

Social and personal impact on families of illicit drug use

- 7.1 Social and personal costs to families as a result of illicit drug use are extensive. They include the stigma and social isolation resulting from a family member's drug addiction and in many cases, associated medical conditions arising from stress and trauma. Different impacts are felt depending on the nature and extent of the addiction, and also on the strength of relationships between family members.
- 7.2 For many, drug use can be accompanied by poverty-related issues, instability of housing, domestic violence, mental health problems, chronic illness and social isolation.¹ Families from a culturally and linguistically diverse background, including Indigenous Australians, may feel additional impacts because of deeper involvement of the broader community in family life.
- 7.3 The deeply personal nature of the experiences recounted in this chapter shows the intangibility of grief and pain and the extent and depth of damage. Some hope is placed, however, in a prevention-based approach to illicit drug use; such as the practical approaches discussed in chapter five.

1 Women's Health Service (WA) Pregnancy Early Parenting and Illicit Substance Use, submission 26, p 1.

Improving our knowledge about illicit drug use in families

7.4 The committee is aware of a lack of research and data into some elements which are of critical importance in understanding the nature and extent of the impact of illicit drug use on families. Although some evidence on the number of family members affected by another member's illicit drug use is available (including numbers of children at risk because of parental drug use, and of grandparent carers as a result), estimates are based on a range of assumptions which are affected by problems of under-reporting and survey methodology.²

7.5 Professor Dawe told the committee that the range of estimates that we have about family members affected by others' illicit drug use, particularly children, should be made more accurate:

We do not ask the question in any of our national data sets or any of our surveys of illicit drug users: 'Are you a mum or dad?' I think it is absolutely astonishing that we do not ask such a simple, straightforward question. So we do not know the answer.³

7.6 A reported co-authored by Professor Dawe for the Australian National Council on Drugs (ANCD) made the following comments about information on the numbers of children living in Australian households with parental substance use:

There are no national household data sets that directly inform this issue. Specialist data sets from drug and alcohol monitoring systems do not ask about parental status and are of limited value. There are no systematic monitoring processes in the public domain that allow for an analysis of parental characteristics of children entering the child protection system.⁴

7.7 Recommendations in the ANCD report included that:

- all national surveys of substance use should collect minimum basic data on number of biological children, number of dependent children, and number of children living in the households of adults;

2 Dawe S et al, submission 80, p 3.

3 Dawe S, Griffith University School of Psychology, transcript, 13 June 2007, p 9.

4 Dawe S et al, Australian National Council on Drugs, *Drug use in the family: Impacts and implications for children* (2007), p 7.

- surveys of particular high-risk populations should also collect data on number of biological children, number of dependent children, and number of children living in the households of adults. Additional information on whether children are currently or have ever been taken into social services' care should, ideally, also be collected; and
 - data collected on harms to children and children taken into care should include clear information on the referral and decision making mechanisms and, where multiple reasons are given, the primacy of parental substance use should be stated along with the type of substance use involved. Similarly, the relationship between the type of harm (e.g. neglect or abuse) should be cross-tabulated against the profile of parental risk factors.⁵
- 7.8 Several other inquiry participants also supported the collection of data such as that outlined in the recommendations of the ANCD report.⁶ The Royal Australasian College of Physicians noted in its child protection policy that limitations on available baseline data prevent any accurate estimate of the dimensions of child abuse and neglect, which makes evaluation of the efficacy of intervention in such cases problematic.⁷
- 7.9 The committee considers that, as a matter of priority, information should be collected in the major data sets on illicit drug use in Australia about the relationships users have to other members of their family, such as whether they have dependent children or whether children are being cared for by their biological parents or other carers.
- 7.10 The major datasets that should collect this information include:
- the National Drug Strategy Household Survey;
 - the Illicit Drug Reporting System (and the associated Ecstasy and Related Drugs Initiative); and
 - child protection systems administered by state and territory governments.

5 Dawe S et al, Australian National Council on Drugs, *Drug use in the family: Impacts and implications for children* (2007), p 34.

6 Miller T, submission 78, p 8; Dawe S et al, submission 80, p 3; Baldock E, Canberra Mothercraft Society, transcript, 28 May 2005, p 27.

7 Royal Australasian College of Physicians, submission 119, p 5.

- 7.11 While the committee cannot direct state and territory government agencies to collect the data identified in the ANCD report, it strongly encourages them to do so.

Recommendation 30

- 7.12 **That the Department of Health and Ageing, as the funder for the National Drug Strategy Household Survey, the Illicit Drug Reporting System and the Ecstasy and Related Drugs Initiative, require that data collected by collection agencies include:**
- **whether any biological or dependent children live in the drug user's household; and**
 - **for users aged under 18 years, the status of their regular full-time carers (such as parents or grandparents).**

General impact on families

- 7.13 Families of illicit drug users feel isolated and ashamed because of the stigma attached to drug use, and other reactions follow according to the severity of the situation. Glastonbury Child and Family Services summarised the feelings that family members experienced:

The family members surrounding the person using illicit drugs can experience denial, fear and anxiety, guilt or blame, shame and stigma, isolation, helplessness, grief, and anger. They travel on a parallel journey to the person using illicit drugs, moving through the cycle of use and managing chronic stress and chaos for long periods of time.⁸

- 7.14 Centacare NT notes that in many cases, family members have been living with the negative impacts of the user for extended periods of time, and they present with issues such as anxiety, depression, marital stress and breakdown, affected job performance and reliance on alcohol and drugs for their own self care.⁹
- 7.15 A 'stress-strain-support' model was presented by Centacare NT to show the broader impact of a person's illicit drug use on the family

8 Glastonbury Child and Family Services, submission 74, p 9.

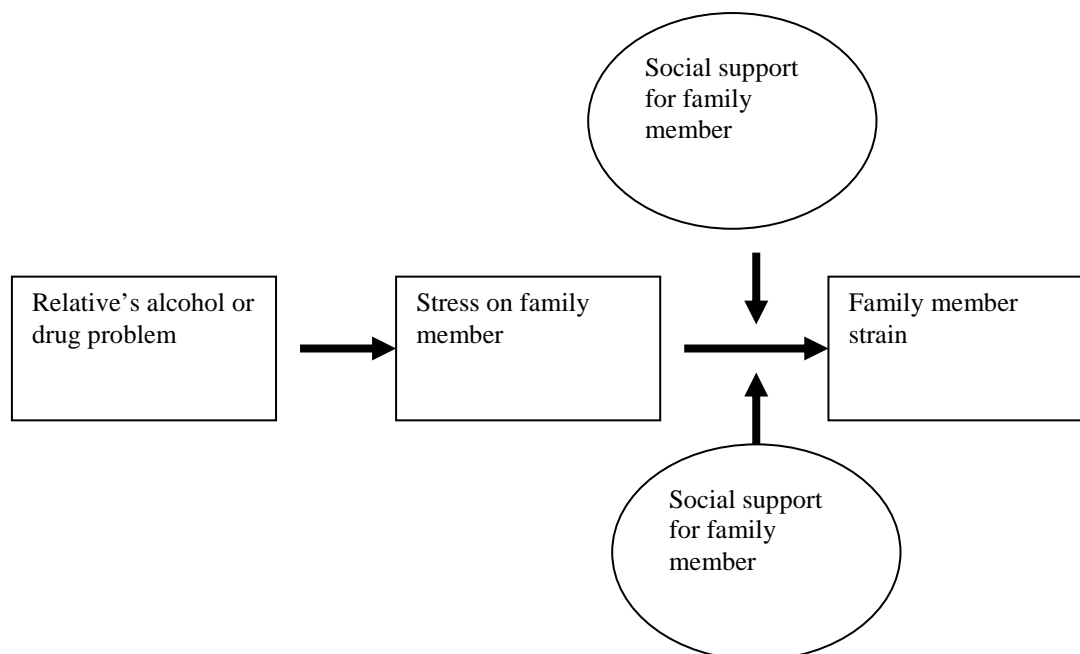
9 Centacare NT, submission 60, p 3.

(figure 7.1), noting that while someone in the family is causing difficulties, the whole family is affected. This is a view echoed strongly by many families who provided evidence to the committee.¹⁰

7.16 Centacare NT noted that the model:

...recognises that the support that families receive is crucial in mitigating stress on the family. Support can be family members, informal and formal, and this model looks at increasing the quality of this support to achieve better outcomes for families experiencing family stress.¹¹

Figure 7.1 Stress-strain-support model



Source Centacare NT, submission 60, p 8.

7.17 Centacare NT observed that there is typically one family member who appears to 'hold it all together', putting everyone's needs ahead of their own, and that everyone in the family, especially the user, relies on that person who is demonstrating an acute responsibility for others to the detriment of their own well being.¹²

10 Family Drug Support, submission 15, p 3; Ryan W and P, submission 43, p 2; Relationships Australia, submission 143, pp 3-4; Australian Drug Treatment and Rehabilitation Programme, submission 132, p 40.

11 Centacare NT, submission 60, p 8.

12 Centacare NT, submission 60, p 3.

Factors that shape the impact on families

- 7.18 The real and perceived impacts of illicit drug use on families will differ according to who in the family is using drugs, what type of drugs they use, and the severity of their addiction. The Australian Institute of Family Studies (AIFS) noted that a young person's drug-taking behaviour can affect:
- siblings, especially younger siblings (including their decisions about drug use);
 - parents;
 - the family as a whole (including quality of relationships, family 'stability', financial wellbeing); and
 - relationships with the extended family (including provision of support in either direction).¹³
- 7.19 Where the drug-affected family member is a parent or adult partner, drug-taking behaviour can affect:
- the children (parenting behaviour in general as well as specific child protection concerns ...);
 - the partner (including relationship breakdown);
 - the family as a whole — including quality of relationships, family 'stability', parental separation/divorce, financial wellbeing; and
 - relationships with the extended family — including provision of support in either direction.¹⁴
- 7.20 The impact of illicit drug use on families can also vary greatly. Illicit drug use falls across a continuum:
- It ranges from non-users, to experimental users, to regular users, through to what I would call problematic users, who are the people that we would all call addicts. Regular users often float beneath the horizon because they manage so well to cope in their ordinary day-to-day life. It is amazing how many of those people are out there. It is not until the wheels start to fall off or relationships wobble or they run out of money for cocaine that they present for treatment.¹⁵

13 Australian Institute of Family Studies, submission 103, p 3.

14 Australian Institute of Family Studies, submission 103, p 3.

15 Gould B, transcript, 3 April 2007, p 57.

7.21 The South Australian Government also highlighted that polydrug use (where multiple drugs are being used) and method of administration also play a part in determining the impact of drug use on a family.¹⁶

7.22 It will also often depend on the stage at which drug use is discovered or is being treated. Odyssey House noted that:

There appears to be different phases for families, for instance upon first learning about the problem they are often shocked and a panic reaction begins, family members and in particular parents at this stage seem to search for information to better understand the effects of drugs and access treatment, they may begin to police the child's activities and family tension can build quite quickly. Family members who have lived with a drug problem for many years often live in a constant state of stress and anxiety, responding to crisis at any time of the day and night... Depending upon the extent and length of drug use behaviour, family members can either have raised hopes about treatment or be ambivalent.¹⁷

Shock, grief, fear, anger, guilt

7.23 A typical first reaction by families to illicit drug use by a family member is shock.¹⁸ When confronted with the initial discovery of illicit drug use, this shock does not always lead to effective communication, or productive ways of managing and coping with the revelation:

Many emotions came with this discovery. Anger, sadness, amazement, grief, horror, despair, shame, a sense of failure, but mostly helplessness. Unfortunately due to our highly emotional state, and lack of accurate information, when we confronted our daughter about her drug use, we had no success in communicating with her.¹⁹

16 South Australian Government, submission 153, p 5.

17 Odyssey House Victoria, submission 111, p 10.

18 Nar-Anon Family Groups, submission 115, p 5.

19 Australian Drug Treatment and Rehabilitation Programme, submission 132, p 14.

- 7.24 Anger and guilt, often interlinked, are common emotional responses.²⁰ The Australian Association of Social Workers noted that:

The anger can be aimed at the fact that their child has placed themselves in danger. The guilt may stem from a feeling that they should have known, that there was something that they could have done to stop this from happening.²¹

- 7.25 As a mother reported, in the early stages of awareness of her daughter's drug problem there had been:

Anger somewhere in all this, an irrational anger that she had taken this path, anger at what we all had to go through, anger that she could not stop using... And there was guilt... my guilt was about my inadequacy, how hopeless I seemed to be at managing, how utterly lost and confused I felt.²²

- 7.26 Fears for the health and safety of the drug addicted family member are also common, with families concerned about the risk of infection from HIV and hepatitis C, the risk of fatal overdose, risk of imprisonment, as well as the risk of coming to harm through association with criminality and prostitution.²³ The mother mentioned above described 'an overwhelming fear, terror more like it, that she could die, the fear that she could never get over this'.²⁴

- 7.27 Families also commonly experience grief at the realisation of the change in status and sometimes loss of the relationship as they notice the change in the addicted individual's personality. One parent described it as 'the grief we feel for the loss of a normal life.'²⁵ Moreland Community Health Service expressed the feelings of loss and grief that families felt:

Loss and grief is also another issue families need to negotiate, this can be the result of a death or the result of those things that are not so tangible, e.g. loss of dreams they had for their

20 Morris R, Teen Challenge NSW, transcript, 3 April 2007, p 106; Centacare Catholic Family Services, submission 116, p 13; Ryan W & P, submission 43, p 2; Australian Psychological Society, submission 131, p 8; Australian Drug Foundation, submission 118, p 5; Moreland Community Health Service, submission 32, p 2.

21 Australian Association of Social Workers, submission 121, p 6.

22 Centacare Catholic Family Services, submission 116, p 13.

23 Association for Prevention and Harm Prevention Programs Australia, submission 130, p 8.

24 Centacare Catholic Family Services, submission 116, p 13.

25 Lowy M & S, submission 11, p 1.

child, loss of hopes and dreams of a relationship, for children the loss of a healthy attachment or loss of their childhood.²⁶

Loss of trust

- 7.28 The reaction by families, parents especially, to blame themselves for their family member's addiction, is common, and leads family members to question their own judgement.²⁷ Additionally, many family members report being constantly lied to and deceived by the drug user. This can manifest itself in a loss of trust towards themselves and towards the user, as well as placing constant strain on family relationships.²⁸

Shame and stigma

- 7.29 The sadly common feeling of shame and stigma among families of illicit drug users causes considerable disruption to relationships. It can also lead to an actual or perceived loss of support in the community, and an increasing sense of social marginalisation. Marymead Child and Family Services described the stigma that families sometimes experience:

The effects on families of having been illicit drug using are multi-layered and can continue for a very long time beyond the actual drug use. For example, families often live daily with being labelled a 'druggy' family by the neighbourhood; children are often subject to teasing and bullying from other children at school because they come from a 'junkie' family. Each time something 'goes wrong' the effects for these families are magnified. These families are very sensitive to setbacks and to real or perceived criticism...²⁹

- 7.30 Parents can also feel that they are to blame for the drug addiction of their child.³⁰ Families and Friends for Drug Law Reform described how parents sometimes felt:

26 Moreland Community Health Service, submission 32, p 2.

27 Riley M, submission 34, p 1.

28 Bowman D, submission 38, p 1; Name withheld, submission 106, p 1; Toughlove Victoria, submission 112, p 4; Families and Friends for Drug Law Reform, submission 122, p 4; Alcohol and Drug Foundation ACT, submission 123, p 3; Name withheld, submission 145, p 5; Teen Challenge NSW, submission 139, p 1.

29 Marymead Child and Family Centre, submission 107, p 10.

30 See, for example, Centacare Catholic Family Services, submission 116, p 6; Bowman D, submission 38, p 1; Damen P, submission 53, p 3.

...you, the parents, have failed in your responsibility in bringing up your child. You have brought up a criminal. Shame is a pervasive experience of families when illicit drug use is involved... The shame is isolating and corrosive of the capacity of the family to respond usefully.³¹

- 7.31 High levels of shame and stigma can also prevent families from seeking appropriate treatment and support.³²

Social isolation and marginalisation

- 7.32 The stigma of drug use leads to higher levels of marginalisation of families from their communities and this limits the assistance that arises from isolation.³³ A counsellor for a family support group noted that:

As families disconnect from friends and society, they become increasingly cut off from critical sources of support. Support is exactly what families need most. In some extreme cases, family members become house bound.³⁴

- 7.33 Other siblings are often unable to have their friends visit the family home due to the unpredictability of the using member's behaviour.³⁵ A mother told the committee that:

As my son's behaviour and drug use escalated fewer family and friends came to visit our home or include us in social activities in case he came. We had little respite and on reflection as I write I can see my younger children locked themselves away in their rooms, no longer eating together as a family, no longer watching TV together or talking together. We would covet brief times together away from him to share school activities, illnesses, fear, loneliness or wonder where our belongings had gone to. Sometimes we would cry together, hug and just hope everything would change. For many years nothing changed except to worsen.³⁶

31 Families and Friends for Drug Law Reform, submission 122, p 4.

32 Ravesi-Pasche A, submission 47, p 2; Koningen S, Gold Coast Drug Council, transcript, 7 March 2007, p 4.

33 Victorian Alcohol and Drug Association, submission 100, pp 8–9; Chang T, submission 28, p 4; Family Drug Support, submission 15, p 3.

34 Chang T, submission 28, p 4.

35 Centacare Catholic Family Services, submission 116, p 6; Ravesi-Pasche A, submission 47, p 3.

36 Quon M, submission 8, p 3.

- 7.34 Another mother described the social isolation she felt because of her husband's drug addiction:

When my husband was using heroin and became a walking corpse, there was nothing I could do to stop or control what was happening to our once perfect life. I experienced so much judgement from those around me including other health professionals that I stopped talking about my home life consequently I lived in social isolation, carrying the shame of having 'made the choice to love someone who was dependent on heroin'.³⁷

Health impacts on family members

- 7.35 Many parents told the committee how their own health was adversely impacted by a family member's drug use.³⁸ The South Australian Government noted that there was strong evidence that the experience of living with drug use in the family can cause high levels of stress and this can result in a range of physical and psychological health problems.³⁹
- 7.36 The Catholic Women's League of Australia summarised the impact of a family member's drug use on the mental health of other family members:

The incredible mood swings, and dangerous, erratic and unpredictable behaviour of the addict, has family, friends and colleagues walking on egg-shells. Living with an addicted person is a recipe for madness that frequently results in nervous breakdown and serious physical illness in people riding the roller coaster of pain and uncertainty that is the daily experience of those living with addiction.⁴⁰

- 7.37 A mother of a drug user wrote of her sustained and high level anxiety:

It got to the stage I was too nervous to answer the front door in case it was a police officer to say my son had overdosed. I would not answer the telephone due to the threatening phone

37 Ravesi-Pasche A, submission 47, p 2.

38 Raeside L, Parent Drug Information Service, transcript, 14 March 2007, p 54; Odyssey House Victoria, submission 111, p 10; Australian Drug Foundation, submission 118, p 5; Name withheld, submission 20, p 2; Name withheld, submission 56, p 2.

39 South Australian Government, submission 153, p 10.

40 Catholic Women's League of Australia, submission 35, p 4.

calls from strangers, there were nights that I would leave it off the hook. My stomach was constantly in a knot.⁴¹

7.38 Another reported:

My current health situation seems to have been affected by the stress of three years ago. I am now at risk of a stroke due to an irregular heart beat because of the stress of five-six years of uncertainty regarding my son's life.⁴²

7.39 Many affected family members reported that they had sought counselling or were taking medication in order to cope with stress, depression and anxiety.⁴³

7.40 Families also told the committee about a range of other medical conditions that they attributed to drug use by a family member including strokes, high blood pressure, heart conditions and panic attacks.⁴⁴ A family also noted how the constant strain within a family experiencing problematic drug use can mask other serious health problems:

My parents' relationship was always under an amazing amount of strain. The consistent stress helped to mask my father's illness (Alzheimer's Disease) for a considerable time as everyone assumed his illness was 'stress related' due to my brother.⁴⁵

7.41 Drug use in the home can also pose a serious safety risk to others in the domestic environment, which can contain equipment to use or manufacture drugs. One mother reported, for example, 'We have had many spoons bent, sheets and towels burnt as a result of our son falling asleep whilst smoking'.⁴⁶ Another told the committee:

I personally sustained a needle stick injury with the blood filled syringe as I was going through my child's things searching for drugs and drug paraphernalia. That would have been the most harrowing three months of my life

41 Mary, attachment to Australian Drug Treatment and Rehabilitation Programme, submission 132, p 12.

42 Name withheld, submission 2, p 2.

43 Name withheld, submission 20, p 2; Alcohol and Drug Foundation ACT, submission 123, p 3.

44 Name withheld, submission 2, p 2; Name withheld, submission 56, p 2; Family Matters SA, submission 158, p 2.

45 Name withheld, submission 70, p 2.

46 Name withheld, submission 68, p 1.

waiting for the end results from that. To me that is totally unacceptable and unwarranted.⁴⁷

Culturally and linguistically diverse families

- 7.42 While research has shown that illicit drug use is lower among culturally and linguistically diverse (CALD) populations, data also suggests that CALD clients are underrepresented in treatment services.⁴⁸
- 7.43 The Drug and Alcohol Multicultural Education Centre considered that additional shame and isolation was experienced by these families due to cultural perceptions surrounding drugs:
- Among many CALD communities in Australia there is a self-reliant approach when dealing with personal or familial problems. Often CALD families will attempt to hide the drug use, which can further exacerbate family depression, turmoil and angst, as well as family conflict and breakdown.⁴⁹
- 7.44 The centre further observed that CALD communities face obstacles to recognise that a problem exists, including:
- ...shock, feelings of parental failure, embarrassment, family depression, inability to talk about the issues, and illicit drug often being a taboo topic of discussion.⁵⁰
- 7.45 The use of professional services to assist in the rehabilitation and recovery of an addicted family member may be limited by several factors including a lack of culturally appropriate translated material and non-specialist interpreters or bilingual workers in treatment services.⁵¹ Further, professional and effective family intervention can be hindered by the likelihood that:
- ...they or people in their community are more likely to tolerate stress as a matter of personal sacrifice for their drug-affected children. This belief may be supported by religious or cultural beliefs.⁵²

47 Smith L, Toughlove, transcript, 3 April 2007, p 4.

48 Drug and Alcohol Multicultural Education Centre, submission 90, p 2.

49 Drug and Alcohol Multicultural Education Centre, submission 90, p 1.

50 Drug and Alcohol Multicultural Education Centre, submission 90, p 2.

51 Drug and Alcohol Multicultural Education Centre, submission 90, p 2.

52 UnitingCare Burnside, submission 99, p 6.

- 7.46 To overcome these barriers, culturally relevant treatment approaches are required. The committee also notes the concerns of some CALD community organisations that sensationalised portrayals of ethnic stereotypes in the media can impact negatively on community perceptions, 'as was the case in the 1990s with the Indo-Chinese community and heroin use and recently Arabic youth in Lakemba'.⁵³

Indigenous families

- 7.47 In Indigenous communities the concept of family is fundamental to identity. A 'family systems theory' approach recognises that families are a complex system of interdependent parts, each of which affects the other.⁵⁴ In the stress-strain-support model used earlier in this chapter, Centacare NT notes the ability to:
- ...incorporate a spiritual component which is compatible with traditional cultural practices and beliefs...in particular the model provides opportunity for group sharing and support which has proved to be a valuable part of the program.⁵⁵
- 7.48 The influence of the family environment in Indigenous communities is strong, with the Royal Australasian College of Physicians noting that connections to the immediate and extended family are significant and culturally expected.⁵⁶
- 7.49 Broader social influences are also important, with the effects of illicit drug use on Indigenous families needing to be understood in the context of unresolved intergenerational trauma, ongoing racism, frustration, and entrenched disadvantage.⁵⁷
- 7.50 One aspect of the complexity of Indigenous families was provided by Centrelink in its submission:
- In the Alice Springs region the nature of Aboriginal child-rearing practices can mean that extended family members are caring for several children other than their own. In particular, anecdotal evidence indicates that there are many Indigenous

53 Drug and Alcohol Multicultural Education Centre, submission 90, p 3.

54 Centacare NT, submission 60, p 7.

55 Centacare NT, submission 60, p 8.

56 The Royal Australian College of Physicians, submission 119, p 16.

57 Relationships Australia, submission 143, p 5.

grandmothers caring for large numbers of children (six and over is not uncommon).⁵⁸

- 7.51 The committee welcomes the Commonwealth's recent actions to address child protection issues in the Northern Territory, many of which are caused by illicit drug use.

Impact on parents

- 7.52 Several inquiry participants noted that the stress of having a child in the family using drugs often had a significant negative impact on the relationship between parents. In some cases, this led to separation, leaving an even greater burden on the remaining parent.⁵⁹ The Alcohol and Drug Foundation ACT told the committee that:

Some parents agreed that their relationship had become stronger as they were able to support each other. Others talked about the arguments, and... in the end, the strain becoming too much for their relationship.⁶⁰

- 7.53 In some cases, the despair experienced by parents led to them considering desperate solutions, including suicide.⁶¹ A volunteer with Family Drug Help told the committee that:

Many callers to the help line are often so depleted by the time they desperately reach out for help that they will openly talk of suicide as they can see no other way out of their situation. We are talking here of the parents, not the person using drugs!⁶²

- 7.54 Many parents told the committee in their own words how dealing with drug use in the family affected them. A selection of their stories in their own words is included in box 7.1.

58 Centrelink, submission 128, p 3.

59 Odyssey House Victoria, submission 111, p 10; Alcohol and Drug Foundation ACT, submission 123, p 4, Youth Substance Abuse Service, submission 87, p 6, Australian Drug Foundation, submission 118, p 7; Australian Psychological Society, submission 131, p 3; Australian Institute of Family Studies, submission 103, p 3.

60 Alcohol and Drug Foundation ACT, submission 123, p 4.

61 UnitingCare Burnside, submission 99, p 6; Mary, attachment to Australian Drug Treatment and Rehabilitation Programme, submission 132, p 12; Hayes H, submission 51, p 1.

62 Kerlin G, submission 62, p 1.

Box 7.1 A selection of parents' stories

We had received a phone call from our son one night and knew he was very low. He had been walking the streets for hours, he was upset, had no money and no friends. He wanted to come home. Seeing my beautiful tall, handsome, and intelligent son slumped in an inner west fast food outlet so alone and disorientated was the saddest night of my motherhood. I cannot describe to anyone my feelings; my absolute despair... we were living every parent's nightmare.

Source Name withheld, submission 56, p 2.

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*What is the personal cost? How do you begin to describe the loss of a child through an overdose? How do you explain to your boss the real cause of why your work is suffering? How do you cope with the endless sleepless nights, wondering where your child is and if they are safe, continually feeling fearful about what they are doing to themselves and maybe what they are doing to you? And what of the impact on the rest of the family, the other siblings and society in general? How do you cope with the theft, lying and deceit? We are parents and we love our children. We never want to give up on them.*

Source Smith L, transcript, 3 April 2007, p 3.

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My son had no concept of what his addiction was doing to the family and me. He was consumed in his drug use; he couldn't see the ripple in the pond effect on the family. Parents and siblings experience an intense range of emotions and often feel helpless. On many occasions I longed to share the rollercoaster of emotions I was experiencing with somebody outside the family, to relieve the pressure on other family members who too were feeling the strain. As a family you can only discuss so much before you begin going round in circles, causing disharmony and unwanted tension between the remaining family members.

Source Name withheld, submission 51, p 1.

Impact on siblings

7.55 There can often be resentment by siblings towards the addict for causing problems within the family, and towards parents for what is perceived as poor handling of the situation.⁶³ A sibling described how

63 Chang T, submission 28, p 4; Youth Substance Abuse Service, submission 87, p 6.

having a drug-addicted brother or sister had impacted on their own ability to enjoy friendships:

As a teenager with a drug-affected brother I was definitely restricted to certain activities, for example the ability of having friends to socialise at my home as restricted due to my brother's behaviour.⁶⁴

7.56 There is also often a degree of jealousy at the amount of attention that the addicted sibling is receiving, to the detriment of the non-addicted sibling/s.⁶⁵ Relationships Australia noted that:

...other family members such as siblings are also often the forgotten victims due to their emotional needs being sacrificed in order to meet the more urgent needs of their substance-abusing brother or sister.⁶⁶

7.57 Some parents were able to recognise how their sons and daughters missed out on opportunities because of a sibling's drug use. A mother told the committee how she had to make a conscious decision to ensure that all her children received the love and support they needed:

You put so much time and energy into trying to fix the problems of the oldest two that you seem to forget that you have another two children there. They are not doing anything wrong: their schoolwork is fine, their work is fine, their friends are fine and they are doing everything right. And then one day it just hits you: 'What about these other kids? I have forgotten that I have four children.' I made a conscious decision one day and said: 'I have put too much time and too much energy into trying to fix the problem with my two older ones. I am now going to concentrate on my youngest ones and give them what they have missed out on for the last few years'.⁶⁷

7.58 The committee also heard stories of siblings witnessing disturbing events and incidents as a result of their brother's or sister's drug use,

64 Name withheld, submission 70, p 1.

65 See for example, Alcohol and Drug Foundation ACT, submission 123, p 4; Families Australia, submission 152, p 12.

66 Relationships Australia, submission 143, pp 3-4.

67 Smith L, Toughlove, transcript, 3 April 2007, p 10.

including physical violence and aggression.⁶⁸ A mother told the committee:

My daughter was traumatised. She found him gasping and twisted in pain dying in front of her. Level headed she called me, phoned 000 and helped try to revive him. No younger sister should have to revive their brother.⁶⁹

7.59 Siblings moving away or seeking respite from the family was a common occurrence for some families.⁷⁰ A parent told the committee that 'older siblings may move away from the family prematurely to avoid the horrible fights, theft, physical assault and constant emotional turmoil'.⁷¹ Where siblings stayed, there was a risk that the breakdown in the boundaries of what was acceptable behaviour could lead to some siblings following a similar path into drug use.⁷²

7.60 One mother noted how two of her children were negatively affected by their brother's drug use:

My youngest son, desperate to deal with his pain at the loss of his brother, resorted back to drugs, leaving a path of financial and personal ruin. He is now having to face and deal with that. My daughter, who won a music scholarship in a renowned secondary school and had plans to become a lawyer, is now failing Year 11 and considering leaving school due to chronic depression and an inability to concentrate.⁷³

7.61 Another mother had a similar story:

One child became seriously depressed mainly because of her inability to make our daughter well. The other sibling lost focus, left school early, worked in lowly paid unskilled employment, did not complete her education and became a major marijuana user. Five years passed in this way before she accessed further education and gained stability in her life.⁷⁴

68 Name withheld, submission 165, p 6; Name withheld, submission 70, p 2; Smith L, Toughlove, transcript, 3 April 2007, p 13.

69 Quon M, submission 8, p 6.

70 Name withheld, submission 29, p 1.

71 Miller T, submission 78, p 2.

72 Miller T, submission 78, p 2; see also the discussion in chapter two.

73 Russ C, Drug Free Australia, transcript, 28 May 2007, p 6.

74 Name withheld, submission 77, p 1.

7.62 The siblings of children using drugs have been traditionally overlooked by support services.⁷⁵ Some of the programs targeting siblings were examined in chapter six.

⁷⁵ Family Drug Help, submission 76, pp 6–7; Youth Substance Abuse Service, submission 87, p 6.

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