

Standing Committee on Family and Human Services:
INQUIRY INTO THE IMPACT OF ILLICIT DRUG USE ON FAMILIES
Prepared by AGENDas (Anglicare Greater Eastern Drug and Alcohol Service)
Anglicare Victoria Knox Branch, Bayswater (Melbourne)
March 2007

Summary

This submission has been prepared by an Anglicare Victoria program that works directly with families affected by problematic substance use, and has been endorsed by the principal social justice group for the Anglican Diocese of Melbourne, the Social Responsibilities Committee.

The submission's focus is quite broad due to the nature of Anglicare Victoria's engagement with individuals and families facing a wide variety of crises. Consequently, the submission's perspective is that of a community sector agency implementing structured programs and strategic, customised, ongoing assistance to those directly and indirectly affected by problematic substance use; thus providing support appropriate to clients' needs such as counselling, group work, and case management.

In addressing the inquiry's terms of reference, this submission raises the importance of the following significant strategies and practices in addressing the personal, social and financial problems faced by families who are affected in some way by substance use that is problematic :

- Cognitive behavioural therapy, motivational interviewing, counselling techniques ;
- Non-judgmental engagement, education and support ;
- Ensuring that immediate, as well as future, safety concerns are addressed ;
- Facilitating longer-term changes in behaviours and substance use ;
- Incorporating a principle of 'harm minimisation' within the program's work ;
- Facilitating honest, open communication and respect between the parties ;
- Liaison with other community sector agencies and referral, in order that 'service gaps' may be avoided ;
- Utilising a holistic approach to the care and support of those affected ;
- Acknowledging the interconnections between substance use, family violence (including child abuse), financial distress, mental illness and variety of other factors ;
- Accepting that shared responsibility across all family members (including the drug user) is a vital component in addressing substance (ab)use ;
- Implementing flexible, adaptable and ongoing support services that give priority to the person(s) rather than the program, and that are customised according to individual clients' needs.

It should be noted that several of the above strategies may be implemented simultaneously in an effort to address the myriad effects of problematic substance use throughout our communities.

Addressing the Terms of Reference

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

In Anglicare Victoria – Knox Branch, Bayswater (in Melbourne's outer eastern region) and through the Family Alcohol and Drug program, family and individual sessions are used to assist families to understand aspects of the family dynamics in relation to substance use. It is well recognised that substance use exists in relation to many other factors, therefore these are taken into consideration during the sessions and developed into a sustainable plan for all members of the family. Exploring the family dynamics through family therapy techniques allows for the safe exploration of belief systems and family biases that often influence emotional responses to behaviours. As a result of the therapeutic process, negative thinking patterns and mistaken belief systems that fuel a family's dominant story can be safely challenged in the process of addressing substance use that is problematic.

Often creative interventions are required and necessary to meet the increasingly diverse needs of this often complex client group. Family therapy interventions and therapeutic approaches have been the most significant approach when working with families to explore dynamics around the family system and within the families functioning, while focusing on the presenting substance use problem identified risk factors and associated safety concerns.

Family membership roles and responsibilities along with typical relationship issues within the family are explored during family sessions with communication and respect for all members of the family considered. This is particularly useful when assisting non-using family members to modify or adjust their own behaviours and responses to the identified user while identifying how that individual's actions and substance use impact on those around them. These approaches continue to be helpful as they encourage family members to see past a specific behaviour and explore options that assist them to cope with and manage the challenges they face as individuals and as members of a larger system. The exploration of roles and responsibilities is also important when working with adult users who have unrealistic expectations of their children's developmental or emotional capacities. Likewise, for some children these approaches have assisted them in reclaiming their rightful position within the family unit, leaving adult-appropriate responsibilities to the adults concerned. This helps to strengthen the family unit and prevent the possibility of potential family breakdown.

Family Alcohol and Drug Service (FADS) workers identify significant, sustained improvement in family dynamics and relationships during the course of an intervention when opportunities were provided for communication to occur, often for the first time in many years. Due to the lack of conversation, conclusions about each other are often reached without substantiation and it's only when the family have the opportunity to gather as a group and discuss miscomprehensions that possibilities for change can occur. When a family is brought together in this way, they are forced to listen to each other rather than walk away, watch television or engage in other distractions thereby allowing each person to be listened to and for explanations for behaviours to be given. These sessions are controlled and facilitated by experienced family therapists who have a broad range of Alcohol, Tobacco and Other Drugs (commonly referred to as ATOD) knowledge.

Intake and assessment provides an opportunity to provide the client and their family with information relating to specific drug types including other support services that can assist such as Parent Support Groups and Family Services.

There is no doubt that there are significant financial and social costs also. Anglicare Victoria's current ATOD service has no financial capacity to support individuals and families as this is not part of the contractual service agreement. Individuals and families have to be referred to Financial Counsellors and Emergency Relief services for this type of assistance.

The Parent Support Program funded through the Victorian Department of Human Services (DHS) is a good example of meeting social and personal needs of families. More day programs and

social and personal support programs would be of benefit in a holistic response to this client group.

Drug Treatment Services have traditionally predominately sat in the 'Health' sector where the emphasis is on treating the individual, rather than viewing the person as being a member of a family and as part of a wider social context. Anglicare Victoria – Knox provides a large Family Services program. With increased funding over the last 1-2 years and new legislation (Children, Youth and Families Act 2005), the impact of ATOD on families is further brought into the spotlight. DHS Child Protection notification data used in specifications for Knox Innovations funding indicated that out of 956 notifications of child abuse in the City of Knox 2003-04, 172 (37%) out of 458 of the Parental profiles related to ATOD with multiple other problems also often present, such as Domestic Violence and Mental Illness. This was the highest profile recorded. The Knox data is relatively consistent with State-wide Child Protection data.

The Child Death Group Analysis: *Effective Responses to Chronic Neglect* (Victorian Child Death Review Committee) identified that parental difficulties with mental health, drug and alcohol problems, transience or violence in addition to neglect, signify risk factors indicating cumulative harm. They need to be understood as compounding risk factors, not in isolation of each other.

Personal, social and financial costs can be ameliorated by effective, available, accessible, identifiable, holistic and affordable treatment.

2. The impact of harm minimisation programs on families

The FADS (Family Alcohol and Drug Service) program offers a range of flexible family focused support services to residents of the eastern region of Melbourne who experience difficulties as a direct result of substance use by a member of their immediate family. The aim of service provision is to minimise the adverse effects of illicit drug and alcohol use on individuals and families using a range of strategies, including :

- provision of relevant information ;
- education ;
- support ;
- training ;
- therapeutic treatments.

Direct service delivery is supplemented by co-ordinated referrals to, and collaboration with, a range of other community support agencies and services, including :

- physical and mental health ;
- accommodation ;
- financial ;
- educational ;
- withdrawal and rehabilitation ;
- counselling and therapeutic services.

The FADS program also works closely alongside Anglicare's own internal Family Support programs across Melbourne's eastern region.

The debate about harm minimisation versus total abstinence (zero tolerance) is one that frequently arises with families. Learning to live with the issue/problem in a harm minimisation framework requires greater commitment to, and understanding of, that issue rather than a strategy based solely upon 'fixing' or 'stopping' the problem. In our experience, to avoid the notion of addressing the 'problem' can often drive that 'problem' underground.

The Target Group for Anglicare Victoria FADS program is :

- Families living in the Eastern Region with a young person under 25 years of age with an illicit drug and/or alcohol problem ;
- Families living in the Eastern Region with children under 18 years of age with a parent who has an illicit drug and/or alcohol problem.

Family members are encouraged and welcomed to attend all FADS sessions which are a useful mechanism for breaking down family 'secrets' that occur as a direct result of the substance user manufacturing opportunities to participate in drug use and concealing the signs that drug use has occurred. Providing an opportunity for family members to attend sessions enables the therapist to explore and identify strengths within the family that are working well, and to provide strategies to assist with aspects of the family interaction in relation to the drug user that may not be working so well. These strategies take into account the clients' current stage of change. Treatment options are provided to the family should the client choose not to engage in the FADS program. Families can be further assisted with internal and external referrals to other services that support them while the substance user contemplates his or her treatment options.

Experience and observations indicate that a high percentage of clients change their drug use patterns over the treatment period. Individuals and family members report significant reduction in the amount of drugs used or the ability to abstain from substance use for extended periods of time. This also reflects reports of reduced levels of risk taking and disruptive, anti-social behaviour experienced within the family unit.

Parents consistently report that counselling enables them to change their own thinking and behaviours. This shift in attitude places the responsibility for behaviours, and ultimately treatment, back with the drug user themselves. These differences enable the family to reflect and consolidate newfound skills and strategies that support ongoing treatment.

Families report that increased knowledge and education regarding risk and harm reduction strategies also provide a valuable resource when supporting a substance user undergoing treatment.

The FADS model is a flexible model which takes into account the complexities within the circumstances of each client. This flexibility has proved useful and effective in engaging with sometimes difficult, complex families. A systematic family approach to treatment, inviting the parents into sessions when perhaps a young person is resistant, allows the parents to make subtle changes to their own thinking and behaviours over several sessions, which often then acts as a catalyst for the young person to engage further.

Engaging families in extended work in relation to the substance problem can be a challenge, however FADS workers maintain an adaptable model that may be designed to suit individual and family needs. These include family sessions, individual sessions and the use of combined or co-ordinated approaches with the young person, who can be linked in with a worker from the AGENDAS program, while the parent liaises with a worker from the Family Services program. This closely co-ordinated intervention ensures consistency of the selected approach and allows for parallel treatment processes that promote optimum, sustainable outcomes for the whole family.

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

through structured, adaptable, customised and responsive agency programs

Assistance is given to family members through family therapy principles and practices to change behaviours that inadvertently have a role to play in perpetuating a substance use problem. FADS workers operate within a strengths-based approach, focussing on the current situation with the client and identifying the family strengths – rather than deficits – in the search for solutions to the presenting problem, thereby aiming to eliminate a role for blame within the family. Engaging the whole family, not just the substance user(s), is a crucial component of the FADS program (given the chaotic nature of substance use or abuse). This has been achieved by actively pursuing contact, listening without judgement or bias, building trust and rapport, and challenging the family 'story'. A number of tools and skills are utilised: eg. genograms; exploring family relationships and alliances; generational analysis; focussing upon the history of substance use and particular themes associated with this; identifying and prioritising issues according to group and individual needs; harm minimisation; and risk reduction.

Sustained engagement with substance users and their families creates many opportunities to explore the complex relationships between the drug use, family dynamics and the issues that

impact on the family because of problematic substance use. Often a change in a client's status is a mark of improvement, whether this be through reduced substance use, abstinence, engaging in meaningful, social activity such as employment or vocational training, or evidence of stabilised mental health. Access to a Dual Diagnosis service through a regular on-site clinic assists with support for clients also requiring mental health interventions, with significant positive results.

Anglicare Victoria – Knox works closely with a number of key stakeholders and has direct links with Integrated Family Services (Knox) and a broad range of other Anglicare Victoria programs, including Family Violence, Parentzone, Out of Home Care and Youth Services.

AGEnDAS operates within this welfare agency, alongside a strong Family Service focus and programs providing ideal opportunities to strengthen the outcomes of interventions where Family Services referrals and dual case management are considered appropriate.

The ability to work within a combination of strategies, including a focussed therapeutic framework; a harm minimisation model; and a broader child and family wellbeing approach (including family services), provides an extensive continuum of options for our Family Alcohol and Drug clients.

Given ATOD's predominant historical placement in the "health" sector, there is little known research into the benefits to families of ATOD services being located in the broader Family Services Welfare Sector. This is an area of much needed research. Anecdotally, Anglicare Victoria's Knox Branch experience of co-cased worked/managed cases across programs has been positive.

The Parent Support Group has also received very positive feedback in relation to its support to parents affected by problematic substance use. A range of additional support groups targeting family members may also be beneficial.

Signatory

Revd Dr Ray Cleary

CEO, Anglicare Victoria
and
Chair, Social Responsibilities Committee,
Anglican Diocese of Melbourne