

## Families in need of support—25 February 2008

A major new report commissioned by the Australian National Council on Drugs says it is critical that there is much more support for families coping with young people who are either binge drinking or have issues with drugs. 

The new report — to be released on Monday February 25th at a national media conference in Sydney, by the Australian National Council on Drugs, highlights that the biggest problem Australian families are facing when it comes to substance misuse is young people binge drinking.

The new report highlights family members should be able to get support and assistance in their own right and highlights that many family members helping people with drug or alcohol issues frequently aren't getting the right information or support — and end up feeling isolated and confused.

It also highlights that many Australian families are now routinely faced with a young person with binge drinking problems — often creating enormous pressures on the family. An ANCD phone survey has found that many treatment providers in Australia do not have the resources to provide any direct services for family members who have a young person with alcohol or drug issues.

The report comes as the Australian National Council on Drugs highlights that figures now show:

- In any given week approximately 1 in 10 (or 168,000) 12 to 17 year olds reported binge drinking/drinking at harmful levels (males were drinking 7 or more drinks on the day and females 5 or more on the day).
- In any given week 1 in 10 (or 31,325) 15 year olds reported binge drinking/drinking at harmful levels.
- In any given week 1 in 5 (or 54,116) 16 year olds drank at harmful levels.
- In any given week 1 in 5 (or 59,176) 17 year olds reported binge drinking/drinking at harmful levels.
- Less than 0.5% (or 1 in 200) 12 year olds drank at harmful levels in the past 7 days.
- 237,000 (or 1 in 7) secondary school children have used cannabis in the past 12 months.
- 67,000 (or 1 in 25) secondary school students are estimated to have used amphetamines in the past year.

The new report follows the release last year of a major ANCD report that looked at number of children living in households where an adult has alcohol or drug issues. Since that time the authors have undertaken further analysis and now estimate:

- At least 451,000 children live in a household where they are at risk of exposure to binge drinking by one adult
- 78,000 children live in a household where there is at least one daily cannabis user
- 27,000 children live in a household where an adult is using methamphetamines monthly.

ANCD Chairman Dr. John Herron says much greater investment needs to be put into treatment and support to help families who have young people with alcohol or drug misuse issues. He says the new report highlights that problematic substance use by a young person creates enormous pressures in the family.

The new report is called “[Supporting the Families of Young People with Problematic Drug Use: Investigating Support Options](#)” and four authors prepared the extensive report (over 100 pages long) for the Australian National Council on Drugs.

Dr. John Herron said “We are enormously concerned about the high rates of binge drinking. What this report clearly says is that drug and alcohol use by young people has become normalised and is often seen as a rite of passage to adulthood. It is clear from the report that parents have an important role in influencing what happens to their children. Adolescents are less likely to drink and engage in binge drinking if parents actively disapprove. Enhanced parental monitoring is the most effective strategy to minimise the risk of adolescents ending up drinking at risky levels once they start to experiment — according to the report.”

Dr. John Herron says it is clear many Australian families are facing issues with alcohol and other drugs — with a significant number of children living in a household where there is a binge drinker and a large number of Australian schoolchildren who have issues themselves with alcohol.

Professor Margaret Hamilton, ANCD Executive member added “This new report might surprise people. It tells us that families are not getting the support they need — and often parents don’t get accurate or helpful information. They feel isolated and confused but they do not know where to go for help. They sometimes also feel ashamed or guilty and this makes it hard to seek help. Parents dealing with alcohol and drug issues with their children can benefit from professional advice.

“Drug use impacts on everyone in a family. If we are to respond to this we need alcohol, drug and other services to recognise the value of a focus on the needs of families. Funding bodies are short sighted if they do not provide for this broader focus as it can alleviate significant stress and reduce other problems in the community; beyond just the person with problematic alcohol or drug use. We simply cannot underestimate the harms that occur for all family members — including siblings — when a young person is in trouble with alcohol or drugs.”

"While support from family and friends is very important — they can’t provide professional advice that is often needed nor can they provide the experience now available from specialist telephone services. Facts and figures alone and concern from those close to you are not enough. Families need help for themselves and this can alleviate stress - whether the drinking or drug taking of the young family member changes or not. Sometimes it’s the family making contact with expert help that can

indirectly lead to big changes in the young person’s drug use. There is now good evidence to show that a family based approach to treating a young person with substance misuse issues can be effective.”

Amongst the key findings in the new report are:

- The majority of treatment providers in Australia do not currently provide a direct service for families who have a young person with alcohol or drugs problems
- With the exception of tobacco, alcohol is far and away the most widely used substance by young people with high rates of binge drinking reported across all surveys (and increasing with age)
- There is a higher prevalence of problematic substance abuse amongst young gay people and young offenders in the criminal justice system
- A quarter of young indigenous Australians use alcohol (27%). Half of all these (12%) drink to excess
- Brothers and sisters needs are often being overlooked and are significant because evidence suggests sibling drug use may increase the likelihood of initial use by another child
- Problematic substance abuse by a young person creates enormous financial pressures in a family
- Adolescents are less likely to drink and engage in binge drinking if parent actively disapprove of this behaviour

- Adolescents whose parents display a permissive attitude towards alcohol consumption tend to drink more
- Once adolescents start experimenting with alcohol enhanced parental monitoring is seen as the most effective strategy to minimise the risks of the person drinking at risky levels
- Parents should delay the use of alcohol by young people using alcohol for as long as possible to reduce to risks of high alcohol use in later life
- Family members often place strong emphasis on the importance of support from family and friends — often this advice can be inadequate and inappropriate, which may then inhibit people from seeking the support they need — which in turn leads to isolation.
- Support and treatment options for family members of a young person with problematic substance abuse have been limited historically, despite this limited availability there is growing evidence on the effectiveness on family based treatment.
- The results of a phone survey found the vast majority of treatment providers do not have the resources to provide any direct service for family members who have a young person with substance misuse issues
- Not all alcohol/drug treatment providers are adequately resourced to deliver programs to help affected family members when a young person has substance abuse issues
- There appear to be gaps in service provision to family members such as the delivery of services to siblings
- 13% of young drinkers (according to a Victorian survey) report drink driving
- 16% of young drinkers (according to the same survey) go to work or school under the influence of alcohol

Tony Trimingham — who set up Family Drug Support in 1997 after his son died of a heroin overdose also found little support to help him — has welcomed the new report and says there must be much more focus on families who can often be under phenomenal strain seeking to cope with issues linked to alcohol or drug misuse.

Tony Trimingham said “Families are the most important source of support for people who have drug and alcohol dependency issues. Their influence can be a vital source for positive change. Sadly families are frequently left to provide ongoing support with little guidance and support for themselves. Feelings of shame, stigma and guilt add to the isolation. Families can become exhausted. Many give up. We believe you cannot have shame and stigma around these issues and family members dealing with drug dependency issues need support. They cannot do it alone and the journey can be lengthy and chaotic.”

“In my view historically families who have been affected by drugs haven’t been treated well by some treatment services and politicians. The death of my son Damien lead to the direct formation of Family Drug Support. I found so many families around me experiencing what I had been through. There’s definitely been a slow and gradual change in attitude towards families. This new report is to be commended as it picks up on many of the key issues. There is still a long way to go. Agencies like ours that support families are under-resourced. We struggle on with the good will of volunteers and supporters.”

“Drug use and misuse is a very complicated and long term problem and we need long term strategies to manage these issues more effectively. Families need more effective and quicker crisis intervention in risk situations. They need more opportunity to get respite from their ongoing problems. They need better education so they can understand what treatment can reasonably be expected to achieve. There needs to be recognition that families support needs are different at each stage of the process and more assistance in breaking barriers down in families that may have special needs because of their cultural or religious background. If families are given the right information and support they can play a major part in positive outcomes. We have seen this time and time again.”

The ANCD is also calling for:

- The provision of intensive family support for the family members of marginalised young people.
- Adequate resourcing of government and non government services to deliver appropriate interventions to family members.
- Greater research to occur in Australia on the impact of problematic substance use, in particular alcohol on Australian families.
- Evaluation of the effectiveness of services and programs delivered to family members in Australia.

Amongst the major recommendations are:

- It is important to provide support to families who have a young person with substance mis-use issues and their needs should be recognised within existing drug and alcohol services as well as being supported by stand along programs.
- Treatment services need to recognise the need for family members to get treatment in their own right.
- Government and non-government services should be adequately resourced to deliver intervention programs to family members to help families.
- Treatment providers need to strengthen their capacity to deliver a range of intervention programs to help families depending on the circumstance and the needs.
- Family members of marginalised young people need intensive family support — in recognition of the fact that these groups often have a high incidence of substance mis-use issues.
- Grandparents who may have assumed a parenting role for their children's children, as a result of parental substance abuse, need to have access to additional support structures to address their needs.
- Funding should be invested into researching the needs of grandparent carers and the issues they face.
- The actual impact of alcohol misuse on family members needs to be systematically investigated because alcohol is the most widely misused substance in Australia. This investigation needs to look at current support services are adequate and the needs of family members and whether support options to help them are adequate.
- All states and territories need to make it a priority to look at drug and alcohol treatment services and the ways families are being supported.

A range of top experts will speak out at the national launch of the report in Sydney on Monday February 25th being held at the Ted Noffs Foundation, 150 Avoca St Randwick at 12pm noon including:

- Dr John Herron — Chairman of the Australian National Council on Drugs
- Tony Trimmingham — whose son died of a heroin overdose. Tony subsequently set up Family Drug Support to help families around the nation
- Professor Margaret Hamilton — Australian National Council on Drugs Executive member
- Dr Sally Frye — one of the key authors of the report
- Wes Noffs — CEO of Ted Noffs Foundation (a provider of drug and alcohol services for young people)
- Bob and Pam — will talk about their journey and the issues their son faced
- Marriette — whose step daughter has faced many issues

Dr John Herron added “We want to highlight that treatment works. More people than ever are now in treatment. Unquestionably there needs to be more treatment places for young people and more ongoing assistance for families. A greater level of resources needs to be made available to treatment and support services that are assisting families with young people who have issues with drugs or alcohol.”

Figures used in the new report by the 4 authors includes data from the Australian Secondary Students' Alcohol and Drugs Survey prepared by White and Hayman and the Victorian Department of Human Services'

Victorian Youth Alcohol and Drug Survey . The Australian Secondary Students Alcohol and Drugs Survey was a survey of approximately 21,000 12- 17 year olds. Modelling was then applied to the data using ABS statistics by the authors of the report.

Dr John Herron — Chairman of the ANCD, Gino Vumbaca — Executive Director of the ANCD, Professor Margaret Hamilton — Executive Member of the ANCD and Tony Trimmingham — CEO of Family Drug Support are all available to talk to media about the new families report.

Also available will be a range of family members who have helped sons or daughters who have had issues with alcohol or drugs and more details of these people can be provided on request.

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## Key findings from the report

1. In Australia, national household and school surveys highlight that alcohol is the most widely used substance by young people with the exception of tobacco. High rates of binge drinking, 'at-risk' drinking and harmful drinking are reported across all surveys. These rates increase with age, with approximately 11 per cent of 15 year olds reporting recent binge drinking compared to 21 per cent of those aged 17 years. Of particular concern is the finding that approximately 13 per cent of young drinkers report drink-driving and 16 per cent report going to work or school under the influence of alcohol. The proportion of young people using substances other than alcohol is considerably lower. The most widely used illicit substance is cannabis, with recent use reported to be approximately 14 per cent for school age students. Recent use of amphetamines is reported by 2–4 per cent of students.
2. Specialist data sets, in addition to national and school surveys, indicate that there is a higher prevalence of problematic substance use by young people from minority and disenfranchised groups, such as same-sex attracted young people, and young offenders involved in the criminal justice system. In young Indigenous Australians, approximately one-quarter report alcohol use (27 per cent). Of these, approximately half (12 per cent of all surveyed) reported drinking to excess. As in other school surveys, alcohol use increased with age. By 17 years, 22 per cent of males and 17 per cent of females who reported drinking were doing so to excess.
3. It is reasonable to presume that many Australian families are routinely faced with the problem of binge drinking by a young family member. The use of cannabis and amphetamine-type drugs is less common in young people, and it is assumed that fewer families need to manage the consequences of this use.
4. International household surveys and other population estimates show a similar pattern of alcohol use and binge drinking in young people.
5. Much of the research relevant to this report has investigated the impact of substance misuse on family members in the United States, Canada and the United Kingdom, with a limited amount of information derived from Australian family members.
6. Treatment services need to recognise the need for family members to receive support and counselling in their own right, regardless of the treatment status of the young person.
7. The needs of siblings of drug users are significant, yet they have been much overlooked by research and treatment providers. There is evidence that sibling drug use may increase the likelihood of initial use by another child, with factors such as availability and a family's positive attitudes to drug use playing a key role.
8. Problematic substance abuse by a young person creates enormous financial pressures within the family.

9. The families of young people with substance misuse problems often make limited use of social support due to difficulties accessing and receiving that support and the stigma attached to drug use.
10. Adolescents are less likely to drink and less likely to engage in binge drinking if parents actively disapprove of this behaviour. Conversely, adolescents whose parents display a permissive attitude towards alcohol consumption tend to drink more.
11. Parents should delay the onset of alcohol use in young people as long as possible in order to avert the adverse impact of alcohol on adolescent body and brain development as well as to reduce the likelihood of high-risk alcohol use and abuse in adulthood.
12. Once adolescents have started experimenting with alcohol, enhanced parental monitoring is regarded as the most effective strategy in minimising the progression to harmful or risky levels of alcohol consumption.
13. Good parental monitoring requires that there is a strong parent–child relationship; and further, that the parents are able to adapt rules depending on differing situations and changes in maturity.
14. Family members place significant emphasis on the importance of support from family and friends. Unfortunately, the support they receive is often perceived as inadequate or inappropriate for various reasons which, in turn, may inhibit seeking further support and lead to an increased sense of isolation.
15. Historically, support and treatment options for family members of a young person with problematic substance abuse have been limited, with family members mainly adopting a key role in engaging and retaining the young person in substance misuse treatment.
16. There is good evidence that a family-based approach to the treatment of a young person with substance misuse can be effective.
17. Results of a telephone survey found that the majority of treatment providers do not provide any direct service for family members affected by the problematic substance use of a young person.
18. Not all Australian alcohol and drug treatment providers are adequately resourced to deliver interventions to family members when they request treatment or support.
19. Treatment providers report a limited capacity to evaluate the effectiveness of services and programs delivered to family members. Although the majority express a general belief that their programs are of value and are well received, there has been little systematic study of outcomes.
20. There appear to be a number of gaps in the provision of services to family members, such as the delivery of services to siblings of substance users and also in the delivery of family-based services for those young people who are experiencing difficulties with dual diagnosis.
21. Grandparents raising grandchildren experience multiple challenges as they attempt to provide stability of care for their grandchildren, often at the expense of their own quality of life.
22. Child development outcomes and, in turn, the parenting experience may be influenced during the prenatal period from exposure to drugs and/or alcohol in utero. The consequences of in-utero exposure to alcohol are considered on a spectrum (Foetal Alcohol Spectrum Disorder) and may include physical and cognitive deficits.
23. Children who have experienced parental substance misuse and associated family problems may display a range of emotional and behavioural problems when they enter the care of their grandparents. This places greater demands on their carers and underscores the importance of providing specific support services for grandparents who take on this role.

## Principles of good practice from the report

### For organisations and/or funding bodies

1. Organisations and funding bodies need to recognise that families play a key role in a young person's life and that, whenever possible, families need to be considered. This would require that extended

families are at least included in the assessment process whenever possible, and support provided for these family members.

2. Organisations and funding bodies should demonstrate their commitment to the value of this work by providing adequate staffing and resource support for family support interventions to be effectively implemented by clinicians.
3. Organisations need to develop mechanisms that adequately assess the support needs of family members of young people with substance misuse problems who present for treatment and deliver empirically sound support programs in response to their needs.
4. Organisations should provide support services to family members of young substance misusers regardless of the treatment status of the young person.
5. Organisations need to provide access to a range of treatment interventions that vary in intensity and duration in response to the presenting needs of each family.

## For clinicians

1. Clinicians need to receive adequate training in assessment protocols for articulating the support needs of all family members of young substance misusers. Clinicians also need to be provided with training in a range of empirically sound treatment models for supporting all family members who have a young person with problematic substance misuse.
2. Clinicians should be provided with adequate time within their workload to enable the effective delivery of these additional services.
3. Clinicians should be provided with regular supervision to ensure that their work with families is in accordance with treatment protocols and in line with best practice principles.

## For treatment content and format

1. No single intervention is appropriate for supporting family members of young people with problematic substance misuse.
2. A spectrum of support options should be available to family members of a young person with problematic substance misuse.

Services might include:

- a. The provision of information on the nature and consequences of the use of different substances and guidance on processes for family members to minimise harmful substance use. This information may be delivered by self-help publications (e.g. the internet), support groups or in a brief psychosocial education format.
  - b. The provision of brief interventions designed to provide information and direct assistance to family members as they negotiate and resolve critical issues in response to a young person initiating experimental use of alcohol or illicit drugs or when the young person moves into more problematic levels of use.
  - c. Individual mental health interventions for those family members who are experiencing significant mental health issues, as a consequence of, or in addition to, the young person's substance misuse.
  - d. Targeted support interventions for family members that directly address the functioning of family members themselves and attempt to modify interactions between the problematic substance user and broader family members.
  - e. Family-based and multi-systemic/multi-dimensional family therapy for those young people with problematic behaviour across a number of functional domains.
3. Support services provided to family members should be subject to ongoing review to ensure that the

dynamic nature of a young person's substance misuse and therefore the support needs of the family are considered and recognised.

4. Clinicians need to recognise the importance of developing a sound therapeutic alliance with each family in order to optimise levels of support uptake.
5. Support interventions need to be the subject of regular systematic evaluation to ensure their effectiveness in achieving stated aims and objectives.

## Recommendations from the Report

### Regarding the importance of treatment options to support family members of a young person with problematic substance misuse

**Recommendation 1:** The importance of providing support to families who have a young person with substance misuse should be recognised within existing drug and alcohol services as well as supported in stand-alone programs.

**Recommendation 2:** Treatment services need to recognise the need for family members to receive treatment in their own right regardless of the treatment status of their young person.

**Recommendation 3:** Both government and non-government services need to be adequately resourced to deliver appropriate interventions to family members. Clinicians need to be supported by the provision of adequate models of practice, supervision, sufficient time and resources to ensure that interventions have a realistic chance of improving outcomes for family members and their young people with substance misuse problems.

**Recommendation 4:** There is no single model that can be adopted uniformly. Treatment providers need to strengthen their capacity to deliver a range of interventions in response to the identified needs of each family. The good practice principles identified within this report provide a benchmark for determining program content and the delivery format and, in turn, a starting point for the development of an agreed set of national guidelines in the provision of support services for families affected by the problematic substance use of a young person.

### For supporting family members with specific needs

**Recommendation 5:** Family members of marginalised young people require intensive family support in recognition of the high incidence and chronicity of substance misuse common to these groups.

**Recommendation 6:** Grandparents who have assumed a parenting role for their children's children as a consequence of parental substance misuse should have access to additional support structures to address the grandparents' own issues, both pre-existing and/or those that have evolved as a consequence of child placement.

**Recommendation 7:** There has been little research investigating the needs of grandparent carers, the circumstances under which children should be placed with grandparents, and the outcome for children raised

by kin carers in Australia. This is a critical area of research that requires funding.

## **For determining the impact of a young person's substance misuse on family members and their corresponding support needs**

**Recommendation 8:** Methodological issues related to sampling and the lack of control for co-morbid mental health issues should be addressed specifically in the Australian community to provide a more comprehensive picture of the impact on, and support needs of, family members of young substance misusers, including family members other than mothers (i.e. fathers, siblings and extended family members).

**Recommendation 9:** The impact of alcohol misuse by young people on family members should be systematically investigated given that alcohol is the most widely misused substance within the Australian context. This investigation should address the adequacy of current support services (either informal services such as internet information or formal support services) and consider the specific support needs of family members of young people who are misusing alcohol if current support options are found to be inadequate.

## **Regarding government policy and practice guidelines**

**Recommendation 10:** State policy on drug and alcohol treatment service delivery should identify the needs of the family members adversely affected by their young person's substance misuse as a priority area and simultaneously acknowledge that family involvement

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

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