

DRUG ABUSE

Alcohol, tobacco, medications, marijuana, heroin....

How do these and other drugs affect our families and the workplace

Drug abuse = chemical dependency: affects families in a number of ways and places pressure on a number of organisations as a result :

*** for each family where one member is dependent, in order for the remainder of the family to cope, support and survive, the need arises to :**

- * attend Tough Love**
- * attend Holyoake**
- * attend some other form of indepth counselling ie Dr Clive Stack
requirement for both dependent person and associated family members
= Medicare/Private Health Benefits**
- * attend local GP or similar for medication requirements ie depression,
inability to cope or sleep for both dependent and other family members
= Medicare/Private Health Benefits**
- * in some cases the drug abuse exacerbates the symptoms of mental illness thus
leading to mental health problems

= Psychiatrists = medication=counselling=education
= support group requirement ie ARAFMI or similar**
- * where dependent is in denial, drug use increases to subdue symptoms of
schizophrenia
= can in turn lead to criminal activity and the judicial system

= involvement by Police
= involvement - series of court appearances
= resources from Corrective Services for court appearances
= legal aid representation
= inmate - associated costs
= probation involvement
= counselling/social welfare intervention**
- * death by suicide
= police involvement
= investigations by Coroners Office
= Coroners Court
= legal representation**

The above is a summary of events which I have progressed through since 1995, the ultimate cost for chemical dependency is death, which is why I now find myself sitting through the Deaths in Custody Coronial Hearing at the time of writing this submission.

Marijuana was the starting factor in the above equation, marijuana (in the opinions of many) appears to have an innocent quality and in some cases this may well be the situation but unfortunately not always the case.

Marijuana led to schizophrenia, time taken to diagnose and sufficiently treat the resulting schizophrenia led to alcohol and harder drugs. This path then led to increased symptoms of schizophrenia. These symptoms were exacerbated by the willingness of General Practitioners to prescribe drugs which were not required and which should not have been so readily available following one consultation. This issue requires rectification in the immediate future for a number of reasons.

Increased crime and psychosis leads to prison.

Death!

Devastation is the resultant outcome upon other family members during all stages of the course outlined above. It impacts financially, emotionally, physically and on relationships in general. Leaving a once normal family in a state of total confusion and disbelief.

Impact and outfall also results in a lessening in the quality of workplace performance, sick leave, carer's leave, appointments with Doctors, Counsellors etc.

This in turn leads to increased financial pressure on both Medicare and Private Health Insurance, all of these services are required by both the dependent and other family members.

Significant financial pressure is borne because of:

- * the dependent's use of prescribed medication for improper purposes**
- * the family members who in some cases required medication to cope**
- * the dependent upon increased addiction requiring valid medication**
- * dependent/family requiring counselling services**
- * dependent/family requiring Medical consultations - either standard or professional**
- * Ambulance services**
- * hospitalisation if required / more often emergency treatment RHH**
- * cost of insurance re criminal activity**
- * cost incurred by Police investigations**
- * introduction to judicial system/non payment of fines etc**
- * court costs**
- * legal aid**
- * imprisonment and associated costs to the community**
- * death**

- * **Coronial Hearing**
- * **legal representation**

The above outlines the impact one chemically dependent person can have upon not only family members but workplace and community costs.

I realise this is an extreme case but one which cannot be dismissed as being abnormal.

In reply to the question of *'How are we handling it'* I would hasten to add *'we are not'*.

Marijuana , alcohol, tobacco, medications, illegal drugs are rarely used in isolation but in combination which leads to the situation we are now faced with and that is an increasing prison population.

The type of prisoner due to these factors differs from previous thus our Corrective Services, Mental Health and Drug and Alcohol are unable to cope, the current system is totally inadequate to support such persons.

Emphasis on drug addiction and resulting problems must be a major factor in dealing with this problem, this education **must** include the associated problems, highlighting the extreme case as I have outlined.

Education must commence in late primary school with reinforcement during years 7 - 10. Education should also be undertaken utilising the services of people such as myself who have been in the unfortunate position of losing a child to this terrible addiction. People who can outline why you end up in the Emergency of the RHH and what happens to people who have adverse reactions to these drugs. Education of a correct nature is of prime importance but it must include the necessary input from the correct source. Correct source = people who are in the situation of dealing with the chemically dependent person, people who understand the full implications, people who can relate the full story, people who can actually get the right message across.

How often now whilst walking through the city centre do you see young people spaced out and often talking to themselves, why are we not undertaking action to assist these young people, why are we not taking action to get them off the street in this condition and into structured, fully operating, fully funded D&A programs. I realise it is most likely an infringement on their rights but I would ideally like to see these young people taken into some form of custody whilst they are counselled, at least giving them the opportunity to speak with a professional who has the ability and knowledge to unearth the real reason as to why they are taking drugs to cope. Giving them the opportunity to learn there is a better quality of life for them and a course of action open to them to allow them to develop the necessary skills for them to understand.