Submission No: 34
Supp to Sub:
AUTHORISED:
9/5/07

Submission to the:

House Standing Committee on Family and Human Services
Committee activities (inquiries and reports)
Inquiry into the impact of illicit drug use on families

Submitted by
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Overview

In January 2000 our 22 year old son died at home. He died from a heroin overdose, and no evidence of drug paraphernalia was evident. The fact that there was no direct evidence found leads us to suppose there may have been other party/parties involved. Therefore at least two families were affected however much removed, by this event.

In November 1999 our son advised us that he had been using heroin for a few months. We did not know until after his death that this was at least the second time he had battled the addiction; however we knew that he was a poly-drug user having learnt that he used amphetamines when aged about 15. We assume he injected as well as ingested speed. He smoked cigarettes and (we assume) marijuana from the age of about 14 and was a heavy smoker at the time of his death. He regularly used alcohol.

Family relationships are under constant strain when a family member suffers some form of addiction. In our case, as it must be in most families, lack of trust with regard to the use of illegal substances was particularly undermining and was acutely damaging to all parties.

1. The financial, social and personal cost to families who have a member using illicit drugs, including the impact of drug induced psychosis or other mental disorders.

1.1 Financial cost

Although difficult to quantify from our personal point of view, the cost to families with a drug-user is substantial. There were many times when we loaned our son money and at the time of his death he owed us, his parents, approximately $500. We presume this money had been used to purchase drugs.

We assume our son dealt drugs to support his habit, therefore society lost revenue to the black market.

We have been burgled once. The offender, whom the police suspect was an addict, was not apprehended. We never recovered any of the property.

Our son, had he not been addicted to substances both legal and illegal, would have been a significant contributor to the GDP. As it was, we continued to support him on and off financially when he was either too ill (occasionally) or too indebted to support himself, until his death. His father was often involved in taking him to appointments thus compromising his own business's viability.

Our son was a productive member of society for most of his working life, although his financial contribution was not great. He lost few working days as a direct result of his substance abuse. He was an apprentice carpenter at the time of his death and prior to that, had held a job as a store-person with an import company. He held a number of casual jobs as a junior employee, having left school at aged 16, and was sacked on a couple of occasions. Whether these sackings were related to his productivity and/or drug use we do not know.

However, at the height of his addiction his productivity as an apprentice was affected and on occasions he was warned that his work performance must improve, as he was placing his job in jeopardy. He would sometimes arrive at work under the influence of marijuana and therefore be incapable of working at the required rate of productivity. His short-term memory was affected and he needed supervision, thus affecting the financial outcome for his employer.

Some 10 days before his death our son was involved in a traffic accident which was directly related to substance abuse. He was under the influence of an unknown substance (we assume heroin) when he lost concentration and ran his vehicle into the back of a parked car. His car was written off and the other vehicle sustained considerable damage.

Society can ill afford the added cost of insurance and the loss of superannuation on the death of the victims of addiction. These costs are borne by all of us. Insurance pay-outs for the victims of crime, be they assaults, robberies or break and enters, would also be significantly reduced if the problems were addressed at the source not left until the crime(s) are committed or at the person's death.

1.2 Social cost

While using heroin, our son used the needle-exchange facilities provided by the Queensland Health Service at Biala. This service is augmented by blood-testing and related health-care. However, the costs associated with this social service must be considerable although we been unable to quantify it as we have no idea how often he made use of it.

He attended a drug and alcohol clinic at the Princess Alexandra Hospital in Brisbane on a weekly basis for about three months as an outpatient.

His admission to hospital and the Intensive Care Unit (ICU) for about twelve hours, following an assault (which we strongly suspect was drug-related) would have involved considerable cost. He had a suspected fractured cheekbone and there was concern regarding the sight in one eye. Following another incident when he had ingested hallucinatory mushrooms, the ICU's services were again called on. On at least three occasions he needed the services of the Queensland Ambulance, and at the time of his death two ambulances were in attendance.

Our son was only arrested in relation to his drug use as the result of the traffic accident some ten days before his death. Two police officers attended the accident; our son was taken to the hospital for a blood test; then to the watch-house overnight. He told us that he had been involved as an accomplice in 'some break and enters'. We are not blind to the fact that he may have been more involved.

While in his mid-to-late teens, we sought the assistance of the police service in an attempt to locate him one weekend after he failed to return at a specified time. We are satisfied that he was actively involved in substance abuse at this time. The police service, already stretched, had yet another family's crisis to deal with.

1.3 Personal cost

The personal cost is ongoing. Despite the fact that our lives have now settled into a routine again and we are relatively happy, we are acutely aware that one member of our family is missing and we will never see him again. Our grief at the time of his death was utterly overwhelming and there are still times when we are grief-stricken. Anniversaries, birthdays and other significant dates and celebrations are tinged with pain and sadness. He will, for example, never know his little niece, or his brother's partner, or his friends' or cousins' children. He will not be there to attend weddings, naming ceremonies, birthday parties and family gatherings. Everyone's lives will be emptier and less complete than had he lived, for he was a delightful young man. He just happened to be ill.

On a different level we did not lose many active working hours during the incidents mentioned earlier, but the loss of productivity simply because of the concern for our son, and our lack of direction at work directly following these occurrences must have had some effect in our working lives and the businesses in which we were involved. Following his death we returned to work as quickly as possible, his mother returning after one week's compassionate leave.

His mother has attributed certain stress-related symptoms to her reaction to her son's drug abuse during his life. Following his death her productivity at her work started to return

after approximately six months and she feels it took about two years to regain her confidence, concentration and full productivity.

His father, who is self-employed, also suffered emotionally and, furthermore, was actively involved in the winding up of our son's estate. Since he died intestate this necessitated more involvement than had he left a will.

His brother also underwent a change of direction, returning from interstate in order to be with his family and take up work in his home state.

A conservative estimate is that at least six months productivity was lost initially and this was ongoing, but lessening, over the first two years, as a direct result of one family's grief and loss.

The wait for the results of the autopsy was very painful, as was the continual dealing with bureaucracy (e.g. the Australian Tax Office who, having been advised on a number of occasions – we too distraught to note the dates or number of letters - that our son had died, kept sending correspondence to him).

2. The impact of harm minimisation programs on families

As mentioned above, our son attended the Queensland Health Biala needle exchange. We cannot stress enough how, despite our continual anxiety over his drug use and our naivety in some stages of our son's addiction, the knowledge that he could access this resource and take advantage of its facilities, helped us. We drew some comfort from the fact that we knew (when we thought he was using speed) that if he was injecting, at least the needles were clean. The fact that he had hepatitis C when he died, and which we discovered when we finally received the results of the autopsy, does not lessen the fact that this service is supportive and helpful to both the addicted person and indirectly to the family .

We were relieved that he did not have to 'shoot up' in laneways (although he might have done so) and that he had this invaluable service to call on.

3. Ways to strengthen families who are coping with member(s) using illicit drugs

Following our son's death his mother became acutely aware that the federal and state laws needed overhauling. She is still waiting. His father is also still waiting for a change in direction.

His mother attended seminars and hearings and became an active member of Family Drug Support, helping to establish the initial Brisbane group. She was pleased to be able to acknowledge as an ally the then Lord Mayor of Brisbane, Jim Soorley, who provided some support for the fledgling group. The current Lord Mayor does not share Jim Soorley's views.

We approached the staff of Biala on a number of occasions trying to access our son's medical records but this was denied us as he was not a minor. This is the law and we accept it, however there are times when some flexibility is needed in order to assist the addicted person. Families are the strongest, most loving link the drug-user has and to be 'shut out' from being able to help is distressing in the extreme. That said, we are most grateful for the relief it afforded him and it would be distressing to think that other families might not have this service available to their loved ones.

Society's view of drug users in line the Federal Government's 'Drug War' and as portrayed by the tabloids requires overhauling. This would provide for a better-informed and less hostile and judgmental public. The social stigma attached to the 'admittance' of having a drug-using family member is considerable. Families quickly learn who their true friends are.

To support the families of drug users 'shooting galleries' for addicts should be introduced immediately as a sensible method of harm minimisation. The arguments for this are widely known and valid:

1) Regulated dosage
2) Quality control
3) Ready health care
4) Clean needles
5) Supportive environment

Having introduced shooting galleries, let us then attempt to use counselling and guidance for those fortunate enough to have the strength and will to make the move to break the cycle of drug use and its destructive culture. Include families in the process wherever possible.

Support local communities and councils to operate autonomously, with the benefit of State and Commonwealth funds. In the long term this would be cost effective to the general community, and beneficial to families beset by this most evil of afflictions.

Support organisations dedicated to helping families with drug dependent members. Evidence shows that groups tackling difficult issues assist members by being supportive, providing useful, helpful information, and by providing courses, guidance and tools to assist in overcoming fears. These groups are able to strengthen members giving them the wherewithal to carry on with their own lives, despite the ongoing strain of having a drug-user in the family.