



*families*  
australia

**SUBMISSION  
TO THE HOUSE OF REPRESENTATIVES  
STANDING COMMITTEE ON  
FAMILY AND HUMAN SERVICES**

**INQUIRY INTO THE  
IMPACT OF ILLICIT DRUG  
USE ON FAMILIES**

**FAMILIES AUSTRALIA**

March 2007

Families Australia is the national independent peak not-for-profit organisation dedicated to promoting the needs and interests of families.

This submission is dedicated to all individuals and families affected by the misuse of licit and illicit substances, to the memory of those who have died of substance abuse and to the children and parents left behind.

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**Submission by Families Australia to the Inquiry by the  
House of Representatives Standing Committee on Family and  
Human Services on the impact of illicit drugs on families**

**1. Overview**

The lives of multitudes of Australians and their families have been, and are today, being ruined by illicit and licit substance abuse.

The exact costs of the problems are unquantifiable but are undoubtedly massive in personal, social and economic terms. Families themselves bear enormous cost and pain.

Our national strategies need to take into account the impacts of both licit and illicit drugs on individuals and families. We need to know a great deal more about the dimensions of the problem, especially as it affects children, and about integrated family support and drug treatment programs that work at the service delivery level.

We need greater coherence between national strategies and more emphasis on, and funding for, effective whole-of-society programs based on early intervention and responses that tackle co-occurring problems such as substance abuse and mental health in an integrated and long-term manner. A national framework for child protection and family wellbeing is urgently required.

Drug treatment services need additional assistance to run family-centred support programs which take into account the differing needs and requirements of families. Kinship carers, including grandparents who provide primary care for grandchildren, require further support. Mutually reinforcing and evidence-based education and media programs are also required to increase community awareness.

## **2. Introduction**

Families Australia is Australia's peak independent not-for-profit organisation dedicated to promoting the interests and needs of families. Families Australia develops and advances broadly-based policy on the basis of consultations with families and family organisations and other research.

This submission makes 11 recommendations across the three areas specified in the Committee's terms of reference (*Appendix A*). It is based on evidence obtained through: an Expert Forum held in March 2007 involving more than 30 national-level professionals representing Australian and State/Territory governments, community and research organisations as well as members of families affected by drug use (see *Appendix B*)<sup>1</sup>; two focus groups comprising professionals working in the field of drug treatment and family support and families whose member/s have been or are affected by drugs; and other research.

At the outset, Families Australia wishes to state that while the focus on illicit drugs is timely and important, it would be unfortunate if that were to divert public and policy attention from the overall picture of harm caused to individuals, families and communities by the abuse of both licit and illicit drugs.

Professionals and family members who spoke to Families Australia on this point strongly urged governments, organisations and the community at large not to lose sight of the need to combat all forms of substance abuse, including from alcohol and tobacco and from the abuse of prescription drugs.

The point was often made in Families Australia's consultations that licit substances have major negative impacts on families. Families Australia also notes the statement by the Australian National Council on Drugs that "alcohol

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<sup>1</sup> The views contained in this submission have been informed by discussions at Families Australia's two focus groups held on 12 March 2007 and the Expert Forum held on 14 March 2007, but do not necessarily reflect the views of any particular participant or organisation unless specifically indicated.

and tobacco remain the most socially, economically and health damaging drugs in Australia”<sup>2</sup>. Alcohol misuse is a serious concern to many families and contributes to health and social problems such as mental illness, foetal alcohol syndrome, domestic violence, family and relationship break-down, financial difficulty, and health conditions such as liver damage and death. The use of alcohol with other drugs (including illicit drugs) is also of great concern. Moreover, the adverse impacts of tobacco use, and particularly parental tobacco use, on families are well documented in the research literature. Most recent estimates suggest that 230,000 children are currently living in families with at least one binge drinker<sup>3</sup>.

### **3. Issues**

#### **3.1 The financial, social and personal cost to families who have a member(s) using illicit drugs**

##### ***Key findings***

##### **Overall costs unknown**

Australia has an information gap in relation to the total financial, social and personal costs of illicit and/or licit drug use to families. There is high-level national level data about drug use patterns, trends and perceptions derived from household surveys<sup>4</sup> and one recent estimate puts the overall financial cost of drug misuse in Australia at over \$34.4 billion<sup>5</sup>.

There is, however, no single measure of the extent of the damage to lives, nor figures focusing on many important areas of concern. There are, for example, no

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<sup>2</sup> Australian National Council on Drugs, *Address to the National Press Club by the Chair of the Australian National Council on Drugs*, 31 January 2007.

<sup>3</sup> Professor Sharon Dawe, Professor in Clinical Psychology, Deputy Director of GPHRC School of Psychology, Griffith University, Brisbane (personal communication with Families Australia, March 2007).

<sup>4</sup> See the findings of the National Drug Strategy Household Surveys (eight surveys since 1985) by the Australian Institute for Health and Welfare ([www.aihw.gov.au](http://www.aihw.gov.au)).

<sup>5</sup> Collins and Lapsley, 2002, cited in Patton, N., *Parental drug use – a recent phenomenon*, 2004, 9.

data regarding the prevalence of illicit drug use among parents caring for children<sup>6</sup>. One Australian expert has stated<sup>7</sup>:

It is impossible to quantify objectively such widespread damage...the economic costs of familiar violence, personal distress over fatal or disabling accidents, and the societal cost in terms of police manpower, court time, medical and related services, industrial inefficiency, and wasted potential cannot be gauged.

To some extent, the costs to families can be gauged through the stories they tell.

A father of a son with substance abuse problems wrote to Families Australia:

There should be greater recognition of the financial costs to individuals of obtaining treatment and of the fact that it can be the case that only if family members assist with those costs will the individual concerned be able to maintain the therapy vital for his/her wellbeing....There can [also] be considerable costs to grandparents, for example, who look after the children of their children who, through their addictions, are not able to care for their grandchildren....The Commonwealth Government has recently given some recognition to this situation but more help to those stepping in to look after the young children may well be needed.

While it is impractical to quantify the extent of costs such as the emotional pain experienced by family members and drug users, economic modelling of tangible costs would assist, especially in better targeting policy responses and resource allocations. A number of Families Australia's interviewees spoke of the relatively small proportion of resources being devoted to drug treatment and family support programs compared with those devoted to reduce drug supply through law enforcement and interdiction. While both demand and supply reduction strategies are required, it was suggested by several experts who attended the Families Australia Expert Forum on 14 March 2007 that treatment, awareness raising, education and family support programs were relatively more cost-effective than other interventions. Subject to further research, this finding should guide future policy and practice.

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<sup>6</sup> Mitchell *et al.* cited in Patton, N., *Parental drug use – a recent phenomenon*, 21.

<sup>7</sup> Saunders, B. 1986, in Helfgott, S., *Helping Change: The Addiction Counsellors Training Program*, 1996, cited in Australian Government, Department of Health and Ageing, *Resource kit for GP trainers on illicit drug issues* (cited at [http://www.aodgp.gov.au/internet/aodgp/publishing.nsf/content/resource-kit-2/\\$FILE/slides\\_harm.pdf](http://www.aodgp.gov.au/internet/aodgp/publishing.nsf/content/resource-kit-2/$FILE/slides_harm.pdf), accessed March 2007).

### Human costs: massive and heart-rending

Despite the absence of overall data on costs, qualitative evidence demonstrates unequivocally that the social and personal costs to families are enormous. Family members often feel alienated and stigmatised and in need of support. Feelings of alienation can cause disengagement with the drug user with the result that families can be, and are often torn apart. One expert described the stigma that families feel as like having “a noose around their neck”. Another family member at a Families Australia focus group stated: “families feel alienation and stigma and this makes conversations difficult between parents and [drug using] children”.

The costs of drug use are spread across all levels of society. Drug use can occur in every type of family irrespective of factors such as income, education and social status. One focus group participant who has a child with a substance abuse problem said: “I used to think that this doesn’t happen to good families – but it does”. Among many stories of suffering, one mother wrote to Families Australia<sup>8</sup>:

We have a son, now aged 35, who has been a heroin user during much of the last 17 years. While he is not currently using, he appears to have turned to alcohol as a substitute. He also struggles with mental health issues such as depression, inappropriate behaviour, impulsiveness, forgetfulness etc. His life in general is chaotic. His previous partner was also a drug user and they have a seven-year old child.

The impact on our family has been very high and relentless. We worry a lot. We feel isolated and unsupported as none of the services available seem to meet their needs. We sometimes feel angry, exploited and ready to give up. Our son has recently found a private counsellor who works with him for a nominal fee. This person is an angel. As family members we are committed to helping our son as much as we can but we know we can’t do it all. Our son's partner and child also need more help than we can give.

There does not appear to be affordable housing available so we now have him living with us. This is stressful some of the time, good at others. It certainly impacts on our social life. We worry about the longer term - will this be forever? Will we cope as we get older?

The financial cost to us of supporting this 'family' amounts to several thousands of dollars a year. On the positive side, we have all become much more

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<sup>8</sup> Private letter to Families Australia (identity withheld), March 2007.

resilient, we have been forced into personal growth and probably become much more understanding and tolerant by meeting these challenges.

I would love to feel that we live in a society that values people and is kind and caring to its most vulnerable. I guess there is no easy answer but I would like to feel that there was an empathetic family support centre in each suburb or area.

Another parent stated:

We're going through a crisis right now. We have a son, who despite a good education and all that sort of thing, has just gone over the years heading down through life. He got heavily into drug use in 2002 onwards. One thing that really upsets me is how people of my generation snicker and laugh about taking drugs. After [my son] had done damage to our home, things like smashing in the bedroom door, kicking in a plate glass window, threatening and so on. One Saturday night he was running around with a knife in his hand. He sliced himself in front of me – we later found he was [already] slicing himself, "cutting" is the word. We called the police because it seemed a very unsafe situation and I'll never forget having to block [my son] off from getting to his room to kill himself as the police came up the stairs. That then set in train a situation where he was alienated from us.

#### Costs to 'nobody's clients': children, siblings and grandparents

Irrespective of how one defines 'family' (Families Australia encourages people to define what 'family' means to them rather than propose an ideal composition), the costs of drug use are borne by all those who have bonds and connections with the drug user. As Australian families continue to experience relatively rapid change and transformation (for example, with an increasing number of single person households), there will be a more calls for policies, treatment and support programs that define families in a broad and inclusive manner.

Greater understanding is also required about the effects of drug use on different family types and individuals. There are, for example, particular burdens on sole parents compared with dual parent households in coping with the pressures of a family member who is using drugs. Former prison inmates and their families were cited as another group with unique needs as they face the challenge of re-establishing life within the community and family.

Two groups which are relatively less visible in families coping with illicit drug use, but which pay a high price, are children (including siblings) and grandparents.

Children. Children with substance dependent parents have often been overlooked by policy makers and services providers: they have been termed 'nobody's clients'<sup>9</sup>. Children are impacted by parental and family drug use in a range of ways. Pre-natal substance abuse is, for example, associated with higher rates of occurrence than for non-substance abusing mothers in a range of areas, such as low birth weight and obstetric complications<sup>10</sup>.

Of great concern are the high rates of child abuse and neglect found in families with substance abuse problems. Notably, substance misuse is often accompanied by mental health problems, severe financial stress and domestic violence amongst other problems<sup>11</sup>. Parental alcohol and other drugs problems are found in approximately half of all substantiated cases of child abuse or neglect. Given that the rate of not-substantiated cases of child abuse or neglect is more than four times greater than substantiated cases, there is an open and urgent question to be answered about the true extent of child abuse found in multi-problem families with parental substance abuse<sup>12</sup>. According to the Child and Family Welfare Association of Australia (2002), the current trend of increasing parental drug use will result in increased numbers of children requiring specialised and long-term support<sup>13</sup>.

Children of drug users are themselves at greater risk than cohorts from non-drug using families of a number of harms, including developing their own drug and alcohol problems, developing other psychological and behavioural problems, and experiencing poor school and community engagement<sup>14</sup>. One Families Australia

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<sup>9</sup> Odyssey Institute of Studies, *The Nobody's Client Project. Identifying and addressing the needs of children with substance dependent parents. Summary Report.*

<sup>10</sup> *Ibid.*, 4.

<sup>11</sup> Smedei *et al.* cited in Patton, N., *Parental Drug Use – the bigger picture. A review of the literature*, 9.

<sup>12</sup> Australian Government, Australian Institute for Health and Welfare, *Child Protection Australia 2005-06*, 21-22.

<sup>13</sup> Cited in Patton, N., *Parental Drug Use – the bigger picture. A review of the literature*, 11.

<sup>14</sup> It should be noted, however, that many children with a substance-using parent do not develop serious problems and are resilient. The Odyssey House 'Nobody's client' research identified resilient children especially when only one parent has problematic drug use; they were attached

focus group participant stated: “There are huge costs for children of drug users. They are often caring for parents and don’t have the resources or the power to cope properly. There’s a lack of safety in seeking help and a fear of being removed”. Another participant stated: “the costs children bear when parents are removed are monumental”.

An important additional cost of drug misuse is that Australia’s welfare systems have had to provide for increasing numbers of children who are being taken into the out-of-home (kinship and foster) care system due largely to parental drug misuse<sup>15</sup>. There was a 45 percent increase in the number of children in out-of-home care between 1996 and 2003<sup>16</sup>. There are now real doubts about the capacity of this form of care to cope with demand. Australia faces an acute shortage of foster carers, and Families Australia’s 2007 study of grandparenting highlighted the urgent need for greater financial, social, emotional and other forms of support to grandparent-carers<sup>17</sup>. The costs – financial, psychological and social – borne by those providing out-of-home care remain inadequately researched, documented and, in many if not most cases, recompensed.

One of the largest challenges in tackling the multiple issues faced by children affected by parental drug use is that Australia has no overarching national child protection policy addressing elements such as national standards, national research priorities and public awareness goals. Instead, because child protection is regarded as a State and Territory matter, there is currently a patch-work quilt of State and Territory laws and processes which are not always consistent, differing, for example, on the requirement for mandatory reporting of suspected child abuse cases.

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to at least one other adult, they had good communication and social skills, consistent routines and family rituals (control) and more resources and mental stimulation.

<sup>15</sup> Patton, N., *The effects of parental drug use – children in kinship care. A review of the literature*, 3.

<sup>16</sup> Patton, N., *Parental Drug Use – a recent phenomenon*, 16.

<sup>17</sup> Families Australia, *Grandparenting: present and future*, 4.

In response to the 2005 Report by the Senate Community Affairs References Committee entitled *Protecting vulnerable children: a national challenge*, the Australian Government funded the 2006 National Child Protection Conference (chaired by Families Australia) with the aim of developing a national approach to child protection, perhaps in the form of a framework. The Conference agreed on the aims and main elements of a possible national child protection strategy, yet work remains to be done to advance the strategy at the intergovernmental level.

Siblings. Another family sub-group which bears sometimes hidden costs are siblings of drug users. Service providers talked to Families Australia about the feelings of anger siblings often experience – feeling overlooked by their mother and/or father who are preoccupied with their brother or sister, and simultaneously feeling bad as they comprehend that their sibling needs help. One drug education professional stated: “for many siblings, these rifts are never able to be repaired, not only resulting in a breakdown between siblings, but also a loss of relationship between the parent and the non-drug using child who feels undervalued and forgotten”<sup>18</sup>.

Grandparents. According to the latest available data from the Australian Bureau of Statistics, in 2003 there were 22,500 grandparent families with 31,100 children aged 0-17 years in Australia, representing around one percent of all families with children aged 0-17 years<sup>19</sup>. The number of grandparent-headed households appears to be growing. Many of these grandparents (precise figures are not known) take on the primary caring role as a result of their own children’s drug problems, which often co-occur with factors such as mental illness and gambling.

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<sup>18</sup> Magor-Blatch, Lynne, Clinical Director, Client Services, Alcohol and Drug Foundation Australian Capital Territory (ADFACT) and National Convener, Australian Psychological Society Psychology and Substance Use Interest Group, *Strengthening Families*, presentation to the Families Australia Expert Forum, 14 March 2007 (paper available at [www.familiesaustralia.org.au](http://www.familiesaustralia.org.au)).

<sup>19</sup> Australian Government, Australian Bureau of Statistics, *Family Characteristics Australia*, June 2003, 8.

Issues for grandparents include physical capabilities associated with ageing, emotional and social pressures such as isolation and stress, and financial issues related to raising a child. Despite the increase in the number of grandparents caring for their grandchildren, and the many issues they have, there are few services in Australia directed to assist them<sup>20</sup>.

Families Australia's report *Grandparenting: present and future* (2007) elaborated the issues facing grandparent carers in detail and presented a number of recommendations<sup>21</sup>. An example of the challenges faced by some grandparents raising grandchildren is inconsistency in the way they are assisted by governments across Australia. The support for children in grandparent care as one form of out-of-home care is primarily the responsibility of State and Territory governments. Each State and Territory government determines the level of support. The amount of financial and other support varies across jurisdictions and, within jurisdictions, depends on whether the child came into the grandparent's care informally or through a Children's Court or the Family Court. The Australian Government provides family assistance to grandparent families on the same basis as other Australian families and has recently introduced initiatives such as the Grandparent Child Care Benefit and grandparent access to Family Relationship Centres.

Grandparents and other relative carers are increasingly called upon by State/Territory child protection agencies to take in children as the numbers of foster carers continues to diminish, yet grandparents are not always recognised as foster carers and so do not receive the same level of financial and other support. In addition to the issue of financial support, training and casework support provided to foster carers is often not extended to relative carers and may depend upon whether or not a child has been legally ordered into the care of a

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<sup>20</sup> Canberra Mothercraft Society, *Grandparents parenting grandchildren because of alcohol and other drugs*, 15.

<sup>21</sup> Families Australia, *Grandparenting: present and future*.

grandparent. If there are no court orders in place, it is less likely that the grandparent/s will receive assistance.

### Costs of treatment practices which exclude and/or abandon families

The effects of drug use on and the costs to the family unit have received scant attention in Australia. Family has not always been perceived as a central player in efforts to combat drug use. This has occurred because most attention has been focussed on understanding and treating drug problems at the level of the individual. One expert in the field of family support programs stated that this exclusion has “perhaps [been] because of an underlying assumption that the family is the cause of the problem”.

In general, the marginalisation of families from treatment services and broader community consciousness has accentuated feelings such as isolation, guilt, blame, shame, depression, anxiety and helplessness many families experience as they cope with a loved one using drugs. The evidence provided to Families Australia indicates, however, that where families have been involved in drug treatment efforts, service providers have reported positive effects, including a higher rate of return to treatment following a relapse than for drug users who do not receive family support. Research on this point is sketchy, and more work remains to be done to identify the key determining factors and to explore the potential for replicating successful family support programs.

Another research finding is that difficulties for families coping with drug abuse can persist a very long time, even indefinitely<sup>22</sup>. This means that engaging families over the long term is critically important to increasing chances of success. The difficulty is, however, that government and non-government drug treatment and family support services are rarely open-ended. One Canberra-based drug and alcohol professional told Families Australia how her service turned away 122 parents and children in the previous six months because of lack

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<sup>22</sup> Barnard, 2003, cited in Patton, N., *Parental drug use – a recent phenomenon*, 11.

of space and funding. Tomison (2003) concluded that Australia's service and welfare support sector is not able to meet the long-term support needs of children and their families, and that few services are able to provide individualised support for families for as long as is required<sup>23</sup>.

#### Costs of poorly coordinated service delivery

Evidence from drug treatment and family support programs consistently highlights the fact that the problems underlying substance abuse can be extremely complex and can include: childhood and adult sexual, physical and emotional abuse; domestic violence; unemployment; homelessness; and mental health disorders. It is estimated, for example, that 80-90 percent of women undergoing treatment have been abused as children and/or as adults, and approximately 60 percent of men have been abused<sup>24</sup>. Estimates of the proportion of people with co-occurring mental health and substance use disorders range from 50% to 90%<sup>25</sup>.

In the context of co-occurrence of drug and other issues being an expectation rather than an exception, a dilemma noted by many experts is that clients are often not treated in a holistic manner. Instead, they are referred from one service to another, each dealing with part of a client's problems. Experts suggested that better integrated client and family support services (a 'one-stop shop' approach which wrapped services around clients and families) would be a major step forward. Such an innovative practice model would mean that funding for a client's treatment and family support would be seen as a whole and would follow the client through different services. This implies change to current funding models, a move that would bring political, administrative and accounting challenges.

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<sup>23</sup> Tomison, 2003, cited in Patton, N., *Parental drug use – a recent phenomenon*, 19.

<sup>24</sup> Magor-Blatch, Lynne, Clinical Director, Client Services, Alcohol and Drug Foundation Australian Capital Territory (ADFACT) and National Convener, Australian Psychological Society Psychology and Substance Use Interest Group, *Strengthening Families*, presentation to the Families Australia Expert Forum, 14 March 2007 (paper available at [www.familiesaustralia.org.au](http://www.familiesaustralia.org.au)).

<sup>25</sup> Baigent, M., Holme, G. and Hafner, R.J., "Self reports of the interaction between substance abuse and schizophrenia", *Australian and New Zealand Journal of Psychiatry*, 69-74.

## **Recommendations**

Based on the foregoing, Families Australia recommends that:

1. The Parliamentary Inquiry might consider taking into account the impact on individuals, families and communities of the abuse of both licit and illicit drugs, including situations where both licit and illicit drugs are being used.
2. Research should be undertaken into:
  - *early intervention* strategies aimed at families, children and young people to guide whole-of-society and whole-of-community approaches for building family wellbeing and resilience and reducing the incidence of substance abuse and correlated problems, including child abuse and neglect;
  - evidence-based ways to assist *drug treatment services to include families*, especially children and high risk families with parental substance abuse, in delivering holistic and integrated services;
  - the *situation for children and siblings* in families affected by parental drug use, as well as for other family members such as grandparents;
  - the *cost effectiveness of drug supply and demand reduction strategies*; and
  - the costs borne by those providing *out-of-home care* (foster and kinship), and likely future trends for this form of care.

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

#### **Key findings**

Families Australia's consultations revealed strong support amongst professionals and families for the principle of harm minimisation which has formed the basis of successive phases of the National Drug Strategy since its inception in 1985<sup>26</sup>.

One professional with 30 years experience in the field of drug treatment stated:

Families do support harm minimisation. It means keeping kids alive until they are ready and able to get help. Parents do understand the continuum of harm

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<sup>26</sup> The principle of harm minimisation comprises the basic principles of: do no harm, focus on drug related harms rather than the drug itself, maximise the options for intervention, choose appropriate outcome goals, and respect the rights of the person with drug related problems. See Australian Government, Department of Health and Ageing, *Resource kit for GP trainers on illicit drug issues*.

minimisation. People need all types of interventions at different times - clean needles, supervised injecting places - they all have their place, just the same as detoxification, methadone and abstinence-based treatment centres.

One mother with a son with a long-term dependence on heroin and co-occurrence of depression stated:

I am absolutely convinced that the family support from me - I'm his family and his two siblings and the methadone and the harm minimisation programs...it's those things that have got him sane, home, coping. He's always vulnerable to another downturn.

Another parent, who has a child who continues to struggle with a drug problem and who (the parent) now works to support families affected by illicit drugs stated:

From the family's point of view as well as that of the person with the addiction it is vital that the public policy that is applied to them is 'harm minimisation', the emphasis being that the person is treated as essentially having a health problem, just like someone who is suffering from a smoke-related or alcohol-related disease. They should be treated with care and compassion...The objective...should be to help the individual to recover self-esteem and self-confidence, to lead a normal, productive life and integrate back into general community activities. Whether this is achieved by treatment using an opioid replacement therapy or other appropriate therapy, or abstinence, the key point should be to assist the individual in the best medical/pharmacotherapeutic way for that particular person.

One parent stated: "I wanted him [a son] 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". A Families Australia focus group participant, a medical practitioner who is working in drug treatment, stated:

Part of the problem with the National Illicit Drug Strategy is that people are arguing over harm minimisation as the centre-point...the fact that you have to argue about the nucleus of the strategy makes it really hard to concentrate on the other things and there is endless evidence nationally and internationally about the benefits of harm minimisation programs...and when you [get] away from the drug and alcohol sector we know harm minimisation works because random breath testing works and seat belts work and bicycle helmets work and they are all harm minimisation.

### ***Recommendations***

Based on the foregoing, Families Australia recommends that:

3. Harm minimisation should be reiterated and supported as the central guiding principle for all national drug policies and programs.
4. Greater effort should be made by governments to promote public understanding of the meaning of 'harm minimisation'.

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

#### ***Key findings***

Families Australia's consultations and research highlighted the fact that problems related to substance abuse can have profound and lasting effects on families. Almost invariably, drug abuse problems experienced by one family member or members become the entire family's problem. Yet, families have not always been viewed as centrally important as agents to ameliorate the situation or important to be supported in their own right.

#### **Protecting and promoting family wellbeing: the broader issue**

Families Australia's consultations revealed strong sentiment amongst both family members and professionals that substance abuse represented something fundamentally amiss in society as well as in the lives of many individuals and families. One focus group participant suggested that drugs were the "canary in the mine", in other words, an indicator of something going badly wrong in society. Others spoke of feelings of meaninglessness and lack of purpose experienced not just by drug users but by many people, and of the likelihood that, for some, drugs was a way to anaesthetise and mask suffering and hopelessness.

Families Australia considers that family wellbeing is derived from a balance of financial security, quality family relationships, connection between the family and the broader community and health and safety. We consider that the drive for economic prosperity, while important, should be kept in balance with other factors. Yet, there are signs that, especially in the past 30 years, with increased average working hours, greater consumer expectations and rising rates of

relationship breakdown, many Australian families are finding family wellbeing a diminishing possibility. It is telling that drug misuse in the current proportions is a relatively new phenomenon in Australia, with the Mirabel Foundation noting that parental drug use on the scale known today is an occurrence dating back only about 30 years<sup>27</sup>.

Many people interviewed by Families Australia argued that, to tackle effectively the deeper causes of drug misuse, a whole of society change is needed to promote a stronger sense of individual and family value and engagement. Families Australia suggests the development and adoption of a national family wellbeing framework which would guide policy, research and resource allocation, coupled with the promotion of wider public debate about the nature of family wellbeing.

Relatedly, a theme which arose consistently in Families Australia's consultations was the importance of early intervention approaches, that is, services that are targeted to children, families and communities where there are known risk factors. An example of this is home visiting services to assist with parenting support which is targeted to young families where it has been assessed that domestic violence, substance abuse and/or financial stress is a factor for the family. One professional in a focus group succinctly stated: "An approach that promotes the availability and presence of "protective" factors is significantly more likely to lead to genuine and meaningful outcomes for both individuals and families".

#### Making families core business in policy frameworks

Families Australia's consultations revealed a high level of agreement amongst family members and professionals that harm minimisation policies and programs should integrate drug treatment and family support programs. The feedback from

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<sup>27</sup> Patton, N., *Parental drug use – a recent phenomenon*, 7-10.

families themselves was that they believe it is imperative to work with the whole family.

Families Australia was also advised at its Expert Forum that international research, based on randomised clinical trials, suggested that family support programs combined with user treatment programs were more effective than treatment programs alone. There was concern amongst some professionals whom we consulted, however, that good practice ideas were often 'learned but lost', and that Australia had been slow to pick up some overseas findings on effective family-centred drug practice. There were suggestions for the development of strategies to disseminate information on the lessons learnt on what is 'good practice' and 'best practice' in drug and family support services.

Although more research is required to understand this linkage better, practitioners considered that the efficacy of engaging families in treatment programs was so strong that society could not afford to wait any longer before taking action. Enough is understood about risk and preventive factors and the vital importance of early intervention to warrant allocating more resources to support family wellbeing, for example, through targeted, well-funded, multi-year (beyond three year) programs in areas such as parent education. A national evaluation of family-based practices in the context of drugs would also support such a family-connected approach.

Frustration was expressed by some professionals at the way in which separate policies, strategies and programs deal with co-occurring issues where there is strong potential for connections to be made. There is, for example, a national mental health strategy and a national drugs strategy, but little attempt appears to have been made to cross-reference the strategies in terms of target client groups, objectives, program funding and delivery. In order to focus on co-occurring issues in a holistic manner, the Children of Parents with a Mental Illness (COPMI) national initiative is an example of a program that could usefully

be expanded to include the needs of children affected by parental substance abuse and their families.

Families Australia notes in this regard the recommendation by the Mental Health Council of Australia that “Australian policies and strategies on drugs, cannabis, mental health, suicide prevention and co-morbidity be better aligned and integrated and agreed by all Australian governments through the relevant ministerial councils and committees”<sup>28</sup>. Families Australia also notes the recommendation by the Senate Select Committee on Mental Health that the Australian Health Ministers agree “to integrate the National Mental Health Strategy, National Drug Strategy, National Suicide Prevention Strategy and the National Alcohol Strategy and the delivery of services under these strategies”<sup>29</sup>.

Additional effort in the area of public education was universally regarded as a crucially important part of any public health strategy relating to drugs. One professional noted that successful programs, such as the anti-smoking campaign, adopted broadly-based, comprehensive, community-based approaches in contrast to stand-alone and one-off media campaigns, which had only limited success in promoting behaviour change. Several interviewees urged far greater community education about the role and importance of families. Specific suggestions included the delivery of information through the secondary school curriculum, targeted parental knowledge programs which highlight the importance of positive role modelling, and the provision of drug information in ‘baby packs’ given to new mothers.

It is important to emphasise that drug education and media campaigns must be evidence based and constructed so as to be persuasive. There is some evidence from the United States which suggests that media campaigns are more effective when combined with school drug prevention curriculum programs; this is an

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<sup>28</sup> Mental Health Council of Australia, *Where there’s smoke... Cannabis and Mental Health*, 11.

<sup>29</sup> Australian Parliament, Senate Select Committee on Mental Health, *A national approach to mental health: from crisis to community, First report* (March 2006), Recommendation 2, 477.

example of an area which needs to be further understood in the context of new or expanded awareness programs in Australia<sup>30</sup>.

### Revisiting support services for families

Professionals consulted by Families Australia strongly supported strength-based approaches that focus on the needs of the drug user as well as the needs of families. There was a strong recognition amongst professionals that drug use was often associated with other family issues. According to the Alcohol and other Drugs Council of Australia<sup>31</sup>:

Families of people who use illicit drugs, 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 with not only a substance misuse problem – but also other difficulties such as mental illness, crime or unemployment.

Accordingly, there was overwhelming support for the delivery of services which are holistic, multi-generational (prenatal to old age) and which offer specialist services combined with a generalist intake or front-end. One practitioner stated: “You get the biggest bang for your buck when all services work together at grass roots level, but you need funding for this to work effectively”.

Many experts stated that special skills were required for effective engagement with families, working from a basis of acknowledging that families are the experts in relation to their children and can lend that expertise as part of the treatment process. Some professionals talked about specialised skills, such as in narrative therapy, which can be helpful in working with families, but noted that these skills were not always evident at the service-provider level. These skills included: encouraging family members to take the focus of attention off the drug use and to stay loving and engaged; helping families work out their social and other issues; doing no harm; not enhancing shame; and supporting families to feel that they

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<sup>30</sup> Longshore, D., Ghosh-Dastidar, B., and Ellickson, P., “National Youth Anti-Drug Media Campaign and school-based drug prevention: Evidence for a synergistic effect in ALERT Plus”, in *Addictive Behaviors*, 496-508.

<sup>31</sup> Alcohol and Other Drugs Council of Australia, Communication with Families Australia, March 2007.

will find their way over time. Such skills also needed to be underpinned by an understanding that families can be sources of risk and protection in relation to substance abuse. Some practitioners also spoke of the importance of programs that worked to build relationships with parents, with their children who had been affected by substance abuse and with extended families including siblings and grandparents.

### Specific targeted interventions

A number of interventions for better supporting families were suggested by families and practitioners in the course of Families Australia's consultations. All practitioners interviewed agreed that current levels of resources were insufficient for effective and sustained interventions aimed at both the drug user and family members. There were stories of insufficient space at treatment centres and the need for more trained and better paid staff. The relatively low number of male workers was highlighted as an issue of concern.

Short term respite care for families dealing with drug use was seen as important to gain some relief from the day-to-day demands of the family situation. Greater access to counselling was recommended by some parents of children with substance abuse problems, yet counselling is reportedly difficult to get and is limited in terms of the number of funded visits. Support networks and discussion groups are highly valued, and more should be established; this was highlighted especially by grandparents who are providing primary care for their grandchildren. There was a call for neighbourhood family support centres (see page 9, above), somewhat like baby clinics but for parents and other family members who are seeking information and support on drugs.

Families Australia's consultations also highlighted the particular needs of grandparents who are providing primary care for grandchildren. Many would benefit from additional financial, social and emotional support and from better targeted information about how to get help.

## **Recommendations**

Based on the foregoing, Families Australia recommends that:

### Policy level

5. A *national family wellbeing framework* should be developed as a collaborative undertaking between governments, community organisations, researchers and families to guide family policy, research and funding allocations.
6. A *National Child Protection Strategy* should be developed and adopted by Australian, State and Territory governments as a matter of urgency based on the work of the 2006 National Child Protection Conference.
7. Governments through the Council of Australian Governments should be encouraged to *re-examine the overall coherence and connectivity between strategies* dealing with co-occurring issues such as mental health and substance abuse; they should also recognise the need for *long-term program interventions* through multi-year (longer than three year) funding cycles.
8. Greater emphasis should be given in policy and program design and delivery to:
  - *family support which is integrated with drug treatment approaches* (such as local family support groups) and which takes into account the differing needs and requirements of families;
  - *early intervention approaches* for high risk families, for example, through parent education; and
  - programs that *address in an integrated manner co-occurring issues* of substance abuse and other issues, such as mental health.

### Services and delivery

9. *The capacities of service providing organisations* to provide family support in drug treatment programs should be greatly strengthened, for example, by:
  - *disseminating information* about ‘good’ and ‘best’ practice in drug and family support services, especially where there are co-occurring issues;

- *offering support programs* in areas such as parenting, budgeting and other life skills *to parents with substance abuse problems* during pregnancy and their children’s early years;
  - developing and/or replicating programs that offer effective therapeutic, mentoring and other *supports for children with substance dependent parents*;
  - increasing support for family members by greater access to *counselling, respite, support networks and discussion groups*; and
  - providing more *training for service-level staff* on ways to work with families, based on understandings of risk and protective factors.
10. Additional resources should be devoted to *public education and media campaigns* which are mutually reinforcing, evidence-based and comprehensive.
11. In relation to *grandparents providing primary care*, governments should provide additional assistance, including in the following areas: a national information service (such as a 24-hour telephone line and/or a website) to provide information about financial assistance, family law and other legal matters and referral to local services and supports; further consideration by State and Territory governments of the payment of the foster carer allowance to grandparents who are providing primary care; further consideration by State and Territory governments of the adequacy of financial support for grandparents to meet the needs of grandchildren in their care who are not under formal care and protection orders; small grants provided to communities through local, State/Territory and Australian governments for support groups, respite services and local information; and further research into the differing needs of Indigenous and culturally and linguistically diverse grandparents.

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## **5. Acknowledgements**

Families Australia wishes to thank the 34 participants at the Expert Forum held at the MacKillop Conference Centre, Canberra, on 14 March 2007, the 16 participants in two focus groups held at the Family Relationships Centre, Woden, Canberra, on 12 March 2007, the Board of Families Australia, and the staff of Families Australia, in particular Miss Eris Harrison, Ms Elaine Laycock, Ms Jennifer Horsfield and Mr Carsten Holle.

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## Summary of recommendations

### Costs and impacts

1. The Parliamentary Inquiry might consider taking into account the impact on individuals, families and communities of the abuse of *both licit and illicit drugs*, including situations where both licit and illicit drugs are being used.
2. Research should be undertaken into:
  - *early intervention* strategies aimed at families, children and young people to guide whole-of-society and whole-of-community approaches for building family wellbeing and resilience and reducing the incidence of substance abuse and correlated problems, including child abuse and neglect;
  - evidence-based ways to assist *drug treatment services to include families*, especially children and high risk families with parental substance abuse, in delivering holistic and integrated services;
  - the *situation for children and siblings* in families affected by parental drug use, as well as for other family members such as grandparents;
  - the *cost effectiveness of drug supply and demand reduction strategies*; and
  - the costs borne by those providing *out-of-home care* (foster and kinship), and likely future trends for this form of care.

### Harm minimisation

3. *Harm minimisation should be reiterated and supported* as the central guiding principle for all national drug policies and programs.
4. Greater effort should be made by governments to promote public *understanding of the meaning of 'harm minimisation'*.

### Strengthening families

#### Policy level

5. A *national family wellbeing framework* should be developed as a collaborative undertaking between governments, community organisations, researchers and families to guide family policy, research and funding allocations.
6. A *National Child Protection Strategy should be developed and adopted* by Australian, State and Territory governments as a matter of urgency based on the work of the 2006 National Child Protection Conference.
7. Governments through the Council of Australian Governments should be encouraged to *re-examine the overall coherence and connectivity between strategies* dealing with co-occurring issues such as mental health and substance abuse; they should also recognise the need for *long-term program interventions* through multi-year (longer than three year) funding cycles.

8. Greater emphasis should be given in policy and program design and delivery to:
  - *family support which is integrated with drug treatment approaches* (such as local family support groups) and which takes into account the differing needs and requirements of families;
  - *early intervention approaches* for high risk families, for example, through parent education; and
  - programs that *address in an integrated manner co-occurring issues* of substance abuse and other issues, such as mental health.

#### Services and delivery

9. *The capacities of service providing organisations* to provide family support in drug treatment programs should be greatly strengthened, for example, by:
  - *disseminating information* about ‘good’ and ‘best’ practice in drug and family support services, especially where there are co-occurring issues;
  - *offering support programs* in areas such as parenting, budgeting and other life skills *to parents with substance abuse problems* during pregnancy and their children’s early years;
  - developing and/or replicating programs that offer effective therapeutic, mentoring and other *supports for children with substance dependent parents*; and
  - increasing support for family members by greater access to *counselling, respite, support networks and discussion groups*; and
  - *providing more training for service-level staff* on ways to work with families, based on understandings of risk and protective factors.
10. Additional resources should be devoted to *public education and media campaigns* which are mutually reinforcing, evidence-based and comprehensive.
11. In relation to *grandparents providing primary care*, governments should provide additional assistance, including in the following areas: a national information service (such as a 24-hour telephone line and/or a website) to provide information about financial assistance, family law and other legal matters and referral to local services and supports; further consideration by State and Territory governments of the payment of the foster carer allowance to grandparents who are providing primary care; further consideration by State and Territory governments of the adequacy of financial support for grandparents to meet the needs of grandchildren in their care who are not under formal care and protection orders; small grants provided to communities through local, State/Territory and Australian governments for support groups, respite services and local information; and further research into the differing needs of Indigenous and culturally and linguistically diverse grandparents.

## Appendix B

### Families Australia Expert Forum participants, 14 March 2007, Canberra

(**Please note:** the views contained in Families Australia's submission were informed by Forum and focus group discussions, but do not necessarily reflect the views of any particular participant or organisation unless specifically indicated)

Mr	Brian	Babington	Families Australia (convenor/facilitator)
Ms	Emma	Baldock	Canberra Mothercraft Society
Mr	Donna	Bull	Chief Executive Officer Alcohol and Other Drugs Council of Australia
Mr	Bill	Bush	Families & Friends for Drug Law Reform
Mr	Mark	Cooper-Stanbury	Australian Institute of Health & Welfare
Ms	Vivienne	Cunningham-Smith	Barnardos
Prof	Sharon	Dawe	School of Psychology, Griffith University, Brisbane
Ms	Alison	Field	Australian Government Department of Families, Community Services and Indigenous Affairs
Ms	Denise	Gilchrist	Australian National Council on Drugs
Dr	Stefan	Gruenert	Odyssey House Victoria
Dr	Daryl	Higgins	Australian Institute of Family Studies
Mr	Carsten	Holle	Families Australia
Ms	Shirley	Houlihan	ACT Health
Ms	Lisa	Kelly	Lifeline ACT
Ms	Nerida	Knight	ACT Health
Ms	Rhonda	Lawson-Street	Relationships Australia (National)
Ms	Suzanne	Nelson	Family Support Coordinator Karralika
Ms	Lynne	Magor-Blatch	Karralika Therapeutic Community
Ms	Rosemary	McClellan	Australian Drug Foundation
Mr	Brian	McConnell	Families & Friends for Drug Law Reform
Mrs	Marion	McConnell	Families & Friends for Drug Law Reform
Ms	Anne	McLeish	Families Australia and Grandparents Australia
Mrs	Mary	Mertin-Ryan	Relationships Australia (National)
Ms	Tonie	Miller	Australian National Council on Drugs
Mr	Alan	Murnane	Family Drug Help
Mrs	Bev	Orr	Families Australia and Australian Foster Care Association
Ms	Marlene	Quincey	Australian Government Department of Families, Community Services and Indigenous Affairs
Ms	Marg	Riley	ACT Department of Education
Ms	Julie	Samuels-Green	FACT & Marymead
Ms	Janet	Smith	Alcohol and Drug program ACT Health
Ms	Carrie	Sowle	Youth Coalition
Ms	Alison	Taylor	Barnardos
Ms	Elisabeth	Taylor	Australian Government Department of Families, Community Services and Indigenous Affairs
Mr	Tony	Trimingham	Family Drug Support
Major	Brian	Watters	Salvation Army

Participants at the Families Australia focus group on 12 March 2007 for ACT professionals working in the fields of substance abuse and family support represented the following organisations: ACT Health (Alcohol and Drug Program), ACT Division of General Practice (Opiate Program), Keeping Families Connected Carers ACT, Relationships Australia (ACT), Carers Australia and Northside Community Service.