

STANDING COMMITTEE ON FAMILY AND HUMAN SERVICES
Inquiry into the impact of illicit drug use on families

SUBMISSION FROM THE DRUG AND ALCOHOL OFFICE, GOVERNMENT OF WESTERN AUSTRALIA

The inquiry terms of reference

The committee shall inquire into and report on how the Australian Government can better address the impact of the importation, production, sale, use and prevention of illicit drugs on families. The committee is particularly interested 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.

1.0 The Drug and Alcohol Office

This submission is provided by the Drug and Alcohol Office (DAO) which is the government agency responsible for drug and alcohol strategies and services in Western Australia.

The agency provides or contracts a statewide network of treatment services, a range of prevention programs, professional education and training, and research activities.

It coordinates whole of government policies and strategies in conjunction with state and commonwealth agencies.

DAO is a statutory authority (Western Australian Alcohol and Drug Authority) within WA Health and is accountable to the WA Minister for Health.

1.1 Scope of this submission

This submission focuses on the impact of the use and prevention of illicit drug usage on families rather than the law enforcement aspects of importation, production and sale which are expected to be addressed by the Western Australia Police submission. The submission addresses each sub-point of the terms of reference.

Note:

While DAO notes that this inquiry is only concerned with illicit drugs, the majority of drug use involves poly-drug use including alcohol. Prescription and over the counter pills are also being increasingly misused with consequent detrimental effects on families.

The focus on illicit drugs also overlooks the reality that alcohol is of at least equal importance as an issue affecting families and the community. The majority of

strategies, programs and services provided in Western Australia do not target only illicit drugs but alcohol, illicit and licit drugs.

DAO aims to provide accessible and effective treatment services that are well linked to health, justice and welfare systems; to support prevention programs that have a real impact; and to take measures to reduce harm wherever appropriate. Supporting efforts to address the importation, production and sale of illicit drugs are also vital.

DAO's overall approach is based on a recognition that the needs of families are as important as the needs of the drug using individual.

DAO works in partnership with key human service agencies across government, and particularly with non-government organisations that are members of the WA Network of Alcohol and other Drug Agencies (WANADA), as well as a broad range of community organisations.

The *WA Drug and Alcohol Strategy (WADAS) 2005-2009* and associated complementary strategies for Aboriginal people, alcohol and volatile substances, set out comprehensive and coherent strategic directions for the state. Families are an identified special needs area under the strategy.

There has been a long history of services targeted at families in WA and a major emphasis has been placed on supporting them. The Alcohol and Drug Information Service (ADIS) and Parent Drug Information Service (PDIS) are two key services assisting families and parents. However, neither the government, nor the alcohol and other drug (AOD) sector, can solve drug problems working in isolation. Healthy partnerships, especially with families and local communities, are essential.

In recognition of the central importance of families, DAO funds and supports services, programs and strategies to assist families where members may be using illicit drugs. Details of these strategies and services are provided in the following sections of this document.

1.2 *Strong Spirit Strong Mind*

Strong Spirit Strong Mind is the *Western Australia Aboriginal Alcohol and other Drugs Plan for 2005-2009*. It encourages a whole of system approach across government and community organisations to Aboriginal alcohol and other drugs policy, program and service responses. The plan recognises that AOD usage among Aboriginal people is exacerbated by the poor social and economic status of the Aboriginal community, compared to the broader population.

The Aboriginal Alcohol and Other Drug Programs area was established to work across DAO to support and implement the *Strong Spirit Strong Mind* and also support implementation of the WA Health Aboriginal Cultural Respect Framework across DAO. A key aim is to develop the knowledge and skills within the AOD sector, including the broader human service area, to work in culturally secure ways with Aboriginal people and families.

1.3 The National Drug Strategy

Western Australia is part of the National Drug Strategy (NDS) principle of harm minimisation and the balanced approach to supply reduction, demand reduction and harm reduction strategies, with an emphasis on the need for integration of law enforcement and crime prevention into all health and other strategies aimed at reducing drug-related harm.

NDS encompasses strategies to reduce the harm caused by both licit and illicit drugs.

2.0 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

The use of illicit drugs is a major health and social issue. While all types of drugs have been part of human society for millennia, the misuse of these substances by a minority of people can cause misery for their families and their communities. For example, most prisoners in Western Australia have drug or alcohol problems, and research has shown more than half the child protection orders instigated by the Department for Community Development (DCD) involve parents who are abusing alcohol and/or drugs.

Family members who may use illicit drugs include adult or dependant children, parents, spouses, siblings and extended family members. Children may be users themselves or experience family conflict or breakdown because of drug use by other family members. Any of these situations will have an impact on the rest of the family.

This submission focuses on the impact of illicit drugs in families with particular reference to parents whose children use drugs.

2.1 Parents

DAO is well aware of the impact of illicit drugs on affected families from research findings, anecdotal accounts and service delivery experience. Parents, other family members and children living in close proximity with someone with AOD problems are likely to experience stress and trauma and may also experience violence and suffer financially.

Research in Western Australia (Hands 2000) identified the major needs for these families in dealing with the problem as:

- drug education and information
- awareness of or access to AOD treatment services
- adequate advice from AOD professionals
- early intervention support from schools, welfare and police
- legislative changes
- being included in the prevention and treatment of drug use.

Responses which have been in place for many years to address these needs include the Family Sensitive Practice Project and PDIS as well as prevention and education programs in schools and in the community.

2.2 Grandparents

Many grandparents have found themselves caring full-time for their grandchildren due to drug misuse by the parents. With an ongoing shortage of adequate placements for children needing out of home care, increasing pressure may fall on grandparents to take on the role as caregiver for one or more of their grandchildren. This is a reality for both the Indigenous and non-Indigenous community.

While there is more recognition of this problem than in the past, the demands placed on grandparents in this situation need to be addressed. Along with financial issues, emotional trauma is experienced by both the carers and the children involved. There is limited support available for grandparents in the caregiver role.

DCD has stated that consultations with grandparents raising grandchildren revealed the three main issues as:

- the need for financial advice and support
- the need for legal support pertaining to parenting orders and custody
- the need for information on child management and behavioural issues.

These issues were also identified as priorities in the Australian Government National Report on "Grandparents Raising Grandchildren" (a project commissioned by the Minister for Children and Youth Affairs, and carried out by COTA National Seniors, July 2003).

2.3 Mental health issues

Problematic drug users may also have mental health problems and need to receive services from both the AOD and the mental health services sectors.

With the extent of amphetamine type substances (ATS) being used, there is a potential for an increase in mental health disorders and violence which adds to the complexity of the situation for affected families. Amphetamine users have a high prevalence of other mental health problems, particularly anxiety, depression and suicidal ideation and the potential for behaving in an aggressive and violent manner.

DAO is working in cooperation with the mental health sector in Western Australia to achieve appropriate referrals and cooperation between both sectors and assist people to access the services they need.

A new *Drug Aware* amphetamine education program has also been launched to deter young people from using ATS. More information is provided in the section below.

3.0 The impact of harm minimisation programs on families

Australia's harm minimisation strategy, as outlined in the NDS, includes preventing anticipated harm and reducing actual harm. It involves a balance between supply reduction, demand reduction and harm reduction strategies which all have benefits for families dealing with drug use issues.

It is expected that Western Australia Police will address supply reduction in their submission to this inquiry. Demand and harm reduction strategies which are in place and supported by DAO include the following:

- A wide range of treatment services, including residential programs; counselling and support; detoxification programs; and pharmacotherapy are provided, some targeting special groups such as youth or Aboriginal people and substance misusing families with dependent children.
- Family counselling and other family support services are provided by most drug treatment agencies including outpatient and residential programs and Community Drug Service Teams (CDSTs).
- The Drug Overdose Prevention Program (DROPP) which aims to avoid overdoses in drug users by encouraging and supporting drug users, agency staff, mainstream health workers and the wider community to prevent and respond effectively to accidental drug overdoses and other drug-related harm, including toxicity related to amphetamine use.
- Local Drug Action Groups (LDAGs) involve community members, agencies and parents in implementing locally based preventive strategies. With a focus on engaging and supporting communities, LDAGs emphasise local and practical action and grass roots community development. Youth, parents and the broader community are involved in planning and participating in projects to prevent and reduce drug related harm in their local communities. Several LDAGs have an Indigenous focus and hundreds of projects are undertaken by LDAGs throughout the state each year.
- DAO manages and supports public health and community education campaigns such as the *Drug Aware* program which with more than ten years duration is the longest running youth drug prevention campaign in Australia. Effective prevention programs have been shown to be cost effective, saving between \$4 and \$10 in treatment costs for every dollar invested. These net savings result from averting drug-related accidents, disability and death; reducing dependence on income support; and reducing rates of criminal behaviour and incarceration.
- The new *Drug Aware* amphetamine education program was launched in 2006. Targeted at 12 to 29-year-olds, it aims to prevent and delay amphetamine use, reduce the harms associated with use and increase access to support services at an early stage of drug use. If individuals have not used before reaching their early twenties, they are significantly less likely to use and experience the harms associated with regular amphetamine use.

- The last prevention focused *Drug Aware* amphetamine education program was conducted in 2003. The evaluation indicated an awareness among the target group of 76%, with 60% of respondents aware of the advertising indicating that the campaign made them feel less likely to take amphetamines. In addition, 43% of respondents reported that they now expected to have a worse experience when using the drug and 58% of respondents reported that they now believed the drug to be more harmful to their health.
- DAO actively supports school based drug education including the School Drug Education and Road Aware (SDERA) program which is managed by the Department of Education and Training.
- DAO manages ADIS which provides a 24 hour confidential phone service and was created to meet the needs of individuals, parents and families after research was undertaken which identified these needs.
- PDIS was established in 1996 to provide professional AOD information, counselling and referral to parents and other family members concerned about a relative's alcohol and other drug use. PDIS works in partnership with other programs within DAO and with relevant external agencies.

Parent volunteers are trained and offer support through the ADIS/PDIS telephone line, at community events, adult courts and Children's Court and in partnership with Mission Australia Youth Withdrawal and Respite Service.

- Court and police diversion programs are in place which aim to encourage offenders with drug related charges into treatment. These programs involve family members in the process wherever this is appropriate and possible.

In addition, a number of different government and non government agencies provide early intervention and resilience building services and programs which have positive outcomes over a range of social functioning indicators. Parenting is a significant factor in influencing the likelihood of children and young people choosing to use illicit drugs, and programs which support positive parenting can have a preventive effect.

4 Ways to strengthen families with a member(s) using illicit drugs

DAO recognises the importance of families in successfully addressing drug issues. One of the key strategies DAO has introduced to support this is the family sensitive practice project:

The family sensitive practice project was developed to assist agencies within the sector to become more family inclusive in their treatment processes with the aim of empowering families to gain greater control over their lives and to support their drug affected child. As a result many agencies and services now include:

- family counselling – this means that family members of a drug user can attend treatment services with or without the user being present
- a family counsellor based at rehabilitation centres – this is beneficial to keep the communication flowing between the resident, the agency and family members

- structured parent support groups – parents attend a set weekly program which provides information and strategies for management and coping
- peer support groups whereby parents support one another in a safe and confidential environment.

The family sensitive practice project has been operating in Western Australia since 2000 and involves the provision of family sensitive training programs to government and funded AOD agencies based on best practice principles. The aim is that new models of practice will actively involve family members in program design and development.

The introduction of the new Child Protection Act in WA in 2006 has resulted in the training package being expanded to include material on child protection matters and family assessment. Negotiations with DCD are underway for DAO to provide AOD training for their workers.

Along with training programs DAO also:

- provides Family Sensitive Practice Forums which give agencies an opportunity to showcase projects and review the success and challenges they have experienced in their work with families
- conducts the Beyond the Boundaries symposiums where workers and families come together to hear speakers and discuss issues relevant for substance using families
- supports the roll out of the Parent Support Toolkit that was developed by the non-government sector and funded through DAO
- provides consultancy and support on workforce development matters
- provides clinical supervision for family workers in funded agencies.

4.1 Provision of treatment services for families, children and young people

DAO currently funds the following services that target substance misusing families with dependent children:

- The Pregnancy, Early Parenting Illicit Substance Use (PEPISU) project offering a range of services to mothers and/or mothers to be with substance use issues, including counselling, education and information.
- Hearth is an in-home counselling program for parents and caregivers who use or have used alcohol and other drugs.
- The Saranna Women's Program at Cyrenian House offers a range of residential treatment programs for women and their children including parenting skills training to enhance recovery from alcohol and other drug use in an environment that is safe and caring for children.
- Holyoake runs therapeutic groups for children affected by a parent's or caregiver's AOD use as well as outreach to young people and parents and programs for spouses, parents and other relatives.

Specialist services are provided for youth using drugs, and all generic AOD services also assist a significant proportion of clients under 25 years: approximately 31% overall based on 2005-06 data.