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# Relationships Australia

## NATIONAL OFFICE

12 April 2007

Mr James Catchpole  
Committee Secretary  
Standing Committee on Family and Human Services  
House of Representatives  
Parliament House  
Canberra ACT 2600

Dear Mr Catchpole

### **Inquiry into the Impact of Illicit Drug Use on Families**

Thank you for your invitation to make a submission in respect of the impact of illicit drug use on families.

By way of background Relationships Australia (RA) is a not for profit, community based federated organisation. The Relationships Australia organisations in each state and territory provide relationship support to people regardless of age, religion, cultural background, gender, social or economic background or lifestyle choice. We are committed to enhancing the lives of communities, families and individuals and supporting positive and respectful relationships.

### ***Relationships Australia's Involvement:***

Given that RA organisations are seeing over 90,000 Australians each year, we are well placed to identify the impacts of substance abuse across a broad cross-section of the community. RA's involvement with this issue is most frequently through generalist couple and family counselling. Sample figures from our state and territory organisations indicate a range of from 17%<sup>1</sup> to more than 50%<sup>2</sup> of cases with identified drug and/or alcohol issues. There is a wide variation between these figures, however both indicate that substance abuse issues are significantly impacting on couple and family relationships.

Other relevant programs offered by RA nationally include: contracted counselling to a drug and alcohol service, family support services, family violence services, a service for adults who experienced childhood sexual abuse, Grandparents as Carers programs, Men and Family Relationships programs, and an Adolescent Mediation and Family Therapy service.

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<sup>1</sup> snapshot from the ACT for a four month period in 2006 for Family Relationship Services

<sup>2</sup> data from Victoria for cases between January 1999 and December 2006 for Family Relationship Services

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### **Scope of the inquiry:**

We recognise that the scope of this inquiry is limited to illicit drugs, however Relationships Australia would like to raise with the Committee the matter of legal substances, such as alcohol, prescription drugs, and tobacco. Simply by virtue of the large proportion of the population using these substances, the number of persons with problematic use is also high and this obviously has detrimental social, relationship, economic and health consequences for hundreds of thousands of Australian families. For instance, according to a report of the Australian Institute of Health and Welfare (AIHW) released this month<sup>3</sup>, alcohol (37%) was the most common principal drug of concern in treatment episodes followed by cannabis (23%) and heroin (17%)".

Although not advocating a change in government policy in respect of the banning, legalisation or decriminalisation of any particular substance, we do draw attention to the fact that the scope of the inquiry limits analysis of the extent of the problem.

### **The social and other costs to families who have a member using illicit drugs:**

Relationships Australia through its experience in providing counselling and other services to persons affected by drugs, and through its research is aware of the significant financial, social and personal costs to families where a member is using and abusing drugs.

The extent of the problem is clearly significant. According to the results of the Relationships Indicators Survey 2006 produced by Relationships Australia, 7 per cent of Australians said that alcohol or other drugs were having a negative impact on their partner relationship. This compares to 6 per cent when this question was asked in 2003 and 2001, but is somewhat less than the 12 per cent who cited alcohol or drugs as having a negative impact on their partner relationship in 1998<sup>4</sup>.

The impact of illicit (and other) drugs on families is a multi-dimensional and interactive one. Drug use can affect different generations and different family members in different ways. One such generational family group that has been identified by Relationships Australia service providers at the coalface is grandparents who are looking after their grandchildren as a result of one or both of the parents being incapable of bringing up children due to drug or alcohol problems.

Both statistically and anecdotally, this is a growing phenomenon. The ABS reported in 2003 that there were 22,500 grandparent families in Australia with 31,100 children aged 0-17 years. This represents around 1 per cent of all families with children aged 0-17<sup>5</sup>. A report by Families Australia<sup>6</sup>, and Relationships Australia's own experience in working with this group of clients, indicate that parental drug use is a significant factor leading to the need for grandparents to raise their grandchildren full-time.

The social, financial and personal cost for grandparents raising their grandchildren due to their own children's drug problems is huge. Relationships Australia (Canberra & Region) has been actively involved in the 'Grandparents Parenting Grandchildren because of Alcohol and

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<sup>3</sup> Australian Institute of Health and Welfare. (2007). *Statistics on Drug Use in Australia 2006*, Drug Statistics Series No. 18, Catalogue No. PHE 80. Canberra: AIHW (at p. ix)

<sup>4</sup> Relationships Australia. (2006). *Relationships Indicators Survey 2006*  
Relationships Australia. (2003). *Relationships Indicators Survey 2003*

<sup>5</sup> Australian Government, Australian Bureau of Statistics, *Family Characteristics Australia*, June 2003

<sup>6</sup> Families Australia. (2007). *Grandparenting: Present and Future*, Family Issues Series No. 2, p.19  
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other Drugs' Project run through the Canberra Mothercraft Society. This program included the convening of a forum for grandparents to tell their stories as well as three hours of free counselling provided by Relationships Australia.

As a result of their experience in this and similar programs, our service providers report that grandparents raising grandchildren are vulnerable to a range of financial, social, emotional and physical stress factors. This includes problems dealing with unexpected and unplanned household costs (eg food, clothes and school requirements) associated with raising young children, as well as shifts in lifestyle that can add to social stress. Retirement plans may need to be abandoned or brought forward and their friends of a similar age may be unused to or uninterested in having young children around. Grandparents thrust into this unexpected role are also concerned about their own health and about what will happen to their grandchildren when they are no longer around.

Children who have lost the immediate love, care and attention of their parents due to substance abuse problems may experience trauma and are certainly vulnerable to behavioural problems connected with past parenting problems. The Australian Institute of Health and Welfare's (AIHW) recent report on child protection highlights the significant increase in the number of Australian children in out-of-home care over the last five years – from 18,241 children in 2001 to 25,454 in 2006. This is a 40 per cent increase. Similarly, the number of children on care and protection orders has increased significantly, rising by 37% from 19,917 in 2001 to 27,188 in 2006. The AIHW report cites parental substance abuse (along with low income, mental health issues and family violence) as among the main factors for this increase<sup>7</sup>. Parental drug use and associated neglect can lead to a whole range of risk factors for children, poor social and academic skills, criminality, loss of family connectedness, relationship problems and poor mental health outcomes.

Clearly, the cost to the community of these flow-on effects of parental drug abuse is enormous. Intergenerational factors and the perpetuation of drug abuse issues from parents to children (and possibly grandchildren) are beginning to become more apparent. The longer the problem persists and the earlier the onset, the greater the harm. One study estimated the cost of drug misuse in Australia at \$34.4 billion<sup>8</sup>. It is therefore essential for early and sustained interventions to address this growing problem.

Just as parental drug use can have a devastating effect on the wellbeing of children in their care, so the use and abuse of drugs by young people can have enormous effects on parents, broader family and community functioning. Relationships Australia's work with young people affected by drugs has brought home the flow-on effects of this abuse on other family members who are not users themselves.

Drug use of a family member creates great strain on family resources – financial and emotional. There are instances of parents taking on second and third mortgages due to indebtedness and even extortion associated with a child's involvement in drugs. This obviously has a devastating effect on overall family functioning. In this process, other family members such as siblings are also often the forgotten victims due to their emotional needs being sacrificed in order to meet the more urgent needs of their substance-abusing brother or sister. Substance abuse creates a situation of "family chaos" that can draw in all members and create a vicious circle of family suffering if there are not adequate, and most importantly early, support measures to help such families in need. Drug abuse by an adolescent child

<sup>7</sup> Australian Institute of Health and Welfare. (2007). *Child Protection Australia 2005-06*. AIHW: Canberra. (p. 7, 24, 39, 56)

<sup>8</sup> Collins, D.J. and Lapsley, H.M. (2002) *Counting the Cost: Estimates of the Social Costs of Drug Abuse in Australia 1998-99*, NDS Monograph Series, No. 49, AGPS, Canberra.

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can also lead to serious tension and even marriage breakdown due to accusations of blame associated with the substance abuse problem suffered by a child. Criminal activities undertaken to support a drug habit also have flow-on effects to the broader community.

Severe dependence problems that go unchecked can lead to terrible loss of educational, employment and social opportunities for the young people involved. For example, a young man of 28 can appear to have an emotional age of only 15 or 16 due to the loss of normal social and educational development as a result of the need to pour personal energies and survival instincts into supporting a drug habit.

Other personal risk factors of early substance abuse are teenage pregnancy, involvement in crime, impulsiveness, aggressiveness, accidents, sexually transmitted disease and loss of relationships with family. The chance for leading a normal, healthy life and contributing one's full potential to society is reduced. This is over and above the obvious longer term general and mental health consequences of ongoing drug abuse and addiction.

Although not specifically addressed in this submission, Relationships Australia would like to commend the Committee for enquiring more broadly into the impact of drug-induced psychoses and other mental illness that can result from the use and abuse of illicit drugs. In that regard, we draw the Committee's attention to the excellent recent report of the Mental Health Council of Australia on this subject<sup>9</sup>.

#### **The impact of harm minimisation programs on families:**

The position of RA professionals/practitioners consulted for this submission, is that both zero tolerance and harm minimisation are important strategies in working with issues of substance abuse and the impact on families.

Zero tolerance in the early stages of adolescent experimentation or regular use of illicit drugs (or licit drugs illegally) is crucial to parental boundary-setting within the home environment and an important feature of the exercise of parental responsibility towards the child's wellbeing. For those adolescents who have difficulty regulating their emotions, risk is increased if clear guidelines and consequences are not given by parents. Minimising or normalising substance use in adolescence is a risk factor. Conversely, firm boundaries are in themselves a protective factor. This needs to occur within the context of good communication and emotional warmth towards the child, and a commitment from the parent/s that 'I'm here for you', even when consequences are followed through and the child may be required to leave the home for a pre-determined period.<sup>10</sup>

Similarly, zero tolerance can be a primary feature of a therapeutic program for an addicted person who has made the commitment to defeat their addiction. This approach operates in this setting as a support to the addicted person's resolve and self-responsibility. 'Time out' consequences of substance use are clearly spelt out on commencement of the program, as are the requirements for re-entry to the program.

However for people whose addiction is dominating their behaviour and choices, harm minimisation approaches are essential to prevent the further harm which can result from, for instance, the use of unsafe syringes, or intolerable withdrawal symptoms. Harm minimisation is life-sustaining in these circumstances and therefore essential to the person's survival to a

<sup>9</sup> Mental Health Council of Australia. (2006). *Where There's Smoke: Cannabis and Mental Health*,

<sup>10</sup> 'Stepping in and Staying in: Family Therapy with Drug Using Adolescents'. Presentation by Pamela Lewis, David Allan and Anita Vosper, RAPS Adolescent Therapy and Mediation Service.

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point of making more life-affirming choices for themselves. Families who have the experience of a child with a severe addiction problem attest to the necessity of harm minimisation programs in keeping the child alive.<sup>11</sup>

Harm minimisation approaches give back some personal control and motivation to the person with an addiction, and allow them to experience and build on small successes. For many individuals, the substance-abusing behaviour will persist until they are able to identify and deal with the underlying issues for which the substance abuse is a coping mechanism; it is a symptom of other life issues and serves a function in managing those issues. It cannot be dealt with as an isolated problem. It is well understood that physical, sexual and emotional abuse are significant precursors to substance abuse, and harm minimisation is a necessary approach until some resolution of the underlying issues has been reached. This is particularly evident when considering substance abuse in Indigenous communities, which needs to be understood in the context of unresolved intergenerational trauma, ongoing racism, frustration, and entrenched disadvantage.

**Recommendation 1: That zero tolerance and harm minimisation are both essential strategies in the repertoire for treatment and management of illicit drug use.**

**Ways to strengthen families who are coping with a family member using drugs:**

➤ ***Counselling and Support for Families***

Specialist counsellors in adolescent issues from the Relationships Australia NSW service, RAPS Adolescent Therapy and Mediation Service, use a family therapy model as an effective treatment approach to the development of good communication between family members and to strengthen parenting skills. Family therapy focuses on building skills, and identifying and responding to the underlying issues in the family system which may have contributed to the problem which has emerged; it opens up the meaning of particular experiences for individuals and provides the opportunity for shared understanding to change the dynamics of the situation, and therefore the behaviour of individual family members.

Entrenched substance abuse by a family member can lead to a high level of conflict and arguments between family members, affecting the spousal relationship, the parent-child relationship and also sibling relationships. Developing improved communication and parenting skills and resources within a family group, can prevent experimentation with substance abuse from becoming an entrenched addiction. Family members need a lot of skill to support the person, but not the drug habit.

One identified cause for a predisposition to substance abuse is primary attachment difficulties between the child and parent/s or caregivers:

...insecurely/ambivalent attached adolescents are at higher risk of substance abuse because of attachment deficits in self-regulating and coping skills. Facilitating a close relationship with parents or caregivers, with good communication and effective parenting skills, is shown to be a protective factor when adolescents with insecure attachments are exposed to stressful situations where their self-regulating and coping skills may be lacking.<sup>12</sup>

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<sup>11</sup> 'Families Australia' Expert Forum on the impact of illicit drugs on families, March 2007, Canberra.

<sup>12</sup> Anita Vosper, Abstract to Masters in Couple and Family Therapy thesis, 2003. 'The role of attachment in parenting adolescents at risk of substance abuse'.

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The author goes on to say that:

...therapy with adolescent substance abusers and their families needs to focus on attachment failures, repairing the parent-child attachment, promoting parenting practices and on encouraging physical nurturance....It is crucial that parents are supported with their substance-abusing adolescents because the adolescents' challenging behaviours require effort and determination to manage. Parents need to have a support network to assist them in their struggle...Re-attachment will consequently lead to improved coping skills and affect regulation.<sup>13</sup>

As described above, both individual counselling and a support network are necessary to provide the range of assistance that families dealing with these issues need. Support networks may be formal or informal, but socially isolated families more often need a formal group support which can be offered through a service, bringing together people dealing with similar issues with the assistance of a skilled facilitator. At this stage there is very rarely access to one-one skilled personal assistance in a crisis. It would greatly benefit families dealing with substance abuse issues if, for instance, skilled volunteers were available as mentors complementing professional staff, providing sustained and accessible support in the home environment particularly in times of crisis (as occurs with Alcoholics Anonymous).

The experience of other Relationships Australia counselling staff dealing with families affected by substance abuse issues indicates a number of specific approaches which are effective in providing support and assist in strengthening the people who are closest to the addicted person. These 'significant others' may or may not be the family of origin, and include friendships which have weathered the turbulent challenges surrounding addiction, which in some cases do lead to an irretrievable family situation because of multiple difficulties across generations. It is not uncommon, however, that where alienation has grown between parents and child, the grandparent(s) can maintain a more positive relationship with the child and provide nurture and an ongoing link with the family of origin. For purposes of simplicity, the term 'the family' will be used to include the wider scope of relationships which offer committed support to the person who is addicted.

**Recommendation 2 (a): That family-based approaches to working with adolescents using illicit drugs, are more appropriate and effective in dealing with substance abuse issues than a focus on individual treatment, and should also include support networks.**

**Recommendation 2 (b): That pilots be undertaken and evaluated using volunteer mentors for families, with a view to adoption of the model by the drug and alcohol service system.**

Other means of strengthening the family are quite practical in nature. Families need very specific assistance to deal with the financial impacts which frequently flow to them from the liabilities created by the addicted person. They need to be assisted to take care of their own safety and to prioritise self-care, as they seek to assist the safety, self-care and health needs of the person with the addiction.

Families need to be supported through a strengths-based approach to the way they are coping and dealing with the issues, maintaining their morale and positive identity; attempts labelled as failure are not likely to achieve the desired outcomes. It is important to take a client-centred approach which allows the family members to name what is most important to

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<sup>13</sup> Op cit p50,51

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them to address, which may not be the problem perceived by a referring agency as most important.

Parents frequently feel out of control and rejected by the addicted person, whether child or adult. They need a great deal of support to manage their own anxiety about the situation, as well as the emotional state of the addicted person, which may include depression as well as mood swings. They need to be assisted to handle blame of them by the addicted person, legitimate or not. Reframing techniques can be important to keep the issues from becoming overwhelming to the family. Narrative therapy techniques identify the process of externalizing the problem and giving it a named identity, which often allows for more creative problem-solving and becomes more subject to the control of those involved. Another specific counselling technique, cognitive behaviour therapy, can be a useful tool in reshaping the individual or family's thought patterns and beliefs, to thought patterns and beliefs which generate a more constructive view of themselves and their world, and how they can take more control and influence it positively.

**Recommendation 3: Assisting the family and individual members to regain a sense of control over their circumstances is a key in strengthening families dealing with a member's substance abuse.**

➤ **Working Holistically**

In all circumstances, an holistic 'whole of life' approach is necessary, taking the addicted person and family in the full context of their lives and addressing the whole range of factors that are relevant to their wellbeing: health, education, employment, social support, transport and access to services. Tailored complex responses are necessary rather than 'blanket' solutions.

This is profoundly the case when dealing with Indigenous people and their communities; a whole of family and whole of community engagement is required. A workforce model which is attuned to this approach is the training and deployment of community development workers who are also therapeutically trained and skilled in substance abuse issues. This allows an adequately holistic approach to be taken rather than a 'white way' approach, which is more likely to deal with the symptoms and issues in isolation. As a general principle, staffing models should comprise multi-disciplinary teams based on site and working in an integrated way; at present a great deal of fragmentation continues.

**Recommendation 4 (a): A 'whole-of-life' approach is essential to strengthen families in these circumstances as the causes and impacts of drug use are multi-faceted.**

**Recommendation 4 (b): In order to be effective, service teams should be multi-disciplinary in nature and co-located.**

**Recommendation 4 (c): In Indigenous communities, a whole-of-community approach is required. A specific workforce model for Indigenous communities should be developed, which combines community development skills with skills in working with substance abuse.**

One treatment model which enshrines an holistic approach is that of 'Karralika' in the ACT. This is a residential service which accommodates whole family groups and creates a therapeutic community, in itself a strengthening experience for families. Individual and family counselling is part of the program, but in addition the treatment approach includes groupwork, recreational experiences, the development of life skills, hobbies and interests,

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and the exercise of domestic responsibility. The needs of the whole family are addressed, encompassing relationship issues, education, employment, financial management, parenting support, and social support. Relationships Australia Canberra and Region provides an onsite counselling service to this Centre. A model such as this one is a best practice approach which demonstrates a 'whole of life' response to recovery for families dealing with a severe addiction. Further funding and replication of models of this kind would provide effective intervention for 'hard end', complex, cases, and prevent the compounding consequences for family members and society which can otherwise be anticipated.

**Recommendation 5: Residential treatment models which accommodate families have an enhanced capacity to bring about life changing results. Funding is required to establish more best practice therapeutic facilities of this kind.**

➤ ***Dealing with Social Stigma***

Another of the important features of strengthening the family is helping them to deal with the stigma which comes with having a drug-using family member. This is a societal issue which requires further education of the community, as families dealing with the burden of addiction do not need to contend with further hardship. A successful precedent for this type of campaign is *beyondblue's* community education campaign to address the stigma of mental illness.

**Recommendation 6: That a community education campaign be undertaken to address the stigma and rejection frequently directed at substance abusers and their families.**

➤ ***Prevention and Early Intervention***

The most effective means of strengthening families is, of course, by effective prevention and early intervention approaches which limit the harm for all concerned. In relation to substance abuse by adolescents, maintaining parent/child communication and connectedness is a crucial issue. It is clear from studies that many parents lack confidence as parents, and want more affirmation and support in their role.<sup>14</sup> This submission proposes that parental education and preparation offered in a normative environment, such as schools after hours, would assist parents to maintain communication lines with their adolescents through challenging circumstances, and equip them with understanding and skills to deal with experimentation and usage of illicit substances, and licit substances illegally, at an early stage. Parents need to be affirmed in holding young people accountable for their behaviour, and assisted to do so in an appropriate way. These programs could be offered in the context of preparing children for moving into high school, with a focus on effective parenting of early adolescents and protective factors against risk. This approach aims to increase parental skills and confidence, empowering parents to be proactive and assertive around issues of concern, and developing the communication skills to accompany those tasks. Another variation would be 'communication nights' in the early high school years, where parents would come together with their adolescents and, with the assistance of a skilled facilitator, 'talk about communication' in a fun context and together learn some techniques to assist them to share their thoughts and concerns with each other. These are preventative approaches.

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<sup>14</sup> Tucci, J., C.& Mitchell, J. (2004). *The Concerns of Australian Parents*. Melbourne: Australian Childhood Foundation.

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**Recommendation 7: Parent education programs to assist with communication and parenting skills for adolescence, offered in normative settings such as schools after hours, are recommended as a prevention measure.**

Education for early intervention would need to take place more as focused groupwork with a skilled leader experienced in both groupwork and substance abuse issues. The content would include preparation to know the early warning signs of substance abuse, such as: the factors which predispose to substance abuse (including lack of supervision, abuse and/or neglect, authoritarian parenting, violence in the home, unrealistic expectations, lack of warmth, parental absence); and the triggers to substance use.

Identifying family substance use patterns which may be contributing to the problem, would also be important. Communication skills for early intervention could include ways to safely and effectively ask questions of the adolescent substance abuser, without leading to escalation of conflict.

**Recommendation 8: Groupwork interventions for families dealing with the early stages of adolescent substance abuse are recommended as an effective and efficient means to prevent further escalation of the problem.**

Another key form of early intervention is the provision of in-home family support services to assist vulnerable families with their parenting skills when the children are young. In cases of inter-generational parenting shortfalls, these interventions can significantly reduce the ongoing risk to children of future substance abuse, especially in circumstances where poor child-parent attachment relationships, abuse or neglect, create risk factors.

**Recommendation 9: Increased in-home family support services are required to assist families before crisis situations develop or long term harm results.**

In addition, in Indigenous communities it is particularly crucial to work with and support the community leaders who are providing authority, and emotional and practical resources to sustain the community. These leaders are generally women, very often grandmothers, and their role is both highly taxing to them and critical to the personal and material infrastructure available to a community, and its capacity to support families and individuals.

**Recommendation 10: In Indigenous communities, recognition, support and resourcing needs to be given to the leaders who care for the emotional and practical realities of the daily life of the community.**

This submission has not focused on the relationship between illicit drug use, and mental health problems. However, this compounding effect further emphasises the importance of prevention and early intervention in reducing the relationship impacts of drug abuse and protecting quality of life. The Mental Health Council of Australia's (MHCA) paper 'Where there's smoke... Cannabis and Mental Health' recommends that a number of social messages should be communicated to young people as well as adults at risk, creating awareness of the potential mental health consequences of cannabis use. Young people in particular tend to see cannabis as a recreational and 'fun' substance. The report identifies three key intervention messages for a social marketing campaign: cannabis use increases young people's risk of mental illness; cannabis makes almost any mental illness worse; cannabis use is associated with other adverse outcomes. These social marketing campaigns need to be comprehensive in nature, targeting not only attitude and behaviour change but also 'provide alternative activities for youth at risk, seek changes to the way drug use is

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positively depicted in entertainment popular with young people, involve parents and carers more and deliver the messages in settings where young people congregate.<sup>15</sup>

**Recommendation 11: That the social marketing approach proposed by the MHCA to address the link between cannabis use and mental health be adopted.**

The question of prevention and early intervention cannot be addressed without reference to the societal conditions which surround the substance abuser and their family. Increasing substance abuse, particularly by young people, is an indicator of broader issues which are detrimental to the growth and development of the human psyche. Attention to the requirements for healthy human development must be given. Our current society promotes the avoidance and anaesthetising of pain on a grand scale, rather than the cultivation of skills to manage pain and difficulty as part of life. This same orientation, primarily based on consumerism, has embedded a message of instant gratification into the social environment at every level, which sets up a reliance on 'easy fix' substances. It is an increasing trend that relationships are time-poor, which increases relationship stress; resultant difficulties are less likely to receive the attention they need at an early stage, increasing the probability that chemical means for dealing with the stress or difficulty will be relied on.

For Indigenous people, endemic issues of transgenerational trauma, alienation, and disadvantage, are a precursor to endemic substance abuse; the latter issues will not be resolved without attention to the former, in culturally appropriate and sustained ways. The impact of transgenerational trauma and disadvantage must be addressed through skilled, collaborative, work with communities, families and individuals. Standards for media portrayals of Indigenous substance abuse and violence should be developed and implemented. Currently, media accounts which emphasise community deficits and do not acknowledge systemic, transgenerational causes, perpetuate a negative cycle.

**Recommendation 12 (a): Social messages are needed which address the fact that struggle and pain are part of life and growth, within a life-affirming context, and the importance for emotional and psychological health of dedicating time to the nurture of personal relationships.**

**Recommendation 12 (b): It is essential to recognize, acknowledge and respond to the societal precursors of Indigenous substance abuse if there is to be effective treatment, early intervention and prevention.**

**Conclusion:**

In order to effectively assist families dealing with the impact of illicit drug use, Relationships Australia recommends that:

- Harm minimisation is as important an intervention as zero tolerance, at different stages of addiction;
- Whole of family and whole of life approaches are essential to effective treatment and support, including the capacity for residential-based treatment for families;
- Indigenous substance abuse issues require a whole of community and whole of life approach;

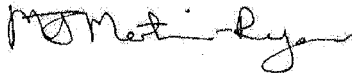
<sup>15</sup> pp39-40

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- Social marketing is an important tool in educating the public about the causes of substance abuse as well as the negative consequences, including mental health issues;
- A focus on prevention and early intervention is necessary;
- Societal level issues must be addressed if there is to be an effective reduction in substance abuse; these issues include attention to the emotional and psychological requirements for healthy human development and, for Indigenous people specifically, attention to issues of transgenerational trauma.

Thank you again for the opportunity to be part of this enquiry. We commend the Committee for undertaking this inquiry and putting the issue firmly on the policy agenda. Should you require any further clarification of any of the matters raised in this submission or need information about the services Relationships Australia can provide for families affected by drug use, please do not hesitate to contact me.

Yours sincerely



Mary Mertin-Ryan  
National Director

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