

Family relationships

Introduction

- 3.1 Families and relationships are at the very heart of the vexed issue of substance abuse. The imagery of the recent National Illicit Drugs Campaign television advertisements featuring young people in bodybags or on the floor of grimy toilets, with voice overlays of their now lost childhood dreams represents the most extreme outcome. The Committee also recognises that these images may have little impact on people without these experiences, and may be traumatic for people whose family members have been injured or killed in other ways. Those close to this issue and traumatised by it can readily relate countless experiences that impact not only upon their immediate family and close friends, but in many cases the whole community.
- 3.2 Earlier this year, members of Family Drug Support (FDS), a nongovernment organisation dedicated to helping families with drug-dependent children, gave evidence to the Committee at a public hearing in Sydney. Individual FDS members told of their experiences in dealing with the difficult realisation that a loved family member was, or is, suffering from drug dependence. In the words of one of the members:

I live on the North Shore, enjoying a middle-class socioeconomic life. I offer my children the privilege of a stimulating environment, education and nurturing and yet my youngest daughter, Sarah,

has battled drug addiction for eight years. There is no drug she has not used, and she has singularly fragmented a strong family unit.

We have struggled to keep faith in Sarah, to love and protect her, to support her, to keep having hope. It has not been easy and, in truth, it has torn the family to its heart. She is nearly 20 years old now; of high intellect. She is articulate and talented and yet she prostituted herself on every level to support a heroin habit almost to the point of death, which at the time, was acceptable to her in oblivion. But that has now become an intolerable memory and a burden almost too heavy to bear. We no longer grieve for 'what if?' or 'if only'. There are no easy solutions, but in this prolonged journey of supporting them in their illness it becomes even harder to help them bridge the gap between the world they have made their own and ours...For many people, the slow realisation that their child or loved one is using drugs opens the door to a darkness of which they never quite make sense.¹

- 3.3 Over the past year hundreds of families have written to the Committee or appeared before it at public hearings to tell stories about how their families have been affected by drug abuse. The Committee applauds the courage of those witnesses whose testimony has helped to make the point, which the Committee would like to reinforce here: anybody can become addicted to a mood-altering substance. Any family can find itself embroiled in the drama which ensues when it is discovered that a loved family member is afflicted with a drug dependence. The Committee salutes those brave people who chose to play a part in challenging public perceptions and stereotypes prevailing in this area. It is hoped that this report does justice to their accounts, and properly honours their courage.

The need for support

- 3.4 Parents' suffering was described by one witness in Melbourne, who said:

Parents of problematic drug users grieve over their hopes, desires and wishes for that toddler when they were thinking they were going to be an adult. They are grieving over their own son and daughter, who are operating under rules that are completely incongruous or foreign to a family concept of rules – that is, stealing, lying and those sorts of things of a repetitive nature that families do not often see, and the great hopes and falls. We need to

1 Evidence, pp. 614 – 615.

think about parents of problematic drug users in regard to grieving and about how we can support them through that.²

- 3.5 The Committee learned that families need various kinds of support when they are confronted with the knowledge that a family member is suffering from a drug addiction of some kind. They need timely information and access to services that might be appropriate and available, as well as practical advice and counselling about what to do when faced with certain situations, for example discovery of stealing, or of illicit drugs and/or related equipment. They need the sympathy, understanding and expertise of friends as well as health and welfare professionals, and perhaps the support of an employer to provide some emergency leave.
- 3.6 Sadly, according to the testimony of many witnesses and agencies, support is not always immediately forthcoming, and delays in finding help can compound families' sense of isolation. Worry about the stigma surrounding drug addiction is a negative factor, too, as this can discourage families from accessing services that may be available. One witness in Western Australia told the Committee that she didn't tell anyone about her daughter's heroin addiction for three years:
- ...I told no one about it, not even my parents or brother. Nobody knew. What do you do? Do you say, "Hey, my kid is an addict"? You do not do it.³
- 3.7 In Tasmania, a member of the Catholic Women's League of Australia cited removal of the stigma of addiction as a key priority for action because, as she said, '...a lot of families are really suffering'.⁴
- 3.8 It is clear to the Committee that one way in which Australian society can help relieve families' suffering, and encourage them to 'come out' for help when this is needed, is to challenge our own personal beliefs and attitudes to ensure that we are not contributing to families' problems at this juncture. Families are, as one witness put it, doing the hard yards out there,⁵ and they do not need to carry with them the additional weight of community prejudice. We enjoin readers to learn more about this whole subject. We ourselves have found that many of our own beliefs and attitudes have changed as a result of our learning experiences over the past year with this Inquiry.

2 Evidence, p. 521.

3 Evidence, p. 196.

4 Evidence, p. 1014.

5 Evidence, p. 520.

Support Provided by Governments

3.9 Through their submissions and public testimony, government agencies outlined for the Committee the sort of work they are doing to try to help families deal with the issue of substance abuse. In the following pages we summarise the main points emerging from governments' evidence describing initiatives specifically oriented towards family support. The health care chapter which follows provides more information and discussion about what governments are doing in terms of service provision.

The Commonwealth

- 3.10 Fifteen years ago saw the launch of the National Campaign Against Drug Abuse targeting Australian parents with The Drug Offensive booklet and a national telephone line to call for a comprehensive information kit. Subsequent Drug Offensive campaigns targeted parents with information about heroin in 1987, alcohol in 1988-89, and amphetamines in 1993.
- 3.11 On 25 March this year the first phase of a National Illicit Drugs Campaign began with the dissemination of a drug information booklet for parents. The booklet, *Our Strongest Defence Against the Drug Problem*, is one of a number of information resources to be provided to parents in this part of the Campaign. The Campaign is managed by the Commonwealth Department of Health and Aged Care (DHAC) and has been allocated \$27.5 million in funds over four years; the second phase targeting youth is expected to begin in late 2001.
- 3.12 The main objective of the 'parent' part of the national campaign is to provide information and support to parents of 8 – 17 year olds about the role they can play in preventing drug use amongst their children and teenagers. Formative research conducted by DHAC in the development of the Campaign showed that, while most parents feel responsible for informing their children about drugs, they also believe their teenagers are better informed about drugs than they are.
- 3.13 Paradoxically, beliefs such as this are a potent argument of the need for campaigns such as the National Illicit Drugs Campaign, which aims to enable parents with information and encouragement to learn more about drugs and why young people are using them. The booklet provides information and advice for parents and, importantly, supplies contact details for readers wanting to learn more about the subject. Its contents reflect some of the key issues students raised with the Committee, for example the importance of parental role modelling, and it explores some of the reasons why young people choose to use drugs. The Campaign booklet does not purport to provide 'the answer' to the drug problem, and

nor should it be read as one. The Committee heard a range of views about it, and Members themselves had differing opinions about its merits.

- 3.14 In its submission to this Inquiry, the Commonwealth Department of Family and Community Services (FACS) said the only two initiatives currently within the range of its portfolio activities explicitly relating to substance abuse were: (1) the Strengthening and Supporting Families Coping with Illicit Drug Use program, and (2) the Child Care Family Crisis Pilots.⁶ The former (now referred to as the Family Measures program) involves collaborating with State and Territory Governments in the provision of approximately \$11 million in funding for services to support parents and families suffering from the effects of illicit drug use.⁷ The sorts of services expected to be delivered (on the ground by the end of 2001) include:
- parent education and support programs;
 - telephone advice and referral services;
 - on-line information services;
 - family education drug kits;
 - training material for service providers;
 - family support in rural and remote areas; and
 - kinship support services targeted to indigenous families.
- 3.15 The second initiative referred to in the FACS submission, the Child Care Family Crisis Pilots, enables funding for pilot projects to assist families in extreme crisis, including crises relating to drug and alcohol dependence.⁸ Funding for these projects was approved in November 1999, and projects approved at the time of the writing of the Department's submission included one specifically designed to support young families in extreme crisis due to drug dependency.⁹
- 3.16 While the above describes what FACS says are its key activities in the area of substance misuse, it is worth noting that the Department is dedicating \$20 million per year to the funding of 'Reconnect' services, which target homeless young people (or those at risk of homelessness) and aim to achieve reconciliation, wherever practicable, between homeless or 'at risk' young people and their families as well as engagement of these young

6 Submissions Vol 10, p. 2617.

7 Evidence, p. 20.

8 Submissions Vol 10, p. 2646.

9 Submissions Vol 10, p. 2646.

people with employment, education, training, and community activities.¹⁰ The Committee applauds the objectives of Reconnect and believes these have great potential not only for supporting families, but for preventing harms of all kinds, including drug abuse.

The Australian Capital Territory

3.17 The Australian Capital Territory (ACT) Government told the Committee it has secured funding from FACS (under the Strengthening and Supporting Families Coping with Illicit Drug Use Program) to provide skills training to parents and enhance the capacity of community service providers to deliver targeted skills training to affected families.¹¹ With this funding the ACT Government has developed a parent education and support program based on the premise that parents are the primary educators of their children, especially in the area of values education. The ACT's submission also referred to the Parentlink program, described as a progressive initiative which recognises the importance of families and the difficult challenges they face. The program comprises a range of initiatives to connect parents with information and support services in the ACT, including a telephone and internet information service.¹²

New South Wales

3.18 The New South Wales Government held a Drug Summit in the NSW Parliament from 17-21 May 1999. The Government's Plan of Action in response to Summit outcomes was outlined in the document *NSW Drug Summit 1999: Government Plan of Action, July 1999*. In this, the Government committed itself to a number of family-oriented drug abuse prevention measures including, for example, (1) plans to develop overdose prevention education sessions for families and carers, (2) the production and distribution of a family drug information kit, and (3) a partnership between NSW Health and key community agencies to develop five pilot programs to provide education and support for families.

3.19 Importantly, the NSW Government's *Plan of Action* announced that \$54.2 million in funds would be dedicated to the Families First program, which is to be 'rolled out' across New South Wales over the next two to three years.¹³ At a public hearing in Sydney earlier this year, NSW Government witnesses described Family First in the following terms:

10 Submissions Vol. 10, p. 2643.

11 Submissions Vol. 9, p. 2242.

12 Submissions Vol. 9, p. 2241.

13 Evidence, p. 575.

The New South Wales government has considered the weight of evidence around the benefits of early intervention and put into practice these things by establishing the Families First program. And what we predict is that the Families First program will lead to communities and families that function in ways that make substance abuse less likely. Families First is a government sponsored strategy that aims to support families and work with communities to care and to assist their development in these critical early years of life. It links early intervention and prevention activities, and community development programs form a comprehensive network that provides wide ranging support to families raising children. Importantly, it is also breaking down the silo mentality that traditionally plagues government. It is equally important that the Commonwealth government, as a key player in the family support landscape, acknowledges this critical paradigm shift that has occurred in New South Wales and works cooperatively with Families First to achieve the best outcomes for children and their families.¹⁴

Northern Territory

3.20 A submission by Territory Health Services (THS) observed that many indigenous families in remote communities were coping with substance misuse, but that the complexity of indigenous family structures made it difficult to focus programs ‘just at the parental level’. The submission noted that the extended family network system provides opportunities for exploring interventions based on the principles of social behaviour network therapy, which was described in the following way:

The aim of social behaviour network therapy is to motivate problem substance users to make changes in their substance use through building a united network of family members and/or friends who provide the user with a positive social support network to make and sustain change.¹⁵

3.21 The THS submission went on to state however that, while support and care interventions are provided by some agencies to remote communities, these are neither widely available nor consistent in their provision.¹⁶

14 Evidence, p. 556.

15 Submissions Vol. 2, p. 286.

16 Submissions Vol 2, p. 286.

Queensland

- 3.22 Queensland's Drug Strategic Framework 1999-2000 to 2003-2004 *Beyond a Quick Fix* identifies family support as one of seven priorities for action. As a Government witness told the Committee:

There have been a lot of very impressive longitudinal studies which have shown that high quality interventions very early in a child's upbringing can have substantial effects with respect to their behaviour later in life. Indeed, that is something that Queensland Health particularly is beginning to focus much more on, in recent months and years.¹⁷

- 3.23 While another Queensland Government witness conceded to the Committee that the State does not have in place a comprehensive structure and framework for the delivery of family support throughout Queensland, the Government has what it describes as a 'major best practice model' for helping families, which it would like to roll-out more extensively with the assistance of Commonwealth funds.¹⁸

South Australia

- 3.24 The South Australian Government's submission commented on the links between substance abuse and family violence, noting the complexities of these associations, but acknowledging that violence resulting from substance abuse is an issue of concern in the general community, and particularly in Aboriginal communities.¹⁹ The Government cited ABS statistics highlighting the relative vulnerability of young women to violence from their partners.

- 3.25 In public testimony, Government witnesses made the point that in designing drug interventions, it is important to take into account different cultural values and family attitudes to drug use and treatment.²⁰

Tasmania

- 3.26 The Tasmanian Government's submission referred to the high proportion of clients at the Government's Alcohol and Drug Service who report that alcohol and drugs are significantly impacting family life. Some of the ways in which substance misuse impacts on the social and economic well-being of families are described, though the submission does not elaborate about

17 Evidence, p. 718.

18 Evidence, p. 739.

19 Submissions Vol. 10, p. 2404.

20 Evidence, p. 237.

relevant Government interventions.²¹ At the public hearing in Hobart in June, a Government witness referred to the *Making a Difference* program as a good example of:

...where we are working and will be working continually with families to assess the amount of harm from substance abuse and also to inform communities about the issues surrounding substance abuse.²²

- 3.27 The *Making a Difference* program is a three-hour, single session drug awareness program for parents; it is delivered free of charge to parents in their local communities by experienced alcohol and other drug workers. Basic information in three core areas (drug awareness, communication and general strategies) is provided, and parents are given a take-home information pack. The program was developed in North-West Tasmania in 1998, commenced operation in 1999, and was first evaluated in early 2000. Program evaluation findings have been incorporated into the second edition of the manual which is used by program facilitators.

Victoria

- 3.28 The Victorian Government's submission drew attention to research done in the 1990s linking a range of problem behaviours (including problematic substance abuse) developed in adolescence to what have been described as risk and protective factors. Factors operating at the level of the individual/peer, family, school and community were described in the submission.²³ This body of work suggests, not surprisingly, that increasing exposure to protective factors and reducing exposure to risk factors reduces subsequent development of problematic behaviour, including drug abuse.

- 3.29 At a previous public hearing the President of the Alcohol and other Drugs Council Australia referred to this body of work when he said:

There are many studies...which show that, if children grow up nurtured and valued, they become resilient and protected from adverse factors during their development and adolescence and that these interventions, or this support of young developing families, can have very positive outcomes in adolescence – in mental health, in drug and alcohol use, in health problems generally, in improved outcomes in education and in improved employment.²⁴

21 Submissions Vol. 9, p. 2108.

22 Evidence, p. 992.

23 Submissions Vol. 8, p. 2718.

24 Evidence, p. 5.

- 3.30 The Victorian Government's submission referred to parenting programs during early development as a type of intervention that can work at the family level to influence risk factors, but the Government was careful to point out that specific programs are more effective when they are delivered as part of a broader range of preventive interventions including, for example, enhancing the role of school communities and community strengthening.²⁵
- 3.31 At a public hearing in Melbourne, the Victorian Government told the Committee it expects to receive \$600,000 per year in Commonwealth funds to run parent education sessions out of schools, particularly in areas where participation in the school structure is relatively low. Government witnesses said that this money would sit alongside another \$1 million per year in new money that would be dedicated to the following: (1) a new telephone support service for parents, operated by parents and backed up by professionals, (2) putting parent support workers on the ground in each of the State's regions to link parents to the treatment system, and (3) putting people with particular drug expertise into the community's generic family counselling infrastructure to help agencies deal with cases and support other family counsellors.²⁶

Western Australia

- 3.32 Western Australia's submission to the Inquiry referred to *Working in Partnership with Parents*, described as a new initiative aiming to increase the range and level of supports available to families concerned about the use of drugs by a young family member.²⁷ Noteworthy recent developments in WA under this Strategy include the following: (1) statewide distribution of a *Drug Aware Parent Booklet*, (2) establishment of a confidential 24-hour Parent Drug Information Service staffed by professional counsellors, and (3) an innovative parent education project called *Helping Empower Local Parents (HELP)*, which will establish a network of trained volunteer peer educators to provide drug education to parents in local communities across Western Australia.
- 3.33 A special feature of drug abuse prevention activities in Western Australia is the phenomenon of the 'local drug action groups' (LDAG); the Committee visited the Willetton LDAG at Willetton Senior High School in Perth last year to hear about their drug education activities. Local drug action groups are essentially community action groups, but these are supported in their work by the Western Australian Government through

25 Submissions Vol. 11, p. 2719.

26 Evidence, p. 448-9.

27 Submissions Vol. 8, p. 1766.

Community Drug Service Teams. LDAGs provide a family-friendly focus in local areas where people can access support and information; project funding is also available to fund family support activities. At the present time there are 80 LDAGs around the State, a number of which have established parent self-help support groups.

- 3.34 The WA Government hosted a Community Drug Summit at Parliament House in Perth from 13-17 August 2001. A key focus of the Summit was on how to improve levels of support for families coping with family members with substance misuse problems. The Summit made eight family-specific recommendations including, for example, that there be increased provision for whole-of-family residential treatment facilities; a Government response to Summit recommendations is expected in October 2001.

Support provided by nongovernment organisations

- 3.35 Nongovernment agencies play a vital role in the delivery of services to families. The Committee heard from many nongovernment organisations (NGOs) providing invaluable support to families in crisis over substance misuse. These agencies do more than bridge service gaps: they have the advantage of being run by people who have had similar experiences and who are, therefore, uniquely placed to offer a kind of 'wordless' understanding valued by many, including the witness cited at the beginning of this chapter. When distressed family members finally connect with a suitable support group, the relief experienced must be immense. There is gratitude, too, of the kind expressed by this witness in New South Wales:

It was such a shock, when we found out that Ann was addicted to heroin. We were anxious, angry, ashamed, guilty, isolated, depressed and confused. A few weeks later, we found out that Ann's boyfriend was also addicted to heroin and physically abusing her, but we could do nothing about it, because he was 16. Any mother in this room will understand how it feels. The tension was so great that our family was nearly broken up. I have not been able to run my business properly, and it is still in financial difficulty. I have survived this ordeal and I am able to talk to you today because of the help that our family gets from the Ted Noffs Foundation.²⁸

- 3.36 All around Australia, nongovernment agencies are running telephone counselling services, referring families to treatment services, developing

education kits for parents and families, running drug education courses, offering respite care and crisis accommodation, and working in advocacy roles to influence drug-related policies and programs. Some NGOs receive funds from government agencies while others, church-affiliated organisations for example, are relatively self-sufficient. Most rely on the energy and commitment of volunteers to deliver their services, and insecure funding is an issue of ongoing concern.

- 3.37 Some NGOs deal mainly with what one witness described as the ‘devastation of family violence’ that is directly related to substance misuse.²⁹ Mofflyn in Western Australia, for example, helps children whose lives have been affected by the difficulties their parents face³⁰. And Toora Women in the Australian Capital Territory provides crisis accommodation and other related support services for women who are homeless, drug-addicted, and escaping domestic violence.³¹ Its Director told the Committee that:

Many of the women we work with are escaping domestic violence. Lots of those women who are older or are from non-English-speaking backgrounds have gone to their local GP and have been prescribed drugs to deal with the fact that they live with violence. Often those women have been using benzos or antidepressants for up to 30 years, for long periods of time. They have been prescribed drugs as a way of dealing with their life situation.³²

- 3.38 Family Drug Support (FDS), a nongovernment organisation established in 1997 as a support network for family members of illicit drug users, now has 1800 members around Australia and teams of volunteers operating a telephone counselling and referral service. The agency has developed and distributed, with the assistance of the NSW Government, education packs and courses to help guide family members through the process of dealing with drugs in the family.³³ These materials and other FDS activities, including the dissemination of regular bulletins and the conduct of regular open support meetings, can engender hope and increase the likelihood of positive developments. In the words of FDS founder Tony Trimmingham at a public hearing in Sydney earlier this year:

For years and years and years we’ve had a history in Australia of family support being neglected. Where family support is not present families do become disengaged from the drug user and

29 Evidence, p. 695.

30 Submissions Vol. 1, p. 140.

31 Evidence, p. 953.

32 Evidence, p. 953.

33 Evidence, p. 323-324.

there is despair and of course there are a lot of negative consequences for the user as a result of that. On the other hand...where we do have family support in place and people do have access to other people who are affected and get awareness education and information, that leads to resilience, to coping, to management of the problem and to an altogether a better outcome.³⁴

- 3.39 A number of NGOs have developed approaches to parent education. One such agency, Toughlove South Australia, works to empower parents by helping them to find new strategies for dealing with their own reactions to childrens' demands.³⁵ In evidence given at a public hearing in Adelaide, witnesses told the Committee that:

Thanks to Toughlove a lot of parents throughout Australia and the world have been able to help change themselves and learn to cope by putting new strategies into place, thereby not tolerating the outlandish behaviours of their children as they come down from their highs. This is not easy and it is not a quick-fix situation but, with the support of other members of our group, we find they can learn new ways to deal with their problems, which ultimately teaches our children to become more responsible members of our society.³⁶

- 3.40 Focus on the Family Australia, which describes itself as a non-denominational nongovernment organisation, developed their program *How to Drug Proof Your Kids* in response to a growing demand by parents for resources and assistance to help steer their children away from the harmful use of drugs.³⁷ Their popular six-week prevention and early intervention program seeks to reduce risk factors and strengthen protective factors. A witness for Focus on the Family described the agency's 'drugproofing' course in the following way:

The program is designed to equip parents with [communication] skills within their families to be able to deal with the issue of not only drug education but, when a child is found to be on drugs, how to deal with it in a way that in no way puts the child down but has the effect of getting alongside and supporting them. The emphasis of the program is to do a lot of skill work in educating the parents.³⁸

34 Evidence, p. 607.

35 Submissions Vol 5, p. 1005.

36 Evidence, p. 383.

37 Submissions Vol 6, p. 1254.

38 Evidence, p. 480.

Involving families

- 3.41 While the nongovernment sector has been eager to harness the energies of concerned family members, governments in general, and the alcohol and other drug sector in particular, have not been good at engaging the family.³⁹
- 3.42 This apparent reluctance may be starting to shift now and, certainly, there is good evidence of it in the attempts currently being made by governments to engage parents in school drug education programs.

School drug education

- 3.43 A submission from Melbourne's Turning Point Drug and Alcohol Centre suggested that school drug education is a good vehicle for the involvement of families:

More recently school programs have worked to include families in their endeavours in the broadly-based drug education/prevention effort which is appropriate and probably the best systematic opportunity available.⁴⁰

- 3.44 One of the objectives of the National School Drug Education Strategy, which was launched on 25 May, 1999, is:

In partnership with other stakeholders such as health, inform, engage and involve parents about drug related issues.⁴¹

- 3.45 The Commonwealth has provided approximately \$18 million over four years through the Department of Education, Training and Youth Affairs (DETYA) to develop and implement the Strategy. Additional funding of \$9.3 million over four years is being provided by the Commonwealth for the Tough on Drugs in Schools measures agreed by the Council of Australian Governments (COAG).⁴²

- 3.46 In Western Australia, part of the Government's comprehensive approach to supporting families involves ensuring that parents and communities are involved in the School Drug Education Project (SDEP), which is funded at \$4.5 million over three years.⁴³ The School Drug Education Project has developed take-home educational materials specifically for parents to complement the new drug education curriculum designed for students.

39 Evidence, p. 520.

40 Submissions Vol. 8, p. 1793.

41 Submissions Vol. 9, p. 2092.

42 Submissions Vol. 9, pp. 2093 – 94.

43 Submissions Vol. 8, p. 1764.

Under this same Project the Government has recently devised, in partnership with parents and specialist agencies, an early intervention initiative to help school staff address students' alcohol and drug issues within pastoral care programs. In addition to this SDEP activity, the Government supports the work of local drug action groups around the State, and these provide a vehicle for facilitating family involvement in school drug education activities.

- 3.47 The Victorian Government has developed a new and integrated approach to school drug education⁴⁴ which is committed to the involvement of parents; running parent education sessions is integral to this. In evidence given to the Committee last year, the Victorian Government told the Committee that in the past two years, over 10,000 parents have attended parent education sessions.⁴⁵
- 3.48 The NSW Government's Response to the Drug Summit referred to the fact that the Government would be conducting follow-up drug information sessions for parents to build on the parent information evenings held in every Government secondary school in 1998. In addition, Government witnesses told the Committee at a public hearing earlier this year that:
- Schools cannot be effective without parents. It is essential that we build the links. In the next three years we are going to see very, very strong program development and support around linking parents with the school developments. We want parents to know what is happening at schools. We want parents to be comfortable. We want to assist them in knowing how to deal with these issues. Again, there are significant Commonwealth and state funds going into that project.⁴⁶
- 3.49 The Commonwealth Department of Education, Training, and Youth Affairs (DETYA) has advised the Committee that later this year a series of local school-community drug summits will begin in States and Territories, and the involvement of parents in these is expected to be significant. The summits aim to bring together school staff, parents and key community members to encourage the development of integrated community responses for addressing illicit and unsanctioned drug use by young people. States and Territories will adopt a range of approaches to the staging of these summits, and their focus will to a large extent be determined by the nature of the issues needing to be addressed at the local level.

44 Evidence, p. 428.

45 Evidence, p. 448.

46 Evidence, p. 558.

Treatment

3.50 There is a tradition of viewing drug dependent people as isolated individuals, and of not involving families in treatment processes.⁴⁷ And yet, people with drug problems who are in treatment facilities are members of families: they have parents, brothers, sisters, and sometimes, children. Research indicates that most drug users under the age of 35 are in daily contact with at least one parent.⁴⁸ Families are sometimes seen as a source of trouble for clients, and communications between family members while one is in treatment can be strictly limited, or even forbidden. The pain and trauma this can cause is illustrated in the following story, which was provided by a member of the Families and Friends for Drug Law Reform:

Gary, a father living on the Central Coast, after years of trying to help his daughter Sunny with her drug problem, finally got her into a rehabilitation centre in Sydney. She was insulin dependent as well as dependent on heroin. He phoned the centre almost every day to inquire of his daughter's progress and was told each time that she was doing well. About a month after his daughter's admission to the centre, Gary was visited by two police officers, who informed him of his daughter's death. Sunny had been evicted from the centre the day before for disobeying a rule. The father had not been notified of her discharge. Indeed, two years later, he has still not had satisfactory answers as to why she had been evicted. He would have gladly collected her, taken her home and kept her as safe as possible. Instead, Sunny was upset and very distressed at being discharged. She used heroin again, she overdosed and died. Sunny was 28.⁴⁹

3.51 In several States and Territories work is being done to promote the adoption of family-inclusive practice in alcohol and drug services. In Victoria, the Turning Point Alcohol and Drug Centre has developed draft guidelines⁵⁰ for family-inclusive practice, and in Western Australia the Government has a *Family Inclusive Practice Development Project* which is involving families in the development and promotion of family-sensitive practices. In New South Wales, as part of the Government's Integrated

47 Submissions Vol. 8, p. 1794.

48 Stanton, M.D., and Shadish, W.R., 1997, 'Outcome, attrition, and family-couples treatment for drug abuse: A meta-analysis and review of the controlled, comparative studies', *Psychological Bulletin*, 122, pp. 170-191.

49 Evidence, p. 30.

50 Clapp, C., and Patterson, J. 2000, *Draft Guidelines for Developing Family Inclusive Practice in Alcohol and Drug Services*, Turning Point Drug and Alcohol Service, Fitzroy.

Care Trials for drug users, consideration is being given to the establishment of mechanisms to facilitate the ongoing involvement of families. The Committee believes this apparent move towards more family-inclusive practice is a good thing, and would like to encourage other jurisdictions to consider similar developments.

- 3.52 One aspect of the provision of sensitive, family-inclusive treatment services is ensuring that drug-addicted parents seeking treatment for drug dependence can access family-friendly residential treatment programs. Unfortunately, such facilities are rare, and their scarcity is a real obstacle for parents seeking treatment for drug dependency.
- 3.53 The Committee visited therapeutic communities, Karalika in Canberra, Banyan House in Darwin, Cyrenian House in Western Australia and Odyssey House in Victoria, where children are able to live with their parents while they receive treatment. The importance of this was explained in a submission from Odyssey House Victoria:
- Drug using parents have often had negative experiences of authorities becoming involved in the way they parent their children and are therefore reluctant to part with their children during the time it takes for them to complete a residential detoxification program. There are few detoxification places where parents can enter treatment and retain custody of their children.⁵¹
- 3.54 DRUG-ARM's submission to the Committee referred to the impacts of what they describe as 'chronic shortages' of family-friendly treatment options for women with children, noting that these greatly reduce the chances of mothers attending detoxification and rehabilitation programs.⁵² A similar point was made by the National Council of Women who went a bit further, though, when they argued that treatment programs for women should be child-friendly as well as sex-specific, ie, it should be possible for men and women to access same-sex facilities.⁵³
- 3.55 A related practical difficulty for people living in public housing wanting to enter residential treatment services is the fact that, in some jurisdictions, tenants must continue to pay full or partial rent to maintain their hold on their housing. Clearly, this financial burden could work as a disincentive to go into treatment. The Committee believes that governments should take steps to ensure that, as much as is practicable, these housing-related financial disincentives are removed.

51 Submissions Vol. 10, p. 2386.

52 Submissions Vol. 12, p. 3286.

53 Submissions Vol. 1, p. 123.

Conclusion

- 3.56 In evidence given to the Committee last year, a witness for the Salvation Army said:

I am reminded that in 1972 the Victorian government had a committee of inquiry into drug abuse, which was perhaps one of the earliest known major committees looking at illicit drugs. If you can find copies of that report, you will see that it found that there needed to be a greater emphasis on parenting skills, family support and so forth. I think that every committee of inquiry since has said almost the same thing, but very little has happened.⁵⁴

- 3.57 There is a perception in the general community that little has changed in attempts to address the many issues relating to substance abuse. The Committee recognises, however, that there has been a concerted effort by governments recently to redress this deficiency. This needs to be underpinned by continued research, data collection and evaluation to contribute to our knowledge base about what is effective in this area.⁵⁵

- 3.58 At the present time DETYA is running an *Innovation and Good Practice Research in School Drug Education* project which is providing support to schools to undertake research into the factors thought to be critical to the success of drug education activities. There is a need for more such work, and for information about it to be shared with front-line workers, who ought to be able to benefit from this helpful research.⁵⁶

54 Evidence, p. 453.

55 Submissions Vol. 10, p. 2622.

56 Single, E., & Rohl, T. 1997, *The National Drug Strategy: mapping the future*, AGPS, Canberra, p. 87.