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The Australian Psychological Society Ltd

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Submission to the

House Standing Committee on Family and Human Services

Inquiry into the impact of illicit drug use on families

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1. Overview and Recommendations

The lives of thousands Australians and their families continue to be affected by illicit and licit substance abuse.

Harmful substance use is associated with problems beyond those experienced by the individual. It is estimated that for every one person who drinks alcohol in large and/or frequent quantities, at least four other people are negatively affected (Rumbold & Hamilton, 1998). Harmful substance use can have a major impact on families through violence, divorce and financial and legal problems (see Dietze, Laslett & Rumbold, 2004).

The use of alcohol with other drugs (including illicit drugs) is also a great area of concern, as is the practice of substituting illicit drugs with licit drugs when attempting to reduce or abstain from substance abuse. Children report significant trauma associated with parental alcohol use. This includes family violence, unpredictability of parental behaviour and uncertainty in relation to financial wellbeing.

2. Costs and impacts

2.1 Licit substance use, and particularly 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, domestic violence, family and relationship break-down, financial difficulty, health conditions such as liver damage and death.

2.2 We ask the Committee to therefore widen its terms of reference to include the impact of licit drugs in addition to illicit substance use.

2.3 In relation to the term 'families' we wish to have it acknowledged that 'families' in today's society is not restricted to those who are blood relatives or partners.

2.4 There is need for research to assess the extent and effects of parental substance use on different families, including those who identify as a family member, including children, siblings, parents, friends and grandparents.

2.5 Research into strategies for early intervention aimed at families, children and young people would guide whole-of-society and whole-of-community approaches which will assist to build family wellbeing and resilience and reduce the incidence of substance abuse and correlated problems including child abuse and neglect.

2.6 The use of alcohol, tobacco and other drugs is both the cause and effect of much suffering in Aboriginal and Torres Strait Islander communities. It is well acknowledged that the use of alcohol, tobacco and other drugs does serious harm to physical health. However, of possibly greater concern is the harm to the social health of individuals and the fabric of these communities.

2.7 The efficacy of integrated service delivery models that combine treatment for substance use with family support should be further explored with a view to replicating the key success factors in policy approaches and program services nationally.

3. Harm minimisation

3.1 Harm minimisation should be reiterated and supported as the central guiding principle for all national drug policies and programs.

3.2 The meaning of 'harm minimisation' should be promoted in order to foster public understanding and empathy and to reduce stigmatisation felt by drug users and affected families.

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

4. Strengthening families

4.1 We support the development of a national family wellbeing framework as a collaborative undertaking between governments, community organisations, researchers and families to guide family policy, research and funding allocations.

4.2 Early intervention approaches should be given greater prominence in policies, strategies and programs.

4.3 Alcohol and other drug treatment services should be supported to include families, especially children and parents, in the delivery of holistic and integrated services, including for Aboriginal and Torres Strait Islander peoples.

4.4 Additional resources for broadly-based, comprehensive, community-based education approaches would assist in raising public awareness and changing behaviours.

4.5 Strengthening capacities within service providing organisations to provide integrated family support, for example, through specific family support training programs, would underpin and support holistic service delivery to families.

4.6 Additional resources should be provided to programs that offer therapeutic, mentoring and other supports for children with substance dependent parents to reduce waiting list times and to increase affordability.

5 Introduction

5.1 About the Australian Psychological Society and the Psychology and Substance Use Interest Group

The Australian Psychological Society (APS) is the major professional society representing psychologists in Australia. With 15,000 members and 38 branches across the country, the APS is the largest non-medical health professionals' association in Australia. The APS has nine Colleges that promote specialist areas of psychology through Clinical, Community, Counselling, Educational and Development, Organisational, Neuropsychology and Health Colleges. Additionally, there are twenty four Interest Groups that support members with special interests and assist communication between members interested in similar fields. The groups also advise the Society on issues related to their area of interest. Membership is open to all APS members.

The Psychology and Substance Use (PSU) Interest Group offers members an opportunity to engage with other psychologists who share an interest in substance use issues. The group aims to be of relevance to psychologists in a broad range of settings, including research, policy development, clinical work within the alcohol and other drug system, and clinical work in other settings.

The following response has been developed by the Psychology and Substance Use Interest Group (PSU) for the Australian Psychological Society (APS). It draws on the experience of psychologists working with clients with substance use problems, and the families of those clients.

5.2. APS Response to the Terms of Reference

The Terms of Reference of the Committee are noted as: Inquiring into and reporting on how the Australian Government can better address the impact of the importation, production, sale, use and prevention of illicit drugs on families, with particular interest in:

- The financial, social and personal cost to families who have a member(s) using illicit drugs, including the impact of drug induced psychoses or other mental disorders;
- The impact of harm minimisation programs on families; and
- Ways to strengthen families who are coping with a member(s) using illicit drugs.

The APS welcomes the concern for families who are caught up in the many issues surrounding illicit drug use. However, we are disappointed that the inquiry has not considered the impact of licit drug use on families and the community. Alcohol misuse is a serious concern to many families across Australia and can contribute to many health, social, and workplace problems such as mental illness, foetal alcohol syndrome, domestic violence, family and relationship break-down, financial difficulty, health conditions such as liver damage and death, road safety, and workplace accidents. We ask the Committee to therefore widen its terms of reference to include the impact of licit drugs in addition to illicit substance use.

The use of alcohol with other drugs (including illicit drugs) is also a great area of concern, as is the practice of substituting illicit drugs with licit drugs when attempting to

reduce or abstain from substance abuse. Children report significant trauma associated with parental alcohol use. This includes family violence, unpredictability of parental behaviour and uncertainty in relation to financial wellbeing.

This report acknowledges the initiative of the Department of Health and Ageing in the "Counsellors on University Campuses – Establishment", which has a focus on the problems tertiary students may have with substance abuse, mental illness, and/or the need for family support. The APS welcomes the broadening of similar initiatives to the general community, including Aboriginal and Torres Strait Islander peoples.

The current submission is presented under each of these headings outlined in the terms of reference.

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

6.1. Families of substance drug users

In relation to the term 'families' we wish to have it acknowledged that 'families' in today's society is not restricted to those who are blood relatives or partners. People themselves may identify friends or people with whom they cohabit as being part of a family grouping, and this is particularly evident within substance using populations, where family breakdown may have preceded or been the result of substance use. Many people have become caught up in problematic substance use because of family trauma. They may be the victims of childhood sexual, physical and/or emotional abuse. Substance use may therefore act as a vital avenue of escape from the trauma. For these people, returning to the family may never be an option.

Families of individuals, who use both illicit and licit drugs, and particularly those who are dependent on illicit drugs, often face major financial, social, personal, and physical health costs. Substance abuse is one of a number of health and social problems that can share common antecedents. This means that many families of substance misusers are faced not only with a substance misuse problem – but also other difficulties such as mental illness, financial difficulties, crime or unemployment. The impact of illicit drug use on families can vary greatly depending on the type of use. In this regard, we ask the committee to recognise the difference between dependant use, and experimental or occasional use and the impact these can have on families.

- In Australia, there are an estimated 60,000 adults of child bearing age in treatment for alcohol and other drug use, around one child for each of these adults, and one or more partners, carers, siblings, or friends (Gruenert, Ratnam & Tsantefski, 2004),
- There are tens of thousands more who are active drug users, but not in treatment,
- 80%-90% of women undergoing treatment have been abused as children and/or adults,
- Approximately 60% of men have been abused during their life.

Therefore 'drug' treatment is not just about reducing drug use and harm – it is also about addressing the underlying causes of drug dependency, and helping people to establish positive engagements within the family and community.

6.2. Impact on families and siblings

Problems related to substance use have a profound impact on families, with mothers and fathers, brothers and sisters frequently becoming caught in the turbulence that drug problems create. Almost invariably, problems associated with drug use by one family member become the entire family's problem.

The effects on families have largely been ignored in the past, and we therefore welcome the Committee's concern for families. Previous disregard for families has been the result of a preoccupation to perceive and treat drug problems as the preserve of the individual, and perhaps an underlying assumption that the family is the cause of the problem

(Copello & Orford, 2002). The combined result of these positions has been to marginalise the families of problem drug users, when evidence points to better outcomes and financial benefits when families are included in treatment (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004).

Research has shown relatives of drug users report experiencing negative consequences such as -

- Feeling lonely, anxious, depressed, fearful and confused
- A breakdown in trust with their family member and between other members of the family
- Worsening sexual and domestic relationships with their spouse
- Financial problems
- Social isolation
- Increased use of tobacco, alcohol and other drugs amongst family members (Velleman, Bennett, Miller, Orford & Tod, 1993)

Families also talk about their frustrations with a system which excludes them once their family member or friend is in treatment. Having worked hard to support their family member to get into a treatment program, they are often then blocked from the process, with treatment agencies refusing to engage with them, sometimes due to lack of resources, sometimes due to privacy concerns. This often leaves them feeling angry and confused, increasing their feelings of guilt, and further delay the family's healing process.

While some parents gain support from each other, resulting in a strengthening of their relationship, others report that the strain of trying to deal with drug using family members can become too great for the relationship. Where family members are not able to work together and agree on a joint approach, family breakdown may be the result. For sole parents, the strain of dealing with a drug-using child or adult child without support, is huge.

The traumas associated with a drug-using family member is by no means restricted to the parent. Issues include:

- Siblings feeling overlooked by their parents who, they believe, are preoccupied with their drug-using brother or sister. This may lead to feelings of both anger and guilt as they recognise that their sibling is in need of help. This is both a source of resentment and sadness.
- This is reported as being similar to being on a roller coaster: stability when their sibling is doing well, then devastation when they relapse.
- For many siblings, these rifts are never able to be repaired, not only resulting in a breakdown between siblings, but may also lead to a loss of relationship between the parent and the non-drug using child, who feels undervalued and forgotten.

Grandparents parenting grandchildren is an example of the pressures placed on families as a result of substance use. It is therefore vitally important to support the families of substance users, many of whom have themselves a range of personal, physical, financial and health problems.

6.3. Impact of parental drug use

Additional to the impact of substance use on families, we would also like to draw the Committee's attention to the impact parental use of illicit drugs can have on children and teenagers. Growing up with substance abusing parents is found to have significant impact on the physical, cognitive and emotional health and wellbeing of children (Ainsworth 2004) – extending into adulthood. For example, there is also a significantly increased risk of violence in a family where problematic substance use is present (Velleman, et.al., 1993; Valleman & Orford, 1999).

The increasing number of children affected by parental drug use is a rising social problem that requires action on a number of levels. Increasingly, parental drug use is seen as "one of the most serious issues confronting the child welfare sector over the past 20 years" (Child and Family Welfare Association of Australia, 2002:9). Parental drug use, domestic violence and mental health issues have been increasingly reported as contributing factors in the rise of notifications to child protection authorities (Families Australia, 2003; Patton, 2005; Saunders & Goddard, 1998).

Although many substance using parents are capable of providing adequate care in general, this can be punctuated by bursts of substance use which undermine the quality of care provided, leading to risky situations for the child(ren). Abandonment and neglect as a result of parental death from overdose, parental intoxication, or periods of absence due to imprisonment, have also combined to place additional stress on families and the child protection system (Drug Policy Expert Committee, 2000; Patton, 2005).

It is therefore of utmost importance that interventions for families are developed across sectors and Government departments to provide a coordinated and integrated approach to family drug use.

6.4. Co-occurring mental health and other problems

Comorbidity of mental health and substance use disorders is widespread and often associated with poor treatment outcome, severe illness course and high service use. Estimates of the proportion of people with co-morbid mental health and substance use disorders range from 50% to 90% (Baigent, Holme, & Hafner, 1995). Australian data show that substance use problems are evident for 28% of men and 14% of women with anxiety disorders, and for 34% of men and 16% of women with affective disorders (Teeson, 2000). For people with psychotic disorders, 60% use tobacco, 21.5% are daily alcohol users and another 22.6% use alcohol weekly, 9.2% have used psycho-stimulants and 5.1% used opiates in the past year (Degenhardt & Hall, 2000). Comparing these figures to those for the general population highlight the higher rate of substance use problems for people with mental health disorders.

There may also be complicating issues of mental health amongst substance users. People who are coping with both mental health problems and substance use are generally perceived as particularly needy and vulnerable and therefore anyone in their care may be more at risk. Both mental health and substance use feature as significant factors in reported incidents of child abuse, and their coexistence with other interpersonal and social difficulties also increases risk of abuse (Kroll & Taylor, 2003; Patton, 2005).

We need to accept that co-occurring disorders are the expectation, rather than the exception amongst substance users. These people continue to fall between the gaps in service delivery. The APS is particularly concerned about the issue of co-morbidity and is represented by APS Executive Director Lyn Littlefield on the Mental Health Council of Australia and the National Comorbidity Taskforce.

Without a comprehensive approach to addressing drug use in Australia, such as harm minimisation and adequate health support services, the toll experienced by families will continue. The APS supports a strong investment in strategies for the prevention of substance abuse, however this should not be at the expense of health and welfare services that aim to reduce the harm to illicit drug users and their families.
From international experience, failing to adopt a comprehensive approach, such as harm minimisation, would result in increased mortality and morbidity amongst drug users, their families, and the broader community.

7. The impact of harm minimisation programs on families:

7.1 Families' understanding of Harm Minimisation

Families very clearly understand the continuum of harm minimisation – clean needles and safe using practices at one end, the availability of pharmacotherapies and abstinence-based treatment services at the other. They see no problem in embracing all these services within the continuum, understanding that these are part of a suite of treatment services which need to be available to different people at different times.

To families, harm minimisation means:

- Keeping their family member alive until they are ready or able to get help
- Keeping them safe
- Understanding that there's no 'quick fix' or just one answer – that people need all sorts of interventions at different times – clean needles, supervised injecting places, detoxification, methadone and pharmacotherapies and abstinence-based treatment centres.

The APS supports the evidence that notes no single approach to the use of drugs of dependence and psychotropic substances will ever achieve a drug free community. The current preoccupation in some countries (particularly the United States) with achieving a drug free community has been supported by substantial financial resources but the results have fallen far short of what was hoped. Risk elimination rarely works.

Conversely, policies which give priority to the minimisation of harm associated with drug usage generally have been successful in reducing mortality and morbidity rates. The most impressive success of harm reduction has been control of the spread of HIV, mainly through the introduction of needle exchange. Similar models have been adopted with similar health, social and economic benefits in the Netherlands, Switzerland, and England.

Pharmacotherapies, including Methadone and Buprenorphine for opiate dependency, and Naltrexone and Campral for alcohol abuse, have proven effectiveness in assisting people who are dependent, and whose lives have become unmanageable. The continued support of these programs and an acknowledgement that pharmacotherapies form part of a vital range of treatment interventions is crucial.

It is also important to understand that for many people the effectiveness of pharmacotherapy treatments will be greatly enhanced by the provision of residential services which accept people on pharmacotherapies or other medications. There are too few funded programs in Australia, despite research evidence which shows their effectiveness (De Leon et. al., 1995; De Leon, Staines & Sacks, 1997).

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

8.1. Strategies

Strategies which aim to build resilience of families, develop positive family relationships, foster good communication, and provide families with information and support about illicit drugs have proven to be effective in assisting families to cope with illicit drug use.

We acknowledge that education is an integral component of any public health strategy and successful programs, such as the Tobacco Campaign, have adopted a comprehensive community based approach. However, sound health behaviour change initiatives have not relied solely on education and information dissemination, or mass media campaigns. The evidence does not support stand alone, once-off media campaigns as a successful strategy in changing behaviour.

- In consultation with families, there is a call for a public campaign and an end to the stigmatisation that surrounds substance use. As an example, they point to the campaigns which have addressed and de-stigmatised mental health problems.

- There is a need to understand that the problematic use of drugs by a family member can happen so easily to any family – and is not restricted to particular socio-economic, cultural or occupational groups.

Families are also concerned that stigmatisation often continues after a period of rehabilitation, when their sons or daughters are free from drugs. Families are concerned that even when a family member gets well, they are not able to get a job. Families ask that drug use of all types is recognised as a health problem – not just a legal issue.

8.2. Specific suggestions for implementation

The following suggestions are centred around a notion that it is imperative to work with the whole family on the prevention, treatment, and rehabilitation processes of drug abuse.

- Programs that include all members of a family, and that work to build relationships, both with parents and their children who have been affected by substance use and extended families – parents, siblings, grandparents.

- Programs that address the underlying causes or precursors to substance use. These include access to education and work opportunities while the person is still in treatment through partnerships with education and training providers in the community.

- Programs that address mental health issues in a coordinated manner, which recognises that an integrated approach to substance use and mental health disorders is far more effective than separate and uncoordinated treatments.

- Programs that focus on attitudinal change, and education for the community and for families.

- Strategies that address community fears about drug users and secrecy in society.

- Co-ordinated approaches between governments and agencies – both Government and non-government.

- Programs that aim for early interventions - action before the family is in crisis.

- A recognition of the value of the work some agencies are currently doing to strengthen the family, through providing additional support, more flexible funding and to fund more comprehensive programs – particularly those which address the concerns of people with co-occurring disorders (or a comorbidity of mental health and substance use disorders).

- Fund programs which work across the harm minimisation spectrum – for example, methadone reduction in conjunction with mental health interventions.

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