VICTORIAN ALCOHOL AND DRUG ASSOCIATION

Submission to the Family and Human Services Committee

(House of Representatives)

INQUIRY INTO THE IMPACT OF ILLICIT DRUG USE ON FAMILIES

March 2007

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Summary of Recommendations

1) That any further parliamentary investigation into the impact of problematic drug use on families examine the impact of both licit and illicit drugs.

2) That subsequent consideration of AOD service system design at all levels of government take greater account of the needs and rights of families of drug users, without losing sight of the needs and rights of drug users.

3) That there be increased pharmacotherapy subsidies for all clients of pharmacotherapy programs, in order to reduce the impact of pharmacotherapy costs on families of drug users. It is recommended that, at a minimum, subsidies be increased for pregnant women, new mothers, and single parents.

4) That flexible financial aid be provided to family carers (grandparents, aunts, uncles, etc) of drug users' children, preferably through the expansion of welfare packages.

5) That policy and advocacy around the impact of illicit and licit drug use on families consider the social environment in which drug use occurs, and not treat drug users and their families as individuals in a social vacuum.

6) That policy on the impact of illicit and licit drug use on families takes into account that poor general health among drug users can have negative consequences for their families.

7) That supported accommodation programs for drug users be encouraged to consider the needs of their families, and that housing be located in demographically diverse housing areas.

8) That parents who misuse illicit drugs be offered flexible educational opportunities to enhance their ability to parent effectively.

9) That there be greater integration between AOD services and mental health services to better serve co-morbid clients, with AOD services being treated as full partners within any integrated health system.

10) That resourcing be given to AOD agencies to develop innovative ways of helping co-morbid clients deal with anxiety and depression, including specialist family-based case management.

11) That any policy aimed at minimising the impact of illicit drug use on families be framed in terms of a harm minimisation strategy.

12) That health and welfare agencies, including child protection agencies, not discriminate against parents on the grounds of illicit drug use. This would entail that drug users' participation in harm minimisation programs not being tendered as forensic evidence of child abuse in child protection cases where there is an absence of supporting evidence of child neglect or abuse.

13) That AOD service providers be mindful of the rights and needs of children of drug users.

14) That resourcing be offered for AOD service providers to build capacity to offer long-term, intensive supports for families of drug users.

15) That resourcing is offered for AOD service providers working with Koori and other Indigenous communities; culturally and linguistically diverse communities; and rural areas, for the purpose of supporting families of drug users in these communities.

16) That resourcing be given to specialist family-oriented AOD service agencies to develop capacity to advocate for and consult with families of drug users; and that resourcing be given to general AOD service agencies to develop referral protocols to family-oriented agencies.

17) That resourcing be offered to communities and agencies to develop family support/self-help groups for families of users of illicit drugs.

18) That AOD-specific family counselling services be expanded, and generalist family counselling services develop capacity to handle AOD issues, so that families of illicit drug users may have access to family counselling on request.

19) That families of illicit drug users be offered information about the effects of illicit drugs, and information about accessing services to help them cope with family members' use of illicit drugs. In particular, VAADA recommends that families of illicit drug users be offered information about the value of pharmacotherapy and other harm minimisation programs (which range from abstinence to controlled use).

20) That successful programs directed at helping families of illicit drugs users be given sufficient resourcing to develop capacity to handle demand.

21) That standardised screening tools for AOD clients include a method for gauging the needs of clients families.

The Victorian Alcohol and Drug Association

Who is VAADA?

The Victorian Alcohol and Drug Association (VAADA) is the peak body for alcohol and other drug (AOD) services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation, or research that minimises the harms caused by alcohol and other drugs.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.

VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA's purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy and program development and public discussion

VAADA's submission

In drafting our submission, VAADA has consulted with key parts of both our membership and the wider Victorian AOD sector. Specifically, we have consulted with AOD service providers who focus on working with families of people with AOD issues, and with service providers who primarily work with drug users with family issues. Our submission therefore reflects the knowledge and opinions of people who directly support families dealing with members' illicit drug use.

VAADA's intention in responding to the Committee's Inquiry into the Impact of Illicit Drug Use on Families is to indicate the importance of the often neglected role families have to play in dealing with drug issues. Additionally, VAADA hopes to suggest ways of helping families deal with family members' drug use issues, and ways of helping AOD service providers work with families.

Acknowledgments

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Association of Participating Service Users	
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Simon Ruth	Peninsula Drug and Alcohol Program
Dr. Chris Walsh	Psychiatrist, Turning Point
Tim Walsh	South East Alcohol and Drug Services
Women's Alcohol and Drug Service, Royal Women's Hospital, Melbourne	

We would like to acknowledge that this submission is based on a diverse range of opinions, and the final views are those of VAADA. Some comments may not reflect the individual opinions of all those who have generously provided input into VAADA's response.

Key issues and recommendations

General Issues

The impact of licit drug use on families

Much concern was expressed among the Victorian AOD sector that the Inquiry took such a narrow view of problematic drug use, limiting the terms of the Inquiry to the impact of illicit drug use on families. While the impact of illicit drug use on families is a neglected subject worthy of parliamentary investigation, excluding the impact of problematic use of licit drugs on families from the Inquiry's terms of reference means that many of the costs drug use imposes on families will remain hidden.

Service providers consulted by VAADA highlighted that the Inquiry's title minimises the harms arising from alcohol misuse, in relation to illicit drug use. Misuse of alcohol, in particular among licit drugs, causes much damage to families.

1) Given the social acceptability of alcohol use relative to use of illicit drugs, problematic alcohol users are often less inclined to seek help, leading to greater impacts on families.
2) Women, who are generally prime care-givers within families, present more frequently to services with alcohol-related problems than men.
3) Finally, it was deemed that the distinction between licit and illicit substance misuse is artificial given that alcohol abuse usually co-occurs with misuse of illicit drugs.

The misuse of prescription drugs is increasingly common, and poses special problems for families of users:

- Women, the primary care-givers, present to services due to misuse of prescription drugs more frequently than men; and
- Misuse of prescription drugs is frequently linked to mental health issues:
    i. over-prescription of mental health medication leads to misuse of prescription drugs
    ii. medication may be the only form of therapy offered to health service clients, which leads to clients fearing coming off medication because they have no other support.

Service providers consulted by VAADA also expressed concern that the impact of tobacco use on families would not be considered by the Inquiry.

Due to the impact misuse of licit drugs can have on families, VAADA recommends

Recommendation 1:

That any further parliamentary investigation into the impact of problematic drug use on families examine the impact of both licit and illicit drugs.

The place of families in the AOD service system

Service providers consulted by VAADA – especially service providers who themselves have family members with drug use issues – reported that families of drug users currently receive very little support. The barriers to support include:

- Lack of supports in the community;
- Family-blaming by some service providers and community members;
- Scarcity of AOD services directed at supporting families of drug users;
- Scarcity of generalist family services with an AOD component;
- Services not being open at the right hours for family members to access them;
- Stigma attached to using family-oriented AOD services, especially in rural areas; and
- Difficulties families have in accessing services due to lack of information and lack of resources.

At present families of drug users have very little help in dealing with the multitude of financial, social and personal costs arising from family members' drug use. Additionally, families need support because they are often the first line of support for drug users.

Given all this, VAADA recommends

Recommendation 2:

That subsequent consideration of AOD service system design at all levels of government take greater account of the needs and rights of families of drug users, without losing sight of the needs and rights of drug users.

The Costs of Illicit Drug Use to Families

Financial Costs

The financial costs of illicit drug use to families can be enormous. They include:

- Loss of income from an unemployed family member;
- Income and savings spent on a family member's drug habit;
- A family member stealing and pawning the family's possessions to support his/her habit; and
- Users spending all income on drugs rather than their families' needs.

Families of users can lose their homes through financial instability. The level of poverty experienced by families of unemployed drug users is usually well beyond the level of poverty experienced by unemployed people generally. There is a general history of deprivation among both drug users and their families; the cycle of drug-use and poverty is intergenerational.

Pharmacotherapy costs

Families of drug users on pharmacotherapy face the specific problem of paying for opiate replacement medication, which is not fully subsidised in Victoria. Methadone and buprenorphine treatments cost a family $30-$35 per week. As the families of

drug users are often profoundly deprived, the cost of pharmacotherapy can be difficult to bear, particularly for

- single-parent households,
- new mothers, and
- pregnant women.

Often, the cost of pharmacotherapy prevents families from buying good quality food. Consequently, VAADA recommends

Recommendation 3:

That there be increased pharmacotherapy subsidies for all clients of pharmacotherapy programs, in order to reduce the impact of pharmacotherapy costs on families of drug users. It is recommended that, at a minimum, subsidies be increased for pregnant women, new mothers, and single parents.

Non-legalised guardianship costs

The parents, siblings, and other relatives of drug users are also sometimes faced with the costs of raising drug users' children. Because these relatives of drug users are already related to the children – and because they do not want to remove the parents' rights to the children – they will not apply for legal guardianship. However, as they are not the children's legal guardians, these drug users' relatives will receive no financial aid to help cover the costs of raising the children. In light of this, VAADA recommends that

Recommendation 4:

That flexible financial aid be provided to family carers (grandparents, siblings, etc) of drug users' children, preferably through the expansion of welfare packages.

For example, family allowance payments could be paid to the children's care-giver, with this being arranged by professionals.

Social Costs

Illicit drug use and social isolation

Victorian service providers consulted by VAADA reported that, if anything, the social costs to families of illicit drug use are even higher than the financial costs. They include intense stigmatisation and discrimination, which can affect families in several ways:

- Children of drug users feel embarrassed of and stigmatised by their parents, whom the media has stereotyped as 'junkies' and 'druggies' - whether or not their parents fit the media stereotype.
- Parents of drug users feel judged by the accomplishments – or lack of accomplishments – of their children.
- People who work in the AOD sector or other health fields whose children use drugs may have aspersions cast on their professional competency.
- Families will feel guilt and shame about family members' drug use.
- Absence of family members through imprisonment.

Because of the stigma they face, families of drug users become socially isolated, which makes it difficult for them to cope with a family member's drug use. However, fear of stigma and discrimination also makes families less likely to seek help from others. Historically, there has been 'family-blaming' within health services, where families are held responsible for a member's drug use.

While the focus of campaigns about drug use is only on drug users detached from their social environment, the stigma of being a 'junkie' will continue to form the main component of a drug user's identity, and drug users' families will also continue to share the stigma attached to drug use. Drug use should be understood as something that occurs within a social context.

VAADA therefore recommends

Recommendation 5:

That policy and advocacy around the impact of illicit and licit drug use on families consider the social environment in which drug use occurs, and not treat drug users and their families as isolated in a social vacuum.

Sometimes long-term treatment regimes for chronic relapsing diseases like addiction can limit social and employment opportunities. This can contribute to isolation and poverty among drug users and their families.

Other health problems faced by drug users, which often affect their ability to work and which therefore have serious consequences for their families, include:

- Blood-borne viruses;
- Poor nutrition and consequent disorders;
- Osteoporosis;
- Poor dental health;
- High rates of smoking tobacco, with resultant health problems; and
- Poor vascular health.

Accordingly, VAADA recommends

Recommendation 6:

That policy on the impact of illicit and licit drug use on families takes into account that poor general health among drug users can have negative consequences for their families.

Illicit drug use and housing

Drug users' families often face housing problems. These usually take the form of drug users, their partners, and their children being forced from their homes because they are unable to afford rent or mortgage payments. However, sometimes the parents of drug users can face accommodation difficulties because of the financial strain of supporting their children. Housing problems can cause drug users and their children to be separated, and foster care systems to become over-burdened.

Often, when drug users and their families are rehoused by social services, they are placed in accommodation in close proximity to other people struggling with drug

misuse problems. This can slow down or prevent drug users from recovering, placing additional strain on their families. VAADA therefore recommends

Recommendation 7:

That supported accommodation programs for drug users be encouraged to consider the needs of their families, and that housing be located in demographically diverse housing areas.

The intergenerational cycle of deprivation

The children of chronic illicit drug users usually grow up in poverty. This has numerous serious effects on their lives:

- Educations disrupted by homelessness;
- Health damaged through poor nutrition;
- Chances of accessing healthcare hampered by parents' suspicion of services; and
- Chances of developing social supports weakened by stigma and discrimination.

The realities of problematic drugs use mean that children growing up in such households may find themselves turning to illicit drugs as a means of coping. Illicit drug use is seen as a norm rather than an exception. While it is far from inevitable that children of drug users will become users themselves, several AOD service providers consulted by VAADA reported dealing with clients who were third-generation drug users.

One cause of the intergenerational cycle of deprivation is the lack of parenting skills of illicit drug users. Some drug users whose parents chronically abused illicit drugs, and who have had no experience of parenting outside a using lifestyle, may not know how to provide such parenting to their own children. Further, the children of all drug users would benefit from their parents have greater knowledge and skills of parenting, so it is more difficult for the intergenerational cycle of deprivation to begin. VAADA recommends

Recommendation 8:

That parents who misuse illicit drug be offered flexible educational opportunities to enhance their ability to parent effectively.

Personal costs

During consultations, one AOD service provider described drug users as "traumatised people" who are under constant strain; and the families of drug users often find themselves under an equal level of strain. The stresses of a member's drug use have serious consequences for the families of drug users.

Families often break up due to a family member's drug use. Frequently families break up because a parent's drug use causes the family to become impoverished, which in turn forces the family to leave their home. Children may then be put into foster care, or go to live with relatives. In other circumstances, parents are absent because they are in a detoxification unit, residential withdrawal, or prison.

Victorian AOD service providers consulted by VAADA reported that most clients also presented with co-morbidity of mental illness, and that this was difficult for families of drug users. Often family members with symptoms of mental illness misused drugs – including illicit drugs, alcohol, and prescription drugs – as a form of self-medication for anxiety and depressive disorders. Drug-induced psychosis was described as being very rare, but symptoms of anxiety and depression were sometimes worsened in the long term through drug use.

People with co-morbidity of AOD misuse and mental illness may self-medicate for long periods of time because of inadequacies within the treatment system. A large number of people with co-morbid conditions have expressed preferences for the AOD system over the Mental Health services system. Clients have commented on AOD service providers being less judgmental, less confrontational, more accepting of co-morbidity issues, and do not force clients to work within an abstinence model of treatment. Consequently, AOD services are the only health services many people with co-morbidity of AOD misuse and mental illness engage with. VAADA therefore recommends

Recommendation 9:

That there be greater integration between AOD services and mental health services to better serve co-morbid clients, with AOD services being treated as full partners within any integrated health system.

Recommendation 10:

That resourcing be given to AOD agencies to develop innovative ways of helping co-morbid clients deal with anxiety and depression, including specialist family-based case management.

The personal costs to drug users' children

Children of drug users face unique personal strains. Sometimes children of chronic drug users have their schooling disrupted because they are homeless or their family shifts often; this can lead to children's grades slipping and their friendships being disturbed. Children can suffer through neglect, and can occasionally be exposed to dangerous situations such as driving with intoxicated parents. Additionally, police raids on parents can upset children, leading them to become fearful of the authorities.

See recommendations 12 and 13, below.

The Positive Impact of Harm Minimisation on Drug Users' Families

Service providers canvassed during consultations uniformly described harm minimisation programs, comprising a continuum of services from promoting abstinence to controlled drug use, as being a very positive approach to helping families of drug users. Harm minimisation programs were identified as providing a number of key benefits to families of illicit drug users:

- Helping keep families together;

- Giving families an alternative to letting a family member reach rock bottom;
- Helping keep drug users engaged with generalist health care and welfare services;
- Reducing the availability of illicit drugs;
- Helping drug users remain within family and friendship support networks;
- Improving child safety, including the safety of unborn children;
- Preventing family members' uptake of illicit drugs;
- Reducing healthcare costs for families;
- Reducing spread of blood-borne viruses associated with injecting drug use.

Service providers consulted by VAADA stated that families of their clients acknowledge the role that harm reduction programs play in helping keep family members alive until they are ready to address their substance misuse problems. Pressuring drug users to be abstinent when they are not ready to quit is recognised by families as leading to unsatisfactory treatment experiences and a consequent reluctance by drug users to seek further treatment.

Accordingly VAADA recommends

Recommendation 11:

That any policy aimed at minimising the impact of illicit drug use on families be framed in terms of a harm minimisation strategy.

Harm minimisation and child protection

Several service providers consulted by VAADA describe a particular problem for families of illicit drug users arising from a conflict between harm minimisation programs and child protection agencies. While harm minimisation programs focus on preventing harms to drug users, child protection agencies focus on preventing harms to children. Child protection agencies will accordingly take any evidence of a parent's drug use as evidence to use against a parent, with the aim of removing children from drug-using parents by court order.

To avoid losing their children, such parents will hide drug misuse, which prevents harm minimisation programs from working properly. The anxiety caused by dealing with child protection agencies can also lead to increased self-medication, and a failure of drug-using parents – especially pregnant women – to access generalist healthcare. For most drug users, caring for one's children is the primary motivator for controlling their drug use; yet, for fear of avoiding scrutiny from child protection agencies, drug users sometimes avoid seeking help from all service agencies.

Victorian AOD service providers believe that the conflict between the aims of child protection agencies and AOD agencies causes harm to drug users, and ultimately to their families. Hopes were expressed that AOD service agencies and child protection agencies could work closer together in the interests of families, without impinging on either the rights of users or the rights of children.

VAADA therefore recommends

Recommendation 12:

That health and welfare agencies, including child protection agencies, not discriminate against parents on the grounds of illicit drug use. This would entail that drug users' participation in harm minimisation programs being tendered as forensic evidence of child abuse in child protection cases where there is an absence of supporting evidence of child neglect or abuse.

Due to the importance of protecting the children of drug users, however, VAADA also recommends

Recommendation 13:

That AOD service providers be mindful of the rights and needs of children of drug users.

Ways to Strengthen Families

Throughout this submission, VAADA has made recommendations that are intended to help strengthen families coping with a family member's illicit drug use. This section of the submission will detail other ways of strengthening families.

Long-term, intensive supports for families

Several AOD service providers consulted by VAADA indicated that supports in place for families did not persist for long enough and/or were not sufficiently intensive to make much difference to families. Services often have a single consultation with drug users' families. No support is offered to drug users' families once drug users have themselves left treatment. No system of service support is offered to families of people who have died from drug-related causes.

The following were identified as situations where families of drug users are in particular need of long-term, intensive supports:

- where drug users present with co-morbidity of mental illness;
- where drug users present with other complex problems, such as homelessness and unemployment;
- where drug users have recently given birth;
- where drug users have recently been released from prison; and
- where drug users have recently left detox or rehab.

However, addiction treatment can take several years, so all drug users' families would benefit from long-term, intensive supports. VAADA therefore recommends

Recommendation 14:

That resourcing be offered for AOD service providers to build capacity to offer long-term, intensive supports for families of drug users.

Specialist care for families of specific groups of drug users

Some groups of drug users and their families have specific medical or cultural requirements that need to be addressed for service provision to be effective. Submissions noted that the following groups of drug users' families often had special support needs:

- families of Koori drug users;
- families of drug users from culturally and linguistically diverse communities; and
- families of drug users from rural areas, particularly pregnant drug users from rural areas.

Accordingly VAADA recommends

Recommendation 15:

That resourcing is offered for AOD service providers working with Koori and other Indigenous communities; culturally and linguistically diverse communities; and rural areas, for the purpose of supporting families of drug users in these communities.

Capacity for advocacy and consultation

Service providers' submissions to VAADA indicate that there is currently little capacity in the AOD sector to consult with or advocate for families. Without structures in place to facilitate consultation with and advocacy on behalf of families, families of drug users will not have a voice in drugs policy or service system design. VAADA therefore recommends

Recommendation 16:

That resourcing be offered to specialist family-oriented AOD service agencies to develop capacity to advocate for and consult with families of drug users; and that resourcing be given to general AOD service agencies to develop referral protocols to family-oriented agencies.

It is also important, however, that families of drug users be able to consult with each other to develop their own voice on drug issues. Other families of drug users are sometimes the best source of support and knowledge about how to deal with a family member's drug use. Accordingly, VAADA recommends

Recommendation 17:

That resourcing be offered to communities and agencies to develop family support/self-help groups for families of users of illicit drugs.

Counselling for families of illicit drug users

Service providers consulted during the course of drafting this submission noted that families begin to function differently when a family member uses illicit drugs. The family as a whole may consequently need low-level treatment to re-adapt to life after a family member stops or controls drug use. In some cases, families of drug users may want to utilise family counselling services. At present, however, generalist family

counselling services in Victoria do not have the capacity to assess AOD issues; and AOD-specific family counselling services are too small to handle demand. VAADA therefore recommends

Recommendation 18:

That AOD-specific family counselling services be expanded, and generalist family counselling services develop capacity to handle AOD issues, so that families of illicit drug users may have access to family counselling on request.

Education for families of illicit drug users

Families of users of illicit drugs often do not have enough information about drug use to understand what their family members are going through. They therefore do not understand how to deal with their drug-using family members – and do not know how to access services for help.

Particularly, families of illicit drug users need more education around pharmacotherapy. Service providers consulted by VAADA report that while many families of drug users understand the value of pharmacotherapy, some do not. Some families believe that their drug-using family members are simply replacing one drug with another. This can lead to family pressure for a member to come off pharmacotherapy, which usually results in increased harm to drug users and their families.

In light of this, VAADA recommends

Recommendation 19:

That families of illicit drug users be offered information about the effects of illicit drugs, and information about accessing services to help them cope with family members' use of illicit drugs. In particular, VAADA recommends that families of illicit drug users be offered information about the value of pharmacotherapy and other harm minimisation programs (which range from abstinence to controlled use).

Continuing support for existing programs for families of illicit drug users

Service providers consulted by VAADA expressed concern that several successful programs for helping the families of illicit drug users have been created, but are too small to handle demand. Despite their success, these programs have not been given sufficient financial support to expand service provision. VAADA therefore recommends

Recommendation 20:

That successful programs directed at helping families of illicit drugs users be given sufficient resourcing to develop capacity to handle demand.

Families of illicit drug users and client screening tools

Service providers noted that there were no standardised fields provided in client assessment tools for gauging the needs of clients' families. VAADA therefore recommends

Recommendation 21:

That standardised screening tools for AOD clients include a method for gauging the needs of clients families.