

**Submission No: 110**

Supp to Sub:

AUTHORISED:

9/5/07

*KS*

SUBMISSION TO THE PARLIAMENTARY COMMITTEE

FROM



**'THE IMPACT OF ILLICIT DRUG USE ON  
FAMILIES**

Cyrenian House  
PO Box 49  
NORTHBRIDGE PERTH WA 6865  
Tel: 08 9328 9200  
Email: [carol@cyrenianhouse.com](mailto:carol@cyrenianhouse.com)

## HISTORY

The WA Council on Addictions, T/A **Cyrenian House** is a non-government, non-profit Organisation with over 24 years of successful operations within the alcohol and drug treatment sector. Cyrenian House has demonstrated its enduring capacity to deliver both a professional and effective rehabilitative treatment service and is one of the leading drug and alcohol (AOD) treatment service in Western Australia. Cyrenian House has kept pace with emerging drug trend issues and service needs and offers a wide range of Rehabilitative Programs and services that include:

### Non-Residential Services.

- Voluntary Program
- Prison to Parole Program
- Conditional program
- Family Program

The Family program is offered to families and significant others, irrespective of whether the individual effected by substance use is undertaking an intervention program. The aim is to promote awareness, improve communication, encourage positive relationships and support reduction in harm caused by the alcohol and/or drug use of another.

### Residential Services 'Therapeutic Community'

Two program operate within this Therapeutic Community (TC)

a) '**Saranna**' a women and children's residential treatment program. ***This program is unique, and the only service available for women with dependant children seeking residential rehabilitation treatment in Western Australia.*** The accommodation for women with young children is in self-contained cottages to maintain the development of family unity and re-unification. Saranna offers a range of treatment programs including parenting skills training to enhance recovery from addictive behaviours, while maintaining recognition of real-life responsibilities. The environment is safe and caring for children.

b). **Mixed-Gender** residential treatment service is a twelve week program where residents are reviewed after six weeks to determine their needs. If they are not wanting or needing to continue, two weeks are devoted to issues of re-entry into the wider community. Residents wanting or needing further therapeutic intervention then have the option to remain in treatment for further rehabilitation.

**Therapeutic Community:** These two residential services operate within a ***Therapeutic Community (TC) model.*** This TC model is seen as a 'best practice model', with considerable research showing that duration in treatment is the best predictor of treatment outcomes for drug and alcohol misuse. Retention outcomes show that clients:

The Therapeutic Community model is based on the philosophy of inclusion and responsibility, whereby the resident takes responsibility for their role in the community and the community reciprocates by providing both concrete and emotional support, constructive feedback and the opportunity to learn from mistakes made. This can be, for many, a very intense process as residents face the issues that impact on their behaviour and learn new and positive coping mechanisms to help them overcome the negative impact drug and/or alcohol abuse has had on their lives. It is about treating the whole person not just their addiction and the successful

outcome is a responsible, productive person who contributes positively to the greater community, their family relationships and their peers.

**Target Group:** Individuals and families (including children) suffering from the effects of alcohol and other drug misuse and, people affected by the drug and alcohol and misuse of another. This service has a state wide catchment e.g. Port Hedland, Katanning Bunbury and Albany, although the majority of prospective clients are drawn from the metropolitan area and surrounding suburbs.

**The financial, social and personal cost to families who have a member(s) using illicit drug, including the impact of drug induced psychoses or other mental disorders.**

There are a number of issues that come to mind when looking at the financial, social and personal costs to families as a result of a member using illicit drugs, although it is difficult to extract the specific drug using behavior from the equation. Most of our clients would identify as polydrug users and as such it is often difficult to ascertain which drug might be responsible for the impact on families. Many families of the user present for counseling and support in our Non-residential services through the family counselor and will often cite the ongoing stress as the reason for seeking support. Often they feel powerless to tackle some of the myriad of issues which often include, but are not limited to:

- Domestic Violence
- Child protection
- Justice issues
- Physical and Mental Health
- Financial problems resulting from both theft by the user, or financial support given freely to the user
- Emotional problems related to ongoing stress
- Marital discord resulting from differences of opinion in the management of the using family member
- Safety and Security issues as a result of aggressive behavior from the user
- Danger of being implicated in the drug users possession of illicit substances which may result in their own assets being seized through criminal confiscation legislation
- Shame and humiliation related to the public perception of parents of drug users
- Loss of lifestyle for Grandparents who may take on a parenting role for their grandchildren
- Loss of contact with grandchildren who may have been removed from the users and placed in care.
- Parental concern and fear about the loss of their often adult children to drug use and associated criminal and mental health systems
- Picking up the pieces and offering ongoing support for those users who may be permanently damaged by their drug use
- Harm related to unborn children
- Break down of family relationships and withdrawal of essential support
- Loss of employment
- Intense grief and feelings of powerlessness

Given the diversity in the types of families that we deal with, there are many common themes as stated above, but there are also many differences, which highlights the need for a number of approaches to dealing with these issues.

Grandparents are also clients of Cyrenian House. Many seeking custody of their grandchildren because of their mothers addiction. This target group have expressed their gratitude for the program in re-uniting children with their mothers. Grandparents stated, 'relinquishing them from a second generational of child rearing responsibilities' was a godsend.

#### **The impact of harm minimization programs on families.**

Families accessing Saranna have typically had quite a low level of family functioning with high levels of parental dependency on AOD; issues around violence and dealing with the legacy of trauma, (past and present); fractured intimate relationships; the cycle of poverty; homelessness, insecure attachments to their children and histories of separation from their children. It is apparent that much of their drug use is associated with dealing with past issues related to abuse. In the context of reducing harm, it is imperative that this cycle of violence and abuse is over turned to stop the intergenerational cycle of drug and alcohol abuse.

In Western Australia there is a focus on evidenced based practice and a family sensitive approach. It is important to adopt a non-judgemental approach to the issue of relapse to enable clients to access support, with the safety of children remaining the number one priority. As relapse is part of the recovery continuum, it is important to apply harm reuction strategies to maintain the individual until they re-engage in treatment. A significant issue here is encouraging women with children to access treatment without fear of judgement. Research indicates that one of the barriers to access for women with children, is the fear of their children being removed, and whilst this may be a possibility, it is often proven that women will address their drug and alcohol use if they are supported to do so in the company of their children.

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

Through practice wisdom we are aware that this client group have very high levels of motivation when seeking admission to Saranna and, all assessed women cite their children as being the main motivator to gain control over their drug use. The most common statement heard in assessments is, **"I want my children to have a better life than I did"**. Typically due to the stigma associated with maternal drug use in Western Society, mothers often present when they have been able to overcome that stigma and acknowledge that their drug or alcohol use is impacting negatively on their children. Sometimes there is only a short window of opportunity to work with these families, the aim of this service is to work with the client's high level of motivation and also provide support services while the families are on the waiting list for admission.

The educational program plays an integral part towards client recovery, as information and learning is the beginning of behaviour change. The education component is extremely important, particularly in the early stages of treatment as many of the clients (including children) arrive in poor health and unable to sustain long periods of concentration. The primary objective for the Saranna program is to work directly at 'grass roots level' with the families in the cottages within the TC on a one to one basis. This compliments the re-unification and building relationships between mother and child/ren. It is therefore imperative well presented information and equipment is available to engage the clients and to assist them in identifying and processing strategies that will enhance their skills towards recovery.

The Cyrenian House 'Saranna Program' aims to enhance the quality of life and well being of women with dependant children affected by alcohol and/or other drugs in Western Australia. The service takes into account women's roles, relative status and socialisation within the larger community. Research shows this target group have to wait longer than any other consumer group to access service. The program offers a range of residential treatment programs for indigenous and non-indigenous women that aims to enhance the quality of life and well-being of all women.

For a number of years Cyrenian House has been providing the only residential treatment service for indigenous and non-indigenous women affected by alcohol and/or other drugs with dependant children in their care. The re-unification between mother and child has become an increasingly important part of women's rehabilitation, importantly; they recognise their ongoing role as parents, providing necessary parenting education and role modeling.

More emphasis on the 'needs' of children from families affected by alcohol and/or drug use has been targeted and is now central to Saranna and its operations. Cyrenian House believes all children have the right to '**Affection & Protection**' and continues to improve its services to reduce the need for out of home placements for children by providing a unique program that matches service gaps identified through research in Western Australia - e.g.

- The program is gender-sensitive and takes into account women's roles, relative status and socialisation within the larger community.
- The service is delivered to a target group that has to wait longer than any other consumer group to access service treatment.
- There is no other residential program available for women with dependant children affected by alcohol and/or drug misuse that are tailored to meet the needs of vulnerable children.
- The program continues to offer services to the (69%) of women referred to Cyrenian by the Department for Community Development (DCD) per annum.

Family preservation where serious family dysfunction associated with alcohol or other drug abuse has precipitated the separation of the parents (or risk of separation) from the child.

Specifically designed and aimed to target secondary and tertiary prevention for children at high or immediate risk of placement in out of home care.

Saranna aims to ensure the physical safety and emotional well-being of children by providing core models of service delivery to families in order to prevent children from having to be removed from their mother's care.

Saranna aims to prevent the pattern of family dysfunction by providing therapeutic services to women and simultaneously providing care for children that preserves and enhances parental role.

Evidence supporting gender-specific treatment from the 'Australian National Council on Drugs AOD Agency Forum' indicated that drug use by females is increasing and there is a lack of sensitive services for women, particularly women with children. Cyrenian House has long

recognised the gap in service for women affected by AOD issues with young children and continues to expand its Saranna program to meet the demand for service.

1. According to statistics collated through the Cyrenian House PICASO data base system, **(69%)** of women referred to Cyrenian House are also known clients of the **Department for Community Services (DCD)**. Collaborated shared-case management continues to be a vital component of the clinical pathway treatment plan for women re-uniting with their children.

It is essential a safe and caring environment for children is available to implement early education in order to develop, amongst many things, the children's socialisation and motor skills. Research shows younger children have higher rates of substantiated abuse and neglect, while adolescents have more drug and alcohol problems, mental health disorders and lower academic achievement than non-abused children

- Practice wisdom, combined with overwhelming research shows that children living with parents affected by AOD use have special needs:
- Parental problem drug use can and does cause serious harm to children of every age
- Research suggests that women keeping their children is a major motivation for women to change their behaviour
- Reducing the harm to children should become a main objective of drug policy and practice
- Effective treatment of the parent can have major benefits for the child; by working together services can take practical steps to protect and improve the health and well-being of affected children and the number of affected children is only likely to decrease when the number of problem drug users decreases. (<http://www.scotland.gov.uk/Publications/2006/05/05144237/2>)

**N.B. A paper version of this document will be sent via the post**