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Parliament of Australia,
Chair, House of Representatives,
Standing Committee on Family and Community Affairs,
Parliament House,
Canberra, ACT, 2600

**Submission to
House of Representatives
Standing Committee on Family and Community Affairs
Substance Abuse Inquiry
Darwin, 20th, April, 2001**

The main purpose of this submission is to raise the level of awareness and understanding of the role of the family in the whole process of responding to the problems of alcohol and drugs on the family.

Historically, the focus has been primarily on the individual person who is using the drug and then this person is usually treated individually in isolation from the family. Some programs invite family members to participate in programs and services with the main aim of supporting and assisting the person with the drug problem to overcome the problem. Our intention is to take this whole process a step further and look at the problem of drugs from the perspective of the whole family and their support system.

Since 1981 we have been supporting, developing and conducting treatment, training and community based programs from this perspective and we believe that it is time to include the family, partners and parents and the role of the family members as central to the national response to drug and alcohol issues.

The family bears the major brunt of the pain and impact of the drug problem and they often feel confused, frightened and simply do not know what to do when there is a problem in the family. They feel blamed for the problem, they feel excluded from responses to the problem and are left dangling and disconnected from their family member and the various systems responding to their family problem. These systems can include the medical, mental health, education, criminal and social and welfare systems. A family systems model provides a framework for understanding the effects of alcohol and other drug misuse on the whole family. This model views the family as a whole and responds to the specific needs of all family members.

The major challenge is to believe that the family is a key resource in the intervention, treatment and prevention of the drug problem. The family, however, needs to be supported with information, education, programs and the skills and strategies to enable them to face and positively engage in this daunting task

with confidence. Further, they are entitled to this support in their own right, irrespective of the needs of the drug user, as they try to cope with the burden of drug abuse within the family.

A unique part of this approach is the focus and attention given to the partner, parents and family members and relations whose needs can often be over-looked and ignored. Supporting the partner, parent and other family members facilitates key intervention and prevention strategies not only for the person misusing drugs, the partners, parents and family members themselves, but also for their teenagers and children. This approach can help to break the cycle of inter-generation problems within the family system around drugs and alcohol.

Recent initiatives have enabled us to participate in the NT Police diversionary program for juveniles. Our program requests that a parent joins the juvenile as part of the treatment program and the parent is offered a program in conjunction with the juvenile. While the juvenile presents as the offender, the parent and other family members are provided with support, information, education, skills and strategies to support their teenager at this critical time within the family. This program enables and empowers the parent and other family members to participate in the treatment of their teenager. The parent and other family members can now take a key role in the intervention, treatment and prevention strategies for their teenager.

This whole perspective is a major challenge to the understanding and response to drug problems within the nation and has significant implications for policy, goals, strategies and funding in relation to the drug and alcohol policy, strategies, programs and services nationally.

Our experience of working with Aboriginal people has highlighted the central place of the family within the culture and has clearly identified the family as a place for intervention, treatment, prevention and training. The family systems approach needs to be developed within the context of support systems within their community and the self-determination and local ownership and management of community and local programs and services.

The family and kinship system is central and fundamental to Aboriginal culture and identity. Whatever affirms or weakens the family, affirms or weakens the culture and cultural identity. The Aboriginal family and kinship system provides a strong sense of sharing, caring, obligation and indebtedness of one to another. When a family member or members of the family misuse alcohol and other drugs they are able to manipulate, exploit and violate these cultural strengths and obligations in their own favour and interests, leaving the family and culture extremely vulnerable to the impact of alcohol and other drugs. As one Aboriginal woman said, “the grog is used to trick the culture”.

A dramatic example of this family/cultural dynamic is as follows. A young Aboriginal woman in a remote community is called “pack horse” by her family and relations. This name clearly describes and identifies her role within that family group. That is, she was left with the care of and responsibility for the old people, the children and for the cooking for the whole family while the other adult members were drinking or using marijuana. Whenever she attempted to break this cycle she received or was threatened with verbal and physical abuse. It was only after attending several programs providing support and education that she was able to begin the process of taking care of her own needs and well-being and setting some limits to her availability for the needs of other family members and relations.

This family systems model is based on the premise that members of a family and kinship form part a system and that all people are interconnected. Programs and services need to be developed within the framework of a family and kinship systems model.

Research from the Holyoake program in Perth indicates that where the partner is provided with information and education about addiction and is offered positive coping skills and strategies there are important gains both for the family members and for the person misusing drugs (1). The evidence states that there is a reduction in the levels of alcohol consumption and violence even when the person misusing drugs has not entered a treatment program. The family member experiences less anxiety and stress, is able to respond in a positive way to their own needs, feelings and decisions and is able to let go of responsibility for the actions and behaviours of the person misusing drugs. This is challenging evidence to the current priorities concerning the widespread approach to drug and alcohol issues within the country.

The research work of Orford et al from the UK supports the view of providing coping skills and strategies for family members. A work of particular significance is their study that identified patterns of “worrying for drinkers in the family” on Aboriginal Australians in urban and remote communities in the Northern Territory (2). This study is most important as it links up with other studies on the impact of drinkers on family members in the UK and Mexico.

Further, Orford also provides training programs for primary health care and social workers to enable the front line workers in the health care and welfare system to respond in a pro-active way (3). These programs assist the workers to firstly identify the family members affected by a family member’s misuse of alcohol and other drugs and then secondly to respond to the family members specific needs.

Similarly, treatment and training programs for Aboriginal family members and relations about how to understand, cope and respond to a family member’s drinking or drug use is central to the whole process of empowering families and local communities. The front line resource people in communities are the family members and relations who with the support of informed primary health care and social workers are key resource people in the work of prevention and intervention. Treatment, training and community based programs take on a new perspective when the family system is supported and empowered to take an active role within their own communities.

Only in the last few years has the needs of family members appeared in the national debates concerning families, drugs and alcohol. While key people may acknowledge that supporting the family is a valid issue, there are only a few groups and government bodies, including the recent national strategy “Tough on Drugs” , responding to these challenges in a positive manner. While we are able to talk about alcohol and drugs and the huge cost to the health system, prison system, road accidents, workplace problems there is a resistance to name the issue as it really affects families. Perhaps the problem is too close to home both personally and nationally and the power of shame appears to be a core issue in the apparent resistance to raise the issue and the reluctance to face the problem.

Our hope is that the Standing Committee on Family and Community Affairs will be in a position, firstly, to name the family as a key resource in responding to drug and alcohol problems. Secondly, that there is a need to view the importance of the family and the family system as a key intervention, prevention and treatment strategy. Thirdly, that effective programs and services will be resourced and funded to enable families to play their part in responding to alcohol and drug problems within the community. Fourthly, that training programs for family members including training programs for Aboriginal family members in remote communities be identified as a priority.

Yours sincerely,

Fr. Paul Sullivan

Director

1. Fairbairn, J.A. and Grainger, J.K. Research Report, The sustainability of reducing heavy drinker’s consumption through empowering their partners, the Australian Institute on Alcohol and Addictions Quarterly Journal, Holyoake, Autumn 1999, Vol 2, Number 10.

2.Orford, J., Templeton, L., Copello, A., Velleman, R., Bradbury, C., (unpublished). Worrying for drinkers in the family: An interview study with Aboriginal Australians in urban areas and remote communities in the Northern territory. Final report to the Living with Alcohol Program, Territory Health Services, Darwin, NT.

3. Copello, A., Templeton, L., Krishnan, M., Orford, J., and Velleman, R., (in press). A treatment package to improve primary care services for relatives of people with alcohol and drug problems: feasibility and preliminary evaluations.

