase all their problems. Things such as alcohol or other drugs, food, gambling, sex, work, money, rage, violence, people, shopping, even religion can develop into addictions.

The journey to addiction begins when people begin to seek the feeling again and again until they reach a place where they simply don't feel good unless they are doing it. Temporary relief from the stresses of life gives way to the "habit" of chasing the feeling and it is this that grows into addiction and spiritual deterioration. If left unchecked the condition worsens and gradually invades the mind, the emotions, and eventually the body. Unless interrupted it is capable of destroying everything the addict touches and comes in contact with – family, friends, job, finances, reputation, dignity, identity, and even their material surroundings. An addict is not a bad person but a sick person who needs to get well.

It is a sickness that runs in families so there may be a predisposing genetic factor as with diabetes. It can take a different form in different generations such as an alcoholic in one generation and a workaholic or anorexic in the next or it may miss a generation altogether but it will be there. I mention the predisposition to explain why many people enjoy our favourite drug alcohol, without falling victim to alcoholism and those who boast that they used Marijuana in their youth "and it did me no harm".

No matter what the drug of choice, chemically dependent people are suffering emotionally, and so are their family, they are sensitive intelligent people with high value systems – otherwise there would be no problem with guilt. The addict knows

guilt the like of which we cannot even imagine. Guilt is also the dominant feeling of everyone in the family who think it's all their fault and who, having had no success in identifying the source of their problem, make an appointment with their doctor who prescribes **them** drugs or even shock treatment. **Many people are medicated in order to survive someone else's addiction.**

Whatever the drug of choice, living with an addict is akin to living with Dr. Jekyll and Mr. Hyde (author Robert Louise Stevenson – himself an addict, describes the progressive deterioration and isolation perfectly).

Co-dependence

The incredible mood swings, and dangerous, erratic and unpredictable behaviour of the addict, has family, friends and colleagues walking on egg-shells. Living with an addicted person is a recipe for madness that frequently results in nervous breakdown and serious physical illness in people riding the roller coaster of pain and uncertainty that is the daily experience of those living with addiction.

The co-dependant/caretaker person, usually the spouse or partner but sometimes a close friend, gradually assumes responsibility for and the responsibilities of the 'user' and passes through the same four stages of illness.

A. **Primary stage** – motivated by a sincere desire to help they become completely absorbed in the other person
B. **Progressive stage** – in taking care and trying to fix the "user" they become physically, spiritually, emotionally, and mentally ill.
C. **Chronic stage** – within a few years they have lost touch with themselves and can tell you more about 'the other' – over whom they have no control, than they can tell you about themselves. The pattern is set and if they were to leave at this stage they would promptly slip into another 'caretaking' role.
D. **Fatal stage** -If they do not seek help to correct this detachment from "self" they will either find refuge in a break down or a serious fatal illness. I have personally known many co-dependants to die of cancer.

Addiction decimates the family and adversely affects all family members for life. Despite swearing to themselves that they will never travel the same road, some family members will become addicted themselves. They may vary the substance or activity but the result will be the same. Others are drawn to a relationship with an addict and assume a 'caretaking' role. Unconsciously choosing one of the two 'roles' modelled at home.

Three ways of preventing the uptake of drugs:

- **by making drug use unacceptable as with nicotine where the campaign is having remarkable success.**
- **by teaching emotional intelligence**
- **by unmasking drug dealers and seizing their ill gotten gains.**

People use drugs to change the way they feel therefore identifying, owning and dealing with feelings without recourse to drugs must be our number one aim.

"Feelings" bring us important messages - pain and fear for instance. When we are not in touch with our feelings, or drugs are masking our feelings, we miss the message.

It is possible to help children fare better in life by teaching them to recognise and accept 'feelings' as facts, to learn that all feelings are 'good' and it's what we do with them that is either good or bad.

We all have feelings if you don't believe me just watch the crowd at a football match!

Human feelings are enriching and powerful and lend colour to our lives yet most of us are emotionally inept, lacking the ability to identify, own and deal with our feelings. Few of us have the advantage of knowing ourselves, accepting ourselves and being ourselves.

Caretakers, who begin with a sincere desire to help, get hooked on the **good** feeling helping gives them and become 'enablers'. Some helping professionals fall into this category particularly those who insist that the 'user' can partake of their drug in moderation. The people supporting a drug user must be enlightened as to the way their well intentioned support enables the drug taker to continue their use of drugs. We must remind them that drug taking is a primary illness and if not interrupted the user will die from it. This thinning of 'enablers' is an effective means of achieving early intervention.

The ultimate 'escape' is suicide; a permanent solution for what was probably a temporary (*emotional*) problem. Australia's suicide rate is very high and frequently associated with drug use. When a phalanx of drugs no longer afford temporary relief from emotional pain the permanence of suicide beckons.

Why do people in this glorious wealthy country use drugs in order to escape reality? Is it that our lives are intolerable or is it that those who profit from the drug trade are intent on perpetuating a hugely profitable market? We've got Buckley's chance of protecting this country against terrorists if we can't catch these illegal traders.

Harm minimisation promotes a "use safely" message. Some people do spend a short time on drugs and then desist, more from a lack of appetite than from any superior motive. If the drug of choice seduces the 'user' by making him/her feel the way they've always wanted to feel giving them heroin, legalising marijuana and supplying clean needles will not lessen the harm either to them or their family. One only has to look at the growing incidence of mental illness, Hepatitis and Aids.

There may be a genetic factor that predisposes people to addiction, as with Diabetes, since it runs in families

1. THE FINANCIAL, SOCIAL AND PERSONAL COST to the Family The impact of drug induced psychosis or other mental disorders

We wish to stress that addiction is no respecter of persons it cuts right across the social fabric. Wealthier families simply hide it better. Hiding the problem allows it to progress and worsen.

Financial:

- the cost of addiction is huge in terms of expenditure and personal misery
- welfare groups share the burden of cost through food orders.
- treatment cost is substantial but only the tip of the iceberg is being addressed the other 7th being the family
- family members and family friends are frequently robbed to maintain the addicts habit.
- unless the family receives help another crop of 'patients' is 'in preparation'.
- siblings as young as 7 are attending school stoned.
- the addict becomes aware of his/her expenditure on drugs only after some months in recovery.
- the enormous cost of divorce $6 billion ($3 billion in direct costs and $3 billion in indirect costs) often accrue from addiction
- public housing costs - either because the money is going on drugs or because of separation and divorce
- cost of violence, accidents, hospitalisation and imprisonment – $65 - $75 thousand per prisoner per year.
- mental health costs for both the drug taker and their family

- 60% of accidents resulting in death plus the cost of life changing injuries caused by drug intoxication

Social:

- any one family member's use of drugs impacts on the entire family.
- the family conspire to keep the problem secret for fear of stigma
- as the disease worsens families become increasingly isolated.
- visitors are discouraged
- the family is left alone with their misery
- homelessness
- individual family member's absenteeism from both work and school.
- the whole of society is affected and I don't mean just by physical and sexual assaults, home invasions, burglaries and murder.
- the entire population is becoming fearful.
- children are often in the care of intoxicated and drug affected adults
- when either or both parents are "using" children can become victims of physical and emotional neglect, and sexual abuse.
- when either or both adults are 'using' the young often assume duties far beyond their years – often parenting their parents!
- if children are removed and placed in temporary care they return to the same nightmare - long term care is scarce.
- parents especially lone parents are stood over and abused both emotionally and physically by the user or by those they owe money.

Emotional:

- mothers who use drugs may be physically present though emotionally absent and unavailable to their children.
- the Family Law Amendment Bill requires separated or divorced parents to have equal time with their children - a parent has great difficulty convincing authorities that their drug using spouse is NOT sufficiently responsible to have sole care of the children.
- Drug tolerance is high in an addicted person and not always apparent to an observer.
- The addict is often a charmer. Long use and tolerance to a substance can make them appear 'straight".
- the negotiator at Relationships Australia is not a trained specialist and they and the Family Court frequently fail to believe the complainant.
- a parent who is required to leave a small child in the sole care of an addicted parent is emotionally distraught.
- no satisfactory proofs are ordered by the Family Court Justice.
- little people are in ever present danger of neglect and abuse and may develop serious emotional problems.

- when either or both parents are "using" children can become victims of physical and emotional neglect, and sexual abuse.
- parents especially lone parents are stood over and abused both emotionally and physically by the user.
- everyone involved in the life of an addicted person experiences constant and intolerable grief
- the grief of suicide

Health:

- there are far too many Australian school children on Ritlin.
- People are introduced to drugs socially, experimentally or on prescription
- female substance users endanger their unborn child and there is a risk of damage to the baby's liver
- the placenta is no barrier to any drugs ingested and the baby's tiny liver is required to process whatever drugs the mother uses
- the chemicals are also transmitted in breast milk.
- babies born to marijuana and heroin using mothers require morphine syrup to cope with withdrawal.
- medical and psychiatric problems develop in the spouse and children of a chemically dependent person.
- there is increased risk of alcoholism or other addiction in other members of the family and in subsequent generations.
- injury and overdose patients frequent hospital casualty departments
- addicts suicide when the appetite for their drug of choice is constant but drugs no longer dull the pain of their existence.

Psychological:

- substance abusers demonstrates alarming mood swings and outbursts of violence.
- the misuse of drugs by parents and siblings has a strong impact on the intellectual, emotional and social development of children.
- children living with drugs learn three unwritten rules don't talk, don't trust, don't feel – don't tell anyone what's going on, don't trust promises they're always broken and 'feeling' hurts too much.
- adults with literacy problems often had their learning blocked by an addiction problem at home
- the primary caretaker who assumes the responsibilities relinquished by the addict becomes increasingly angry, irritable and resentful adding to the children's problems.
- many drugs cause extreme paranoia and
- there is a proven link between marijuana use and schizophrenia.
- drug use can and does lead to brain damage and mental illness

- chemically dependent people suffer drug psychosis that can result in injury to themselves and/or others
- chemically dependent people require hospitalisation

Reasons the family don't seek help:

- the family is in 'denial' as to the cause of their misery for a very long time
- by the time the situation has become intolerable they have been blamed so often that they have come to believe it's their fault.
- they hide the problem because of fear of the consequences eg. punishment from the addict and social exclusion.
- parents are often at a loss to know what to do about a young persons drug use.
- inaction often results from too few rehabilitation centres and a mistaken belief "that they'll grow out of it".
- there is little parents can do because of the adolescents free will, a propensity to hide the problem and very few reliable agencies.
- meanwhile siblings come to share the drug use.
- imagine living with an "ice addict" who never sleeps!

If the individual is to have any chance of recovery we must focus wherever possible on healing family and friends since the whole system is sick.

Free-standing treatment should be available to the family whether the user presents for help or not it also enhances the possibility of early intervention. Any attempt to rehabilitate a drug user will fail if we then drop them back into a home and family who remain sick.

THE IMPACT OF HARM MINIMISATION ON FAMILIES

A drug habit cannot be conquered with drugs, not even Naltraxone.

Harm minimisation strategies such as the methadone program and supply of free needles are ineffective, costly and dangerous. Methadone has a long half-life and is three times more addictive than what they are 'coming off'. Two young men known to the author, died on methadone – I attended both their funerals and also the funerals of three other young drug takers who took their life using carbon monoxide, prescribed drugs and by hanging. The parent's pain is exquisite.
On the 14th March Swans' coach Paul Roos expressed his fear that it would take a death in the AFL for players to realise the dangers of taking illicit drugs. Michael Voss, Brisbane Premiership Captain acknowledged that according to anecdotal evidence and rumour illicit drug use among AFL players is a serious problem. Roos

said it was time for the AFL to revisit its three-strikes-and your-out policy for illicit drugs including cocaine, ecstasy and crystal methamphetamine – also known as ice. Drug using superstars and sporting identities get a lot of media time and then become role models for our young people. Can't we give them more worthy role models?

For thirty years the author has been involved with people suffering addiction and has seen no benefit from a harm minimisation strategy that simply makes drug use *comfortable* for the user. Methadone avoids the pain of withdrawal and deprives the patient of the 'feeling' they seek and so they use methadone as a base and then take other things to 'get the feeling'. People on methadone are sapped of vitality and their complexion indicates serious liver damage that may or may not have started before they embarked on the limited effectiveness of methadone 'treatment'.

When *The Needle Exchange Program* was introduced people supplied with needles and syringes were meant to return the used needles as the name suggests - this doesn't happen. The needles are now simply given away in ever increasing numbers 6 million a year in Victoria alone - that's a lot of needles to discard on the street, in parks and on beaches.

Used syringes are employed as weapons to threaten people during robberies and home invasions but worst of all they normalise injecting drug use. It is particularly offensive to have addicts given their FIT and taught to use them while diabetics pay for their syringes unless they have the authority to collect them from the Diabetes Association. What 'authority' does the intravenous drug user require to get their supply? So far as I know they only have to ask. When the urge is on, the user is not too particular about clean needles anyway.

As one of the speakers at an International Harm Minimisation Conference (minimising the harm to families) I witnessed grieving parents being used to promote Harm Minimisation "if the drug (heroin) in its pure form had been available my daughter would still be alive!" I found this harnessing of parental grief in support of the *permission to use* strategy offensive. There is absolutely no proof that the harm minimisation strategy works and every indication that it 'nourishes' the habit. I have had a young man confess to me that he went into Detox when there were no drugs on the street because there "they will give me drugs" – which is true.
Psych and Detox staff spend most of their time in their glass boxes - emerging only to distribute drugs that serve to mask problems. Staff equipped with clinically informed listening skills are an essential part of any treatment programme. They must know how to ask and how to listen so as to free emotional pain and restore a patient's sense of self.

By the time drug use has emerged as a problem "using responsibly' is simply not an option yet this too forms part of 'harm minimisation'. I have witnessed the disappointment verging on despair that the family feel when after a well planned and successful 'intervention' with the addict (spouse or child) the person returns from a professional consultation with the advice "cut down your use".

Though lying goes with the territory and dependence on their drug of choice is as necessary to them as the air they breathe, the 'right' of the addict to "choose" is upheld, while the family, including infants and young children continue to suffer.

WAYS TO STRENGTHEN FAMILIES WHO ARE COPING WITH MEMBER(S) USING ILLICIT DRUGS

Pain is nature's motivator. The addict, numbed by their drug of choice, isn't feeling the pain - the family is. Motivated by the pain of living with an addict a family member is usually the first to seek help, **being ready to provide that help is the key to change - it must be available whether or not the addicted person is in treatment.**

Family and friends are unaware that by protecting the 'user' and alleviating the consequences of their drugging they make it possible for them to go on using. It is therefore vital to reach family and friends if we are ever to get on top of this thing that has been a problem from the earliest days of settlement when unwilling arrivals medicated the pain of grief with Rum.

Many Australian families will not present for help because of fear that their spouse or child will be labelled and stigmatised for life. We need to remove the stigma and convince them that we don't view the drug user as a bad person but as a sick person who needs to get well

Every addict has a minimum of 12 people 'supporting' his/her habit and relieving the sick person of the consequences of their drugs use. It's not surprising then that the 'user' remains so long in 'denial'.

Support groups made up of people who have survived the experience are the best means of getting the family to emerge from their 'denial', detach from the problem (not the person) stop making excuses for them and assuming their responsibilities.
It is astonishing that no matter how often they suffer fear and embarrassment, pay their debts, drag them home, are inconvenienced and make excuses for the 'user' family and friends go to extraordinary lengths to avoid embarrassing the addict. Just recall any social event that has been disrupted by a person under the influence

and you will quickly perceive the way everyone behaves as if it didn't happen - not even following up and fronting the user with the facts the following day, when they're relatively clean and sober.

Every addict has a bracket of people supporting them, making apologies for them paying the bills and fines, driving them places after they lose their license, making excuses even lying and covering for them at work – this is how this sick person survives so long in denial. With the best of intentions family and friends conspire to hide the consequences of the drug use and enable the 'sickness' to progress to life threatening.

The chemically dependent person's emergence from 'denial' begins with the 'helper's recognition of their enabling behaviour. Advertisements such as "what sort of friend are you" actually direct people to continue helping. I have frequently asked parents "when your child was learning to walk did he stand up under the table and bump his head" and when they answer "yes" I say "did he learn from bumping his head or by you protecting him from the bump?" Every action has a consequence and it's from experiencing consequences that we all learn.

Family and friends have been focused so long on the 'user' that it will take time for them to detach from the problem, get the focus off the other and onto themselves – the only person any of us can change. When in recovery themselves they will discover they are not alone and slowly gain the confidence to 'level' the morning after an incident. Tell the user what happened, when it happened and how they felt about it, keeping it short and simple, neither blaming or hanging about for a nice chat. The 'facts' ultimately strip away the denial and give the 'user' clear insight into how bad things have become and hopefully motivate them to do something about it.

There is a minimum of four unidentified children in every classroom in Australia living with addiction, a perfect training ground for another crop of drug users. Be it mother, father or older sibling that uses drugs, half the children will grow to either marry addicts or become 'users' themselves. Through example, opportunity and the need to deaden the pain the young embark early on experimentation.

CONCLUSION

1. **The Harm Minimisation Policy has failed resulting in huge financial, social and personal cost to families.**
2. **Rather than a policy of limitation or reduction of damage we recommend a policy of true prevention aimed at building a drug free society as in Sweden.**

3. **there is urgent need to implement strategies aimed at removing drugs from society. It has worked beyond our wildest dreams for nicotine and could be successful with other drugs**
4. **the family is deserving of help whether or not the user seeks treatment.**
5. **though not aimed at getting the user into treatment restoring the family to health is shown to motivate the addict to seek help.**

RECOMMENDATIONS

AUSTRALIA MUST:

1. cease to tolerate so called recreational drug use
2. foster develop and teach emotional intelligence from an early age
3. provide free standing treatment for family and friends
4. provide more long term rehabilitation (it takes 3 months for an addict to get their head on straight).
5. cease glorifying and giving media space to drug using "identities".
6. pursue, prosecute and apply heavy penalties to drug barons and seize their ill gotten gains
7. accept and pursue leads that come from the public (many are ignored)
8. apply heavy penalties to anyone 'serving' an intoxicated person.
9. apply random drug testing to doctors, pilots, train and bus drivers etc.
10. apply a generous percentage of taxes from liquor and gambling along with recovered drug money to fund recovery programs.

I am happy to speak further to this document

(Mrs). Betty Roberts OAM
National Social Issues Convenor
Catholic Women's League Australia Inc.
11 Sharps Road
Lenah Valley, Tas. 7008
Ph. 03 6228 0582
Email: noel.roberts@utas.edu.au