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AUTHORISED
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Submission by Tony Trimingham OAM Founder and CEO of Family Drug Support to the Inquiry of the impact of illicit drug use in families on behalf of Family Drug Support (FDS).

SUMMERY OF SUBMISSSION

FDS is in contact with many affected families via its telephone line, website, support groups and Stepping Stones courses.
Females (mostly mothers) are the majority of callers.
Drug trends can change quickly.
Families feel isolated and tend to deal with problems internally initially.
Some support outreach is not always constructive (i.e. Doctors and priests can be judgmental).
Families go through a stages of change process i.e. – denial, emotion, control, chaos and coping.
Shame and stigma, self blame and guilt are strong feelings experienced.
Families are often naïve and have unrealistic expectations of treatment in the early stages.
Families respond well to support and information.
Different drugs cause different problems in families.
Most families fully support all aspects of Australian drug policy – supply, demand and harm reduction – although funding is seen as unbalanced – too much to supply.
Families don't like, support or condone drug abuse.
Abstinence is always the goal but families realise it is a long hard road.
Keeping people safe from harm – overdose, disease, crime and mental problems means that harm reduction strategies are accepted and supported by most families.
Families respond well to support –although it is sometimes difficult for them to access.
Some families have barriers that make obtaining support more difficult – literacy, poverty, culture and language.
Positive outcome are possible and family support is crucial.

Recommendations

Attachments – FDS Statistics
Letter from Parent

SUBMISSION

Thank you for initiating this inquiry as families are often the forgotten people in ongoing debate and policy decisions regarding the impact of illicit drug use. I realise that this is an inquiry into the impact of illicit drug use but feel compelled to state that legal drugs – particularly alcohol but also prescription and over the counter medications can also impact terribly on families.

When I first became involved due to my son's heroin use, families were largely discounted by everyone. There has been progress made over the past 10 years but still a need for more change.

Term of Reference 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.

FDS takes approximately 25,000 calls from affected family members and also has several hundred attendees' at support meetings and Stepping Stones courses. Families from all parts of Australia access our support services and attaches are statistics from our last eight years of operation. Many other families' members access our website.

Key points of note from the statistics:

- 70% of callers are female, mostly mothers.
- Drug users are 66/34 male to female.
- Most families who contact us are still connected to the drug user and many live at home.
- Drug trends can change quickly i.e. sharp decrease in heroin but increase in stimulants (especially ice).
- Many callers ring back for additional support and many follow up to support meetings and courses – we have 2000 on our mailing list who receive our FDS Insight bulletin.
- Most callers are in crisis i.e. they don't seek help early – usually problems are entrenched before they reach out.
- The majority of callers are articulate, well educated and people with barriers of literacy, language are under represented although they respond very well when the support is accessed.

From our work with thousands of drug affected families over ten years we have made several determinations.

- Families are often unaware of the problems for a while and are usually quite shocked when they discover drug use. There is a widespread 'Not in my family, never my child' belief that prevails.
- When families become aware of drug problems their first instinct is to 'fix it' and their major goal is for the user to become 'drug free'. Over time the realisation is that it takes a long time for progress to occur and there are many risks and harms that can occur.
- They feel very isolated and aware of the shame and stigma that drug use brings.
- Their first attempts to reach out for help are usually to priests or doctors – not always with positive outcomes.
- Although often feeling sidelined by treatment services families do respond well to education, awareness and support.
- Peer support i.e. support from families who have trod the same path is particularly affective.
- As families develop coping skills they become very effective tools in assisting drug user's progress.
- Dealing with chaotic drug use is traumatic for families. Guilt, blame fear and anger are common emotions. With drugs like heroin there is a constant fear of overdose, death, blood bourn disease and crime. With stimulants like ice the problems are more behavior oriented – anger, violence and psychotic episodes. Family arguments, feelings of incompetence and powerlessness, breakdown of relationships and boundaries are common reactions. All family members are affected.
- Families do learn to cope and develop resilience when given quality support.
- If not supported families can 'burn out' and become disconnected from the drug user.

We have identified that drug abuse exists in three types of families.

1. Motivated and literate families who access help and support eventually. These families make up the majority of the clients of FDS.
2. Families who care but who have barriers to accessing help like literacy, culture and language. FDS sees small numbers of these families but find that when support is accessed they respond positively to it.
3. Families who for a variety of reasons rarely access support. Families that don't care or are dysfunctional fall into this category. FDS virtually never see these families. Drug users from this group often form new 'family' groups from peers, friends, religious communities etc.

Term of reference (2)

- the impact of harm minimisation programs on families.

Australians official drug policy has been harm minimisation since 1984. The policy addresses three areas of concern – supply reduction, demand reduction and harm reduction. FDS proudly supports this policy with a belief that to address all three areas of reduction is important. However we do believe that funding and prioritising the three areas is somewhat unbalanced with 84% of funds going to supply reduction (customs, federal and state police, justice system and prisons), 10% to demand reduction (education, preventions and treatment, and 6% to harm reduction (needle and syringe programs and pharmacotherapies).

No parent or partner wants any family to abuse drugs. When people are excessive users or dependant, all parents and other family members want them to give up drugs as soon as possible.

Most family members realise though that this is no easy task and may take several attempts and many years to achieve. In the meantime there are consistent concerns about overdose death, psychosis, blood bourn disease, crime etc. We have seen many successful recoveries from drug problems over the past 10 years – none has been easy and almost always keeping family connectedness and support is crucial.

People do change – sometimes gradually and incrementally, sometimes by a decision or turning point that appears to come out of the blue. Either way it is important that the least damage is done along the journey of drug use. This is why clean needles, methadone or buprenorphone, injecting sites and peer education are crucial.

The idea of people injecting drugs is a reality most families don't like to think about and would rather not confront. We cannot ignore the reality and the fact is, if our loved ones are injecting we want them to use clean needles, the need to swab hygienically and be as safe as possible. Our members are upset when these services are under threat from local attitudes.

Harm minimisation is accepted in all areas of human life –bushfires, swimming pools, electricity and of course road safety – all have built in harm minimisation strategies that are acceptable and logical. For some reason when it comes to drugs some people lose their sense of logic, pragmatism and compassion.

Accepting harm minimisation does incorporate abstinence as an acceptable goal and does not condone or support drug use. Although sometimes the policy is misrepresented by those who don't like it.
We should be proud of Australia's successful harm minimisation leadership and families would like to see more services available that help keep people alive

Term of Reference (3)

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

- We believe that families are most expert in knowing and motivating their drug using member (s).
- We believe that given reliable education on treatment services, families can assist users in making progress with treatment.
- The earlier the family gets support and information, the sooner they get through the negative stages of the process and feel better, develop coping skills and resilience.
- When the family is adequately supported and coping better, the drug user is most likely to be making progress in dealing with negative drug issues.
- Other positive outcomes include – better communication, more openness and honestly, less aggression and conflict, better health etc.
- Treatment services should be more aware of families needs and strengths and where possible included in treatment strategies.
- Negative media makes life very difficult for families already struggling with shame and stigma.
- Basic skills can be taught quite easily eg 'I' statements in communication rather than 'you' statements.

Families do not want to encourage drug use of any kind including ecstasy.

Families do not support a message of drug use being ok if done safely.

Families do not condone and in fact are in fear of their members breaking the law.

Families do not think that drugs in pure form are not necessarily harmful.

Families do believe in strategies that ensure more safety.

Families do not want their drug users to be using contaminated drugs if they choose to use drugs.

The majority of families support harm minimisation and would encourage the use of pill testing.

It is quite logical for families to support all of the above statements.

Recommendations

1. That families are recognised as key players in addressing drug use issues and problems.
2. That access to quality support is made easier by supporting organisations that support families.
3. Programs that educate key community groups – general practitioners, priest, police and teachers should be encouraged.
4. Harm reduction strategies such as needle and syringe programs, pill testing and pharmacotherapies should be enhanced and expanded and the public made more aware of the benefits.
5. Families that have significant barriers to support – cultural, literacy, poverty, language etc need to have special attention.
6. That Governments and politicians at all levels of Government become more aware of the shame, stigma and trauma of families of drug users and do all in their power to facilitate understanding and minimise community alienation.
7. That Governments liaise with media to ensure that reporting on drug issues is balanced and does not increase the shame and stigma of drug users and their families.
8. That there is a recognition that drug issues are extremely complex and need evidence based strategies not those driven by morals, ideology and emotive beliefs.

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TELEPHONE HELPLINE STATISTICS 1999 –2006

COMPARISON OF CALL PATTERNS

TOTAL CALLS	Year	Total	Av per wk	Av per day
April - Mar	**1999**	5815	112	16
April - Mar	**2000**	10169	196	28
April - Mar	**2001**	12233	235	33
April - June	**2001**	3520	271	39
July – June	**2002**	14571	280	40
July – June	**2003**	14834	285	41
July – June	**2004**	19591	376	54
July – June	**2005**	23457	451	64
July-June	**2006**	23660	455	65

TYPES OF CALLS	1999	2000	2001	2002	2003	2004	2005	2006
Hang Ups	188	764	602	735	519	1898	2770	3107
Nuisance	63	193	120	212	114	233	154	151
Info/Referral	1883	3490	5539	8038	9232	16410	20264	17601
Support	3681	5722	5972	9106	8969	6869	8016	11816

AVERAGE LENGTH OF SUPPORT CALL	1999	2000	2001	2002	2003	2004	2005	2006
Av length in minutes	34	31	28	30	27	28	29	33

REFERRALS FROM %	1999	2000	2001	2002	2003	2004	2005	2006
Previous Call	15	23	23	56	43	43	36	43
Phone Directory	44	54	61	33	45	48	56	47
Media	8	4	2	1	1	1	1	1
ADIS	7	3	1	1	2	1	2	2
D&A Service	11	8	4	3	2	2	2	2
FDS Member	11	4	3	1	2	1	1	1
Other	4	5	6	5	5	4	2	4

LENGTH OF USE %

	1999	2000	2001	2002	2003	2004	2005	2006
0-6mths	9	12	9	10.9	9.5	8.5	8.3	7.0
7-12mths	11	12	12.5	10.6	9.5	8.9	8.4	8.7
1-2yrs	30	18	15	12.7	11.1	11.1	11.3	9.9
2-3yrs	10	10	12	11.2	10.7	9.3	9.0	9.3
3-4 yrs	10	9	15	11.0	10.3	9.3	7.1	6.7
4-6 yrs	7	9	9	8.6	9.7	7.6	7.5	6.4
6+	23	30	27.5	35.0	39.2	45.4	48.4	51.9

DRUGS USED %

	1999	2000	2001	2002	2003	2004	2005	2006
Heroin	49	33	29	16	14.7	13.6	11.2	9.6
Cannabis	21	26	26.5	29.8	28.8	29.3	30.6	27.3
Speed	8	14	14.5	17.5	17.7	18.6	19.9	15.6
Methadone	6	5	5.5	4.8	4	3.7	2.5	3.0
Prescription	4	5	5	6.3	8.9	7.9	7.5	6.7
Naltrexone	4	1	1.5	0.6	1.0	0.7	0.4	0.4
Alcohol	4	7	9.5	11.3	14.1	14.6	16.0	15.8
Ecstasy	2	3	4.5	5.0	5.3	5.0	5.2	5.7
Cocaine	2	3	2.5	4.8	2.5	2.7	2.7	2.6
Other	-	3	1.5	3.9	3.0	3.9	4.0	5.4
Ice								7.9

POLY DRUG USE %

	1999	2000	2001	2002	2003	2004	2005	2006
	27.4	24.7	24.5	25.1	24.6	24.2	25.6	28.9
Dual Diagnosis Reported							2.9	6.6

METHOD OF USE %

	1999	2000	2001	2002	2003	2004	2005	2006
Intravenous	49	40.5	40	26.5	25.6	19.7	18.6	18.6
Smoking	28	32.7	33	38	37.5	39.6	40.0	37.5
Oral	19	22.4	23	26.5	31.9	34.6	36.0	35.4
Snorting	3	4.2	4	7.2	4.9	5.05	4.4	7.7
Other	1	0.2	0	1.8	0.1	1.17	1.0	0.8

EXTENT OF USE %

	1999	2000	2001	2002	2003	2004	2005	2006
Experimental	3.5	4	5	4	2.3	4.4	4.2	4.3
Occasional	7.3	8.8	7	8	8	6.1	6.1	7.0
Regular	72.8	61.1	54	50.5	47.3	49.7	54.4	53.6
Heavy	16.4	26.1	34	37.5	42.4	39.8	35.3	35.1

OUTCOME OF CALL

	1999	2000	2001	2002	2003	2004	2005	2006
Info sent	2863	3509	3876	1948	2786	2148	2189	2322
Referrals	1148	3461	4008	7533	7698	14262	18075	17601
Support Given	3326	6197	6485	6767	7652	6869	8016	8267

SATISFACTION RATING %

	2003	2004	2005	2006
Very Satisfied	39.6	36.2	34.4	34.2
Satisfied	58.8	61.0	63.1	63.2
Unsatisfied	1.6	2.8	2.5	2.6

COUNTRY OF BIRTH OF CALLER %

	1999	2000	2001	2002	2003	2004	2005	2006
Aust/NZ	74	77.2	81.9	85.1	85.9	84.8	85.3	81.4
UK	11	9.4	6.5	4.7	4.6	6.2	5.4	7.3
Europe	9	7.2	6.5	6.1	5.4	5.0	5.3	6.2
ASIA	3	3.3	2.9	1.6	1.5	1.9	2.1	2.5
USA & Canada	1	0.5	1.1	0.7	0.8	0.3	0.3	0.8
Middle East	1.5	2.2	0.9	0.9	0.8	1.0	1.0	1.0
South America	0.5	0.2	0.2	0.9	1.0	0.8	0.6	0.8

USER GENDER %

	1999	2000	2001	2002	2003	2004	2005	2006
Male	61.8	67.3	66.6	73.4	76.3	66.7	65.9	70.7
Female	38.2	32.7	33.4	26.6	23.7	33.3	34.1	29.3

AGE OF USER %

	1999	2000	2001	2002	2003	2004	2005	2006
0-11 yrs	0	0.2	0.1	0.2	0.2	0.2	0.2	0.2
12-15 yrs	5	5.9	5.3	7.7	5.7	5.2	4.7	4.5
16-18 yrs	17	17.5	17	15.9	13.7	14.1	13.6	12.7
19-21 yrs	24	22.4	20	16.4	14.4	14.6	14.1	14.0
22-25 yrs	24	20.7	20.9	19.6	20	19.4	18.9	16.9
26-30 yrs	16	17.1	17.7	17.2	20.7	20.4	18.8	20.0
31-40 yrs	11	13	15.4	16.8	18	18.3	21.0	21.7
41-50 yrs	2	2.7	3.3	4.6	4.9	5.7	6.2	7.1
50 +	1	0.5	0.3	1.6	2.4	2.0	2.5	2.9

USER LIVES WITH %

	1999	2000	2001	2002	2003	2004	2005	2006
Parents	55	51	47	45	41.2	40.4	40.1	39.3
Self	15	17.5	17	19	19.4	19.7	20.9	18.4
Partner	12	15	17.5	18.7	22.2	21.7	24.0	23.4
Friends	5	4	7	5.4	5.7	5.9	6.4	6.8
Deceased	4.5	4	3.5	1.3	2.1	0.9	0.6	0.8
Streets	3.5	2.5	3	1.9	1.8	2.5	2.1	2.4
Prison/Institution	2	2	1.5	2.3	1.5	2.1	1.2	1.8
Other Relative	2	3	3.5	4.6	4.1	4.6	3.5	4.6
Detox/Rehab	1	1	0.5	1.8	2.0	1.6	1.2	1.5

EMPLOYMENT STATUS OF USER %

	1999	2000	2001	2002	2003	2004	2005	2006
Unemployed	55	44	40	35.6	37.4	43.9	43.0	41.1
Blue Collar	12	12	9	11.3	12.2	11.1	13.5	13.9
Student	11	14	14	16.3	15.5	14.2	14.7	11.6
Trade	7.5	9	9	7.7	8.3	9.3	9.5	9.4
Professional	6.5	8	3.5	10.6	10.4	9.9	9.7	10.5
Deceased	4.5	4	3.5	1.4	2.4	1.0	0.6	0.8
Home Duties	3	4	5.5	9.8	10.2	5.3	6.0	5.4
Crime/Prostitution	0.5	5	5.5	7.3	3.6	4.7	3.0	3.1

CALLS FROM REGION %

	1999	2000	2001	2002	2003	2004	2005	2006
NSW								
South East Sydney	9	8.4	8.3	9.7	8.0	16.3	13.5	13.3
South West Sydney	7.4	4.3	3.8	4.1	4.2	9.6	8.5	6.4
Northern Sydney	18.9	14.9	18.1	22.0	25.8	21.1	21.0	18.0
Western Sydney	6.0	4.0	4.3	3.1	3.0	5.6	5.9	5.4
Central Sydney	11.7	9.0	8.6	8.6	10.3	17.9	19.7	18.1
Macquarie	1.0	1.0	0.8	0.5	0.6	0.1	0.7	0.5
Great Wstn	0.5	1.3	0.8	0.6	0.9	1.3	1.0	0.9
Illawarra	2.4	2.8	2.6	2.7	2.1	3.3	3.0	2.4
Hunter	2.1	4.1	3.4	3.3	3.1	4.3	6.4	6.0
Central Coast	3.4	4.1	4.1	4.2	4.7	7.0	5.3	3.6
Wentworth	7.5	4.0	4.0	4.0	3.3	6.9	7.1	13.3
New England	1.4	0.8	1.4	1.0	1.0	1.1	1.3	1.6
Northern Rivers	1.1	0.8	1.3	1.0	1.0	1.3	1.4	1.6
Mid West	0.7	0.7	1.0	1.0	1.0	1.0	1.2	2.3
Mid North Coast	1.1	0.8	1.4	1.0	1.0	1.6	2.6	4.6
Far West	1.6	1.0	0.8	0.5	0.6	0.1	0.1	0.1
Southern Highlands	0.9	0.9	1.3	2.2	1.7	1.1	1.5	2.0
VIC								
Melbourne	1.4	5.7	9.9	7.4	4.5	7.2	6.7	6.3
Country	1.0	6.7	3.3	2.8	0.8	2.0	2.6	2.3
QLD								
Brisbane	3.0	3.4	3.2	3.3	7.2	6.9	8.5	6.0
Country	6.0	5.7	3.3	3.1	2.9	3.7	4.0	3.3
SA								
Adelaide	2.1	2.8	3.0	3.4	3.2	4.0	5.0	5.3
Country	1.9	2.3	1.2	1.0	0.5	0.4	0.9	0.7
WA								
Perth	3.6	3.8	3.3	2.7	2.3	3.2	3.5	2.6
Country	1.4	2.8	1.5	0.7	0.4	0.6	0.7	1.2
Tasmania	0.9	1.9	1.0	1.2	1.5	2.9	1.8	1.4
ACT	2.0	2.3	4.6	5.1	4.8	4.7	5.0	4.7
NT	0.2	0.3	0.1	0.4	0.4	0.3	0.4	0.3

CALLER GENDER %

	1999	2000	2001	2002	2003	2004	2005	2006
Male	23.3	25.2	26.7	26.6	29.9	31.2	30.5	32
Female	76.7	74.8	73.3	73.4	70.1	68.8	69.5	68

RELATIONSHIP TO USER %

	1999	2000	2001	2002	2003	2004	2005	2006
Mother	56.3	46.2	45.6	45.8	48	43	41.3	41.2
Father	11.8	11.5	10.4	9.2	9	8.3	9.1	9.0
Sibling	8.0	6.4	5.2	6.1	6.1	5.6	6.8	6.7
Grandparent	1.1	2.1	2.2	1.5	1.9	1.9	1.7	2.2
Other Relative	4	5.5	4.8	4.5	3.8	4.1	4.2	3.9
Friend	4	6.2	5.3	5.6	6.6	5.8	5.7	5.8
Self	8	11.2	11.1	13.0	16.3	12.6	12.1	11.6
Partner	7	9	9.3	10.7	13.4	12.6	14.7	14.2
Child	0.4	0.2	0.1	1.2	1.2	0.9	0.9	0.7
Other	1.7	0.7	6.0	2.4	6.3	5.2	3.5	4.1

My name is Sandy.

There are so many stories I can tell you about how the Medically Supervised Injecting Centre has changed the worlds for the better of people I know - but as I have such a short time to speak, I will tell you one story.

This story is of one person I love most in the world – my beloved daughter. My girl has used drugs for eleven years; she is 26 years old. During these years, there has been so much fear, so much pain – so much grief.

A few things have given me hope during this time; conversations with daughter, people's love and support for me and the hope I have experienced in establishing relationships with other drugs users whose paths have changed for the better.

Parents who relate to and understand my story have also been a catalyst and touchstone of hope for me, as have several services that have supported my daughter – and me.

The service that most stands out for me in the truly profound way that it has assisted and supported my daughter is the Medically Supervised Injecting Centre. My daughter utilises this amazing service everyday.

Before she used the service for the first time, she participated in a process that allowed the staff to have a comprehensive history of her drug use, whilst also giving my daughter an understanding of the rules, and her rights, when using the Centre.

I know that she is watched over when she injects, I know she won't overdose whilst she injects on the Centre's premises. I know she has been educated at the Centre about using drugs safely, and when there, I know she injects safely.

I know that the wonderful staff have developed a relationship with her– I know that they care and nurture her.

Before she began using the Centre, I have been told of so many occasions she used unsafely; using water from toilets, dirty cans when she couldn't get a spoon – and overdosing on too many occasions to mention.

I know how often the staff have cared for her, have put her in contact with relevant services such as mental health, have talked and listened to her. The most overwhelming example of their care I can think to share with you is of my daughter's recent pregnancy.

My daughter told me she did not even know that she was carrying a child until during the birthing process - when the child was being removed from her body.

The staff at the Injecting Centre realized when they saw her shortly after the birth that she was completely disorientated, and physically very unwell. If not for them, my daughter – who can be very elusive when it comes to contact with services, allowed them to care for her and contact mental health services and other relevant services.

It is only a beginning – but without the Centre – no connection with mental health services would have taken place.

My story is only one of thousands in the way the Centre assists saves and changes lives.

Please hear my words and understand my message – without the Centre people will die; as they did before it was established – and if it is taken away, they will again.

Thank you.