10

Illicit drugs and the family

10.1 Nearly all users of illicit drugs are members of a family. Relationships between family members can be an important factor in both protecting family members from using drugs and developing risk factors that can lead to illicit drug use. Evidence demonstrates the influence of the family in how we communicate, how we cope with stress and emotional problems, and our attitudes towards the use of illicit drugs and other intoxicating substances.[1]

10.2 Given the availability of illicit drugs in Australia; mixed messages about drug use; and the identified major reasons for trying drugs of curiosity (77 per cent) and the strength of peer pressure (54 per cent), particularly for adolescents, it is a sad reality that *all* families are at risk from illicit drug use.[2]

10.3 Nevertheless, evidence suggests that families influence the likelihood of illicit drug use in important ways, and that the family can represent a double-edged sword for its members. Certain family characteristics and behaviours, while not excusing illicit drug taking, can explain a person's increased propensity to engage in such practices. Conversely, the family can be a strong protective factor against illicit drug use. By building resilience and self-confidence, the family can be a person's strongest defence against drugs and their most steadfast support in rehabilitation and treatment.

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1 Velleman R et al, 'The role of the family in preventing and intervening with substance use and misuse: A comprehensive review of family interventions, with a focus on young people', *Drug and Alcohol Review* (2005), vol 24, p 94.

2 Australian Institute of Health and Welfare, *2004 National Drug Strategy Household Survey: Detailed findings* (2005), cat no PHE 66, p 37.

Defining the family

10.4 Given that this inquiry is about the impact of illicit drugs on families, it is important to define what the committee understands by 'family'.

10.5 A 'family' is a group of people who will each be impacted differently depending on the structure of the group and their relationship to the drug user as parent, child, partner, sibling, niece, nephew, aunt, uncle, cousin, grandparent or other family role. Australian families are diverse and each has a unique set of relationships between individual members.

10.6 According to the most recent Australian Bureau of Statistics (ABS) Family Characteristics survey, there were 2.5 million families with at least one child aged 0-17 years in 2003. Seventy-one per cent of those were couple families and 22 per cent were one parent families. There were 1.1 million children aged 0-17 years (23 per cent of all children in this age group) who had a natural parent living elsewhere, which in the majority of cases was their father.[3]

10.7 Four per cent of all families with children were step families, formed when parents repartner following separation, and where there is at least one step child of either member of the couple present. Three per cent were blended families, defined by the ABS as a family that contains a step child as well as a child born to both parents.[4]

10.8 As diverse as these statistics are, they do not begin to describe the range of families and family types affected by illicit drug use. As the Australian Drug Foundation has pointed out in their submission, to only consider the impacts of adolescent drug use on nuclear families would be to neglect the impacts felt by many others in a family or family-like relationship with drug users. These might include:

- families in which the parents are drug users;
- extended families, particularly important in cultures where the extended family model is the norm, such as in Indigenous communities;
- grandparents, who are increasingly bearing more and more responsibility for grandchildren growing up in at-risk environments;
- siblings;

3 Australian Bureau of Statistics, *Family Characteristics Australia 2003* (2004), cat no 4442.0.

4 Australian Bureau of Statistics, *Family Characteristics Australia 2003* (2004), cat no 4442.0.

- partners, who may see their relationship placed in jeopardy by illicit drug use;
- adult drug users, who may be much more dependent on their family than other people their age who have left the family home; and
- non-biological families.[5]

10.9 There is no complete data on the familial characteristics of illicit drug users. However, some partial information is available on illicit drug use and how many family members may be affected:

- children living in households where parents are regularly using illicit drugs — Over 78,000 children aged 12 years or less live in a household containing at least one daily cannabis user and over 27,000 children live in a household with an adult who uses methamphetamine at least monthly and reports doing so in their own home;[6]
- children of parents accessing treatment for illicit drug use — In 2002-03, at least 60,000 children in Australia may have been affected by the illicit drug use of their parents, amounting to 1.5 per cent of children under the age of 15 years;[7]
- children of mothers using illicit drugs during pregnancy — In 2005, more than 255,000 women gave birth to children.[8] Recent state-wide surveys of maternity hospitals in New South Wales and the Australian Capital Territory in 2000 and 2004 consistently estimated that 1.3 per cent of women who reported for delivery reported some form of dependency or substantial exposure to illicit drugs during their pregnancy;[9]
- grandparents caring for their grandchildren due to parental illicit drug use — In 2003 there were 22,500 grandparent families with 31,100 children aged 0-17 years in Australia, representing around one per cent of all families with children aged 0-17 years.[10] Many of these grandparents (precise figures are not known) take on the primary

5 Australian Drug Foundation, submission 118, pp 3-4.

6 Dawe S et al, Australian National Council on Drugs, *Drug use in the family: Impacts and implications for children* (2007), p 17.

7 Odyssey Institute of Studies, *The Nobody's Clients Project: Identifying and addressing the needs of children with substance dependent parents* (2004), p 11.

8 Australian Bureau of Statistics, *Births Australia* (2006), cat no 3310.0, pp 7, 14.

9 Oei J and Lui K, 'Management of the newborn infant affected by maternal opiates and other drugs of dependency', *Journal of Paediatrics and Child Health* (2007), vol 43, p 9.

10 Australian Bureau of Statistics, *Family Characteristics Australia 2003* (2004), cat no 4442.0, p 40.

caring role as a result of their own children's drug problems, which often co-occur with factors such as mental illness and gambling;[11] and

- Victims of drug-related incidents that occurred in the home — In 2004, 27 per cent of victims of verbal abuse, 37 per cent of physical abuse and 31 per cent of incidents where a victim was put in fear occurred in the home.[12]

10.10 As the Australian Drug Foundation and the Australasian Society of HIV Medicine both noted, many drug users have experienced family breakdown problems and identify their friends as being a non-biological family:

> In the absence of a 'functional' biological family, others step into the breach to fulfil the role of family members and thereby encounter the same difficulties and challenges of caring about and for someone who does not or cannot manage and maintain their health and lifestyle in a generally accepted way.[13]

10.11 For the purposes of this inquiry, the committee has focussed on families as a group of biological or legally adopted members, rather than networks or households of close friends.

All families are at risk

10.12 Many people using illicit drugs come from families with no signs of disadvantage. Factors such as curiosity, peer pressure, external social attitudes towards the acceptability of drug use, individual temperament or simply bad decision-making can have much more explanatory power than family background in illicit drug use. This is particularly so given that the average age of initiation to illicit drugs is in adolescence and young adulthood, when the influence of the family is typically waning relative to that of the peer group.[14]

10.13 The message came through strongly in evidence to the committee that illicit drugs are a risk to all families. While clinical experience and research suggests that some families may be particularly prone, the pervasiveness

11 Australian Institute of Family Studies, submission 152, p 12.

12 Australian Institute of Health and Welfare, *2004 National Drug Strategy Household Survey: Detailed findings* (2005), cat no PHE 66, p 88.

13 Australasian Society of HIV Medicine, submission 140, p 8.

14 Hayes A, Australian Institute of Family Studies, transcript, 19 June 2007, p 5.

and addictive power of illicit drugs can affect anyone. Five families told the committee about their experiences:

> Do not think that this will never touch your life, because it could be a grandchild if not a child of your own. The people in my support group are some of the nicest people I have ever met, certainly not monsters or social outcasts who you would suspect have drug-dependent loved ones.[15]
>
> Imagine this. Sitting next to one of the kindest people in the world, who has never even been intoxicated by alcohol before, who adored her son, loved him, supported him, admired him, stood by him... imagine letting her know that he was a drug addict.[16]
>
> My brother [an illicit drug user] and I come from a close and loving family and extended family. My brother was a high achieving scholar, sportsman, businessman and community contributor, winning many scholarships and awards in these arenas.[17]
>
> I have had the very sad experience of seeing my daughter's best friend die from a drug overdose. She was a very well-educated girl from a loving, caring middle class family.[18]
>
> My 23 year old son is recovering from heroin addiction. Raised in a happy home with two parents, no violence, no sexual abuse, no dysfunction; he was private school educated, a good student, a cadet and a rugby second rower… My message is that this can happen to anyone; it happened to us.[19]

10.14 If a loving and stable family is not necessarily a protective factor against illicit drug use, nor is a higher family socioeconomic status. Some of the literature, which normally comes from researchers and academics working with dysfunctional groups, suggests that drug use is more likely to occur in families with a lower socioeconomic status, given that problems of illicit drug use, domestic violence, sexual assault, poor housing and poor parental mental health can cluster together.[20] However, a drug and alcohol counsellor commented that:

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15 Name withheld, submission 20, p 2.

16 Name withheld, submission 165, p 2.

17 MacIntyre R, submission 81, p 1.

18 Perry J, submission 5, p 1.

19 Name withheld, submission 56, pp 1, 3.

20 Dawe S et al, Australian National Council on Drugs, *Drug use in the family: Impacts and implications for children* (2007), p 53.

> Family Drug Support receive as many, if not more calls from the affluent suburbs in Australia. Drugs do not discriminate. When I run group meetings or Stepping Stones to Success courses all parts of society are represented. The car park has as many 'old bombs' as there are the latest expensive vehicles.[21]

10.15 Similarly, Nar-Anon Family Groups said that:

> Drug abuse… spans all socioeconomic levels of our society. It is not just a problem existing only in stereotyped groups of wrong doers.[22]

Box 10.1 Ryan Hidden's story

My parents epitomise the Aussie-battler. Starting with nothing, both have worked incredibly hard and now own their home and can afford all the luxuries of upper middle class. I grew up in a stable, loving and happy family home. Living just outside of Gawler on a 20 acre property, I spent my time riding horses and travelling this beautiful country of ours with my parents.

I have always been one of those kids who was full of potential. Going to a public primary school I always excelled and in year seven made the switch to Trinity College, were I continued to stand out in the class. What I'm trying to establish is that I am not the stereotypical drug user (although I personally believe one doesn't exist).

This young man, now an advocate for the treatment and rehabilitation of drug users, developed an addiction to marijuana and amphetamines that led him to leave the family home and live, for short periods, in a caravan park and a car.

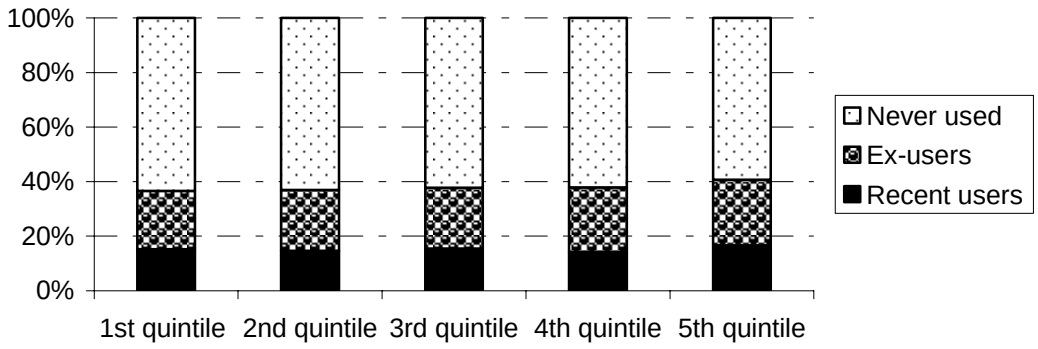
Source Australian Drug Treatment and Rehabilitation Foundation, submission 132, p 3.

10.16 This appears to be supported by the 2004 National Drug Strategy Household Survey, which found a remarkable lack of disparity between the socioeconomic backgrounds of those who had never used, ex-users, and those who were recent users of drugs (figure 10.1).

21 Chang T, submission 28, p 3.

22 Nar-Anon Family Groups Australia, submission 115, p 1.

Figure 10.1 Socioeconomic status of illicit drug users in Australia, 2004



Source *Australian Institute of Health and Welfare,* 2004 National Drug Strategy Household Survey *(2005), cat no PHE 66, p 38.*

Family risk factors for illicit drug use

10.17 Some family characteristics and behaviours do appear to be more common amongst illicit drug users. Family factors associated with later drug use, identified in a comprehensive review by the Australian Institute of Family Studies, include:

- a family history of behavioural problems;
- poor socialisation practices;
- ineffective discipline skills and ineffective supervision of children;
- poor parent-child relationships;
- high levels of family conflict;
- child maltreatment (physical, sexual or verbal);
- parental mental illness;
- family isolation;
- alienation from mainstream social values;
- difficulties with acculturation; and
- stress — particularly in sole-parent households.[23]

23 Australian Institute of Family Studies, submission 103, p 2.

10.18 Similarly, rehabilitation and counselling organisation Odyssey House Victoria told the committee that:

> Specific aspects of family life and family relationships have strong and consistent connections to the initiation, exacerbation, and relapse of drug problems.
>
> Relationship factors such as poor parent-adolescent relationships consistently predict adolescent drug use across cultures and time even more so than salient factors such as family structure. Parenting practices including low monitoring, ineffective discipline, and poor communication are also important factors in the initiation and maintenance of drug abuse problems among youth, although parenting clearly interacts with a host of other social and emotional factors in predicting the onset of drug abuse and related problems.[24]

10.19 Factors such as family conflict, ineffective discipline and family stress inhibit a parent's ability to monitor the activities of their children and teach them skills for coping with drugs in their school or peer environment.

The intergenerational cycle of drug use

10.20 Many inquiry participants had observed patterns of drug use replicated across several generations in a family (box 10.2).

10.21 A report published by the National Health and Medical Research Council in 2001, *The role of families in the development, identification, prevention and treatment of illicit drug problems*, found that, unsurprisingly, children of drug users were more likely to use drugs themselves, even though the type of drug used might differ across generations:

> Family history of substance abuse is an important family-level risk factor for substance abuse. Australian data confirm parent substance use to be an important predictor of more frequent youth substance use. The more members of a household, including siblings, who use a drug, the greater the child's risk of early initiation of use of that drug.[25]

10.22 Medical professionals and drug treatment and service agencies noted that they commonly saw generational patterns of drug use in their clients. The

24 Odyssey House Victoria, submission 111, p 8.

25 Mitchell P et al, National Health and Medical Research Council, *The role of families in the development, identification, prevention and treatment of illicit drug problems* (2001), p 6.

Victorian Alcohol and Drug Association noted that drug service providers they had consulted with reported dealing with clients who were third generation drug users.[26] A physician in regional New South Wales reported that clinical contact with extended families was common, and that he treated children of parents he had treated previously with drug and alcohol problems.[27] Similarly, the Royal Australasian College of Physicians reported that two and three generations of opiate addicts from one family were seen at methadone units in NSW.[28]

10.23 The Palmerston Association, a Perth-based provider of services to people affected by drug use, suggested that this was a function of parental use of drugs normalising illicit drug use and modelling a particular kind of coping behaviour:

> We have observed a dynamic where illicit drug-using parents use drugs to manage challenging personal experiences and pass this form of coping behaviour onto their children. We view this as a major cost to the children of drug-using parents: the lack of opportunity to learn the very skills which may afford them protection against illicit drug use.[29]

10.24 For those children whose mother used drugs whilst pregnant, their susceptibility may be even more fundamental. As discussed in chapter three, drugs can cross through the placenta and result in the foetus becoming addicted, causing a range of abnormalities in its development.[30] Babies undergoing withdrawal (neonatal abstinence syndrome) may require additional medical treatment, and frequently exhibit irritability, temperament problems, sleeping and feeding difficulties and high-pitched crying, often for long periods.[31] Due to a dearth of longitudinal research in this area, however, it is not known if such children are more neurologically prone to addiction in later life as a result of prenatal exposure.

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26 Victorian Alcohol and Drug Association, submission 100, p 10.

27 MacQueen A, submission 92, p 3.

28 Royal Australasian College of Physicians, submission 119, p 10.

29 Palmerston Association, submission 91, p 2.

30 King Edward Memorial Hospital for Women, submission 19, p 4; Advisory Council on the Misuse of Drugs, United Kingdom, *Hidden harm: Responding to the needs of children of problem drug users* (2003), p 31.

31 Advisory Council on the Misuse of Drugs, United Kingdom, *Hidden harm: Responding to the needs of children of problem drug users* (2003), p 37.

Box 10.2 Ryan Betts' story

Dad left home when I was five years old. He left my mother alone with the kids—at that time, me and my brother. He was arrested at Sydney airport not long after—he was bringing heroin into the country. Our stepfather was a very violent and very abusive alcoholic. He used to beat us and mum. She ended up having two more kids with him—my two sisters.

Growing up in that environment, fatherless and then with this father figure that was so abusive and carried on the way that he did, meant that we grew up with a lot of issues. We grew up bitter, hurt and aggressive, with a lot of walls and with no identity. Just before I went into the training centre we were fighting with the people in the units next door. It was all over drugs and everything else. One ended up having his throat cut, there were shots fired and all sorts of things. That is just how it was, and that is how we grew up, seeing all those sorts of things. It is generational. I ended up going down the same road. A lot of our family members are in jail and many others have died. Along the way, I have also seen a lot of my friends die. Two of my friends committed suicide just before I went into the program, and others were in jail.

I remember thinking to myself at the time about the way that I was living. My girlfriend was a prostitute and on drugs, and she had a little girl. The way that I was living was as though a baton had been handed down from one generation to another, and I thought it had to stop.

Source Betts R, transcript, 3 April 2007, p 113.

10.25 Should these children remain in the care of their biological parents, as most will do, environmental and behavioural factors may conspire to perpetuate an intergenerational cycle of drug use. The UK report *Hidden harm* (2003) found that:

> If the child's circumstances after birth are unfavourable, it may also be hard to tell whether any observed problems result from damage or disadvantage before or after birth, or indeed may be a combination of the two. For example, following prolonged exposure to opiates or benzodiazepines during pregnancy, the baby is likely to be very irritable and cry constantly (the neonatal abstinence syndrome). If the mother is also oscillating between drug-induced stupor and withdrawals, mother-infant bonding is likely to be poor and she may neglect the child.[32]

10.26 As previously noted, children with parents who use illicit drugs are more at risk of child abuse, neglect, and sexual assault.[33] As the Australian

32 Advisory Council on the Misuse of Drugs, United Kingdom, *Hidden harm: Responding to the needs of children of problem drug users* (2003), p 31.

33 Advisory Council on the Misuse of Drugs, United Kingdom, *Hidden harm: Responding to the needs of children of problem drug users* (2003), p 38; see also chapter three.

Institute of Family Studies (AIFS) told the committee, many children who do not experience any of these things will go on to become drug addicts. However:

> Child abuse, neglect and sexual assault are risk factors for later drug abuse, demonstrating the key role of families in the intergenerational cycle of drug use.[34]

10.27 Professor Sharon Dawe from Griffith University, who authored the recent Australian National Council on Drugs report *Drug use in the family*, also said that parental substance abuse was likely to be related to other factors that made it more difficult for the children of drug users to learn strategies and skills that might protect them from drug use:

> As a clinical psychologist working in this area, one of the things that always stand out for me is that you are rarely talking about a single problem. Most of the time you are talking about families where there is a lot of chaos—there is domestic violence, there are financial difficulties and there are kids whose behaviour is often out of control. The parents… have often grown up in really chaotic families with such things as substance abuse and domestic violence and have been in and out of foster care.
>
> So in my clinical practice and in my research I see a kind of intergenerational process. I am now seeing kids of 12 or 13 and I know that in five or six years time they will be parents with exactly the same issues that their parents had when raising children. And so it goes on and on.[35]

10.28 As personal stories to this committee attest, even intergenerational cycles of drug use can be broken with determination and support, although it may be important to acknowledge that such people will have intensive treatment, counselling and skill development needs.

Sibling drug use

10.29 Attitudes to, and use of illicit drugs by siblings can also have a powerful effect on the likelihood that other siblings will use drugs. Odyssey House Victoria suggests that this effect could even be stronger than that of parental drug use or parental attitudes towards drugs:

> Sibling modelling of alcohol and illegal drug use and parental attitudes towards children's drug use are also associated with

34 Hayes A, Australian Institute of Family Studies, transcript, 19 June 2007, p 2.

35 Dawe S, transcript, 13 June 2007, p 1.

> adolescent alcohol and other drug abuse. Non-use by older brothers has been shown to mediate the influence of parental drug use. Drug use by older brothers and peers has been found to be more predictive of younger brothers' use than parental modelling of drug use.[36]

10.30 The committee took evidence from a mother in Perth who had five children, four of whom had used illicit drugs:

> I guess I could describe myself as just being an ordinary mum living in [a Perth suburb] and just been part of everything with five children. Twenty-two years ago things changed drastically. I have seen four of my five children problematically use drugs since then. My eldest child commenced using cannabis at 13 and was injecting amphetamines by 17. For four of my children the drug of choice has always been amphetamines, though I lost a 19 year old son to a heroin overdose 10 years ago…

10.31 Consistent with the evidence provided by Odyssey House Victoria, the mother described this devastating familial capitulation to illicit drugs as a function of a strong sibling influence, a breakdown of family standards and inconsistent, if well-intentioned, parenting:

> The first four children, in particular, were quite close and I think it percolated very quickly through the family. There is a moralism around it, and I think it breaks down the morals within the family system. Of course at that stage there was minimal education. I had minimal education. My husband was at one end of the spectrum; I was at the other end of the spectrum. When he was too soft, I was too hard. When he was too hard, I was too soft. There was not a consistency.[37]

10.32 Similarly, a mother in Sydney described how her son's illicit drug use had put her younger daughter at risk through premature exposure to drugs and by breaking down parental authority:

> My daughter was witnessing things at nine and ten that no child should have to witness… When my son heard me coming he shoved about five kilos of speed at my daughter and said, 'Hide this under your jacket, mum's coming.' She did not think there was anything wrong with that because she was too young to understand, so she did it. It was only in the last two years that she

36 Odyssey Institute of Studies, *The Nobody's Clients Project: Identifying and addressing the needs of children with substance dependent parents* (2004), p 25.

37 Harris S, transcript, 14 March 2007, pp 55, 56, 60.

> gave me this information. When my husband and I used to go out for a night, they would invite their friends over and would be running up and down the hallway of the house with bongs in their hands in front of my two youngest children. These kids are just too young to experience things like that. You then come back to the 'monkey see, monkey do' syndrome: they see it happening in the home and they think it is okay. It is not okay, and she could not understand why we were being so anti drugs.[38]

10.33 But the drug use of older siblings will not always influence younger siblings to mimic their behaviour. A Glasgow study on the impacts of drug use on the family interviewed many siblings of drug users for whom witnessing the effects of drugs had been a powerful deterrent to experimentation:

> Many siblings said they could not understand the attraction of drugs or the associated lifestyle. They saw their brothers or sisters as sad, angry people and considered that it was their drug problems that had largely brought this about.[39]

10.34 Certainly, this committee received a number of submissions describing how siblings developed a repulsion to illicit drugs having witnessed the impacts on their family and on a brother or sister who may formerly have been much admired:

> My son overdosed twice at home and we still could not get help. My youngest son who is very gentle and loving said that 'next time we would let him die'. And wears a T-shirt stating *you may as well inject battery acid you dumb f…* [It is] his only way of letting his brother know how he is feeling and his pain of watching this all happen to his big brother who he loves.[40]

10.35 Often, the reasons for divergent behaviour on the part of siblings or indeed other family members are not easily explained. Ryan Betts, a recovered drug user and now staff member at rehabilitation organisation Teen Challenge NSW, told the committee his story of a violent and abusive upbringing under an alcoholic stepfather, which appears in box 10.2. He notes that while he became enmeshed in the pattern of intergenerational drug use, his brother's response was inexplicably different, even though they shared similar familial issues:

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

39 Barnard M, *Drugs in the family: The impact on parents and siblings* (2005), p 33.

40 Quon M, submission 8, p 6.

> My brother is the complete opposite to me. He never touched drugs. He never touched alcohol or anything like that. Without invading his privacy or confidentiality, I see the path that he has gone down. I say to him: 'Joel, you never hit the bottom like I did in that sense. You've always aimed for the top, but it doesn't mean that your heart is not broken. We saw the same things. One reached out to the bottle and one reached out to success'.[41]

10.36 The AIFS, giving evidence to the committee, suggested that individual temperament, including such things as a propensity for risk-taking, compulsive or addictive behaviours, could play a role in explaining why some siblings are more resilient to exposure to illicit drugs:

> The Institute's analyses of findings from the Australian Temperament Project show that children with an easy temperament early in childhood are more likely to have positive adjustment later in childhood and adolescence, which in turn reduces the likelihood of other risk factors for later drug use being present, such as antisocial behaviour or school truancy.[42]

Genetic vulnerability

10.37 Many witnesses casually mentioned, in giving evidence to this inquiry, that other members of their family had a history of addictive behaviour, be it an addiction to alcohol, gambling, prescription drugs or other substances. Two families noted that:

> I wish to tell you a little of my life with a heroin addict daughter, who is now in jail for armed robbery… My sister's only two children are both opiate addicts also.[43]

> I have 12 nephews and two nieces, and only two are drug free. Twelve do drugs. My niece killed herself, being a heroin addict. The others struggle. They are moving along with their lives but they struggle to maintain employment. I have three sons and two do drugs.[44]

10.38 There may be such a thing as genetic predisposition towards drug use and addiction, although the research to date is inconclusive. It is obviously difficult to isolate the genetic from the learned behavioural culture of a

41 Betts R, Teen Challenge NSW, transcript, 3 April 2007, p 113.

42 Hayes A, Australian Institute of Family Studies, transcript, 19 June 2007, pp 1, 3.

43 Name withheld, submission 75, p 1.

44 Kerry, transcript, 14 March 2007, p 28.

family, although attempts have been made in studies of identical twins reared separately, and of the children of drug users who were adopted at an early age.[45] The National Health and Medical Research Council (NHMRC) report in 2001 concluded from the literature that genetic factors play 'a modest but significant role' in determining whether a person will use illicit drugs.[46]

10.39 Dr Ivan van Damme, of the Flemish Platform Against Drugs, told a Drug Free Australia conference in April 2007 that each person had a unique genetic susceptibility to addiction, although no single responsible gene had been identified:

> Genetic vulnerability, or predisposition, to substance dependence is likely to be tied to several distinct genes, each producing a small effect, which might increase risk of developing substance dependence. Any one of the genes on its own will be insufficient to cause dependence, but several different genes may all contribute to the vulnerability. Substance dependence is polygenically inherited, and each gene is likely to account for only a small per cent of the variance. Not everyone who carries a 'risk gene' for substance use or dependence will become dependent, and likewise some of those who become dependent will not carry that particular risk factor.[47]

10.40 As the NHMRC report stated, 'It is the gene-environment interactions that determine whether an inherited vulnerability will be expressed as drug abuse'.[48] In other words, even a person with a predisposition to addiction is unlikely to develop that without ready access to drugs and a social milieu that deems drug-taking acceptable in the first place. Genetic tests to identify 'addiction genes' are as yet in their infancy, are not particularly useful in themselves and run the risk of diminishing perception of other risks present for drug users with no family history of drug use. The committee believes that Dr Van Damme's advice is salient:

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45 Ryder D et al, *Drug use and drug-related harm: A delicate balance* (2006), 2nd ed, IP Communications, pp 52-54.

46 Mitchell P et al, National Health and Medical Research Council, *The role of families in the development, identification, prevention and treatment of illicit drug problems* (2001), p 3.

47 Van Damme I, 'Elements of patho-physiology of drug addiction and related consequences', presentation to the Drug Free Australia Conference 'Exposing the Reality', Adelaide, 27 April 2007, p 5.

48 Mitchell P et al, National Health and Medical Research Council, *The role of families in the development, identification, prevention and treatment of illicit drug problems* (2001), p 3.

> The single best way to avoid the risks of addiction, no matter what one's genetic makeup, is not to use the substance at all.[49]

Family protective factors

10.41 The AIFS noted that families can also play a positive role in protecting against later illicit drug use, and in many cases, they are the converse of the risk factors explored above. They include:

- positive family attachment;
- parental harmony (low parental conflict);
- positive family relationships (providing social supports and coping skills); and
- low parent-adolescent conflict.[50]

10.42 Odyssey House Victoria, in the full report for the Nobody's Client's project, concluded that exposure to risk, such as susceptibility to peer pressure, can be influenced by the presence of protective factors:

> Protective factors within the family include strong bonds, clear rules of conduct and involvement of parents in the child's life. A further range of protective factors has been identified in children exposed to extreme stress in highly disturbed families. These include positive temperament, a range of problem solving skills, an internal locus of control, a supportive family milieu, and an external support system that encourages the child's coping and reinforces positive values. Protective factors beyond the family include successful school performance, strong bonds with positive institutions such as school and religious organisations and the child's perception of the acceptance of drug use.[51]

10.43 The UK report on the children of problem drug users, *Hidden harm*, also found that protective factors existed that gave children greater resilience against the risks and disadvantages posed by parental use of illicit drugs.

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49 Van Damme I, 'Elements of patho-physiology of drug addiction and related consequences', presentation to the Drug Free Australia Conference 'Exposing the Reality', Adelaide, 27 April 2007, p 1.

50 Australian Institute of Family Studies, submission 103, p 2; The Royal Australasian College of Physicians, submission 119, p 10.

51 Odyssey Institute of Studies, *The Nobody's Clients project: Identifying and addressing the needs of children with substance dependent parents* (2004), p 27.

While the report concluded that the emerging picture was 'depressing', and that 'parental drug use has the potential to interfere with virtually all aspects of a child's health and development', it also noted that some children appeared to be remarkably resilient.[52] Some features in the family environment of these children were:

- the presence of at least one unconditionally supportive parent or responsible adult who was helpfully involved in the child's care;
- one or both parents were receiving effective treatment;
- the family's routines and activities were maintained; and
- there was a stable home with adequate financial resources.

10.44 These are, admittedly, difficult things to achieve for some families with parental drug use which may be characterised by financial insecurity and inconsistent and erratic schedules. Other protective factors came from outside of the home environment, and included:

- strong social support networks;
- a committed mentor or other person from outside the family; and
- regular attendance at school, support from teachers, and positive school experiences.[53]

Discussion

10.45 Why do some families experience problems with illicit drugs and not others? Are they families with poor parenting, poor communication skills, multiple disadvantages and a prior practice or ancestry of addiction? Were family members born with a particular temperament or personality that predisposed them to drug use? Were family members exposed to drugs through peer group, social influences or sheer ubiquity outside of the family's control? Were they unlucky?

10.46 The answers could be all or one of these. Odyssey House Victoria's 2004 report on the Nobody's Clients project for children of drug users noted that:

52 Advisory Council on the Misuse of Drugs, United Kingdom, *Hidden harm: Responding to the needs of children of problem drug users* (2003), p 41.

53 Advisory Council on the Misuse of Drugs, United Kingdom, *Hidden harm: Responding to the needs of children of problem drug users* (2003), pp 37-41.

> There is no conclusive evidence on the relative importance or the interaction of various risk factors in the development of drug problems. It is also difficult to establish which risk factors are the most critical, which are amenable to change and which, if any, are specific to the development of drug abuse as opposed to general adolescent problem behaviours.[54]

10.47 The committee is sensitive to the fact that many parents of drug users experience guilt, anxiety and bewilderment over whether their family environment could somehow be to blame for their son or daughter's actions. In the past, this has been encouraged by a clinical bias that assumed the family was either the root of the drug user's problems or an irrelevant adjunct with little to contribute to the treatment and rehabilitation of addicts.[55]

10.48 An Adelaide mother gave evidence to committee about her son, who committed suicide in 2006 after struggling with cannabis, amphetamines, ecstasy, magic mushrooms and intense depression. Asked whether she felt some families were more at risk than others, her response revealed the searching self-doubt that others parents have reported as well as a pragmatic sense of the influences of the world at large on her son:

> I wondered about that; you do question yourself as a parent. No. There are people I am aware of from good wholesome families where parents have good positions in life, who offer to our community in positive ways—in organisations, in groups they are with—and their children have goals and ambition. All it takes is that one: they take one smoke and think, 'That was all right, that didn't harm me.' The next thing you know, peer pressure, they are at a party, they are given more.
>
> Some people can have a pre-existing addictive nature and possibly genetically, too, people are predisposed to drug abuse. My family has a history of alcoholism on my father's side; a grandfather and all five of my cousins have been alcoholics. We have a predisposition, I consider, to perhaps becoming addicted to substances, in which case perhaps we need to tread more

54 Odyssey Institute of Studies, *The Nobody's Clients project: Identifying and addressing the needs of children with substance dependent parents* (2004), p 23.

55 Families Australia, submission 152, p 14; Australian Psychological Society, submission 131, pp 7-8; Walsh C, submission 84, p 3; Copello A et al, 'Family interventions in the treatment of alcohol and drug problems', *Drug and Alcohol Review* (2005), vol 24, p 376.

> carefully. My understanding is anyone can become addicted with continual use of anything.[56]

10.49 As Velleman, Templeton and Copello write:

> Family influence… does not occur in a vacuum: clearly there are other determinants on drug and alcohol use and misuse, including intra-personal factors, peer influence, and wider — community and environmental — factors such as media influences, advertising, availability and environmental deprivation; these cannot be ignored in any comprehensive analysis of aetiology and correspondingly of prevention and intervention strategies.[57]

10.50 Nevertheless, it is important to acknowledge potential family influences on drug use, both protective and negative, at the same time as acknowledging the grief and damage wrought on families by illicit drugs. There are clear implications for enhancing prevention measures that:

- apply across the spectrum of Australian society;
- harness the family to influence against drug use;[58] and
- protect those rendered most vulnerable by intergenerational cycles of drug use and associated risks of neglect and abuse.

The Hon Bronwyn Bishop MP
Chairman

56 Russ C, Drug Free Australia, transcript, 28 May 2007, p 5.

57 Velleman R et al, 'The role of the family in preventing and intervening with substance use and misuse: A comprehensive review of family interventions, with a focus on young people', *Drug and Alcohol Review* (2005), vol 24, p 94.

58 Velleman R et al, 'The role of the family in preventing and intervening with substance use and misuse: A comprehensive review of family interventions, with a focus on young people', *Drug and Alcohol Review* (2005), vol 24, p 103.