

30<sup>th</sup> MAY 2007 SUPPLEMENT TO:

Submission No: 171

Supp to sub: 35

AUTHORISED: 13/6/07

RB

THE 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

23<sup>RD</sup> MARCH 2007

Contact person:

Betty Roberts OAM  
11 Sharps Road  
Lenah Valley 7008  
TASMANIA  
Ph. 03 6228 0582

## THE HARM MINIMISATION POLICY FAILS THE FAMILY

It is the experience of those who work with special competence in the world of drug dependence that it is the family that first feel the affect of an individual's alcohol or other drug use. The family sustains most of the emotional, health and economic consequence of drug abuse: *ergo* the family must be the primary point of reference for intervention, treatment and recovery – starting with the availability of treatment for the family whether or not the addict seeks help.

Pain is nature's motivator – the addict is not feeling the pain of the deteriorating situation, he/she has their drug of choice to remove them from 'reality' while their ability to choose is rapidly replaced by an insatiable appetite for mood altering chemicals. Family members and close friends, motivated by a sincere desire to help, absorb the pain of the situation and pick up the responsibilities of the user as they are shed. Relieved of the consequences of their drug use the 'user' is able to continue using with impunity and remains 'in denial'.

For the past 30 years in my role as counsellor, I have been privileged to receive the pain of hundreds of spouses, parents and children as they are slowly dragged down by the tension and anxiety of living with someone using powerful mood changing chemicals. The incredible mood swings and dangerous erratic and unpredictable behaviour of the user has family friends and colleagues walking on egg-shells. The situation rapidly becomes a recipe for madness.

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

The House of Representatives has recently asked for submissions on the effect of drug use on family and community. In June 2000 after a similar exercise The House of Representative Committee's Road to Recovery report found "Harm Minimisation a failed policy" and yet the policy persists, perpetuating the lie that drugs can be used safely.

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". The rights of the addict to 'use' are upheld while the family continue to suffer. By the time drug use emerges as a problem "using responsibly" is no longer an option.

The Harm Minimisation policy has normalised drug use. It is now essential to the health of individuals, families and the community, to opt for a policy of true prevention aimed at building a drug free society.

The Swedish government has adopted a Restrictive Drug Policy with which I concur.

*"We do not accept the integration of (narcotic drugs) in society. Our aim is a society in which drug abuse remains a socially unacceptable form of behaviour, a society in which drug abuse remains a marginal phenomenon. A drug free society expresses optimism and a positive view of humanity: the onslaught of drugs can be restrained, a drug abuser can be rehabilitated.*

A drug habit cannot be conquered with drugs not even Naltrexone.

I wish to stress that addiction is no respecter of persons it cuts right across the social fabric and is much more prevalent than generally perceived. Only the tip of the iceberg is visible the remaining 7<sup>th</sup> is the pain of families. The stigma must go if families are to present for help.

**COSTS** the nation loses many gifted and intelligent people to drugs

- the cost of addiction is huge in terms of lower productivity & personal misery
- families find it difficult to admit that the addict is robbing them and their friends
- unless the family receives help another crop of patients is in preparation
- cost of violence, accidents, hospitalisation, divorce and imprisonment is enormous
- mental health costs for both addict and family burgeon

**SOCIAL**

- any one family member's alcohol or other drug use impacts on the entire family
- family absenteeism from both work and school
- the whole of society is affected by physical and sexual assaults, home invasions and burglaries
- the family conspire to keep the problem secret for fear of stigma
- as the problem worsens families become increasingly isolated
- visitors are discouraged and the family is left alone with their misery
- the misuse of drugs by parents and siblings has a strong impact on the intellectual, emotional and social development of children who learn not to talk, trust or feel
- handicapped thus they are unlikely to maintain lasting relationships
- many will choose one of the two roles modelled for them at home and will become either addicted or married to one.

**PHYSICAL**

- children are frequently in the care of alcohol or other drug affected adults when either or both parents are "using" children can become victims of physical and emotional neglect and sexual abuse
- if children are placed in temporary care they return to the same nightmare
- parents especially lone parents are stood over and abused both emotionally and physically by the user or those they owe money.

**EMOTIONAL**

- mothers who use drug may be physically present though emotionally absent
- separated or divorced parents have 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 negotiator at Relationship Australia is not a trained specialist and they and the Family Court frequently disbelieve a complainant
- a parent ordered to leave a small child in the sole care of an addicted parent is emotionally distraught
- little people living with addiction are in ever present danger of neglect and abuse and may develop serious emotional problems
- everyone close to an addicted person experiences constant intolerable grief.

**HEALTH**

- people are introduced to drugs socially, experimentally or on prescription
- female substance users endanger the health of their unborn child
- 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 in order to withdraw

- medical and psychiatric problems develop in the spouse and children of a drug user

### **Establishment of the Methadone Program**

I was Director of Holyoake Tas, Inc. offering treatment programs for spouse, children and parents of addicts when Dr. Jacob George, the clinical director of Alcohol and Drug Services set up Tasmania's drug-replacement program.

At first the drug of maintenance, that is three times more addictive than the drugs it is replacing, was offered at only one secure site in Collins Street directly behind the Royal Hobart Hospital. This location proved a magnet for drug dealers and was soon abandoned.

Since then methadone has been dispensed at designated pharmacies.

### **Initiator now questioning the methadone program**

The current clinical director of alcohol and drug services Adrian Reynolds said, (Mercury 25.5.'07) the vast majority of the 513 Tasmanians on Methadone get takeaway doses. He said this was too many and that doctors had little knowledge about alcohol and drug issues.

### **Twenty people fatally overdosed on opioids last year. Tasmania now has the highest opioid-related death rate in Australia.**

Dr. Jacob George, who held Dr. Reynolds position for more than two decades and advised the State Government on alcohol and drugs for many years, believes the takeaway methadone program is not being properly managed and should be much stricter. He said that random drug tests should be introduced to weed out people taking illicit drugs. (methadone relieves the symptoms of withdrawal but deprives the addict of the 'high' so recipients frequently 'top up' with other substances to 'get the high').

Dr. George said that methadone should be dispensed from specialised drug and alcohol units rather than pharmacies, which he said were closing their books to new patients.

Three of my former clients have lost family members to methadone. The first, an only son was not assessed and the G.P. should never have prescribed the methadone that killed him. The second much loved son topped up on other drugs and the combination killed him (methadone has a very long half life). The third a mother of a little girl who took her husbands methadone to settle herself after an argument with her mother-in-law and never woke.

Dr. George recommends that alcohol & drug units, rather than GPs, should supervise high risk patients and that the Tasmanian medical school no longer teach a drug and alcohol unit, consequently doctors are unable to identify drug problems. The basics of drug addiction include the detrimental impact of drug-addicted parents on their children.

### **Children at risk**

If doctors are 'unable to identify drug problems' how much less so the counselors at Relationship Australia who regularly fail to believe a parent, who says "my partner is an addict and unfit to have sole care of the child because of his/her erratic and irresponsible behaviour due to drug use".

One million Australian children live with only one parent. Since the new family law geared to giving parents equal time with their children, many are placed at risk. Counselors seldom believe the complainant (father or mother) who has personal experience of living with the addict and knows the change that comes over him/her when drugs have been injected.

**The Australian Council on Drugs report of the 21<sup>st</sup>. May** warns that more than 230,000 children aged 12 and under are at risk of exposure to a binge drinker in the home. More than 40,000 children live in a house where an adult uses cannabis daily and more than 14,000 children live in a house where crystal methamphetamine or 'ice' is used monthly. The report claims that one in eight children are living with addiction (I believe these figures to be grossly underestimated). I have known parents who smoke several cones a day and can only be said to be physically present.

### Grandparent's caring for Grandchildren

Where children are at risk it's important to avoid moving them from home, but if it becomes necessary then continuity of care, culture, support, friendship and extended family links must be preserved - in short kin care is best.

There are almost 8,000 grandparents known to be caring for their grandchildren here in Tasmania many of them due to drug-addicted parent's incapacity. The Grandparents then have the task of coping with the children's 'reactive attachment disorder' that is akin to post traumatic stress. The 'user' right to go on using seems to outweigh the rights of families devastated by addiction.

Reducing the harmful consequences of drug use, by giving drugs to addicts, making sure they have clean needles and by teaching people how to use drug 'safely' does little to reduce the suffering of spouse, children and parents. Harm reduction does not avoid deterioration of brain function and nothing to correct the addict's behavioural problems. To help the addict it is imperative to stop all drug use as Australia can no longer endure the haemorrhage of young lives lost to drugs

After 30 years working with addicts and their families I don't believe that drugs can be cured with drugs. Australia under its harm minimization policy, has developed the highest level of illegal drugs use in the developed world, while Sweden has developed the lowest levels via its restrictive drug policy. (United Nations ODCCP Report 2004)

Most Australians have witnessed the damage to loved ones and to society resulting from drug use and they are more than ready to opt for a **DRUG FREE SOCIETY**. The onslaught of drugs can and must be restrained. A drug abuser can be rehabilitated. We only have to look at the success of the anti smoking campaign to see what social unacceptability can achieve. Australia must establish effective, state and local illicit drug policies aimed at abstinence, and provide rehabilitation programs for the addicted.