

**HOUSE OF REPRESENTATIVES STANDING COMMITTEE
ON
FAMILY AND COMMUNITY AFFAIRS:
SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES
SUBMISSION**

Mofflyn is an agency on the Uniting Church in Western Australia. As an agency of the Uniting Church Mofflyn's aims are to work cooperatively and proactively with families to provide a safe environment for children and to prevent family breakdown.

In order to provide information relevant to the Substance Abuse in Australian Communities Inquiry Mofflyn conducted a survey to provide a profile of families currently using our services. Impact on the workplace has also been addressed.

BACKGROUND:

Mofflyn has a long history of helping children whose lives have been affected by the difficulties their parents face. Often the children have suffered abuse or neglect as parents struggle with relationships, past hurts, grief, addiction, mental illness or exhaustion.

Mofflyn's specific aims are to:

- Support and enhance the functioning of children and their families
- Reduce the risk of harm or abuse to children
- Assist individuals with disabilities to achieve their life goals

Assisted by funding under the Department of Family and Children's Services Keeping Families Together Program, Mofflyn's program which provides an intensive in-home intervention service has two elements.

Building Strengths - which aims to reduce the risk of abuse to children and prevent the need for out of home placement.

Family Connections -which aims to safely reconnect children who have been placed in care with their own family.

Mofflyn is also funded for a **Family Care Program** by Disabilities Services Commission. The aim of which is to provide foster care families for children with significant care needs who are under 12 years of age.

SURVEY RESULTS:

The survey revealed that of the 39 families currently being assisted by our programs that :

39 Adults and 29 children were currently using drugs. While some of these were considered legal and had been prescribed, many of the users were abusing these drugs. The drugs consisted mostly of anti-depressants, and drugs used to treat psychiatric, and physical problems. Such as epilepsy, schizophrenia, depression, A.D.H.D. The legal substances also abused were alcohol and tobacco.

Of the drugs which were illegal most were related to Heroin, Marijuana, Amphetamines, Dexamphetamine use.

The most disturbing facts revealed by the survey were the serious implication drug use had for children of drug/alcohol users, that is the social, psychological and physical effects.

Of the 39 cases involving children 14 children were recorded as having suffered the following:

- premature birth
- psychological withdrawal
- developmental delay
- hepatitis C
- Poor nutrition
- physical abuse
- emotional abuse
- neglect
- malnutrition
- brain damage
- foetal alcohol syndrome
- severe behavioural difficulties
- learning difficulties
- dependency on ADHD medication

The survey also revealed quite disturbing trends which indicated that as a result of the drug/alcohol use, families were more likely to be exposed to situations of domestic violence and criminal activity far above that of the general population. Also that there was a trend for drug use to become intergenerational.

The survey revealed that in respect to the issue of family relationships that drug usage was a contributing factor in 50% cases where children were removed from their families care. Out of 32 cases 13 were exposed to domestic violence where drug use was a major contributing factor, and 16 adults and 4 teenagers were subject to criminal conviction.

In terms of costs to the community it should be noted that Mofflyn, as previously stated, provides its own funding and is also supported by state government funding in providing services. Of this funding it is estimated that over 50% is currently used to address issues relating specifically to drug/alcohol abuse within families. In this agency alone which is not a drug specific agency the costs to the community would be in the order of \$400,000 per year.

From the above survey results it is quite obvious that the cost to families and children both in relation to psychological, social, health, and relationship problems resulting from drug use is enormous. The cost to communities in supporting these families the same.

THE WORKPLACE

Whilst providing services to families affected by drug use, Mofflyn's own staff are not immune to the impact of drug use in their own families. The experiences of three staff, whose teenage and young adult children have struggled with addiction, have consequently had an impact on the workplace and their colleagues. The effects on the workplace are multiplied in a family where several members are employed in different enterprises.

Some noticeable "costs" are:

- People need to be able to talk about the problem. At times they need to talk too much, cutting into the work time, concentration and sense of well-being of their workmates.
- Tensions can arise when, in a community service workplace, as in any other, staff can feel powerless to help, and are tired of the games and denial their workmate is dealing with.
- The need for support extends to supervision time, which becomes flavoured with "the problem". In this field of work, staff need to identify when personal experiences are filtering their view of a family or consumer.
- Work time is lost as people take time off for medical and legal emergencies.
- The worker's recreation or sick leave is used up dealing with these matters rather than caring for themselves. Consequently they return to work not as refreshed or well as they should.

- If the staff member concerned is not linked to a drug treatment service with a strong support base and access to professional counselling, or they cannot afford professional help, the agency provides an Employee Assistance Program. This allows for up to six counselling sessions paid for by Mofflyn, and could cost \$600 on current rates.
- The grief and loss experienced in the agency after the recent drug-related death of a staff member's daughter was highlighted by the time spent by the CEO in notifying staff and instigating pastoral care from the agency's Chaplain and other support services. Morale is affected for a period as people work through their own responses to the situation and the individual.

Some of the “gains” or important learning has been:

- A more intimate understanding of the impact of drug use on the total family. Personal stories are very powerful.
- Greater attention to pastoral care and employee assistance, recognising the boundaries and limitations to our role as employer.
- The importance of the workplace for people's self-esteem and sense of reality.

CONCLUSION

The above information is a snapshot of a small to medium organisation. Other costs, such as foster care payments, have not been included in this response. We would appreciate receiving further feedback, and would be happy to provide more detail if required.

Nova Fariss
Director

If someone had questioned me five long years ago my thoughts and beliefs about drug addiction my answers would have been very different to today.

When asked if I would be willing to talk at this Hearing I immediately said yes without realising what the full impact would be. After reading the literature and thinking more about the implications for me I almost backed out. Then I realised if the circumstances leading to my daughter's death could help other people gain even a little insight into this subject I had to continue.

My daughter was a beautiful child and articulate young woman with dreams and hopes for her future. She loved sport, children, animals, completed a beautician course successfully and was involved in modeling. She was also very sick with an addiction to heroin and prescription drugs. When you add this last piece of information then the initial description is lost and forgotten as most people have a stereo type of someone addicted to drugs. The words junkie, user, addict, druggie are just a few which immediately conjure up a vision.

I had two children addicted to heroin. Their use of heroin was very different. In the beginning, he used it because he enjoyed it, he had employment and was able to finance his addiction. Most of the time no-one was aware he used and the only real give away was he never had any money to spare although he was earning a very good wage.

Amanda, my daughter, first became involved with drugs when she was about 15 years old. This began with curiosity and experimentation which led to a full on drug addiction of heroin and prescription drugs.

At the beginning I had very little understanding and even less knowledge of these drugs and the environment surrounding them. At the time of her death only 5 months ago I could recognise all of her prescription drugs, tell you what effect they have on you and what other drugs they interact with.

Amanda found by using heroin she could forget and hide her pain. She was abused by my ex-partner at 11 years of age and never recovered from this. When she used she was free of the memories and when she stopped using they all returned, the nightmares, the voices, the self hatred. She hated using and the life style needed to survive but hated dealing with reality even more. She had been on Methadone for many months but still used her prescription drugs. She tried every rehabilitation in town, numerous counselors. She came off Methadone was finally getting somewhere on the Naltrexone program although still using prescription drugs. She was gradually weaning herself off these and so proud of her achievements. Setting herself goals and reaching them. Amanda had found happiness with a new partner and was going to change her name to leave her past behind. She had moved into her own flat only three weeks before her death but something went wrong. She had no naltrexone in her system when she died which means she hadn't taken it for three days prior to her death. I hadn't been able to contact her in this time and had a locksmith break into her flat where I found her. The hardest thing is I will never know what happened, if it was an accident or if something was just too hard to handle.

Family relationships

These are totally strained as you try to protect the addict from the family and the family from the addict. You isolate yourself as you don't want anyone to know but by doing this you also lose the support of the people who love you. All relationships are strained because as a mother I would never give up trying to regain the children I knew, not the children who were affected by drugs. I used to say I had four children, the two I raised and the two who used drugs, this was my way of staying sane.

My 86 year old mother questioned me one day asking if I still liked my children as I never spoke of them. She was relieved when I finally told her the truth.

Christmas and special occasions were hell if they were there - what would they be like, and hell if they weren't there - why weren't they there.

You don't ask people to visit because you can never predict how the addict will be.

I lost my partner of 4 years when he could no longer cope with everything.

Relatives visiting from overseas were given excuses as to why they didn't see them.

The money I used on them over the last five years was everything I had.

I kicked them out of home then cried, I took them back and still cried.

I would say this is the last time and then go down the same road again and again hoping this time would be different, looking for the smallest sign things are really changing, having my head information fighting with my heart, trying to keep the peace between family members, learning about the drug rehabs available, finding the refuges when she couldn't come home, paying rent and bonds, paying all other bills, getting belongings out of hock shops, fixing cars which were smashed, visiting her in houses I wouldn't put an animal in. Not wanting her to live this way of life but unable to offer her anything else. I would take off in the middle of the night to sort out each crisis.

I slept across her bedroom door to prevent her going to her dealer, I drove to Kalgoorlie and back in one day to bring her home after she hit rock bottom at 17. When I arrived home I couldn't find anywhere to take her, she was too young they all told me. Fremantle hospital was the only place because she was talking of suicide and she went through cold turkey there as they had nothing they could give her.....five years ago there was limited information and even less understanding.

We would talk for hours to try and attempt to sort things out, she really wanted to change. The hardest thing of all was all her life I was able to fix things and this time I had no control and no ability to change anything and was frustrated with systems which are not adequate to cope with these children, dealers who even when doxed into police walked free within hours, doctors who gave out repeat prescriptions of addictive drugs.

Amanda was doing well on the naltrexone program and helped convince her brother to go to the clinic too. After my son's detox session between Christmas and New Year I saw the millennium in by his bedside in S.C.G.H., where he was so ill and vomited non-stop for four of his five days losing 14kg in weight. I slept at the hospital with him. The staff were tremendous and conceded they had learnt from treating him. The recommended dosage of valium to an addict can be likened to giving them a jelly bean for a broken limb. I mention this to try and highlight the level of frustrations felt by myself and medical staff as they treated my son.

After all this I had kicked my son out of home because he was using again and had to go and find him when Amanda died. He returned home and for the week before the funeral I told him I would support his drug habit until after the funeral but then it was over. It took two detox sessions before he was able to stay away from the drug, the first one the morning after we buried Amanda.

Crime, violence and law enforcement

I learnt how to deal with collection agencies, what happens when you get evicted, how to cope with police calling at my home, about the criminal system. I believe the so called drug dealers being caught are mainly people who sell to support their own habit, the ones who really need to be caught never will be.

Road Trauma

I lost count of the accidents Amanda had. Looking back most of them, probably all of them, were related to her prescription drug use.

Workplace safety and productivity

After reading our submission I realise even more how my situation affected other people who I worked with. For the first three years I told no-one as it was not something you could discuss. I think also the isolation I created, because I had children who were addicts, was one of the hardest things. When I was in the lunch room and drugs becomes the topic I would usually leave but I will always remember one comment from a fellow worker, unaware of my situation, of “they should all be lined up and shot”.

I believe even on my worst days I was aware of the parallels of my own life with that of the families I worked with. My experience with drugs sometimes gave me a different perspective to other workers about these families. The ability to recognise signs and symptoms of drug use developed.

I know there were days when my work came second, when I would spend time talking to her on bad days, when I would have to leave to put money in the bank, go to see her after distraught phone calls, go to hospitals, attend doctors and visit her in rehab. Holidays taken were around her needs and mine were not considered.

After her death I have had time off work during which counseling was offered to me. Even though I am now back at work and try my hardest to concentrate some days it is impossible as she is all I can see. The support and understanding of my employer and colleagues has been tremendous.

Health Care Costs

Amanda was on a disability pension as both mentally and physically she was unfit for work. I had her committed to Graylands twice to prevent her from committing suicide. The second time she was put back onto the same drugs she had just spent 3 months detoxifying off. She was hospitalised three times with suicide attempts, one involving an ambulance call out.

She was hospitalised following three massive seizures while in the Central Drug Unit which was connected to her withdrawal off prescription drugs. I attended different doctors with her and questioned the amount of drugs they prescribed. . Her tolerance to prescription drugs became unbelievable. She had a blood pressure level so low she would have black outs and seizures but they still prescribed her valium, chlonodine, doloxene, serapax, rohypnol and others. Prescriptions which were 50 at a time with up to 6 repeats.

The Naltrexone program alone cost me hundreds of dollars and it is still not paid off. She was hospitalised twice after her detoxification treatments. I have just completed my tax return and the receipts I kept totaled over \$2500 for this year alone.

To close I would like to acknowledge the support I found and still have from all the people involved with the Naltrexone Clinic. The other support I am using is a group I attend at Palmerston specifically for parents who have lost children through drugs. This is an exceptional group which I believe needs to be recognised and promoted to people at a time when they need total understanding without restrictions.

I believe we need a central computing system to help stop the ability to doctor shop and the community needs realistic education about addiction and the needs of addicts when trying to stop using.

Try to imagine if someone told you not to see anyone you know, not to go anywhere you know and not to do anything you have been doing for the past few years. Just go out and begin a new life. Even with the skills and knowledge each of you have it would be an almighty ask. This is what we ask of the addict so I also believe there needs to be some type of re-education system for them to learn how to live again in society.

Usually people don't die from heroin use alone, there are other drugs involved so the statistics only show a combined drug related death or it could be suicide, a car accident or death by misadventure. This means heroin does not show up in it's true numbers for the deaths it causes.

I don't excuse or justify behaviour of addicts but I do remember they are all someone's child who didn't start out this way and no-one, regardless of their circumstances should ever believe it will never happen to them.

13 September 2000