

20 March, 2007

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The Secretary of the Committee  
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Family and Human Services Committee  
House of Representatives,  
Parliament House,  
Canberra, act 2600

**SUBJECT – SUBMISSION TO FAMILY HEALTH SERVICES FOR THE INQUIRY INTO  
‘THE IMPACT OF ILLICIT DRUG USE ON FAMILIES’**

Dear Sir/Madam,

I wish to thank the Committee for the opportunity to contribute towards this inquiry.

Families are often the unsung heroes in the drug using landscape. Their journey is rarely self-chosen – no family would ever willingly choose to be on this long and painful journey. Yet, it is a testament to their love, courage, and commitments that despite the pain and irreplaceable losses (financial, social and personal), families choose to remain connected with their drug dependent loved one.

My name is Theo Chang, drug and alcohol counselor and group leader for Family Drug Support (FDS) – a non government organization. Tony Trimingham, CEO (OAM), started FDS eight years ago. He was motivated to do so by the death of his son, Damien, to a heroin overdose and the lack of available services for families.

Last year, FDS received over 25,000 calls on the 24-hour support line. We also had hundreds of people attend local support groups and complete the Stepping Stones to Success course. There are over 2000 FDS members and an invaluable group of 200+ volunteers who form the backbone of the organisation.

I run services and programs aimed specifically at families who are supporting loved ones with illicit drug dependency. As a result of running workshops and weekend course, I have successfully created local support groups for families throughout Australia. Rarely are families at the start of their journey with a drug dependent loved one when they first access FDS' services/programmes. For most families, the illicit drug use has progressed far beyond experimentation to heavy and dependent use.

My work is at the coalface, providing support to families. I know first hand about the many costs drug taking has on the rest of the family. I have seen the positive impact of Harm Minimisation policy and delivered programs that provide a practical and pragmatic approach to strengthening families. As these are the key components of your terms of

reference, I hope to provide you with information by drawing on my real life experiences with FDS which is a reality based learning model.

In summary, my submission address the following;

1. Illustrate both the obvious and less obvious cost to families – financial, social and personal
2. Reflect on the positive impact of harm minimization for families with drug dependency
3. Put forward various ways of strengthening families in their journey.

Please be advised that when FDS and I refer to drugs, we include both illicit and legal drugs.

I hope you find my submission useful. I trust that my experience with families will help to highlight what really goes on for them and what works for them. Their courage, tenacity, and resourcefulness are all remarkable qualities. Theirs is a journey no one would wish upon another. Yet, families survive and carry on.

Yours sincerely,

Theo Chang

P.S. – I give you the authority for publication

**TERM OF REFERENCE #1 – THE FINANCIAL, SOCIAL AND PERSONAL COST TO FAMILIES WHO HAVE A MEMBER(S) USING ILLICIT DRUGS, INCLUDING THE IMPACT OF DRUG-INDUCED PSYCHOSIS OR OTHER MENTAL DISORDER.**

The families who access FDS' services and programmes have chosen to hang in there and remain connected with their drug dependent loved one.

This comes at an enormous and wide-ranging cost to families.

On a financial level, there are no ends as to how illicit drugs affect families. What families choose to do in terms of providing financial assistance depends on how much they are willing to bear and where they are on their journey. I have seen families choose to provide little to no help while others range from giving money for day to day matters – food, rent, bills, clothing etc – through to paying for the drug and paying debts incurred with drug dealers by their loved ones.

It needs to be stated clearly that **FDS does not in anyway condone the use of illicit drugs, nor the activities around its use.** We do however, accept that dependent drug use has become a reality for families and we give support which is pragmatic and appropriate. FDS and I do not judge families for their choices. I work face to face with families who are barely coping with life. It is enough just for me to provide meaningful support in their time of pain and chaos. It is certainly not my place, and ultimately not helpful for me to hold up moral, ethical or legal signposts. To do so would take me away from my core objective which is to provide support so that families can cope better with their journey.

Some financial costs to families are obvious than others - such as money spent for legal and medical reasons. Others are less obvious - such as theft, general dwindling of family resources/savings/retirement funds, having to channel money to the drug problem that may have been earmarked for other family members, the on-going cost of having the drug user remain living at home, and the list goes on.

Equally as real and demanding are the social, emotional and personal cost to families. Drug use brings an overbearing weight of shame and stigma to families. Friends, associates and even other family members opt to sever ties as though drug use is somehow contagious. Some areas of the media and politics also portray drug users in very negative lights. These give rise to the many stereotyping of drug users – that they are 'deadbeats', useless members of society, no hopers, poorly educated, demographically challenged and so on.<sup>1</sup> For some families, their first port of call for support is through either medical or religious channels – not always a positive experience. Even those families who are initially outspoken and active in seeking support become increasingly weary and wary.

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<sup>1</sup> As an aside, FDS receive as many, if not more calls, from the more affluent suburbs in Australia. Drugs do not discriminate. When I run group support meetings or Stepping Stones to Success courses, all parts of society are represented. The car park has as many 'old bombs' as there are the latest expensive vehicles.

Shame and stigma from both within and outside of the family somehow makes family members feel responsible for the drug problem. Many families choose from the on-set to 'do it alone' or are driven to do so. This shame and stigma (and guilt) leads to increasing isolation and helplessness for families. As families disconnect from friends and society, they become increasingly cut off from critical sources of support. Support is exactly what families need most. In some extreme cases, family members become house bound.

Personal and emotional costs also occur within the family. Parents increasingly blame one another – each having a different approach to the drug problem. The strain increases in their relationship and marital breakup becomes a reality. Siblings and other close family members are also affected. They become resentful of the pain caused by the drug users and also resentful to the parents for myopically focusing on the drug user. Secrecy within the family increases with some members not being told while others form covert relationships with one another and the drug user. The family unit begins to breakdown with some opting to disconnect – some permanently. Traditionally mothers are left to deal with the drug problem. You can start to see that even in big families, surrounded by people, individual members can still feel very much alone.

Without adequate support, internally and externally, families will eventually become emotionally, spiritually, and financially exhausted. Disconnection from their drug dependent loved one is very likely to be the outcome.

Fear is another debilitating emotion for drug affected families – fear of overdose, ill health, and disease are ever present realities.

Similar to financial costs, many personal costs are less obvious. They include;

- being unable to plan for their future
- feeling trapped in the seemingly never-ending negative cycle with the drug user
- emotional and physical abuse
- loss of previously held dreams and goals for the drug user – career, relationship, grandchildren, wellbeing, happiness, and more – essentially turning previously held item for celebration into items of grieving
- loss of their own dreams and hope<sup>2</sup> – retirement, future happiness and more

The list of social and personal costs is endless. Though each family may differ in how drug use have affected them, the common thread is that guilt, shame, blame and stigma have led them to feel an increasing sense of fear, powerlessness, helplessness and isolation.

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<sup>2</sup> An increasing number of families seeking support from FDS are the elderly who are about to or have retired. Not for them the celebration and reward for a lifetime of effort, many have exhausted their resources and are having to bring up grandchildren.

A significant amount of families who access FDS' services are dealing with the coexistence of drug use and mental disorder.<sup>3</sup> FDS recognizes that the level of chaos and the resulting financial, social, and personal cost increases manifold for families dealing with complexity of drug use and mental disorders.

Much more can be written about the cost to families. Those I have outlined above are ubiquitous to families dealing with illicit drug dependency.

## **TERM OF REFERENCE #2 – THE IMPACT OF HARM MINIMISATION PROGRAMS ON FAMILIES**

As a drug and alcohol worker, I am proud of Australia's official drug policy of 'harm minimisation'. The three pillars of harm minimisation form a powerful and balanced approach.

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|---------------------|-----|
| 1. Supply reduction | 84% |
| 2. Demand reduction | 10% |
| 3. Harm reduction   | 6%  |

Unfortunately, the focus and funding as illustrated by the percentage figure above makes it somewhat imbalance. The 6% allocated to harm reduction needs to be bolstered significantly for families who are dealing with a drug dependent loved one. Harm reduction includes;

1. Needle and syringe exchange programmes
2. Pharmacotherapies – methadone etc
3. Safety injection centres
4. Pill testing kits

The simple and clear message from families is that despite moral, ethical, political and spiritual disagreements, harm minimisation/reduction **SAVE LIVES**.

I can safely say that no families want their loved ones to take drugs and universally would like them to stop. However, through devastating and heart wrenching experiences, and over an extended period of chaos, families have had to accept the following hard realities of dependent drug use;

- there simply is no logic as to why their loved ones make up the relatively small percentage of people who go on to dependent use;
- things are simply unfair;
- it may take many attempts over a number of years (for some decades) to achieve success (whether that is abstinence or reduction etc);
- set backs are an ever present reality and;
- each person reacts positively to different approaches and no one solution fits all.

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<sup>3</sup> Also referred to as dual-diagnoses or co-morbidity. FDS do not agree that drug use will lead to mental illness. We do recognize that individuals with pre-disposition to mental illness can be susceptible to having drugs trigger the illness.

Despite all this, many families still choose to stay connected through their love and commitment to their drug dependent loved one. They recognise and remain hopeful that their loved one will change for the positive. In the meantime, harm minimisation provide various pragmatic alternative that can keep them alive until they reach their moment of change. **YOU CANNOT RECOVER FROM DEATH.**

The harm reduction approaches (needle exchange, SIC etc) do not sit well with some people. Families affected by dependent drug use in all probability had similar misgivings prior to their journey. However, as the reality of their situation hits, for their loved ones to be able to inject cleanly and safely or to substitute one opiate (heroin) for something more manageable (methadone) have become meaningful and grateful options.

Here are loving families and people who have had to embrace, through no fault of their own, less savoury options despite their previously held views. They also have to contend with those who view harm minimisation negatively. Harm minimisation is not about preventing or even stopping drug use. It is about helping families keep their loved ones as healthy as possible. To say that families embracing harm minimisation is in someway condoning or enabling drug use is just rubbish and hurtful.

Families have very little options as it is. They are faced with having to choose from options concerning their loved ones that they would rather not have to choose from. Taking harm minimisation away would further marginalize families and increase the potential for very negative consequences. Despite those who dislike or misrepresent our current harm minimisation/reduction policy, I have seen from working with many families, that harm minimisation have had a positive impact. Drug users have change positively after decade of chaos and without harm minimisation; they would not have made it.

Harm minimisation works in all walks of life from sun awareness, sexual safety, road safety and more. Why is it that when it comes to drug use, normally compassionate people are quick to say it cannot possibly work?

As an aside, the area of pill-testing at parties is extremely contentious. Many are claiming that it promotes a 'drug is OK' line and this is an inherent deficiency of harm minimisation. When families realise the reality that their love one regularly uses drugs like ecstasy – **acceptance does not mean condoning** – it becomes logical for them to support pill testing. It means less harm and can even prevent death. I can't for a moment entertain the thought that they are actually saying drug taking is OK.

### **TERM OF REFERENCE #3 – WAYS TO STRENGTHEN FAMILIES WHO ARE COPING WITH MEMBERS(S) USING ILLICIT DRUGS.**

In our eight years of operation, FDS have develop programs and courses around providing pragmatic approach to strengthening families. In delivering support groups, Stepping Stones to Success course, and volunteer training for the 24-hour support line, the three ultimate goals are to help families;

1. Cope better with their journey
2. Become more resilient and
3. To survive the journey intact

To address the shame/stigma that leads to increasing isolation and helplessness (detailed previously) means getting families together so they can mutually support one another. To give families the opportunity to share in their collective wisdom and experiences in a non-judgmental and accepting environment is core to all FDS' support initiatives.

FDS aims to provide services and programmes that seek to strengthen families by;

- providing realistic education on drug and alcohol issues;
- raising awareness of the drug user's cycle of use;
- providing families with a map of their own process and journey;
- developing clear, open communication skills;
- emphasizing the importance of self care;
- and more.

As families move along their process of supporting a drug dependent love one, they accept that it is not possible to change someone especially when they are not ready to do so. However, through strengthening families using the above, they can provide a more positive and conducive environment for their loved ones to change – when they choose to.

As families cope better, become more resilient and are able to survive the journey intact, there is a higher likelihood of positive results from the user. I have lost count the number of times the recovering users have openly stated that, “without my family hanging in there, I would have been dead”.

#### Recommendations

1. Families to be treated as key players and recognised for their efforts to remain connected. Much of the cost is bore by the families which will would otherwise fall back on the public domain
2. Better funding and support to organizations that are currently providing support to families
3. Recognise that harm reduction strategies all have a part to play and reducing them would further marginalize families who are in pain
4. All parties to recognise the debilitating aspects of shame and stigma for families
5. The government to work with the media to ensure balance reporting and a move away from sensationalizing and stereotyping drug stories. This will further support families who would otherwise have to deal with increase in shame/stigma
6. Drug policy to be move from law enforcement to public health arena. This is a human problem and not just about the drugs themselves
7. Recognise the unhelpfulness to families of judging drug policy through moral, ethical, legal and ideological filters