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**AUSTRALIAN ASSOCIATION OF SOCIAL WORKERS
(AASW)**

**Submission to the House Standing Committee on Family and Human
Services Inquiry into impact of illicit drugs on families**

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Who are the Australian Association of Social Workers?

Australian Association of Social Workers (AASW) is a national organisation representing over 6,300 social workers in Australia. Our members work in government and non-government practice, research and policy settings, providing extensive knowledge and expertise to the AASW on various social issues.

The membership is represented by ten branches located in each state and territory of Australia, including branches in north Queensland and the Hunter region of NSW. Each branch has a representative on our Board.

The AASW represents issues that its members believe are of primary concern to the social work profession, at the national level through:

- The development and maintenance of a Code of Ethics and a subsequent complaints process
- A commitment to professional development for social workers
- National committees and working parties including a National Social Policy Committee
- Contributing to the Federal Government's policy and program development via submissions
- Advocating for the rights of people who are disadvantaged and/or marginalised through media releases and the development of position papers by the Association
- Networking and forming partnerships to achieve positive outcomes for people who are disadvantaged and/or marginalised including representation on Boards of other peak organisations
- Working to ensure people who are disadvantaged and/or marginalised participate more fully as a citizen

The AASW has developed its own policies and evaluates social policy in accordance with the following values:

- **Human Dignity and Worth**-The social work profession holds that every human being has a unique worth and that each person has a right to well being.
- **Social Justice**-Each society has an obligation to pursue social justice, to provide maximum benefit for all its members and to afford them protection from harm.
- **Service to humanity**-The social work profession holds service in the interests of human well being and social justice as a primary objective.
- **Integrity**-The social work profession values honesty, reliability and impartiality in social work practice.
- **Competence**-The social work profession values proficiency in social work practice.

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Introduction:

The social work profession is committed to maximising the well being of individuals and society. The AASW represents social work practitioners responding to a wide variety of crises and trauma experienced by individuals, families and groups throughout the life cycle.

Social work is a profession that is integrally involved in facilitating health and well being across a range of sectors. These can include Child, Youth and Family Welfare, Domestic Violence ,Acute, Community and Specialist health, income support and employment services, Community Development, Homelessness assistance, Corrections ,Indigenous and CALD community programs, Refugee, Asylum and resettlement support, Grief and Loss counselling, Psychotherapy, Gambling and Addiction counselling.

Social workers work within a variety of roles such as direct practice, policy, research and advocacy so the AASW are well placed to relate the financial, social and personal costs to families who have a member(s) using illicit drugs.

The AASW acknowledges that a number of national surveys are regularly conducted to assess the extent of drug use in Australia and evidence supports the degree that drug use is widespread and inherent in our population. A recent national survey reported that, of Australians aged 14 and older at some stage in their lives:

39.1% had used marijuana

11.5% had used analgesics (pain-killers)(a)

6.2% had used tranquillisers/sleeping pills (a)

9.9% had used hallucinogens

8.8% had used amphetamines (a)

4.8% had used ecstasy

4.3% had used cocaine

3.9% had used inhalants

2.2% had used heroin

0.8% had used steroids (a)

0.5% had used methadone (b)

(a) for non-medicinal purposes

(b) non-maintenance/treatment¹

¹ Statistics on Drug Use in Australia. Australian Institute of Health & Welfare. Canberra, 2001

Additionally in recent years our members have seen an increase in the number of young women who are using illicit drugs. O'Donaghue (2004 p.3)² outlines a number of factors from a range of studies that are associated with illicit drug use by women when compared with the general population.

- Unstable accommodation and employment;
- a higher incidence of experiencing childhood physical and sexual abuse;
- a history of mental health problems;
- eating disorders;
- image distortion; and
- violent relationships.

The Victorian Government has funded a number of supported accommodation programs specifically for women drug users and their children, but there are few gender specific programs in Victoria and this would be similar in most of the country (O'Donaghue 2004.p.3))

(1) 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;

Over the past few years substance abuse in all forms has increased within our society. The high human cost is the impact on the physical, mental and social life of individuals, their families and the community. Many AASW members would have work experience with the far wider ranging impact of legal drug use such as alcohol abuse or prescription drugs across all areas of our contact with individuals and families. It is noted that many of the physical, financial and social impacts of alcohol and prescription drug abuse is indistinguishable from illicit drug abuse.

All substance misuse ultimately leads to conflict with family or friends. Family and friends of illicit drug users have expressed to social workers that they experience frustration and concern when pressured for money or possessions, or when the person using drugs fails to or refuses to recognise that their drug use is causing problems. Many of our members relate

² O'Donoghue, Delia, Women & Drug Use in Victorian Social Work Vol12 No.3 March 2004

experiences from their clients that outline a breakdown of trust as one of the primary issues between relationships extending beyond the immediate nuclear family. This encompasses many members of extended families as one by one support is sought then abused. Many clients report having had personal items go missing or that family members are gradually isolated as they are 'forced to take sides'-either to drop contact with the substance user or struggle to keep trying to help and support them. This inevitably leads to someone using up all their supports resulting in homelessness. The Australian Institute of Health and Welfare report (2007) reports that in 2004-05, 19,400 or 19 per cent of SAAP clients had a substance use problem, were likelier to be living in a car, tent, park, street or squat than other homeless groups before support and about 14 per cent of the substance use group return to those conditions after their support has ended.³

Families describe in detail the feelings of yet again being let down or used by the drug abusing family member. When one member of a family becomes addicted to alcohol or illicit substances it becomes extremely challenging for the family to sustain itself in a healthy, open and robust way. The first thing that a parent may feel when a child is discovered to be substance abusing or taking illicit drugs can be overwhelming guilt and anger. The anger can be aimed at the fact that their child has placed themselves in danger. The guilt may stem from a feeling that they should have known, that there was something that they could have done to stop this from happening.

When a parent takes drugs the child may begin to take on the role of parent to their mother or father. More often than not the child of the drug addict feels responsible. Drug use affects a person's ability to respond appropriately to a given situation, their ability to think clearly and to maintain attention, and may cause physical symptoms such as blurred vision, cramps, mood disturbance and nausea. Illicit drug and alcohol abuse can have serious health effects if used over a long period of time. Lifestyle changes such as poor eating habits and inadequate sleep can increase the chances of experiencing a variety of health complications which can directly impact on the rest of the family. These impacts may also result in an increase in exposure to physical injuries from violence both to the person substance abusing and by them on other family members as they frequently experience cognitive and mood changes related to the alcohol and drug use. People who inject drugs using unsafe practices such as shared syringes are at increased risk of contracting Hepatitis A, Hepatitis B and HIV. Many AASW members are employed in health centres and programs operating safe needle exchange practices and we support this harm minimisation approach.

Alcohol and Illicit drug abuse may also lead to other legal concerns such as crimes committed in order to raise sufficient money to support ongoing substance use, and violent assaults. The cost of maintaining ongoing

³ Australian Institute of Health and Welfare Bulletin 51 Mar 2007 *Homeless SAAP clients with mental health and substance use problems 2004-05*,

substance use may mean that there is not enough money left to pay for a range of goods and services. Irregular employment or unreliability at work frequently accompanies heavy substance misuse. This will impact on regular bills such as rent or mortgage, food and clothing, and other purchases that are the staples for survival. Our members experience this in a range of sectors but particularly working within hospital emergency departments, child protection, income support, correctional services, financial counselling and homelessness services such as SAAP.

(2) The impact of harm minimisation programs on families:

The AASW support the underlying principle of harm minimisation. As outlined by Rowe and Mendes:⁴

harm minimisation is taken to refer to policies and programs that are designed to prevent and or minimise drug related harm through the use of three balanced strategies: Supply reduction; demand reduction and harm reduction (2003; p 4)

Many of our members work within programmes that incorporate a developmental approach to recovery, i.e. treatment aimed at not simply immediate abstinence but a series of insight-oriented, behavioural and self-help programs. Social work is a distinctive contributor to combating the field of addictions. One of the most important aspects is how the social work model gives expression to the dual focus on person and environment. Programmes such as the Salvation Army's Bridge Programme in Melbourne, described by Rowe (2004 p.4)⁵, concentrate on recovery, relapse prevention, developing autonomy and building a pathway towards a more secure and stable lifestyle.

Social workers not only look at the addictive process but also have a clear understanding of the user's lives as part of a holistic approach. This includes all their interactions with the broader environment including relationships with family"

As outlined by two other members Catchlove and Amiatu⁶, Social Workers employed in the field of youth services often work from a harm minimisation principle as they are confronted by clients

with multiple complex issues such as involvement with statutory services, mental health, homelessness and unemployment and in order to engage, retain and work effectively with this client group a flexible, holistic, relationship based approach within a bio-psychosocial context is effective (2004; p 3).

⁴ Rowe, James & Mendes, Philip *Chap. 1 The Politics of Illicit Drugs* in Rowe and Mendes Harm Minimisation Zero Tolerance and Beyond 2004

⁵ Rowe, Kaylene *Social work and substance abuse treatment programs* in Victorian Social Work Vol12 No.3 March 2004

⁶ Catchlove, Kate & Amiatu, Susie *Social work, young people and substance use* in Victorian Social Work Vol12 No.3 March 2004

The AASW supports the principle of harm reduction through many of its members working in crisis centres and community health centres which have seen the establishment of Syringe Exchange Programs particularly to address the alternative of leaving unchecked the greater health threat of HIV/AIDS. In addition members work with drug users undergoing methadone maintenance treatment as part of their recovery and maintenance care plans.

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

Many of our members are involved in establishing and facilitating support groups for family and friends of substance users. One issue that some families mention is that many support programs for substance users can focus too heavily on the person taking drugs. In part this is to direct responsibility for their drug use to the person responsible. Rowe outlines that the role of the social worker:

is to collaborate with the client in a supportive way in which the client becomes empowered, to play an active role in the future and lifestyle direction (2004; p 2).

And that treatment planning can only be effective "If the client is empowered to take ownership of the treatment plan" (*ibid*; p 2).

It is vital to ensure that family members also have equitable access to empowering support, information and education to understand identified, underlying or contributing factors that lead to substance abuse and dependency.

Conclusion-

- Any consideration of drug policy and services aimed at responding to the needs of substance users and their families and friends can and should incorporate a broad range of views that supports the principle of harm minimisation that are designed to prevent and or minimise drug related harm through the use of three balanced strategies: Supply reduction; demand reduction and harm reduction

Recommendations-

- To fund more gender specific supported accommodation programs specifically for women drug users and their children,
- Increased funding available to establish and support families and friends groups