

**South Australian Government Submission
to the
House of Representatives Standing Committee on
Family and Human Services
Inquiry Into The Impact Of Illicit Drug Use On Families**



PARLIAMENT OF AUSTRALIA
HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON FAMILY AND HUMAN SERVICES

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Terms of Reference

The Impact of Illicit Drug Use on Families

"The House of Representatives Standing Committee on Family and Human Services has reviewed the 2003-2004 Annual Report of the Department of Family and Community Services and resolved to conduct an inquiry.

The Committee shall inquire into and report on how the Australian Government can better address the impact of the importation, production, sale, use and prevention of illicit drugs on families. The Committee is particularly interested in:

- the financial, social and personal cost to families who have a member(s) using illicit drugs, including the impact of drug induced psychoses or other mental disorders;
- the impact of harm minimisation programs on families; and
- ways to strengthen families who are coping with a member(s) using illicit drugs."

MEMBERS

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EXECUTIVE SUMMARY and RECOMMENDATIONS

The South Australian Government welcomes the opportunity to provide information to the House of Representatives Standing Committee on Family and Human Services Inquiry into the *Impact of Illicit Drug Use on Families*.

There is evidence that illicit drug use can have a significant negative impact on families. Addressing the needs of families affected by drug use is consistent with the objectives of the National Drug Strategy 2004-2009, the South Australian Drug Strategy 2005-2010 and the South Australian Government's Social Inclusion Agenda.

This issue is particularly relevant to disadvantaged communities who are susceptible to a range of problems. Often people with complex needs can 'fall through the gaps' when attempting to access support services. In this context it is critical that, for example, services for the Aboriginal community are accessible and culturally appropriate.

The South Australian Government places emphasis on preventing the use of illicit drugs. The Government is committed to providing a comprehensive range of prevention and intervention programs focusing on supply, demand and harm reduction. Evidence-based approaches underpin drug strategy in South Australia. This has contributed towards significant downward trends in illicit drug use and harms such as HIV virus transmission and drug overdose. These have been important outcomes for reducing the impact of illicit drug use on families.

While South Australia has established a range of programs aimed at strengthening families, particularly those families affected by drug use or other health and social issues, further efforts are required to enhance support for families. The continuum of potential intervention points ranges from community development initiatives and parenting support programs, through to family support as part of drug treatment services. It is very important that programs addressing drug use issues focus not only on reduced risk and improvements in people's physical health but also on addressing the needs of the family.

In addition, programs should meet the needs of disadvantaged populations and address those factors that people identify as creating real meaning in their lives. Services need to support individuals to have personal control over the routine of their life, to participate in productive work and competitive employment, education and training. It is crucial that services, including drug programs, continue to build upon these important outcomes as part of the measure of their success.

Recommendations

It is recommended that the Standing Committee give consideration to the following Australian Government measures to address the impact of illicit drug use on families:

1. The Australian Government's publication, "*Principles and actions for services and people working with children of parents with a mental illness*", created as part of the Children of People with Mental Illness Project, be forwarded to the Ministerial Council on Drug Strategy to determine whether a similar protocol can be developed for drug issues.
2. The Australian National Council on Drugs' publications, "*Supporting Families: Investigating support options for family members of young people with problematic drug use*" and "*Drug use in the family: impacts and implications*" be forwarded to the Ministerial Council on Drug Strategy with a request that they give consideration to the implications to support families affected by substance misuse.
3. Subject to the outcome of evaluations, that consideration be given to continuing and extending the national *Strengthening and Supporting Families Coping with Illicit Drug Use (Strengthening Families)* funding program beyond June 2007.
4. Australian Government services and programs targeted at Indigenous people be developed in partnership with community, recognising the principle that family members should be able to participate in treatment and rehabilitation programs for Indigenous people.
5. Australian Government programs developed to target youth at risk should target the social determinants of health including housing and educational attainment.
6. The Australian Government investigate opportunities to increase access to appropriate and timely child care provision for people who are accessing drug treatment programs.
7. It is also recommended that the Committee recognises and supports the evidence-base that underpins the harm minimisation approach which is endorsed by all Governments of Australia.

INTRODUCTION

The South Australian Government welcomes the opportunity to provide information to the Federal Inquiry into the Impact of Illicit Drug Use on Families.

As a member of the Ministerial Council on Drug Strategy, the South Australian Government is supportive of the National Drug Strategy 2004-2009 and has developed complementary strategic approaches within South Australia that work to achieve the goals of this Strategy. The South Australian Drug Strategy 2005-2010 outlines the South Australian Government's priorities in addressing licit and illicit drug issues within the South Australian community.

Both these strategies provide a foundation on which South Australia can continue to deliver and enhance a comprehensive community wide response to licit and illicit drug use and harms.

The National Drug Strategy has as one of its objectives to:

“Reduce drug-related harm for individuals, families and communities”

The South Australian Drug Strategy also identifies this as an important issue and includes the following strategies:

“Provide support to parents and families with young children in the early childhood developmental years, carers of drug users, and others who are at-risk of drug related harm (e.g. young women who are pregnant or have children, parents with drug use or mental illness problems, socially disadvantaged families).”

“Increase protection for the children living in drug using families by providing support to parents and pregnant women.”

In making this submission, the South Australian Government recognises that families are adversely affected by both licit and illicit drug use. For example, alcohol misuse can be a significant factor in domestic violence. Within this submission however, our comments will be directed towards the specific terms of reference for this inquiry and therefore focus on the impact of illicit drug use on families. It should be noted however that the data in this area does not always distinguish between types of drug use.

It is also recognised that the harms to families associated with drug use are disproportionately represented in some of the most disadvantaged groups in the community, including Indigenous people. The South Australian Government is committed to a socially inclusive approach as the cornerstone of an approach to tackle pressing social issues. The Social Inclusion Initiative (SII) is led by the Premier of South Australia and is guided by the Social Inclusion Board and the Commissioner for Social Inclusion.

The Government's policy commitment to social inclusion recognises that issues that underpin poverty and disadvantage are related to one another and their causes are related to social exclusion. Social inclusion is about supporting individuals and families so that they have the capacity, self-confidence and aspiration to make the most of the opportunities, choices and options in life.

ADDRESSING THE TERMS OF REFERENCE

TERM OF REFERENCE 1: The Financial, Social and Personal Cost to Families who have a Member(s) Using Illicit Drugs, Including the Impact of Drug Induced Psychoses or other Mental Disorders

Historically drug use has been seen as primarily a problem of the individual but, in reality, substance abuse frequently affects family members and can have a generational impact on families. The vast majority of substance users live in a family setting¹. The impact that drug use has on a user and their friends and family depends on a range of factors. Issues such as the type of drug used, poly-drug use, frequency of use, method of drug administration and the level of dependence each play a part. The level of impact also depends on other contextual issues, such as family structure, dynamics, resiliency and expectations.

Specific research provides an indication of the impact of drug use on Australian families.

1.1. Financial cost

- 1.1.1. Alcohol and other drug problems, including addiction, are estimated to have cost Australia over \$34 billion in the 1998-99 financial year². Sixty-one per cent was due to tobacco use (\$21 billion), 22% to alcohol use (\$7.56 billion), and the remaining 17% to illicit drug use (\$6 billion).
- 1.1.2. While this research does not provide a specific breakdown for financial costs placed on families, the report highlights that illicit drug use resulted in \$344 million in productivity losses in the home during the 1998-99 year. This cost includes domestic activities, childcare, purchasing of goods and services and volunteer and community work.
- 1.1.3. In a study by the United Kingdom home office, the direct economic costs of illicit drug use across England and Wales was estimated to be 3.5 billion pounds and the social costs between 10.1 to 17.4 billion pounds³. The social costs alone represent 6,564 pounds per year averaged over all illicit drug users or 35,456 pounds for problem drug users and equates to Australian \$16,114 and \$87,043 per year respectively.

Social cost

- 1.1.4. In 2004, the National Drug Strategy Household Survey found that 15.3% of people had used an illicit drug in the past 12 months⁴. Cannabis use made up a large proportion of this figure, with 11.3% of Australians using cannabis in the past 12 months. These prevalence levels are equivalent to those in South Australia.
- 1.1.5. There is significant evidence that the drug use of individuals impacts on the lives of those around them. Between 20% and 25% of calls to the South Australian Alcohol and Drug Information Service are from family and friends of substance-users. These callers seek either advice or support for themselves or access to services for their family member.
- 1.1.6. Drug use can be associated with abuse and potential harm to other people. One in eight Australians have been verbally or physically abused or put in fear by someone affected by illicit drugs⁵. Of females that had experienced alcohol and or illicit drug-related physical abuse in the past 12 months, 46.8% were abused by a current or former spouse or partner.
- 1.1.7. Research indicates that the impact of illicit drug use on families may be greater among the Aboriginal community. Several reports suggest that substance misuse has affected, to a greater or lesser degree, every Aboriginal family⁶. While most of this harm is associated with licit substances, particularly alcohol, recent studies indicate that the increase in prevalence of illicit drug use has been greater amongst Indigenous people than non-Indigenous people⁷. Alcohol and drugs have been identified as 'major triggers' for sexual assault in the Aboriginal community⁸. Research in Aboriginal communities indicates a direct correlation between domestic (family) violence and alcohol and drug misuse, with 70 - 90% of all assaults being committed while under the influence of alcohol or drugs⁹.

1.2. Impact on children

- 1.2.1. The number of children in Australia that are impacted by their parents' problematic substance use is difficult to define as accurate studies are scarce. Much of the available data relates to drugs and other substances, not only to illicit drugs. The 2004 National Drug Strategy Household Survey gives some indication of the likelihood of a child living in a household with someone using an illicit drug. This survey showed that 16.7% of South Australians who had a dependant child living in their household had also used an illicit drug in the past 12 months⁴.
- 1.2.2. Drug use during pregnancy can potentially result in a range of negative health outcomes for the infant. South Australian research published in the *Australian and New Zealand Journal of Obstetrics and Gynaecology* in 2005 found that substance use was reported by women in 0.8% of

pregnancy confinements. In other words for every 1000 live births, 8 infants had mothers who reported substance use¹⁰. The impact of drug use during pregnancy is influenced by numerous factors, including the type of drug used and the frequency of use. Foetal drug exposure can lead to significant difficulties, including neonatal withdrawal and the accompanying neonatal abstinence syndrome (NAS), and changes in neurobehavioral outcomes. The incidence of disability in children as a result of substance misuse by pregnant mothers is a poorly researched area. Further research may be warranted to better inform antenatal care and intervention for mothers who use illicit drugs while pregnant, and to reduce rates of disability among children of drug users. Misuse of alcohol can result in a range of disabilities in children loosely grouped together as Foetal Alcohol Spectrum Disorders and should not be dealt with in isolation from the use of illicit drugs.

- 1.2.3. Prominent child protection experts Dorothy Scott¹¹ and Frank Ainsworth¹² both identify parental drug issues as a major concern, one predominantly responsible for the rise in the number of children entering out of home care nationally. Similarly, the Commonwealth Senate Community Affairs Committee¹³ identified “drug and alcohol abuse among parents of children who enter the out of home care system is endemic and is a critical issue confronting child protection services”. Addressing the complex issues relating to illicit substance use and abuse amongst parents are critical in reducing the burden of drug-affected families upon child protection systems.
- 1.2.4. A study undertaken by the Victorian Department of Human Services in 2002 found that over half of cases investigated by child protection services in Victoria involved parental substance use¹⁴. It has been found that approximately 20% of adults in treatment in the United Kingdom for drug dependency live with and parent children between the ages of 2 and 18¹⁵. These figures give an indication of the potential for parents’ drug and alcohol use to impact on dependant children.
- 1.2.5. Western Australia's Department for Community Development undertook an analysis¹⁶ to identify the proportion of care and protection applications in 2003 where parental drug and alcohol use was a contributing factor to a care and protection application. The report findings indicate that in 57% of all cases, drug and alcohol use was a reason for the care and protection application.
- 1.2.6. It is important to note that parental drug use in isolation is not a basis for a child protection notification. Parental drug use will be defined as ‘problematic’ from a child protection perspective if use is perceived to be an essential feature of everyday functioning and the drug use negatively impacts on the capacity of parents to care for and protect their children¹⁷.

- 1.2.7. The impact on children growing up with parents who use substances can begin in utero, through exposure to the substance via maternal drug use. As children grow up, they can be exposed to less than adequate caregiving practices by parents and caregivers who engage in drug use. The quality of a child's attachment to his/her own mother is determined by the way the mother responds to her child's bids for attention, help, and protection. Research of the interactions of substance abusing mothers with their infants suggests significant risks for difficulties in the mother/child relationship. For example, when compared to a control group, polydrug using mothers are observed to be less attentive to, and less interactive with their infants regardless of the infants' willingness to interact¹⁸. Maternal sensitivity and attunement to her child's emotional and physical needs may be adversely impacted by substance intoxication, withdrawal, or as a result of the diagnosable substance use disorders (substance abuse, substance dependence).
- 1.2.8. Children may also be exposed to a range of harmful and unsafe behaviors concerning the acquisition, storage and administration of drugs. Illicit drug misuse can impact negatively on a number of areas of the family environment including interpersonal and adult-child communication, problem solving skills, affective responsiveness and attitudes towards discipline¹². Parenting practice when using drugs can be characterised by inconsistency, emotional neglect and an authoritarian style¹⁹.
- 1.2.9. Parents with an acquired brain injury from illicit drug use are often unable to continue to care for their children due to their impaired cognitive functioning. As a result, the task of parenting often falls to other family members. In addition a number of clients of Disability SA who have sustained brain injuries through trauma or stroke also engage in the use of illicit drugs. This places significant strain on both the immediate and extended family, in particular those adults who are trying to support them. In a nuclear family situation where a spouse or partner is supporting the person with the acquired brain injury, effects would also be felt by children who might receive less attention from their able parent than is ideal, or may become victims of the supporting partner's reduced ability to cope.
- 1.2.10. A child growing up in a family where parents/caregivers or other related persons engage in problematic illicit drug use may face a number of issues including:
- Physical neglect: including not being fed, clothed or cared for in an adequate manner. This often becomes evident when the parental drug use escalates and the risk to children increases.
 - Absenteeism from school.
 - Inconsistent parenting: children often don't know what to expect on a day to day basis. This often relates to the level of substance use including patterns of use, recovery and relapse.

- Social isolation: difficulty forming meaningful relationships with peers due to the taboo around parental drug use and fear of the involvement of child protection authorities.
- Psychological issues: poor self esteem, lack of confidence, depression, anxiety, attention-seeking behavior, isolation and withdrawal.
- Parents can instill a sense of secrecy in their children in relation to their drug use. This is seen as a protective behavior by the parents to ensure that their treatment of the child or young person is not investigated by statutory authorities. This can be very difficult for children as it creates interpersonal distrust and secrecy²⁰. This may also prevent children from seeking reassurance about worries they might have regarding their parent's drug use and general health.
- Exposure to illegal activities and unsafe persons: children are often exposed to the world of illegal activity which can be a serious threat to their physical and emotional safety. Children may not verbalise their experiences of witnessing drug use by a parent but a knowledge of the intricacies of drug administration (ie use of needles etc) can be an indicator.
- Emotional and mental health risk factors: children can be observed to be overly anxious, withdrawn, may exhibit a diminished capacity for self regulation, heightened aggression, inattention and levels of impulsivity²¹.
- Parentification: this issue can be exhibited via children being overly responsible for the wellbeing of their parents or siblings. These children sometimes display inappropriate adult functioning and this can be evidenced in an over developed sense of responsibility for their peers.

1.2.11. It is important to take into account the multitude of economic, psychological and environmental factors which often interplay leading to an impairment of parental capacity and the subsequent detrimental impact on attachment security. These factors include poverty, lack of permanent housing, mental illness, child abuse and inadequate parenting skills. Mothers with substance use disorders will frequently experience co-occurring mental health difficulties. Women with substance use disorders are more likely than men to experience mental health disorders such as depression, anxiety, eating disorders, and low self esteem²². These women are also likely to have a history of hospitalisation, homelessness, and to have experienced violence^{23 24}.

1.3. General family coping responses

1.3.1. There is a body of research that has examined the coping mechanisms and responses from families when a member is a user of a substance. While most research relates to family responses to alcohol dependency, these studies commonly include an assessment of illicit drug use. It is

important to acknowledge that not all substance-using individuals create difficulties for family members. Orford et. al²⁵ proposed that some family members take a tolerating approach in ways that can be accepting, sacrificing or supportive. Others engage in ways of trying to change the user's behaviour by actively confronting in a manner that can be controlling, assertive or supportive. Others may withdraw from interaction with the user to varying degrees.

1.3.2. It is important to understand that the impact on families tends to be individualised and there is often differential impact on family members. The negative impact on families and carers can be identified in the three listed areas:

1.3.2.1 Physical and psychological health

There is 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. The most commonly identified problems are depression and anxiety and the emotional impact can flow over to relatives such as grandparents. The stigma associated with drug use and the embarrassment and sense of failure felt by family members has a significant impact on people's social lives, particularly in cases where offending associated with drug use has resulted in the imprisonment of a family member. Illicit drug production, dealing and drug related crime can all impact significantly on public safety and as a result create (directly and indirectly) victims of crime that are often in a family setting. The issue of drug use within families may also result in individual family members who have ceased drug use, relapsing due to others actively using and/or encouraging further use.

1.3.2.2 Family relationships

Family dynamics can be affected by a relative's drug use. A common example of this is family members having to fulfil a role that differs to their position in the family. For example, when grandparents take on the caring role for children of drug misusing parents or when children have to take on parenting responsibilities. The attention given to the drug user can result in other family members feeling neglected and excluded.

1.3.2.3 Finance and employment

Financial difficulties arise both as a direct result of the drug user's behaviour and through the families' attempts to help. The most frequently reported problems are:

- theft of money and possessions
- repaying user's drug debts
- paying for rehabilitation or care for the user
- costs associated with caring for dependants

Financial difficulties are increased where family members have given up paid work because they are unable to cope with the demands of the workplace and the stress within the family. Drug use may also result in homelessness for the individual concerned. This can put considerable pressure on families to provide support and accommodation. Sometimes this can result in families becoming enmeshed in a crisis-driven lifestyle.

1.4. Impact in Aboriginal communities

- 1.4.1. There are extensive sustained substance misuse issues in many Aboriginal communities, particularly in rural and remote areas of SA. Alcohol is the most serious problem. Marijuana is also a significant issue in many areas and methamphetamine is an emerging issue among youth in rural towns close to Adelaide. In some remote areas, petrol use has reduced, with the introduction of Opal fuel, expanded youth programs and drug and alcohol education and counselling. Poly drug use is common. Police report increasing violent behaviour related to drug use.
- 1.4.2. Drug use within these communities can have a devastating impact on families and the community as a whole because of its extent. In his 2002 Inquest findings, the South Australian Coroner found that petrol sniffing in the remote Anangu Pitjantjatjara Yankunytjatjara (APY) Lands posed a threat to the very substance of the Anangu communities.²⁶

TERM OF REFERENCE 2: The Impact of Harm Minimisation Programs on Families

- 2.1. The principle of harm minimisation can relate to a range of social policies that aim to minimise the harms associated with various behaviours. These can include harms at an individual, family and community level.
- 2.2. Since 1985, successive Australian Governments have adopted harm minimisation as the key national strategy for addressing drug related problems. Harm minimisation is widely recognised as a very successful approach in terms of reducing the impact of drug use on communities, including families^{27 28 29 30 31}.
- 2.3. Harm minimisation does not condone drug use. It involves the clear expression that drug use carries substantial risks but that drug-users require a certain level of support to minimise the harm to themselves and the general community, including families. It includes abstinence-oriented strategies.
- 2.4. Harm minimisation is a comprehensive approach to drug-related harm and involves a balance between the following strategies³²:
 - **Supply reduction.** This includes disrupting the production and supply of illicit drugs and controlling and regulating licit substances (including both legislative and law enforcement strategies).
 - **Demand reduction.** This refers to strategies for the prevention of drug use, including abstinence approaches and drug treatment. This includes education, health promotion, addressing socioeconomic and other factors which place certain groups at risk of use, and the provision of treatment and rehabilitation.
 - **Harm reduction.** This includes strategies to reduce harms associated with drug use.
- 2.5. The principle of harm minimisation is based on the notion that there is a continuum of harm that is associated with the use of drugs and, hence, there is a continuum of goals that can be utilised to reduce the risk of experiencing harm. It also recognises that harms are experienced at a variety of levels in our society, not just by the individuals using drugs. The costs of drug use are borne by the drug user, their family, and the broad society.
- 2.6. Minimising the harms in all these areas, and at the levels of the individual, the family and the society, is the priority of a harm minimisation approach. A hierarchy of intervention goals is utilised. For example, for the individual who is injecting illicit drugs, the initial goal of intervention may be at any point in the hierarchy aimed at minimising the harm associated with drug use behaviours. These can include:
 - the cessation of the sharing of injecting equipment (reducing the risk to the individual and society of the spread of HIV and HCV and premature death);

- a transfer from injecting drug use to oral drug use (reducing the risk to the individual and society of premature death due to HIV and HCV and overdose);
- a reduction in illicit drug use (reducing the costs to the individual and society of crime, social welfare and health problems generally); and
- abstinence from illicit drug use.

2.7. In terms of the impact of the harm minimisation approach on families, governments must ensure that the social harm to families has a strong profile in the harm minimisation approach. Perhaps the most significant impact of the harm minimisation principle is that it has legitimised intermediate strategies which have non-abstinent goals, because those intermediate strategies and goals substantially reduce the social or health harms experienced by the individual and society (including families). In other words, intermediate health and child safety outcomes are achieved which may, for example, substantially reduce the risk of the spread of blood borne viruses or the incidence of premature death. Intermediate goals and health outcomes are also particularly important in the context of treating a chronic recurring condition such as drug dependence, where affected individuals often relapse into use following a period of abstinence. However, harm minimisation explicitly recognises that abstinence is the highest form of minimising harm.

2.8. It is also very important that harm minimisation programs do not only focus on reduced risk and improvements in people's physical health and social circumstances. Programs also need to address those factors that people identify as creating real meaning in their lives. Services need to support a person's ability to have personal control over the routine of one's life, to participate in productive work and competitive employment or education and training. It is crucial that drug programs include these important outcomes as part of the measure of their success.

2.9. Internationally, there are varied responses to addressing illicit drug issues. Comparisons between Australia and many other countries are not likely to be helpful as methodological problems make it difficult to determine whether differences are artefact or real. In addition, local cultural norms and social structures will influence the implementation of any drug policy. For example, the European Monitoring Centre for Drugs and Drug Addiction recently released their 2006 Annual Report and associated data tables. This report highlights that mortality due to drug-related deaths per million population was 7.8 per million in the Netherlands and 17 per million in Sweden which have vastly different approaches to drug policy.

2.10. Rather than compare approaches, it is more important to look at trends to assess the outcomes of our response to alcohol and other drug problems. The prevalence of recent use of any illicit drug in the South Australian population aged 14 years and older has continued to decline from 23.8% in 1998, to 15.4% in 2004. South Australia has mirrored the trends at a national level. Importantly, this approach has contributed to reduced accidental opioid deaths and a fall in Hepatitis C and Human Immunodeficiency Virus infection. By contributing to a reduction in the prevalence of these significant risks to individuals, a harm minimisation approach has played a significant protective role for families.

TERM OF REFERENCE 3: Ways to Strengthen Families who are Coping with a Member(s) Using Illicit Drugs

- 3.1. Problem drug use is often associated with a range of other issues, including offending behaviors, a history of statutory care and long term unemployment. There is evidence that people with complex needs can 'fall through the gaps'.
- 3.2. Families of drug users with this profile are less likely to access services and are often characterised as families that 'don't care'. These are families that can have a high level of dysfunction but are most in need. It is important that service agencies keep these families in universal and targeted programs. The challenge for government is to deliver a co-ordinated service response initiated by whichever agency or sector has the most positive or potentially positive engagement with the family.
- 3.3 Considerable research underscores the influential role played by family relationships and family environments in the development of drug and alcohol problems. Programs to strengthen families to cope with a family member using illicit drugs should be comprehensive, collaborative and multidisciplinary, focusing on the complex and multiple needs of families. Attention to the substance use of individuals, while important, is not sufficient to meet what are often complex needs of the family system, in particular the prevention of child abuse and neglect.
- 3.4 There is a continuum of potential intervention points to address the impact of illicit drug use on families. These range from community development initiatives or parenting support programs, through to family support as part of drug treatment services. The following information is categorised into two sections³³:
 - Universal and selective programs - which affect all families in a population or target families that are beginning to develop problems identified as risk factors for substance abuse.
 - Indicated programs - which target families of individuals who are beginning to use or misuse drugs, or families where parents are themselves substance misusers.

3.5 Universal and Selective Programs

3.5.1 Antenatal and 'Early Years' Programs

- 3.5.1.1 A highly researched form of intervention targeting the antenatal and infancy period is professional home visiting. Whilst universal home visitation programs can be an effective support service, intensive nurse home visitation have also been shown to be an effective model for very young parents, Aboriginal families, those with poor attribution to their child and those experiencing social isolation.

- 3.5.1.2 The Family Home Visiting Program has been funded by the South Australian Government as part of the "Every Chance for Every Child" initiative and provides ongoing home visits and support over a two-year period for disadvantaged families. Nurses are supported by a multidisciplinary team including social workers, psychologists and Aboriginal health staff. Some families with drug use may be in the family home visiting program, however parents with high levels of drug use and co-morbidities that often accompany drug use, such as mental health issues, need a different and higher level of service response than is provided by family home visiting. The South Australian Vulnerable Infant Service Plan, currently nearing completion, is a joint initiative between the Department of Health and Department of Families and Communities. The Plan provides a service model that draws together the combined types of social supports and high levels of therapeutic intervention required.
- 3.5.1.3 Researchers have written convincingly about the ways that the early care giving relationships influence a child's development of cognitive ability, shapes his or her capacity to modulate affect, teaches him or her to empathise with the feelings of others, and influences the shape and functioning of the developing brain^{34 35}.
- 3.5.1.4 Midwives and maternal child and health nurses are often the first people to detect that infants or young children are in drug abusing families. There is a significant need to have a specific service response targeted to support these nurses and community based staff to fast track assessments and treatments which will help protect the infant and the family. This type of service response would minimise the likelihood of infants being removed and therefore ensures the early foundational relationship between parent and child is maintained and early support is provided to the family.

3.5.2 Parent Education and Skill Development

- 3.5.2.1 There are specific risk factors and socio-economic conditions that increase the vulnerability of some families to drug-related harm, including cultural factors, poverty and unemployment. These social factors increase the susceptibility of these families to a range of negative health outcomes.
- 3.5.2.2 The South Australian Government funds a variety of programs that are aimed at improving education, resiliency and support for disadvantaged families. This is an example of the South Australian Government's social inclusion agenda to "improve the circumstances of families with multiple, complex needs in identified geographical locations."

- 3.5.2.3 As an example of a South Australian program that aims to support the resiliency of at-risk families, the Department for Families and Communities funds a number of family support services, including parenting support. These services are predominantly funded through the 'Family and Community Development Fund', under the 'Families with Children Sub-program'. This sub-program funds non-government organisations to deliver 44 programs of which 30 are metropolitan based and 14 rurally based. Funded programs provide home based family support, group education, counselling, and advocacy and referral programs to improve the capacity of families to care for children. The major objective of the funding is to offer services to enable families to provide a caring environment for their children that protects them from neglect, harm, abuse or exploitation. The funding program seeks to improve families' capacity to care for children and/or strengthen family relationships. Services assist families to recognise their strength and provide opportunities to learn new skills.
- 3.5.2.4 It is also important that broad community development programs are established in partnership with the Aboriginal community to ensure they are culturally relevant. South Australia, through its Department for Families and Communities (DFC) has worked in partnership with communities to develop and implement a range of community-based programs on the APY Lands which have been developed to enhance self esteem, build skills and improve the overall health and wellbeing of youth and families affected by or at risk of petrol sniffing. The approach involves young people and their families in a range of activities to improve self-esteem and community cohesion.

3.6 Indicated Programs

- 3.6.1 Children of parents with significant substance use issues have been referred to as the 'invisible client' and 'nobody's client'. Other family members can also miss out on receiving the level of support required to cope with the emotional impact of a family member using drugs. Furthermore there is a potential for improved health outcomes for the substance-user if family members are involved or supportive of their treatment.
- 3.6.2 Traditionally alcohol and other drug services have taken an individual approach to counselling with the wider family issues receiving less attention. While the South Australian Government has implemented various programs to support families of people using illicit drugs, limited resources and workforce development issues have contributed to a concentration of service delivery at the individual level. In this context, it is important that there are increased efforts to widen workers skills and encourage a focus on intervening to support the family unit, and children in particular.

3.6.3 There are particular strategies that could be initiated or enhanced to provide a framework for the support of families in these circumstances. These strategies include but are not limited to:

3.6.3.1 *Assist government agencies to acquire the necessary skills and knowledge to work effectively with families affected by illicit drug use.*

3.6.3.1.1 Both Drug and Alcohol Services South Australia (DASSA) and Families SA have a commitment to building the skills and abilities of their respective staff groups to respond effectively to families with drug and *alcohol* issues. A number of activities have been initiated that aim to provide staff with skills in working with this group of clients which will in turn improve the quality of service these families receive from both agencies. These include offering training opportunities and forums to discuss issues and develop joint solutions to benefit families battling problematic drug and alcohol use.

3.6.3.1.2 When DASSA identifies a problem with a young person not directly related to substance use, such as accommodation, financial difficulties or bullying, staff refer the young person to a range of services in the local community. This referral is usually to services that have a youth focus. This includes 'Second Story Youth Health Service' in the northern and southern suburbs and 'Street Link' in inner Adelaide. A number of community health centres also provide specific supports for young people around issues such as self esteem, financial issues and pregnancy. The referral depends on the issues that the young person would like assistance with.

3.6.3.1.3 DASSA's clinical staff are always mindful of the family as a potential source of important support for an individual. DASSA's Woolshed Therapeutic Community provides family support meetings for people who are currently in treatment. Family members can attend services with the consent of the client. Referrals can be made to Child and Adolescent Mental Health Service who have a family therapy unit. Referrals are also made to family support groups through Narcotics Anonymous, Family Matters and Family Drug Support. Family members can access the counselling service called the Alcohol and Drug Information Service if they are seeking assistance for support regarding a family member who uses a substance.

- 3.6.3.1.4 There is still a need to enhance the accessibility and relevance of drug programs to all families, especially those in disadvantaged circumstances. It is important that programs continually aim to enhance their engagement strategies so that they can build trust with families. Services need to continually assess the challenges around complex life situations and to ensure that inter-agency collaboration occurs to meet those complexities. All programs should aim to support people to increase personal control over the routine of one's life, to participate in productive work and competitive employment, education and training and to share in the responsibilities and rewards of active citizenship.
- 3.6.3.1.5 The assessment of drug programs should also include these types of social outcomes rather than just focussing on abstinence goals. For instance, DASSA's Therapeutic Community called 'The Woolshed' includes goals directed at improving social and work skills, improving health, improving family and other relationships and better parenting skills. Another example is the South Australian Opiate Maintenance Treatment Program which has objectives relating to both abstinence and social outcomes such as improved health status, engagement in employment or other productive activity, improved social relationships with family and others not using drugs and greater financial stability. The evaluation of methadone programs internationally continue to demonstrate their success in decreasing heroin use, improving health and decreasing criminality³⁶.
- 3.6.3.2 *Provide information and support services to high risk drug-using pregnant women in birthing hospitals.*
- 3.6.3.2.1 DASSA operates an obstetric program in conjunction with the Women's and Children's Hospital High Risk Pregnancy Clinic. It provides consultation, liaison, client advocacy, education, clinical assessment and treatment for substance using women prior to and during pregnancy. It also provides support for these mothers in the postnatal period.
- 3.6.3.3 *Work collaboratively with other agencies with clients who use drugs and are parents.*
- 3.6.3.3.1 It is important that drug and alcohol treatment services work closely with family support services and child protection services. As an example, South Australia has implemented the DASSA/ Families SA Partnership Project. The project's primary objective is to improve the service pathways for clients between DASSA and Families SA, the statutory body

responsible for child protection in South Australia. The project is based on the principles of capacity building and includes a DASSA staff member being allocated to a Families SA District Centre to attend case discussion sessions once a week. Families SA staff are invited to discuss cases where families are negatively impacted by drug and alcohol use.

3.6.3.3.2 The project has a number of key objectives including a predicted increase in Families SA and DASSA staff's knowledge and confidence in relating to parents who abuse or neglect children as a result of drug and alcohol problems. The project recognises that greater collaboration between child protection and drug and alcohol services is needed to improve the child protection response for parents with drug and alcohol problems.

3.6.3.3.3 South Australian child protection legislation makes it clear that the protection of children is a shared responsibility. There are mandatory assessment and protection provisions in South Australia for children when there are reasonable grounds for suspicion that a child is at risk as a result of the abuse of an illicit drug by a parent, guardian or other person. The Youth Court may issue an Order authorising or directing a parent, guardian or other person to take part in a drug assessment or treatment. The key principles underpinning this service include:

- a child-centred approach
- collaboration and integration across service systems
- linking parents to treatment options

3.6.3.3.4 DASSA, the Department for Families and Communities and the Children, Youth and Women's Health Service in South Australia regularly collaborate to fulfil these regulatory responsibilities. Families SA (a section of the Department for Families and Communities) and Children, Youth and Women's Services staff are able to make a direct referral to DASSA for a comprehensive drug assessment and work in partnership with DASSA to ensure that the identified drug issues are addressed. DASSA are able to provide a brief report regarding the parental drug use and what treatment options will best address the concerns of the agency.

3.6.3.3.5 In the case of the Youth Court directing a person to consider submitting to a drug assessment or treatment, it is preferable that parents agree voluntarily. Under such conditions, assessments could be expected to be more reliable, and treatments more effective. However, such voluntary work requires:

- an established and strong collaborative relationship between agencies, and the necessary resources (principally clinician/practitioner time) to make it possible.
- Alcohol and other drug clinicians who are also skilled and knowledgeable for work in the areas of child development and parenting, and able to assist clients to access appropriate mainstream services.

3.6.3.3.6 The South Australian Government is committed to ensuring that agencies work collaboratively to provide quality services to families impacted by drug and alcohol use. By working from a collaborative co-ordinated framework agencies are able to provide services to families that are appropriate and address the concerns the community has in regard to children growing up in these environments. This commitment will continue to expand as plans for further collaborative work between Families SA and DASSA become a reality.

3.6.3.4 Respond appropriately to those clients in drug treatment who are parents/caregivers of dependent children.

3.6.3.4.1 Drug treatment clinicians need the skills and resources to work with clients/ parents in order to:

- assess the risk factors for children in this environment.
- support parenting.
- provide education about child development and parenting.
- provide hands-on support and referral for accessing mainstream parenting and child support programs.
- work collaboratively with child protection and family reunification agencies.

3.6.3.4.2 The document *“Principles and Actions for Services and People working with Children of Parents with a Mental Illness (2004)”* describes both guiding principles and specific action areas for working with children of parents with a mental illness. This document was prepared as part of the Children of Parents with a Mental Illness Program which was funded by the Australian

Government. The program outcomes included the development of good practice principles and action guidelines for services, professionals and other workers, the development of resource materials for professionals, parents and young people, and the provision of advice to government.

3.6.3.4.3 A similar protocol focusing on supporting parents affected by the substance misuse of their dependant children would provide an excellent foundation for future work in this area.

3.6.3.5 *Ensure adequate and culturally appropriate services for the Aboriginal community and the Culturally and Linguistically Diverse (CALD) communities*

3.6.3.5.1 For Aboriginal and CALD communities there is a need to ensure that targeted services are developed in close partnership with the communities so that they are culturally appropriate. We recognise that mainstream services must also cater for the special needs of Indigenous and CALD clients and their families.

3.6.3.5.2 It is also important that services are part of a holistic, whole-of-government set of services that recognise that drug misuse does not occur in isolation.

3.6.3.5.3 The South Australian Government has worked in close consultation with Aboriginal communities, particularly in the APY Lands to ensure that services are culturally appropriate and relevant. A drug misuse rehabilitation facility is currently being built in Amata on the APY Lands. It is anticipated that this will be commissioned in late 2007 and will include the ability for family to stay at the facility and potentially have an involvement in the program. A mobile outreach service is already operating on the Lands and provides counselling and advice to family as well as assessment and treatment to Anangu with substance misuse problems.

3.6.3.5.4 Another example is The Wiltanendi (a Kaurna word for *becoming stronger*) demonstration pilot which designed to respond to increasing drug use among young Aboriginal people in South Australia. Wiltanendi is administered through DASSA and has recently completed a comprehensive planning and implementation stage. The pilot will work with thirty young Aboriginal people aged 10 years to 17 years at any one time and evaluate the outcomes to inform future work in this area. Wiltanendi will work with, and consult closely with, the young people's family and community to build on strengths and identify responses that are appropriate and realistic.

3.6.3.5.5 A good example of the way the South Australian Government engages with the CALD community around drug issues is DASSA's close collaboration with the Vietnamese community. DASSA maintains an ongoing collaborative relationship with the Vietnamese Community of Australia, SA Chapter (VNCASA) and the Vietnamese community generally. A number of projects and strategic initiatives aim to increase the capacity of the VNCASA to respond to drug and alcohol issues in the Vietnamese community in South Australia. The projects primarily focus on community and workforce development, as well as education and information resource development. This has included work with the community on blood borne virus prevention education, illicit drug use and harm prevention.

RECOMMENDATIONS

It is recommended that consideration be given to the following Australian Government measures to address the impact of illicit drug use on families:

1. The Australian Government's publication, "*Principles and actions for services and people working with children of parents with a mental illness*", created as part of the Children of People with Mental Illness Project, be forwarded to the Ministerial Council on Drug Strategy to determine whether a similar protocol can be developed for drug issues.
2. The Australian National Council on Drugs' publications, "*Supporting Families: Investigating support options for family members of young people with problematic drug use*" and "*Drug use in the family: impacts and implications*" be forwarded to the Ministerial Council on Drug Strategy with a request that they give consideration to the implications to support families affected by substance misuse.
3. Subject to the outcome of evaluations, that consideration be given to continuing and extending the national *Strengthening and Supporting Families Coping with Illicit Drug Use (Strengthening Families)* funding program beyond June 2007.
4. Australian Government services and programs targeted at Indigenous people be developed in partnership with community, recognising the principle that family members should be able to participate in treatment and rehabilitation programs for Indigenous people.
5. Australian Government programs developed to target youth at risk should target the social determinants of health including housing and educational attainment.
6. The Australian Government investigate opportunities to increase access to appropriate and timely child care provision for people who are accessing drug treatment programs.
7. It is also recommended that the Committee recognises and supports the evidence-base that underpins the harm minimisation approach which is endorsed by all Governments of Australia.

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