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House Standing Committee on Family and Human Services

Inquiry into the impact of illicit drug use on families

Submission to the Select Committee

Summary:

Personal experience of the impact of illicit drug use in my own immediate family leads me to identify the following acute needs if affected families are to be strengthened:

- The raising of public awareness of the problems families face. This has potential for reducing the shame factor
- Easier access to information about drug use and about the various organizations and support groups that are available to families
- Access to information about individual users in a way that balances the legal and ethical rights to personal privacy with the need to reduce family suffering by basic reassurance of the user's existence and safety. There is a critical need for the establishment of some 'middleman' type office that can mediate information to a family without breaching privacy rights of the user.
- More government assistance in providing funds and facilities for support groups – the key importance of peer support cannot be over-emphasised.
- Information and training programs to equip those most likely to be first points of contact for families on learning of the problem: ambulance workers, doctors, hospital emergency departments, police and magistrates, clergy and school counsellors.
- Printed materials listing sources of support more readily available through various professional groups.
- Age-focused guidance and support programs that relate specifically to the needs of different family members

Submission:

Response to Term of Reference 1: the financial, social and personal cost to families who have a member(s) using illicit drugs.

The fact that this inquiry is being conducted demonstrates the fact that there is clear awareness in the government that the costs of illicit drug use to individuals, families, the community, and Australian society in general are enormous. Specifying *families* as the focus of this inquiry shows a recognition of this impact that all affected family members will truly appreciate, as for far too long there has been concern only for the needs and problems of drug users with little discussion concerning the ripple effects on the family.

Decades of research have demonstrated the significance of this issue. A brief overview covers many issues of importance, and has helped me put my personal involvement in a broader context. A reference list as appended at the end of the submission.

1. The ramifications of widespread drug and alcohol usage go far beyond the users themselves:

    i. It has been estimated that each problem drug user will adversely affect at least two family members (Copello at al., 2000.)

    ii. Only very little research has been done on the impact of such drug use on the family or what is needed to minimise potential damage (Bancroft et al., 2002.)

        Typical problematic behaviours on the part of the user as reported by relatives include physical violence, unpredictable behaviour, stealing and behaving in an embarrassing way in front of others (Velleman et al., 1993.)

    iii. The limited research findings suggest that family members report feeling "lonely, isolated, tired, drained, unsupported, anxious, depressed, suicidal, guilty, tearful, apprehensive, worried, fearful, tense and confused (Velleman et al., 1993.)

    iv. The Introduction to a 1994 study of family feelings about long-term drug use noted: '*In these families, drug use becomes the central issue, struggle and nightmare for days, months and years*' (Dorn at al., 1994.)

    v. Other research (Orford et al., 1998) suggests that stresses faced by families are often multiple and long-lasting, with experiences such as
        - finding the drug user unpleasant to be with
        - financial irregularities and difficulties
        - being concerned over the user's health or performance
        - concern about what the problem is doing to the whole family and the home
        - experiencing personal anxiety or worry
        - feeling helpless or despairing
        - feeling low or depressed

    vi. Parents faced with the discovery of substance abuse can feel unprepared and uneducated (Sims, 2002) exacerbating their sense of inadequacy in coping

    vii. Shame and community stigma often prevent families from seeking help (Marshall, 1993.)

    viii. Families may find that existing services are not able to meet their needs, e.g. primary care practitioners often do not have the skills or time to respond to the needs of those with a substance abuser in the family.

ix. In a recent report, ADFAM (a UK voluntary organisation focussing on families, drugs, and alcohol), argued that such families are *'at best, condescended to or, at worst, actively excluded'* by services (Sims, 2002.) It is frequently found that services focus on the user, but lack the time and the capacity to deal with ripple effects on the family, and for reasons of privacy may not be free to share needed information with family members.

x. Research by Butler and Bauld (2005) concluded that there is a need to build on the level of services that specifically cater for families affected by substance abuse.

xi. Aid to families can significantly affect coping patterns and the capacity to encourage change (Toumbourou, 1994.)

2. Cross-cultural research indicates overwhelmingly that experiences and ways of dealing with these problems across very diverse cultures are highly similar. *'In brief, people say extraordinarily similar things when they are trying to tell us about what it is like to live with someone who has an alcohol or drug problem, seemingly regardless of where they come from'* (Velleman & Templeton, 2003.)

3. Given these findings, all writers agree that there should be considerable attention given to the needs of the families affected by substance abuse within their group.

Even to read material like this is both confronting and saddening, but it pales into insignificance when compared with living through these experiences. On the basis of twelve years of living in a family with a daughter who has been a long-term drug abuser, I can parallel every pattern and every response that has been recorded above by the researchers.

As parents, we have questioned and reproached ourselves for ignorance and lack of recognition of emerging problems, and we have suffered acutely through years of seeing a beautiful and intelligent young woman destroy her potential. We have come to recognise that when addiction takes control, everything goes: integrity, honesty, honour, truthfulness, care for others, personal health, hygiene, self-esteem, hope .... We have watched a beloved daughter lose all worthwhile friendships, jobs, education possibilities and – worst of all – her own child, a little girl who had adored her mother.

There is little point in recounting the experiences that we have lived through as part of a drug-infested world. The costs have been high in terms of family relationships, financial implications, legal repercussions, and the sheer weariness of living permanently under pressure and tension. Exhaustion and sadness become an underlying part of one's life in this situation.

What is more relevant to this inquiry is the way in which families can find help - how does a family cope with this way of life?

After all the initial shock, horror, guilt, shame comes the question: where do we turn?

The most important things needed are information and the support of others in a similar situation, but to access these is often difficult. We were lucky: ADIS in South Australia directed us to some of the support groups available, and through these we found a valuable training course for parents run by Drug and Alcohol Services and a support group of other parents in the same situation. There is nothing more important than finding you are not alone.

We learned to be tough - that there is a difference between being supportive and being indulgent. We learned to say 'No', to refuse to make it simple for our daughter to continue her way of life, even finally to say that there would no longer be a home with us while she was using. I could not begin to describe the heartbreak and the self-doubt of these years, and the situations that we subsequently saw our very much loved daughter living in. But we had learned that, despite all the reproaches and recriminations and accusations, we had to stick to our course, and to continue to assure her of the love that lay behind our actions.

It's been a long hard road for her - and for us. Now, after three failed attempts at rehab, she has just passed her 'one year clean' first birthday, thanks to a fourth try at *We Help Ourselves* in New South Wales. There are no words for my gratitude that she has reached this point. Best of all, she says that we were right to do what we did – and that without our toughness she's be dead by now.

But not everyone finds the support needed to help families survive to this point. There are organizations and groups that can help, but knowing about and accessing these is often beyond the capacity of families in the turmoil of the situation. This brings me to the issues in the third term of reference.

Response to Term of Reference 3: ways to strengthen families who are coping with a member(s) using illicit drugs.

1. Greater public awareness of the problem and its impact on the family could reduce the sense of shame and isolation. It's a tough haul when the family is feeling guilty and responsible; we were fortunate in having a large network of sensitive and aware friends - without this sort of support it would be much more difficult to maintain any degree of normal living. Only expanded public awareness of the ramifications of drug use on family members will make that a more general source of support. Families need encouragement and reassurance, not condemnation and stigma.

2. It is critical that there is extensive publicity about support agencies and avenues for help. While there are many specific organizations, such as Alanon and Naranon for family support, or Alateen for younger family members, or Family Drug Support, or church or charity based groups, much clearer coordination of the work of these groups is needed and a readily accessible avenue to finding what is needed by each client family, both in terms of type of addiction, geographical location of group, similarity of problem issues.

   In South Australia, an organization called *Family Matters SA* was formed in 2004 specifically to provide this sort of publicity and guidance to families, to assist them in finding the type of support most likely to meet their needs. Its primary purpose is to act as a referral agency and to check by follow up monitoring that needs are being met. Because its focus is directly on the family it is able to give

more detailed attention to family networks than the more general support provided by ADIS, whose concerns are for the user in the first instance. The two organizations can and should work in a complementary capacity.

3. Access to information about the user. There is a fine line between the individual's rights to privacy and the rights of distressed families to know what is happening to their children. At times the blanket refusal to provide even simple reassurance that an addict is resident in a detox facility rather than lying dead in a squat can add unnecessary anguish to a suffering parent. I recognise that this is a grey area, but there is urgent need to provide a middleman type clearing house of information which could both preserve the individual's right to privacy and yet reassure the family of their safety. This would be an enormous help in relieving the strain on families, who often live in the agony situation of not knowing whether the user is alive or dead, and for legal reasons cannot be told anything by officials or institutions.

4. Government assistance in the funding and facility-providing to support groups with a focus on two aspects:
    a. Peer support for those who need mainly the chance to talk to others in a similar situation
    b. Guidance and training by experienced counsellors in maintaining the emotional health of the family unit under pressures and in dealing with the addict in a way that will be helpful to all

5. Training programs are needed for groups such as doctors, clergymen, hospital emergency staffs, ambulance and paramedic personnel, magistrates, school counsellors and principals, etc – all of whom are likely to be the first ports of call for families facing addiction problems, so that they are sensitive to needs and informed about the sources of help and support that they can direct families to. Very often these groups simply do not know what is available to support families.

6. Kits of materials should be provided which contain up to date information for use by all the groups listed in 5 (above). Any person whose work is likely to bring him/her into contact with families facing illicit drug use problems should have readily available printed information about support sources and groups to pass on to those searching for answers and assistance.

7. Specific programs are needed which are targeted to different age groups e.g. children, siblings, parents .... as the pressures on these diverse groups are not uniform.

8. Strengthening the family is the heart of all these specific recommendations – and it is the heart of potential rehabilitation for the user. Whatever the causes of drug abuse – and these will be as varied as the individuals concerned – there is greater chance of rehabilitation and return to productive normal living if there is a strong and loving family to support that process. For that reason I am glad to see the work of this Select Committee.

Appendix: Reference materials

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