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The Secretary of the Committee
Inquiry into the Impact of illicit drug use on families
House of Representatives
PO Box 6021
Parliament House
Canberra ACT 2600

This submission is made on behalf of The Sydney Women's Counselling Centre situated in Campsie NSW. We are an NGO in the SSWAHS providing assessment, counselling, advocacy, information and referral to our clients. The Alcohol, Tobacco & Other Drugs Program is an integral part of this service, and as with other programs, counselling is delivered within the context of a social model of health.

Our AOD clients range from women who are abstinent, to those who are vulnerable to relapse, relapsing into substance use, women on pharmacotherapy maintenance or who may be impacted on by others substance use.

We welcome this inquiry into the impact of illicit drug use on families, however we would also like to state that our experience working in this field suggests that other substances such as alcohol and prescription drugs should be included when considering impact on family and how this translates to the community at large.

Our Intake assessments show very clearly that illicit drug use is most often preceded or co exists with alcohol use in adolescence.

Summary of Submission:

- Multitude of issues that are interrelated
- Intergenerational dysfunction
- Substance use is both a specific issue and symptomatic

- Harm minimization is integral to reduce impact on individuals, family and society
- Supply reduction less punitive more rehabilitative
- Increase resources to demand and harm reduction

- Recognition and development of government led systems that encourage the wider community to participate in and/or support early intervention, harm minimization and rehabilitative programs.

- Long and complex process that involves co operation and support for the individual, their family and friends.

- Integrated aftercare treatment model for people in recovery that is comprehensive and coordinated between the necessary and various medical and social services---fill in the gaps.

Terms of reference:

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

Many women(both AOD and general clients) present with

- relationship issues,
- a history of childhood sexual assault,
- domestic violence
- mental health issues
- homelessness

They have experienced families where alcohol and drug use have been or still is prevalent.

It is alarmingly clear that intergenerational dysfunction is a significant issue.

- Whether users are **children, parents or partners** substance use causes disorder and confusion in families.
- Shame and stigma associated with stereotyping affects both users and their families.
- Reluctance to this sort of exposure often delays them seeking help in the earlier stages.
- For users, addiction becomes entrenched, requiring repetitive complex, costly and lengthy treatments (Our statistics show drug using history of 10 years or more and multiple treatment episodes for the majority of clients)
- For their families, stress of living with increasing risks of chaotic and dangerous behaviors, such as Domestic violence, criminality, overdosing, psychosis, self harm, death and medical issues such as blood bourn viruses, lead in turn to
 - use of substances to cope
 - depression
 - anxiety
 - breakdown of relationships
 - loss of work
 - loss of education
 - Isolation
 - Cultural and economic dislocation
- Interruptions to healthy physical and emotional development of children, that in turn perpetuates the cycle.
- The high correlation between substance use and other co morbid conditions, and neglect and violence can lead to the need for child protection services to become involved with families for long periods of time.

Although we acknowledge substance use as an issue in its self that requires specific treatment, we also hold that substance use is

- Symptomatic of underlying issues and that the family is integral to these issues.
 - The relationship between cause and effect, impact of and impact on are often time indistinguishable and inter related.
1. family dynamics, trauma in the family, and/or socio economic conditions can be the cause of individual's substance use
 2. substance users can impact on family dynamics, causing breakdown in family and socio economic conditions .

2) The impact of Harm minimization programs on families

We fully support and incorporate into our work with clients harm minimization principles

This approach does not mean accepting and encouraging substance use, nor does it mean abandoning the goal of abstinence. It simply means that abstinence is not the only goal.

- It encourages illicit drug users to engage in treatment, rather than further the marginalization of their status within the community.
- emphasizes respect of all aspects of social integration including health, vocation and educational needs of people experiencing difficulty with licit or illicit substances
- facilitates knowledge of harm minimization strategies to keep safe and often stay alive.
- Emphasizes collaboration between health and law enforcement

For families coping with children who are using, or for children who have a parent(s) using, harm minimization can

- provide some containment for users thus greatly reducing the burden and worry associated with chaotic and/or destructive behaviors
- provide the time and opportunity to engage users and their families in treatments that leads to recovery
- Give families a better chance to stay intact ---eg. parents on pharmacotherapy maintenance can still have care of their children and provide a greater degree of safety for them.
- Reduce the incidence of domestic violence associated with substance use
- Provide the opportunity to identify and treat co existing mental health issues that impact on family functioning

It is distressing to note that currently the government's distribution of funds for harm minimization is heavily directed towards supply reduction, 84% for customs, federal & state police, justice system and prisons, while demand reduction is poorly funded at 10% for education, preventions and treatments and harm reduction receives only 6% for needle & syringe programs and pharmacotherapies.

In acknowledging the importance of supply reduction, emphasis on punitive systems that lack proficient rehabilitative resources does not provide solutions to the issues associated with substance use. Some sections of society may want to hide substance use from public view, but it is a fact of life. Poorer funding for demand reduction and harm reduction minimizes resources in areas that specifically help people seeking beneficial solutions to complex individual and family issues.

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

Substance use does not exist in isolation from the family or society. Incorrect information and stereotyping can lead to **less than optimal care** for individuals with drug use issues, who already feel stigmatized by society's attitudes. This in turn has significant implications for the families they come from and for the families they produce.

Recommendations:

- Recognition and development of government led systems that encourage the wider community to participate in and/or support early intervention, harm minimization and rehabilitative programs.
- Integrated aftercare treatment model for people in recovery that is comprehensive and coordinated between the necessary and various medical and social services.

Recovery is a long and complex process that involves co operation and support for the individual, their family and friends.

As a AOD counselling program that works mainly with women in recovery, we see a great number of women

- left to struggle for themselves after finishing rehab and who consequently relapse into substance use and other co morbid mental health conditions.
- Trapped in the current system that remains basically punitive and medically focused on modifying behavior without much attention to underlying issues. The majority of women who attend rehabilitation services have experienced childhood and/ or adult sexual assault, violence in relationships and other traumas which have affected their mental health and involved them in the use of substances as a form of self medication.
- Who have *limited and disjointed after care that hinders rather than enhances their prospects for maintenance of recovery and progress towards physical and mental well being and independent living.*

PROPOSED STRATEGY:

- i. Development of systems that incorporate rehabilitation counsellors and casemanagers who coordinate the pathways through which individuals access the various necessary services.
- ii. Establishment of treatment networks which will involve the following agencies-
 - ❖ Detox and Rehabilitation Centres- Pharmacotherapy Maintenance Services-
 - ❖ Community Health Centre for physical health and utilising their GPs and alternative health practitioners
 - ❖ Utilising the services of psychiatrists to monitor medications and support ongoing individual counselling and/or groups to address underlying issues.
 - ❖ Family Services(eg Tresillians/ Karitane)- to develop programs for women with children who have substance use and/or co morbid conditions
 - ❖ Department of Community Services
 - ❖ Domestic Violence Support Workers
 - ❖ MERIT program – and other judicial processes (e.g. Probation & Parole)
 - ❖ Mental Health and Drug Health Services and Medical- Sexual Health Services
 - ❖ Accommodation services – supported housing
 - ❖ Centrelink- work/ training programs
 - ❖ Use of DBT/CBT trained counsellors to work with groups --- skill development and to manage self-harming behaviors

Substance use is not a moral issue, rather it is a medical and socially impacting circumstance. Families need appropriate help and support in order to appropriately help and support individuals. Whether a family is middle class, of low socio economic standing, or culturally diverse, whether there has been trauma, such as child sexual assault or domestic violence, mental health issues, or not, dysfunctional cycles once started are hard to break while stigma and shame feed into narrow treatment paths.

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