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Submission to the Family and Human Services Committee (House of Representatives)

The Impact of Illicit Drug Use on Families

Regarding:

Enhancing Family Inclusive Practices in Drug and Alcohol Treatment Services.

Issues and Recommendations.

March 2007

The Impact of Illicit Drug Use on Families
Enhancing Family Inclusive Practices in Drug and Alcohol Treatment Services.

Submission From:

Dr Christopher Walsh

About the Author:

Dr Christopher Walsh is a psychiatrist who has worked in the AOD field both in private practice and the public sector in Victoria since 1991. He is currently consultant psychiatrist to Turning Point and works in private practice. He has a long standing commitment to developing family inclusive practice in both psychiatry and drug and alcohol clinical services. He is an active member of The Family Alcohol and Drug Network (FADNET) a volunteer network of clinicians from the alcohol & other drug treatment sector with a particular interest in family work

Dr Walsh was head of medicine at Drug Services Victoria in the early 1990's. He later helped establish the first dual diagnosis team in Victoria in the late 1990's. This was the first serious attempt at a clinical level to address the problem of patients with combined substance use disorders and severe mental illness. It was well documented that these patients usually received grossly inadequate treatment form both Alcohol and Drug services and Psychiatric services. He was consultant psychiatrist to this team for its first three years. He is also a foundation Fellow of the Australian chapter of Addiction Medicine which is a chapter of the Royal Australian College of Physicians.

Introduction

This submission is deliberately restricted to addressing the need to enhance family inclusive practices in drug and alcohol treatment agencies. This is a reflection of the expertise and experience of the author. While focussing on this area it is acknowledged that there are many other valid areas for this inquiry to investigate within its frame of reference.

Major points

1. Despite improvements over the last decade there remain significant impediments to adequately family inclusive practices in Alcohol and Other Drug Treatment (AOD) agencies.

2. This inadequacy of family inclusive practices in AOD agencies unnecessarily exacerbates the negative impact of illicit drug use on families. It also denies AOD agencies of the possibility of engaging the valuable therapeutic resource that is available in a supportive family.

3. These impediments are cultural, economic and structural

4. Cultural impediments include:

    a. Conceptualising the patient's substance use problem in isolation from the broader family context. i.e. not even thinking about the family.

    b. Some therapists still blaming families for their loved one's addiction

    c. Lack of staff education about family issues, such as how to deal with families including how to diplomatically engage with family members without alienating the patient.

    d. Lack of staff education about the issues facing families and the resulting therapeutic arrogance which develops in a significant minority of therapists. This further alienates families and makes it more difficult for them to obtain the help and understanding they need.

    e. Not thinking of the drug user's family as a potential resource when appropriate

    f. Lack of organisational structure that is supportive of family sensitivity
        i. Appropriate forms and intake procedures
        ii. Screening tools to identify family issues
        iii. Appropriate funding contingencies that include time for communicating with family members.
        iv. Appropriate family sensitive professional supervision

    g. The practical interpretation of the harm minimisation paradigm has become reductionistic in many AOD services. It should include minimisation of harm to family and the broader community as well as to the substance users.

5. Other Impediments include:
    a. A very high level of coexisting mental health issues in drug using patients.

        i. These people's families encounter similar difficulties engaging with mental health services
        ii. This is further compounded by the well documented shifting of responsibility back and forth between AOD services and mental health services. This leaves families carrying a much higher burden of care.

    b. Further unavailability of services to migrant and Aboriginal groups due to issues of language and cultural misunderstandings. In these groups extended family is often much more relevant

Recommendations:

1. Development of staff education and training programs in both psychiatric and AOD services which would include direct feedback from family members. This should be sensitive to different family structures such as single parent families, blended families, families with high involvement of extended family members.

2. Restructuring funding arrangements of AOD and psychiatric treatment services to encourage family sensitive practices. Eg.
    a. Funding set aside for family contacts and other family interventions
    b. Using measures of family satisfaction as part of the assessment of service delivery

3. Developing ongoing family sensitive supervision of AOD therapists

4. Encouraging family representatives to take positions on management boards of AOD agencies and psychiatric services.

5. Accelerate the development of specialist AOD family services such as;

    a. Family therapy programs
    b. Family support programs both peer driven and professionally driven
    c. Family education programs
    d. Sibling support programs
    e. Parenting skills training programs for patients
    f. Other support programs for addicted parents

6. Support of research into this very important area so interventions can be more specifically and economically targeted.

The Impact of Illicit Drug Use on Families

Enhancing Family Inclusive Practices in Drug and Alcohol Treatment Services.

Background Information:

I am a psychiatrist who has worked in the AOD field both in private practice and the public sector in Victoria since 1991. The impact of illicit drug use on families has always been of great concern to me. The illicit substance use has substantial adverse effects on parents, siblings and children of substance users, as well as on the substance users themselves. And yet there are significant cultural, economic and structural impediments to AOD services providing adequate family inclusive care.

I therefore believe it is imperative that we move to enhance family inclusive practices in drug and alcohol treatment agencies as expeditiously as is possible. Family inclusive care should take into account the impact of the substance use and associated activities and illnesses on the family. It should also look at the actual and potential supportive resources available for the patient within their family.

The cultural impediments to family sensitive practice are deeply entrenched although improving somewhat in recent years. In the early 1990's I did a research project on the mental health of children on patients with methadone. (Walsh C.J. 1994) I had a great deal of difficulty getting this research through the ethics committee concerned as the children where not the identified patient. This reflects a general attitude that our patients are only the people in front of us not the systems of the families to which they belong.

In its worst form, this reductionistic view can manifest in rehabilitation and detoxification services refusing to tell families if their loved one is currently under treatment at their service. This is supposedly to protect the privacy and confidentiality. However, this reluctance to give out information is often against the drug user's wishes and the family is left wondering if their loved one has become uncontactable because they have died or disappeared on the streets.

In the past there is also been a strong tendency amongst therapists in treatment services to blame parents and families for their children's substance abuse problems. This attitude is often taken up in a very self-righteous way and drives an even deeper wedge between families and treatment services.

More recently a number of services have improved their attitudes towards families. For example there are now at least some services available to help with family related issues (Victorian Government Department of Human Services. 2000):

- Parenting skills in substance addicted people are addressed in programs such as:
    - Sharon Dawe's Parenting Under Pressure Programme in Queensland (www.griffith.edu.au/research/stories/health/)
    - The Odyssey House Counting the Kids program (www.odyssey.org.au/institute/projects/ctk.asp).
- Supporting other family members who are caring for children of addictive parents:
    - The Mirabel Foundation (www.mirabelfoundation.com)
- Family therapy and support services especially focused on these families:
    - Mary of The Cross Family Services (www.maryofthecross.org.au).
    - Family Drug Help (www.familydrughelp.sharc.org.au/) a self help organisation

All of these programs have some evidence of being efficacious. Notably Parents Under Pressure has been going through a stringent formal research assessment process which confirms its usefulness scientifically (Dawe S. et al 2003)

There are a number of other possible family interventions that have been tried with varying degrees of success both in Australia and abroad. (Toumbourou J.W. et al 2003a, Toumbourou J.W. et al 2003b)

The Family Alcohol and Drug Network (FADNET www.odyssey.org.au/fadnet/) is a volunteer network of clinicians from the alcohol & other drug treatment sector with a particular interest in family work. While members' backgrounds are diverse they share a deep respect for families and a common belief in caring for family members affected by problematic substance use. They recognise and value the healing power within families; they also recognise the value of family-aware and family-inclusive practice in the treatment of AOD difficulties. The network aims to promote current research and its practical implications to family work within the drug treatment sector, as well as learn from and partner with other service sectors to improve responses and outcomes for all family members affected by problematic substance use.

It is possible for AOD agencies and family based organisations to collaborate for the mutual benefit of all concerned. Family Drug Help a family oriented service and Turning Point Drug and Alcohol Service demonstrate have begun to move down this path. Family Drug Help (www.familydrughelp.sharc.org.au/) is a very effective self help organisation for families of substance abusers. It coordinates peer support groups, referral to other services, and information resources for family members and friends as well as an Action Recovery Program (ARC) for family members. Turning Point (www.turningpoint.org.au) is the peak AOD agency in Victoria, being involved in research, education and training as well as providing treatment services. Turning Point already runs a number of telephone advisory services including Direct Line which provides 24-hour, 7-day counselling, information and referral for the general public. Family Drug Help has been assisted by the Turning Point in the setting up and running of their telephone help line: Family Drug Helpline (www.familydrughelp.sharc.org.au)

However, old habits die hard. It is easy for therapists in drug and alcohol treatment agencies to develop tunnel vision and only see the patient in front of them without considering their families. This is partly due to the residuum of the old culture. However, it is also due to lack of structures and education for the staff in these matters.

Organisations need to develop appropriate structure in their assessment interview forms to include recording of family structure and dynamics. Close liaison with organisations such as Family Drug Help and FADNET should be fostered in this and all other restructuring to make their services more family inclusive. This close liaison should continue indefinitely and be formalised where appropriate.

Staff also need to be coached in diplomatic ways to engage with families without alienating the substance using patient.

Also the harm minimisation paradigm needs to be properly applied. It is often forgotten that this paradigm also includes abstinence as a harm reduction measure. Not only that, it also includes family and broader community as victims of drug related harm through theft, violence, neglect of children, and burden of care with anxiety and depression caused by worry about their loved one's fate etc. There needs to be an education programme within AOD services which properly incorporates and firmly entrenches these areas into the harm minimisation paradigm. This also needs to be reflected in organisational policies and documentation.

There also needs to be training for therapists in the drug and alcohol field that encourages them to develop understanding of the families' positions as well as humility in respect to the burden of care that the families have to carry. Unfortunately it is not uncommon for therapists to feel superior to families, which then further alienates the families from the helping services. These kinds of attitudes are a reflection of lack of experience and lack of insight on the part of the helping professionals concerned and can be addressed through adequate supervision measures.

It is my belief that when the recommended measures are taken, not only will better outcomes be achieved in terms of the drug users themselves and their families but also for the broader community.

References:

Copello, A., Orford, J., Velleman, R., Templeton. L., Krishnan, M., (2000) Methods For Reducing Alcohol And Drug Related Family Harm In Non-Specialist Settings. *Journal of Mental Health.* 9, 3, pp.329-343.

Dawe S. et al (2003) *Improving family functioning and child outcome in methadone maintained families: the Parents Under Pressure programme* Drug and Alcohol Review (September 2003), 22, 299 – 307

Toumbourou J.W. et al (2003a) *Drug Education in the Prevention of Drug related Harm* Research Evaluation Report No 6, Drug Info Clearing House, West Melbourne, Australian Drug Foundation

Toumbourou J.W. et al (2003b) *Family Intervention in the Prevention of Drug related Harm* Research Evaluation Report No 7, Drug Info Clearing House, West Melbourne, Australian Drug Foundation

Victorian Government Department of Human Services. (2000). *Involving families in alcohol and drug treatment.* Melbourne: Drugs and Health Protection Services Branch. Public Health Division, Victorian Government Department of Human Services.

Walsh C.J. (1994) *Psychological and Behavioural Problems in Children of Adults on Methadone Maintenance.* Proceedings of the APSAD (Australian Professional Society on Alcohol and Drugs) National Conference.

Web links relevant to this submission

Parents Under Pressure (PUP) www.griffith.edu.au/research/stories/health/

Odyssey House Counting the Kids program www.odyssey.org.au/institute/projects/ctk.asp

Mirabel Foundation www.mirabelfoundation.com

Mary of The Cross Family Services www.maryofthecross.org.au

FADNET www.odyssey.org.au/fadnet/

Family Drug Help www.familydrughelp.sharc.org.au/

Family Drug Helpline www.familydrughelp.sharc.org.au

Turning Point Drug and Alcohol Service (www.turningpoint.org.au)