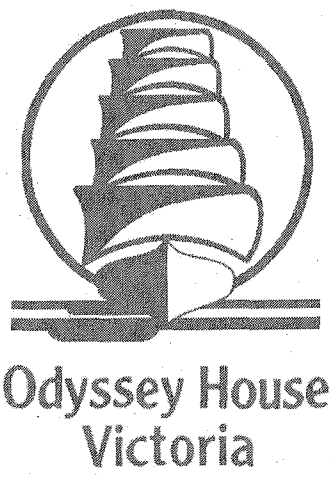

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ODYSSEY HOUSE VICTORIA

Submission to the House of Representatives, Family and Human Services Committee

INQUIRY INTO THE IMPACT OF ILLICIT DRUG USE ON FAMILIES

March 2007

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Introduction:

Odyssey House Victoria delivers a range of residential, community based and outreach services. They include services directed towards adults, youth, children and the family system. The services that endeavour to incorporate a family approach are the Residential Therapeutic Community, OASIS - a Youth Community Based service, Counting the Kids - a child and parent focused out-reach service, and Navigations - a community based alcohol and other drug service.

This submission is divided in two. Section One will focus upon the impact of parental substance use on children and their broader family. Section Two will focus upon illicit drug use in relation to youth and adult substance use.

The impact of licit drugs including tobacco and alcohol on families are enormous and we ask that the Committee widen its terms of reference to include the impact of licit drugs in addition to illicit substance use. Alcohol misuse is a serious concern to many families across Australia and can contribute to many health and social problems such as mental illness, foetal alcohol syndrome and alcohol effects, domestic violence, family and relationship break-down, financial difficulty, health conditions such as liver damage and death. Similarly, tobacco continues to negatively affect many Australians, including children.

Odyssey House Victoria adopts a general definition of the term 'families' which includes children, siblings, parents, friends, caregivers and grandparents.

Costs and Impacts:

Ilicit substance use has a wide ranging impact on families including to partners, friends, children, and carers. Problems range from stress through to developmental, relationship, health, employment, mental health, safety, legal, and financial. These impacts are well documented in a number of reports conducted by Odyssey and others, and are powerfully told in the stories of individuals.

Harm minimisation:

Harm minimisation should be reiterated and supported as the central guiding principle for all national drug policies and programs. It is also a natural extension of harm minimisation to reduce the harm of drugs to the individual, their family and children, and the wider community. Harm minimisation is easily integrated into family work.

Harm minimisation should be publicly promoted and explained to increase understanding and empathy and to reduce the stigma felt by drug users and affected families.

There is a need for greater financial commitment to prevention, early intervention, harm reduction, and treatment strategies and a more equitable distribution of funds as an essential part of the Illicit Drug Strategy.

Strengthening families:

Despite strong evidence for better outcomes from family inclusive approaches overseas, resources for such approaches in Australia remain limited.

Continuing research into strategies for interventions aimed at families, as well as prevention interventions aimed at children and young people, is needed to guide whole-of-society and whole-of-community

approaches. These will assist to build family wellbeing and resilience and reduce the incidence of substance abuse and correlated problems including child abuse and neglect, family violence and breakdown, and mental health problems, in addition to more effective drug treatment.

The efficacy of integrated service delivery models that combine treatment for substance use with family support should be explored on a National level, with a view to replicating the key success factors in policy approaches and program services. Support needs to be holistic, accounting for the needs of the drug user, their children and their carers. Balancing these needs is possible with sophisticated and intensive responses. The reward for this investment, however, is great. The cost of not providing this integrated support is also great, including repeating addictions and mental health problems across generations, a further stretched out-of-home care system, and further family breakdown.

Alcohol and other drug treatment services should be supported to include families, especially children and parents, in the delivery of holistic and integrated services. Provision of family inclusive services should be available to all clients as part of an integrated treatment approach, rather than a stand alone programme or service. Support needs to be over a long period of time that accounts for treatment and allows for recovery including engagement in training, employment and other meaningful contact with one's community. Resources are needed on a number of levels and include:

- Capacity to evaluate the effectiveness and outcomes of programmes.
- Capacity to develop interventions directed towards families in which there are research gaps in practice & research in Australia; in particular:
    - To couples were both individuals have a drug dependency
    - Implementing Multidimensional Family Therapy (MDFT) Liddle, 2002b), which is a developmentally and ecologically oriented approach to reducing adolescent drug use and related problems by intervening in the multiple systems that maintain these symptoms. MDFT reduced adolescents' substance use by 27% from intake to discharge in the Cannabis Youth Treatment study (USA).
    - Develop a family based intervention for those experiencing difficulties with a Dual Diagnosis.
    - Programmes and groups offering therapeutic, mentoring and other supports for children with substance dependent parents to reduce waiting list times and to increase affordability.

Greater resources should be made available to work with substance dependent fathers. The drug treatment sector has a unique and privileged access to these men, some of whom are absent fathers, whilst others are single care giving fathers.

The Multi Family Therapy model should be further developed and piloted within a community service context with a view to extending training in it to the sector.

Funding to deliver the BEST Programme (Behavioural Exchange Systems Training) should be increased to organisations delivering this programme to provide follow-up assistance to families and to increase its integration into the service system.

Section One:

Odyssey House Victoria has been providing drug treatment and support to parents and their children for over 25 years at their residential Therapeutic Community in Melbourne.

In 2003 and 2004, Odyssey House Victoria conducted the Nobody's Clients Project with funding from the RE Ross Trust. This project was a collaborative, targeted prevention and early intervention program for 4-13 year old children whose parents were in treatment for their drug or alcohol dependencies. The project involved over 230 people, including more than 48 children and 70 members of their family. An action-research methodology was used to identify and document children's and carers' experiences. Project workers provided assessment, support, counselling, and referrals to children. They also provided counselling, mediation, parenting and life skills development and support to other family members.

Key Findings

- An estimated 60,000 children in Australia have a parent attending drug treatment. This equates to about 1.5 % of Australian children under the age of 15 years. Tens of thousands of other Australian children are also likely to be affected by the problematic drug use of parents who don't access treatment for their drug or alcohol problems.
- Parental drug or alcohol problems account for approximately 50% of all substantiated cases of child abuse or neglect in the child protection system in Australia. This represents only a small proportion of children with substance dependent parents.
- The drive to be a better parent is a key reason for parents to seek drug treatment. Over 70% of parents said their children had witnessed and been distressed by their active drug use and its effects, while about 50% said that their children had been exposed to family violence, police raids or distressing police interactions, and abandonment or separation due to family breakdown, incarceration, death, or out-of-home care. Around 18% of children had witnessed a parent's overdose or death.
- Approximately 30% of parents reported that children had responded negatively when they had found drug using equipment (eg. needles, bongs) and when parents had become unconscious from drug use, while 20% of children had accompanied their parents while dealing drugs. Some children had experienced physical and sexual abuse, parental psychotic episodes, and periods without food or school.
- Not all children of problem drug users had major problems. Approximately 55% of the children had only minor emotional or behavioural problems, similar to most other Australian children.
- Parents in treatment were mostly polydrug users. Heroin was the primary drug of concern for about 38% of parents, alcohol for 27%, cannabis for 17%, and amphetamines for 15% of parents. Approximately 70% of parents had one or more previous criminal offences. Most of these were for property (43%), drug (32%), or driving offences (27%).
- Less than 20% of parents in the project had completed a high school education. Over 90% of children were living in households earning less than $20,000 per annum.
- Only 6% of children in the project were living with both biological parents. Approximately 65% of children were living in single parent households, while 27% were living with grandparents or other relatives.
- During periods of active drug use or when withdrawing from drugs, parents reported being more irritable and intolerant toward their children (61%), lacking quality interactions with their children (44%), and having no or inconsistent routines (39%).

Summary of Recommendations

- Drug treatment for parents should be a first priority. Fewer substance dependent parents will mean fewer children exposed to risk. Drug treatment must therefore be available and accessible to clients with children.
- Drug treatment staff members need additional resources including the time and training to effectively respond to their clients' parenting roles and to the needs of their children. Child outcomes are likely to improve when parents are well supported by formal services and by extended family members.
- Drug treatment and family support agencies need much stronger incentives to identify the needs of children of drug dependent parents.
- Increased support is needed to enhance the engagement and participation of children with substance dependent parents in social, recreational, and educational activities.
- Service responses should include targeted prevention, early intervention, and recreational opportunities for children. Parents need family strengthening, mediation and support services, parenting and life skills education programs, responsive and flexible respite, accessible and affordable child care, and well supported out-of-home kinship care.

Summary of Previous Research

- Parental drug use can cause significant harm to children from conception through to adulthood.
- Children with substance dependent parents are at high risk of developing their own drug, alcohol, and other problems. These problems are largely due to compromised parenting, lack of resources and a chaotic lifestyle.
- Drug and alcohol use during pregnancy may lead to a range of health problems including Foetal Alcohol Syndrome and Foetal Alcohol Effects, abnormal growth and development, poor nutrition, viral infections, Sudden Infant Death Syndrome (SIDS), infant withdrawal and new born babies that are difficult to comfort.
- Children with substance dependent parents receive little support and are often nobody's clients.

The full report contains an extensive review of the literature and can be downloaded from Odyssey House Victoria's website www.odyssey.org.au.

This project has lead to additional funding to provide services to parents with substance dependencies and their children through the FACSIA funding *Counting the Kids* project. Odyssey has also developed an International reputation as a leader in the field of parental substance use treatment and support for their children and is regularly asked to inform National initiatives and program development. Counting the Kids is providing specialist in home family support, therapeutic groups for children, school holiday programs and family camps, and resources and secondary consultations across multiple sectors. Whilst the evaluation for this programme is underway, the service is showing promising results and outcomes for all family members.

Their Voices:

"When not using (drugs) I'm a super-mum. I have more time for him. I set boundaries. We have good communication. We play a lot. When using, he becomes the parent. He gets out pre-prepared food from the freezer, he misses school, he gets bored, he gets worried about me ... chaotic routine of mum being sick. I snap at him, yell, I have no patience. There's not much affection or supervision. I feel a lot of guilt. I tried to protect him from it" (Cathy, 28 year old mother of Travis aged 7)

"She must have witnessed me using, she made gestures of putting a pen into her arm, like a syringe. She was found to have an old break in her right leg, broken elbow in three places, depressed skull fracture and a broken wrist before starting school" (Penny, 34 year old mother of Julie aged 6)

"They always thought I never knew that Mum was on the drugs. I asked why I had to live with my Nanny and they said Mum has gone on a holiday. I knew she was in gaol, cos I heard the adults talking. I told Nanny I saw Mum using the needle drugs and that I sometimes I was with her when she bought them & Nanny nearly fainted. I am more happy at Nanny's she drives me places, washes my clothes and cooks me food". (Ben, aged 7)

" Mum goes crazy on drugs, sometimes she cleans the whole house at night and wakes me up with the vacuum cleaner. Other times they make her tired and she sleeps a lot. I hate it when Mum's on drugs, she doesn't have any energy and she yells more and doesn't like to go to the park. But I still love her because she tells me all the time she loves me". (Jack, aged 9)

"She was always drowsy. When she was in bed and fully awake, she kept on yelling at me and saying, 'Get off the road', when I was inside. Sometimes, I was scared, like when we couldn't wake her after a long sleep". (Dillon, aged 12)

"She always ate chocolate and mud cake and stuff like that. Usually she would just give us money to go and get food: fish and chips and stuff. She was around but she didn't have the energy. Now she cooks dinner and stuff like that." (Samuel, aged 12)

"....Sarah focused mostly on her understanding of 'needle drugs and marijuana'. She wanted to disclose more but Rory kept reminding her that she was 'talking too much and could get Mum & Dad in trouble'. When reassured that was not the purpose of the group, Rory responded with 'yeah that's how you get put in foster care'. Sarah stated to him that she didn't care ..."they always put you back after you go to court anyway...." (Sarah, aged 7 & Rory, aged 10).

"I say my dad got eaten by a dinosaur. He's mean, he does drugs ... they make you go off your face and do bad stuff. We don't see him now." (Ethan aged 9).

"I can name some drugs. Syringes, tablets, sort of like drugs, alcohol... people take them and they sort of get sick and stuff." (Sarah, aged 7)

"I'm always sad at my mum's house, because you know, my mum doesn't have any happiness" (Megan, aged 5)

"....Children need and enjoy places like this, they can play, talk and really say how they feel" (Peter, aged 9)

"....It's been fun. So you can tell the person who is in charge to help you sort out the problem. The problem might be about when you are suspended from school, when people tease you and be mean to you and others..." (Adrian, aged 9)

"....Group is where I fit, there are other children who understand why I don't live with my parents, and how it feels to have a Mum in gaol, I can't tell the kids at school, they will tease me" (Zoe, aged 9)

Section Two:

This section provides a very brief review of the literature related to the impact of illicit drug use to families where there are adult & youth substance use concerns. Treatment interventions are described as well as family based interventions developed and delivered by Odyssey House Victoria in relation to youth and adult substance use. Throughout the document are recommendations and an analyses related to future needs.

Brief Summary of Literature

Adult & Family Interventions

Contemporary family based approaches for adults with drug dependency are lagging behind those for youth in terms of number of studies and creativity of intervention methods. There are however studies reporting promising results (Dakof et al., 2003; Kirby, Marlowe, Festinger, Garvey, LaMonaca, 1999) in utilising the family for treatment engagement and Behavioural Couples Therapy (BCT). These studies report impressive results in the reduction of drug use, cost effectiveness, improved outcomes for children of substance users and relationship satisfaction (Fals-Stewart Birchler, O'Farrell 1996; Fals-Stewart, O'Farrell, Birchler, 2001; Fals-Stewart, and O'Farrell, 2003; Winters Fals-Stewart, O'Farrell, Birchler, Kelley, 2002). BCT is primarily concerned with couples where one person has a substance dependence problem and the other is drug free, there appears to be no focus upon couples where both are drug dependent. At Odyssey we have worked with couples where both present for treatment with drug dependence. There is no research directed towards the development and evaluation of relationship orientated treatment methods for dual substance dependent couples.

Another area of investigation is the effect of drug dependence on family members and significant others. This population commonly experience high levels of distress often consistent with a diagnosis of an acute stress disorder or post traumatic stress requiring effective interventions (Orford et. al 1998). Much of this understanding is being integrated into interventions to ameliorate the harmful effects of drug dependence upon family members.

Youth & Family Interventions

Traditionally drug treatment services have focused upon the individual drug user often with the exclusion of family involvement. During the past decade overseas research reports compelling evidence in the effectiveness of using family-based approaches in the treatment of drug abuse problems particularly with adolescents.

However integrated family approaches are in its infancy stage throughout Australia. Anecdotal evidence suggests family inclusive practice is not yet a common work practice and where it is present, effectiveness of practice and theoretical concepts are poorly developed or reported upon.

Much of the focus of family intervention related to substance dependence, in Australia has been in the context of a family member presenting with concern about another's substance use and in recent years upon supporting families in their own right. Less work has been directed to engaging families with individuals who present for treatment. As a young person may still be living with or deeply involved in their immediate family, and given the family are often a primary figure in the young person's life, it is especially relevant that the family be engaged in the intervention process.

Many of the relevant evaluations have been conducted overseas. Trials of such strategies in Australian drug treatment settings are needed. Australia has a reputation for innovative approaches to family practice, yet there have been few well-controlled studies. Despite the identification of integrative family based models as among the more effective strategies for working with targeted youth populations, Australian practitioners have had little exposure to these strategies. Pilot studies of these approaches in Australian service settings including training and capacity building for clinicians have been recommended by Mitchell and colleagues (2001) and it is the intention of this project to do just this.

Specific aspects of family life and family relationships have strong and consistent connections to the initiation, exacerbation, and relapse of drug problems. Relationship factors such as poor parent-adolescent relationships consistently predict adolescent drug use across cultures and time (Brook, Brook, Arencibia—Mireles, Richter, & Whiteman, 2001) even more so than salient factors such as family structure (Friedman, Terms, & Glassman, 2000). Parenting practices including low monitoring, ineffective discipline, and poor communication are also important factors in the initiation and maintenance of drug abuse problems among youth (Liddle, Rowe, Dakof, & Lyke, 1998; McGillicuddy, Rychtarik, Duquette, & Morsheimer, 2001), although parenting clearly interacts with a host of other social and emotional factors in predicting the onset of drug abuse and related problems (Dishion & Kavanagh, 2000). Other family variables have been shown to exert a strong protective influence against drug problems (Morojele & Brook, 2001). For instance, youth whose parents strongly disapprove of drug use are significantly less likely to report current use of an illicit drug (SAMHSA, 2001).

Family-based treatments have been heralded in a number of recent reviews as superior to other forms of outpatient treatment, (Williams & Chang 2000; Waldron 1997).

These conclusions are based on the accumulation of evidence from early studies as well as findings from a second wave of family-based intervention studies that built on the foundations set by the first generation of research. This second wave of studies adhered to more rigorous standards of clinical research now held in the fields of psychotherapy and drug abuse treatment research.

Family based treatments for adolescent substance abuse has been found superior to other treatments in the following:

- Improved Engagement and Retention in Treatment Services
- Reduced Drug Use
- Improved Behavioural and Emotional Problems Associated With Drug Use
- Improved School Attendance and Performance
- Improved Family Functioning

Families Experiences When Living With A Family Member With Drug Dependence

Odyssey House Victoria has conducted investigations into the needs of family members. The following are quotes from family members who have an adult or young person in the family with a drug dependence problem. The quotes are typical of the types of experiences expressed by family members and consistent with the literature and anecdotal evidence reported by family members. The family members participated in focus groups from two separate projects related to identifying family needs, including many CALD communities conducted by Odyssey House Victoria.

1. *"A very frustrating experience when you see someone destroying themselves..."*

2. *"It's a natural tendency for a parent or a partner... to try and prevent their child from trying to hurt themselves..."*

3. *"... there is never a calm... while the person is destroying themselves they tend to exhaust and destroy everyone around them at the same time. Still you like to see the positive side ... you like to think; from here it will be better, but there is many times that we have thought that and he has ended up right back down again.. your frightened to be positive, you don't want to be hurt again you think how much more can you take, not just for yourself but for him, you just want your son to have a normal life..."*

4. *"...People have emotional elasticity, when they are around, your emotional elasticity is at snapping point most of the time... all the stresses and strains, the irrational behaviour .... its like a black hole in the family .... everyone's at snapping point ... so you have far greater friction within a home between partners, between other children... you wouldn't normally.*

5. *There is a constant irritant... People have different amounts of resilience so while a person may bounce back the first time, a second time, third..., fourth..., fifth time. The elasticity goes... you pull yourself back together. You become emotionally exhausted... punch drunk... People inside homes who are punch drunk are bumping into each other because there is this creature ... that's causing all this energy to be drained out of everybody else."*

6. *"What do you do ? "*

7. *"Once it's open to the public or the community, people lose face. That is why it's kept hidden. It's a last resort to come for help."*

8. *"Parents often want help for their children. They rarely admit to themselves or anyone else that they are not coping and need assistance for themselves."*

9. *"Sometimes being parents of a young person using drugs, you feel ashamed, so you try to hide it. You compare your children with good children. The problem is that it stays hidden instead of coming out."*

10. *" If a young person had faith in religion, they would not be tempted to use drugs. They would be more resilient. Drug use brings with it experiential consequences. People learn lessons and this is a lesson of Buddha."*

Impact on Family Members

Relatives, particularly parents but also non using-partners and older siblings of a person who uses substances report experiencing high levels of stress with higher levels of physical and psychological symptoms than what might be expected in families not living with a drug problem.

Research reports that the stress experienced by families is often severe and long lasting for close family members when the existence of the alcohol or other drug problem is a severe (Orford et al. 1998; Meyers et al 1996; Jackson, 1954). Relatives in such circumstances are at high risk of developing mental health problems due to the stress experienced and have shown to have high rates of accessing doctors and receiving diagnoses of trauma and stress (Svenson et al., 1995; Roberts & Brent, 1982).

Parents who access Odyssey (House Victoria) services to support their adult and adolescent children report experiencing a sense of total helplessness and are often unprepared when they have to respond with a child with a major drug problem. The experiences reported by families who come into contact with the Odyssey programme report similar experiences as that contained in the literature which is:

⇒ High levels of depression.
⇒ Lack of emotional support.
⇒ Family conflict and polarisation related to ways of managing the person with the drug problem and coping.
⇒ Lack of knowledge of the effects of drugs and of the treatment service system.
⇒ Feelings of alienation, within the family particularly extended family & community.
⇒ Feelings of isolation, within the family particularly extended family & community.
⇒ Experienced varying degrees of supported from AOD treatment agencies.
⇒ Symptoms of stress example: sleeplessness, high degree of agitation, lack of concentration, feeling distressed & preoccupation with the life of the person using drugs; etc.

There appears to be different phases for families, for instance upon first learning about the problem they are often shocked and a panic reaction begins, family members and in particular parents at this stage seem to search for information to better understand the effects of drugs and access treatment, they may begin to the child's activities police activities and family tension can build quite quickly. Family members who have lived with a drug problem for many years often live in a constant state of stress & anxiety, responding to crisis at any time of the day & night. The types of situations families deal with include hospital emergencies, finding their child overdosed, involvement with police & the justice/correctional system, feelings of shame, fear, guilt and isolation, a sense of abandonment from friends and the community, family members are often in conflict between caring, protecting and dedicating time to other family members versus the person with the drug use problems, there is often a drain on financial resources through demands for money by the drug user, to assist financially in some way and in replacing stolen property. Depending upon the extent and length of drug use behaviour, family members can either have raised hopes about treatment or be ambivalent.

Were there are children born to the drug user additional dimension and complexities are at play, the care and welfare of the children requires focus; often grandparents and other family members care for these children either through formal court or child protection orders or through informal arrangements. When care of children is transferred to grandparents additional stresses are placed on relationships, upon financial resources as well as upon the health of the grandparents. Grandparents are often at a time in there life in which they are preparing or in retirement, financially limited and in for many limited physically. Often grandparents find themselves in a situation where they need to choose between there own child and there grandchild and endeavour to juggle meeting the needs of both.

Family Based Interventions @ Odyssey House Victoria

While there is a dedication within the Odyssey House Victoria's organization to provide family based interventions, provision of such services are inconsistent due to limited resources.

RECOMMENDATION:

Resources are needed on a number of levels and include:

- Provision of family inclusive services available to all clients as part of an integrated treatment approach.
- Capacity to evaluate their effectiveness and outcomes.
- Develop interventions directed towards families in which there are research gaps in practice & research in Australia; in particular:
    - to couples were both individuals have a drug dependency
    - Multidimensional Family Therapy (MDFT) Liddle, 2002b), is a developmentally and ecologically oriented approach to reducing adolescent drug use and related problems by intervening in the multiple systems that maintain these symptoms. MDFT reduced adolescents' substance use by 27% from intake to discharge in the Cannabis Youth Treatment study (USA).
    - Develop a family based intervention for those experiencing difficulties with a Dual Diagnosis.

Family Support and Information Provision @ Odyssey House Victoria

According to Copello & colleagues (2000), delivering help that reduces stress irrespective of whether the person with the drug or alcohol problem continues to use substances problematically is a key element of intervention. This approach is reported to significantly decrease family member's physical and psychological symptoms and improved coping responses (Copello et al., 2000).

Odyssey House Victoria's Community Services have utilized Copello's (et al., 2000) intervention method when responding to families. This is delivered either through groups or individual family counseling, where there is sufficient resources to provide the service. Anecdotal evidence from family members suggests the intervention appears to be beneficial. The key areas of intervention include:

Key areas requiring intervention include:

⇒ Identify stress.
⇒ Provide Relevant Information about the affects of drugs & the treatment service system.
⇒ Identify existing systems of support & ensure social support is available.
⇒ Increase coping responses.
⇒ Provision of personal counselling, and support (Groups).
⇒ Assist to link them to services that can help the drug user. (However this is dependent upon the drug user willingness & parents may need to come to terms with the drug user's decisions regarding help.

When there is not sufficient resources to provide this type of services referrals are made to Family Drug Help. However many family members state they would prefer to receive assistance from Odyssey. Family members have reported not accessing this referral source when given it, while a few have reported the service did not meet their needs for face to face contact and with those providing drug treatment.

RECOMMENDATION:
That Alcohol & Drug treatment services are adequately resourced to deliver interventions to families when they present. That family based interventions are an integrated component of the service system rather than a stand alone programme or service.

Working With Family Members As Part Of An Individual's Treatment.
When working with families as part of an individual's treatment the focus in the literature is upon how the family can support the person with the drug use problem. In practice, I recommend there does need to be consideration on the effect the drug use is having on individual family members.

Focus of family sessions depends upon the particular circumstances of the individual drug user and the services they are receiving, at what stage they are in the change process, the individual goals they have, how they want the family to be involved and the family's expressed need.

It's important to keep checking with members about how they are feeling and what type of support they can provide to the person in recovery. A balance is needed to safe guard their own well-being and other family commitments with that of the needs of the person with the drug problem.

Multi Family Therapy Group @ Odyssey House Victoria Therapeutic Community
Evidence exists of the value of involving families in the treatment of youth drug dependence with promising empirical findings for family based interventions of adult drug treatment. Family based interventions for adults in drug treatment are a relatively neglected area of research and practice in Australia. A multi-family therapy group approach has been developed within Odyssey House Victoria to enhance the treatment outcomes of the clients and to simultaneously respond to the family members of the clients. The programme is directed towards clients and there families receiving treatment within the Therapeutic Community. The programme was developed and began in 2001. An exploratory study examining the usefulness of a Multi Family Therapy Group (MFTG) approach was conducted in 2003. Three adult clients and their families, from one series of the MFTG programme were recruited and participated in the study. The methodology employed pre-test post-test design within a naturalistic paradigm. Pre and post-test data was collected. The psychometric measures recorded improvements in family functioning, however, when analysed using the Reliable Change Index, these changes were not sufficient to warrant a reliable and clinically significant change. The qualitative data reported improvements in a number of family functioning dimensions including improved communication, changes in role definition and increased sense of closeness or connection with each other. Adult clients in drug treatment reported the MFTG contributed to an enhanced commitment towards their drug treatment. Further to this, positive changes in family functioning were reported to have extended to family members who did not attend the programme. Aspects of the MFTG reported to contribute to change was the actual group design that incorporates individual family session time, homework tasks and the family therapy approaches employed in the intervention.
While conclusions of the study are cautiously reported owing to the study limitations, a number of important outcomes were found. They include the value of involving families in adult drug treatment and the promise the MFTG shows as an intervention that can enhance adult drug treatment.

However the continuation of this intervention is plagued by lack of resources and thus is only periodically conducted. Further to this, a trial of the intervention within a community service context has not been possible due to resource limitations.

RECOMMENDATION:
Continue to develop the Multi Family Therapy model and pilot within a community service context with a view to extend training to the sector.

BEST Programme (Behavioural Exchange Systems Training)
The BEST Programme is an 8 week Structured Parenting Programme. Group Sessions are held once weekly for two hours. An ability to attend the entire programme is a requirement.

The program was co-developed by Odyssey House Victoria and the Centre for Adolescent Health. The three year evaluation reported that parents experienced significant improvements in self-esteem and greater competence in their parenting. The evaluation found a high percentage of parents reported positive changes in their adolescent's drug using behaviour and improved communication within the family.

The Program is state-wide initiative funded by the Department of Human Services in 2000. Agencies in each region were funded to deliver the service for that region and Odyssey was funded to deliver training over the first two years.

Odyssey House Victoria is currently delivering this service in partnership with the TASK Force organisation, with great success.

While the programme continues to achieve effective results consistent with those reported in its evaluation, the implementation is poorly resourced. For instance one facilitator was allocated to facilitate the programme when two facilitators where recommended; most Alcohol and Other Drug Treatment Services did not have the capacity to integrate the service into their organisation & thus promote the programme, inadequate resources were available to drug treatment services to provide adequate engagement or follow-up assistance to parents. Interestingly, the focus of the programme was for parents of adolescent substance use, YSAS (Youth Substance Abuse Service) in Victoria was not a service that ran this programme. Despite these difficulties anecdotal evidence suggests it did assist services to become more aware of the needs of families.

Parent's endorsement of the BEST Programme reported the following:

"Since involvement with this program I can talk with my child, and can cope better."

"I feel as if I have my life back, I feel more in control."

"The support from the group is a life safer, I don't feel so alone."

"My husband and I where attacking each other, constantly at each others throats, now we can talk and come to agreement about what to do."

Eligibility:

Adults who are in a parenting role to a person with a drug problem who is under 21 years of age.
Group participant need to be able to participate in the entire series of eight groups.

Topics Covered.
Week 1. Introduction and an opportunity for parents to discuss their needs and aims for the course.

Week 2. Drug types and effects on mood and behaviour.

Week 3. The developmental needs of adolescence and the changes which occur within families through this period.

Week 4. Examination of family patterns of communication and decision making.

Week 5. Exploration of practical strategies for changing unproductive communication.

Weeks 6, 7 & 8.: During these weeks participants will each have an opportunity to discuss in depth and trial their own alternative strategies.

Recommendation:
Increase resources to organisations delivering this programme to provide follow-up assistance to families and to increase its integration into the service system.

FADNET (Family Alcohol & Drug Network)
Odyssey House Victoria was one of the primary initiators for the Family Alcohol and Drug Network (FADNET). FADNET is a gathering of professionals from the drug and alcohol field with a particular interest in family therapy and support. The primary initiators of the network have formed an executive committee. The organisations of FADNETS members are clearly supportive. The network involves clinicians from the following organisations:

- Odyssey House Victoria
- Family Drug Help
- Mary of the Cross
- Turning Point
- Summit Dual Diagnosis Unit.
- RAFT, (Family Counselling service targeting drug use issues)

- Drummond Street Family Counselling
- Previously:
    - Centre for Adolescent Health.
    - Mirabel Foundation
    - Connections (Centre Care)
    - Jesuit Social Services

    (Above organisations no longer involved due to resource limitations)

The evolution of the network began by clinicians working with families in the alcohol & drug treatment system needing support in a service system that did not integrate family based interventions and clinicians working in this area were quite isolated. Further it was realised that Australian clinicians have had limited exposure to family based treatment and family involvement in drug treatment services is poorly integrated and poorly funded. FADNETS evolution began in an attempt to redress some of these issues, in particular to disseminate knowledge in relation to family based interventions, to promote a family integrated system as well provide support to clinicians and services.

To date the network has conducted:

- Bi-monthly morning seminars of a specified family focused topic with presenters reporting upon the topics latest research and practice.

- Conducted two one day conferences, the themes related to research and practice in family based approaches. This year (2007) the conference is to be held over two days and includes international and national presenters.
- Conference web site: www.odyssey.org.au/fadnet

- Regular monthly network meetings

The first two activities have attracted interest with high attendance rates. However the sustainability of such a network is questionable without infrastructure or practical support from the peak body. If families are a priority for the drug treatment sector support for such a network seems vital.

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