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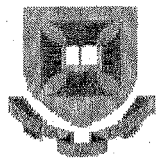

THE UNIVERSITY
OF QUEENSLAND

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

INQUIRY INTO THE IMPACT OF ILLICIT DRUG USE ON FAMILIES

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Major Recommendations

RECOMMENDATION 1. It is not possible to obtain an accurate estimate of costs as the extent of the problem is not known. Thus, as a priority, there needs to be a change in the nature of the data collected across all jurisdictions to allow for an estimation of the numbers of children living in households with parental substance misuse.

RECOMMENDATION 2: There needs to a clear recognition that substance abuse occurs within a context of multiple disadvantage. Simple solutions that focus only on substance misuse will not improve the outcome of children raised in complex, multiproblem families. Funding should be channelled to interventions that address the multiple problems experienced by families with complex needs

RECOMMENDATION 3: Harm reduction measures provide interim and short term solutions by ensuring that drug using parents have a reduced risk of harm. However, family focused treatment options need to be made more widely available to help parents improve their lives and the lives of their children.

RECOMMENDATION 4: To provide for a national evaluation of family based services using the National Evaluation of Pharmacotherapies for Opioid Dependence as a blue print.

TERMS OF REFERENCE 1:
The financial, social and economic costs to families who have a member using illicit drugs including the impact of drug induced psychoses or other mental disorders.

Economic and financial costs: Whilst the true extent of the problem of illicit drug use and its impact on families is difficult to ascertain, recent analyses highlight that there are many children raised in families with parental substance abuse. Whilst the substance most widely used and abused in Australia is alcohol (with an estimated 230,000 children living in families with a binge drinking adult)[1] there are large numbers of children raised in families with other substance abuse problems.

We know that there are approximately 80,000 dependent opioid users in Australia. [2] There are over 38,000 people receiving opioid replacement therapy, 4,876 in Queensland, and 16,500 in NSW. While the parental status of drug users is not reported in any national survey or specialist data set, our best guess is that at least half and maybe 2/3 will have children. Using "household type" with "dependent children" an estimated 40,000 children are living in households with a daily cannabis user. However, the authors of both of these estimates emphasise the problems of under reporting of substance use and the relative insensitivity of current approaches based on household surveys to obtain a "true" picture of the extent of the problem. Substance misuse is a significant magnitude problem in Australia today and all indications that it is worsening over time.

RECOMMENDATION 1. It is not possible to obtain an accurate estimate of costs as the extent of the problem is not known. Thus, as a priority, there needs to be a change in the nature of the data collected across all jurisdictions to allow for an estimation of the numbers of children living in households with parental substance misuse.

Social costs: Children raised in families with parental substance misuse have very poor outcomes. This has been widely documented in recent reports[1] and highlighted across a number of submissions.

It is also of critical importance to accept that substance abuse does not occur in isolation to other problems. Parents with substance misuse problems have a range of mental health issues. Rates of childhood abuse in adult substance abusers are high (range from 40 - 80% of all clients in drug services). Co-occurring mental disorders in particular depression are also high (again rates range from 40 - 70%). Financial disadvantage and poor social capital are the norm in substance misusing families.

Children are raised in environments characterised by

- Financial disadvantage
- Neighbourhood crime
- Parental mental health problems
- Poor school attendance
- Poor health

The high rates of child maltreatment and the associated costs are of critical concern. Child maltreatment has been costed at $4,929 million (2001-2002) with around ¾ of this cost associated with long term human cost. [3]

RECOMMENDATION 2: There needs to a clear recognition that substance abuse occurs within a context of multiple disadvantage. Simple solutions that focus only on substance misuse will not improve the outcome of children raised in complex, multiproblem families.

TERMS OF REFERENCE 2:
The impact of harm minimisation programs on families.

Harm minimisation strategies provide **critical** short term solutions to large entrenched social problems. They do not resolve problems. BUT they save lives. Needle syringe exchange programs help children by ensuring that their parents use drugs safely in the short term. However, whilst such measures are necessary they are not sufficient to combat the effects of substance abuse on children.

RECOMMENDATION 3: Harm reduction measures provide interim and short term solutions by ensuring that drug using parents have a reduced risk of harm. However, family focused treatment options need to be made more widely available to help parents improve their lives and the lives of their children.

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

We would like to focus this part of our submission on the ways in which **children can benefit** most from the development of treatment services for drug using parents.

It is now widely accepted that parents with drug using problems need services that address both their drug use and mental health problems. Parenting skills need to be part of the program. Equally importantly, programs need to be grounded in the reality of families lives - housing, health care, and schooling of children are equally as important to focus on

as is the mental health of the parent. Each is of critical importance: no single issue can be effectively eliminated without addressing the remaining problems. Shuffling parents from one service to another does not work. Services that have the capacity to address the multiple needs of families in one centre need to be available.

What needs to acknowledged is that there are already a number of interventions or approaches that have been trialled both in Australia[4] and overseas[5,1] that produce improvements in family functioning and in particular in children's lives. **We know what we need to do.** What we need is the political will and all that follows from this to allow for the development and implementation of family-based services across Australia.

A blueprint for what could be done already exists. In 2000 the National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD) was undertaken. This was funded by the Commonwealth Department of Health and Aged Care in addition to each State Government. The NEPOD Project pooled data collected in 13 separate clinical trials of pharmacotherapies for opioid dependence conducted across Australia. Each research team used an agreed upon set of core measures for central analyses across an agreed set of outcomes. In total 1070 Heroin Users and 355 Methadone Patients were included in the trial.

The results provided critical information for health care providers and policy makers alike. We propose that a similar exercise should be undertaken for the development and evaluation of services for families with parental substance abuse. This would include a cost benefit analysis that focuses in particular on child outcome.

RECOMMENDATION 4: To provide for a national evaluation of family based services using the National Evaluation of Pharmacotherapies for Opioid Dependence as a blue print.

REFERENCES

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4. Dawe, S., & Harnett P.H. (2007). Reducing child abuse potential in methadone maintained parents: Results from a randomised controlled trial. *Journal of Substance Abuse Treatment*

5. Catalano, R. F., Gainey, R. R., Fleming, C. B., Haggerty, K. P., & Johnson, N. O. (1999). An experimental intervention with families of substance abusers: One-year follow -up of the focus on families project. *Addiction, 94*, 241 - 254.

Signature of key author signed on behalf of all authors of the submission

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Professor Sharon Dawe

THE AUTHORS OF THE SUBMISSION

Professor Sharon Dawe, School of Psychology, Griffith University has a long standing interest in illicit drug use and parenting issues. Her key contributions to the field are as follows:

- She has been involved in the development and evaluation of the Parents Under Pressure program. This is widely disseminated across NSW and Qld. Related expertise is recognised by award of two ANCD tenders relating to the impact of parental substance abuse on child outcome.

- She has given *16 invited addresses* in the *last four years* on areas related to multiproblem families, treatment and substance misuse in Child Protection conferences nationally and internationally.

- She has published over 50 articles, research papers and chapters in the field of clinical psychology in leading journals and received over 1.7 million dollars in government funding.

Dr Paul Harnett trained as a child Clinical Psychologist and has worked in both clinical settings and the university environment. Specifically, he has

- worked as a senior clinical psychologist across numerous social welfare and child health settings including DOCS, NSW, Child Protection, Qld and UK; Psychiatric Inpatient settings for adolescents (Qld and UK).

- He is the co author of the Parents Under Pressure program.

- He has received $434,000 in research funding as Chief Investigator 1. This includes an ARC linkage (A prospective study investigating factors related to foster placement stability and the developmental outcomes of foster children), and a further half a million as co-investigator.

Dr Sally Frye has worked as a clinician with multi-problem families for over 20 years in the Northern Territory, Western Australian and Queensland before taking up her first academic position in 2007 at Griffith University.

- Her doctoral research involved the evaluation of the delivery of an intensive parenting program, the Parents under Pressure program to women offenders residing with their children in correctional settings.

- Prior to this she was based in Kalgoorlie working as the District Co-ordinator- Students at Risk programs for Education Western Australia. Central to her work was the development of programs and services to address the needs of indigenous students in particular those from local communities where substance misuse was a significant factor. The innovation and excellence of this program received national recognition in 1996 when it was awarded the Rural Educational Award sponsored by the Society for the Provision of Education in Rural Australia. (SPERA).

APPENDIX 1: A CASE EXAMPLE FROM OUR WORK
Some details have been changed to ensure anonymity.

In order to illustrate the potential value of family-based approaches in working with families with parental substance misuse we have provided the following case example.

The family was referred to the program by DOCS because of

1) the mothers' history of problematic alcohol and cannabis use and
2) one child in primary school not attending school.

As a result of her substance use and inability to get her child to school, NSW DOCS had concerns about her ability to care for her children.

Family background: The family consisted of a single mother and several children. The mother had experienced domestic violence and she admitted to using substances heavily at times as way of coping. The remaining children were attending school.

Target child: The identified target child had attended kindergarten on a regular basis but had become increasingly anxious about going to school around the time that the domestic violence in the family intensified. During his first two years of formal schooling the mother found it increasingly difficult to get him to school and this escalated to the point where he would not enter the school yard.

Intervention: An initial assessment was carried out that included objective measures of the mother and child's functioning. These measures confirmed that the mother was stressed and that the child showed significant emotional and conduct problems.

In the assessment feedback session, the mother showed a clear understanding of the problems and goals were established for the intervention, specifically, to assist the mother with strategies to help cope with stress without relying on alcohol and cannabis and to assist the child to attend school on a regular basis.

The intervention for the mother began with helping her control her alcohol use and reduce her reliance on cannabis as a means of coping. In addition, work was undertaken to help her increase her confidence in her parenting skills and encouraging her to become more socially engaged with community. Her strengths included her ability and courage to leave an abusive relationship, her capacity to keep a clean and neat house and provide food for the children. Finally, despite her alcohol and cannabis use, she had a strong

and nurturing relationship with her children and wanted to do what was best for them.

The mother was encouraged to find activities outside the family to reduce her isolation from community. She began going out socially on a regular basis, once a week for two hours.

It became clear that the child was experiencing considerable anxiety symptoms and that his was driving the school refusal. At the outset the mother seemed to be unsupported in her efforts to get her son to school. The clinician approached the school to negotiate their involvement and support in developing a plan for getting the child back to school. The school suggested that the child first attend before school activities that might provide a positive experience of school. The child was accompanied initially and as he felt more comfortable at the before-school activities he also showed a willingness to catch the bus to school. Once at school the Deputy School Principal provided out of classroom activities with the aim of gradually introducing the child back into a normal classroom routine. Time was spent with the mother supporting her in her attempts to motivate her son each morning to him to school and encouraging her to shift her expectations of what was appropriate behaviour from her son.

Process issues: The mother was initially guarded in her response to help. However, once she was aware that the intervention was aiming at clear goals she became less defensive and engaged in treatment. It was clear that despite the son's school refusal and the mother's substance abuse, there were many positive aspects in this mother's life. Acknowledgement of these strengths as part of the therapy contributed to the development of a strong and trusting relationship between the mother and the clinician. Her initial reluctance to engage in the program changed overtime into her warmly welcoming the weekly visits from the therapists.

Outcome: Mother is drinking less and was not smoking cannabis by the end of treatment. Her child was attending school on a regular basis. While not yet integrated into the classroom, he was willing to catch a bus and spend time with the Assistant Principal. Plans are in place to gradually increase time in the classroom.