

Submission No: 118

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• preventing drug problems •

**Submission to the House of Representatives Standing
Committee on Family and Human Services**

Inquiry into the impact of illicit drug use on families.

Australian Drug Foundation

March 2007

The Australian Drug Foundation

The Australian Drug Foundation (www.adf.org.au) is a charitable, not-for-profit, independent organisation. The ADF's mission is to prevent alcohol and drug problems and reduce alcohol and other drug harms. The concept of harm minimisation underpins the work of the ADF.

The ADF welcomes the opportunity to make a submission to this Inquiry. The establishment of this Inquiry is important as not only are families critical in responding to drug related issues that may impact on them, or their extended communities, they also bear the brunt of the negative consequences of drug use. Only by fully understanding and acknowledging the issues faced by those using drugs and their families can we as a community, respond to provide the support, care, prevention and treatment services required. We are hopeful that the Inquiry will develop a considered response and, possibly, a set of recommendations to guide the evolution of policy to meet emerging needs.

The scope of the inquiry

It is disappointing that the Inquiry has restricted its terms of reference to looking only at illicit drugs. In reality the legal status of the drugs(s) being used makes little difference to the impact on family life. In most instances a mix of licit and illicit drugs are used with varying effects on behaviour and family dynamics. Despite recent media attention on other drugs, alcohol remains the drug that causes most harm in our community.

We know that earlier uptake of licit drug use by young people is one indicator of an increased risk of illicit drug use. Therefore the whole drug using spectrum needs to be considered. Concern about a family member's use of alcohol is the main reason why family members contact the ADF for information and advice.

Definition of family

The Inquiry asks for submissions relating to families coping with a family member using illicit drugs. As well as the traditional model of the family consisting of a parent(s) and siblings and a teenager or young adult child being the drug user, the reality is that there are many more models of families to consider. For example:

Families in which the parents are drug users: the impact of parental drug use on the physical and emotional health and well being of children and teenagers is considerable and extends into adulthood. There is evidence that children from families with substance use problems are more likely to experience severe and chronic neglect (Patton 2004).

Extended families: the impact is not only felt within the nuclear family but within wider extended families, involving grandparents, aunts, uncles, cousins etc. This is particularly important in cultures where the extended family model is the norm such as in Indigenous communities.

Grandparents: more and more grandparents are feeling the impact of drug use on their families. Where grown children are drug users, grandparents are having to take some or all responsibility for raising grandchildren left neglected or orphaned by their parents. They need support financially and emotionally to cope with this added stress and responsibility. The ADF commends the recent reports from Families Australia, *Grandparenting: present and future (2007)* and from Canberra Mothercraft Society (2006), *Grandparents Parenting Grandchildren because of alcohol, and other drugs, which present the issues facing grandparents.*

Non-biological families: many young people now identify their friends as being their family. This is especially true for young people who have experienced

family breakdown problems. It is important to identify the role of non-traditional family groups in strategies that seek to utilise family networks to address drug issues in the community.

Scope of this submission

The ADF is a non-government, not-for-profit organisation, which focuses on the primary and secondary prevention of alcohol and drug related problems and harms. We have confined our comments to issues on which the ADF has direct involvement. These primarily relate to the information and support needs of families and family members, and the professionals working with these families.

As well as responding directly to parents and other family members, the ADF, works closely with the organisations and workers providing early intervention treatment and rehabilitation services through our range of information, community development and research programs.

We have not attempted to present detailed data on the extent or nature of the impact experienced by families. Rather we commend to you the submissions presented by organisations directly servicing or representing families affected by drug use, organisations such as Family Drug Help and Families Australia.

Term of reference 1: The financial, social and personal cost to families who have a family member using illicit drugs.

The impact of drug use is complex, far-reaching and difficult to measure. Families often face major financial, social and personal costs. The actual cost (in financial, health and social terms) is unknown.

The fact that families of problematic drug users are adversely affected by drug and alcohol abuse and in fact experience traumatic stress has been largely ignored (Copello, Velleman, & Templeton, 2005).

Problematic drug use is reported as impacting on the following personal and social areas of family life:

- Mental and physical health of families is often affected with family members suffering from symptoms of depression , anxiety, flare ups of pre-existing or new medical problems such as heart conditions, ulcers or psoriasis (Barnard, 2005; Lockley, 1996; Toumbourou, Blyth, Bamberg, & Forer, 2001).
- Social isolation, shame, self-blame, guilt, suicidal thought and anger (Bamberg, Toumbourou, Blyth, & Forer, 2001; Heslep & Trimmingham, 2002; Velleman et al., 1993).
- Devastating levels of shock and dismay which adversely affect family structure (Barnard, 2005).
- Feeling like the family identity is lost when discovering illicit drug use in the family (Barnard, 2005).
- The stress of having to deal with problematic behaviours such as unpredictability, violence, stealing and social embarrassment (Velleman et al., 1993).
- Increased obsession by the drug user to acquire the drug, results in families feeling the person is no longer recognisable as the same person (Barnard, 2005; Velleman et al., 1993).

- Consistent negativity due to the drug user's persistent moaning behaviour, fatigue and irritableness (Barnard, 2005).
- Heightened stress and concern due to drug induced psychosis which has symptoms of schizophrenic-like states (McKetin, McLaren, Lubman, & Hides, 2006; Mental Health Council of Australia, 2006). These states usually exhibit auditory hallucinations and/or visual hallucinations, paranoid behaviour and aggressive behaviour. It is possible that the feelings of persecution and the potential subsequent defensive aggression can be directed at family members. It also represents great difficulties for the family in social situations. (Dore & Sweeting, 2006; McKetin, McLaren, Lubman, & Hides, 2006).
- The drug user embarking in risky behaviour in order to raise money for drug use such as becoming a drug dealer or prostitution. This increases the level of stress for the family as to the safety of their children (Barnard, 2005; Sayer-Jones, 2006).
- The impact on siblings and the higher likelihood that children and siblings of a drug user are at high risk for developing their own drug and alcohol problem (Barnard, 2005; Gance-Cleveland, 2004; Gregg & Toumbourou, 2003; Raising Children Network, 2006).

The following areas have been identified as definite and potential areas of financial impact on families:

- The level of theft and violence experienced in the home (Barnard, 2005). Violence may lead to the need for medical care which impacts financially.
- The addictive drive of the drug user to access drugs and therefore steal from the family home in order to be able to purchase these drugs places additional financial stress on the families (Barnard, 2005).
- all of the above mentioned can impact on the ability of the family to afford treatment in some cases or even private therapy where required.
- The cost of hiring legal services to assist with legal problems (Sayer-Jones, 2006).

- The potential break down of the family structure which may lead to separation and divorce will also have a financial impact on the family(Barnard, 2005; Sayer-Jones, 2006).
- The level of care that may be required to manage a drug user or issues with personal health due to stress could eventuate in a parent or parents needing to reduce their work hours and this too will impact on the financial stability of the family (Sayer-Jones, 2006).
- Some drugs create physical symptoms, such as dental problems with methamphetamine users, this too can impact on the financial resources of the family (Australian Drug Foundation, 2007).

The Centre for Youth Drug Studies (the research arm of the ADF) is currently evaluating the effectiveness of a community run program for family members of drug users. As part of this evaluation the impact of drug use on the family has been examined and some data is available from participants prior to undergoing the intervention.

The preliminary findings of this data indicate that the highest level of impact appears to be the psychological and social trauma as well as financial burden experienced by the participants, specifically the effects of this trauma on their psychological state and ability to cope.

The majority reported regular psychological symptoms of intrusive thoughts and worrying, together with sometimes feeling depressed, irritable and hopeless. Many participants indicated that they had at times felt no hope. Regarding physiological symptoms, feedback provided through two separate focus groups confirmed previous research regarding tendency for flare up of new or existing physical problems as well as consistent sleep disturbance. The preliminary findings show that the majority of participants also experienced physiological symptoms highly related to stress such as muscle pain and reduced appetite.

With regards to the social impact, the majority of participants reported that their drug using family member often failed to join family activities and that their family member's drug use had impacted on their social life.

Many of the participants had at some time had money stolen from them by their family member, with some reporting this happening on a regular basis. Many also reported that that the drug use had impacted on the family's finances.

The findings from this evaluation will be available in June 2007.

Families seeking help and information

The ADF operates the DrugInfo Clearinghouse, a comprehensive drug information service, incorporating a Resource Centre (telephone and email information service and special library), websites, publishing area and a resources shop. The Resource Centre services enquiries from the general community, professional workers in the health, welfare and education sectors and researchers.

Of the 13,000 enquiries serviced per year, 20% of enquiries to the Resource Centre relating to illicit drugs are from parents, family or spouses. This percentage rises to 60% when examining enquiries from the community only (or non-professionals). By and large, these enquiries are from those experiencing at least some form of emotional distress from a family member's drug use. This includes family despair and helplessness in terms of how to help the family member who is using drugs. Many enquiries also reflect a lack of understanding about the value and availability of services and interventions to support the family member.

The demand for information relating to family issues and drug use is reflected in the numbers of information resources distributed by the ADF.

Since 2000 the following family related titles have been distributed across Australia.

Dealing with Cannabis Use	61,802 copies
Dealing with Heroin Use	29,779 copies
Drugs today; young people and drugs	93,194 copies
Drugs Today: when someone close to you has a drug problem	84,813 copies
Drugs in focus: Parents focus	18,165 copies
Dealing with party drug use	12,830 copies

Copies of these resources will be submitted for the Committee's information.

In addition, the DrugInfo Clearinghouse website (www.druginfo.adf.org.au) provides a range of drug information including information specifically for parents/families. the website is extremely popular as a source of drug information for the community receiving over 1 million individual visits per year.

Somazone

The ADF also operates Somazone (www.somazone.com.au) a youth targeted website that provides anonymous access to quality assured information.

Somazone aims to empower young people to address their physical, emotional and social health needs in a way that is relevant, non-judgemental and anonymous. Somazone has proved exceedingly popular with the target group of 14 to 20-year-olds, recording an average of 80, 000 visits per month. Somazone provides:

- An anonymous Q & A service providing clear, unbiased, non-judgemental answers by a panel of health professionals to questions about drugs, sex, sexual health, mental health issues, harassment/abuse, relationships, body image and eating disorders
- Personal stories section—a safe space for visitors to share their stories and experiences with drugs, sex, mental health issues, harassment/abuse, relationships, body image and other issues.
- Help & Support section—a recently expanded and updated directory of youth-friendly health services and organisations, organised by national and state agencies and further broken down under health subheadings.

Some recent enquiries to Somazone relating to family issues and illicit drug use have been attached in Appendix 1: one from a young person who has experienced loss and neglect due to drug use, one from a parent worried about their son's drug use and one from a woman concerned about the effect of drug use on her unborn child.

Term of Reference 2: the impact of harm minimisation on families.

The ADF's prevention agenda is delivered on a platform of harm minimisation, as defined in the National Drug Strategy. Harm minimisation encompasses a continuum of comprehensive prevention strategies, from abstinence to the management of severe and chronic drug misuse. The National Drug Strategy is supported by the Federal, State & Territory Governments, as well as the many sectors involved in addressing drug and alcohol problems in Australia.

The ADF urges the Committee to be cognisant of the role and benefits of harm minimisation. This balanced approach taken by Australia has been very effective. There have been declines in illicit drug use in Australia, dramatic declines in drug related deaths and we still have one of the lowest rates of HIV amongst drug users in the Western world. Without a comprehensive approach to addressing drug use in Australia, such as harm minimisation and adequate health support services, the toll experienced by families will be heightened.

It has been the experience of the ADF that the harm minimisation approach is very acceptable to, and has a positive impact on, families. While the main and long term focus for families is to have their family member become 'drug free', their immediate concern is to keep them alive and well. Programs such as needle and syringe exchange; pharmacotherapies; and supervised injecting facilities; all 'make sense' to them as part of the range of options available along the continuum of harm minimisation.

Term of Reference 3: Ways to strengthen families who are coping with a member using drugs.

Broad based prevention and early intervention for families

Families, in general, need to be equipped to cope with adverse situations, such as drug use. A core strategy is to ensure that families are supported and resourced from when children are very young and even pre-natal. Strategies which aim to build the resilience of families, develop positive family relationships, improve parenting skills and foster good communication are all needed.

Systems also need to be in place to identify vulnerable families which may need more intensive support and intervention. The Commonwealth Government's Stronger Families and Communities Strategy is a good example of a government initiative and commitment to this issue.

Early intervention with families and children is also recognised as a major contributor to prevention of drug use problems later in life (Ministerial Council on Drug Strategy 2004).

Prevention strategies

Drug use in our community is a complex human problem which requires a comprehensive and sustained response. Prevention strategies must reflect this complexity. The ADF commends the findings of the Prevention Monograph (Ministerial Council on Drug Strategy 2004) to the Inquiry as a valuable review of evidence based drug prevention.

In particular, the ADF wishes to warn against depending on large scale mass-media campaigns. While such campaigns have a role in raising awareness of issues, they are ineffective unless they are underpinned by a whole raft of community linked strategies, initiatives and services. The evidence does not support stand alone, once-off media campaigns as a successful strategy in

changing behaviours. Nor is there evidence to support the use of 'shock tactics' in persuading people to avoid or reduce the use of drugs.

Drug education in schools has a role to play but, again, the expectations of what it can achieve must be acknowledged.

An approach that is gaining support is school and community based programs which involve the whole family and is targeted at vulnerable or at risk families. One such program, the Strengthening Families Programme 10-14, was developed originally in the USA (Kumpfer, Molgaard & Spoth 1996). Following a Cochrane Collaboration Review (Foxcroft, Ireland, Lister-Sharp, Lowe & Breen 2003) the program is now being trialed in the UK (Coombes, Allen, Marsh & Foxcroft 2006).

Ease of access to information and support

As shown by the numbers of family members who contact the ADF, there is a huge demand for information and support from the community. However, a common complaint from families is that they find it difficult or confusing to know where to go to for assistance. This is particularly true when they are seeking to access treatment, other intervention or support services.

Not all situations require the same response and many families need a range of services from different disciplines. Lack of identifiable services is a source of frustration to many. Many family members have been on a merry-go-round of services before they find the information and support best suited to them.

While most states and territories have systems in place for drug users, the needs of families have not always been serviced. The tendency to focus on the drug user and interventions relating to the drug user has resulted in a lack of acknowledgment of the impact drug use has on all family members and the significant role families play in drug treatment and support.

A centralised information system is required to assist families to identify the type of service(s) they require and what is available in their locality or region. A centralised, 'one-stop-shop' service for families could offer a comprehensive range of support services including telephone, website and on-line networks (for example, online counselling, chat groups, question and answer forums etc).

Family orientated services

Increased access is needed to programs specifically set up to service the needs of families of drug users, rather than add-on programs to the treatment of the drug user. These programs should be evidence based and open to evaluation.

In addition, there is a need for more specialist family workers in generalist services so that the needs of families can be identified and catered for more effectively.

Research

There are many areas and issues in which policy makers, funders and service providers are operating and making decisions about without access to adequate information and data.

Further research is needed in the following areas

- evaluation of existing programs;
- barriers to accessibility of these programs;
- the level of psychological trauma and longitudinal impact on families;
- the financial cost of the impact not only to families but to communities and councils in a broader sense;
- the potential risks to siblings; and
- the effectiveness and acceptability of harm minimisation approaches in addressing family drug issues.

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Signed on behalf of the ADF

Date:

Q & A

Relationships

Parents

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- [How can I help her and me? What can I do?](#)

How can I help her and me? What can I do?



My step-mum has been drinking ever since I was in her care, after my mum died of an overdose when I was 4. My step-mum is also a heavy smoker. I have a 16 year old mentally disabled brother and a great 5 year old brother and if I lose another care giver I don't know how I would live. Because of these problems in her life she is in denial and also she doesn't give me the attention I sometimes need and never takes interest in anything I do. How can I help her and me? What can I do?



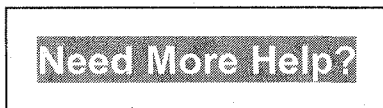
It sounds like you have experienced a lot of loss in your life at the ripe old age of 12. I hear that you are really scared of losing another person in your life who cares for you which is perfectly reasonable and understandable. Ask yourself what you are afraid is going to happen to her. Is your Dad supportive or around? Maybe you can try to get some of the attention you need from him instead of your step-mother or maybe he could even have a talk to her about how her drinking affects you.

Unfortunately, your step-mother won't stop drinking or smoking until she is ready, no matter how much you would like her to. This doesn't mean she doesn't love you enough or even that you don't love her enough to make her stop, it's just the nature of addictions that people need to stop for their own reasons and because it hurts them too much.

Try and find some people who do fulfill your needs to be loved and paid attention to, such as friends, a trusted teacher or counsellor because you are important in this equation and if neither your step-mother or father can meet your needs, you will need to find other things that can.

Also, at 12, you are not responsible for what any of the adults in your life do, you can not control them or even make them do what you want them to do.

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Q & A

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How can I help her and me? What can I do?

Q

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A

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Q & A

Drugs

Quitting & Cutting Down

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- [Is it possible for an addict to 'just stop' or do they need help?](#)

Is it possible for an addict to 'just stop' or do they need help?



My son turned into a psychotic monster for two years in which time he failed uni (twice) and almost wrecked our home and lives. His girlfriend of 5 yrs was tricked into admitting they are ice addicts. They have been abusing for 3yrs and both insist they have now stopped and are fine and don't need help. Is it possible for an addict to 'just stop' or do they need help? Both refuse professional help.



That is the way most people get off drugs...very few seek professional help; they quit on their own when the problems finally outweigh the "benefits" of using. That doesn't mean that your son and his girlfriend have really quit, and there isn't any guarantee that even if they have quit, they won't go back to using again...but that is equally true of people who used professional help to get clean.

It is also true that many heavy users don't actually quit, but successfully cut down and use smaller amounts and/or less frequently. They are at higher risk of their drug habit spiralling out of control again than people who quit completely, yet, despite what you may read in the papers or hear from "abstinence" fellowships, most do manage to do it.

I suggest that fostering a good relationship with your son and his girlfriend is your best response to the situation. Go on supporting them, offering some praise for what they have achieved and talking with them about WHY they decided to get off the ice.

That achieves several things: it gives you some credibility for respecting their capacity to change and their point of view; it shifts the burden of responsibility for managing their lives from you as parents; it gives you the chance to get some insight into their lives; as they talk about the "whys" it reinforces their personal reasons for quitting; and it brings you into the circle of people with whom they discuss their drug use, which is useful if they find themselves getting into trouble again.

This shouldn't be a one-off heavy family conference, but just a natural part of the many things you talk about when you are together.

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Q & A

Drugs

Quitting & Cutting Down

Q & A > Drugs > Quitting & Cutting Down > Is it possible for an addict to 'just stop' or do they need help?

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55 / F / WA / metro

Q & A

Drugs

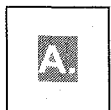
Drugs & Pregnancy

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- **I was wondering if the drugs taken at NYE will cause any damage to the baby.**

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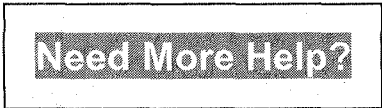
Hi, I had a big NYE taking some K and 1 E. Now I think I'm pregnant which is not a problem because I'm getting married, but I was wondering if the drugs taken at NYE will cause any damage to the baby. I am not a regular drug user.



Taking ketamine and/or ecstasy while pregnant can affect the development of the baby. Many drugs, including legal and illegal drugs, can pass through the placenta to the baby. And the first three months are considered to be the time of highest risk as this is when the baby's major organs and limbs are forming.

There is no way of telling whether taking these drugs has affected the baby's development without chatting to your doctor. You should discuss your concerns about your baby's health with your doctor who can look at your personal situation and health.

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Q & A
Drugs
Drugs & Pregnancy

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Q

Hi, I had a big NYE taking some K and 1 E. Now I think I'm pregnant which is not a problem because I'm getting married, but I was wondering if the drugs taken at NYE will cause any damage to the baby. I am not a regular drug user.

A

Taking ketamine and/or ecstasy while pregnant can affect the development of the baby. Many drugs, including legal and illegal drugs, can pass through the placenta to the baby. And the first three months are considered to be the time of highest risk as this is when the baby's major organs and limbs are forming.

There is no way of telling whether taking these drugs has affected the baby's development without chatting to your doctor. You should discuss your concerns about your baby's health with your doctor who can look at your personal situation and health.

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