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**House Standing Committee on Family and Human Services**

**Inquiry into the impact of illicit drug use on families**

Submitted by Kerry Brennan representing;

**A Collective of Harm Reduction Outreach Workers  
from South East Queensland**

I, Kerry Elizabeth Brennan am the nominated representative assigned to present this group of submissions from a Collective of Harm Reduction Outreach Workers based in South East Queensland. All seven contributors give their full permission for their contributions to be included in this submission.

This submission addresses the following terms of reference:

- The impact of harm minimisation programs on families;
- Ways to strengthen families who are coping with a member(s) using illicit drugs.

## Introduction:

This collective submission contains personal accounts and views relating to the terms of reference as previously stated. All contributions are from outreach workers with a minimum of 6 years experience working in outreach environments. Some relate to specific accounts of interventions as experienced by the individuals, while others focus more on addressing the range of services provided by typical Harm Reduction outreach groups. Comments are also presented regarding the importance of maintaining these services along with examples that demonstrate how these services continue to be of benefit to families and young Australians. Suggestions are also made on how harm reduction can be used effectively to reduce the demand for illicit drugs.

K. Brennan

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# 1

My name is Kerry Brennan and I have been involved in the RaveSafe project in Queensland for eight years. My role in this project has been as Project Coordinator and Team Leader.

I am 43 years of age with two sons aged 23 and 17.

The main aim of our operation has been to establish a peer helper network which can act as a safety net for young people who may be at risk at various festivals and events. My own son has been a volunteer since he was 18 and has helped to train countless others. We have many peer helpers who started out as people in need of assistance, who have turned their lives around and become willing and valuable volunteers themselves.

So what is it that Teams such as RaveSafe and Crowd Care actually do? In brief, Teams are trained to:

- Actively seek out those needing assistance
- Offer deterrent based (verbal) information on the pharmacological actions and dangers associated with different drugs including:
  - Non prescribed use/abuse of prescription drugs
  - Illicit or pseudo-illicit substances
  - Legal drugs (alcohol, tobacco and plant derived psychotropic substances)
- Advise on safer levels of drinking water when under the influence of various drugs
- Intervene, console, comfort and assist drug related casualties
- Assist with non-drug related inquiries or individuals in need of help
- Refer medical emergencies, drug overdoses or serious injuries to medical staff
- Act as an intermediate between paramedics and patrons
- Administer emergency first aid and resuscitation
- Console and communicate with a casualty's friends, family and carers
- Report all relevant details of any and all one-on-one interventions
- Give out free drinking water, sunscreen and earplugs and provide a meal if required
- Be active in crowd spraying (carrying backpack sprayers, Peer Helpers circulate among dancers, offering a cooling spray and free drinking water)
- Hand out approved pamphlets, cards, etc.

I can speak with experience on dealing with a great number of young people at the many events which I have attended in my capacity as a harm minimisation worker. A large proportion of these youths have experimented with different illicit substances with varying outcomes.

It is interesting to note that many of these young people are initially wary of discussing what they have taken with a person of my age, however once the lines of communication are open many of them open up and share their experiences and feelings with myself and other volunteers, and eventually in many cases their parents.

I feel that one of the greatest achievements made in the area of harm reduction is to encourage young people to communicate open and honestly with their parents/carers and peers.

I believe that truthful education helps to raise responsible decision makers. There is no benefit in providing misinformation as the youth of today are in many cases armed with a substantial amount of knowledge on the facts relating to illicit substances and their effects.

There have been many occasions at events when parents have come into our area with their teenagers to check out what services we provide. Our area is then used as a base for people to come when they are feeling unsure or unsafe and their parents know that there is someone there who is trained to assess the situation and respond accordingly.

In conclusion, I sincerely hope that the fantastic work being done by harm reduction groups around the country will be allowed to continue, dare I suggest even expanded. There is no doubt in my mind that here are many thousands of young people who are making better choices and whose lives have been impacted in a positive way through their contact with groups such as RaveSafe.

Kerry Brennan

# 2

I am 47 years of age, married with two sons. My wife and partner of 22 years, Kerry and I coordinate Harm Reduction outreach groups around South East Queensland.

By the end of the 1990s I'd had over a decade of experience working in event production. Having seen a great need for increased patron safety at music events, when Queensland Health announced the reintroduction of the RaveSafe Queensland Project in 1998, I was eager to express my interest in the program.

Since that time I've worked as Project Coordinator, Administrator and Team Leader for Harm Reduction outreach groups operating throughout South East Queensland. In compliance with Queensland Health protocols I have formulated outreach procedures, operational guidelines, educational programs and workshops for Volunteers and Team Leaders. In addition to advising on present and future user trends, I have also been consulted by Medical Doctors, Australian Drug Research Organisations, Health departments and NGOs on matters pertaining to the chemistry, chemical analysis, pharmacology and toxicology of illicit drugs. My current work is in the area of analytical research.

In presenting the following, it is hoped that those who are opposed to harm reduction may gain a better insight into what working at this coal face involves. I also hope to get across to the Committee how Harm Reduction as a concept can and does encourage family communication on these issues and is a most effective means by which to deliver life-saving and life affecting information to young people.

### ***Harm Reduction Outreach Operations***

South East Queensland Harm Reduction teams attend mostly outdoor, but also some large indoor events. These may attract anywhere from 500 – 50,000 patrons. Teams work in a proactive manner, focusing on preventative intervention through early detection.

When informing on the actions of drugs, Peer Helpers and Team Leaders always try to emphasise that there is no such thing as safe drug use, particularly as applied to illicit or non-prescribed drugs. However, while striving to convey this deterrent message, it is also acknowledged that some

people will continue to take drugs, regardless. A non-judgemental approach is therefore adopted, one which has resulted in a strong degree of patron acceptance for Harm Reduction workers. Over the years I've been working with the project, outreach Teams have been involved in several serious cases where such intervention was regarded as life saving.

The Crowd Care or RaveSafe base is used by many people as a meeting spot. Harm reduction workers also frequently assist with a host of non-drug related inquiries or problems such as reuniting patrons with family members and friends, retrieving and returning lost property, and occasionally even paying for a taxi or bus fare for the more impoverished patrons in need of a ride home.

All members of this collective of harm reduction outreach workers have put in a large degree of unpaid time towards providing these services. Some funding for event attendances is provided by Queensland Health (RaveSafe) while other attendances depend on promoter assistance and donations from patrons. Our group is not as well supported as our counterparts based in Victoria, who can, because of higher levels of funding, attend greater numbers of events. At least one other group in NSW has recently begun operating in a more commercial, business like manner.

### ***Not all Illicit Drugs are Equal***

Most of us have seen the recent media articles relating to the very unfortunate incident which – due to ingestion of PMA – resulted in the tragic death of a young Australian woman. Many Harm Reduction workers including myself predicted that this drug would likely be seen again, particularly as improved Law Enforcement strategies inevitably result in greater seizures of MDMA (3,4-Methylenedioxymethamphetamine or Ecstasy). From a chemist's perspective, PMA (*para*-methoxyamphetamine) is easier to produce than MDMA, as not only are the ingredients available from widely used commercial and industrial chemicals, but the synthesis would also be less likely to fail in the hands of the less educated.

While MDMA remains a dangerous drug, PMA is far more dangerous, with a disproportionate number of worldwide deaths from PMA occurring in Australia. It should therefore be seen as prudent that priority be placed on ensuring the welfare of our teenagers and adults who otherwise may unwittingly ingest this most dangerous of drugs – or any of the multitudes of other dangerous MDMA substitutes.

### *Future Drugs of Abuse*

We also need to accept that the drugs around today may not be those that are so fashionable in months and years to come. Already there are drugs being used which do not fall under current legislative rulings. For some of those drugs, the monetary gains may very likely be exploited by unscrupulous traffickers. Perhaps contrary to the popular belief that all new 'designer' drugs are invented by clandestine chemists in backyard laboratories, the truth is that many if not most new drugs are being developed or rediscovered by students and interested individuals, some of whom are prepared to sift through medical and research publications and note compounds with the desired structure activity relationships. The predicted efficacy of these substances is often taken from data which may or may not include human trials. So, while these individuals may not actually synthesise or supply these drugs themselves, they merely facilitate the introduction of newer substances through discussion and interpretation of medical and research data.

There is no easy fix to this situation, for even if illicit drug discussion could somehow be restricted, this form of 'legal drug discovery' would continue, as, in many instances the subject matter is relevant to the study requirements for tertiary level courses in medicine and pharmacology.

At present, many of these more novel or newly discovered compounds are less commonly seen at a street level, where drugs such as Cannabis, Methamphetamine (ice, speed, etc.) and MDMA tend to dominate. Yet, these newer drugs and drug forms are nevertheless easily available via many internet websites. Unlike the earlier phase of the internet whereby 'web surfers' could openly discover new or illicit compounds using traditional websites or newsgroups, today, first word on these drugs is often via more secure means such as emails and chat rooms. The online suppliers – which often don't show up on a 'Google' search – often offer a range of pseudo-legal and illicit drugs. Word has it that some even indicate what substances can be successfully (legally) imported into Australia.

Although the use of such drugs is less frequently encountered by outreach groups, they are noted. Between January 2002 and February 2007, 7.4% of our group's total, casualty confirmed, drug related interventions involved drugs other than Alcohol, MDMA, Methamphetamine, LSD, Ketamine, GHB or Cannabis.

In lieu of the above, commonsense would stress that any policy that excludes harm reduction runs the risk of dramatically increasing the range of serious incidents arising from exposure to these newer – and possibly far more dangerous drugs; drugs which may be marketed or masqueraded as anything from ‘non-toxic ecstasy’ to ‘smart’ drugs ‘safer, naturally derived’ drugs or even as ‘anti-aging’ formulations.

### ***The Role of the Parent***

I believe it is of paramount importance that the subject of drugs can be freely discussed between parents and children. However, in many cases, for open dialogue to act as an effective deterrent requires that parents acquaint themselves with the facts about drugs, as without accurate knowledge of, or experience with these drugs, inquiring minds will look further in order to gain this information.

So, correctly informed communication should be seen as vital if drug use is to be avoided or monitored as the case may be. Such knowledge may also prove invaluable in persuading family members to give up drugs or seek professional help. By creating an environment where families can discuss drugs in an honest and scientifically supported manner, parents are more likely to hold the respect of their children on this issue, as well as remain mindful of any urge to experiment.

A parent who says, “***Be careful, there’s a dangerous batch of Ecstasy around known as PMA***” is likely to get more attention from most teenagers than one who simply says “***Any and all drugs have dangers associated with their use***”. While the latter statement is correct, it does not convey the particulars, and so doesn’t always reach those who feel their parents know and understand little about their youth oriented culture. Again, dialogue is most important, and within that, Harm Reduction information should be seen as a vital and indispensable tool.

### ***Getting the Message Across***

Like it or not, cultural aspects of drug use are firmly imbedded into Australian society. That one fact seems to be the fundamental hurdle that many with a zero tolerance view simply can’t or won’t accept.



Right now we have a chance to get a message across that is both deterrent in nature as well as based on scientific evidence. Peer groups, drug treatment and harm reduction workers are doing this everyday. However, with the simplistic 'drugs are evil' approach currently favoured by government, users are showing less of a tendency to listen to sensationalist highlighting or overemphasis on the dangers of drugs. When the truth is muddled with ideological nonsense, very often both remain unheard.

There have been countless occasions where our Harm Reduction Teams have successfully disseminated truthful, deterrent based education to those who would normally shun or turn away from hearing anything negative about their drug/s of choice. There are examples of patrons who have indicated that as a result of a previous intervention they have either lessened their drug use, have employed a safer approach to their use or have stopped taking drugs together.

It's also important to realise that just because we see casualties from drugs, it doesn't mean *all* drug users will view, or be made to view their use as being dangerous enough for them to stop using. Why? Simply because they are likely to know at least one person who has swallowed hundreds of pills or taken speed every other weekend; yet they also see that these people have not died, nor in many cases suffered severely enough to affect the rest of their regular week. While RaveSafe type groups see many of the drug related casualties at a given event, it's important to realise the figure normally only represents a small proportion of patrons who have taken these substances.

As a parent I believe we need to educate, inform, and deter, but it must be done honestly, without an opaque style of hype and fear mongering. We have over 10 years of extensive psychostimulant use in this country. There are 'veterans' who not only have the experience but who are also up to date with medical findings and drug trend statistics. In many instances these individuals are the informers of their circles. These are the people their workmates, classmates and cohorts often turn to when outlandish statements hit the tabloids or when parents can't give kids the honest truthful information they seek.

### *Strategies to Reduce Demand*

If anyone had a magic bullet for reducing demand to zero, then there'd be little need for HR services and we as a group could focus our attention on other community related issues. However, in regards to synthetic drugs like MDMA and methamphetamine, drug use in Australia continues to escalate and so the ability for outreach groups to influence this trend should not be ignored.

Some members of this Senate Committee are in favour of hardline fear based campaigns similar to those used to reduce tobacco smoking in Australia.

Yes, anti-smoking advertisements have been successful in getting some smokers to quit and others to avoid taking up the habit. However, there are three points worth mentioning which have likely also played a part. Firstly, it is general knowledge that passive smoking poses dangers to non-smokers. So, it's fair to say pressure from non-smokers has likely influenced the more conscientious to give up the habit. Secondly, there are workplace and public area restrictions on smoking. Not being able to smoke at work *and* when socialising would be an added incentive for many to quit. The third, and perhaps most influential deterrent arises from the graphic pictures seen on cigarette packets. Why, I believe this is so effective, is because most people know someone who has died from a smoking related illness. In other words, the graphic presentations are an unsettling reminder to most people that tobacco does kill.

But will this approach work equally well with illicit drugs? I believe it is a far more complex issue and so requires a somewhat different approach. As said, not everyone who has taken MDMA will know someone who has died or had their health seriously affected by the drug. Most MDMA users lead normal lives, unaffected by occasional indulgence. That's not to say there is no risk and possible long term dangers; what it is saying is that these people may tend to be disbelieving of, and less impacted by media placed advertising depicting the death of someone after having taken Ecstasy. We know this can and does occur, but very few users have personally known anyone who has died as a result of taking the drug.

It should then be realised that careful thought needs to be incorporated into any advertisements or educational resources aimed at scaring young people away from illicit drugs. At the very least, all messages need to be free of untruths, be realistic and scientifically valid.

In summarising, it will hopefully appear obvious that Harm Reduction outreach work is not a case of sending mixed messages. It is an honest open strategy designed to assist younger and older Australians. This is done by adopting a modus operandi which encourages trust and facilitates the successful dissemination of deterrent based information. Within this framework is a dedicated commitment by harm reduction workers – often volunteers – to encourage open discussions between family members. Commissioner Keelty has stated that he would support any campaign that helps prevent the use of drugs and reduces the demand for drugs. We sincerely believe harm reduction outreach groups have already demonstrated their effectiveness in this area and with continued support can go on educating users and significantly reduce future impacts from illicit and pseudo-illicit drugs.

Michael Brennan BSc (App Chem)

# 3

I have been involved in harm reduction outreach work for approximately 7 years, both as a volunteer and more recently as Team Leader. During this time, it has become obvious to me that harm reduction outreach services are now a resource that patrons attending music and dance festivals depend upon. Although our team is involved in a wide range of activities, drug related interventions form a significant part of a typical day's work. I therefore believe that unless demand for drugs can be reduced markedly, there will continue to be a need for these services.

I would like to describe an intervention I was personally involved with in 2002. This was at a large music event in South East Queensland with approximately 40 000 people in attendance. Six to eight hours into the festival, between 6.30 and 7.30pm, a young male patron, recognising me as RaveSafe volunteer by my brightly coloured uniform, grabbed my attention. He directed me to another young male in his late 20s who appeared to be needing assistance.

On approaching, I could see he was distressed, anxious and quite unstable. I sat with him for a while (until he felt comfortable) then suggested that it would be wise to come to the RaveSafe Chill-out tent, so as to get possible medical assistance and be away from the crowds of people.

Walking up to tent, he was very weak. For some time I sat with him focusing on his breathing, as he was suffering acute anxiety and breathing difficulties. On several occasions his eyes would start to roll backwards but he still looked coherent. In that period I found out he was on his own at the festival (no friends or family) and had taken a large amount of pure speed (methylamphetamine) over a period of 2 days, during which time he hadn't eaten.

There was then a moment where his eyes rolled backwards and I realised he may need medical attention so I decided to take him over to the St John's ambulance base, situated next to the Chill-out tent. He asked if I could stay with him while an ambulance officer examined him. While holding his hand, I kept reassuring him that everything would be fine. As he was resting on the stretcher, I asked him if he thought he'd be able to eat something; he wasn't sure. I suggested a banana and he said, "Yeah I'll try that". Once he ate the banana, I could not believe the change in him. Minutes later he was stable, coherent and feeling a lot better.

We then went back over to the Rave Safe Chill-out area, where I then sat with him and we chatted for some time. He stated how he realised the severity of his actions and the possible outcome if there had been no support or emergency services at the event. He was very appreciative of my help, kindness and non judgement. He could not thank me enough.

This incident is typical of the one-to-one type interventions we are often involved with. Hopefully it will also illustrate the level of acceptance our Team has established with patrons.

Yours Sincerely,  
Simmone Hughes

# 4

I have been a member with RaveSafe Qld since 2000 and have slowly taken on more responsibilities as the years have passed. Today I am a Team Leader and try to attend most events. I also perform administrative duties as well as data collection and management. Those of us at the forefront (most of them being parents) work extremely hard and donate a great deal of our time,, because we believe in what we do.

My daughter, who is now twelve, always asks us when we return from an event “did you save anyone **or** how many people did you save?”. This is pertinent from a harm reduction position because we do get the word out there to young adults, who have always and will always do what they do. I believe we have built some common ground between the zero tolerance hard edge and those they are trying to reach. Due to our non-condoning but non-judgemental stance at festivals and music events, those patrons needing help or advice come seeking us out.

Some volunteers have signed up while at an event or festival after seeing how the group operates. Sometimes it is apparent that these ‘would be’s’ have been intoxicated. With full knowledge that they are under no circumstances allowed to have consumed any alcohol or drugs if they work as a volunteer, most have willingly chosen to assist – and therefore also be drug free – instead of attending the events with their mates and indulging in drugs. Indeed, for many long-term outreach workers, attending in this capacity is the only time they attend such events.

There have also been cases where young adults living with their parents refuse to either go home or get medical help because they are afraid of them finding out. We always encourage this type of dialogue between the people we work with and their parents.

Something to ponder...If your young adult child was attending a music event, wouldn't you rather there be a safe place for them to go to reduce their harm if they got into trouble, felt uncomfortable, needed water, sun cream, or whatever? Personally, I believe that the comfort and support we offer is essential to the wellbeing of all people who attend these events.

Ricci Butson

# 5

I've been involved in a volunteer harm reduction organisation for 8 years. We are the crowd carers at large music events in South East Queensland. We set up and manage the Chill-out area where young people who have consumed illegal and legal drugs usually end up if they require help.

The service that we provide not only saves lives, it gains trust and makes for communication lines to open up to young people. Opening communication lines with a person on drugs is not an easy task. If you approach it with a zero tolerance stance, they resent you, they will not open up to you, they will not trust you and you have less chance educating them in the dangers of what they are doing to themselves or the pain and damage they are causing to their families.

After they have been educated by their families that drugs are bad news, after they have been educated by authority figures like schools, law enforcement agencies and the government that drugs are bad news, after all this, if young Australians still choose to damage themselves on drugs then they fall into our area of care; harm reduction. Zero tolerance does not always work. For example, drug sniffer dogs at entrances to large music events can cause an overdose. I can prove this with one incident I've encountered at a large music event. There was a guy who arrived in the morning with four ecstasy tablets to last him all day. When arriving to the entrance he saw that the drug sniffer dogs were there so he took all his ecstasy at once. Half an hour later he ended up passed out in the Chill-out area where we looked after him for the next four hours. He was extremely lucky to walk away from that and after our guidance and education he knows that every drug affects every human differently. His body was able to take a shock to the system like that, and having a group of people to care for him and hydrate him got him through this ordeal and possibly even saved his life.

I've often wondered what would happen in many situations like this without harm or damage reduction organisations like ours. Who would have helped this guy off the ground, who would have kept him conscious, who would have hydrated him, and most importantly, what would have been the impact on his family if he'd died?

This was just a young Australian, a bit reckless, young and invincible like young people tend to be at one time or another. I don't believe this fellow Australian, this fellow human being, deserves a death sentence for choosing to damage his body.

Drug sniffer dogs do an excellent job in customs as a supply reduction tool, but for users a whole different approach is needed. These people just need someone to show them there are still good, helpful, generous, caring people in this world. We're not there to threaten their lives. We're there to help them, hydrate them, educate them and guide them.

If the government truly cares about the safety and welfare of young Australians then getting rid of harm reduction organisations is irresponsible. A responsible government would invest their drug reduction funding into harm and damage reduction education and finding ways to ease the feeling of emptiness, helplessness and depression of young Australians. Help them, care for them and accept them as valid members of society. The more of these sorts of programs the government funds, the less drug deaths will occur and lesser numbers of addicts will result. This will make for less drug related crime, less mental illness, less youth suicide and less young Australians on drugs.

This education must come from people who have been there before or who know and understand their pain. The government fights drugs with a policy that is black and white yet the drug culture is every shade of grey. We can save lives instead of endangering lives, but we must be open minded in our approach or we will lose this fight and many Australian families will lose loved ones. No one wants that.

Mark Macdonald

# 6

As a Team Leader within a harm minimisation program, I attended a 3 day music festival held in a South East Queensland national park. Due to its size, positioning and camping provisions, RaveSafe members had noticed a high level of families amongst the 3000 people attending the event. Harm minimisation programs play a big part in supporting families that attend these events.

In the early hours of Sunday morning, a number of patrons alerted us to a man in the food tent that was in need of immediate assistance. When we reached him he was in a foetal position shaking uncontrollably. It seemed he was in a state of panic and due to his eyes rolling back in his head we promptly began asking the people around him if they knew what he had taken. The people around him – his sister, her boyfriend and a group of their more seasoned, festival going city friends – informed us that the man was 40 years old, a motor mechanic and from a small country town. This was his first music festival of this kind, and the first time he had experimented with any type of drug. They confirmed he had taken LSD.

Once we knew what we were dealing with we were able to refine our support, which included comforting, hydrating, cooling and offering reassurance to both the man and his sister and friends. It was two hours of this type of absolute support before his hallucinations and drug induced paranoia began to subside enough that we were able to move him to the comfort and safety of the RaveSafe tent. Here things continued in much the same way, except that now we were able to leave his side knowing his state was being monitored – if not by us then by other team members. The man's sister stayed by his side for the whole time and played a huge role in his recovery, which took around six hours.

Finally the man emerged from his state of panic and was able to move around and converse freely. The personal costs, such as fear and worry for this man's family and friends were dramatically reduced, due to our presence at this event. This is just one incident in which harm minimisation programs have proved to be an essential service.

James Walker



# 7

My name is Jade Gorden. I am a mother, a wife, an employee and an undergraduate student. I have been involved in harm reduction outreach operations and peer training for the past eight years, initially working as a volunteer care giver before being appointed Team Leader in 2000. I would like to share one of my experiences with you in the hope that it will convey just how valuable the services are that we offer as well as how helpful our work can be in forging better family relationships.

I was working as Team Leader at a music festival in South East Queensland. A small group of teenagers brought their friend in to the Chill area because she was experiencing difficulties after taking an ecstasy pill. Lee (not her real name) told me she was scared because things were going on with her body that she was not expecting and she didn't know if they should be happening or what to do.

A volunteer and I sat with Lee for over an hour, calming her down, letting her and her friends know what was going on, and what they could expect to happen over the next few hours. I encouraged Lee to call her parents to ask if they would come to pick her up, however, she would not do this as she did not want to get into trouble for what she had taken. She also didn't feel that she could face them in the state she was in. While we were helping Lee we spent a lot of time talking about the importance of honest communication with parents as well as outlining the dangers of drugs. When she was okay Lee got up, hugged and thanked me, and left to go home with her friends – who assured me that she would not be left alone and that they would take care of her.

One of her friends said that she didn't know what they would have done if we hadn't been there because they were all scared and didn't know who to turn to. Shortly after the event, Lee's sister phoned to thank us for taking such good care of her sister.

The next year at the same event Lee, who was now 18, came into the chill space looking very different to when I last saw her. She greeted me with a big smile, telling me that she was having a great time and that that she had not taken any drugs. She said "Look at me, I'm completely straight

and having a ball". At the end of the event she came back and asked if she could sign up to be part of a future team so she could help others as we had helped her the previous year. Lee's sister also wanted to know if she could enlist. I gave her a ring a few weeks later to say I'd put both the girls on a team as trainees for an upcoming event.

Both girls did a lot of good and seemed to get a great deal out of the experience. The benefit was such that when they got home they finally told their mother of the original incident and confessed to what had happened the year before. Lee also told her mum what she had taken and how that had led to her needing help. Her mother then rang me to say thank you and asked if it were possible for her to also come and help out at an event some time with her daughters.

As a direct result of the work we are doing a young person made a decision to stop taking drugs and began communicating openly with her family. Since that time the whole family has actively helped others at events which has been a great asset to our team.

Thank you for your time

Jade Gorden

## Conclusion:

To conclude, here is an example of the feedback we get from parents who get to see what our group accomplishes.

“This year was the first time I had attended a Big Day Out and it was mainly to be able to show my son how to get there by public transport and for him to see what it was like so if he wants to go again, he can get there by himself and know what to expect. I found the Rave Safe tent early on in the day and showed it to him – it became our meeting spot for the day. I’m glad knowing that when it gets a bit too much with the heat, the noise, the crowds, that there is a safe cool place for him to go where he will be cared for and he can meet some rather interesting people. The Chill-out zones should be compulsory for every large event like that...

While I’d heard about Rave Safe and the Big Day Out Chill-out zones, I hadn’t had cause to use them before. It’s such a great concept – and I really appreciate the peer education aspect of it too. I think every kid thinks his or her parents have never done half the stuff they’re thinking of trying, so it’s important that they get the right messages from their peers as well as their parents and other concerned adults. They don’t need a lecture just good advice.”

Cathrine McDonald

[with consent]

We thank you for this opportunity to submit our experiences and perspectives relating to the impact of harm minimisation programs on families. Our collective experience illustrates the value of the harm reduction approach in the context of music festivals where drugs are often used. Please contact me for further information on any part of this collective submission.

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