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**Inquiry into the impact of illicit drug use on families**

**Submission from the Australian Institute of Family Studies**

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# **Submission to the House of Representatives Standing Committee on Family and Human Services: Inquiry into the impact of illicit drug use on families**

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The Australian Institute of Family Studies is pleased to have the opportunity to make a submission to the House of Representatives Standing Committee on Family and Human Services' Inquiry into the impact of illicit drug use on families. The Institute has conducted a range of research projects and comprehensive reviews of the literature that have informed our understanding of the impact of drugs—including illicit drugs—on families. In this submission, we address:

1. family factors that increase the risk of, or play a protective role in drug use;
2. children's unique vulnerability in families affected by drugs, including the risk of intergenerational cycle of drug use; and
3. the role of families in preventing harm and assisting with treatment options for family members affected by drugs.

In considering the question of how the Australian Government can better address the "impact of the importation, production, sale, use and prevention of illicit drugs on families", there is an important overarching point to make: Illicit drugs should be seen within the context of other substance use issues. Researchers are clear about a range of reasons why use (and abuse) of tobacco and alcohol should also be considered when addressing the impact of illicit drug use on families. These include:

- polydrug use – often multiple substances are used by individuals;
- 'progression' – evidence shows that adolescents who use alcohol and tobacco early are at greater risk of using illicit substances;
- many of the risk factors (particularly familial risk factors), the effects on families, and the approaches to treatment are similar for illicit and other substance use; and
- tobacco and alcohol are currently the two biggest substance use problems in Australia, not illicit drugs, and are responsible for a greater burden of disease (see Loxley et al., 2004; Mitchell et al., 2001).

Many research studies identifying familial risk factors for drug use, or showing the impact of drug use on families, do not differentiate between illicit and other substance use, but instead look at concepts such as "harmful drug use" (Loxley et al., 2004).

In terms of the impact on families, it is also important to consider the link between illicit drug use and other dependent behaviours, particularly gambling, which also has significant impacts on the family, and which are often co-morbid with illicit drug use.

## **Familial Risk Factors for Later Drug Use**

Family factors associated with drug use that were identified in the comprehensive review of the role of families in illicit drug problems conducted by the Institute include:

- family history of behavioural problems;
- poor socialisation practices;
- ineffective supervision of children;
- ineffective discipline skills;
- poor parent-child relationships;

- high levels of family conflict;
- child maltreatment (physical, sexual or verbal);
- family chaos;
- parental mental illness;
- family isolation;
- alienation from mainstream social values
- difficulties with acculturation; and
- stress – particularly in sole-parent households (Mitchell et al., 2001).

In addition, Loxley et al. (2004) highlight the following family factors that are associated with greater risk of illicit substance use:

- family breakdown;
- social disadvantage;
- parental and family drug use or favourable parental attitudes to drugs;
- parental child abuse and neglect;
- poor family attachment; and
- poor parental monitoring and communication.

Conversely, families can play a positive role in protecting against illicit drug use. In many instances, these are the reverse of the risk factors identified above. Some examples of characteristics of families that are protective against later substance use identified by Loxley et al. (2004) and Mitchell et al. (2001) include:

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

In particular, the Institute's analyses of findings from the Australian Temperament Project show that children with an easy temperament early in childhood (which flows from a combination of genetic and family environment influences) 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 (Smart et al., 2003).

Illicit drug use has been identified in the literature as a long-term effect of negative childhood familial experiences, such as sexual abuse and physical abuse (e.g., Dembo, Dertke, La Voie, Borders, Washburn, & Schmeidler, 1987). Use of illicit substances is also recognised as one of the impacts of adult sexual assault – and many sexual assaults occur in families, at the hands of a known partner. Research has shown that sexual assault increases the risk of illicit substance abuse, even among women with no previous drug use or assault history (Kilpatrick et al., 1997).

Women substance misusers (more often than men) have been found to have high rates of victimisation as children and as adults. Women who have experienced abuse may turn to substance use as a way of coping with the painful psychological consequences of sexual assault. However, research has also shown that illicit drug use can increase the risk of further sexual assault. Once women begin to use substances, their experience in the drug world, coupled with their vulnerable psychological state, puts them at continued risk of sexual

assault. Further victimisation can mean that these individuals more often turn to drugs (Gutierrez & Van Puymbroeck, 2006). This suggests a 'vicious cycle relationship', in which child abuse, family violence and sexual assault increase the risk of illicit substance use, which in turn increases risk of future sexual assault (Kilpatrick et al., 1997).

Sexual assaults (many of which occur in families or other close relationships) are associated with higher risk of problem drinking in women, with drinking used to cope with distress (Ullman et al., 2005). Rape survivors have also been found to 'self-medicate' using prescription drugs (including sedatives, tranquilisers, and antidepressants), either with or without a doctor's prescription, but without disclosing the assault (Sturza & Campbell, 2005). Sturza and Campbell found that most women did not disclose to their doctor because they feared how they would respond. In addition, some did disclose the sexual assault to doctors, who responded by giving them a prescription for medication, which made them feel blamed and silenced.

### **Impact of Drug Use on Families**

The impact of drug use on families depends on who in the family is using drugs – in particular, whether it is a parent or a child/adolescent. A *young person's* drug-taking behaviour can affect:

- (a) siblings, especially younger siblings (including their decisions about drug use);
- (b) parents;
- (c) the family as a whole (including quality of relationships, family "stability", financial wellbeing);
- (d) relationships with the extended family (including provision of support in either direction).

Where the drug-affected family member is a *parent* or *adult partner*, drug-taking behaviour can affect:

- (a) the children (parenting behaviour in general, as well as specific child protection concerns, as outlined below);
- (b) the partner – including relationship breakdown);
- (c) the family as a whole – including quality of relationships, family "stability", parental separation/divorce, financial wellbeing);
- (d) relationships with the extended family – including provision of support in either direction (see Loxley et al., 2004; Mitchell et al., 2001).

Some examples of the specific ways in which this can occur, and the research demonstrating these particular impacts, are now explored.

### ***Impact on children of parental drug use: Child protection concerns***

Illicit drugs are part of the intergenerational cycle of abuse. We have already noted that experiencing child abuse and family violence places individuals at greater risk of misusing substances later in life. We now address the literature that shows how parents affected by drugs, in turn, can place children at risk of abuse and neglect.

Parental drug use is acknowledged as one of the biggest problems in preventing child abuse and neglect (see the comprehensive review by Dawe et al., 2007). Issues associated with drug use in families and child protection concerns include: poor parenting, lack of supervision, poverty, and drug-related mental illness. In families affected by drug use, children often experience unreliable and unpredictable parenting (Horner et al., in press).

#### *Extent of children affected by parental substance abuse*

There are no national data on the number of children whose parents have a substance abuse problem, or the number of reports to child protection departments in which parental substance abuse is a causal factor for the involvement of statutory child protection services. However, there are indicative data that suggest that parental substance abuse is a significant problem in Australia, and that it places children at heightened risk of experiencing child abuse or neglect.

The Australian Institute of Health and Welfare's (2005) National Drug Strategy Household Survey shows that a small, but significant minority of Australian children live in households in which adults reported problematic substance use. For example, 13% of children were living in a household where at least one adult had reported binge drinking, and 6% of adults who were living with a dependent child used cannabis at least weekly (Dawe et al., 2007).

In 2005-06, there were 266,745 reports to child protection departments around Australia and the most frequently substantiated maltreatment types are child neglect and emotional abuse – the maltreatment types most frequently associated with parental substance abuse (Australian Institute of Health and Welfare, 2007). International and Australian research shows that parental substance abuse is one of the factors most frequently associated with child maltreatment (Dawe et al., 2007).

#### *Children's risk of harm from parental substance abuse*

Parental substance abuse in itself is not sufficient to trigger a notification to statutory child protection services (Bromfield & Higgins, 2005). However, substance abuse (and withdrawal from substance use for addicts) can have a significant impact on an individual's capacity to care for a child. It is the reduced capacity to care for a child caused by substance abuse that places children at risk of maltreatment, especially child neglect, and which may result in statutory child protection services having to intervene to protect the child.

Historically, children whose parents have a substance abuse problem—typically with alcohol—have been most at risk of chronic child neglect. However, amphetamines have a more concerning impact on users with effects including psychosis, anger, tension and paranoid ideas. The use of amphetamines by parents may place children at heightened risk of child physical abuse, and psychological abuse in addition to child neglect. Amphetamine use by parents was implicated in a recent child death reported in the Victorian media showing the potentially fatal effect of parental substance abuse.

In 2006-07, staff from the National Child Protection Clearinghouse at the Australian Institute of Family Studies have been involved in undertaking a project for the Community Services Ministers Advisory Council. A review of inquiries into statutory child protection services, government responses to such reviews and strategic plans for responding to child abuse and

neglect in Australian jurisdictions has shown that parental substance abuse is one of the most critical problems facing child protection departments and impacting on demand for child protection services.

Most child protection departments include the specific risks posed by parental substance abuse as a core element of their entry-level training for all child protection workers (Bromfield & Ryan, 2007, in press). In addition, many child protection departments have created specialised resources for child protection workers to assist them in responding to families where parental substance abuse is a problem. For example, the Victorian government has developed two separate Specialist Assessment Guides for child protection workers titled *Assessing adolescents and substance abuse* and *Assessing parents who substance abuse*. Similarly, the Queensland Department of Child Safety has developed two practice papers on parental substance misuse and child protection.

The limited research on the impact of parental substance abuse on child protection services shows that parental substance abuse is frequently associated with child maltreatment necessitating the involvement of statutory child protection services. For example, research completed by the Victorian Department of Human Services showed that:

- of cases investigated, 21% involved alcohol abuse and 25% involved substance abuse;
- of cases substantiated, 31% involved alcohol abuse and 33% involved substance abuse; and
- where a child was placed in care, 37% involved alcohol abuse and 43% involved substance abuse (The Allen Consulting Group, 2003).

The findings from the Victorian research are supported by similar findings in research undertaken by the Western Australian Department of Community Development. For example, drug and alcohol use was a contributing factor in a care and protection application in 71% of cases in the year 2000 (Leek, Seneque, & Ward, 2004).

Substance abuse is frequently responded to by adult treatment services, generally located within state/territory health departments. Clinicians within these services have identified the difficulty of identifying the needs of children in adult treatment services where the parent is the client (Cousins, 2005).

Parental substance misuse is one of the most common factors associated with child abuse and neglect, and represents a significant risk to children. The prevalence of substance abuse within Australian families places a high demand on statutory child protection services. Parental substance abuse cannot be responded solely as a child protection problem and requires cooperation between adult and children's services to keep the best interests of the child paramount when responding to parents with a substance abuse problem.

Evidence of the increasing impact of illicit drug use on families is seen by the rapid increase in the past five years of notifications (and to a lesser degree, substantiations) of concerns about children made to state/territory child protection authorities. Many of the children whose parents are unable to care for them because of parental substance abuse are being cared for by grandparents (Baldock, in press). Parental care of children by kin – particularly grandparents – because of drug addiction and related problems (including mental illness) is believed to be the fastest growing form of out-of-home care (Spence, 2004; cited in Horner et al., in press).

Along with the burden of caring faced by many different types of carers, the impact on grandparents raising grandchildren because of parental drug issues include: dealing with family conflict, financial strain, reduced ability to engage in employment or social opportunities, as well as risks to physical and mental wellbeing (Baldock, in press).

There are also specific issues for Indigenous families, who experience higher rates of child protection notifications and substantiation of harm to children. A high proportion of these notifications are for neglect, of which one important related factor is substance misuse (particularly alcohol, but also other substances). In a study conducted by AIFS of the views of Indigenous young people in out-of-home care, their biggest concerns were about keeping connected to family, community and culture. They talked about the importance of having someone provide their parents with help for their drug issues – as they linked this with their ability to be reunified – so they can go home (Higgins, Bromfield, & Richardson, 2005).

#### *Impact on families of drug-facilitated sexual assault, and drug-taking as a consequence of sexual assault*

We have already noted that family violence, including sexual assault, is a risk factor for later substance use, including illicit drug abuse. Families are negatively affected by the experiences of family members who are victims of drug-facilitated sexual assault. This includes situations where ‘date rape’ drugs such as Rohypnol are illegally administered to someone to overcome resistance to sexual activity, or where the person willingly engaged in illicit drug use, which increased their vulnerability to sexual assault (Join Together, 2006; Neame, 2003). However, it is far more common that sexual assaults result from spiking drinks with alcohol, or someone voluntarily taking alcohol or illicit drugs and then being raped, when they are unable to consent to sexual activity (Join Together, 2006; Neame, 2003). Illicit drug use may also make it hard for victims to disclose sexual assault where illicit drugs were involved.

Drug dependence has been found to be particularly prevalent in street-based sex workers – many of whom are mothers, and whose experiences can impact on their children, as well as their own family of origin (e.g., their parents or siblings). Involvement in sex work is associated with a history of trauma, including childhood sexual abuse and adult sexual assault (Roxburgh Degenhardt, & Copeland, 2006). In turn, illicit drug use (particularly of cocaine, in a Sydney-based study) was found to be associated with elevated rates of injecting risk and sexual risk behaviours (Roxburgh et al., 2006). Drug use while engaging in sex work can increase vulnerability to sexual assault, significantly decreasing a sex worker’s ability to negotiate safe encounters (Quadara, forthcoming). Also, illicit drug use (for example, the use of speed) has been found to be a way of ‘coping’ with engaging in sex work. Illicit drug use may also contribute to women staying in sex-work to pay for an illicit drug habit, with increased vulnerability to sexual assault.

Victim/survivors of sexual assault (whether in childhood or adulthood) are also members of families, and the family members of victim/survivors of sexual assault can be detrimentally affected by the rape of their daughter/son, wife/husband, sister/brother (Cwik, 1996; Daane, 2005; Morrison, forthcoming; Nelson & Wampler, 2002). Family members sometimes display similar trauma symptoms to the victim/survivors.

These findings show that in order to address the problem of illicit drugs, that the risk factors of sexual assaults and other family violence – as well as the impact of child abuse and adult sexual assault on families – need to be considered.

### **Involving Families in Treatment**

In relation to the Committee's final term of reference, families play an important role in responding to the use of illicit drugs by family member(s). Reviews of the literature emphasise the importance of involving families in treatment, with family-inclusive programs showing improved outcomes for drug-users when families are involved in the treatment process (Mitchell et al., 2001).

There is now considerable evidence that strong family relationships are a crucial factor in an individual's resilience in the face of adversity (Luthar, 2006). The presence of a warm relationship with at least one parent, a sense of belonging to family and feeling loved and respected are all protective factors associated with the onset or prevention of a number of risk-taking behaviours in adolescence, including substance use (Rayner & Montague, 2000). Although this is now well understood in theory, the inclusion of families in the care of a young person does not always happen in practice. The level of family participation in work with young people varies considerably according to a worker's disciplinary background and profession. In youth work in particular, the family has traditionally been seen as irrelevant, or relevant in a negative sense, as the enemy or cause of the problem (Garfat, 2003).

Youth work should be seen as complementing, not substituting for the care provided by young people's families. Workers are only involved with a young person for a short period of time at specific times of a week. Families, in contrast, are potentially responding to crises and problems at all times of the day and night, and on an ongoing basis throughout a young person's life. Although some youth workers and youth services are effective in incorporating family relationships into their work, a number of factors inhibit parents' involvement in treatment (Robinson & Prior, 2006). These factors include a lack of knowledge on the youth worker's part about how to work with family (youth work training is predominantly based on a rights-based, rather than relationships-based model), parents' perceptions that they are not a welcome or necessary part of treatment, and an air of 'mystery' regarding treatment. Agencies often fail to recognise the knowledge and resources they bring to a young person's situation. Parents feel that exclusion from information regarding treatment, due to privacy laws, often means that they have a young person living at home who is receiving treatment, yet the parents know little about what is happening or how they can support the process. Service providers can unwittingly reinforce a sense of self-blame and guilt, which is unlikely to assist in addressing entrenched family dynamics or increase a sense of hope. A family-aware youth work practice model, which encouraged youth workers to consider families in their work and offered a model on which to base this work, emerged from the project (Robinson & Prior, 2006).

Family members need basic information on the effects of drug use, why young people use drugs, family member's possible role in the causes of a young person's drug use and helpful ways in which they can respond to the problem. Youth workers also need basic information on parents' fears and feelings regarding their child's drug use, and how to deal with this, while maintaining their focus on the client. Further research, however, is needed to elucidate



the extent of barriers to family involvement in youth work, and how these can be addressed to assist in the recovery of young people engaging in illicit, and other, drug use.

## Conclusion

In this submission, we have drawn attention to the research that shows the role of families in providing a protective environment for children that reduces their risk of later illicit drug use. We also explored the role of negative early familial characteristics in increasing the risk of illicit drug use and how this drug use impacts on other family members—particularly children's experiences of inadequate parenting and vulnerability to abuse and neglect. In turn, child abuse and neglect and sexual assaults are risk factors for later drug abuse, demonstrating the key role of families in the intergenerational cycle of drug use, including illicit drugs. Finally, families can also be part of the solution, with evidence that family-inclusive practice is more efficacious in the treatment of drug problems. In sum, families need to be considered at each stage of the problem of—and solutions to—illicit drugs in Australia.

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