

Families and communities

Introduction

- 3.1 Tragically drug addiction can affect our children, peers, mothers, fathers, brothers, sisters, neighbours, work colleagues or friends. Families and individuals may then become witness to, and victims of, episodes of deceit, lies and crime that can come from this addiction.
- 3.2 A detailed account given to the committee described how families are affected:

Families dealing with a drug addict are split. Mothers want to protect, fathers often react with anger, which is fear based, siblings want to ignore the problem and extended family members distance themselves because they are unable to relate to the pain and heartache that that particular family is experiencing ... This anger is often directed at the system, the government and, eventually, their drug addicted child. The lack of support for parents and family members does little to correct the anger, and often drug users are thrown out of home because parents are at a loss as to what else they can do or how to cope with the behaviour.

Many parents find themselves caring for their grandchildren on a permanent basis, and others are the victims of domestic violence perpetrated by their own children. This brings about a situation in which parents believe they deserve this treatment because they have failed their child or children. The verbal abuse that goes into physical abuse sinks in, as it does with any other form of domestic violence. Providing information and support to groups with such deep-seated shame and guilt requires care, because they are as

vulnerable as the drug users themselves, if not more so, because they are actually living the effects of the substance abuse.¹

- 3.3 The death of a family member from substance abuse is devastating.
- 3.4 The impact of addiction spreads beyond the family to the neighbourhood where people respond with fear when they learn of addicts in their midst. They discriminate against the addict and, as Mr Trimingham, of Family Drug Support, pointed out, both the addicts and their families feel the 'shame, stigma and isolation ...'²
- 3.5 One family described this experience as it related to the death of their 22 year old son:

We live next door to an elderly couple and their reaction to his death was predictable even though he was viewed by them as 'a nice young man'. Their reaction to the news that they had lived next door to a 'drug addict' was met with a look of horror and fear. We feel that they were genuinely frightened by the revelation. [But] Drug addicts are not all lazy, good-for-nothing people living in squats or in the gutter without aspirations or hope. Some, such as our son, have loving and supportive families with extended family networks, who care for each other ...³

The fear of the local crime associated with drug abuse can have a profound effect on the attitudes and behaviour of the wider community as well.

- 3.6 This chapter is largely devoted to considering the family and local environmental factors that influence drug use, and what efforts the Commonwealth, state and territory governments should pursue to assist families and their communities. It also looks at the support needed by families affected by drug abuse. This task is all the more important given the observation of the former committee that, despite a recent, concerted effort by governments, there are still deficiencies in the help provided to families in relation to drug use.⁴

1 Bressington A, transcript, 15/08/02, pp 1148-1149.

2 Trimingham T, transcript, 15/08/02, p 1147.

3 Riley family, sub 32, p 2.

4 House of Representatives Standing Committee on Family and Community Affairs, *Where to next? - A discussion paper: Inquiry into substance abuse in Australian communities*, FCA, Canberra, September 2001, p 30.

Drugs: use, costs, accessibility and attitudes

3.7 Australians' use of the licit drugs alcohol and tobacco are higher than that of illicit drugs; the resultant damage of alcohol and tobacco use is also greater. Cannabis is the only illicit drug that compares with the rate of use of alcohol and tobacco. These points are illustrated in Table 3.1 from the National Drug Strategy (NDS) Household Survey which shows the numbers of Australians aged 14 years and older who reported having recently used drugs in 2001. Of these users, some have already become dependent on the drugs they use and others will do so at great cost to themselves and others.

Table 3.1 Estimated numbers of Australians aged 14 years and over who had recently^(a) used drugs in 2001

Drug Type	Males	Females	Persons
Tobacco – daily smokers	1,677,200	1,431,700	3,072,900
Alcohol – daily & weekly	4,437,100	3,081,400	7,517,300
Marijuana/ Cannabis ^(a)	1,232,800	1,025,700	2,029,500
Amphetamines ^(a)	323,100	211,200	534,200
Ecstasy ^(a)	277,000	179,400	456,400
Heroin ^(a)	21,000	16,700	37,700
Any illicit drug ^{(a)(b)}	1,536,800	1,125,800	2,663,600

Note:

Based on 2001 National Drug Strategy Household Survey consumption pattern data.

(a) Recent – Used in the last 12 months.

(b) Any illicit drug: Illegal drugs, drugs and volatile substances used illicitly, and pharmaceuticals used for non-medical purposes. The survey asked questions on the following illicit drugs: painkillers/ analgesics*; tranquillisers/sleeping pills*; steroids*; barbiturates*; amphetamines*; marijuana/cannabis; heroin; methadone**; other opiates*; cocaine; LSD/synthetic hallucinogens; ecstasy and other designer drugs; any (injected)*. NB * for non-medical purposes; ** non-maintenance program.

Derived from Australian Institute of Health and Welfare. 2001 National Drug Strategy Household Survey: First results, AIHW, Canberra, May 2002, pp 13, 17, 20, 22, 24, 26, 28, 48-49.

3.8 Sickness and death due to substance abuse impacts on the activities which sustain families and contribute to community life. Collins and Lapsley estimated the financial cost of this impact on domestic activities, childcare, the purchasing of goods and services, and volunteer and community work. Alcohol is estimated to have cost \$402.6 million worth of household labour in 1998-99, tobacco cost \$6.9 billion, and illicit drugs \$344.8 million. In so far as it is possible to attribute a cost suffered by individuals from loss of life, pain and suffering, alcohol can be said to have cost \$2 billion. It was estimated that 63.2 per cent of this cost was avoidable, had fully

effective policies and programs been in place. Comparable figures for tobacco were \$13.5 billion, of which 45.4 per cent was avoidable.⁵

- 3.9 Results from the 2001 NDS Household Survey revealed tobacco to be the second most accessible drug after alcohol. While the proportion of the population who smoked daily declined between 1998 and 2001, the proportion drinking alcohol daily remained stable. There were also no changes from 1998 to 2001 in the average ages at which smokers took up tobacco (15 years) and drinkers had their first full serve of alcohol (17 years).⁶ Among the survey respondents, 42.5 per cent approved of the regular use of tobacco by adults and 81.4 per cent approved of regular alcohol consumption.⁷
- 3.10 The 2001 NDS Household Survey stated ‘The most accessible illicit drugs were painkillers/analgesics and marijuana/cannabis - 38.4% and 21.0% of the population respectively were offered or had the opportunity to use these drugs.’⁸ The average age at which new users first tried illicit drugs remained stable between 1998 and 2001 at 19 years of age.⁹
- 3.11 The 2001 NDS Household Survey looked at approval ratings for the use of drugs. ‘Respondents were asked if they personally approve or disapprove of the regular use by an adult of a selected list of drugs.’¹⁰ Of the illicit drugs, cannabis had an approval rating of 27.4 per cent by males (compared with a disapproval rating of 72.6 per cent) and an approval rating of 20.1 per cent for females (compared with a disapproval rating of 79.9 per cent) for its regular use by adults. 8.9 per cent of males and 6.8 per cent of females approved regular, non-medical use of prescription drugs but fewer accepted the use of other illicit drugs. Heroin was seen as the drug of most general concern to the community, ahead of tobacco and alcohol. Attitudes to the acceptability of illicit drug use were also reflected

5 Collins DJ & Lapsley HM, *Counting the cost: Estimates of the social costs of drug abuse in Australia in 1998-9*, Monograph series no 49, Commonwealth Department of Health and Ageing, Canberra, 2002, pp ix-x, 29, 61.

6 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, Drug statistics series no 9, AIHW, Canberra, May 2002, p xiii.

7 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: Detailed findings*, Drug statistics series no 11, AIHW, Canberra, December 2002, p 8.

8 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, p xiv

9 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, p xiv.

10 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey, Detailed findings*, p 8.

in the low support for their legalisation and in approval of tougher penalties for their use.¹¹

- 3.12 Australian parents are concerned about the use of drugs by young people. The Commonwealth Department of Health and Ageing indicated that recent research has shown that two in five parents (43 per cent) of 8–17 year olds believe that taking illegal drugs is the main social problem facing young Australians today. One in six (17 per cent) regard illegal drug use as totally out of control and three in five (58 per cent) saw underage binge drinking as a significant problem. There was also a widely held belief in the community that family breakdown was associated with drug use.¹²
- 3.13 Governments and non-government organisations around Australia have responded to parental and community concerns by fostering efforts to prevent or discourage smoking and the use of illicit drugs, and to encourage the responsible use of alcohol. They have also provided services for those families with members who are abusing substances.

Help for families and communities by governments and non-government organisations

- 3.14 The national strategies dealing with alcohol, tobacco and illicit drugs all contain elements that cover the provision of information to Australians and focus on the prevention of harm. Information campaigns are or have been run with funding from the Commonwealth Department of Health and Ageing for:
- tobacco (1997-present), comprising a number of strategy components and currently targeting smokers and recent quitters aged 16-40 years, with an emphasis on those of low socio-economic status;
 - alcohol (2000-02) focusing on teenagers, their parents and young adults; and
 - illicit drugs (2001-present), the first part of which targeted parents and carers of teenagers, aiming to enhance their skills in communicating with children about drugs in order to deter initiation or continuation of drug use – the second part of the campaign will target youth.¹³

11 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: Detailed findings*, pp 5, 8, 95-96.

12 Commonwealth Department of Health and Ageing, sub 238, pp 12-13.

13 Commonwealth Department of Health and Ageing, sub 238, pp 19, 24, 26.

- 3.15 Other information, guidance and health promotion messages, provided with Commonwealth assistance, come from such sources as:
- the national drug information service run by the Australian Drug Foundation that disseminates information to the general community, parents and schools, as well as to health professionals and care facilities¹⁴;
 - community education promoted by the Alcohol Education and Rehabilitation Foundation;
 - the National Health and Medical Research Council's 2001 Australian Alcohol Guidelines which provide advice on alcohol consumption¹⁵;
 - the National School Drug Education Strategy and the National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools, which has been endorsed by all Australian governments¹⁶; and
 - for school children, the Rock Eisteddfod and Croc Festivals, which are performing arts events.¹⁷
- 3.16 The Community Partnerships Initiative is a community grants program 'to encourage quality practice in community action to prevent illicit drug use and to build on existing activity occurring across Australia'. The initiative has received funding of \$8.8 million over four years, and a further \$14 million was provided in the 2002 budget. Examples of some of the programs supported under the initiative are given in Box 3.1. Future funding from the initiative will be directed towards early childhood and adolescence, based on a growing understanding that 'preventive investment in the early years of life pays off'.¹⁸ In the 2003-04 federal budget \$12 million was allocated over the four years 2003-04 to 2005-06. \$4.4 million previously allocated was directed to higher priority National Illicit Drug Strategy initiatives.¹⁹
- 3.17 Further very early prevention efforts can be expected when the National Drug Prevention Agenda is completed, under the auspices of the Intergovernmental Council on Drugs' Prevention Expert Committee which is chaired by the Commonwealth Department of Health and

14 Commonwealth Department of Health and Aged Care, sub 145, p 87.

15 Commonwealth Department of Health and Ageing, sub 238, pp 23-24.

16 Commonwealth Department of Education, Science and Training, sub 262, p 1 and sub 284, p 1; Commonwealth Department of Education, Training and Youth Affairs, sub 147, pp 1-3.

17 Commonwealth Department of Health and Ageing, sub 238, p 25.

18 Commonwealth Department of Health and Ageing, sub 238, p 28.

19 *Budget measures 2003-04*, Budget paper no 2, Commonwealth Department of Treasury, Canberra, May 2003, pp 174-175.

Ageing. At present a monograph is being prepared which consolidates international and national evidence for prevention in drug policy and action. The other elements of the agenda are a national prevention policy and action plan, agreed by all jurisdictions to guide prevention initiatives.²⁰ Workshops were held in all capital cities during March 2003 to discuss a prevention policy consultation document. The outcome of the consultations and the monograph's findings will guide the development of the action plan.²¹

Box 3.1 Examples of projects funded by the Community Partnerships Initiative

Cootamundra (NSW) Community Centre's anti-drug campaign provided education to families and the broader community, incorporating the How to Drug Proof Your Kids Program.

Knox (Victoria) Community Health Service Inc ran the SMART – Skills, Mentoring and Resilience Training project to build resilience and achieve cognitive change in the world view of young people, 10-17 years old.

DRUG-ARM's (Queensland) Brisbane West Youth Partnership project aims to build a partnership with community groups and individuals through youth roundtables, youth action teams and youth community forums.

Pika Wiya Health Service Inc (South Australia) ran the Young Peoples Program – Getting the Message Across involving an early intervention project using role models; developing posters, hand outs and impact messages; running youth camps and tapping into prison anger management courses.

Teen Challenge Perth Inc organised the Say No to Drugs Bike Marathon with teams of bike riders and speakers who travelled through many communities via Perth, Kalgoorlie and Esperance.

Alice Springs Youth Accommodation and Support Services seeded the establishment of a bush adventure project for 15-18 year olds at high risk of illicit drug use.

The Parents and Friends' Association and The Friends' School Inc (Tasmania) through its 'It's in our hands' project, aims to empower parents to respond effectively to drugs in a school-community partnership.

Source: Commonwealth Department of Health and Ageing, sub 290, appendix 2.

20 Commonwealth Department of Health and Ageing, sub 238, p 15.

21 Commonwealth Department of Health and Ageing, sub 295, p 2.

- 3.18 Under the National Illicit Drug Strategy, Commonwealth assistance is also provided to state and territory governments through the Commonwealth Department of Family and Community Services to support families with a young person coping with illicit drug use. Under this program, \$11.3 million is being given over four years to community groups to support families with parent and group support programs, telephone referral services, family counselling and Indigenous drug services.²² In addition, other, more general departmental programs, through their support for families, help to create environments in which drug abuse is less likely to occur than it might otherwise be. In the 2003-04 federal budget \$3.2 million was provided for the National Illicit Drug Strategy – strengthening and supporting families coping with illicit drug use program. This program continues for another year while an evaluation of the benefits of the program is completed.²³
- 3.19 Programs run by state and territory governments contribute to and expand on the programs outlined above. The former committee noted the large range of such programs during 2000 and 2001.²⁴ Recent submissions from state and territory governments indicated that new approaches are being examined²⁵, and implemented by these jurisdictions. The Victorian government, for example, reported a substantially increased emphasis on prevention and early intervention.²⁶
- 3.20 Non-government agencies play a vital role in the delivery of services to families affected by substance abuse. From its contact with numerous such agencies, the former committee remarked that:

... These agencies do more than bridge service gaps: they have the advantage of being run by people who have had similar experiences and who are, therefore, uniquely placed to offer a kind of ‘wordless’ understanding valued by many ...

All around Australia, non-government agencies are running telephone counselling services, referring families to treatment services, developing education kits for parents and families, running drug education courses, offering respite care and crisis accommodation, and working in advocacy roles to influence drug-

22 Commonwealth Department of Family and Community Services annual report 2001-02, vol 2, FACS, Canberra, October 2002, p 21.

23 Budget measures 2003-04, p 177.

24 House of Representatives Standing Committee on Family and Community Affairs, *Where to next?*, pp 18-23.

25 Northern Territory government, sub 240, pp 1-2; South Australian government, sub 279, attachment, *Communique*, South Australian Drugs Summit 2002, Adelaide, 24-28 June 2002, pp 1-43.

26 Victorian government, sub 255, pp 1, 3.

related policies and programs. Some NGOs receive funds from government agencies while others, church-affiliated organisations for example, are relatively self-sufficient. Most rely on the energy and commitment of volunteers to deliver their services ...²⁷

- 3.21 The committee agreed that resources and available funding for NGOs be examined in order to ensure the continued support of these valuable services.

The social context in which drug use and misuse develops

- 3.22 The family, school and neighbourhood can all be environments affecting drug use and misuse by young people. Professor Patton told the committee that:

... [The] central point [is] the sense of connection, bonding and attachment between a young person and these core institutions of family, school and local neighbourhood. Where a young person is bonded – connected – to adults in that setting they are likely to adopt a set of healthy values and beliefs that, in turn, will lead on to healthy lifestyle choices and behaviours. Where that connection does not exist young people at the margins of school and family are going to connect to other young people in similar situations, and adopt their values and behaviours. Those are the routes to substance abuse.²⁸

According to Kerr, these are also the routes to other aspects of social and individual disadvantage and dysfunction such as failure to complete school, unemployment, mental ill health, homelessness and crime.²⁹

- 3.23 Spooner and her colleagues outlined a number of macro-environmental factors that impact on drug use by young people:

... widening socioeconomic gaps have been associated with increased feelings of relative deprivation and decreased social capital, which negatively affect community life. Furthermore, low socioeconomic status, including unemployment, has been found to

27 House of Representatives Standing Committee on Family and Community Affairs, *Where to next?*, pp 23-24.

28 Patton G, transcript, 15/8/02, pp 1086-1087.

29 Kerr S, 'The place of prevention in drug policy', *Conference Papers Collection*, CD-ROM, 2nd Australasian Conference on Drugs Strategy, Perth, 7-9 May 2002, Alcohol & Drug Coordination Unit, Western Australian Police, 2002, p 3; Patton G, transcript, 15/8/02, p 1087.

cluster within communities, creating environmental risk factors for children growing up within those areas ...

[The social environment is also important. For example] ... the greater individualism and libertarianism of modern society have some benefits, but have also resulted in a lack of shared norms, values and feelings of belonging, resulting in youth alienation and a sense of powerlessness.

[Furthermore] ... The lack of leisure time for many working parents can be a problem when it results in a lack of supervision and boredom for children. Ethnic cultural influences ... can have positive as well as negative impacts on drug use and social development. Drug and alcohol use cultures within work sites were identified as an issue of concern in relation to young people entering the workforce. [There are] in sum, multiple social and cultural influences on youth drug use ...³⁰

- 3.24 How the social environment influences young people to experiment with and pursue tobacco use was best illustrated for the committee at its roundtable discussions by Professor Hill. He said parental example, for instance, is one of the strongest predictive factors in the uptake of smoking. Places where young people congregate for entertainment are also significant with recent concerns focused on these venues for their role as 'nicotine classrooms' and as places where smoking and binge drinking go together. These are environments that encourage our young people to participate even if they are not yet committed to smoking. On a more positive note, the smoke-free workplace is increasingly common. Over the last decade, Australian workplaces have made huge advances in this respect. This means that young people are effectively going into workplaces that are often smoke-free zones.³¹
- 3.25 Detailed analyses of the factors influencing young people's use and abuse of drugs have identified more specific risk and protective elements than those outlined above. Healthy standards and attachments and good social skills are protective. Toumbourou pointed out that the risk factors are many, and apply to different developmental settings, as shown below.
- At the community level, the risk of drug abuse among young people is greater with availability of substances, extreme economic deprivation, transitions and mobility, high levels of neighbourhood disorganisation, and where it is regarded as normal behaviour.

30 Spooner C, Hall W & Lynskey M, *Structural determinants of youth drug use*, ANCD research paper 2, Australian National Council on Drugs, Canberra, 2001, p ix.

31 Hill D, transcript, 15/8/02, pp 1083-1085.

- Among families, a family history of substance abuse, poor family management practices, family conflict, parental drug use and parental attitudes favourable towards drug use predict substance use.
 - In the school environment, factors like failing academically, persistently difficult behaviour and low commitment to school can be predictors for substance use.³²
- 3.26 Physical and sexual violence are among the background factors that are associated with drug use, according to a study of American adolescents by Kilpatrick et al. They found that adolescents who had been physically assaulted or sexually assaulted, who had witnessed violence, or who had family members with alcohol or drug use problems had increased risk for current substance abuse and dependence. Furthermore, post-traumatic stress disorder independently increased risk of marijuana and hard drug abuse and dependence.³³ The relationship between bodily and substance abuse is also apparent among the many women prisoners who abuse drugs. A New South Wales parliamentary committee found that most women inmates have experienced violence and abuse, including incest and sexual abuse, as children and have long-standing drug and alcohol addictions.³⁴
- 3.27 According to Professor Patton, individual risk factors relate to anti-social behaviour, school dropout and suicidal behaviour.³⁵
- 3.28 Information like that cited above provides a good guide to how to approach the vital tasks of prevention and early intervention. It clarifies that the home, workplaces and entertainment venues are important places to target and the importance of targeting messages about substance use and abuse to parents as well as young people. Above all, it underlines, as Professor Patton pointed out, the need to foster young people's connectedness to others around them by:
- creating opportunities for connection with adults in schools, local neighbourhoods and families;

32 Toumbourou JW, 'Drug prevention strategies: a developmental settings approach no 2', September 2002, DRUG INFO clearinghouse, pp 2-3, viewed 14/3/03, <<http://druginfo.adf.org.au/article.asp?id=3343>>.

33 Kilpatrick DG, Acierno R & Saunders B, 'Risk factors for adolescent substance abuse and dependence: data from a national sample', *Journal of Consulting and Clinical Psychology*, vol 68, February 2000, p 19.

34 Select Committee on the Increase in Prisoner Population, New South Wales Legislative Council, *Interim report on inquiry into the increase in prisoner population: issues relating to women*, SCIPP, Sydney, 2000, pp xx, 7.

35 Patton G, transcript, 15/8/02, p 1087; Patton G, presentation to roundtable, Canberra, 15/8/02, exhibit 41, slide 4.

- promoting skills in young people and adults for making those connections; and
- getting young people actively involved in communities, families and schools in a way that is valued and recognised.³⁶

3.29 Other sources stressed that prevention strategies require a holistic approach to life and living in the various environments that have marked impacts or influences on the pathways taken by our young people. Working with families is important.³⁷ Spooner and others pointed out that a long term approach is required as one-shot interventions are not effective.³⁸ The committee was told by Major Watters that attacking substance abuse alone is not sufficient, under-privilege and lack of employment must also be tackled. He also stressed that people problems, societal problems, and deeper issues in families must be dealt with.³⁹ Ms Bressington listed bonding with families, neglect and sexual abuse as some of the issues that need addressing.⁴⁰

3.30 As the committee was told by Dr Wodak, there is overwhelming evidence that early intervention in the uptake of drug use and abuse is cost effective.⁴¹ Furthermore, funding for early intervention that targets social factors was strongly supported in several submissions to the inquiry.⁴² In this context the National Drug Prevention Agenda is potentially a significant step forward in terms of drug prevention. However, according to Alcohol and other Drugs Council of Australia (ADCA), 'insufficient funds have been allocated and the process is lacking urgency. There is a need to prioritise the development of the National Drug Prevention Agenda'.⁴³

36 Patton G, transcript, 15/8/02, p 1087.

37 Australian Family Association, sub 73, p 5; National Council of Women of Australia, sub 19, p 2.

38 Spooner C, Hall W & Lynskey M, p xi.

39 Watters B, transcript, 16/8/02, p 1249.

40 Bressington A, transcript, 15/8/02, p 1155.

41 Wodak A, transcript, 16/8/02, p 1248.

42 Riley family, sub 32, p 4; Toora Women, transcript, 21/5/01, p 954; Turning Point Drug and Alcohol Centre, sub 137, p 6.

43 Alcohol and other Drugs Council of Australia, *Federal Budget 2002-2003 submission*, p 4, viewed 14/3/03, <<http://www.adca.org.au/policy/submissions/adcabudgetsubmission.pdf>>.

Conclusion

3.31 Having considered the evidence, the committee:

- recognises that the impact of substance addiction spreads beyond the family, impacting on society as a whole and is evident across all sectors of the community;
- believes the National Drug Prevention Agenda should be urgently completed and action plans developed;
- agrees that the area of resources and available funding for NGOs be examined to ensure the continued support of these valuable services;
- believes that risk factors which may lead to substance abuse can include a family history of substance abuse, physical and sexual abuse, and inadequate family management practices, such as family conflict, parental drug use and parental attitudes favourable towards drug use;
- notes that parental example and supportive family relationships are the most conducive element in preventative and recovery strategies;
- agrees that concentrating on substance abuse alone is not sufficient and that creating opportunities for young people to actively engage in family, community and school activities would enhance early intervention and prevention outcomes; and
- expresses concern for the lack of support for parents in the complex interaction between mental health, drug abuse and suicide.

Recommendation 1

3.32 **The committee recommends that the Commonwealth government, in cooperation with the State and Territory governments, ensure that early intervention and prevention programs aimed at young people are expanded to:**

- **actively encourage and support young people to be involved in communities, families and with their peers in a way that is valued and recognised;**
- **create opportunities for them to connect with adults in schools, local neighbourhoods and families; and**
- **promote skills in young people and adults for making those connections.**

Recommendation 2

- 3.33 **The committee recommends that the Commonwealth, State and Territory governments work in cooperation to ensure that all early intervention and prevention programs aimed at young people are delivered in conjunction with programs targeting areas of disadvantage such as poverty, poor housing, ill health and poor school attendance.**

Recommendation 3

- 3.34 **The committee recommends that the Commonwealth government, in cooperation with the State and Territory governments, give the highest priority to the implementation of the National Drug Prevention Agenda and its ongoing evaluation.**

Schools

- 3.35 Schools are one of the places where young people spend many hours and, as such, they can be important in influencing attitudes towards drugs and their use. Schools can provide information to students about drugs to increase their awareness of all the issues surrounding use and abuse; they can also, encourage discussion and challenge attitudes. At a broader level, schools can provide an environment in which individuals feel they have a place and are valued; they can help in this way to build skills and resilience among the students. Schools can have a role in assisting those students who have already developed drug-related problems.
- 3.36 In May 1999 the National School Drug Education Strategy was launched. The goal of the strategy is 'no illicit drugs in schools'. The Commonwealth Department of Education, Science and Training advised that the Commonwealth has provided \$27.3 million over four years for school drug education, of which \$18 million is directed to enhancement of programs under the National School Drug Education Strategy (which supports state and territory activities and national strategic initiatives) and \$9.3 million is allocated towards the management of drug related issues and incidents in schools by COAG's agreed measures.⁴⁴

44 Commonwealth Department of Education, Science and Training, sub 262, p 1; Commonwealth Department of Education, Training and Youth Affairs, sub 147, pp 1-2.

Schools' role in preventing the uptake of drugs

Formal drug education in schools

3.37 Mr Munro, Director, Centre for Youth Drug Studies, reported that formal drug education is a central component of every government drug strategy, whether at the Commonwealth, state or territory level. He said its usefulness has been demonstrated by research that shows that:

... formal drug education through the classroom can impact positively on young people's drug use. Drug education can reduce young people's drug use; it can offset drug use or it can delay the initiation of drug use by young people and it can also reduce the amount of drug use that the person who is using drugs actually undertakes.⁴⁵

The National Drug Research Institute stated that even relatively brief classroom interventions with respect to alcohol can produce change in young people's alcohol-related behaviour, particularly with respect to harmful use.⁴⁶ Furthermore, as indicated by Andrews and Wilkinson, with booster sessions in subsequent years the effectiveness of prevention programs is enhanced.⁴⁷

3.38 Submissions to the inquiry from DRUG-ARM, Family Drug Support and National Drug Research Institute, supported the inclusion of drug education in the school curriculum⁴⁸, and suggested desirable features for this education. For example, as Mr Munro said, it should help young people to learn how to manage legal drug use, as well as encouraging them not to use illegal drugs.⁴⁹ This issue is also being looked at by the New South Wales parliamentary committee inquiry into the use of prescription drugs and over the counter medications in children and young people.⁵⁰ On the other hand, Mr Corcoran suggested, it should stop short of informing them of how to use illicit drugs.⁵¹ Adopting a similar view, a Victorian parliamentary committee recommended that information about inhalants should not be given in the mainstream drug

45 Munro G, transcript, 15/8/02, pp 1136-1138.

46 National Drug Research Institute, sub 110, p 6.

47 Andrews G & Wilkinson D, 'The prevention of mental disorder in young people', *Medical Journal of Australia*, vol 177, 7 October 2002, p S98.

48 DRUG-ARM sub 199, p 21; Family Drug Support, sub 229, p 7, National Drug Research Institute, sub 110, p 38.

49 Munro G, transcript, 15/8/02, pp 1157-1158.

50 Parliament of New South Wales, Joint Statutory Committee on Children and Young People, Inquiry into the use of prescription drugs and over the counter medications in children and young people, Issues paper no 3, NSW Parliament, Sydney, May 2002, pp 7-8.

51 Corcoran J, sub 268, p 4.

education curriculum, only to regular users outside the classroom.⁵²

Further, the former Commonwealth Department of Health and Aged Care identified that school education programs on hepatitis C are not being addressed commensurate with the seriousness of the problem, nor the link between injecting drug use and acquiring hepatitis C.⁵³

- 3.39 Mr Munro said as it is best to provide drug education before behavioural patterns are established, education in both late primary and secondary school is appropriate.⁵⁴ Another view was that starting even earlier was appropriate. According to Family Drug Support, there should be an age-specific program from school entry through to school leaving⁵⁵, with the curriculum targeting both the risk and protective factors.
- 3.40 The Australian Medical Association summit entitled *Party drugs: A new public health challenge* held in April 2002 noted that relying on young people to spread knowledge and skills among their peers can also be effective, particularly with the newer drugs, such as party drugs, wherein parents are not seen as the most credible source of information.⁵⁶ According to the Brisbane Youth Service, three-quarters of a sample of 51 young people supported the idea of peer-based education.⁵⁷
- 3.41 Professor Patton explained that it is important to realise that education that simply provides knowledge about drugs does not work as a strategy; it needs to be complemented by attention to the broader setting.⁵⁸ Mr Munro indicated a whole of school approach ensures that school policies and practices complement drug education. For example, giving students every opportunity to be successful and develop high self-esteem means that they are less vulnerable to the risk of using drugs.⁵⁹ In its submission, the Toowoomba Drug Awareness Network said that resilience to drug use is also strengthened by activities that build social skills, such as providing mentors for interaction, role modelling, and preventing aggressive behaviour towards vulnerable children.⁶⁰

52 Parliament of Victoria, Drugs and Crime Prevention Committee, *Inquiry into the inhalation of volatile substance: Final report*, DCPC, Parliament of Victoria, Melbourne, September 2002, p xi.

53 Commonwealth Department of Health and Aged Care, *National Hepatitis C Strategy 1999-2000 to 2003-2004*, Commonwealth Department of Health and Aged Care, Canberra, 2000, pp 1, 32, viewed 4/3/03, http://www.health.gov.au/pubhlth/publicat/document/hepc_strat9900_0304.pdf.

54 Munro G, transcript, 15/8/02, p 1157.

55 Family Drug Support, sub 229, p 7.

56 *Party Drugs – A New Public Health Challenge*, 2002 AMA Drug Summit, National Press Club, Canberra, 11 April 2002, Australian Medical Association, Canberra, 2002, p 6.

57 Brisbane Youth Service, sub 143, p 14.

58 Patton G, transcript, 15/8/02, p 1088.

59 Munro G, transcript, 15/8/02, pp 1137, 1152.

60 Toowoomba Drug Awareness Network, sub 273, p 6.

- 3.42 Graycar et al stated that few Australian drug education programs for illicit drugs have been evaluated⁶¹; yet, given the cost savings they can generate through prevention and harm reduction, evaluations would help to identify best practice elements for such programs.
- 3.43 In an opposing view Spooner et al stated there is some evidence available, including a review of drug prevention strategies that concluded giving information about the risks and harms of drug use, and increasing self-esteem or social skills are relatively ineffective and may even be counterproductive.⁶²

Conclusion

- 3.44 The committee agrees that:
- the school education system should include a process of evaluation that uses identified successful programs from throughout the education system ;
 - it supports education programs which ensure all students are given every opportunity to be successful, including the development of high self esteem;
 - as part of these programs schools should also educate and work with parents to encourage a home environment that facilitates development of high self-esteem and opportunities for success;
 - policies should be developed and implemented to prevent school bullying as this can lead to vulnerability in children, putting them at risk of using substances to cope; and
 - a comprehensive drug education program is fundamental in creating awareness of the dangers associated with substance abuse.

Involving schools, parents and the wider community

- 3.45 The protection against drug misuse that is provided by young people's connectedness to others in their community has already been addressed in Recommendation 1. An example of how this concept is being applied in some Victorian schools is provided by the Gatehouse Project. This project obtained reports from students about their relationships with their teachers, what their view of school work was, and what opportunities they had in their school settings. Professor Patton explained that the negative responses obtained from this process became the focus for preventive

61 Graycar A, McGregor K, Makkai T & Payne J, 'Drugs and law enforcement: actions and options', paper presented at *South Australian Drugs Summit 2002, Adelaide, 26 June 2002*, p 7.

62 Spooner C, Hall W & Lynskey M, p 56.

work through both the curriculum and what was 'happening in the schoolyard and on the sports field'.⁶³

- 3.46 The National Drug Research Institute advised that incorporating parents and the community into school drug programs, alongside teachers and students, is a desirable approach.⁶⁴ The former committee was told:

... Schools cannot be effective without parents. It is essential that we build the links ... We want parents to know what is happening at schools. We want parents to be comfortable. We want to assist them in knowing how to deal with these issues ...⁶⁵

- 3.47 As documented by the former committee, a number of projects are underway across the country to involve families with schools and assist them in dealing with drug issues.⁶⁶ Other projects involve the local community as well. For example, local community drug 'summits' that link all these groups are being held across the country at present. School, parent and community partnerships are a focus of particular activity in states such as Tasmania, New South Wales and Western Australia.⁶⁷ In some schools, community support agencies, as represented by school nurses and chaplains, work closely with the school community.⁶⁸
- 3.48 An evaluation of approximately 500 local 'summits' that had been held up to mid 2003 recorded very positive comments and feedback from them. The evaluation recommended that 'summits' continue to be supported and research be undertaken on how to expand 'the engagement of parents in local drug education and early intervention activities in a more targeted way'.⁶⁹

Conclusion

- 3.49 The committee:

63 Patton G, transcript, 15/8/02, pp 1087-1088.

64 National Drug Research Institute, sub 110, p 6.

65 New South Wales Department of Education and Training, transcript, 21/2/01, p 558.

66 House of Representatives Standing Committee on Family and Community Affairs, *Where to next?*, pp 26-27.

67 Commonwealth Department of Education, Science and Training, sub 262, pp 2, 5.

68 Erebus Consulting Partners, *National school drug education: Innovation and good practice project. Draft final report*, unpublished, 14 May 2002, p 14.

69 Health Outcomes International Pty Ltd in association with Catherine Spooner Consulting, National Drug and Alcohol Centre & Turning Point Alcohol and Drug Centre, *Evaluation of Council of Australian Governments' initiatives on illicit drugs: Final report to the Department of Finance and Administration: vol 1: Executive summary*, Health Outcomes, St Peters SA, October 2002, pp 37, 39.

- strongly supports the involvement of parents and communities in school programs that assist in desirable mentoring benefits for children; and
- while recognising all children are at risk particular attention should be directed towards those children identified as being most at risk.

Adequacy of funding

3.50 At one stage unrealistically high expectations were held for the power of school drug education to minimise young people's substance use. As the committee was told by Mr Munro, one 'problem for drug education in schools is that it has traditionally been judged—and ... is still judged—on whether it prevents drug use totally'.⁷⁰

However:

... there are very powerful impulses in society for drug use, and it is not just a matter of 'let's educate young people and solve the problem'. In the health and education fields in the past two decades, that has caused something of a loss of support for drug education in schools ...⁷¹

3.51 Mr Munro reported that perhaps as a result of disappointment that school drug education was not more effective, it has suffered from 'stop-start' funding. He said:

... a scare will occur in one state and then there will be money going in to drug education for one or two years. Just at the time when teachers have some decent training the tap will be turned off for three or four years. In three or four years time it will be turned on again. By that time the teachers who have been trained in drug education have stopped doing it or they have left ...⁷²

He stressed that providing longer term funding is essential if school drug education is to have a chance of delivering the benefits we know it can provide.⁷³

Conclusion

3.52 The committee:

70 Munro G, transcript, 15/8/02, p 1138.

71 Munro G, transcript, 15/8/02, p 1136.

72 Munro G, transcript, 15/8/02, p 1165.

73 Munro G, transcript, 15/8/02, p 1165.

- is disappointed to learn that school drug education has not been pursued as well as it might have been and believes that long term, adequate funding for education programs must be provided; and
- agrees consistent allocation of drug education funding in schools across all states and territories would assist teachers in continuous personal development in up-to-date training techniques.

Recommendation 4

- 3.53 **The committee recommends that the Commonwealth government in conjunction with State and Territory governments ensure that adequate funding is provided on a long term basis for comprehensive school drug education programs that are part of a whole of school and community approach to dealing with drug use. Programs must be evaluated for effectiveness across a range of criteria.**

Teacher training and experience

- 3.54 It is also essential that we have teachers with training and experience in delivering drug education. Yet, as mentioned above, this is not the case. In addition, as Mr Munro pointed out:

... We are quite good at providing materials, although we do need more about illicit drugs. Where we fall down is in giving teachers the training. Many teachers feel ignorant and that these are very personal issues that they do not want to get involved in. I think from a government view down, we do need to be providing more support for teachers ...⁷⁴

- 3.55 Guidance for teachers, pre-service and ongoing professional development (in service) and the provision of evidence-based resources were recommended by Murnane and others in a national review of effective implementation of school drug education. Guidance should also include coverage of their legal and pastoral responsibilities and how to identify and intervene appropriately where they believe students are using drugs.⁷⁵ In this context, it is encouraging that the current arrangements for pre-service teacher training in school drug education are being reviewed.⁷⁶

74 Munro G, transcript, 15/8/02, pp 1164-1165.

75 Murnane A, Snow P, Farringdone F, Munro G, Midford R & Rowland B, *National School Drug Education Strategy: Final report: Effective implementation practice in relation to school drug education*, Commonwealth Department of Education, Science and Training, Canberra, July 2002, pp 11-13.

76 Commonwealth Department of Education, Science and Training, sub 284, p 2.

Conclusion

- 3.56 The committee applauds the review for pre-service teacher training and recommends that the momentum to address training for teachers be maintained, as many teachers do not have the professional training required to identify and intervene in suspected substance abuse.

Recommendation 5

- 3.57 **The committee recommends that the Commonwealth government in conjunction with State and Territory governments ensure adequate numbers of:**
- **teachers receive ongoing professional development (in-service) in order to provide effective drug education; and**
 - **trainee teachers are specifically trained (pre-service) to provide effective drug education.**

Schools' role in helping drug using students

- 3.58 Mr Munro told the committee that schools have an important role to play in the way they respond to drug taking by young people. For licit drugs which are found in many homes, this is relatively straightforward. Students using alcohol and tobacco can be helped to use these substances in a way that exposes them to the lowest possible risk,⁷⁷ and referred to more specialist help if needed.
- 3.59 An emerging problem with prescription and over-the-counter medications was identified by the New South Wales Joint Statutory Committee on Children and Young People. It found evidence of students selling, swapping and sharing medications. The Commission for Children and Young People in that state has suggested strategies for intervening in these practices.⁷⁸
- 3.60 According to research reported by Mr Munro, dealing with illicit drug use in schools is very much harder. Traditionally, schools have responded with expulsion, an approach that has met with wide community support. This aggressive response has sprung from the stigma attached to such drug taking. The image of a school suffers greatly when the community

77 Munro G, transcript, 15/8/02, pp 1138, 1158.

78 New South Wales Parliament, Joint Statutory Committee on Children and Young People, pp 3-4.

learns that drug taking occurs there, despite the fact that every Australian school deals with drug use among their students every year.⁷⁹

- 3.61 However, he went on to say exclusion from school brings with it the danger that the young person will drop out completely from pursuing an education, so joining the ranks of those who have not completed Year 12. He told the committee:

Young people who leave school early—that is, before they have completed year 12—are at a much higher risk of acquiring not only drug problems but a whole host of other problems. It certainly can reduce their life chances; it reduces their chance of getting a decent job, having a career and going on to tertiary education.⁸⁰

- 3.62 According to Mr Munro, it is now becoming clear that the traditional approach ‘is not the recommended action for schools’. Rather discovering drug use among students is the perfect chance for a school to explore the reasons for this. Is it just the experimental action of an adolescent wanting to explore the world, or is it the mark of a potential drug problem? It could be related to stress, conflict at home, a more personal problem or even a mental health problem. Early intervention can short circuit the development of full blown problems and the need for much more costly intervention.⁸¹ Spooner et al stated that research supports the view that schools should therefore have, or refer students to, counselling and cessation programs.⁸² The Commonwealth Department of Education, Science and Training has developed a web site to assist schools, parents and others to refer students to relevant professional help.⁸³

Conclusion

- 3.63 While recognising the problems presented to the whole school community by students who possess and use drugs, the committee:
- believes it is important for all schools (public and private) to face the substance abuse issue and acknowledge the need for an individual school-community response;
 - agrees with current moves to keep students engaged with school and would urge schools where appropriate not to use expulsion as the first or only response;

79 Munro G, transcript, 15/8/02, p 1138.

80 Munro G, transcript, 15/8/02, p 1137.

81 Munro G, transcript, 15/8/02, p 1137.

82 Spooner C, Hall W & Lynskey M, p 57.

83 Commonwealth Department of Education, Science and Training, sub 262, p 5.

- believes that schools represent an ideal environment for identifying those at risk, providing them and their families with support and putting them in touch with professional help; and
- believes support services are required to ensure children identified as at risk of substance abuse can be successfully engaged in treatment programs.

Recommendation 6

3.64 **The committee recommends that the Commonwealth, State and Territory governments ensure that schools:**

- **are sufficiently resourced to provide comprehensive assistance to substance using students and their parents;**
- **have adequately trained staff to deliver this assistance;**
- **this resourcing must be sufficient to enable schools to effectively liaise with health and welfare agencies dealing with students at risk of substance abuse; and**
- **are urged where appropriate not to use expulsion as the first or only response.**

National initiatives and best practice

3.65 Some of the items listed above as desirable features for school drug education are contained in the national principles for drug education in schools which were developed in 1994. The inclusion of drug education in the curriculum was stressed together with the need for a whole of school approach and involvement of students, parents and the wider community.⁸⁴ These points also feature in the National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools.⁸⁵

84 *National School Drug Education Strategy*, Commonwealth Department of Education, Training and Youth Affairs, Canberra, May 1999, p 7, viewed 11/2/03, <<http://www.dest.gov.au/archive/schools/Publications/1999/strategy.htm>>.

85 Commonwealth Department of Education, Training and Youth Affairs, *National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools*, endorsed by the Council of Australian Governments and the Ministerial Council for Education, Employment, Training and Youth Affairs, Commonwealth Department of Education, Training and Youth Affairs, Canberra, June 2000, pp 6-7, viewed 11/2/03, <<http://www.detya.gov.au/schools/Publications/2000/drugs/protocols.htm>>.

- 3.66 A recent review of the principles by Midford et al reiterated the need for these features and flagged others mentioned in the last section of this chapter for inclusion, such as:
- initiating drug education before drug use starts and patterns of use are established;
 - the use of interactive teaching techniques and trained peer leaders;
 - adequate follow up; and
 - drug resistance and social skills training.⁸⁶

The Commonwealth Department of Education, Science and Training indicated that a nationally accepted, revised set of principles will be available in mid-2003.⁸⁷

- 3.67 A recent review, by Erebus Consulting Partners, that investigated innovation and good practice in school drug education identified further educational elements that should be included. Among them were multi-faceted approaches that do not use a single initiative or rely only on formal classroom teaching, and creating and maintaining students' connectedness to schooling.⁸⁸ They said it is also important to realise that:

Any learning that involves consideration of issues related to drugs is perceived by the great majority of students as fundamentally different from most other learning in the formal curriculum. For them, drug education involves personal and emotional considerations that are unlikely to arise in other learning areas ...⁸⁹

As a result drug education must engage students both cognitively and emotionally if it is to be successful.⁹⁰

- 3.68 The National School Drug Education Strategy is being evaluated at present. The Commonwealth Department of Education, Science and Training reported that:

Preliminary findings of the current evaluation, due for completion in April 2003, indicate that the Strategy has been successful in strengthening the provision of educational programmes and

86 Midford R, Munro G, McBride N & Snow P, *Review of the principles for drug education in schools: Final report*, Commonwealth Department of Education and Training, Canberra, June 2001, pp 24-25.

87 Commonwealth Department of Education, Science and Training, sub 284, p 2.

88 Erebus Consulting Partners, pp 9-10.

89 Erebus Consulting Partners, p 10.

90 Erebus Consulting Partners, p 10.

supportive environments which contribute to its goal of 'no illicit drugs in schools'.

...

... the Strategy has made significant progress in achieving its objectives, particularly those addressing good practice in school drug education policies, programmes, curriculum and resources and enhancing State and Territory drug education strategies.⁹¹

3.69 In the 2003-04 federal budget the government continued funding of the National Schools Drug Education Strategy. An additional \$1.8 million was allocated for the development of new Student at Risk and Parent Initiatives. A national resource kit to be developed for the Parent Initiative will help parents talk to their children about drugs, and a Student at Risk Initiative resource kit will assist schools to identify students most at risk of drug related harm. This brings total funding of the strategy to \$5.3 million in 2003-04.⁹²

3.70 Advice on best practice in handling drug-using students is also available. The National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools noted, 'It is a significant challenge for schools to make judgements about appropriate responses to drug related incidents ...'⁹³ Because of the disadvantage associated with expulsion from schools, the national framework stresses that strenuous efforts should be made to retain those involved in drug related incidents within an education or treatment setting. At the same time:

... It should be the clear perception and reality that unlawful and anti-social behaviours will, when identified, result in consequences for those involved based on fair, just and consistent actions which take into account individual circumstances.⁹⁴

3.71 The framework outlines the key elements and components of any approach to dealing with drug-related issues. They include:

- identifying and supporting students at risk which, according to a recent review is an area where further work is needed to establish best practice;

91 Commonwealth Department of Education, Science and Training, sub 284, p 1.

92 *Budget measures 2003-04*, p 178.

93 Commonwealth Department of Education, Training and Youth Affairs, *National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools*, p 3.

94 Commonwealth Department of Education, Training and Youth Affairs, *National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools*, p 3.

- action plans for dealing with incidents;
- communication with those not involved in the incident;
- formalised cooperative liaison and referral with other agencies;
- support for students involved in an incident, including those who have been excluded; and
- recording drug trends in the school and community and the effectiveness of interventions.⁹⁵

Conclusion

3.72 The committee is pleased to learn that considerable efforts continue to be made to identify the best way to approach school drug education and to put in place appropriate strategies and supporting measures.

Recommendation 7

3.73 **The committee recommends that the Commonwealth, State and Territory governments continue to give a high priority to developing and maintaining effective school drug education programs.**

Strengthening families and communities

Empowering family and community groups

3.74 Much information is available to the community about substance use and abuse. It reaches people via mass media campaigns, via messages targeted at selected groups, via telephone support services and, for those with access to the internet, via web sites. Providing information of this kind was strongly supported in submissions to the inquiry.⁹⁶ Some of these sources of information are discussed further in Chapters 5, 6 and 7 in relation to alcohol, tobacco and illicit drugs respectively.

⁹⁵ Commonwealth Department of Education, Training and Youth Affairs, *National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools*, pp 7-9; Murnane A, Snow P, Farringdone F, Munro G, Midford R & Rowland B, *National School Drug Education Strategy: Final report*, p 13.

⁹⁶ Shortland Youth Forums, sub 223, p 3; Tablelands Alcohol & Drugs Service, sub 202, p 1; The Western Australian Network of Alcohol and other Drug Agencies, sub 91, p 10.

3.75 In addition to information, parents need to develop parenting and communication skills to guide their children in relation to drug use. Parents are demanding resources, assistance and empowerment as Mr Williams from Focus on the Family Australia, who works with parents, commented:

... A lot of parents were feeling right out of their depth and saying: 'What can I do as a parent? I am afraid my child might be using drugs or is using drugs,' or 'I want to try and prevent my child from being hurt by drug use. What can I do to prevent that?' ... The other thing was to try and look at overcoming the ignorance and misunderstanding that many parents had—and still have—parental fear and anxiety, and a lack of skills, which often leads to an inappropriate response.⁹⁷

3.76 Several submissions indicated that the provision of programs to skill parents is important⁹⁸, and evaluations have shown that they appear to be particularly promising for at-risk families. However, as Spooner and others have said, 'They are problematic as a universal prevention strategy because of low participation, self-selection ('the worried well') and the high cost of such interventions ...'⁹⁹

3.77 Non-government groups have formed in a number of places and operate, with and without government support, to inform about drugs and drug use and to develop local initiatives to target drug use and abuse. For example, Mr Williams said the 'How to Drug Proof Your Kid Program' run by Focus on the Family Australia aims to equip and empower key influencers in communities to deliver programs to parents.¹⁰⁰ Another example is provided by the local drug action groups in Western Australia described by Ms Hanbury. They organise drug awareness events and develop solutions to local problems, such as forming family support groups and providing activities for young people. Some of the groups have been set up by young people.¹⁰¹

3.78 The strength of these programs lies in their ownership by the community which ensures that they can accommodate regional, cultural and language differences. Their effect is even greater if they are built into drug policy

97 Williams G, transcript, 15/8/02, p 1141.

98 Arrowsmith B, sub 28, p 3; DRUG-ARM, sub 199, p 12; National Council of Women of Australia, sub 19, p 2; Toowoomba Drug Awareness Network, sub 273, p 6.

99 Spooner C, Hall W & Lynskey M, p 57.

100 Williams G, transcript, 15/8/02, p 1141.

101 Hanbury J, transcript, 15/8/02, pp 1139-1140.

and strategies, as pointed out in evidence by Ms Hanbury and Mr Williams.¹⁰² Ms Hanbury advised:

... We need ongoing commitment: there are always children coming through and always families there to deal with them. There needs to be support by existing infrastructure so that family education is something that is built in and it is not just one-off, with things happening here and there. It must be adequately resourced and serviced ...¹⁰³

However, both Ms Hanbury and Mr Williams indicated that these programs receive very slender, short term funding, so those attending training courses often have to contribute to the cost of the course.¹⁰⁴ Mr Trimmingham advised the committee that programs that focus on the family are relatively new and require more sustainable long-term commitments.¹⁰⁵

Conclusion

3.79 The committee:

- believes that appropriate efforts to skill, involve and empower parents should receive support;
- believes open and accessible family and parenting drug support and education programs are essential for successful outcomes in treating substance abuse;
- calls for more adequate, longer term funding of local initiatives; and
- agrees that as programs that focus on the family are relatively new, it is important that their effectiveness be assessed before additional funding is committed.

Recommendation 8

3.80 **The committee recommends that the Commonwealth, State and Territory governments work together to:**

- **evaluate the effectiveness of family and community-focused interventions in relation to:**

102 Hanbury J, transcript, 15/8/02, p 1140; Williams G, transcript, 15/8/02, p 1142.

103 Hanbury J, transcript, 15/8/02, p 1140.

104 Hanbury J, transcript, 15/8/02, p 1161; Williams G, transcript, 15/8/02, pp 1160-1161.

105 Trimmingham T, transcript, 15/8/02, pp 1145, 1148.

- ⇒ **informing people about substance use;**
- ⇒ **providing people with the skills to be better parents and in particular to deal with substance use by family members and others; and**
- ⇒ **empowering communities to identify and implement appropriate local initiatives; and**
- **ensure programs found to be cost-effective prevention measures are funded on a more generous, longer term basis than at present.**

Providing alternative activities to drugs for young people

3.81 Providing activities in which young people can become involved gives them options for occupying themselves other than with drugs and develops other interests and with them skills and confidence. In evidence given before the committee, Professor Roche said:

There is a whole range of strategies that communities can put in place to ensure that there are facilities for young people. One of the complaints you will hear in rural and remote areas and some outer suburban areas of most metropolitan cities is that young people have nowhere to go, that they do not have sufficient things to do and that they do not have enough supervision ... [Hence] the value of sporting activities or any activities that will keep young people purposefully engaged in a safe environment under the supervision of older people, either responsible young adults or adults that they can bond with or form meaningful relationships with. We know—the evidence tells us—that those things provide a tremendous protection against a range of things including alcohol and other drugs but also juvenile crime and dropping out of school.¹⁰⁶

3.82 There is, however, another less enthusiastic, more qualified view of the value of community-based recreational programs, as portrayed by Spooner et al:

... They can be beneficial because they address the risk factors of alienation and association with antisocial peers, but they can also provide an opportunity for crime as victims and offenders interact. They can also provide an opportunity for socialisation with and between antisocial peers.¹⁰⁷

106 Roche A, transcript, 15/8/02, p 1125.

107 Spooner C, Hall W & Lynskey M, p 57.

Providing alternative activities, such as sports, arts, entertainment or business ventures, therefore:

... tend to be not effective on their own, but could be an integral component of a larger intervention, particularly for high-risk youth, as it could provide opportunities for personal development and pro-social bonding.¹⁰⁸

- 3.83 The committee is keen to see ample sporting and other activities available to young people in the context of a broader program to address other aspects of their lives.

Recommendation 9

- 3.84 **The committee recommends that the Commonwealth, State and Territory governments support the provision of out-of-school activities for young people:**

- **with particular attention to those areas where few such activities are currently available; and**
- **ensuring that these activities form one component of a larger intervention that addresses other problem aspects of these young people's lives.**

- 3.85 While sport has been looked on as a potentially good activity to help prevent drug misuse, some amateur and community-based sports clubs have undermined this promise. They have in fact contributed to alcohol abuse by accepting and promoting excessive drinking and providing inappropriate role models for young people. The Good Sports Program operates in Victoria and New South Wales as a partnership between the Australian Drug Foundation, sports bodies and the government sector. It assists and accredits sports clubs to manage alcohol responsibly, including putting in place practices and policies that enable clubs to develop a culture that attracts families and junior players. The program is expanding rapidly in Victoria and has started in New South Wales.¹⁰⁹

- 3.86 The committee believes that it should go without saying that venues where activities are provided for young people should be safe and should not encourage unsafe substance use. The committee sees programs such as

108 Spooner C, Hall W & Lynskey M, p 57.

109 Good Sports Program, Introduction, Australian Drug Foundation, viewed 17/3/03, <<http://www.adf.org.au/goodsports/introduction.htm>>.

the Good Sports Program with its accreditation and ongoing monitoring processes as a valuable stimulus to creating a healthy sporting environment for both younger and older people.

Recommendation 10

- 3.87 The committee recommends that the Commonwealth, State and Territory governments ensure that the Good Sports Program or like programs are established and promoted in all jurisdictions.**

A comprehensive approach

- 3.88 Spooner et al reported from the evaluations of existing approaches to prevention, that it appears the best results would be obtained if a variety of strategies were used simultaneously. Ideally the needs of each community would be assessed and a comprehensive plan developed to match those needs. The plan would offer a combination of interventions suited to each individual community and aimed at individual, family and community level. Very few such projects have been undertaken so we do not know how well they would work. Furthermore, planning, implementing and evaluating them would be time consuming, costly and difficult.¹¹⁰

Conclusion

- 3.89 Recognising the difficulties outlined by Spooner et al, the committee would like to see efforts made to test comprehensive community prevention strategies like that described in the previous paragraph and recommends accordingly.
- 3.90 The committee agrees that while such strategies are costly, they can address more than just drug prevention and provide multiple benefits to the individual and society through minimising the development of other problems such as criminal behaviour. In that sense they may well be cost-effective.

Recommendation 11

- 3.91 The committee recommends that the Commonwealth, State and Territory governments trial substance abuse prevention strategies that**

110 Spooner C, Hall W & Lynskey M, p 58.

combine school, family and community-focused activities which have been tailored to the needs of the individual local communities where they are implemented.

Families coping with substance abuse

3.92 Evidence given to the committee by Mr Trimingham said that families with a member who has drug problems face daily and ‘ongoing trials and trauma’:

... They face health issues, they face communication issues, they face conflict and even violence issues within the home. They face lack of trust and, on top of that, they face the ever-present prospect of the criminal justice system and its impact.

It is true that, if left unsupported, families who have members who are involved in drugs will disintegrate and over time disconnect from drug users. That is generally what happens. At the same time, human beings and families can be incredibly resilient. We have seen evidence ... that, if given support, awareness and education, families not only survive but become vital and important tools for working towards successful outcomes ...¹¹¹

3.93 Mr Trimingham said we can see that families’ need for help is great from the use made of the Family Drug Support’s telephone support service. The weekly number of calls that it received each week doubled from 112 in 1999 to 280 in 2002. Calls lasted on average about 30 minutes and about half the calls were from the mothers of users.¹¹²

3.94 Working with families helps them to understand better the nature of the problems they face and how to cope with them. In evidence, Ms Bressington advised that family counselling and therapy may cover:

- knowing about the physical, physiological and emotional effects of mind altering substances and how slow recovering from addiction usually is;
- working out the origins of the addict’s drug taking and how the family’s behaviour affects it and needs to change to support the addict; and

111 Trimingham T, transcript, 15/8/02, p 1145.

112 Trimingham T, *Family Drug Support telephone statistics: 1 July 2001-30 June 2002 comparison of call patterns over the last four years*, unpublished, pp 1-2, presentation to roundtable, Canberra, 15/8/02, exhibit 23.

- developing strategies and skills to cope with their problems.¹¹³
- 3.95 Many submissions to the inquiry supported expanding services that inform, support, counsel and provide therapy to families.¹¹⁴ In this context, the National Drug Research Institute indicated it is important to know what exactly parents need, and what factors influence their decisions to seek help and to remain in touch with that help.¹¹⁵ Such information can help with the design of programs that are well-matched to the needs of the participants.
- 3.96 In addition, Families and Friends for Drug Law Reform (ACT) and Family Drug Support reported that engaging family members in the treatment process can be very helpful to the addict.¹¹⁶ However, as the former committee reported, there has been a tradition of not involving families. Although family-friendly practices are now being promoted for alcohol and drug services, ‘such facilities are rare, and their scarcity is a real obstacle for parents seeking treatment for drug dependency’. The shortages of family-friendly treatment options for women with children greatly reduces the chances of mothers attending detoxification and rehabilitation programs.¹¹⁷

Conclusion

- 3.97 The committee is concerned that:
- families of substance users are not being adequately supported in dealing with the drug-related problems they encounter;
 - the lack of treatment facilities that are family friendly for parents and their children reduce the chances of successful rehabilitation;
 - more must be done to meet this need and to involve families, where appropriate, in the treatment of the substance user; and

113 Bressington A, transcript, 15/8/02, pp 1149-1150.

114 Alcohol and other Drugs Council of Australia, sub 61, pp 13-14; Alcohol and Drug Foundation Queensland, sub 200, p 3; Alcohol Awareness and Family Recovery, sub 203, p 3; Arrowsmith B, sub 28, p 4; Australian Medical Association, sub 133, p 3; Catholic Health Australia, sub 138, p 8; Hampson I, sub 103, p 7; Shortland Youth Forums, sub 223, p 3; The Western Australian Network of Alcohol and Other Drug Agencies, sub 91, p 10.

115 National Drug Research Institute, sub 110, p 7.

116 Families and Friends for Drug Law Reform (ACT), sub 65, p 1, and sub 266, p 1; Family Drug Support, sub 229, p 8.

117 House of Representatives Standing Committee on Family and Community Affairs, *Where to next?*, pp 28-29.

- the effectiveness of these activities should also be evaluated with a view to establishing best practice.

Recommendation 12

3.98 **The committee recommends that the Commonwealth, State and Territory governments provide funding:**

- **for programs that support families dealing with substance abuse;**
- **for treatment regimes that allow families to be involved with the substance user's treatment; and**
- **to evaluate the success of these programs and regimes with a view to identifying best practice and disseminating information about that best practice.**

3.99 There are other practical details that may also need attention to assist access to treatment. For example, as the former committee reported, in some jurisdictions public housing tenants must continue to pay full or partial rent to maintain their hold on their housing when they go into residential treatment. Clearly, this financial burden could work as a disincentive to undertaking treatment.¹¹⁸ In other cases, as the NSW Users & Aids Association and Mr Trimingham pointed out, supported accommodation for drug-addicted parents would be very helpful.¹¹⁹ The Australian Intravenous League suggested including places where children can stay with their parents.¹²⁰

3.100 In addition, the Alcohol and Drug Foundation Queensland and Mr Arrowsmith suggested changes to the financial assistance provided to drug-affected individuals and family units.¹²¹ According to the National Drug Research Institute, increasing the funding for education and training for the most disadvantaged young people, for example, would be beneficial as it would put them in a better position to finish Year 12 and secure future training and employment.¹²²

118 House of Representatives Standing Committee on Family and Community Affairs, *Where to next?*, p 29.

119 NSW Users & Aids Association, sub 128, p 3; Trimingham T, transcript, 15/8/02, p 1156.

120 Australian Intravenous League, sub 113, p 8.

121 Alcohol and Drug Foundation Queensland, sub 200, p 3; Arrowsmith B, sub 28, p 4.

122 National Drug Research Institute, sub 110, p 7.

- 3.101 The service provided by the staff at Centrelink and other community services also received comment from Mr Trimingham. Those staff were seen to be doing 'their best, but they are stretched to the limit' and underresourced.¹²³ Ms Bressington suggested a better service can be provided where individual officers specialise in dealing with local drug dependents and the agencies helping them.¹²⁴
- 3.102 The Commonwealth Department of Family and Community Services commented that:

Research findings and action learning from program delivery both point to the need for broad ranging coordination to create a comprehensive service system around individuals and families affected by substance abuse ...¹²⁵

Conclusion

- 3.103 The committee is attracted by the concept of coordinated, comprehensive services for drug-affected individuals and families in which issues, such as those discussed above, can be addressed. However, such services cannot be provided without adequate resources, so resource shortfalls must be rectified.

Recommendation 13

- 3.104 **The committee recommends that the Commonwealth, State and Territory governments implement adequately resourced, coordinated, comprehensive services for drug-affected individuals and their families.**

Database on available services

- 3.105 There are a number of information services to assist the community to know what services and treatment options for substance use and misuse are available. Such services include: the alcohol and drug service 24 hour hotlines in each state and territory; the National Drug & Alcohol Research Centre's Clients of Treatment Services Agencies - COTSA Census; the

123 Trimingham T, transcript, 15/8/02, p 1153.

124 Bressington A, transcript, 15/8/02, pp 1153-1154.

125 Commonwealth Department of Family and Community Services, sub 162, p 49.

AIHW Interactive Alcohol and other Drug Treatment Services Data; directories of services in various states, regions, suburbs, and by types of services etc. Another important information source is the Australian Drug Information Network (ADIN) website as a portal to web based alcohol and other drug information and resources. In the 2003-04 federal budget the government provided \$1 million over four years to maintain ADIN.¹²⁶

- 3.106 To further enhance access to treatment information in May 2001 the ANCD advised the former committee that it was seeking to commission a project which aims to provide information on Australia's drug treatment capacity through (in part) a mapping of location of services exercise. This was expected to provide a more complete picture of what treatment services are available, where they are located, the capacity and nature of the services and a discussion of formula-based funding allocation models for the establishment of future treatment services (type and location). In May 2003 advice to the current committee from the ANCD was that the project specification phase and selection of a consultant to undertake the work occurred between January 2001 and May 2002. The successful consultants commenced work with the project in July 2002 with an expected completion date of July 2003.¹²⁷ By July 2003 the project has reached a pilot stage. The ANCD also advised the committee that:

It was acknowledged at the commencement of this consultancy that meeting this timeframe would be contingent upon time taken to obtain the relevant information from the Commonwealth, states and territories, which was difficult to anticipate accurately.

... the ANCD is not in a position to compel the commonwealth, states and territories to provide the information sought. Accordingly, the ANCD has emphasised to the consultants the need to progress cautiously towards the collection of data ...

While this approach may mean the timeframe for the project extends beyond the desirable goal of twelve (12) months, the ANCD believes timeframe is of secondary importance to the actual conduct of the project.¹²⁸

126 *Budget measures 2003-04*, p 176.

127 Australian National Council on Drugs, sub 289, pp 1-2.

128 Australian National Council on Drugs, sub 289, pp 1-2.

Conclusion

- 3.107 The committee remains dismayed and confounded at the apparent inability of the “system” to provide a comprehensive approach to the issue of practical support for people in our community with a substance abuse issue; whether as an abuser, addict, parent, service provider, child or friend.
- 3.108 The previous committee envisaged a comprehensive approach from the simplest first contact point for parent, adolescent, GP, police officer, schoolteacher, nurse and prison warder through to the availability of longer term treatment services. The availability of services urban and regional with the obvious gaps being identified and encouraging objective assessment and evaluation to be a key for the successful outcome of improved treatment and allocation of scarce taxpayer funds.
- 3.109 The committee believes that the provision of this information requires urgent attention. As a priority the ANCD provide an annual simple first stop guide for all Australians on how to best get help with a substance abuse matter.
- 3.110 The committee is pleased that, as noted earlier in this chapter, the Commonwealth Department of Education, Science and Training has developed a website to help parents, schools and others to refer students to professional help.

Recommendation 14

- 3.111 **The committee recommends that the Australian National Audit Office evaluate the Australian National Council on Drugs mapping exercise on Australian drug treatment capacity.**

Recommendation 15

- 3.112 **The committee recommends that any Commonwealth, State and Territory agency or body, or NGO, in receipt of Commonwealth funding for drug related programs, be compelled as a condition of funding, to provide to the Australian National Council on Drugs data and information required for the facilitation of the Australian National Council on Drugs database. The information is to be provided in a timely manner to enable the database to meet its objective of providing all Australians with advice on available services.**

Recommendation 16

- 3.113 **The committee recommends subject to the outcomes of the Australian National Audit Office evaluation, that the Australian National Council on Drugs mapping exercise:**
- **urgently complete the mapping of available alcohol and drug services across Australia;**
 - **identify any gaps in the data assembled which are needed for planning purposes;**
 - **ensure those data are collected; and**
 - **regularly update the information contained in this database.**

Community attitudes and the media

3.114 As we observed at the beginning of this chapter, there is considerable stigma attached to substance abusers and their family. The same is true of others associated with them, for example, those health and other workers who deal with drug addicts. The former committee commented on the widespread lack of acceptance and understanding of drug abuse in the community, and drew attention to the role the media plays in providing information and influencing attitudes. This role, the former committee observed, was often a negative one. Media portrayal of drug issues is not always balanced and creates unnecessary levels of fear and division in the community.¹²⁹

3.115 One solution to this problem, identified by the former committee was:

... that governments and people employed in the alcohol and other drug (AOD) sector need to work harder at engaging the media to do what it can to promote reasoned debate in the community ...¹³⁰

129 House of Representatives Standing Committee on Family and Community Affairs, *Where to next?*, pp 61-62.

130 House of Representatives Standing Committee on Family and Community Affairs, *Where to next?*, p 62.

Recommendation 17

- 3.116 **The committee recommends that the Commonwealth, State and Territory governments and non-government organisations working in the alcohol and other drug sector constructively engage with the media to promote better informed, rational debate on drug issues.**
- 3.117 The former committee also flagged the possibility of developing voluntary media guidelines for the reporting of drug issues to improve the quality of general reportage. Such guidelines exist already for the reporting of suicides, particularly youth suicides.¹³¹ The ANCD's website reports that it is pursuing the media reporting of drug and alcohol issues with the expectation of guidelines being developed.¹³²
- 3.118 Although it has not been able to pursue this suggestion, the present committee believes that it deserves further attention and recommends accordingly.

Recommendation 18

- 3.119 **The committee recommends that the Commonwealth Department of Health and Ageing liaise with representatives of the media in order to develop a voluntary media code for responsible reporting of substance use and abuse similar to that in place for reporting youth and other suicides.**

131 Australian Press Council, General Press Release no 246(i) (July 2001), *Reporting of suicide*, viewed 23/6/03, <www.presscouncil.org.au/pcsites/guides/gpr246_1.html>

132 ANCD, 'ANCD media initiative', viewed 23/4/03, <<http://www.ancd.org.au/current/current2.htm>>.