

# THE STANDING COMMITTEE ON FAMILY AND HUMAN SERVICES

## INQUIRY INTO THE IMPACT OF ILLICIT DRUG USE FOR FAMILIES

Centrelink Submission

MARCH 2007

**Submission No: 128**

Supp to Sub:

AUTHORISED:

9/5/07

KS

Thank you for the opportunity to provide a submission to the Inquiry.

This submission will focus in particular on Terms of Reference

***Point 1 : the financial, social and personal cost to families who have a member(s) using illicit drugs..... and in part***

***Point 3: ways to strengthen families who are coping with a member(s) using illicit drugs.***

### Introduction

In the 2005-06 financial year Centrelink social workers undertook 637,060 customer contacts. It is difficult to estimate how many of those contacts were with customers impacted by illicit drug use because this is seldom the presenting problem. While Centrelink social workers are not experts in the field of substance abuse they see the impact of illicit drug use every day in their casework contact with customers.

This impact frequently relates to drug use by 'at risk' young people. Centrelink social workers have contact with a wide range of family members including parents, grandparents, siblings, children, young people, other family members and also friends. They see the impact of illicit drug use on each individual member of a family network as well as the overall impact on family functioning.

Social workers also have significant contact with other government and community organizations who support individuals and families affected by illicit drug use. In their experience illicit drug use is usually only one manifestation of a range of complex circumstances experienced by individuals, families and sometimes communities.

This brief submission therefore draws on the direct experience of social workers in Centrelink who often have a more intensive involvement with these customers than other Customer Service staff. The information in this submission focuses on Points 1 and 3 of the Inquiry's Terms of Reference.

The way the use of illicit drugs impacts on family members dealing with Centrelink is set out below and case studies have been included to illustrate the issues observed in the Centrelink Social Work Service's practice.

## **Children**

Children of parents who have substance abuse issues may be subjected to violence, abuse and neglect, and sometimes, criminal activity when they are living with their parent/s. There is often irregular school attendance, behaviour that exhibits their dysfunctional family of origin, and "at risk" behaviour by children. Children may also be faced with physical dangers (e.g. needles, vulnerability to sexual and physical abuse), deprivation of good health and hygiene standards (e.g. hunger, a lack of clean clothes, dental decay, irregular washing, untreated head lice, no immunisation etc.), loss of childhood (children doing the parenting, looking after their parents through various drug induced states) and neglect of the children's social, emotional and developmental growth.

## **Young People**

A small percentage of grants of the independent rate of Youth Allowance is believed to be connected to illicit drug use on the part of a young person's parent(s) which manifests as extreme family breakdown and conflict. Young people are reluctant however to tell the assessing social worker as they fear that reporting the drug use may lead to further family disintegration. This makes precise statistics difficult to obtain.

Where young people take up the use of illicit drugs themselves, social workers see the impact of this across a number dimensions in the young person's life. Frequently the use of illicit drugs by the young person leads to family conflict, with parents sometimes asking the young person to leave home. For many young people the choice to give up their drug taking or leave home is presented to them and they choose to leave.

Drug taking by young people frequently leads to the young person dropping out of school and failure to comply with participation requirements, particularly around the need to keep appointments. In many cases the issue of drug use is not identified for a range of reasons, such as lack of trust by the young person, the fact that drug use is illegal, and that symptoms are not always clear and understood and may be interacting with other social factors and mental illnesses.

As young people approach adulthood and begin to establish long term partnerships the impact of drugs and the culture of drug use are often evidenced by the frequently violent and unstable relationships they develop with potential partners. These provide a poor basis for ongoing relationships and eventual child rearing.

## **Parents**

Parents often struggle with how to respond to their children's drug taking. As noted above, this can lead to family conflicts between family members and frequently leads to a demand for the young person to give up drugs or leave home. Frequently the young person leaves home. Parents are often forced to intervene to assist their children in their dealings with a host of other service providers ranging from schools, government services and frequently the police. This is seen to be over and above the normal level of parental involvement. This often leads to increased levels of anxiety as parents await the phone calls to say their child is in trouble again with the authorities. Failure of drug affected young people to complete school, or to maintain participation agreements can also lead to parents shouldering a greater financial burden.

Parents talk of the difficulty in dealing with their children's long-term effects of drug use such as ongoing mental health problems and the loss of intellectual ability. Other children in the family may become resentful of the support being given to one child. As indicated above, drug taking by parents also has a significant impact on families and the inter-generational

use of illicit drugs in families is something of which Centrelink social workers are anecdotally aware. Where parents are taking drugs, their actions regarding their children and their presentation and representation to Centrelink are sometimes based on their need to get money to sustain their addiction.

### **Grandparents**

Grandparents may find themselves in the parenting role when the capacity of the parents is diminished due to drug taking. Grandparents caring for grandchildren face a number of challenges. Their role can be made even more difficult when the grandparent is also responsible for the care of elderly parents or they are required to provide ongoing support to their own child. Grandparents find that their lifestyle is dramatically changed. They are often required to put their retirement plans on hold. Grandparents who are still working may find that they need to retire earlier than planned to cope with the demands of parenting. Grandparents may not be able to take care of their own age related medical issues. Grandparents frequently express concern over who will care and take responsibility for the grandchildren if they become sick or die.

Grandparents in particular, may be emotionally blackmailed by their child into NOT claiming or pursuing entitlement to a Centrelink payment so they are able to support grandchildren. Usually it is not until an extreme event occurs that Grandparents or relatives eventually claim a payment. They are very aware that when they claim a payment, the parent's payment will cease or be dramatically reduced and there will be work obligations for the parent of the child. The grandparents are very reluctant to take this step. They are "torn" between "dobbing in" their child and the extreme financial hardship they find themselves under.

They can become isolated from their friends and no longer participate in their usual social networks as they focus their time and energy into caring for their grandchildren. Grandparents can also feel they don't fit in with the younger social support activities such as play groups.

Many grandparents also find they have to repeatedly return to court to fight to retain custody of their grandchildren. This process is expensive, time consuming and emotionally stressful for all parties concerned. Grandparents have identified the need for access to free legal assistance especially when seeking guardianship of their grandchildren.

Centrelink is currently participating, with the Department of Human Services, in a review of the service delivery implications for grandparents of services and payments, including child care and family relationship services, access to those services and the availability of information about them.

### **Indigenous families**

There are many complexities for indigenous families and this is just one aspect of those complexities. However as an example in the Alice Springs region the nature of Aboriginal child-rearing practices can mean that extended family members are caring for several children other than their own. In particular, anecdotal evidence indicates that there are many indigenous grandmothers caring for large numbers of children (6 and over is not uncommon). The reasons for this often involve alcohol and substance-use issues.

Anecdotal evidence from a number of agencies and our staff suggests that grandmothers are often frightened to claim Family Payments for the children in their care for fear of retribution, i.e. increased family violence or conflict.

## **Other Family members**

Other family members who are of workforce age struggle with staying at work or looking for work when they:

- Transport their family members affected by drugs to treatment.
- Get phone calls asking them to help the user flee from drug crimes etc.
- Support them through the court system.
- Use their finances to try to “repair” the drug affected person’s life.
- Struggle with the embarrassment, shame and worry that often leads to depression; anxiety, exhaustion and physical problems related to that.
- When they are the victims of crime relating to the family member’s drug abuse.
- Step in to take over the parenting role, facing many of the difficulties outlined for grandparents above.

Drug abuse is often long term, stretching over many years, and it usually takes its toll on relationships and individuals. This is particularly the case where a parent’s capacity to care for their child/children is diminished to the point where other family members take over the parenting role. This can generate considerable family stress and conflict. There are many children being cared for by relatives where the relatives can only receive minimal Family Payments for the extra (non-biological) child in their care.

Often grandparents and relatives who have children in their care are NOT “principal carer” grandparents/carers. Most arrangements are “informal” between grandparent/relative and the child’s parent, or “informal” between State Government Child and Family Welfare Departments and grandparents or relatives. This means the child is not eligible for assistance from some State based programs e.g. - out of home care payment, and expenses met for education, dental, medical etc. which would assist their carer to manage in difficult financial circumstances. It is also difficult for the carers to access important information such as birth certificates and immunisation records. Documentation such as this is particularly required for school enrolments, placing grandchildren on the grandparents Medicare/Healthcare card and ongoing medical care.

## **Mental Health issues**

In the experience of Centrelink social workers individuals and families impacted by illicit drug use also face many other social and emotional challenges. Mental health issues in particular are common either as a direct result of taking mind altering substances or as a factor in people’s decision to use illicit drugs. It is not uncommon for Centrelink staff to have contact with customers experiencing drug induced psychotic episodes, paranoid or delusional thinking, depression, manic states, suicidal ideation and/or threatening to harm themselves or others, impaired cognitive functioning, heightened aggression and unpredictable mood swings. Social workers refer these customers to appropriate treatment and community mental health services wherever possible. Social workers also provide information and support to affected family members and referral to appropriate intervention and support services. These are important as the family struggles to deal with the combination of mental health and drug use issues of their loved one.

It is important to note that whenever a customer is distressed or there are indicators of suicide risk, our social workers provide appropriate crisis intervention and support in addition to an appropriate referral. In circumstances where the customer is unwilling to accept an

immediate referral, or there are no other services available, the social worker will do their best to remain in contact with the customer for the time needed to ensure their safety.

Centrelink social workers' experience nationally is that overall, existing services are good but there are not enough of them. People in rural and remote areas in particular find it difficult to access treatment and support services easily.

### **Privacy Issues**

Centrelink social workers need to manage the customer sensitively and work with the customer's consent. There is scope for social workers to release information in the public interest where there is a clear risk of a customer harming themselves or others, but primarily the social workers utilise their professional expertise to gain customer consent to deal with issues outside the presenting problem.

### **Case Studies**

The following case studies highlight a number of the issues experienced by individuals and families in these circumstances.

1. June is in her 40's and she is caring for an elderly mother. About 12 months ago her 19 year old son Sam, who was living with his father experienced a drug induced psychosis. He had become paranoid and believed his father was leading a campaign against him, involving police and spy agencies. He also reported feeling disconnected from his body as though his mind was floating freely. He was hospitalised until stabilised on medication. June knew he had been using Marijuana but did not know that he was smoking up to 4 times per day. His father was working shifts and also had not been aware of the extent of his son's drug use. He felt that his own safety was at risk and did not want his son to continue living with him. When he was discharged from hospital Sam went to live with his mother and grandmother. With a great deal of effort from his mother, Sam has remained stable, and has recently entered a Personal Support Program (PSP). June however is suffering from severe depression. On some days she cannot get out of bed and feels that life is hopeless. Her mother is increasingly going into respite care and June is considering alternative accommodation arrangements for her mother. If she proceeds she will face cancellation of her Carers Pension and will then have to consider other payment and/or participation options. She reported that after her son's hospitalisation she was left to manage on her own. She had not been offered any referrals to additional support services from any jurisdiction, and even her son rarely had contact with any mental health services. On a few occasions when she thought things were not going well with her son she telephoned the Emergency Mental Health Service who told her that unless he was a danger to himself or others they would not attend and she needed to get him to a doctor. June has considered moving to the country but feels that she needs to be around to support her son.

#### ***Issues - access to appropriate resources for families coping with drug induced psychosis.***

2. Rachel is 17 years old. She was referred to a local Youth service by her student counsellor and they have involved her in a program with other girls displaying risk taking behaviour. In this program there is a focus on harm minimization and safe drug use was discussed with the girls. Rachel's parents were aware of the drug use and told their daughter that if she did not stop she would have to leave their home. One night Rachel was picked up by the police and was under the influence. Her parents asked her to leave. The youth service had attempted to involve the parents in counselling some months ago at Rachel's initiation. However the parents are adamant that they will not go to a service that

encourages their daughter to use drugs and that if their daughter seriously wants to be part of the family she must stop her drug use. Rachel does not believe that she has an addiction and she believes that she is well in control of her drug use. She reports that the information given by the youth service was new and has helped her be aware of unsafe practices but she had been using prior to this information and would have continued anyway. Rachel does not intend to stop using drugs and says that it does not affect her life in any way.

***Issues - conflict within family over daughter's refusal to give up drug taking and parents insistence on this as a precondition to living at home. Highlights need for access to services designed to target these conflicts.***

3. Social worker had contact with two customers, both males, who had been given care of their children by their partners only to have the children taken away again when the other party had lodged claims for Parenting Payment Single and Family Tax Benefit. Both males reported that their partners had drug issues, and did not care for the children but wanted the money for their own drug use. Other agencies which became involved were the State Welfare Department and the Family Law Court. When the children first came into the care of their fathers they either had to stop work and go on Centrelink payments or try to make ends meet without claiming for fear of losing their children. One case was being investigated by the Welfare Department and the other was notified to follow up as the child had been taken by his mother to live in a remote campsite without shower facilities because the mother had been evicted from her previous accommodation in a caravan park.

***Issues- Upon separation there is sometimes a tendency for parents to bounce their children backwards and forwards between them. The assumption that both parents have equal rights while there is no parenting (residence) order makes the situation open to abuse by drug affected/addicted parents.***

4. A Centrelink Customer Service Officer referred to the social worker a distressed customer (Mary) who had recently separated from her partner and had come to the office to claim Parenting Payment Single. Mary has four children under the age of 8, is tertiary educated and does casual work in her profession. Mary was clearly distraught at the circumstance surrounding her separation but was struggling to maintain a semblance of normality for the two young children accompanying her during the social work interview (other two children were at school). Mary stated that her husband worked at the mines, that they had been married for 9 years, and that over the last two years he had become increasingly violent towards her, culminating in an episode where he repeatedly punched and hit her while she was driving, with all four children in the car. Mary said that she stopped the car and told him to get out, which he did, and informed him that the marriage was over. She then drove away. Mary said that she was fearful that he might return to the home and perpetrate more violence towards her. The social worker provided Mary with information about domestic violence, and local services available, and discussed options for keeping her and her family safe should the need arise in the future.

Mary disclosed that the violence began when her husband developed an addiction to amphetamines, and that it had reached a point where his substantial wage from the mine was no longer enough to support his habit. There had been a couple of occasions in the weeks preceding the separation that Mary had returned home to find an appliance or item of furniture missing, presumably sold by her partner to buy drugs. Mary had not confided in anyone about her partner's addiction until a few days previously, when she had made her mother and sister aware of the situation.

The social worker phoned Mary the following week, to check on well being. Mary said that she had had no contact with her ex partner since separation, apart from a short visit to collect some clothes, and felt well supported by her mother and sister. Social workers have received anecdotal information that the use of amphetamines by people working in the mining industry is increasing.

***Issues- impact of drug taking on family stability, including the risk of domestic violence and relationship breakdown.***

5. Ellen, who presented in a distressed state, was referred to the social worker because her 17 year old son, Todd, had attempted suicide the day before and was in hospital in the intensive care unit.

Ellen was/is a nominee for Todd. She wanted to let us know that he was in hospital and could not attend any interviews or appointments in the near future. Upon looking at his record, it was clear to the social worker that there were several indicators that Todd was a young person with many problems and that he was very probably at risk. The record clearly documented that Todd had been in-and-out-of-homelessness since he was 14, that he was a drug user and had mental health issues. Todd also had a current medical certificate due to depression.

Ellen explained to me that she had attended a Job Capacity Assessment appointment with Todd the day before. She said that about ½ an hour after this appointment Todd had attempted to take his own life. Ellen explained that after the interview, she and Todd had gone home. She said she'd decided to give him some space, as he had been very quiet and hostile at the appointment and on the way home. She said she could hear him walking around upstairs, and so she wasn't concerned.

However, shortly afterwards, Ellen was walking past Todd's bedroom door and she noticed that there was blood on the door handle. She tried knocking and opening the door, but there was no response and the door was locked.

After entering Todd's room, Ellen found that he had attempted to cut his wrists, had taken well-over 100 different tablets (including all of his antidepressants and a full packet of valium as well as any other medication he could find, including antibiotics, neurophen, codeine, diarrhoea medication, etc) and then had washed it down with either turpentine or methylated spirits (he had a bottle in his hands but she wasn't sure if he'd drunk any of it).

Ellen stated that Todd has been addicted to marijuana for several years. She said that she and his father had told him to leave home because of his ongoing drug abuse and his resulting hostile behaviour towards them and his younger brother.

Recently Todd had returned home with the intention of getting off drugs. Ellen said that the family had gone away for a week to take Todd away from the environmental and peer pressures, and to help him get "clean". For the first few days after the suicide attempt, it was feared that Todd may not live or may have permanent brain damage. However, after a few more days, it became apparent that whilst Todd had sustained fairly serious internal injuries from his suicide attempt, he would live.

The extent of the damage was mostly due to the burning he had experienced from the ingested substances and in the weeks to follow, Todd was scheduled to a mental health unit and continued to receive burns treatment. As result, he was given a 2 year exemption from participation requirements.

***Issues -Drug use and mental health issues impact on participation capacity and family well being.***

6. Tom is a 30 year old male referred to the social worker after failing to meet his mutual obligation requirements. Tom had been employed in factory work continuously for 4 years (on occasions riding his bicycle about 25 km each way to complete midnight to dawn shifts). As a consequence of extensive drug use as an adolescent he developed a mental illness but still managed to maintain work. The social worker considered, given family history and dynamics, he had potential to improve, but he has now developed bipolar symptoms and has obsessive compulsive disorder tendencies. Tom physically assaulted a fellow employee, which resulted in Tom losing his job.

There are further impacts from Tom's drug use. He has had a number of relationships with female drug users who also have mental health issues. These relationships have broken down and have impacted on him emotionally and psychologically. Due to his erratic behaviour and drug use, Tom has "lost" most of his friends in the local area.

Tom spends his fortnightly income support payment as soon as it is received and lives from week to week without access to money. He is currently homeless. Tom has received significant financial, emotional, psychological and material support from his parents and older brother. Due to his erratic behaviour and drug use, his parents and family members have been forced to take out a Protection Order against him. This occurred because, while staying with his parents, he threw furniture out of the unit window and he also wanted to jump out of the window himself. His brother has called the Centrelink social worker a number of times for support.

As a consequence of drug use, the customer's physical and mental health have been significantly impacted. Tom's brother indicated that Tom was unwell, and had been sleeping in a spray booth at the brother's workplace. The social worker attempted to actively engage the local Adult Mental Health service in providing support to the customer. However, the customer was not treated for his mental illness as he had used heroin 3 days prior to hospital admission. He was hospitalised for about one week and was subsequently discharged. The social worker attempted several times to make contact with the Mental Health social worker at the hospital, but did not receive any response.

***Issues- Highlights the impact of drug use and mental health issues on participation capacity and highlights the issues of access to appropriate treatment services, especially the need for services that deal with both mental health issues and illicit drug use at the same time.***

7. Jodie applied for Youth Allowance (Unreasonable to Live at Home) at the age of 20, having spent 3 months on the streets with occasional stays at home. She has attempted to apply for income support payments previously but was unsuccessful as she could not get together the paper work to complete the claim, including the statements of evidence to support the Unreasonable to Live at Home assessment.

Contact was made with Jodie through a Centrelink Out service contact with the local Supported Accommodation and Assistance Service (SAAP) agency.

Jodie described her home environment as incredibly violent. The cause of which was drug use by all members of the household. Her mother used speed and marijuana. Her 22 year old brother used speed and ecstasy and her mother's boyfriend alcohol and marijuana. Her



natural father who does not live there is an alcoholic with serious liver problems as a result of his addiction.

Jodie stated that she has been clean for 6 weeks which she means as not using speed to cope, she still uses alcohol and marijuana.

When the social worker contacted Jodie's mother to determine the nature of Jodie's home situation, Jodie's mother was open about the family drug use, and, like Jodie, identified the drug use as the reason for the violence within the family, stating that "with all of us hanging out for drugs tempers flare". Jodie's mother is currently participating in a Personal Support Program with the program but has not discussed her drug use with the worker, and has tended to focus on her mental health issues and relationship with her adult children.

Jodie left the home to get away from the conflict and drugs. She had a close friend die from an overdose of speed. She said she wants to sort herself out and can't do it at home. Jodie has engaged with a Drug and Alcohol counsellor and has also enrolled in part time school at an adult campus. She has been assisted in applying for a Transition to Independent Living payment. She maintains contact with the Centrelink Social Worker.

This case study is fairly typical of the family circumstances which emerge when social workers engage with families when assessing claims for Unreasonable to Live at Home payments. Social workers report that more and more they see families in which drug use is reaching inter generational proportions and affecting the development of young people within those families. The drug use is often part of multiple barriers including gambling, homelessness, mental health issues and offending behaviour. Like gambling it is often hidden with homelessness and mental health issues tending to be the main presenting problems.

***Issues-Inter generational Drug use leading to Homelessness for young person as a means of coping.***

## **Conclusion**

In conclusion, this is a very complex issue that requires a multifaceted approach in response. The experience of Centrelink social workers indicates that there is a significant impact on the personal, social and financial functioning of individuals and families as a result of illicit drug use.

This submission has highlighted the impact on children, young people, parents and siblings, grandparents as carers and other family members as seen by Centrelink social workers in their daily contact with customers. This impact extends from attendance to basic needs for children through to family functioning, social, psychological and emotional functioning, ability to engage in and participate in work and community, financial and housing impacts as well as impacts on and availability of support services.

It is the experience of Centrelink social workers that existing services across jurisdictions are doing a good job but that there could be more improvements. People in rural and remote locations are often disadvantaged in terms of access to treatment and support services.

Better coordination between all agencies working with individuals and families affected by illicit drug use across jurisdictions would assist families in these circumstances. Centrelink as a service delivery agency can and does play a role in this. Additionally more support services for families of drug users would assist them to manage more effectively the

situations in which they find themselves. The renewed focus on family relationship support services is also welcome in this context.

Contact Officer:

Desley Hargreaves  
National Manager  
Social Work Services

02 6244 5546

20 March 2007