

Drug use in the family

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Major Report Released Today From The Australian National Council On Drugs On The Number Of Australian Children Living In Households Affected By Alcohol Or Drugs, The Issues They Face And How We Can Improve This Situation.

One Of The Most Important Findings From The Report Highlights That Families With Parental Substance Abuse Are Also Families That Have Many Other Complex Life Problems. These Include Mental Illness, A History Of Abuse And Neglect & Poverty And Child Behaviour Problems.

The Way To Improve The Outcome Of Children Living In These Circumstances Requires A Range Of Interventions That Helps To Improve Parental Mental Health, Parenting Skills And Child Behaviour.

There Is No Single & Simple Solution.

The Second Major Finding From The Report Is That There Is Difficulty In Accurately Determining The Extent Of The Problem. Whilst There Are Many National And Focused Surveys Of Drug Use, They Often Provide Very Little Information On Family Structure & Drug Use. Alternatively Other Surveys That Provide Extensive Information On Child Health And Development Provide Very Little On Parental Drug And Alcohol Use.

After Reviewing The Many Data Sources The Following Figures Represent The Authors Best Estimate At The Numbers Of Children Living In Households With Parental Substance Misuse.

- Over 230,000 Children Live In Households Where They Are At Risk Of Exposure To At Least One Adult Binge Drinker
- Over 40,000 Children Live In A Household Where One Adult Is Taking Cannabis Daily
- Over 14,000 Children Live In A Household Where One Adult Uses Methamphetamines Monthly.

This Equates To An Estimated 13% Of Australian Children Compared To International Surveys That Suggest 10% Of Children Live In Households Where There Is Alcohol Misuse Or Substance Dependence.

However, Rather Than Simply Focussing On These Estimates The Australian National Council On Drugs Chairman Says It Is Critical That All The Principles Of Good Practice Covered In The New Report – [“Drug Use In The Family: Impacts And Implications For Children”](#) – Are Adopted. In Particular It Is Vital That There Are Far More Family Friendly Treatment Programs Available For People With Substance Misuse Problems.

One of the distressing findings of this major report being released on the 21st of May 2007 in Sydney is the high rate of adverse outcomes for children raised in families experiencing problems.

The Australian National Council on Drugs will be using this report as further evidence to support the recent Federal Budget announcement targeting more treatment programs to help families who have drug and alcohol problems.

The ANCD commissioned this report — which has been prepared by national and international leading clinicians and experts — so it can offer advice to the Government and the community on the key next steps to

take when it comes to addressing alcohol and drug misuse in families.

The report builds on two earlier documents — “The Role Of Families In The Development, Identification, Prevention And Treatment Of Illicit Drug Problems” which was commissioned by the National Health And Medical Research Council (<http://www.nhmrc.gov.au/publications/synopses/ds8syn.htm>) and “Hidden Harm: Responding To The Needs Of Children Of Problem Drug Users” which was commissioned by the Advisory Council On The Misuse Of Drugs in the UK (http://www.drugscope.org.uk/uploads/goodpractice/documents/hidden_harm_summary.pdf)

The ANCD has noted that UK report offered 48 key recommendations of which 42 were later endorsed by the UK Government.

Chairman of the Australian National Council on Drugs, Dr. John Herron said, “It’s clear from this report that alcohol misuse is a major problem in Australian families. As a community we need to come to grips with the scale of this problem. Our drinking culture is established by adults not by children, and as adults we need to stop and think about what messages we send our children when we drink to excess. Further, it’s of enormous concern to me and the Council that an estimated 13% of Australian children currently live in households where there is substance misuse occurring.” Dr Herron added, “All children have the right to grow up and develop in a positive, safe and supportive environment. This is a responsibility we all share, and the ANCD will continue to work closely with governments and communities so we can establish policies and programs to address the many social, health and economic factors that can contribute to drug and alcohol misuse.”

“We have a simple key message. To improve child outcomes in substance misusing families we need more treatment programs that can go beyond just treating the individual and that can cater to the needs and demands faced by the whole family. The Federal Government is already making a considerable contribution of funding in this area, but the demand is so high that greater investment from all levels of government is needed. We must provide far more residential, in-home, outreach and after care services for families with drug and alcohol problems if we are to address this issue. It is true that treatment costs a lot of money but it is also true that treatment works. More people than ever are in treatment right now; and good effective treatment can really make a massive difference for adults and just as importantly the children in their care.”

Dr. John Herron added, “We want to find the positives. Obviously some aspects of this report are deeply concerning, but to ensure that Australian children have a safe living environment, we need to encourage parents with substance misuse problems to seek treatment and we need to ensure there are adequate treatment services available to cater to the needs of their families. We also need to look at providing parenting skills programs within drug and alcohol treatment services.”

“The report identifies that women with substance misuse problems are at high risk of being assaulted. In turn this increases the risk of more substance dependence and heavy use. We also know that women, particularly mothers, are less likely to seek treatment for substance misuse than men. The ANCD does not want this report to be used to punish mothers or parents with substance misuse problems — instead the ANCD wants to use this report to help governments and the non-government sector establish a system that will encourage parents to seek treatment. Overcoming drug or alcohol dependence is not an easy task, particularly when caring for children. Having a system that encourages treatment is far better for the children than a system that drives parents away from assistance for fear of being separated from their children.”

The Australian National Council on Drugs notes that the report states that whilst drug, and particularly alcohol misuse, is prevalent in Australia much of this use is not harmful. This is an important point as clearly drug and alcohol use in itself does not automatically make someone a 'bad' or 'poor' parent. It is the overall impact on their capacity to fulfil their roles and responsibilities as parents that needs to be assessed and addressed. However, it is also acknowledged that it is very difficult to determine exactly when parental alcohol and drug use becomes detrimental to a child.

Dr. Herron added, "When you look at the big picture, it's obvious there is a very significant problem here that will worry all Australians. The recommendations, and in particular the principles of good practice in this report need to be accepted and acted upon."

It is important to note that this report is only the first of two reports. The second report addresses the issue of the impact of children's substance misuse on the family.

If you know a person who is at risk of substance abuse please visit the ANCD website (www.ancd.org.au) and click on the NEED HELP icon to find national contact details for support services.

Media enquiries to: Ross Woodward on (03) 9769 6488 or 0409 420 112

ANCD representatives are available for media interviews. A range of ANCD representatives including Dr. John Herron, Professor Margaret Hamilton and Executive Officer Gino Vumbaca are available to talk to media. Also available is one of the authors of the report — Prof Sharon Dawe.

Principles of good practice that have come out of this report are as follows:

For funding bodies and/or organisations

- Organisations and funding bodies need to recognise the importance of addressing the needs of children of substance misuses and regard this as core business.
- Organisations and funding bodies need to give recognition to the importance of this work and provide organisational support for such work to take place.
- Organisations and funding bodies need to endorse a treatment model that addresses many aspects of families' lives. Simply providing a 'play group' as an added extra, for example, will not improve child outcome. However, if a play group was part of a range of family-focused interventions that aimed to enhance a parent's social support and improve parental functioning, this would be a worthwhile endeavour.
- Organisations need to develop interagency practice guidelines that facilitate staff across different agencies working together in a safe, ethical and helpful way.
- Organisations need to be responsive to the needs of families to ensure treatment engagement.

For clinicians

- Clinicians need to receive training in empirically sound treatment models for improving outcomes in substance-abusing families.

- Clinicians need to be provided with regular supervision.
- Clinicians need to be provided with adequate time to provide intensive family-focused interventions.

For treatment content

- No single treatment is appropriate for all families.
- Families need immediate access to treatment programs.
- All treatments should include a thorough assessment of the family's functioning across multiple domains. The family should be involved in assessing their needs and the design of services.
- Effective programs attend to the multiple needs of the family, not just the parent's use of drugs.
- Treatment plans need to be continually assessed, monitored and modified to ensure that they are meeting the changing needs of each family.
- Clinicians need to work actively with all systems that are impacting on families' functioning.
- Family engagement for an adequate period of time is critical to achieve and maintain change.
- Clinicians need to work to develop a sound therapeutic alliance with each family.
- Treatment programs need to be evaluated to determine whether they are achieving their aims and objectives.

Areas covered in the Recommendations which have come out of this report are as follows:

For determining prevalence estimates of children living in families with parental substance misuse

Recommendation 1: All national surveys of substance use should collect minimum basic data on number of biological children, number of dependent children, and number of children living in the households of adults.

Recommendation 2: Surveys of particular high-risk populations should also collect data on number of biological children, number of dependent children, and number of children living in the households of adults. Additional information on whether children are currently or have ever been taken into social services' care should, ideally, also be collected. This could be done as part of the National Minimum Data Set to allow comparisons to be made across jurisdictions.

Recommendation 3: Data collected on harms to children and children taken into care should include clear information on the referral and decision-making mechanisms and, where multiple reasons are given, the primacy of parental substance use should be stated along with the type of substance use involved. Similarly, the relationship between the type of harm (e.g. neglect or abuse) should be cross-tabulated against the profile of parental risk factors.

Recommendation 4: Future research needs to be conducted to ascertain whether different substances carry particular levels of risk or harm to children living with parental drug use. The interplay between parental substance use, mental health and child outcome should be a particular focus of this research.

Regarding the content of treatment programs to meet the needs of children living in

families with substance misuse

Recommendation 5: Parental alcohol and drug misuse is only one of many problems affecting children in multi-problem families. Treatments need to focus on the multiple domains affecting children's lives if child outcome is to be improved. Thus, treatment models need to adopt a multi-systemic perspective.

Recommendation 6: There is no single treatment program that is right for all families. However, a set of agreed principles of good practice will provide a benchmark for determining program content. The Practice Guidelines developed as part of this report should be used as a starting point in the development of an agreed set of National Guidelines.

For Indigenous communities

Recommendation 7: The supply reduction strategies appear critical in improving levels of safety experienced by children and women exposed to violence associated with drunkenness and other substance intoxication. However, further research is required to determine which strategies are most helpful in protecting children and women.

Recommendation 8: The provision of harm minimisation services such as 'safe houses', night patrols and sobering-up shelters plays a valuable role in reducing levels of harm that arise as a consequence of substance misuse. Existing services should continue to be funded. Further development of harm minimisation strategies should be undertaken — as a minimum, each community should have a 'safe house'.

Recommendation 9: An approach of 'educaring' has been proposed as a model that promotes understanding of the relationship between historical and socio-political influences that result in social trauma and violent behaviour in Indigenous communities. Alcohol and other drug misuse, as well as conflicted parenting, are seen within the broader context of the emergence across generations. Approaches that allow for consultation and local solutions within communities and across a number of different arms of government are strongly endorsed.

Regarding policy and practice guidelines for government

Recommendation 10: State policy on treatment and service delivery should identify the needs of children and young people affected by substance misuse, either by use themselves or by exposure to parental substance misuse, as a priority area.

Recommendation 11: Provision of guidelines for drug and alcohol workers for the assessment of child protection issues is strongly recommended.

Recommendation 12: Research evidence points to the importance of having interventions that are multi-systemic in nature and address multiple domains of family functioning. We recommend that staff within the alcohol and other drug service deliver these interventions.

Recommendation 13: Staff involved in the delivery of intensive family-focused interventions need to be supported by the provision of adequate models of practice, supervision and sufficient time to ensure that treatments have a realistic chance of improving outcome in children of problem substance users.

The ANCD is the principal advisory body to Government on drug and alcohol issues.