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DRUGS IN THE FAMILY

SUBMISSION BY THE DRUGS IN THE FAMILY GROUP TO THE INQUIRY INTO THE IMPACT OF ILLICIT DRUG USE ON FAMILIES

The organisation was started in the mid 1980s by parents who were dealing with addicted children. It meets once a fortnight and provides support for families, information, 24-hour telephone answering, being inclusive – siblings, teenagers, older people, guest speakers on topics requested by members, and has consistency of attendance and support. The sons of the authors of this submission have now been free from drugs, alcohol and cigarettes for the past 14 years.

Copies of our pamphlets will be sent with a hard copy of this submission.

Submission to the Inquiry into the impact of illicit drug use on families

Term of Reference 1. the financial, social and

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

The financial cost to families can be enormous. Most of the people who speak to us have realised later rather than sooner what the problem is, by which time they have spent sometimes enormous sums paying fines, lending money, anything they can do to help. Socially they tend to withdraw, unwilling to mention the problem to friends or family. Some cannot continue to work because of the stress caused. There is the constant fear of the death of a child through an overdose. There are threats and demands from the addict, and thefts of their property. Often rifts are caused within families as parents are unable to unite to deal with the problem. Siblings are burdened with distressing knowledge that they do not like to share. Drug induced psychoses or other mental disorders exacerbate the problems as adult children may refuse to seek treatment and sometimes threaten violence. There is also the problem that it would seem that drug addiction and mental problems are viewed as separate problems and are therefore not always managed expeditiously.

Term of Reference 2. the impact of harm minimisation programs on families

Families find that harm minimisation programs offer hope. While the addict can obtain clean needles through the needle exchange, while he or she can regulate his/her daily life through the methadone program, while they can attend detox and rehabilitation programs, there is hope that they will eventually become rehabilitated and return to a normal way of life. We have seen this happen with some of our members' children, and it gives hope to the rest of us. The alternative, a denial of support while they are down, seems positively heartless. It will increase the numbers of sick and dying addicts who could otherwise keep fairly well on their journey. This is not a moral problem, it is a medical one.

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

Families need information on what treatment is available, and to be included in discussions over treatment. Of course this is not always possible and some addicts refuse to allow discussion, or refuse to accept treatment, but families in general care deeply and need to be involved.

Most people who telephone our group are single- or two-parent families who are working and have to deal with the drug-using child or sibling. To receive prompt information and support is most beneficial for coping. After an initial telephone call we can post a package of helpful pamphlets from other groups and service providers on various topics including helplines, support organisations such as detox and rehabilitation and counselling

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services, various drugs and their effects, mental health, hepatitis C, treatment options, Narcotics Anonymous, and relapse prevention, so that busy and stressed people who are in crisis and need to access available services need not be held up by shortage of help.

As with any addiction, the will to change behaviour is the first step. Sometimes it comes suddenly. It is imperative that when that opportunity presents, the services need to be there to respond quickly for both user and family. If and when rehabilitation takes place there needs to be a follow-up service for some considerable time.

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