

INQUIRY INTO THE IMPACT OF ILLICIT DRUG USE ON FAMILIES

1. The financial, social and personal cost to families who have a member(s) using illicit drugs, including the impact of drug induced psychoses or other mental disorders.

This addresses the financial, social and personal cost to families who have a member(s) using illicit drugs only.

The realization that a child you have brought into the world is using a narcotic drug does not happen overnight. It takes a while to recognise the subtle personality changes, the avoidance manoeuvres and later 'the look'. The 'look' is that haunted, desperate appearance about the eyes. The 'look' of you don't know me; you don't know what I have done; you can't enter my world.

So you discuss the issues with your partner but we're both really in a state of denial – this can't be. We are middle class professionals, our daughter is a lively, intelligent, sporty university student. She can always cogently justify why she never has any money despite our supporting her and a part time job, We try to probe and are reassured by her – of course all is well. How comforting to hear that, nevertheless our suspicions grow. Do her siblings share our suspicion? Have they noticed anything? We don't want to ask them. We don't know what to think or do, we feel strained, an inner turmoil, a tension and distancing within the family and our circle of friends. We keep our anxieties to ourselves concerned about the stigma associated with illicit drug use should others become aware of it.

So, in this way months and months go past, and eventually it comes down to an invasion of her privacy. A look through her personal space, clothes, drawers – inside, under and behind, under the mattress, in bags, the bin.... and then the evidence and our disbelief – is this white powder what we think it is. Our intuition tells us it is but our reality doesn't want to accept it.

2. the impact of harm minimisation programs on families

Our daughter used heroin intravenously. We did not condone this, indeed we wanted it to stop. However, it took a very long time and several relapses but she eventually stopped altogether. We believe one vital aspect of our daughter's illicit drug use that has enabled her to be free of blood borne infections is the needle exchange programme. She was able to use safely because she had straightforward access to fit packs with clean syringe, needle and swab. We cannot underestimate the protective benefit of this scheme and associated education (such as never using alone) that enhances its usefulness.

Recommendations:

We support and recommend:

-adequate government funding for the needle exchange programme to ensure its ongoing effective continuation

-adequate government funding for other harm minimisation strategies / educational programmes

3. ways to strengthen families who are coping with a member(s) using illicit drugs.

At times it felt overwhelming and we lived from moment to moment with so many conflicting thoughts rushing around. This is not like having a family member with cancer (we've had that experience) or some other life threatening condition. There, you can rely on doctors, hospitals and modern treatments. In this situation, within the health system there is a paucity of medical expertise, information and understanding (our personal experience), inadequate and under resourced places or exorbitantly priced private facilities for detoxifying and rehabilitation.

Then there is the guilt and feeling of stigma. Where did we go wrong as parents? In what way was our parenting style lacking? Could we have prevented this? What do we do next?

We search for help in the phone book, looking for a non judgmental knowledgeable voice. We find Family Drug Support and are invited to one of their weekly meetings.

The group with convenor, Tony Trimmingham, sit in a tight circle in unprepossessing surroundings at a Family Drug Support (FDS) meeting, a cross section of parents, partners, siblings, an ex addict, older and younger people. All have a story to tell of lives overwhelmed by the stress of having a loved one suffering from an addiction. We listen but feel unable to contribute, yet somehow feel we've made some sort of connection. We have our suspicions confirmed – the substance is heroin – and even though we thought it was, that moment of reality strikes us both like a thunder bolt, we feel shocked and devastated. We go home from FDS but with a thread to cling to, a dim but comforting feeling we are not alone. There is someone there with experience, understanding, knowledge and strategies to share. We now have a conduit to get support, obtain reliable information and improve our understanding of a user's behaviour.

We access the telephone support line run by FDS volunteers and feel reassured that this is available 24hours a day every day. We attend another FDS meeting, we start to learn about user behaviour, we are guided through the cycle of stages of addiction and gain a better understanding of ways of communicating more effectively. We're told about the evidence for and importance of maintaining contact and family cohesion to enhance the probability of a successful or positive outcome. We come to understand that success is not necessarily being non dependent on drugs, that there are cycles of behaviour, that relapse does not have to be equated with failure, that we can strengthen our resilience to cope and family cohesion.

The possibilities of how we can begin to better deal with our addicted loved one open up. However horrible she is to us, if she lies, is devious, dishonest

or steals from us we come to realize a fundamental truth that we will not stop loving her. We know we will always be there for her. It seems less of a maze from our initial feelings of 'what are we dealing with?' and 'what can we expect?' and 'where to next?' It also dawns on us from our ongoing contacts with FDS that this is just the beginning of what might be many years to come.

And over all this hovers the reality that she may die.

We decide to tell her siblings and, with helpful guidance from FDS we write her a letter. We also have to prearrange a moment when we can give it to her directly – not so easy with her level of avoidance behaviour. In it, the first and foremost thing we tell her how much we love her and always will, no matter what. We also convey to her that, when a time comes that she wants to change, we are there for her. The letter has a profound impact on her. Some two weeks later she and I spend successive days and nights together which seem interminable while she goes through her first detox, exhausting but finally rewarding for us both.

Through FDS, we and her siblings have been able to gain resilience and useful strategies that have enabled us all to support her through her usage and relapses. She eventually completed and gained her degree and is now a healthy married young woman with her own family.

We believe we also have FDS to thank for helping us to develop a more cohesive family.

Recommendations:

That the government publicises its official policy of harm minimisation and promotes a community understanding towards reducing the stigma of illicit drug use.

That FDS is recognised as providing an invaluable and unique service to families of illicit drug users.

That adequate and ongoing government funding be made to enable FDS to enhance and expand its services.

That the health sector is better funded for adequate provision of detoxification and rehabilitation places.

That medical and allied staff training incorporates up to date knowledge and a better understanding of illicit drug use.

That General Practitioners are required to undergo specific training and ongoing training in this area.