



19th March 2007

The Secretary of the Committee
Inquiry into the Support of Illicit drug use on families
House of Representatives
PO Box 6021
Parliament House
Canberra ACT 2600

Submission: Federal parliamentary Inquiry: Impact of Illicit Drug Use on Families

This submission is in support of harm minimisation as a means of addressing drug issues and specifically their impact on families. I write this from the perspective of both a health professional who has worked in the drug and alcohol field for over twelve years and a family member who has experienced first hand the devastating impact and stigma of drug and alcohol abuse.

Firstly it is imperative that I stress that at no time have I ever supported or condoned drug use and secondly I would like to emphasise the need to include the abuse of alcohol and prescription medication in this discussion as whilst our family suffered the legal impact of illicit drug use, in many ways the abuse of alcohol was far more traumatic and devastating. As alcohol use appears to be a socially accepted form of drug taking in Australia, I have seen and experienced first hand the damage it causes to both individuals and their families. I believe that continuing to discuss the impact of drug use in terms of legal and illegal does nothing to contribute to finding constructive solutions to an overwhelming emotive issue and further marginalises people caught up in this cycle.

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.

In my family I have a younger brother (who I virtually brought up) who has struggled with a heroin and prescription medication problem and whose life has now stabilised as he is now on a methadone program. Alcohol still causes him and his young family considerable problems and this is now when we see him at his worst. My husband of eighteen years has recovered from a long-term heroin dependency and has not used heroin now for ten years, however alcohol overtook this and created havoc for myself and our young daughter up until a year ago. He now no longer drinks alcohol. My cousin lived with us for five years and was dependent on amphetamines and heroin for several years and became ostracised from his family during this time. Sadly he was recently killed in a motor bike accident. He was drug free and healthy at the time of his death.

Financial Impact

The financial impact of drug issues is enormous. If you support your loved ones, then ultimately their involvement in the use of substances is a costly one. If they are abusing illegal drugs there is the added dilemma of skirting on the edges of the law. This too has a price. Ultimately you do without luxury items, holidays, dinners out with friends, and if they are imprisoned then there is the added financial burden of supporting them through out this time. In our case we were always able to pay the rent and buy food due to the fact that I have always worked full time, however I know that for my brother's young family they have had to call on my sister to assist them financially on many occasions.

Shortly after buying our first house, we experienced several financial difficulties. As my husband had a criminal record (all related to his drug problem) I am unable to get insurance on my car despite not having a criminal record. I am it appears a criminal by association. The impact of this was that following a car accident and having no insurance we were on the verge of losing our house and without the compassion of a local solicitor who represented our case and allowed us to pay off his fees over eighteen months would have most likely had to declare ourselves bankrupt. In this experience the local police, disclosed my husband's drug history to the other party who subsequently were "allowed" to threaten me with physical violence, turn up at our house, ring me screaming abuse and their solicitor reveled in our situation. This created severe emotional and financial distress for me and our daughter suffered as a result. I felt powerless and had no rights.

Social Impact

The stigma that exists around both drug and alcohol and mental health issues often prohibits individuals and their families seeking support and treatment. Having worked in the drug and alcohol field and for the last seven years in an organisation that promoted abstinence as the main form of treatment, I have had contact with families and individuals who have been ostracised because the drug user has not been able to maintain an abstinent lifestyle. In an ideal utopian world drugs would not exist, but the reality is that drug use and abuse has been a part of the human psyche for centuries. In our society where there is a prescription for every human condition, we have been conditioned to crave the altered state or to seek solace in a power greater than our own. Whether it is gambling, overworking, religion or drugs; we seem to seek answers in realms outside of ourselves.

Drugs are easier to blame and demonise as their destructive impact is so clearly evident. When my husband was using heroin and became a walking corpse, there was nothing I could do to stop or control what was happening to our once perfect life. I experienced so much judgement from those around me including other health professionals that I stopped talking about my home life consequently I lived in social isolation, carrying the shame of having "made the choice to love someone who was dependent on heroin". When this horror ended he became dependent on the more acceptable drug of alcohol and our lives became even more chaotic, scary and violent so much so I crave for the "good old days" of heroin use.

Personal impact

The personal impact of drug use is almost too painful to put into words. For me it has created times where I felt I lived two separate lives; that of a professional and that of someone who loved people who were slowly self-destructing before my eyes. It made me tired, sad and depressed. I have lost a job because my employer found out I was with a drug user. My daughter who was five at the times, energetic and social was not invited to certain families' houses and their children were not allowed to come over and play, despite our house being the local kids hang out. The stigma has caused me to lie, to be evasive, and avoid inviting certain people to my house, to restrict my social activities, cancel holidays overseas, to develop a wariness and mistrust of people, drop out of courses and to suffer with depression.

For drug users and their families there is a perception that you are less worthy of equal treatment. Only four years ago my husband was assaulted by bouncers at a club. He called the police but once the police realised he had a drug history they held him in the cells, taunting and abusing him until they realised that he had not had any issues with heroin for six years and no contact with the legal system in this time. They apologised. He was severely bruised, had broken ribs and was very traumatized by the event and had to take days off work from his job as an assistant nurse. No charges were laid against the bouncers. I wanted to take further action through a formalised complaints process however my husband was concerned that we would experience further harassment.

A year later, living in a small North Coast community, my husband lost his license for a drink driving charge and in the course of this was identified by the police; they began harassing us, pulling me up in my car whenever they could. Having learnt from the previous experience I spoke to them about filing a formal complaint for police harassment and very quickly they left us alone. To this day I experience anxiety when I see police. It is important at this point that I stress that I have never made excuses for criminal activity and understand the need for penalties and repercussions, but have never understood why a person becomes a second class citizen or why innocent family members become targeted.

I have felt powerless and helpless and yet bound by a love and commitment to support and be there for my husband, brother and cousin. I held onto the times when they did well, felt devastated when they relapsed. There is also the constant fear and shame; fear of the police coming to your house, being targeted, the shame of having your car searched in the main street of town, the shame of being raided, the fear that one day they will overdose and die. There is the awareness of other people's opinions, their judgement, the pity in their eyes; the scorn when you attend the probation and parole service with them or visit them in prison.

It also teaches you to become tough and resilient and forces you to draw on a depth of love and compassion you never believed you had. It allows you to have an appreciation of human life, to treasure the beauty in every person and trains you to have an eagle eye for the sacredness of humanity often buried deep inside the soul. It gives you a perspective of human suffering that while difficult, also provides a richness that those untouched by tragedy are oblivious to. The most healing and encouraging was the support I received from some unlikely sources; individual police officers, a work colleague, a supportive team leader, fellows students at TAFE, my TAFE teachers, and a couple of dear friends; some who had been through similar adversity but others who were basically compassionate and kind. My experiences have also made me great at my job, popular with clients, a strong client and family advocate, a great net-worker and unafraid to speak up about injustice.

The impact of harm minimisation programs on families

One of the major incentives for both my husband and my brother to join the methadone program was to reduce the financial burden of their drug habits. These programs while not without their own problems create stability and have allowed my brother to enroll in a TAFE course, to work part-time and participate in activities at his young daughter's primary school. Being on the methadone program gave my husband the opportunity to reduce his involvement in criminal activity, commence casual work and ultimately during a period of time in jail eventually reduce his methadone to the point where he ceased opiate use completely. These programs also provided both my brother and my husband the opportunity to participate in counselling to help them identify the triggers to their drug use and relapses. Increased stability in the drug user means increased stability for the family.

The emphasise on zero tolerance that appears to have infiltrated the drug discussion is distressing and disturbing as it negates the pain and silent suffering that individuals and their families experience dealing with these problems. It ignores the facts that harm minimisation saves lives and provides us with a realistic foundation for addressing an overwhelming and often complex problem. The harm minimization model avoids blame and judgement and provides a compassionate approach that allows us to continue to see the worth of human life within a broken physical exterior.

The challenge is that this model asks us to put aside our history of stereo-typing and moralising about what is good and evil. The even greater challenge is that it is a model that asks us to provide support and treatment options that might go against the grain of public perception and calls on the courage of political leaders to step aside from the fear mongers and myth makers and look at the positive impact of such programs objectively. The sad factor in this debate is that there is no recognition that the harm minimisation model also incorporates the option of abstinence and there is a perception that by adopting this approach we are supporting a free-for all on drug taking.

I have been saddened by the misinformation perpetuated by politicians and the media about the injecting room at Kings Cross. Anyone who has been in the field and was

working at the time of the heroin flood will recall the countless deaths. I can still remember attending the funerals of five young people who had died of overdoses in public toilets and train stations and the shame and distress experienced by their families. The crude misinformation, money and energy being expended on this attack would be better utilised in providing more treatment options and programs and productive discussion on ways to support drug users and their families. I was horrified that the government chose to fund a glossy document attacking the injecting room when this money could have been spent on treatment. The opening of the injecting room at the time was and still is such a proactive response to these tragedies and a positive strategy to keep people safe.

With the growing incidence of meth-amphetamine abuse, we require an increase of options that encourage drug users to have supported contact with services that can monitor their drug use. By supporting injecting rooms, needle and syringe programs and pharmacotherapy treatment programs we increase the chances that drug users will have contact with health professionals who can identify early potential problems such as psychotic breakdowns or other health issues. A positive experience of support such as health advice and vein care from a worker at a needle exchange program may at some stage encourage the drug user to take the next step to reconsider what is happening with their drug problem. In the meantime we are reducing the risk of infectious diseases both for the users and the community, encouraging safer using practices and monitoring their overall wellbeing.

There is however the need for a range of intervention strategies, with funding required for outreach and day treatment programs. There are a relatively small percentage of drug users who are suitable and fit the criteria's for drug rehabilitation programs and therefore we have a huge percentage of the population who do not fit into the current treatment options provided. Despite this we continue to blame the drug user for being unmotivated and unwilling to seek treatment; one wonders about the impact of providing a range of more accessible options. We have an untapped pool of experts; the drug users and their families who need to be consulted if we are to be effective in addressing drug issues. Rather than continuing to rely on academics (who still have a valuable contribution to make) the greatest resources are the people whose daily lives are shaped around living with these issues. This is why this consultation process is so valuable and if utilised constructively could be an opportunity for Australia to develop some really innovative and effective strategies. The danger is that this process is hijacked by those with a moral agenda. I have faith however that this will be an objective investigation.

Working in the area of dual diagnosis (both drug and alcohol and mental health issues) the reasons why people self-medicate with drugs and alcohol are complex. People with mental health issues and their families already feel marginalised by the rest of society. Many of my clients have expressed their loneliness and social isolation. When the outreach service I had worked to develop and set-up was closed in November 2006 many of our clients indicated that we were the only social contact they had during the week aside from a brief appointment with their psychiatrist or

sporadic contact with their case manager (many clients did not have a case manager). It is heart breaking to imagine the thousands of people living in our so-called communities who know that "normal" people do not want anything to do with them and live day to day lives alone. It is also neglectful and criminal to see these intelligent sensitive people are then further stigmatised because they use drugs and alcohol to medicate mental health symptoms, combat the side-effects of their medications and to cope with loneliness and isolation. There are few drug rehabilitation programs willing to accept people with a serious mental illness. Clients are often turned away from psychiatric facilities and are told to wait until they become psychotic before being admitted (and even then this does not guarantee them a bed) and in many thousand of cases it is the tired, exhausted and often aging families left to pick up the pieces.

Harm minimisation is a realistic option. It is proactive and positive and assists people to have some quality of life. If this means that we support people to reduce the harm associated with their use of drugs rather than insisting they give up drugs then ultimately we reduce the costs all round. If a person is encouraged to reduce their use of hydroponic cannabis which is aggravating and increasing their admissions to psychiatric units rather than insisting they stop completely when they have indicated they feel they can't, then there is a saving not only in the reduction of money spent on hospital treatment, but the emotional impact on the family or the community who have to deal with a person in continuous psychotic states.

Just as realistic is to encourage a person to stop their use of alcoholic spirits and stick to beer if this reduces their potential for violence and possible harm to family members or the community. While these may not appear to be ideal outcomes, they are however outcomes that reduce the cost and impact on the community, their families, other ancillary services such as ambulance and police and the drug user. There are few day treatment programs to deal with drug and alcohol abuse, and living skills centres for people with mental health issues are a thing of the past. A continued emphasise on institutionalised treatment and now the push for zero tolerance in addressing drugs will only see these issues pushed further underground and an increased pressure on families, overwhelming demands on hospitals, prisons, ambulance services and police who are left to deal with the crisis end of the issue.

Harm minimisation provides a graduated range of responses and allows us to support people where they are at. It allows us to provide early intervention services and to introduce safe places for people currently living unsafe lives on the fringes. Harm minimisation reduces the risks for dependent drug users but also those experimenting with drugs. With the increasing issues surrounding meth-amphetamines and the recently publicised deaths of young people associated with other psycho-stimulants, a holistic proactive harm minimisation response would give Australia the opportunity to introduce cutting edge strategies and to actually provide support and early intervention to the myriads of young people experimenting with drugs. The introduction of drug testing machines as used in the dance party scenes in Europe would reduce the risks associated with this experimental stage and most importantly the potential loss of life.

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

Providing a range of harm minimisation based intervention and treatment options combined with a proactive campaign by politicians which is supported by informed and responsible media houses would allow Australia to lead the way in addressing the devastating impact of drugs on our communities and more specifically families. In the current social climate families are struggling to remain cohesive and yet more than ever we recognize the power and importance of the family unit. If we are to be a truly Christian (in all its definitions) and compassionate Australian society we need to take a stand in the face of prejudice and misunderstanding. This requires us to put aside fear based judgements and to embrace the concepts taught to us by Jesus himself. We need to take care of those who struggle and are vulnerable and to support families to cope with these issues rather than condemn them to a life of shame and isolation.

By funding services that are holistic in their approach and include rather than exclude the family in the treatment plan; services that support families; family and carer groups we are also supporting the drug user. As there are simply not the resources to provide consistent twenty-four hour services for drug users, the reality is that families and carers carry the majority of the burden. By better supporting families and acknowledging their contributions, we reduce the risk that individuals will become estranged from the family unit, particularly in the case of people with a dual diagnosis. We also create an environment that encourages people to ask for help and support and in the bigger picture work to reducing the stigma and isolation that families experience. With a more even distribution of the workload between the drug user, families and carers and services, this ultimately reduces the impact of the crisis situations that require labor and cost intensive and often traumatic interventions. Harm minimisation strategies that incorporate realistic, early intervention initiatives reduce the overall financial, social and personal cost not only to families but the overall community

Harm minimisation encourages individuals and their families to be empowered in a disempowering situation. It supports people to begin to make choices and to take control of their drug use. Just by making the decision to participate in safer using practices or to weigh up the potential damage a substance is doing to your physical health and make choices that reduce some of the harm are decisions that encourage self-responsibility. A climate of blame around the topic continues to perpetuate the deep seated concept that this is someone else's problem.

The reality is that whether or not you are directly affected by someone's drug use you pay a price. The cost to the tax payer of law enforcement, of an ailing psychiatric health system, having your home broken into by a person seeking the means to buy drugs, your car being hit by a drunk driver, being caught up in a pub brawl fuelled by alcohol, these are all examples of the potential fall-out of drug and alcohol and mental health issues, unless we take our heads out of the sand and get real about this increasing health issue, we will continue to run around in circles of blame, shame and ignorance, we waste time and money while the problem only gets bigger.

Thank you for the opportunity to express my concerns and thoughts and I thank you for your time in reading this submission. I am more than happy to be contacted to verify or confirm the contents included.

Yours sincerely,

A handwritten signature in cursive script that reads "Antonia Ravesi-Pasche". The signature is written in black ink and is positioned above the printed name.

Antonia Ravesi-Pasche