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The Secretary
The House Standing Committee on Family and Human Services
PO Box 6021
Parliament House
Canberra
ACT 2600

Inquiry into the impact of illicit drug use on families

Financial, social and personal cost to our family

Background
Our youngest son was addicted to heroin for about 15 years and lived in the family home all that time. At times he engaged in violent behaviour and as a result was in trouble with the law. His siblings had left home and he had previously left home for a period of about 3 years. He has recently made the decision to train as an apprentice and end his dependence on narcotics and is well on his way to achieving that goal.

Financial cost
In one respect we were fortunate compared to other families we have known in that he did not steal from us or pawn our belongings. We have had many spoons bent, sheets and towels burnt as a result of our son falling asleep whilst smoking, and damage to the house and furniture during uncontrolled fits of rage. Other drug users who have come to our house have stolen things and on one occasion a group of them terrorised the whole family and damaged not only our son's car but one of ours using iron bars.

We have never condoned the drug taking or wished our son to avoid the consequences of illegal behaviour, but we spent large amounts on legal expenses believing that any jail sentence would lead to further involvement in crime, sharing of needles with further risk to his health, and reduce his chances of returning to a normal life or gaining employment.

Social and personal cost
Living with an active drug user can be very stressful just having to deal with the changing moods and unpredictable behaviour. There is always drama due to the lack of control over events. At this stage going for a holiday is out of the question as he can not adequately take care of himself, let alone the household tasks and emergencies.

We have visits from police, which is embarrasing as well as stressful, calls from police, usually in the middle of the night, asking us to pick up our son, visits from other drug users, one of whom overdosed in our house and needed an ambulance call.

We have wanted to support any initiatives aimed at solving the problem. Supporting a home-based withdrawal is not somethng we would ever wish to repeat, this requires trained expertise. Even supporting a rehab withdrawal was highly stressful being totally outside our experience. We chose not to involve the rest of the family in any of this and sometimes found

things difficult to explain. We were supporting a family member in trouble but not receiving family support ourselves.

Effect of harm minimisation

The methadone/bupranorphin programme has enabled our son to work for a large proportion of the time. This has many benefits, not only building of work skills, but interacting with the community. Otherwise addicts tend to be quite solitary or mix only with other drug users. The household is able to return to a normal routine reducing stress on other members of the family. It has also enabled him to benefit from counselling from drug and alcohol services in the district. As a result he has been able to learn life skills and improve his relationships and put past traumas behind him. (We learnt that he had been sexually abused as a child, which he had never been able to tell us). All these things take time.

Buprenorphin has been a great improvement as long term use of methadone is so detrimental to the teeth and has other unpleasant side effects.

Detox programmes are sometimes thought to be a quick fix. What we initially thought had "failed" was in fact been helpful in the long term. They allow the addict to believe that he could, with a little more persistence, when he is ready, achieve the desired result. They have many other benefits such as being exposed to a normal routine, healthy food, counselling, introduction to other organisations which may be of help to them.

Needle exchange programmes are highly beneficial in protecting users from harm and highlighting risk issues. They are another interface with people who care and therefore an opportunity to seek help.

We have believed all along that reinforcement of positive steps on the part of the addict is vital. Lack of self esteem is the thing that stands in his way. Attitudes of some professionals are not helpful. For example some pharmacists treat their methadone customers with total lack of respect for their human dignity. The police, when conducting searches could act more professionally, foul language is quite unnecessary, and so is disdain for other members of the household. Training programmes for professionals in the drug and alcohol field need to cover all who come in contact with drug users.

Strengthening families

Family counselling services have helped us, his parents, to live our lives in some semblance of normality in spite of having an addict in the house. It has also helped us to appreciate what behaviour on our part is constructive. We consider that the availability of professional skilled help of this type is an imperative if families are to be strengthened sufficiently to be able to cope. We have also benefitted from support groups. We would have appreciated the availability of suitable supportive accommodation outside the home for our son to enable him to become totally independent.

Knowing that many of the services referred to above were available to assist our son relieved our stress greatly. We knew that he was extremely safety conscious and had access to the necessary resources in needle exchange programmes, so we did not have the added anxiety of serious long term health effects.

Anything which results in enhanced self-esteem on the part of the drug user is beneficial. It is an essential factor in making the decision to cease dependance, and following through.

Sponsorship of the buprenorphin and other such programmes is beneficial to society by enabling rehabilitating drug users to work rather than be dependant on government benefits or in jail at great cost to the community. However there needs to be greater awareness on the part of employers that these people can work quite safely, and there needs to be more flexible arrangement for the administration of the programme to enable people to work and receive their medication. For example if the pharmacist closes at 6pm and the worker is asked to work overtime, or at a location which does not allow him to get back in time there could be a fall-back arrangement at, say, a hospital or a different pharmacy. If the worker is asked to work in another state for a short period the arrangements seem quite complex.

We appreciate the efforts of the government in seeking to reduce the supply of drugs, but feel that a far greater proportion of time and money should be put into services which have been shown to help those addicted to drugs and their families to return to a normal life.