

Substance Abuse in Australian Communities

Our submission to the **House of Representatives Standing Committee on Family and Community Affairs: Substance Abuse in Australian Communities** is limited to personal experience.

Our 22 year old son, Ted, died in January 2000 as a result of (we assume) illicit substance abuse. We are still awaiting the results of the autopsy, probably to be released in another one to two months. He also misused alcohol and smoked marijuana.

This submission, therefore, is limited to our immediate and intimate knowledge of illicit drug abuse; although the effects of licit drug use are acknowledged as being of importance, particularly in addressing his treatment in hospital and at the various medical centres he attended.

We live in a suburb six kilometres from the centre of Brisbane and live a comfortable existence. One of us has tertiary qualifications and we are a relatively well-informed and well-read family.

The loss of our son is insurmountable and has its own cost in our health and productivity, as well as the cost to society directly.

SYNOPSIS

We contend that the present system fails the victims – in this case, Ted, us, and society in general. The only winners are the law/family/society breakers who peddle this rubbish, largely unstoppable and unhindered by the law.

The irreversible situation of Ted's death was preventable.

He was a person who had an apprenticeship, much optimism, and was a useful, caring and generally productive member of society, with one failing.

We as a whole failed the basic task of keeping him alive while he dealt with the problem. We failed to provide circumstances in which he could operate in the open, without shame, and in the knowledge that he had the love and support of not only those around him, but also of society at large.

The keys to beating this all-pervading problem are:

1. Keep the victims alive.
2. Prosecute and persecute the purveyors of these drugs which society has deemed unacceptable.
3. Stabilise and work with the victims to end the addiction.
4. Provide a means of allowing the victims dignity and a chance to be productive – the drugs should be available, legal and supervised so that lying and theft are not necessary, profit is eliminated, and there is a future for the victim.

When our son commenced school it was noted by his teachers and by us that he had problems with his learning. He was an impulsive child; unable to concentrate for more than minimal periods; he pushed the boundaries of acceptable behaviour and was constantly involved in risk-taking activities. All these symptoms lead us to believe that he suffered from some form of attention deficit/hyperactivity which was never diagnosed, even though we took him to a number of health professionals. His self-esteem was low and he found school all but intolerable. He started smoking cigarettes at about 12 or 13 and was introduced to marijuana soon afterwards. This in turn led to further experimentation. He continued this path of behaviour until his death.

We live next door to an elderly couple and their reaction to his death was predictable even though he was viewed by them as 'a nice young man'. Their reaction to the news that they had lived next door to a 'drug addict' was met with a look of horror and fear. We feel that they were genuinely frightened by the revelation. Drug addicts are not all lazy, good-for-nothing people living in squats or in the gutter without aspirations or hope. Some, such as our son, have loving and supportive families with extended family networks, who care for each other. The victims need help, guidance and assistance.

Sometimes families are too close to provide the correct sort of help needed and resources could be well spent providing the families with some form of assistance. This could be in practical, emotional, financial or other terms.

There is, in this family's view, no point in pursuing and convicting the small-time crooks and their victims when the instigators and profit-makers get away. The police who attended Ted's death and subsequently visited us indicated their frustration when they told us that they knew the identity of a number of these individuals but were unable to make successful prosecutions. One of the reasons given was that the defence lawyers, with unlimited funds at their disposal, were able to distort the law to their clients' advantages. If the large profits are not there to be made at the expense of society's most vulnerable and naïve, we feel sure that the attraction of the drug trade would be lessened.

Continue to provide the resources for the police and the Australian Customs Service in their pursuit of the importers and producers of the various substances. If the networks for drug distribution are interrupted and less is available, perhaps some of the addicts would seek assistance from legitimate sources.

The enormity of the problem is evident when confronted with the figures available. The police who attended our son's death said that in their district alone there are two drug-related deaths per week. The fact the results of the autopsy are not yet available is further evidence that the staff are overworked and continually under pressure. As an aside, victim's families here in Queensland are not notified of the final results as a matter of course. Approaches have to be made for the issue of the comprehensive report and, indeed, the final death certificate. Surely this is an unacceptable added trauma and discomfort to families. This is evidence that families are made to feel somehow further belittled after having endured the death of a loved one from this most insidious of modern plagues.

INDEX

Submission 1

Family relationships..... 1

Crime, violence (including domestic violence), and law enforcement..... 1

Road trauma..... 2

Workplace safety and productivity..... 2

Health care costs..... 3

Recommendations4

Family Relationships

Family relationships are constantly under strain when a family member suffers from some form of addiction. Lack of trust is particularly undermining and is damaging to all parties.

In November 1999 our son advised us that he had been using heroin for a few months. We did not know until after his death that this was at least the second time he had battled the addiction.

The wait for the results of the autopsy is painful, as is the continual dealing with bureaucracy (eg the Australian Tax Office who have been advised on a number of occasions that our son has died, and still records have not been updated).

Crime, violence (including domestic violence), and law enforcement

Although he was only arrested in relation to his drug use as the result of a traffic accident about ten days before his death, our son was known to the Queensland police service prior to this occurrence. He told us that he had been involved as an accomplice in some 'break and enters'. We are not blind to the fact that he may have been more involved.

We have been burgled once. The offender, whom the police suspect was an addict, was not apprehended. We never recovered any of the property. We are not able to surmise the police man-hours involved in this instance.

Our son was the victim of violence on at least two occasions. We suspect that these assaults were drug-related. We are unaware if the police were involved in these incidents.

While in his mid-to-late teens, we sought the assistance of the police service in an attempt to locate him one weekend after he failed to return at a specified time. We are satisfied that he was actively involved in substance abuse at this time. The police service, already stretched, had yet another family's crisis to deal with. Once again we are not able to surmise the man-hours involved.

At the time of his death there were about eight police officers in attendance at our home; they each must have been here for about one hour. This equates to eight man-hours at the scene, plus further hours on this one case. As stated, he died at home and no evidence of drug paraphernalia was evident. This leads us to surmise that if he died from an overdose of heroin (which seems the most likely of outcomes), there may have been another party involved. This, then, would be a further crime, which may or may not be investigated.

Thus we have as a minimum:

- Eight man-hours that we can account for, plus others which are we are unable to assess. We never envisaged that we would have cause to count the police hours involved in the location and assistance given to a young man.
- We have called on the police service on three occasions that we can recall. They have, however, been involved in our son's activities on more than these occasions. Therefore our reliance on their services has been far greater than we would have wished or expected.
- Although we have not lost active working hours during these incidents mentioned, there was loss of productivity simply because of the concern for our son, and our lack of direction in the work area directly following these occurrences.

Road Trauma

We find it impossible to separate the Road Trauma issue from the Law Enforcement issue.

The traffic accident in which our son was involved was directly related to substance abuse. He was under the influence of an unknown substance (again, we assume heroin) when he lost concentration and ran into the back of a parked car. His vehicle was written off and the other vehicle sustained considerable damage. There were no visible physical injuries. Two officers attended the accident; our son was taken to the hospital for a blood test; then to the watch-house overnight. A conservative estimate is that there were at least twelve man-hours involved in this procedure alone, discounting the follow-up action in which the police must necessarily become involved.

Workplace Safety and Productivity

As we mentioned in the synopsis, Ted was a productive member of society. He lost few working days as a direct result of his substance abuse. He was an apprentice carpenter at the time of his death and prior to that, had held a job as a storeperson with an import company. He held a number of casual jobs as a junior employee and was sacked on a couple of occasions. Whether these sackings were related to his productivity and/or drug use we do not know.

However, when his addiction was at its height his productivity as an apprentice was affected and on occasions he was warned that his work performance must improve, as he was placing his job in jeopardy. He would sometimes arrive at work under the influence of marijuana and therefore be incapable of working at the required rate of productivity. His short-term memory was affected and he needed supervision.

When observed from another angle, the productivity of our immediate family was also affected. His mother has attributed certain stress-related symptoms to her reaction to her son's drug abuse during his life. Since his death her productivity at her work only started

to return after approximately two months on and she feels that there is much more to be recouped. His father, who is self-employed, also suffered emotionally and, furthermore, was actively involved in the winding up of our son's estate. Since he died intestate this necessitated more involvement than had he left a will. His brother also underwent a change of direction, returning from interstate in order to be with his family and take up work in his home state. A conservative estimate is that at least five months productivity has been lost so far as a direct result of one family's grief and loss.

Health Care Costs

While using heroin, our son used the needle-exchange facilities provided by the Queensland Health Service at Biala. This service is augmented by blood-testing and related health-care. He made use of these services at a cost to the greater community. He had a number of sick days when at the worst of his addiction and attended various medical centres in order to alleviate his symptoms.

His admission to hospital and the Intensive Care Unit (ICU) for about twelve hours, following an assault would have involved considerable cost. Following another incident when he had ingested hallucinatory mushrooms, the ICU's services were again called on.

On at least three occasions he needed the services of the Queensland Ambulance, and at the time of his death two ambulances were in attendance.

One cost we have not noticed attracting comment is that of insurance pay-outs. Society can ill afford the added cost of insurance and the loss of superannuation on the death of the victims of these addictions. These costs are borne by all of us. Insurance pay-outs for the victims of crime, be they assaults, robberies or break and enters, would also be significantly reduced.

Recommendations

Society's view of drug- and alcohol-related illness needs to change. The methods we are using at present for dealing with addictions are not working.

1. There needs to be much earlier intervention for children displaying problems such as hyperactivity, anti-social behaviour and undue risk-taking. This would assist the families and educators to deal with potential casualties and/or victims.
2. Society's view of drug users (as portrayed by the tabloids) needs to be up-dated. This would provide for a better-informed and less hostile and judgmental public.
3. Let us, as a first step in Harm Reduction, introduce 'shooting galleries' for addicts. The arguments for this are widely known and valid:
 1. Regulated dosage
 2. Quality control
 3. Ready health care
 4. Clean needles
 5. Supportive environment

This step is vital. While the victims are alive there is some hope. Once they are dead nothing can be done.

4. Having introduced the shooting galleries, let us then attempt to use counselling and guidance for those fortunate enough to have the strength and will to make the move to break the cycle of drug use and its culture.
5. Let the local communities and councils operate autonomously, but benefit from State and Commonwealth funds. In the long term, surely this would be cost effective, and beneficial to the community, and in particular families beset by this most evil of diseases would be incalculable.
6. Let the profiteers pay mightily for their crimes. The seizure of assets should be a mandatory following a successful conviction.
7. If we did not have prohibition none of the above would be such an issue. This family recommends strong lobbying of the United Nations and, in particular the USA, for the repeal of conventions governing drug use, production and distribution.