Community Drug Summit

June 2001

Issues Paper Number 2

Supporting Families To Deal With Illicit Drug Issues, Particularly Regarding Issues For Children Of Drug Users And Parents And Siblings Of Drug Users.

This is an Issues Paper. The Community Drug Summit Office has formed no conclusion on any issue mentioned in this paper. The purpose of the Issues Papers are to encourage discussion in the lead up to the Community Drug Summit and to encourage persons or organisations to make submissions to the Community Drug Summit Office. The Issues Papers are not meant to restrict persons or organisations in any way. Respondents should feel free to raise other relevant issues.

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4.0 Summary

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1.0 Introduction

When any person in a family abuses illicit drugs, the addiction can affect everyone in the family. They become caught up in the dishonesty and trust violation that is part of the addiction cycle, causing the quality of the relationship between them to suffer. A consequence of drug abuse in the family is often a change in roles. Children can become the caretakers of drug abusing parents; partners can become like parents to the abusing spouse; parents of adult children can find themselves in relationships in which their adult child doesn't grow up; grandparents become parents to their grandchildren. The relationship between parents can become strained and shattered because indecision and uncertainty can trigger blame and hopelessness. Siblings can find themselves torn between their loyalty to adults and peers at the same time, as they take second place to the drug user, who becomes the focus of all attention (Department of Human Services, Victoria, 2000; Duncan, 1998).

Parents of people who use illicit drugs are often the subject of media focus. Parents have managed to find a stronger voice in calling for services for themselves and their loved ones in recent years. Family, also includes brothers, sisters, sons, daughters, grandparents, partners, and extended family, such as aunts, uncles and cousins. For some people it includes an even wider group of relatives called clan members. For some drug users, it may also include a significant other person, 'someone with whom the drug using person has an ongoing relationship and not just someone who is related' (comments by a young drug user).

Of course, not all drug use is a serious problem. It is estimated that 90% of drug takers do not become problematic users (Family Drug Support, 1998). However, any amount of drug use can have a profound impact on families; even the smallest discovery of drug use in some families can have a devastating effect. The effect on families varies from general fear and anxiety that someone may be using cannabis or ecstasy, to shock at the discovery of opiate or amphetamine use to the debilitating horror of the death of a loved one from a drug overdose. This fear of families is not unrealistic. In 1999 more people in Victoria died from drug overdoses than from car accidents (VicHealth, 2000). The suffering of parents and siblings in this situation is inestimable. Although drug dependent parents are not necessarily incompetent, there is strong evidence that alcohol and drug abuse increase the potential for negative family processes which are harmful to children (Barnard, 1999: No Safe Haven, 1999).

The global market for illicit drugs is thought to be worth about US$400 billion a year (United Nations, 1997). The social and economic impact of this market on families and communities is far greater than ever before.

Add to this the fear in the community about increasing criminal activity, and governments commitment to a 'tough on drugs' approach, it is understandable that families feel that they are the targets and that they feel blamed, ostracised and stigmatised (Hands, 1998). The social and economic costs of illicit drug use are impossible to count, but it can be assumed that they are immense (Collins and Lapsley, 1996). These costs include the impact of crime on individuals, families and communities, incarceration costs, family breakdown, child neglect, rupturing of communities and networks, stigma and social isolation, unemployment and homelessness.

It is important to recognise that drug use occurs within a broader framework than just the family. Society today is undergoing major changes in many areas. The growing global economy places huge challenges in front of families. Issues such as unemployment and alienation increase the risks of anxiety and insecurity and are likely to have a significant impact on drug taking behaviour (The Report on the Task Force on Drug Abuse, 1995).

2.0 Western Australian Context

It is difficult to estimate how many families in Western Australia are affected by a member's drug use. However, there is data available on individual drug use. It is estimated that in the year 1998 a total of 314,763 Western Australians used an illicit drug[1]. Almost 40% of these used an illicit drug other than cannabis. Of these, 93% were between the ages of 14 and 40. Over 2% of Australians have injected illicit drugs at some time in their lives, and close to 110,000 people have used drugs intravenously in the past year. Approximately seven out of every 1,000 people aged between five and 54 years in Australia are heroin dependent. In the year 2000 there were 82 suspected fatal heroin overdoses in WA (WA Drug Abuse Strategy Office, 2001).

It is impossible to determine how many individuals in WA have a drug dependency. Data indicates that one in five Australians used an illicit drug in the past 12 months. (See Illicit Drug Use: Facts and Figures, 2001.) However, it is evident that there are at least the same number of families as there are individuals who are potentially affected by drug use.

Drug and alcohol agencies in WA have a history of providing services to families as part of their treatment programs for people with substance abuse problems (Garven, 2000). The WA Drug Abuse Strategy Action Plans 1997-1999 and 1999-2001 identify the need to work in partnership with parents and a number of 'Working in Partnership' strategies have since been put in place[2].

[1] A large amount of relevant data such as this is available from the National Drug Strategy Household Survey 1998, available through the Ministerial Council on Drug Strategy.

[2] Working paper tabled by WA Drug Abuse Strategy Office.

Hands (1998) notes four fifths (80%) of the 60 families who were interviewed in WA, indicated that they had no contact with a alcohol or drug treatment agency. There is no available data on how families perceive the current range of services in Western Australia. The only existing specialist family support services in regional areas are the Community Drug Service Teams and the three telephone services, Alcohol and Drug Information Service, Parent Drug Information Service and the National Family Drug Support Helpline.

Non-government agencies in WA have initiated many specific programs for families. Holyoake was the pioneer of such services in the late 1970s and, via the volunteer movement, drove the development of family intervention models in WA. They responded to all family members, including children. Cyrenian House, established in 1981 by a parent who had lost his daughter to heroin, continues to offer strong support to families, particularly parents, including a creche. Palmerston's parent group commenced in the 1980s. The establishment of Perth Women's Centre and Hearth broadened the range of help available to families. During the 1980s some 1500 family members a year were receiving support across these services, many seeking help prior to the drug user admitting that there was a problem. Currently most drug agencies offer some form of support to families, including private agencies such as the Perth Naltrexone Clinic and many private practitioners.

3.0 Issues For Consideration

The core issues for families have been identified through a comprehensive web and literature search. This located 'a wall of policy and statistics' most of which is “unfriendly” to family members; as most research literature is written in a language that seems to discount the humanness of addiction. A large number of self-help websites have been set up by, or with the support of, families and friends of drug users. These consist of user friendly information, opportunities for dialogue about drug related concerns of substance users and their families and copies of submissions to official inquiries[3,4].

As much as possible, the broad issues for this paper have been developed from information and views provided by families. A number of interviews were conducted with family members and information was sought from staff of a number of organisations.

Consequently, some core themes became clear in this process:

- the difference between the academic research literature and the expressed views of families;
- a consistency in the issues and concerns raised by parents of drug users; and
- very little information is available from the following groups:
  - children, siblings, partners, grandparents or other extended family of drug users;
  - drug using parents;
  - men - fathers of users, or fathers as drug users; and
  - culturally and linguistically diverse (CALD) and indigenous populations.

Five broad issues were identified for consideration.

3.1 Community Attitudes

Most families effected by drug use agree that community attitudes need to be changed, as they feel that negative community attitudes condemn the user and stigmatise the family and often perceive professionals as judgmental (Department of Human Services, Victoria, 2000). Parents state that community members need to be involved and take responsibility for assisting to deal with the drug issues that are overwhelming so many families. Agencies working with CALD and Aboriginal people comment on the myths about drug taking in certain communities[5].

When a drug user dies, it raises particularly poignant problems for family members. How does a parent, brother, sister or grandparent mourn the loss of someone they love when the person is reviled by society? Parents tell of the violation that they feel when they have been told that their 'junkie children' were 'better off dead'. The letters column in local papers is often a source of great sorrow to all family members of drug users who can feel like the victims of an angry community looking for simple answers to painful and complex question of drug misuse. The media is an important source of information and has a significant role to play in the development of community attitudes. It can also be used by vested interests to sway public opinion (WA Network of Alcohol and Other Drug Agencies, 2000).

Important Questions

- How can harmful stereotypes about families of drug users be changed?
- How can the media assist in changing community attitudes?

[3] Examples: Anonymous (2000) Family Sensitive Practice: A Mother's Dream, Presented at the Family Sensitive Practice Forum, St Catherine's College, Perth, 1 December 2000: Anonymous (2000) The Family Sensitive Practice Development Project, Paper prepared for the FSPDP Advisory Group, Perth, October 2000: Garven R (2000) Family Sensitive Practice Forum Report: Hands, M. (1998) Working in Partnership with Parents: Enhancing alcohol and drug services for parents and families, WA Drug Abuse Strategy Office, Perth, July.

[4] Most of the websites are linked to the Family Drug Support site http://www.fds.org.au and contain first hand accounts from a range of family members.

[5] Contrary to the view of many people, CALD populations do not figure highly in police data on arrests and drug taking. Information tabled by Ethnic Communities Council, Perth, WA.

3.2 Treatment Versus Law Enforcement: The Need to Find a Better Balance

Families often feel they are caught between conflicting professional views on treatment models, and feel unable to assess their comparable effectiveness. They seek a middle ground where decision making is based on the needs of drug users in relation to their life situation and family, based on evidence of best outcomes (Department of Human Services, 2000). The alternatives are the rhetoric of harm minimisation or zero tolerance, opposing positions that exist simultaneously in Australian public drug policy (Milgate, 1998). In WA these positions are being debated in the media between supporters of methadone (presumed to be informed by a harm minimisation model) and supporters of naltrexone (presumed to be informed by a zero tolerance model).

While some families wish to see a continued emphasis on reducing drug supply (catching the criminals) many parents of drug users plead consistently for increased treatment options.

Important Questions

- Should all options be pursued to save the lives of intravenous drug users?
- Should professionals be encouraged to articulate points of agreement?

3.3 Finding Information and Accessing Services

Families in crisis report that they have no idea where to turn. There is a need for more information on services, including appropriate information for families from CALD backgrounds. (Success Works, 1998).

General practitioners are often approached as the first 'port of call'. Parents of drug users frequently experience their GP as busy and find they do not necessarily know where to refer people. Although some doctors are particularly skilled at dealing with people using drugs, many appear ill equipped to cope with the additional demands of a family dealing with a drug problem. The same applies for most other services. The experience of families is that they have to 'shop around' (Department of Human Services, Victoria, 2000).

In Victoria, some of the problems families identified with services include:

- the greatest fear of most parents is that their child will ultimately become a heroin user. Merely dismissing anxiety about cannabis because it is not heroin, does not allay their fear;
- unhelpful initial contact can be a barrier to drug users and their families in pursuing further help;
- in a crisis families need immediate tangible help;
- fragmentation of services, exacerbated by poor inter-agency co-ordination impedes access to help;
- families can get caught between agencies with differing philosophical approaches and subsequent competition for funds;
- waiting lists remain very long even though families are led to believe that there is room for all;
- there are too few residential programs;
- home detoxification is an important new option to help families, but lack the necessary long term support structures; and
- a common complaint from families interviewed is that talk does not convert to help.

Important Questions

- How can agencies better publicise existing services?
- How can services be extended and improve their coordination?

3.4 Involving Families and Managing Confidentiality

Treatment models in WA are generally based on the premise that individuals want to help themselves and they have a right to total confidentiality. That is, the drug user has the problem and if he or she needs help, he or she voluntarily seeks it and confidentially receives it. Historically, little attention has been paid during the treatment phase to the social or family context within which the drug user lives, other than to see these as problematic. Treatment models have, until relatively recently, paid little attention to the needs of family members and have generally not seen families as partners in helping people[6].

Drug addiction is a significant contributor to the breakdown of families (not just vice versa). Until recently, policy strategies outlined at both a federal and state level made only vague references to increasing the involvement of families in the whole process, but gave few specifics as to how.

[6] Consistent observations made by families in communications

Research supports the involvement of families in treatment of adolescent substance use in assisting to increase retention rates and the likelihood of a beneficial outcome[7]. Family involvement is especially crucial for adolescents and young people due to their struggle for identity and the family system's adjustment to such evolution (Shifrin and Solis, 1992). It is increasingly clear that children of drug using parents are at high risk unless there is a child focus rather than a drug focus with these families (No Safe Haven, 1999).

Important Questions

- Is there a way of balancing the centrality of the family in the healing of its members with the right of individuals to privacy?
- How can families and communities be empowered to take a central role in the healing process?

3.5 Different Needs for Different Family Members

A significant question is how to obtain ongoing information from families about their needs when there is such a diversity of cultural needs and expectations. For example, Aboriginal and CALD people, siblings, extended family, children of different ages - all may have different needs. Victorian research indicates that issues of substance abuse in migrant communities cannot be separated from the general problems of migration and lack of support in Australia for migrants and disincentives from the government (Success Works, 1998).

The largest amount of information that is available and relevant is for and by the **parents** of drug users. A drug using child is often seen as a reflection on parents. Most families are unprepared for the impact of substance abuse. They ask for information, education, advice, guidance, and support groups. Families generally find the most helpful approaches involved a non-judgemental style, high quality information and support for siblings. They experience shame, isolation, helplessness, shock, disbelief, loss of trust, alienation from services, and from the extended family and neighbourhood[8]. The financial cost to families can be very high, as they can become the victims of the crimes of their drug taking member. This may be further exacerbated when the parents of drug users with children take on the care of their grandchildren in either the short or long term.

[7]See, for example Crits-Cristoph P, & Siqueland L. (1996) Psycho-Social Treatment for Drug Abuse, ARCH Psychiatry, Vol. 53. Freidman A.S., Terras A., and Kreischer, C. (1995) Family and Client: Characteristics as Predictors of Outpatient Treatment Outcomes for Adolescent Drug Abusers. Journal of Substance Abuse, Vol 7. Howard J. (1997) Psychoactive Substance Use and Adolescence (part II): Treatment. Journal of Substance Misuse, Vol 2. Spooner C., Mattick., Noffs W., (1997) A Profile of Adolescents Who Apply for Intensive Residential Drug Treatment, National Drug and Alcohol Research Centre and Tedd Noffs Foundation (NSW).

[8]Experience written by a parent and presented at the Family Sensitive Practice Training Course, Perth, WA, 2000.

The **children** of people who abuse drugs are a second area of concern - and one that is considered now to be a public policy priority in many countries[9]. There appears to be no Australian data on the number of parents who use illicit drugs and have young children or of parents who are in treatment programs for illicit drug use. The most recent USA data suggests that over 5% of parents who have children under the age of 18 years have used illicit drugs in the previous year (Feig, 1998).

Research suggests that one of the two primary factors causing the rise in children cared for away from home is the drug epidemic producing a flood of very young at-risk children. Contrary to the more sensational media reports, the most common form of child maltreatment in this instance is neglect. The literature also shows that there is a high impact of drug abuse on admissions to care systems (No Safe Haven, 1998).

In WA the number of children in the care of the Department of Family and Children's Services has increased at an average rate of 8% per year since 1995. One of the six major reasons given for this increase is drug use by parents[10]. Research by Family and Children's Services in 1994 estimated that in a sample of 344 cases managed by the department, current substance misuse was occurring in 34% of the families and another, 12% had a record of past drug abuse. Current or past child abuse, including drugs and alcohol was recorded in 279 of these cases, and of these, 39% of families had an adult/s currently misusing substances. The report found that substance abuse including drugs and alcohol coexisted with serious injury of children in 22% of families (Dawkins, 1994).

A more recent snapshot of children and young people aged eight to 17 years assisted by Family and Children's Services showed that, in the perceptions of workers, 8.5% were habitual users and 10.4% were occasional users of drugs. It was further reported that officers considered there were adverse effects from drug abuse on the lives of 11% of children and young people with whom they were working[11].

Research conducted by the Department of Family and Children's Services indicates that between 65-70% of applications for care and protection orders for children taken out in 1999/2000 state alcohol and/or substance abuse as an associated reason.

[9]See for example McGowan, D (1999) Parental Guidance Recommended: minimising parental harm and maximising safety for children of substance abusing parents, Deakin Addiction Policy Research Annual, Vol 5, 35-40: Hampton, R, Senatore, V & Gullotta, T (eds) (1998) Substance abuse, family violence & child welfare: bridging perspectives. Thousand Oaks, Ca: Sage Publications: No Safe Haven: children of substance-abusing parents (1998), National Centre on Addiction & Substance Abuse, Columbia University: Major, C. (1995) Invisible Clients; children of substance abusing parents, Connexions, June - July.

[10]Information tabled by Family and Children's Services.

[11]WA Submission to the House of Representatives Standing Committee on Family and Community Affairs - Inquiry into Substance Abuse in Australia, 2000.

A Departmental Committee is currently looking at how children can be reunified with their family sooner than usually possible and how this process can best be managed when parental drug use has been identified as problematic.

Little empirical data is available on the occurrence of drug abuse in the client populations of non-government services that are funded to support children and families in WA. One family service reports considerable drug use among people using many of its services; in one of its youth services it was estimated that drug issues involved 90% of the young clients[12]. Another service in WA that provides reunification services recently surveyed the families using their services; results showed that in the 39 families using their services at that time, 39 adults and 29 children were using drugs[13].

There is little research evidence about the needs of the **brothers** and **sisters** of drug abusing young people. The message in society is almost exclusively 'don't do drugs, drugs are bad', with little or no information about how to support members who are taking drugs, or where to turn if drug abuse exists within their family. Early stages of addiction often take place secretly, shame and embarrassment are key factors. All family members, siblings and close friends are kept in the dark. What does a young member of the family do when he or she discovers that a family member is taking drugs? Loyalty is highly valued among young people. They often keep the secret. Later, many get fed up with the total preoccupation of the parents on the drug using member.

WA Kids Help Line receives a substantial number of telephone calls from children concerned about drug abuse by themselves or their family. Nearly 4% of the calls received are about alcohol/drug problems, mostly for the caller's own drug use. Over half the calls were from 15-18 year olds and nearly half were from males, a much higher male representation than for other types of calls. In addition to receiving counselling and information on services and resources on the line, a quarter also accepted referrals to appropriate services in their area[14].

In the literature, there is no indication of any systematic effort to find out the opinions and needs of **parents who abuse drugs**. There appears to be a belief in the general community, and also among some professionals, that pregnancy, parenting and illicit use of drugs are a lethal combination and that drug-using women and men are not capable of caring for their children (Hodson, 2001).

[12]Mercy Care Services: email to author, May, 2001.
[13]Paper provided by Mofflyn to the House of Representatives Standing Committee on Family and Community Affairs: Substance Abuse In Australian Communities Submission.
[14]Kid's Helpline Info Sheet, 13, Drug Use.

It is possible that if good support and help is provided to drug using parents, the harm to children can be reduced and those children and their parents could benefit significantly (Harrison, 1991).

In WA, the innovative program at the Perth Women's Centre provides outreach and support for families using illicit substances during their pregnancy and early parenting years, including fathers, wherever possible. The early results of this pilot program report significant harm reduction when parents are assisted in a non-blaming and empowering way[15].

There is also very little research literature about the experience or needs of **partners**, **grandparents**, **extended family** and other **potential carers**. It is evident from the self-help networks that the immediate family often keeps extended family in the dark because of shame and fear, and/or a wish to protect the immediate family. What is also evident from family support groups is that parents of drug users are increasingly becoming the carers of their grandchildren[16]. In the absence of other family support, Snyder & Ooms, (1996) propose that if concerted efforts fail to engage parents as a resource in helping the young person, every effort should be made to work with alternative family-like supports.

Important Questions

- How can awareness be increased regarding the need to involve families in the care and treatment of people with drug addictions?

- What specific services are needed for the different family members of drug users?

- Should priority be given to assist parents who are using drugs, so that their children suffer less harm?

4.0 Summary

All family members including parents, siblings, grandparents and children are potentially affected by the taking of illicit drugs by another member of the family. The needs of all these members are only just beginning to be recognised. Arguably, the most significant unaddressed area of need is that of young children of drug abusing parents.

[15]Data provided by Perth Women's Centre, PEPISU Project Quarterly Report, 2001.
[16] Although no specific WA data was found, two websites that provide a powerful perspective on the experiences of extended families are http://www.grandsplace.com/Guestbook/guestbook.html and also http://www.psychpage.com/family/library/familysubstanceabuse.htm wysiwg://8.

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