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**STANDING COMMITTEE ON FAMILY AND HUMAN SERVICES
INQUIRY INTO THE IMPACT OF ILLICIT DRUG USE ON FAMILIES**

Submission/Response

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) welcomes this opportunity to respond to the Standing Committee on Family And Human Services - Inquiry into the impact of illicit drug use on families. WANADA is the peak body for the alcohol and other drug (AOD) prevention, education, treatment and support services in Western Australia. WANADA is a non-government, not-for-profit, membership driven organisation established in 1984, and currently has over 90 member agencies and support and consults with many more alcohol and other drug service providers in Western Australia.

WANADA is responding to the inquiry's terms of reference. In summary:

- 1. The stigma associated with alcohol and other drugs presents a barrier to family members accessing appropriate services for support**
- 2. Separating alcohol/licit drug use issues from those of illicit drugs is destabilising and problematic for families and the broader community**
- 3. A bipartisan and depoliticised approach in relation to alcohol and other drug policy is needed to reduce the polarisation of views within the community and to affect maximum positive community change**
- 4. Family sensitive practice has long been successfully delivered and supported in Western Australia**
- 5. More resources are needed by the alcohol and other drug sector to enhance evidence based family support and services**
- 6. Harm minimisation, encompassing a supply, demand and harm reduction, supports a holistic approach covering the justice and health consequences of drug use**
- 7. Treatment of illicit drugs is a long term process for individuals, families and communities**

1. The financial, social and personal costs to families that have member(s) using illicit drugs, including the impact of drug induced psychoses or other mental disorders.

There are a multitude of overlapping issues with alcohol and other drug use, including; child protection, domestic violence, justice issues, physical and mental health, housing and employment etc. As a result it is difficult to ascertain the specific financial, social and personal costs to families impacted by drug use on its own, other than to note that together with co-occurring complexities including illicit drug use the cost to families is obviously significant.

Family members include parents (or legal guardians), siblings, children, spouses/partners/significant others and grandparents, are all potentially impacted by drug use. For example unborn fetuses are impacted by alcohol and other drug use, resulting in fetal alcohol spectrum disorders, new born baby dependency and reduced birth weight; children are impacted by associated behaviour such as domestic violence, abuse, neglect, poverty and instability generally; grandparents face dilemmas of dual loyalties of responsibilities for their children and their grandchildren or are left in positions to be the primary care givers of their grandchildren; parents, siblings, and spouses are also impacted by associated behaviours of violence, criminal behaviour, instability, and concern for their own and the drug user's safety.

Given the diversity of family members and the diversity of drug user complexities that impact on families, there can be no singular response which will meet all family members' needs. In Western Australia the majority of alcohol and other drug services provide formal or informal referral, case management and/or shared care with a range of services from other sectors to address the complexity of issues. There has also been a significant promotion and encouragement over the past ten years by funding bodies to ensure the provision of family sensitive practice by alcohol and other drug services. Prior to this there were services that recognised the need for the inclusion of family support, with a range of dedicated specific family support programs that were well established and have continued to refine their support to family members. Family support offered in the alcohol and other drug sector has often been informed by the involvement of family members in planning processes both at the government and organisation levels.

What has WANADA done to support the provision of services to families across the state:

- WANADA provides a Childcare Access Project, enabling parents of under school aged children to better access alcohol and other drug services by providing free childcare options.
- More recently WANADA, in partnership with the Women's Health Services have developed a children's resource kit. This kit has been made available to the Western Australian alcohol and other drug services to support the inclusion of children in any treatment process.
- WANADA has been involved on committees and advisory bodies that have informed evidence based training and other workforce development activities to support family sensitive practice.

The sector views on the barriers to family support:

Parents in particular are often distressed to learn that their child (even if that child is in their thirties) is using drugs. Community perspectives on illicit drug use is often polarised and informed by a moralising of drug issues in the media. Peele (1994)¹ states that "*reporting bad things about illegal substances is part of a moral mission aimed at discouraging drug use, a mission that makes truth secondary*" (p.2). This is not to suggest that the distress of parents or other family members is unwarranted, however WANADA feels that there is inadequate appropriate information made available to community members about illicit drugs.

Feedback from the service sector, that provide treatment and support to people who have experienced problems resulting from their drug use, indicates that during earlier stages of their drug use the consumers were unable to identify with the information provided in prevention campaigns that focused on the extreme consequences of drug use including health deterioration or even death, criminal behaviour leading to imprisonment, or psychosis. In early stages of drug use this is most often not the

¹ Peele, S. 1994. Hype overdose. National Review, Nov

consumers' or their peers' experience. This in turn leads to a mistrust of information on illicit drugs provided through these sources.

The majority of the drug using consumers of the alcohol and other drug service sector in Western Australia seek treatment and support for their alcohol use. Within the sector there is little doubt of the significantly larger impact that alcohol (and other legal drugs) has on the individual, family and the community. Young people using illegal drugs who access the alcohol and other drug service sector are often also aware of this fact. Also, people under the legal drinking age are often using alcohol illicitly. WANADA feels that the separation of alcohol, tobacco, prescription medication, volatile substances and illicit/illegal substances in an inquiry such as the impact of drug use on families is counter productive, supports polarisation of community views (resulting in shame and stigma), and ignores the complexity of drug use where licit and illicit drugs are more often than not used together.

Drug induced psychosis and co-occurring drug and mental health problems have been increasingly recognised and addressed in service settings, significantly associated with alcohol, amphetamine and cannabis use. As a result families accessing alcohol and other drug services report being impacted by violence and unmanageable behaviour.

Services are impacted by psychosis and co-occurring drug and mental health problems in that their existing resources are further stretched, staff require additional skills/expertise/training, stress and occupational health and safety concerns are further highlighted. Core funding for existing services has effectively not been increased for a number of years, with new funding generally only meeting costs of new initiatives and recurrent funding not meeting the increases in salaries and other expenses such as rent, insurance, travel, etc. The inadequacy of the funding for the service sector is the key concern in meeting a continually increasing demand. This had led to a reduction of core service delivery and staff insecurity.

A key barrier for families learning about or accessing support is the stigma and shame attached to illicit drug use. There is an ongoing significant need to raise awareness in the community of the shared responsibilities of drug use issues and the family sensitive practice approaches that are available within the Western Australian alcohol and other drug sector.

"Families can be a significant influence on the patterns and problems associated with drug and alcohol misuse of relatives in both supportive and detrimental ways". (Dodd and Siggers,2006,p2)²

There is an appreciation within the alcohol and other drug sector of the range of family perspectives. The polarisation of views amongst family members is reflective of those within the community, expressed by politicians and existing within the alcohol and other drug service sector itself. There is a clear need for a bi-partisan leadership, based on evidence and research, recognising the need for a diversity of treatment and support approaches to meet maximum individual, family and community needs.

2. The impact of harm minimisation programs on families

The current state and federal government policy on harm minimisation is inclusive of;

- i. supply reduction;
- ii. demand reduction; and
- iii. harm reduction

The alcohol and other drug service sector is significantly working within demand and harm reduction. The approaches taken by the Western Australian service sector are informed by evidence based practice, and are inclusive of family sensitive approaches. The service sector can boast of significant achievements and successes for individuals, families and communities in reducing the damaging impact of drug use. This ranges from supporting people to stay alive; maintaining their physical and mental health; strengthening family relationships benefiting all family members; addressing and reducing associated complexities of domestic violence, homelessness, poverty, unemployment and criminal behaviour; supporting parents of young children to provide safe and nurturing care of their children;

² Dodd, J & Siggers,S. 2006. The impact of drug and alcohol misuse on children and families, completed for the Australian Research Alliance for Children and Youth

supporting individuals to become abstinent of drugs; and ensuring open access to services when individuals relapse or when they are more able to review their drug use or consider reducing or ceasing their drug use – just to name a few.

WANADA feels confident that families have benefited significantly from harm minimisation programs.

The alcohol and other drug service sector has reduced the impact of drug use associated costs for the health, justice and community development sectors. A number of alcohol and other drug treatment and support services in Western Australia are also engaged in prevention/community development activities throughout the state. Services, on extremely limited budgets, are supporting community change and awareness raising of the impacts of alcohol and other drugs. The impact of these services, is difficult to quantify, however anecdotally community changes in relation to alcohol and other drug use have been identified. WANADA feels that additional realistic resources for prevention, treatment and support services to meet the needs of the community in relation to alcohol and other drug issues would not just see reduced impact of drug use, but would also result in significant cost savings for a range of human services.

Comments made at the WA Community Drug Summit (2001) continue to be iterated by family members of illicit drug users whose primary interests are the health and wellbeing of their effected family member(s). Family members in general state that they want to see their loved ones remaining as healthy as possible with minimum long-term ramifications from their drug use to maximise their engagement in healthy life changes.

It is also clear that there needs to be recognition that removal of access to illicit drugs is not enough to facilitate change. Treatment is a long term process that is prone to relapse. WANADA strongly supports the three pronged approach to harm minimisation and would like to call on state and federal governments to provide clear equitable leadership on all three areas of the policy.

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

To strengthen families who are coping with member(s) using drugs, WANADA would supports:

- The inclusion of family sensitive practice within all alcohol and other drug services;
- Increasing awareness and promotion of the availability of support services for family members;
- Increased awareness of the value of the diversity of alcohol and other drug services being provided to meet the range of needs;
- Government leadership to support all aspects of harm minimisation;
- Bipartisan support to reduce polarisation and the politicisation of drug use issues;
- A joining of approaches to address licit and illicit drug issues;
- Increasing awareness of accurate and appropriate drug information for the community;
- Peer support in the form of family-to-family information exchange;
- Increased resourcing of the alcohol and other drug service sector to meet realistic costs of service provision, the growing demand for services, and to address clear gaps in service provision.