

From: Family (A/E/S)

To: SAFFETY UNIT

From: Committee

Subject: Submission to committee of inquiry into the impact of illicit drug use on families.

Submission to the Committee of inquiry into the impact of illicit drug use on families.

The inquiry is directed to the impact on families of the use by a member of illicit drugs and the impact on families of harm minimisation programs. The committee will also consider ways in which affected families might be strengthened.

I have been working as a volunteer at the Wayside Chapel in Potts Point, Sydney, for about 12 years. I started there partly because I wanted to be "one step ahead" of my two teenage children.

My children are now well into their 20's, and I hope beyond the danger period of drug experimentation – although I have seen from my experience at Wayside, and life generally, that drug dependence can occur at any time in life.

Most clients at Wayside live separately from their families for a great many reasons – ranging from feeling that they are the "black sheep" of a loving family to running away from an intolerable situation. Many are homeless (meaning that they sleep in the streets or in shelters).

I have also had the very sad experience of seeing my daughter's best friend die from a drug overdose. She was a very well educated girl from a loving, caring middle class family who came into the "black sheep" category, despite constant reassurance from her family.

Although the impact of drug use on the families of people who attend Wayside is different in nature from the impact on families who harbour a drug user, it is no less severe. The families of the centre's clients are in many cases doubly distressed. Not only is the family member drug-dependent, but the family also suffers the added burden of powerlessness and apparent rejection. Separation has removed the opportunity for caring family members to involve themselves in the rehabilitation of the drug user. The potential for this to lead to discord in the family is obvious.

The task of rehabilitation in these circumstances falls therefore to outsiders – social workers, centres such as Wayside, the police and harm minimisation centres.

It seems self-evident that the more contact a user has with caring people in the categories I have listed, the better there is that person's chance of beating his or her dependence, and of family re-unification. It follows, then, that if greater support, both from the community and government is given to workers in these categories, the brighter the opportunity for healing the damage to families.

Harm minimisation programs, in particular the safe injecting room, have been under attack on the thesis that these programs signal an acceptance of drug use, and a condoning of that use.

Nothing could be more misguided.

It is the people who work on a daily basis with drug users who are the most acutely aware of the true horror created by drugs, the catastrophic damage inflicted on individual users and their families.

If support for these programs is weakened rather than strengthened, homeless drug users will lose the

contact they now have with people who are their only present hope of salvation. Instead of the potential to be led to a drug-free existence, their contact will be reduced to other drug users, and of course criminals who prey on users, the dealers, and thugs who will take the opportunity to batter and rob a user rendered defenceless by his or her habit.

And I cannot forget that my daughter's friend would still be alive if she had been in a harm minimisation centre – until she had time to accept that she was a loved member of her family.

The committee will hear from those who would have support removed from harm minimisation programs. It would be a disaster for the families of drug users if those voices were to prevail.

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I have the honour to inform you of the decision
of the Board of Directors regarding your application.