

Inquiry into the impact of illicit drug use on families

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 disorders

My son is the middle one of a family of six. He started at around 17 smoking cannabis then heroin abuse at around 20. He is now 47! (Where did 30 years go?) 'Bill Crews' via Ted Noffs came to our village in the late 70s. An auditorium seating 500 was booked – 13 people turned up. I ran social activities for under 18s. I then threw myself into learning more than I wanted to but couldn't stop. Groups came and went, few survived. Grass Root professionals were understaffed and are still. 'Burn Out' a cause of the loss of over dedicated persons. Our hospital could only cope with around 20 in the early days! Private clinics came and went. Thank heaven's things have improved but then so have the number of 'users'.

Finances (easy) many thousands spent. Social and personal etc. pride or loss of one recovers from and soon find who your friends really are, the best are those that stood by some of the 'cold turkey' efforts, the sisters who helped us through 'home detox', the chemist who gave discounts on up-front payments for methadone, naltrexone, subutex and offered compassion at not being able to discuss the clients behaviour. So many.

Social life confined to attending more 'talk fests' than birthdays (now 75).

Brisbane, Sydney, Canberra, Melbourne and of course local.

Compensation for this is being able to pass on information gathered and cut down searching for some.

The Impact of harm minimisation programs on families; and

Three things stand out for me.

1. I believe the needle exchange has helped with associated illnesses being avoided.

2. Taking the 'tough on drugs' approach is ridiculous. Harm minimisation is the only approach. Organizations such as Family and Friends (tried and true) I know have supported 100's of my associates and probably thousands of others. Sadly although subsidized a little, there is always a battle to keep going apart from support and education their research with others such as F & F for Law Reform don't get listened to by power people. The injecting room services does brilliant work in one small area but should some drugs be decriminalised (see attachment) and administered under strict supervision maybe when the money is taken away so too would those that prey on the weak and may not have such a ready market.
3. Education and involvement of families. Difficult. Cigarettes and alcohol are accepted. Drug taking not so, and yet it also is a health habit (but not legal) so therefore there seems to be more shame in admitting drugs have come into the family. So many times you hear "my dad is an 'alky' or a 'smoker'" as if it OK but in hushed tones, my brother is a 'junkie'. The 2 ok things could be lessened by taking additives out of tobacco and lessening the alcohol in drinks – too easy. Take the money out of illicit drugs and treat as a health hazard – Educate not Legislate.

Ways to strengthen Families who are coping with a member(s) using illicit drugs

More caseworkers, who with permission, can take the holistic view of their client, "Self determination" doesn't work totally when as an instance Detox is completed this new person after 5-10 days has to travel by themselves, counselors may not be available for weeks, the cracks start to open and gradually widen so much easier to go backwards, so many overlapping groups, costly phone calls, ring in everyday, very few 1800 numbers, too hard.

I hope Drug & Alcohol take a leaf from 'aged care' organisation who are co-ordinating their services with an "holistic" approach. You paid for a Nimbin Doctor years ago to come up with a client formula. This was printed with a holistic approach. Prof. Webster lectured at a Drug & Alcohol seminar, same thing – who listens? Twenty more years of families listening and hoping. Finally back to my son – "self determination" finally took a more last length of time when his partner produced a dear little girl, pleading with the mother was to no avail so three years ago he gave up and has a full time job, loss of hair, teeth missing, still on a low dose of methadone, he is a proud 'Da' for the time being, there is some family and well as relief.

Will it all start again, who knows, but for the time being the sound of a phone late at night doesn't scare us so much as before. Perhaps a false sense of security; I doubt one doesn't recover from the waiting.

Stand out People

Tony Trimmingham, Family Drug Support

F & F for Law Reform (Brian & Marion McConnell)

Paul Dillon, Prof Ian Webster

Plus all those nans and grand nans who put their lives to one side for their families, not forgetting their husbands!

Needful Changes

Close the gaps between services

Fund the successful groups

Change the laws, cheaper to treat rehab than goal and mostly those in power **listen** to those that know.

Educate on health at pre-school right through to graduation. So on and so on.

I have 15 grand & 17 great grand children. The 'ice age' is terrifying; the side effects appear to be much worse than the past problems.

Marjory Cleere