HELPING YOU CHOOSE A BETTER LIFE

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Secretary,
House Standing Committee on Family and Human Services,
Inquiry into the impact of illicit drug use on families,
House of Representatives,
PO Box 6021,
Parliament House,
Canberra ACT 2600

Dear Secretary

The following response is made by the Alcohol and Drug Foundation Australian Capital Territory (ADFACT) and draws on national and international experience and the personal accounts of families of ADFACT clients. ADFACT manages the Karralika Therapeutic Community (comprising the Karralika Adult and Family Programs), the Nexus Program (halfway house and aftercare programs), the Phoenix Project (case management for clients undertaking the NSW MERIT program) and ninety places under the Personal Support Programme.

The families who have provided personal accounts did so through a focus group, run as part of the regular monthly *Family and Friends Support* meeting at Karralika Therapeutic Community. Karralika was first established in Canberra in 1978. In 1988 it was expanded with the opening of the Karralika Family program, which accepts both sole parents (men and women) with children and couples with and without children into treatment.

ADFACT notes that the inquiry has not considered the impact of licit drug use on families. Alcohol misuse is a serious concern to many families across Australia and can contribute to many health and social problems such as mental illness, foetal alcohol syndrome, domestic violence, family and relationship break-down, financial difficulty, health conditions such as liver damage and death. The use of alcohol with other drugs (including illicit drugs) is also a great area of concern. The impact of tobacco use and particularly parental tobacco use on families is also well documented in the literature.

ADFACT, whilst initially established to address issues of illicit drug use, treats as many people for alcohol misuse as it does for illicit drug use. Indeed, for families coming into the Karralika Family Program the impact of licit drug use (particularly alcohol and illicit use of prescription drugs) is at times more significant than that of illicit drug use. Children report significant trauma associated with parental alcohol use. This includes family violence, unpredictability of parental behaviour and uncertainty in relation to financial wellbeing.

ADFACT recommends that the Committee widens its terms of reference to include the impact of licit drugs in addition to illicit substance abuse.

The Terms of Reference of the Committee are noted as: Inquiring into and reporting on how the Australian Government can better address the impact of the importation, production, sale, use and prevention of illicit drugs on families, with particular interest in:

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;
2. The impact of harm minimisation programs on families; and
3. Ways to strengthen families who are coping with a member(s) using illicit drugs.

ADFACT's submission addresses each of these points as follows:

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:**

In relation to the term 'families' we wish to have it acknowledged that 'families' in today's society is not restricted to those who are blood relatives or partners. People themselves may identify friends as being part of a family grouping, and this is particularly evident within substance using populations, where family breakdown may have preceded or been the result of substance use. Many people have become caught up in problematic substance use because of family trauma. They may be the victims of childhood sexual, physical and/or emotional abuse. Substance use may therefore act as a vital avenue of escape from the trauma. For these people, returning to the family may never be an option.

Families of individuals, who use both illicit and licit drugs, and particularly those who are dependent on illicit drugs, often face major financial, social and personal costs. Substance abuse is one of a number of health and social problems that can share common antecedents. This means that many families of substance misusers are faced not only with a substance misuse problem - but also other difficulties such as mental illness, crime or unemployment. The impact of illicit drug use on families can vary greatly depending on the type of use. In this regard, we ask the committee to recognise the difference between dependant use, and experimental or occasional use and the impact these can have on families.

- In Australia, there are an estimated 60,000 people in treatment for alcohol and other drug use (Gruenert, Ratnam & Tsantefski, 2004),
- There are tens of thousands more who are still in active drug use,
- 80%-90% of women undergoing treatment have been abused as children and/or adults,
- Approximately 60% of men have been abused.

Therefore 'drug' treatment is not just about the drug - it is about the underlying causes of drug dependency.

Impact on families and siblings

Problems related to substance use have a profound impact on families is a simple but largely ignored truism. Mothers and fathers, brothers and sisters are frequently caught in the turbulence that drug problems create. Almost invariably, problems associated with drug use by one family member become the entire family's problem.

If the effects on families have been ignored, it is perhaps because of a preoccupation to perceive and treat drug problems as the preserve of the individual, and perhaps too because of an underlying assumption that the family is the cause of the problem (Copello & Orford, 2002). The combined result of these positions has been to marginalise the families of problem drug users.

Where the family has also been drawn into the problem as the kinship carers of children of substance using parents, family breakdown may be the result of years of mistrust and trauma. Grandparents parenting grandchildren is now one of the tragic outcomes of substance use.

The family has been variously identified as critical agents in the development and maintenance of harm, who may facilitate or hinder the process of giving up drug use, and less frequently, as in need of support themselves. We believe it is vitally important to support the families of substance users, many of whom have themselves a range of personal and health problems.

In personal accounts, relatives of drug users report experiencing negative consequences such as -

- Feeling lonely, anxious, depressed, fearful and confused.
- They talk of a breakdown in trust with their family member and between other members of the family.
- They report worsening sexual and other relationships with their spouse.
- There are financial problems.
- Issues of social isolation.
- And ironically, increased use of tobacco, alcohol and other drugs amongst family members (Velleman, Bennett, Miller, Orford & Tod, 1993).

Parents also talk about the effect their child's drug use has had on them, as illustrated by this account -

> *"I ended up on antidepressants. I gave up an important job, but I couldn't stand the thought that he might die while I was at work. I had to try to be there for him".*

- Parents question themselves - could we have done things differently, acted sooner, been tougher?

- They talk about how hard it is when there are grandchildren involved. They wonder if they are 'giving in' - giving money for food and rent - does that mean their adult children can use their own money on drugs? But then they wonder, *"What will happen to my grandchildren if I don't?"*

Families also talk about their frustrations with a system that excludes them once their family member or friend is in treatment. Having worked hard to support their family member to get into a treatment program, they are often then blocked from the process, with treatment agencies refusing to engage with them. This may leave them feeling angry and confused; increasing their feelings of guilt and further delay the family's healing process.

> *"When we finally managed to get some help for our daughter we were excluded, rather than included in the process. We'd call up to see how she was going, and we were told that because she was an adult and because of privacy laws, they couldn't give us any information. We didn't even know if she was still there. We went back to not sleeping all over again".*

- Some parents agreed that their relationship had become stronger as they were able to support each other.
- Others talked about the arguments - Dad seen as the tough one, wanting to 'throw' the drug using son or daughter out, Mum wanting to nurture and protect. In the end, the strain becoming too much for their relationship.
- For sole parents, the strain of dealing with a drug-using child or adult child without support, is huge.

The traumas associated with a drug-using family member is by no means restricted to the parent.

- Siblings talk about their anger - feeling overlooked by Mum and Dad who were always preoccupied with their brother or sister. Then they would feel guilty - recognising that their sibling needed help. This is both a source of resentment and sadness.
- There is a sense of being on a roller coaster, stability when their sibling is doing well, then devastation when they relapse.
- In the process, families are torn apart.
- For many siblings, these rifts are never able to be repaired, not only resulting in a breakdown between siblings, but may also lead to a loss of relationship between the parent and the non-drug using child, who feels undervalued and forgotten.

Impact of parental drug use

The impact of substance using children of parents and siblings is well documented, and can often contribute to family breakdown, economic difficulty and mental illness. ADFACT would also like to draw the Committee's attention to the impact parental use of illicit drugs can have on children and teenagers. Growing up with substance abusing parents is found to have significant impact on the physical, cognitive and emotional health and wellbeing of children (Ainsworth 2004) - extending into adulthood.

The increasing number of children affected by parental drug use is a rising social problem that requires action on a number of levels. Increasingly, parental drug use is seen as "one of the most serious issues confronting the child welfare sector over the past 20 years" (Child and Family Welfare Association of Australia, 2002:9). Parental drug use, domestic violence and mental health issues have been increasingly reported

as contributing factors in the rise of notifications to child protection authorities (Families Australia, 2003; Patton, 2005; Saunders & Goddard, 1998).

In studies of parental drug use, three themes have emerged as significant in terms of parenting capacity and family functioning (Barnard, 2005; Hogan, 1997; Hogan & Higgins, 2001; Klee, 1998; McKegany, Barnard & McIntosh, 2004):

1. Parents had less involvement with their children.

2. There was increased irritability with children. This was largely connected to withdrawal or the effects of drugs or alcohol wearing off, causing feelings of physical illness.

3. An atmosphere of secrecy that seemed to pervade the family as a consequence of substance use. This creates a 'world of mirrors where nothing is as it seems', leaving children feeling confused, rejected and burdened with secret knowledge. This secrecy also makes intervention particularly difficult and even impossible, placing the family, and particularly the child, at greater risk. Instead of receiving the help and support they need through early intervention, families will attempt to hide problems from a welfare system which they fear, resulting too frequently in delayed intervention when the family is already in crisis.

Although many substance-using parents are capable of providing adequate care in general, this can be punctuated by bursts of substance use, which undermine the quality of care provided, leading to risky situations. Abandonment and neglect as a result of parental death from overdose, parental drug use or periods of absence due to imprisonment, have also combined to place additional stress on families and the child protection system (Drug Policy Expert Committee, 2000; Patton, 2005).

There is also a significantly increased risk of violence in a family where problematic substance use is present, which is clearly reflected in studies (Velleman, et.al., 1993; Valleman & Orford, 1999). Children's accounts vividly convey the effect this has on them.

Co-occurring mental health and other problems

There may also be complicating issues of mental health. People who are coping with both mental health problems and substance use are generally perceived as particularly needy and vulnerable and therefore anyone in their care may be more at risk. Both mental health and substance use feature as significant factors in reported incidents of child abuse, and their coexistence with other interpersonal and social difficulties also increases risk (Kroll & Taylor, 2003; Patton, 2005).

Problems underlying substance use can be extremely complex - childhood and adult sexual, physical and emotional abuse; domestic violence; unemployment; homelessness and mental health disorders.

- 50%-80% of people in drug treatment services have a co-occurring mental health problem.

- Parents talk of their frustration with a system which fails to recognise two things -
  - The child who deals with their underlying mental health problems by using illicit drugs; and
  - The child who develops a mental health problem through their use of drugs.

- Even though we are now recognising the reality of co-occurring disorders as the EXPECTATION, rather than the EXCEPTION, these people continue to fall between the gaps in service delivery - their problems belonging to the 'other' system.

Without a comprehensive approach to addressing drug use in Australia, such as harm minimisation and adequate health support services, the toll experienced by families will be heightened. ADFACT supports a stronger investment into reducing the demand for illicit drugs, however this should not be at the expense of health and welfare services that aim to reduce the harm to those who are currently using illicit drugs and their families.

From international experience, not adopting a comprehensive approach, such as harm minimisation, would result in increased mortality and morbidity amongst drug users, their families and the broader community.

2. The impact of harm minimisation programs on families:

Families very clearly understand the continuum of harm minimisation - clean needles and safe using practices at one end, the availability of pharmacotherapies, and abstinence-based treatment services at the other. They see no problem in embracing all these services within the continuum, understanding that these are part of a suite of treatment services which need to be available to different people at different times.

> *"I wanted him to live, and I wanted him to be free of diseases until he was at a point when he said, 'Enough is enough' and was ready to get help".*

Harm Minimisation - what does this mean to families?

- Keeping them alive until they are ready or able to get help
- Keeping them safe
- Understanding that there's no 'quick fix' or just one answer - people need all sorts of interventions at different times - clean needles, supervised injecting places - they all have their place, just the same as detoxification, methadone and pharmacotherapies and abstinence-based treatment centres.

ADFACT supports the evidence that notes no approach to the use of drugs of dependence and psychotropic substances will ever achieve a drug free community. The current preoccupation in some countries (particularly the United States) with achieving a drug free community has been supported by substantial financial resources but the results have fallen far short of what was hoped. Risk elimination rarely works.

Conversely, policies that give priority to the minimisation of harm generally have been successful. The most impressive success of harm reduction has been control of the spread of HIV, mainly through the introduction of needle exchange. Similar models have been adopted with similar health, social and economic benefits in the Netherlands, Switzerland, England and Australia.

Pharmacotherapies, including Methadone and Buprenorphine for opiate dependency, and Naltrexone and Campral for alcohol abuse, have proven effectiveness in assisting people who are dependent, and whose lives have become unmanageable. The continued support of these programs and an acknowledgement that pharmacotherapies form part of a vital suite of treatment interventions is crucial.

For many people the effectiveness of pharmacotherapy treatments will be greatly enhanced by the provision of residential services, which accept people on pharmacotherapies. There are too few funded programs in Australia, despite research evidence that shows their effectiveness (De Leon et. al., 1995; DeLeon, Staines & Sacks, 1997).

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

Strategies which aim to build resilience of families, develop positive family relationships, foster good communication, and provide families with information and support about illicit drugs are proven to be very effective in assisting families to cope with illicit drug use.

ADFACT acknowledges that education is an integral component of any public health strategy and successful programs, such as the Tobacco Campaign, adopt a comprehensive community based approach. They have not relied solely on education and information dissemination or mass media campaigns. The evidence does not support stand alone, once-off media campaigns as a successful strategy in changing behaviour.

- From a personal viewpoint, families call for a public campaign and end to the stigmatisation that surrounds substance use. As an example, they point to the campaigns which have addressed mental health problems.

- There is a need to understand that this can happen so easily to anyone's family - not just to those who others might consider to be 'bad' families.

"Talk about it - we kept trying to hide it from others because we felt so guilty. Like we were at fault. It meant we kept it hidden and didn't get the help we needed for ourselves or our daughter until it was almost too late".

Some parents raised the concern that after the period of rehabilitation, when their son or daughter was free from drugs, the stigmatisation continued:

"It's a noose around their necks. Even when they get well, they are not able to get a job, there is a huge stigma attached to drug use. It's not recognised as a

sickness, that there are genetic links. There is a point when you have to accept it's a health problem - not just a legal issue".

Specific suggestions for implementation

At Karralika, we invite families and friends to a monthly Family and Friends Support meeting, which aims to support the parents, relatives and friends of Karralika clients.

At these meetings, families report :

- Relief that their son, daughter, partner or relative is in Karralika and safe.

"For the first time in years I've been able to sleep at night, just knowing he is safe".

- Even though parents know there are no guarantees, for the moment they can relax.

Families want to see effective programs that take families -

- There was a recognition that there are too few programs like Karralika that take whole families, focusing on the needs of the child through targeted interventions and discrete services that understand the child, not as badly behaved, but as traumatised and with emotional problems which are acted out through behaviours.

- Programs that work to build relationships, both with parents and their children who have been affected by substance use and extended families - parents, siblings, grandparents.

- Research shows that where families are positively included in the treatment process, outcomes for the individual are far greater.

Families strongly supported these aspects as being part of the ADFACT Karralika Program.

- Families also saw the Workskills Training programs, such as those run by Karralika, as being vital to the person's continued rehabilitation. These programs provide access to education and work opportunities through training while the person is still in treatment through partnerships with education and training providers in the community. Clients exiting the Karralika Therapeutic Community may also graduate with a Certificate I or II in Hospitality, a Certificate II in Horticulture or a Certificate II in Business Skills.

- Therefore addressing the underlying causes or precursors of drug addiction is seen by ADFACT as being vital to recovery.

Families believe there is need for attitudinal change.

- There is a need for education for the community and for families.

"We need to strengthen families - to understand that they are often doing the best they can, and that they also need help and support."

- Families themselves understand that in some cases the family itself is both the victim and the architect of substance abuse problems and associated trauma.

"We also need to understand that for many people who use drugs, they don't have the support - they never did - they never had families at all".

- There is a need for targeted and supportive interventions;
- A need to address the fears and secrecy in society;
- A need for co-ordinated approaches between governments and agencies - both Government and non-government;
- We need earlier interventions - action before the family is in crisis;
- We need to recognise the value of the work some agencies are doing to strengthen the family, and to support them through increased funding;
- We need to fund more comprehensive programs - those which address the concerns of people with co-occurring disorders (or a comorbidity of mental health and substance use disorders);
- We need to fund programs which work across the harm minimisation spectrum - methadone reduction within the context of therapeutic communities; and,
- We believe that it is imperative to work with the whole family.

Finally,

"There is a need for compassion, a need to understand this as a community and social problem, requiring action on all fronts".

Yours sincerely

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