

Submission to Bronwyn Bishop,
Chairman of the House of
Representatives Family & Human
Services Committee

Inquiry into
**The impact of illicit drug use on
families.**

From:

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Summary of Recommendations

1) A review of the National Drug Strategy 2004-2009 is recommended to recognise:

- the support needs of all family members when a member has an addiction to drugs, and
- the potential to strengthen families, creating a positive force in the lives of the addicted family member.

The International and local evidence for the need to engage with families in the treatment of drug addiction is compelling, and I believe will be borne out by the current ANCD project 'Drug use in the family: Impacts and Implications', especially the second paper due out later this year.

2) Families will achieve positive outcomes when the focus of support is based on helping families focus on the things that they really do control, rather than focusing on the drug use itself.

3) Funding needs to be made available for programs that demonstrate effective outcomes for family members.

4) Peer based services need to a significant component of funding for family based programs

5) Services are needed for the siblings in families when one of the children is addicted to illicit drugs.

6) Effectively supported and trained workers who work in a family focused environment, (either programs within larger services or separate family focused organisations) who understand the way alcohol and drug issues can affect families are required to support families.

7) Families support the continuation of Harm Minimization strategies.

8) Adequately funded peer based services function very effectively in providing support to families impacted by illicit drug use.

I would appreciate the opportunity for our organisation to present at the public hearing in May in Melbourne.

I can be contacted on 03 95731706, or at amurnane@sharc.org.au

Submission to the Bronwyn Bishop, Chairman of the House of Representatives
Family & Human Services Committee
Inquiry into
The impact of illicit drug use on families.

Family Drug Help is a support service for family members of people who have problematic drug or alcohol use. It was established in 2000 with a grant from the Victorian State Government. It is a peer-based service, relying on volunteers to deliver the majority of its services, supported and supervised by a team of 4 professional staff. All volunteers have experience of alcohol or drug use within their own family, or by close friends.

The six main elements of the program are:

- A 24 hour Helpline
- A network of 23 support groups across the State.
- A 6 session education program for family members
- A quarterly newsletter
- A resource center
- Community Education

Summary of FDH Service Delivery in 2006 (see appendix 1 for full report)

From the figures in appendix 1 it is difficult to calculate the total number of families supported due to families using multiple services; however the following outcomes can be calculated.

Total service delivery events for families: 15,087*

Total Publications Distributed: 30,300

Total service delivery events for professionals: 420*

Total volunteers involved in the service (March 2007): 70

*An event is a one of service delivery, such as one call to the Helpline or one person attending a 4 hour training session.

We are please to provide the following response to the inquiry drawn from our membership and our 7 years of experience supporting families.

Our response is based on our assumption that the focus on this inquiry is on families concerned with members with addiction to drugs, rather than families with members experimenting with drugs. The different situations require quite different responses, and it is the long-term addiction that Family Drug Help's service delivery focuses on. Our response relates to our area of expertise, which are families that have children or one parent with drug related issues. Our expertise does not relate to families where both parents have drug use issues, and the effects on their children.

Having read the brief and the transcripts of public hearings we understand that it is not the brief of this inquiry to consider alcohol. However in representing the views of families we would be negligent to not draw attention to the fact that although alcohol is not illicit (not for those over 18 years at least), families would have seen many

advantages in including alcohol within the brief of this inquiry. The health and social consequences of its use for individuals and families are not significantly different to illicit drugs. Although a legal drug, the consequences of its use often bring people into contact with law enforcement agencies, as do illicit drugs.

Inquiry Response

The first context in which we will respond to this inquiry will relate to the National Drug Strategy 2004-2009.

The Strategy lists one of its objectives (page 5) as

'to reduce drug related harm for individuals, families and communities'

It continues on page 7 under the heading of 'Reduction of Drug Use and Drug Related Harm' with the statement

'Responsibility for reducing these risks is shared between governments at all levels, the non government sector, business and industry, communities, research bodies, families and those who use drugs and other substances themselves'.

However, apart from a range of other vague references to 'community' which is presumably speaking much more broadly than families, the strategy does not identify policy or roles that would provide the necessary support and strengthening of families to assist them to become a substantial force in the prevention or reduction in the use of illicit drugs. Furthermore, the needs of families who are by far the most effected group in the community (often more affected than the family member using drugs) is not recognised or considered.

This oversight suggests that in the development of the strategy two substantial factors were either not recognised, or not considered important within the strategy.

One is the substantial impact on families when one member has an addiction to illicit drugs, even though within the Strategy Objectives this was recognised in the statement 'reduce drug related harm for individuals, families and communities'. But without any follow through or recommendations related to the objective, it has no outcome.

Secondly, the strategy fails to recognise value of the potential therapeutic relationship between people with an addiction and their family. If the value of this relationship was recognised, then the value of a clear strategy targeting families (where one member has an addiction to illicit or licit drugs) which included strengthening families would seem a logical component of the Strategy.

A review of the National Drug Strategy 2004-2009 is recommended to recognise:

- the support needs of all family members when a member has an addiction to drugs, and
- the potential to strengthen families, creating a positive force in the lives of the addicted family members.

The International and local evidence for the need to engage with families in the treatment of drug addiction is compelling, and I believe will be borne out by the current ANCD project 'Drug use in the family: Impacts and Implications', especially the second paper due out later this year.

Family Drug Help Experience

Seven years of providing support to family members has led us to believe that two factors are crucial in the motivation of families when one member is using illicit drugs.

This particular applies to parents when children are using illicit drugs. They are 'fear' and 'grief'.

Fear

The fear relates to the potential harm. We are fearful that illicit drug use will result in permanent harm and possibly death. This creates a strong motivation to intervene and attempt to stop the drug use, although this is typically attempted without success. The longer we continue to try to manage or control our family member's drug use without success, the greater our fear, in turn increasing our efforts to 'save' them. This appears to be particularly the case for parents (with teenagers or adult children), but also applies to partners and other family members such as siblings and grandparents.

Correspondingly, the more the addicted family member feels we are attempting to manage their lives, the greater the barrier they build to protect their own fear and grief, and to stop our interfering. It is an escalating negative cycle that in the end can become (and often is) more damaging for both parties than the drug use.

Grief

The grief results from what is already lost. It can vary from our:

- Children's missed opportunities to continue on with their studies, lost friends and relationships
- Adult children still appearing and acting as if they are not in control of their own lives at an age when we would have hoped they would be successful adults
- Inability to have the relationship with our children or partner that we always envisaged and want.
- Poor parenting by our drug addicted partner, often matched by our own poor parenting because we are too engaged with our partner's drug use rather than our children
- Disappointment in the harm created in the relationships between our children, when one has an addiction.

As parents/partners/other family members/friends we can greatly benefit from gaining an understanding that fear and grief are two important motivators in our actions, both positive and negative.

It is also vital that people in professional helping roles understand this, and incorporate this into their practice. Too often professionals are too removed from these basic understandings, which in turn makes their attempts to connect with and support family members of little use, and at worst leaves family members more alienated, increasing their already negative judgements of themselves.

A key component of our thinking and action as an organisation is based on the belief that we will benefit from taking the focus of our family members drug use, and instead acknowledge that we have a problem that we need to focus on.

Although such an approach can initially be quite alien to a family member, it can also be empowering once we begin to understand the concept.

We encourage people to see their family member's drug use as the family member's problem, which only they can change. The basic concept is we can not control another person's actions and beliefs. Instead we focus on the outcomes from the drug use that we can control, rather than the drug use itself.

For example

We can stop loaning our family member money.

We can stop paying their fines.

We don't need to say we were driving the car when it was photographed speeding because the extra 3 point will mean they will lose their licence and therefore their job.

We don't have to put up with our home being treated as a free motel.

We don't have to get up at 6.30 each morning to wake them and drive them to work when we are retired, to make sure they keep their job.

We don't have to stay up until 1 am doing their homework with them because they spent the weekend 'out of it' on drugs or alcohol.

When we protect our family member then they do not feel the consequences of their actions and therefore have little need to change their behaviour.

NB. These comments are made more about adults and children aged above 16 years. Where children are younger then there is always the chance the parents can 'parent' in the sense of 'controlling' their children's behaviour, and we encourage parents to consider this option. However even by time some children reach the age of 16 to 17 years this opportunity is well past.

In summary, the focus of our support is based on the belief that we will achieve positive outcomes for ourselves if we focus on the things that we really do control, rather than focusing on thinking we can stop or control a family member's drug use. Our experience has shown that when we give ourselves permission to stop focusing on the drug use, and put some focus on our own needs, then our own health and well being improves. Over time it also can open the door for better communication for every one in the family, not just with the person with an addiction. We are no longer continually fighting about the drug use, where we may have totally opposing views. Changing the focus is one of the keys to being effective by reducing the barriers to communication and trying working on changing the things we do control. The difficulty is there is no short term cure, and this approach is based on the assumption that it will take time for change to occur.

We know this approach is effective and it is the basis of all our support of families.

Ways to strengthen families who are coping with a member(s) using illicit drugs.

As stated, it is our belief that grief and fear are two of the major causes of stress for family members. Grief for what we have lost, and fear that our loved one may die from illicit drug use.

It is therefore imperative that this needs to be the background understanding for anyone providing support services to families. Too often we hear from families who have been advised to take the tough approach with their using family member without acknowledgment of how difficult this can be when we are driven by fear and grief. What works for us as family members is an approach that acknowledges the care, concern and love we feel even when the person using drugs is being difficult, and even abusive.

Not all families love their addicted family member, but most do and this love needs to be acknowledged before families can take a more structured approach.

Our fear is always that if we take a stand with our family member and they go off, we won't know where they are or how they are. However the need to let go of outcomes while we continue to love and be concerned for their welfare is a difficult step, first to

understand and then secondly to take it. Only when we acknowledge that our family members are in control of their destiny can we begin to take these steps. We believe that family members start to change when they acknowledge they have their own problem, and start to let go of forever trying to fix their addicted family member.

The family member's problem is typically related to the drug use, but separate, such as:

- I have no real relationship with my child
- All the family income goes on drugs
- My partner is not emotionally available to me
- I am scared to ask for my basic needs
- I am placing the needs of the addicted member above the needs of other family members.
- My partner/child does not respect my home/my right to a peaceful/clean space
- My friends no longer visit our house.

In late 2005 Family Drug Help developed the Action for Recovery Program. It is a 6-session program designed for people who have a family member with addiction. It aims to strengthen family members through supporting them to develop a more comprehensive understanding of the strategies to cope with their situation, and to learn to make positive choices for themselves, rather than continually sacrificing their needs for their addicted family member.

This program has been very successful in attracting and holding participants through the 6 sessions of the program. Since the program began in November 2005, over 200 people have attended a total of nearly 1100 sessions of the program.

Independent research by the Australian Drug Foundation will be available by the end of June 2007 on the success of the program. Initial reports on the outcomes for participants are looking very encouraging.

The success of this program is a good example of how to strengthen families. One of its keys to success has been the peer base of the developer and facilitator of the program.

We are currently seeking further funding from the National Drug Strategy to extend the program as the funding provided by the Alcohol Education Rehabilitation Foundation for the development of delivery of the program has now been fully used.

Funding needs to be made available for programs that demonstrate effective outcomes for family members.

We also provide a 24-hour Helpline for family members. During business hours the calls are answered by trained volunteers who all have their own experience of drug use in their families. This model of support works exceptional well, as the volunteers understand the complexities in a way that allows them to respond effectively to callers. Again we believe it is a very effective way to support and strengthen family members.

Peer based services need to a significant component of funding for family based programs

Siblings of illicit drug users have traditionally been ignored by the support services. However they are also a group who have often been forgotten by parents. Parents are so caught up in the stress of one child using drugs that non-using siblings often remain hidden on the sidelines. Parents are too stressed to think clearly about the

needs of the other children. A similar pattern occurs in stressful divorces, where the needs of the children are ignored.

If we have any regard for this young people, then we have an obligation to provide effective support to them. Although we are not operating any programs directly for the siblings, we would be pleased to see a recommendation coming out of this inquiry about their needs.

Services are needed for the siblings in families when one of the children is addicted to illicit drugs.

Family Focused Workers

The experience of many family members approaching drug and alcohol workers or even generalist counsellors in the community is that the support is limited, and sometimes alienating.

The reverse of this is that experience well supported and trained workers who work in a family focused environment and who understand the way alcohol and drug issues can affect families, can engage with, and set family members on a path of empowerment that can produce incredible improvements in the families well being. Most importantly skilled workers can help the family break the nexus between the families well being and the alcohol and drug use. This allows the family to improve their circumstances irrespective of the member using drugs. The family can then begin to role model more healthy behaviours. In the longer term (and sometimes in the very short term) this can have a beneficial effect on the relationship with the person using drugs.

Effectively supported and trained workers who work in a family focused environment, (either programs within larger services or separate family focused organisations) who understand the way alcohol and drug issues can affect families are required to support families.

Therefore we strongly recommend that workers funded to work support families with alcohol and drug issues are within a family focused program, and that their role is not one of many tasks of which families is one. Unless based in a program that is very family focused on issues for families with a member with drug addiction, the necessary expertise and ability to relate to families from a knowledge position may never be developed, and therefore opportunities to support families will be lost.

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;

We have encouraged individual family members and support groups to respond to this issue directly, rather than responding ourselves.

The impact of harm minimisation programs on families; and

'Harm Minimisation does not condone drug use, rather it refers to policies and practices aimed at reducing drug related harm. It aims to improve health, social and economic outcomes for both the community and the individual, and encompasses a wide range of approaches, including abstinence-oriented strategies'.

I am continually amazed at the number of parents who are totally supportive of harm minimization strategies as a form of protection for their children. They see harm minimization as part of the strategy to keep their children safe during that often long period that they continue to use drugs, often interspersed with periods in rehabilitation and or prison where they may be off drugs.

Through involvement with our support systems family members begin to see their inability to control another person's drug use. We then support them to prepare for the potential that this could be long haul, and this is when harm minimization strategies start to be really supported by parents and families.

Strategies such as education, substitute therapies, needle exchanges, shooting galleries, overdose teams don't make parents feel any better about the drug use, but they do give us hope, especially in the times we are not connected and fully aware of our children's situation.

Families rarely give up on their loved one, and therefore any strategy that helps loved ones to stay safe in the short term are valued. In the long run all families hope that the drug use will stop.

Families support the continuation of Harm Minimization strategies.

Adequately funded peer based services function very effectively in providing support to families impacted by illicit drug use.

Peer Based Services

Finally I would add that our experience of being a peer based support service has added significantly to our service delivery.

Family members who have their own experience with drug use in their families volunteer and support other family members through our Helpline and support groups. This gives each volunteer an opportunity to grow through the volunteer training, professional and peer networks, and connection with other family members. In turn they pass on this knowledge and understanding to other family members contacting our service.