

**SUBMISSION TO
Parliamentary Inquiry into the impact of illicit drug use on families**

I am the mother of a young man who became dependant on heroin. That is my qualification for writing a submission about the impact of illicit drug use on families.

SUMMARY

First Term of Reference

Illicit drug use has a devastating effect on families. The illicit drug with which I became most familiar is heroin. It did not induce psychosis in my son. On the contrary, it had an obvious calming and relieving effect on depression.

The use of any illicit drug can be financially and emotionally draining for families. It is particularly emotionally draining because the shame and stigma that accompanies illicit drug use means that families are isolated and do not readily seek help that they might otherwise do for any other medical condition.

Second Term of Reference

“Harm Minimisation Programs’ need defining. For me the activities and programs that I include under this heading have been essential to my son’s progress, to the wellbeing of his family and to society in general. This is discussed in the body of the submission.

I believe some find the term “harm minimisation” irritating. It would be terrible if this irritation led to the de-funding of activities that have been extremely efficacious in the treatment of drug dependency.

Third Term of Reference

Families who are coping with someone’s use of illicit drugs need the same kind of understanding we give to families whose kids have leukaemia or cerebral palsy or mental illness. We, the families, do not need any more guilt or punishment than we can dish up for ourselves. Families need to know about such services as Family Drug Support. We need more rehabilitation units and counselling services and a Government-led change in attitude that places more emphasis on treatment than on enforcement.



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First Term of Reference

My son Bob had a long history of heroin use, with periods of abstinence, and periods of deep depression.

The two conditions, dependency and depression, ran parallel, with the dependency being easier to treat with methadone. The depression needed careful medical supervision and the right medication. It took years to find that prescription, largely because the drug use coloured the attitude of the doctors from whom we sought help

Looking back on it, that depression started in adolescence. He felt rejected by his father, and he had an acute immunological illness that led to hospitalisation, months of lethargy and school drop out. He was a thoroughly miserable kid, and a sitting duck for drug use.

The effects on family of drug use are both divisive and uniting. It is hard to share your parental energies evenly around the family when you are totally preoccupied with one person's problems. Our family pattern was that I supported Bob, and his two siblings supported me. Amongst ourselves, Bob included, we always talked about it. Outside the family, we never talked about it. Bob used to say he just "wanted to feel normal". He tried and tried to comply with our expectations. The medical profession was mostly useless. The harm minimisation programs were fantastic.

Second Term of Reference

Under "Harm Minimisation" I include all the services of Drug and Alcohol programs, under the auspices of State or Territory Governments and include such funded programs as the needle exchange program, or counselling services like Directions. I also include the unfunded services like parent support groups.

In Canberra the Drug and Alcohol Program runs a counselling service, the Methadone Program and a detox unit. It also runs a parent program developed in conjunction with Family Drug Support, known as Stepping Stones.

Bob was on methadone for years. He credits methadone and his mother for his success. I understand he used the needle exchange program. I was always glad he had a safe place to collect needles, and along with them advice on safety and hygiene. I hated – loathed - him using but I wanted him alive and free of blood borne diseases.

The Drug and Alcohol Program in Canberra has had its ups and downs. I was one of a group of parents from Friends and Family for Drug Law Reform who helped change the "downs" to a much more responsive and effective program, through representations to an enquiry and to the Minister. Any health program needs to be open to public comment and criticism that can't happen if the services are stigmatised or run in a punitive environment.

It was a young doctor from the Drug and Alcohol Program who suggested a change of Bob's antidepressant medication, not a private doctor, and thereby changed his whole drug use pattern. I have much to be grateful for from this service.

Living in the ACT, Bob has never needed a supervised injecting centre. But then he has never been an unemployed homeless street kid in Sydney. Had there been such a service in Canberra several of his friends might have used it. Two may have survived.

As a mother I have been most helped by parent support groups, particularly Family Drug Support and Families and Friends for Drug Law Reform. These groups gave me a place to talk to people with similar

problems. FFDLR gave me an objective, academic, researched framework for understanding drug use and its social and legal repercussions.

FDS have been invaluable. I did the volunteers training program, their Stepping Stones program, and worked for two years as a volunteer telephone counsellor. I listened to hundreds of parents and family members who were desperate to help their sons/daughters/ friends who were using illicit drugs and who did not know where to go for help.

Those were the things that helped me and that I regard as "harm minimisation". I do not think that term conveys anything like the sense of humane, decent, practical help that these services have meant to Bob and me.

The things that have not helped have been the product of a bigoted and judgmental society and the flippant comments of people who have never had to deal with the problem, and the attitude that drug use is a crime not a health problem. Why is it defined as a crime? My Grandfather was a Methodist Minister who died of cancer in 1930. He was able to work for society and his congregation up to the day he died, sustained by laudanum. Laudanum is a mixture of alcohol and opium. Society regarded him as standard-bearer of morality, not as a medically induced drug addict. My son soothed his psychological pain with heroin, but society would judge him differently.

Harm minimisation programs are not based on moral judgment. For the most part they are evidence based, financially justifiable and incredibly helpful.

Third Term of Reference

Families who are coping with illicit drug use by one of their own are torn apart by guilt and confusion. When should they try understanding, support and practical assistance? When should they reject and punish? How do you set firm guidelines to someone who can only respond to his own physical needs?

Nobody has all the answers: neither those who espouse Tough Love, Zero Tolerance, Drug Freeness, being saved by religion, the 12 step program of Al-Anon; nor even the efforts of the Drug Squad and Police crackdowns. Sometimes one or more of the above may help but most users need a combination of tough honesty and practical help, and most need a lot of both.

My son Bob is alive and healthy. He is tall and handsome, has a well- paid responsible job and a mortgage. He is on a buprenorphine program [for him an easier drug to tolerate than methadone] and finally an antidepressant that is right for him. He owes his equilibrium to his family, his medication, his amazing courage and guts and the ongoing support of a recently restructured Drug and Alcohol Unit.

He is also vulnerable to the stresses that can lead to depression, such as work strain, disturbed sleep or policy changes that affect the funding of the Drug and Alcohol services. If that happens he will need his family and his family will need those harm minimisation programs.