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Submission to the House of Representitives Standing Committee on Family and Human Services Inquiry into 'The Impact of Illicit Drugs on Families'.

Content:

The Financial, social and personal cost to families who have a member(s) using illicit drugs

The emotional, social, financial and personal costs to families affected by a family member's harmful drug use are profound. Illicit drugs, (usually accompanied by alcohol and/or nicotine), the illicit use of licit substances and over-the-counter medications are the tools used by many young people which impact so severely on their own lives and the lives of their family and friends, the people who love and care for them.

No inquiry can realistically deny the prevalent and ever-present impact of alcohol, as poly-drug use is the norm. It is rare to find a person with harmful drug use who uses just one drug type.

The reasons which lie behind the uptake of harmful drug use are numerous. (Ref: ANCD research paper 2, "Structural Determinants of Youth Drug Use: NDARC, 2001). They include issues of abuse (sexual, physical and emotional), relationship difficulties and mental health issues. Of primary importance to note is that most young people have no idea whatsoever of any pre-existing genetic pre-dispositions they may have towards mental illness. Many adults do not realise their pre-dispositions in this area, and nobody wants to admit or accept they have mental health problems. We can accept physical injuries with great reluctance, and they are visible and comprehended as an impairment, but not so mental health issues.

Comorbidity figures are not currently specific as to the percentage of people who manifest harmful drug use issues and mental health issues, but it is known to be between 50 to 80% of people presenting for assistance. The real figure is likely to be higher, as many people are undiagnosed and cope by their self-medication of the substances mentioned above.

A more recent emerging issue lying behind the uptake of illicit drug use is the so called and frightening "lifestyle choice" users, who choose amphetamine-type-stimulants for "recreational" use. These young people are sometimes tertiary qualified, clever and capable, but the choice is peer influenced and often has tragic consequences. Sadly, particularly stimulant drug use, can produce mental health effects, with profound impact on the behaviour of the user, their families and friends, and those attempting to assist them in ambulance, police or hospital settings.

The detrimental impact on the well being, (emotional, physical and social), of the parents and siblings of people using drugs affects all aspects of family life and polarises family dynamics. The drug using person(s) becomes "the problem" and other family members try an enormous variety of behaviours in an attempt to "fix" and influence the problem person. The reality is that all the family members have a problem which is all consuming, and the physical and mental health of all the family members are negatively impacted upon. It is a spiral down for everyone. Older siblings may move away from the family prematurely to avoid the horrible fights, theft, physical assault and constant emotional turmoil. Younger siblings may see the user's behaviour as successful, (especially if parents capitulate and supply the funds or the drugs themselves to their user), and follow suit or just close down. Because they seem quiescent, their needs are unrecognised and remain unmet.

A young person's harmful drug use can fracture a family permanently, destroy long and valued relationships and cause family breakdown. A family is an emotional survival system, and all its members are damaged by significant damage to any member.

We have today, conformation that adolescence is not complete until approximately 25 years of age. When harmful drug use is also a factor, the development is also likely to be impaired, perhaps permanently, and more research is urgently required in this field to better inform as to the outcomes likely. The last aspect to develop is rational decision making, and this is also an area impacted upon by psychoactive drugs, so the vulnerability of adolescents is enormous.

The Impact of Harm Minimisation Programs on Families:

Harm minimisation keeps people alive! It is vital and urgently required.

People undertaking pharmacotherapy are attempting to assist themselves and seeking medical assistance to deal with their health problems. Drug use problems are health problems. In any other health care issue, we applaud people assuming responsibility for their own health care needs, why should this health matter be treated differently?

Protection from blood borne viruses (HIV, Hep C) through needle and syringe program provision has been responsible for saving thousands of lives. These lives are people who have families who love and care for them, though they may be distraught with fear for their family member. This is Australia's National Drug Strategy at work, displaying harm reduction in action - saving lives!

By providing contact with and a location of assistance and avenue of support, if and when required by illicit drug users, service providers offer a vital lifeline to people with harmful drug use issues. Australia is a world leader in this recognised field. Evidence based material confirms the great value in this approach.

The Illicit Drug Diversion Initiative (IDDI), established nationally and currently under assessment, is yet another example of harm minimisation working well. It diverts eligible people apprehended with illicit drugs away from the criminal justice system and into much needed assessment and health care, where their drug use issues can be addressed. The facets of this program which apply to courts, further extend the benefits of the original Police Diversion to the higher levels of the criminal justice system.
Harm minimisation keeps family members alive until they are willing and able to seek assistance for their harmful drug use.

Ways to Strengthen Families Who Are Coping With a Member(s) Using Illicit Drugs:

Needs of Parents and Siblings in Families Facing Harmful Drug Use by A Family Member:

Parents need to be given credibility and be heard, and to have their needs validated and recognised, in their own right.

Parents should NEVER be told what to do when they seek assistance. They are the people who best know their own circumstances and pressures, their family members and their limitations of emotional reserves, finance, physical and social supports available or unavailable to them. It is NEVER appropriate to tell people what choices to make, but there is great need to assist people to examine all options and the ramifications of those options on all involved. Fear and grief reduce people's vision and often they will not initially comprehend a full picture. This requires unemotional and objective professionalism.

Parents first seeking assistance, are usually fearful and want people to tell them what to do, because they believe they have tried everything and nothing works – someone else MUST have the answer. This makes them extremely vulnerable to suggestions from others.

Parents need to be progressively calmed, strengthened, and offered practical support for themselves and their other children who are not drug affected. Restoration of family function and some sort of structure is the goal, as this has usually been lost.

Some drug-using young people hold their family members to ransom, steal from them and threaten and injure them, physically and emotionally. The family lives in fear. Drugs which induce violence are the greatest concern e.g. amphetamine-type-stimulants, alcohol., although there is real grief for parents in watching their promising young person alter to become a manifestation of their drug of choice's actions. The loss of their child and the transformation into a stranger is devastating for any parent.

Parents need assessment of their own and their family's physical and mental health status, and other assistance needs. A parent's lack of leadership within the family can adversely affect the other siblings. Children can become fearful when parents cease effective parenting function. Some siblings may emulate the drug-using family member, especially if they are younger siblings. Older siblings may leave home early to escape the tension and chaos.

Parents need to be encouraged to focus on their own needs and the needs of their other children, while the drug-using member can be referred to assistance, IF they will accept it. The needs of parents and other siblings are likely to have been forgotten in the family's efforts to impact on the drug-using member. It may have become the family's focus.

Parents need to be encouraged to set boundaries for the family and be appropriately assertive. They need support to do this. This may come from like-minded friends, extended family or peer-support groups.

Parents need to be in touch with their peers in similar circumstances. This can provide the powerful element of support and helps them to find acceptance, reduce isolation and realise many other families are touched by these issues. This process allows them to regain some objectivity, and reduce the resultant isolation they experience. The group collectively in treatment is vulnerable and open to suggestion.

Families need objective, unemotional professional assistance to work with their family to restore normal function within the family dynamics- the drug using person will have become "the problem". Professional support will be time limited, but should be available as required. It is not in anyone's best interest for dependency on a counsellor or organisation to occur. No one person ever has the answers.

Parents need to begin to accept this is a process for the family, with a beginning and en end. How to handle the process is the issue. The end time is always unknown.
Parents need to be encouraged to consider the ramifications of any actions they are planning – they may need objective, non-emotive assistance to help them in this process.

Parents need to learn how to "respond" rather than "react". A considered objective response is far more productive than an emotive reaction. It is a process of enormous emotional growth for the family. Families often welcome the opportunity to engage in this growth process, though no one would ever wish the need on them or others!

Parents need unbiased professionals to assist them in addressing their feelings/ assumptions of guilt – what did they do or not do to make this young person start using drugs like this? Etc Recognition and awareness need be given of the parent's other responsibilities beyond parenting this young person e.g. earning money to support the family, their own ageing parents, their own health issues, siblings issues etc.

Professionals assisting families should look for progress in the process, although it may be slow to resolve and take years. If families or parents become stuck, grief counselling and other referral may become necessary. The process requires painful persistence and courage from the parents in confronting their own issues. Many families and individuals undertaking this process are impressive examples of quiet courage, which will never be widely recognised.

Organisations offering assistance to family members should clearly and fully state their operational philosophy prior to commencing working with family members. Their parameters of operation and all aspects of attitude should be widely available for consideration prior to enlisting their support.

Assessment of the role of extended family or other support available e.g. friends, church groups etc should be made and families linked to the appropriate support available, who will support their chosen approach. Note: Sometimes, extended family will condemn a family in this situation and will not be appropriate support for them. Similarly with some church or other community groups. Condemnation worsens the family's issues further. Sometimes, internal co-dependency within a family will also sabotage one member's struggle for change.

Parents will need a range of different services available, as different services will use different approaches/philosophies, and even the same parents will benefit from different approaches at different stages in their processes.

Drug using "children" in some families are in fact, adults in their thirties or forties and beyond, and the devastating impact on their ageing parents and siblings continues.

Young people who have harmful drug use are prone to become young parents themselves, due to unprotected/unwanted sex, and the complications of a further generation of children exposed to illicit drug use brings more complex issues into play.

Children Required to be Raised by other Family Members (eg Grandparents) Due to Debilitating Drug Use by the Children's Parents.

We have no accurate data on the increasing number of families affected in this manner throughout Australia, however we know it is an extensive phenomena.

This impacts on large numbers of Australia's indigenous families.

There are many varied presentations within family structures for this to be undertaken, informally or formally with court orders. This vast variation makes uniform assessment or assistance impossible. Some families fall between the cracks regarding assistance offered to them. Some are too exhausted trying to cope with the needs of the children, and are unable to access any assistance. They also face social isolation and are ashamed to be forced into this position by their young person's harmful drug use.

This process often occurs at a time in the lives of grandparents when they are either saving for retirement or have retired with limited income, experiencing the onset of chronic health issues, and are physically tiring and are less able to cope with the demands of young children. They may be trying to pay off their homes, or are forced to quit their jobs in order to undertake care of their grandchildren. They may be forced to expend their retirement savings on the grandchildren. Many grandparents have already endured years of anguish with their drug-using young people and are exhausted. They feel obliged to undertake care of the grandchildren, as there is no one else who can, other than a foster care system. All states and territories are over stretched in this area.

In undertaking primary care of their grandchildren, grandparents are denied the role of grandparent. They suffer from social isolation from their peers, anger, fear, fatigue and increasing demands in negotiating the inadequate assistance systems available in their jurisdictions, while they experience declining health and often the continual high stress levels induce mental health issues.

There is great variation of assistance from different jurisdictions, States and Territories, regarding state assistance being offered to these families. Most do not come near the real costs involved financially, let alone emotional, health and social costs.

Respite care is rare for these families, and tensions may result in further fracture of the family, and breakdown of lengthy and important marriages/relationships.

The relationships between the natural parents and the grandparents undertaking primary care and responsibility is often hostile and complex, with the children caught in the middle. The grandparents care passionately for their grandchildren and some become hyper vigilant due to threats from the natural parents to harm or take the children if the grandparents do not comply with their demands.

Grandparents are not an homogenous group, and some find difficulties accessing the limited assistance offered to them and accessing relevant and helpful information. Most are permanently exhausted with diminished quality of life in their senior years.

Children who have begun their lives as described above, come with behavioural and emotional "baggage" often, well beyond the capacity of the grandparent to deal with. They may also present with physical as well and emotional disabilities.

It is well recognised that children who have a sound connection with at least one adult constant in their lives develop resiliency which protects them. Grandparent and other family carers can provide this while maintaining the child's connectivity to their family.

Families Where the Parents Use Drugs:

This circumstance exists on a continuum of severity.

Families at the lower end of the scale may be horrified to think of themselves in this manner. They include families where parents smoke cannabis and maybe even offer it to their children when they reach adolescence. It may also be Dad or Mum drinking to excess when watching or attending sporting events, after work or just with mates, or to deal with difficulties which arise

in their lives – temporary anaesthesia. Parents are primary role models for their children. Family is where children learn attitudes and values and their perception of "normal" and of acceptable behaviour.

The continuum progressively deepens to overt alcohol misuse, misuse of licit drugs and illicit drug use. Children often result from unwanted or unprotected sex while under the influence of drugs. These families at the higher end of the continuum rarely seek assistance, are wary of authorities and fearful of loosing custody of their children. Children in these families are frequently at great risk. The lives of the parents are often chaotic and unpredictable. Family members are often closed, suspicious and protective of each other.

Parents' harmful drug use is characterised by ploy-drug use, illicit and licit. Drug taking is seen as "normal" for these children, as their parents and their peer circle role model this behaviour.

The family may be frequently unstable. The resultant children can be born with deficits, physically and mentally. Cocaine, heroin and other opiates, alcohol, benzodiazepines and cannabis and tobacco are all known to impact on foetal development. Socioeconomic deprivation is common in these families, with serious health and social consequences for all family members.

Children's health and development is often compromised at every stage from conception onwards. These families often frequently shift their places of living

The children often parent the parents when they are using, and the children cover the parents' needs as well as their own and those of other siblings. While parents are drug affected, the children are vulnerable to other adults who may abuse, exploit and neglect them and their care. The changing array of partners of some illicit drug using mothers, exposes the children to neglect and abuse at the hands of the current partner and their peers.

If maternal drug injecting is involved, the transmission of blood borne viruses is also likely. Maternal nutrition is also likely to be poor.

After birth, the child may be exposed to poverty, neglect, physical and emotional abuse, separation, frequent change of residence and carers, social isolation, criminal activities and inappropriate adult behaviour.

Adverse consequences for the child are multiple and cumulative and vary with the developmental stage of the child. They include: inadequate health care, inadequate nutrition, incomplete immunisation, a wide range of emotional, cognitive, behavioural and other psychological problems often leading to early substance misuse, offending behaviour and poor educational outcomes. These traits may not always be overt but can be subtle and difficult to detect.

Most parents want what is best for their children while they struggle with their own issues. They would like to be good parents, but are overtaken by their drug use and other health issues.

Many jurisdictions do not adequately provide assistance through State/Territory services to afford the children in these circumstances, the care and protection they need.

(Note: these issues are the subject of the first Families Project commissioned by the ANCD and currently in final draft form, undertaken by Professor Sharon Dawe and Associates. It is titled "Drug Use in the Family: Impacts and Implications for Children".)

Current Research:

This is sadly lacking in many areas, including:

1) An estimation of the numbers of families affected by:
   - parental drug use which impacts negatively on their role as parents
   - The impact of this drug use on children in these families
   - families where a young person's harmful drug use impacts negatively on the parents and siblings

2) The number and type of assistance agencies/organisations available for family assistance and their distribution. Information required includes:
   - Clearly defined information available on the philosophy and practice of the organisations.
   - The level of professional practice uninfluenced by grief of own experience at play within the organisations – this may need to be assessed externally to be objective.
   - The extent of learnings from parent support programs of overseas origins, and the valuable information they offer for application in Australia.
   - The participant families experiences of these organisations (Note: families who have just one type of assistance offered to them, will assess it as useful if there is no other assistance on offer. Families require a range of accessible assistance via a central information and referral system. They should not have to tell and retell their story seeking assistance at a range of agencies. A case-management approach to locate appropriate assistance would be useful.

(Note: some of these issues will be addressed in the second Families Project currently in development for the ANCD by Professor Sharon Dawe and Associates> The project is entitled "Investigating support options for family members of young people with problematic drug use".

Comments:

The choice of language is of vital importance in dealing with drug use issues. e.g. "lifestyle choice" , "party drugs" and "recreational use" and the political speak "Tough on drugs" and the unnecessary emotive responses these evoke, which play into media reporting, and serve to stigmatise and demonise individuals concerned. This is an emotive area and dramatisations which further add to the emotive load are completely unhelpful and further damaging.

We need to remember why illicit drugs have been given this classification. They are made illegal because they are unsafe for people to use. There is no quality control in their manufacture, they are often known to contain harmful impurities and contaminants, there is no safe dose range observed and they have recognised life-threatening actions. They are potentially lethal, and there is no way to ascertain what the substance really is. Taken in conjunction with alcohol, as so many of them are, they are pharmacological time bombs.

Australia is a drug-using nation. It is alarming but not really surprising some youth attitudes are not phased about illicit drug use. There is wide acceptance that self-selected drug use is

OK. Some families even send their children to school with aspirin or paracetamol "in case they get a headache". Many people accept that drugs "fix" human health problems, just as a mechanic can "fix" a car with engine problems. There is little community savvy on drugs and the educated choice to utilise them medically, the balance between pros and cons of medical drug use.

All aspects of the community- a "Consistent Whole of Community Approach" should reflect the message Australian Governments send to the public.. From families, schools, police and the judiciary, a consistent message of acceptability or otherwise is necessary. The bigger picture must always be considered. There is little value in selecting a small part of a continuum for attention alone- it cannot be successful!

Messages conveyed by actions chosen are sometimes open to interpretation and must be considered thoroughly in advance.

Unintended consequences should always be considered. This applies not only to those counselling families with drug use in the family, but also in areas of policy and wider service delivery. When drug affected parents are encountered for treatment or seeking other assistance, every effort should be made to refer any children of these parents for appropriate assistance in their own right. Often their needs are overlooked.

Mothers seeking treatment for harmful drug use, should be assisted wherever possible in the care of their children with referral for the children's issues to be assessed and attended to also. Assessment of extended family or other support to help care for the children while the mother is in treatment should be investigated and supported. The family will need continuing assistance as it recovers or falters to try again.

The enormous impact of role-modelling must be considered. Parents have an enormous impact on their children, both positive and negative, intended and unintended. The attitudes and behaviours of other role models, especially in adolescence e.g. teachers, sports heroes, and entertainment stars, also have an impact for better or worse. The whole community has responsibility for raising children safely to adulthood. Parents have a particular responsibility for their own children.

The now proven recognition of the duration of adolescence until approximately 25 year of age, and the profound ramifications on judgement, risk-taking etc. Do we need to re-think how the law handles young people? They must be required to act responsibly and be accountable for their own choices and actions.

Inappropriate fear/guilt driven reactions are likely to complicate and worsen a family's process in dealing with drugs and young people. Parents should be encouraged to think through their planned or considered actions thoroughly, before undertaking them.

Community Support:

All families require support from within their communities. We recognise this and offer comprehensive support to refugees coming to our country, but many families moving within Australia or not community-connected within our cities and towns also require connection.

There is need to focus on the health and wellbeing of family and family members, including grandparents, through all avenues of health care and support provision. The enormous

protective, strengthening and stabilising impact of family and its resilience building characteristics should not be underestimated. This should be a major initiative encompassing local government, schools, State and Territory Governments and the Australian Government.

Parenting education for parents-to-be: Young parents need to have a working knowledge of their own values and boundaries to be able to parent and set family values and boundaries for their children. They need to comprehend the responsibility they undertake in becoming parents, and become aware of resources available to assist their learning.

Education and school participation in community acceptance of families is essential with the ability to refer families in difficulty to local services for assistance. School based education provides some wonderful material but some people working in education have little awareness of, and are threatened by drug use issues, and their own responses are at times, destructive. At the same time, some committed and gifted individuals within the system, contribute wonderfully to resilience building in children and young people. Their work is invaluable.

Work by churches can be also be of great assistance and value, provided their focus is not solely intent on converting people to their own doctrine, but accepting them and offering support. Some churches do magnificent work with people and families in distress.

Parents should be encouraged and supported to examine their own behaviours and the messages it sends their children and the community, in an ongoing way. E.g. attitudes of respect for others, respect and responsibility for caring for their own bodies and their own health (drugs, hygiene, nutrition), drug use in the home and community, and attitudes of acceptance and the needs of others etc.

Parenting is probably the most demanding and far-reaching role many of us will ever undertake. It is part burden and responsibility and part an extraordinary gift and learning curve. Many families manage it wonderfully. Those who struggle deserve our full assistance.

Submitted by Tonie Miller