
House of Representatives Standing Committee on Family and Human Services

YSAS Submission to the Inquiry into the impact of illicit drug use on families

Introduction

The Youth Substance Abuse Service (YSAS) is a statewide service providing a continuum of integrated services for young people aged between 12 and 21 who experience problems related to their use of alcohol and other drugs.

YSAS commenced service in February 1998, and is the largest youth specific drug and alcohol treatment services in Victoria. YSAS has developed a national and international reputation as an innovative service, developing and providing services for young people with drug and alcohol use problems. Our practice is evidence-based, using our own practice wisdom and national and international research. YSAS's services are at the cutting edge of practice in working with adolescents with drug use problems.

Since its inception YSAS has had contact with over 16,000 young people, and each year has contact with around 3 500 young people. YSAS provides an integrated suite of youth specific education, outreach, case management, treatment, and support and rehabilitation programs in 13 locations in metropolitan Melbourne as well as regional Victoria. Specifically these are:

- eight drug & alcohol outreach services
- four home-based withdrawal services
- three community residential drug withdrawal services
- a youth residential rehabilitation program
- a Reconnect program
- a day program
- a primary health service and day program
- a supported accommodation program
- indigenous-specific services

YSAS has had particular success in attracting and retaining in treatment 'hard to reach' groups, in particular young women and young people from CLD and indigenous backgrounds.

Where possible and appropriate, YSAS seeks to work with the families and caregivers of the young people who access its services.

The YSAS Education and Research Unit has also implemented a range of education and training programs for young people and for other professionals working with young people in Australia and overseas.

YSAS' service framework is consistent with the *National Drug Strategy 2004-2009* in seeking to improve health, social and economic outcomes for individual young people and families by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs.

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The harm minimisation approach adopted by YSAS is consistent with the *National Drug Strategy 2004-2009* in that it does not condone drug use but seeks to reduce drug-related harm and encompasses a wide range of approaches, including abstinence - orientated strategies.

Central to YSAS' philosophy is the belief that drug use is only one aspect of the young person's life and can only be addressed in the context of a social health and personal development framework, and in an environment of trust.

The characteristics of the young people who are accessing YSAS services

Young people accessing the range of services provided by YSAS come with a diversity of backgrounds and experiences. Patterns and types of behaviour and drug use are also diverse.

Many young people accessing the services provided by YSAS, in particular our residential withdrawal and rehabilitation services, have experienced multiple adverse events in their lives, apart from and preceding those associated with their alcohol and/or drug use. Many of these young people have experienced significant levels of trauma and abuse during their childhood and adolescence. Some of these young people who have been exposed to overwhelmingly negative early life experiences suffer from a 're-setting' of their arousal baseline, so that even when no threat is present they remain in a state of physiological alarm. This can make them more 'reactive', increasing the likelihood they will be pushed into a state of terror by quite minor stressors. These changes in arousal levels as a result of abuse and neglect play a major role in the behavioural problems associated with such young people. For these young people drugs provide an escape from unbearable feelings.

Young people accessing the services provided by YSAS also often present with a multiplicity of mental health concerns such as self-harm, eating disorders, anxiety disorders, depression and Post-Traumatic Stress Disorder. These young people are often not engaged in either employment or education, have offending histories, and have tenuous connections with mainstream services.

A key aspect of the underlying practice framework for our work with young people who are experiencing significant problems with their alcohol and/or drug use is that their use of the drug must be viewed in the context of the drug, the individual and the environment in which the drug is used - Zinberg's concept of drug, set and setting.

How each user responds to the drug will depend on a range of variables associated with:

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- the drug (for example, what the substance is, the amount, frequency and route of administration, whether it is used with other drugs)
- the individual (for example, personality, early imprinting, learning, past experiences (including previous drug experiences), temperament, mood, motivations, attitudes and the expectations of the user)
- the 'setting', which refers to the conditions of use, including the physical, social and emotional environment, and the behaviour, understanding and empathy of the other persons present. A pleasant set and setting are more likely to be associated with a positive outcome, while an unpleasant set and setting are more likely to be associated with a negative outcome.

The interplay of these factors is crucial when seeking to understand the effect that the use of the drug has. A key ingredient in the interplay of these factors is understanding the place and significance of family for the individual young person.

YSAS believes that in seeking to respond to the needs of young people such as these, to simply focus on the drug without understanding the set and the setting is at best irresponsible, and at worst creating more problems than such an approach seeks to solve.

As noted above, the harm minimisation response adopted by YSAS to assist young people and their families who are impacted by illicit alcohol and drug use is consistent with the *National Drug Strategy 2004-2009*. While the *National Drug Strategy 2004-2009* reinforces non-use as a desirable option it retains a level of pragmatism and recognises legal and illegal drug use and misuse will occur, despite the best efforts of all who seek to address illicit alcohol and drug use in the community.

Responding to the Terms of Reference

Rather than respond individually to the each term of reference, YSAS will respond with some general comments in relation to the needs and issues associated with problematic alcohol and drug use by young people and the impact this has on their families.

Collins and Lapsley estimated the net costs of alcohol to be \$8 billion per year at the end of the 1990s while illicit drug abuse contributed a similar net amount to health and social costs (Loxley, Toumbourou et al, 2004).

In recent years there have been important advances in understanding regarding the family processes that underlie the early introduction of children to alcohol and the frequent involvement of adolescents in alcohol consumption (Hayes et al, 2004). It is apparent that parents are the major influence on the first use of alcohol by children. It is also clear that parental rules, harmonious

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family relationships and positive family management practices can reduce the level of alcohol and other drug use in children and adolescents on high risk pathways (Hayes et al, 2004; Mitchell et al, 2001).

Understanding has advanced greatly in recent years regarding the determinants underlying harmful alcohol and drug use. In some cases these determinants are shared with other adolescent health-compromising behaviours such as antisocial behaviour and mental health. Hence, patterns of family attachment and conflict have been linked both to a range of important health outcomes and to later exposure to other risk factors such as school behaviour problems and deviant peer associations. In other cases factors such as genetic influences and family attitudes and behaviours favourable to alcohol and drug use may hold more specific risks for substance abuse.

The potential to tailor responses to specific family needs has been advanced in recent years. A recent Australian investigation of the relationship between exposure to multiple childhood risk and protective factors and subsequent adolescent alcohol and drug use suggested different developmental pathways characterise different substance abuse problems. The implications of this investigation are that for efforts to prevent many problems associated with youth alcohol misuse specific intervention strategies addressing issues such as finances, access, alcohol use behaviour, attitudes and beliefs should be given prominence. For efforts to address illicit drug use and early onset patterns of heavy alcohol use strategies targeting change in a larger number of risk and protective factors may be required (Stockwell et al, 2004). Hence longer-term efforts to improve relationships in the family and school while also building resilience may be warranted.

Different family characteristics also warrant different intervention approaches. In some cases families have a low readiness for family intervention. Parental conflict and lack of agreement on a parenting strategy can benefit from referral to relationship counselling to address these issues. Parental mental health problems and parental substance abuse can benefit from referral to appropriate support services. In many cases parents are ready and available to intervene, but are unclear as to the strategies that they can effectively utilise.

In our work with young people and their families, YSAS staff have observed a range of effects that a child or parent's alcohol and/or drug use has on the family. This includes:

- Ongoing verbal, physical and emotional abuse
- worry for their child's/siblings safety
- reduced/zero trust
- reduced respect for their child
- Emotional distress due to seeing their child/sibling living as they are.

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- Decreased physical and mental health of family members, along with grief.
- Theft/Crime possibly leading to judicial system being involved.
- Siblings losing respect for parents due to the parents handling of the situation
- Siblings not getting the appropriate attention due to their drug using sibling being the focus of their parents. This can also lead to siblings playing up at home or school to get some attention, even if it's negative.
- Homelessness
- Loss of the relationship a parent/sibling dreamt of having with the drug user
- Deterioration of household structure due to ongoing chaotic lifestyle
- Work and school for family members being effected.
- The relationship between the parental figures becomes fractured and can even lead to separation or divorce. Not being sure how to respond to the situation and responding differently can end up in the adults fighting. They can send different messages to their children.
- Frustration with lack of services for their children. Wanting more AOD services, mainly residential detox units and rehabilitation units.
- Knowledge about drugs and alcohol, triggers, AOD cycle,
- Requiring further education on how to respond to their child. This may be about communication, boundaries, conflict, and stress.
- Shame which can result in disconnecting from family and friends.

In many of the families with which YSAS works there are intergenerational substance use issues with attendant adverse effects on parenting including inconsistency, emotional detachment and neglect, mental health problems and family violence.

Siblings often are deprived of adequate physical and emotional support as parental attention is focused on the 'problem child'.

Families are profoundly affected by problematic substance use in adolescent children including:

- mental and physical health of all family members,
- decreased work performance including days off,
- feelings of shame, guilt, loss and grief,
- marital breakdown,
- withdrawal from friends and other supports.

Families are mostly unaware of the variety of approaches for dealing with substance use issues and how their efficacy is dependent on the specifics of a young person's circumstances and willingness to change. By providing families with drug education, parenting support, communication skills, counselling, mediation, housing support, advocacy, linking with social

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supports resulting in positive socialisation, we hope to make stronger families. By gaining these skills and tools we enable families to deal with any future situations arising that may involve drugs or alcohol. In this way we are working from a broad harm minimisation perspective, rather than narrowly focusing on the drug use alone.

YSAS has found that effective parenting support is critical and includes:

- Dedicated resources for working with families within agencies including specific family workers
- Outreach work and flexible appointment times which fit in with family's schedules.
- Education on issues that may trigger drinking and drug use and how to better manage conflict and stress
- Practical support including material aid, help with transport to appointments and budgeting
- Information about adolescent development
- Support to establish boundaries and consequences
- Anger management programs
- Development of support networks
- Support to improved communication skills
- Respite and residential provision

The YSAS approach, which is congruent with the *National Drug Strategy 2004-2009*, is to focus on more than the drugs the individual is using, and so work in a holistic way with the families. Staff are able to focus on ways of dealing with the issues that led to the person using, their ongoing health when using, the effects on themselves and their family.

Whilst just removing the drug from the often chaotic situation would provide some relief for the family, it would not provide any of the necessary skills that these families need to continue on in a positive, safe and supportive environment. By offering the use of a variety of family interventions we are able to achieve more productive and successful outcomes.

Some case studies which demonstrate this approach to working with the whole family whilst focussing on the young person who is using alcohol and/or other drugs problematically are attached as an Appendix.

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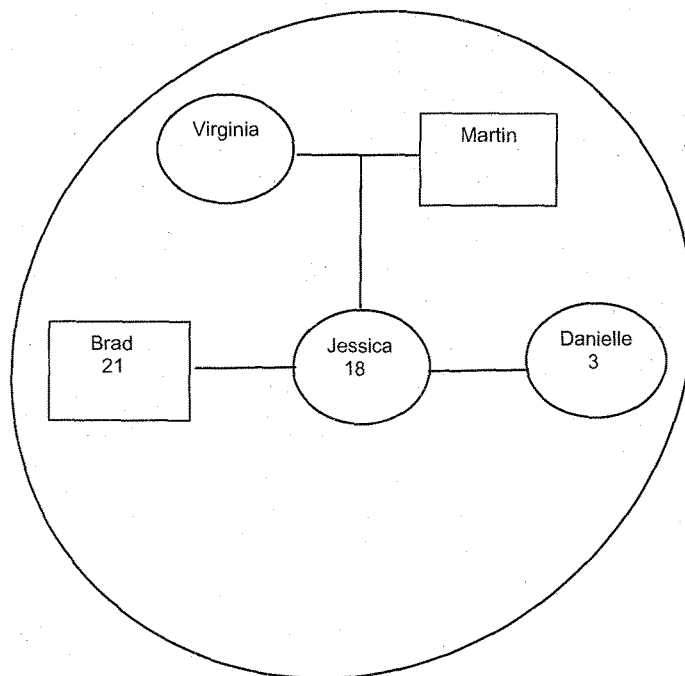
APPENDIX - CASE STUDIES

(please note names have been changed to protect client identity)

CASE STUDY OF JESSICA AND HER FAMILY

Initial contact, intake and assessment

Jessica when referred to the service was a homeless 18 year old engaged in cannabis use. The referral was received from "Jenny's Place" an Anglicare refuge where Jessica had been residing for the past two weeks. The YSAS worker assessed Jessica to be at continued risk of secondary homelessness with lack of income, family conflict and concerns surrounding Jessica's mental health.



Interventions used with the family:

Motivational interviewing was used to determine Jessica's desire for and obstacles to change. Family mediation and individual counseling sessions were employed to address the issues surrounding family restoration.

Initial goals:

- For Jessica to remain in the refuge through advocacy and support for Jessica to abide by the house rules.
- Establishment of contact with Jessica's family and engagement in family reconciliation
- Income support from Centrelink

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Support provided by YSAS after assessment:

- A harm minimisation intervention was provided to address affects of cannabis use. Specifically:
 - Increasing Jessica's awareness of the relationship between her drug use and her anxiety levels.
 - Provision of recreational activities and positive socialisation
 - Support to pursue employment and educational opportunities
 - A weekly appointment to address these goals as well as telephone support
- Safe and secure housing
 - Support for Jessica to respect boundaries of current supported accommodation to enable continued provision of housing through Anglicare
 - Individual counselling with family members to address some of the barriers to Jessica returning home
 - Family mediation to assist in setting reasonable boundaries, consequences and expectations on Jessica's return to the family home
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- Collaboration with other professionals
 - Clear treatment goals were developed with Jessica's housing workers
 - A dual diagnosis clinician was consulted to address concerns regarding Jessica's mental health

Situation at the end of the support period:

- After consideration of the guidelines agreed to in mediation Jessica had returned to live in the family home
- Jessica was enrolled and attending Box Hill TAFE's VCAL program.
- Jessica had secured a part-time job cleaning

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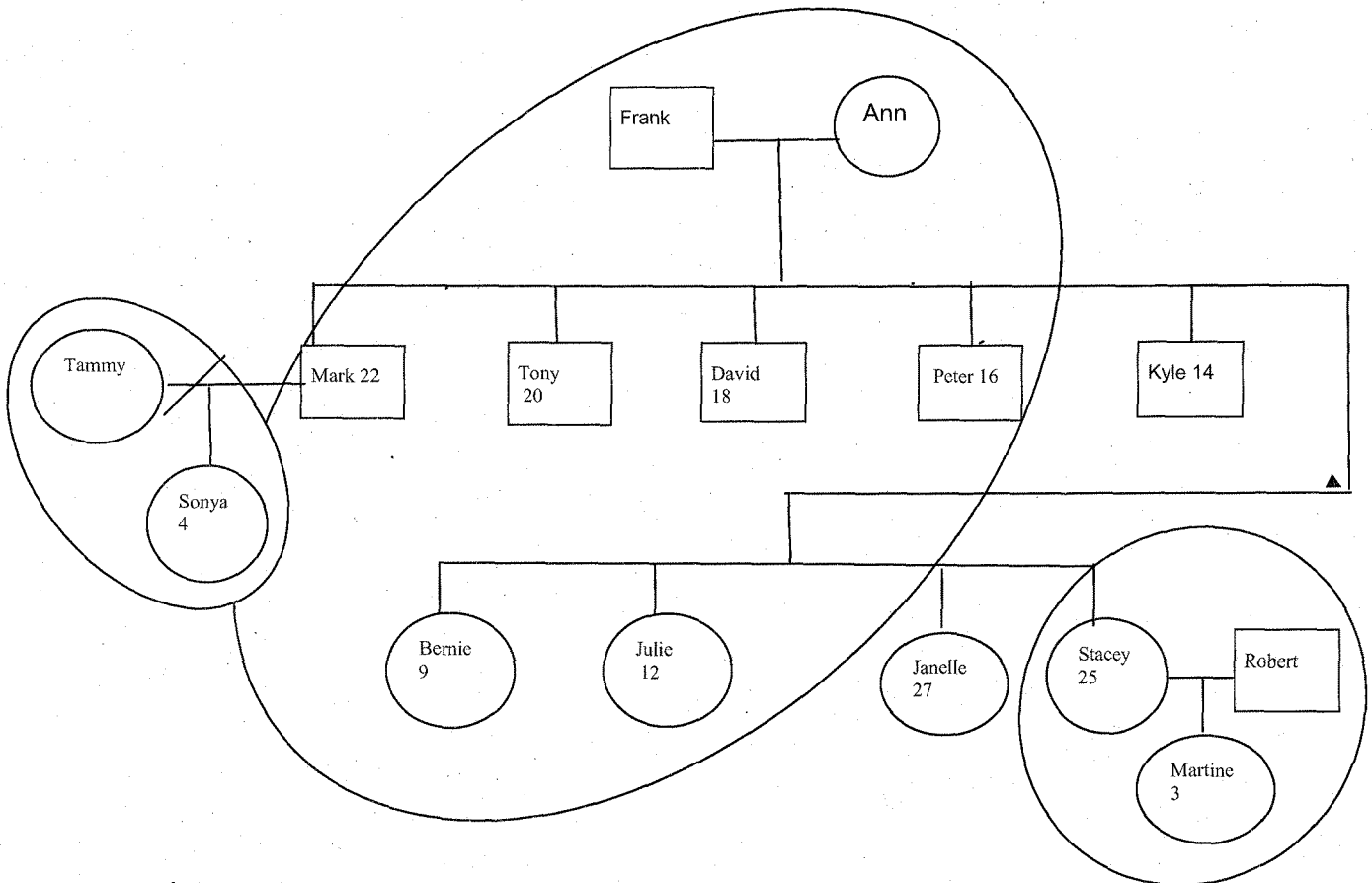
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CASE STUDY OF KYLE AND HIS FAMILY

Initial contact, intake and assessment

At the time of initial contact with YSAS Kyle was a homeless 14 year old involved in methamphetamine, cannabis and alcohol use. The assessment identified a high level of risk associated with his substance use and identification with an older peer group involved in criminal activities. Kyle had been recently hospitalised as a result of a methamphetamines overdose. Kyle's mother Ann had contacted Eastern Health's Mobile Adolescent Team who then referred her to YSAS.

Kyle was a part of a large family of nine children who had experienced difficulty re-integrating into society after long term association with a religious cult. Family history included schizophrenia, anxiety disorders and substance use issues.



Interventions used with family:

Case management involved the use of motivational interviewing to build rapport with Kyle and develop immediate goals, whilst family work addressed structural issues that affected Frank and Ann's ability to parent.

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Initial Goals:

- Restoration with family to provide safe accommodation
- Harm minimisation strategies around substance use
- Safety plans surrounding substance use and sibling violence
- Stress reduction in parents

Support provided by YSAS:

- YSAS provided a harm reduction intervention for Kyle in relation to his drug use. Specifically:
 - supporting his abstinence from methamphetamines through relapse prevention planning which included his family
 - Assistance in reengaging with the community through introduction of education, employment and recreation options.
 - Material aid for Kyle's recommencement of competitive soccer.
 - assistance in Kyle developing regular sleeping and eating patterns
 - commitment to a weekly appointment to address these goals
- Ensure a safe and supportive home environment through:
 - family counselling to support Ann and Frank to implement clear boundaries, consequences and expectations regarding the home environment
 - respite and self care options for Ann and Frank
- Working collaboratively with other health professionals
 - case planning meetings were held with a dual diagnosis clinician from Eastern Health and a family therapist from the mobile adolescent team (MAT)

Situation at the end the support period:

- Kyle was living at home and had been since service engagement
- There were no further concerns regarding Kyle's methamphetamine usage
- Ann had received assistance with resume preparation and had begun to seek employment through connection to an employment service after a ten years hiatus
- A supported referral had been made for Frank's depression to a GP as well as a cognitive behavioural therapist
- Frank had found a better paid job closer to home in order to decrease stress and financial pressures.
- The family had gone on a holiday together, the first in several years as well as engaging in other forms of recreation
- Kyle had enrolled at Croydon Community School and was attending 'Leaps and Bounds' to support the transition back into mainstream schooling

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CASE STUDY OF ROGER AND HIS FAMILY:

Initial Contact, intake and assessment:

At the time of initial contact with YSAS, Roger was a 15 year old male, not enrolled at school, smoking cannabis, binge drinking and smoking cigarettes. Roger has also been involved in anti-social and criminal behaviour, resulting in a Probation order with Juvenile Justice. Roger has two brothers, Xavier, 16, who had been living at his aunties for the past 5 months before returning home and a younger brother, Erik, who is 13. Xavier is also a cannabis smoker and binge drinks. The boys' father, Bob, who is deceased, was an alcoholic and a cannabis smoker. Edwina, the boys' mother, is a reformed alcoholic and has also smoked cannabis in the past. Bob was both physically and emotionally abusive towards Edwina, which was witnessed by the three boys during their early childhood.

Juvenile Justice engaged YSAS to work with the family due to Rogers' drug use, Roger not being enrolled at school and to improve the connectedness between the family members. Roger also has a Mentor with Youth for Christ.

Interventions used with the family:

Case management has utilised motivational interviewing to build rapport with Roger and to develop immediate goals. Parenting support as well as individual counselling for Edwina, alongside practical support and advocacy for the family. There has also been a need to provide AOD relapse prevention work for Edwina and AOD harm minimisation work with Roger.

Initial goals:

- Providing Roger with a YSAS outreach worker.
- Enrolling Roger in school.
- Edwina identified a high level of family dysfunction and also felt that her sons had no respect for her, her boundaries or the house they lived in. Whilst addressing this conflict, the worker developed concerns regarding Edwina's alcohol use. It was discovered that Edwina had started drinking again at a concerning level.
- Keeping Roger living at home

Support provided by YSAS after assessment:

- Ensure Roger has access to safe and secure housing through:
 1. Family counselling to support all family members in the development of clear boundaries, consequences and expectations regarding their home environment.
 2. Family counselling is offered to assist with conflict management and communication between family members
 3. Providing Edwina with general parenting skills.
- YSAS provided support regarding trauma the boys experienced due to witnessed domestic violence. Specifically:

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1. Ongoing individual trauma counselling is offered for the three boys
 2. Referral for Anger Management counselling is offered to Xavier
- Working collaboratively with other professionals who are involved with the family.
 1. Clear treatment goals were developed with all of the relevant professionals with the various members of the family (DHS Child protection re: all children, JJ, Youth For Christ and YSAS outreach: Roger)
 - YSAS provided a harm minimisation intervention for Roger in relation to his substance abuse. Specifically:
 1. Linking him with a YSAS Outreach worker
 2. Supporting Roger in developing a more stable routine by re-enrolling him in high school.
 - YSAS providing relapse prevention for Edwina in relation to her alcohol abuse. Specifically:
 1. Connecting Edwina with counselling regarding domestic violence from her ex-husband
 2. Providing individual counselling regarding her alcohol relapse.

Situation at end of Support period:

- Roger is living at home.
- Roger enrolled and attending High School.
- Edwina ceasing her alcohol use and engaging with a domestic violence/trauma focused counsellor.
- Family household a more stable living environment.

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