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To: Committee, FHS (REPS)
Subject: FW: Submission on the impact of illicit drug use on families

Submission No: 73

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Subject: Submission on the impact of illicit drug use on families

Dear Ms Bishop,

As a practicing clinician treating people who are predominantly dependent on methadone and heroin I regularly witness the impact of the use of these drugs on families. The impact includes, financial, supporting the drug user, being stolen from and often they pay for the drug to avoid the need for crime and prostitution and to protect their children from prison and association with criminals. Obviously relationships suffer, not just the immediate one *between the user and the family, but within families due to differences of opinion about how to deal with the problem (from 'tough love' to tolerance of drug use while they wait to intervene) and the neglect of other family members while the drug user dominates the time and resources of the family.* Consequently mental and physical health issues arise due to the stress of dealing with drug addiction. I often see families in conflict with members suffering from depression and anxiety.

The major point of my submission is the need to include families in every stage of treatment. Often families are excluded from involvement, including the use of family resources to support the person in recovery to being denied any information about the course of treatment. This policy is highly prejudicial to facilitating recovery and almost invites the person to relapse to drug use. The family is the unit that often is the most caring and resourced to assist in recovery and knowledge of the person's status is the most potent weapon in assisting them to be drug free. Involvement of the family from the beginning and throughout treatment can also benefit the family by helping them understand the effect of the addiction, the mechanisms that sustain it and the strategies to combat it. Involvement also means that dysfunctional and negative behaviour and misinformation about drug use can be modified to assist the person. Moreover, involvement can also be a healing process for the family.

I strongly recommend that when people voluntarily enter treatment that families are involved and that policies that specifically exclude families be reviewed. This can be facilitated by having the client sign an authority to release information that specifically names family members, family doctor etc. and that it be made clear that the family, client and treating professionals will work together to facilitate recovery. The client maintains control of who is able to have information if sensitively handled. It is also important to understand the dynamics of the family and to identify those who have been harmful in the past and to prevent harm during the recovery process.

If recovery is the goal of treatment then involvement of families has been found after many years of practice to aid in the process and that exclusion of families is damaging, not only to the chances of recovery, but also mitigates against the capacity of the family to support the process and to assist in their own recovery.

Ross Colquhoun,