



SELECT COMMITTEE ON SUBSTANCE ABUSE
IN THE COMMUNITY

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*RECEIVED FROM:
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5th July, 2002

Legislative Assembly of NT,
Select Committee on Substance Abuse in the Community,
The Committee Secretariat,
GPO Box 3721,
Darwin
NT 0821

Submission

Dear Sir/Madam,

Please find enclosed a submission to the Legislative Assembly of the Northern Territory, Select Committee on Substance Abuse in the Community from Alcohol Awareness and Family Recovery.

I would also request that representatives from Alcohol Awareness & Family Recovery appear before the Select Committee bearing in Darwin.

We have direct links with an organisation called Aboriginal Islander Alcohol Awareness & Family Recovery and will request representatives from that organisation to appear at the same time. We also have links with community based organisations at Wadeye and Nguiu and will request that these people also have the opportunity to meet with the committee. I will forward a separate letter on behalf of AIAAFR outlining this intention and the contact person for these organisations.

We will be in contact with your office to provide the names of these representatives closer to the date of the hearing. If further information is required you are welcome to contact our office.

Yours sincerely,

Fr. Paul Sullivan
Director

Alcohol Awareness & Family Recovery

Submission to the
Legislative Assembly of the Northern Territory
Select Committee on Substance Abuse in the Community
August 2002

The main purpose of this submission is to raise the level of awareness and understanding of the role of the family in the overall strategies for responding to the effects of substance abuse in our community.

Historically, the focus has been primarily on the individual person who is using the drug and then this person is usually treated individually in isolation from the family. Some programs invite family members to participate in programs and services with the main aim of supporting and assisting the person with the drug problem to overcome the problem. Our intention is to take this whole process a step further and look at the problem of drugs from the perspective of the whole family and their support system.

Since 1981 we have been supporting, developing and conducting treatment, training and community based programs from this perspective and we believe that it is time to include the family, partners and parents and the role of family members as central to the Northern Territory and National response to drug and alcohol issues.

Family systems

The family bears the major brunt of the pain and impact of the alcohol and other drugs problem and they often feel confused, frightened and simply do not know what to do when there is a problem in the family. They feel blamed for the problem, they feel excluded from responses to the problem and are left dangling and disconnected from their family member and the various systems responding to their family problem.

These systems can include the medical, health and mental health, education, criminal and social and welfare systems. A family systems model provides a framework for understanding the effects of alcohol and other drug misuse on the whole family. This model views the family as a whole and responds to the specific needs of all family members.

The major challenge is to believe that the family is a key resource in the intervention, treatment and prevention of the drug problem. The family, however, needs to be supported with information, education, programs and the skills and strategies to enable them to face and positively engage in this daunting task with confidence. **Further, they are entitled to this support in their own right, irrespective of the needs of the drug user, as they try to cope with the burden of drug abuse within the family.**

Supporting the partner, parent and other family members facilitates key intervention and prevention strategies not only for the person misusing drugs, the partners, parents and family members themselves,

but also for **their** teenagers and children. This approach can help to break the cycle of inter-generation problems within the family system around drugs and alcohol.

Parents

AA&FR's Empowering Parents Program is an example of a program developed for parents who are experiencing fear and anxiety related to their teenager or young adult son or daughter's alcohol and other drug use. Parents report difficulty in gaining access to accurate and helpful information, education and effective programs for themselves as parents. Parents see themselves and other parents and family members as key players in the whole process of intervention, prevention and treatment. This problem remains and is constantly raised by parents in community consultations concerning drug use problems.

The Family Drug Support Program and Training Manual for parents developed by Tony Trimmington, October, 2000, (1) is an example of another program developed by and for parents who have experienced the painful loss of the life of a son or daughter due to drug problems. Parents attending these type of programs say that they experienced difficulty in gaining access to accurate and helpful information, education and effective programs for themselves as parents on how to deal with and respond to their teenager or young adult son or daughter who was using drugs.

Parents clearly see themselves and other parents and family members as key players in the whole process of intervention, prevention and treatment. This problem remains and is constantly raised by parents in community consultations concerning drug use problems.

NT Police Diversionary

Recent initiatives have enabled us to participate in the NT Police diversionary program for 'uveniles. Our program requests that a parent joins the juvenile as part of the treatment program and the parent is offered a program in conjunction with the 'uvenile While the 'uvenile presents as the offender, the parent and other family members are provided with support, information, education, communication skills and strategies to support their teenager at this critical time within the family.

This program enables and empowers the parent and other family members to participate **in** the program with their teenager. The parent and other family members can now take a key role in the intervention and prevention strategies for their teenager. Perhaps this model provides an effective approach to programs for teenagers, namely, to include parents **in** the process with the focus being placed on supporting the parents in their skills and strategies as parents.

The principles of the juvenile diversion program and brief overview of the first 18 months affirm the value of the family in the intervention process. The paper states that " the scheme recognises that parents/guardians have an important role to play in the effective diversion of 'uveniles and the prevention of re-offending" (2 Walte p3) Comments by Superintendent Graham Waite, Juvenile Diversion Diversion, NT are strongly supportive of AAFR's program and working relationship with the JDU,

Aboriginal families

Our experience of working with Aboriginal people has highlighted the central place of the family within the culture and has clearly identified the family as a place for intervention, treatment, prevention and training. The family systems approach needs to be developed within the context of support systems within their community and the self-determination and local ownership and management of community and local programs and services.

Illicit drugs are having an insidious impact on Aboriginal communities as the use, sale and distribution patterns cut into the very heart of relationships within the community and culture. Marijuana is available to all age groups in the community, including the elderly and children, it can be used within most places in the community including the home/family setting. It is often made available or sold by other family members, relations or by key Aboriginal family groups or key non-Aboriginal persons within the community. Some men sell marijuana to young people to finance the purchase of alcohol. Young people pressure parents for money to buy marijuana, and so a cycle of conflict and tension is created and perpetuated.

The enmeshed relationship between the use, sale and distribution of alcohol and marijuana and family, cultural and community relationships creates a situation that makes it very difficult for an individual, family member or Community, including the Council, to work for change.

The strengths of the culture, especially family relationships and the system of caring and sharing, obligation and indebtedness of one to another, are being manipulated, exploited and violated to support and favour the dominant alcohol or drug user. When people with legitimate cultural authority are also dominant in the alcohol/drug cycle, then family members and relations are further entrapped and disempowered by the enmeshed relationship between substance abuse and family and cultural relationships. One Aboriginal woman elder offered a very challenging comment when she said, "grog tricks the culture".

There is also a further double bind in the benefits/costs to the community as a whole from the sale of alcohol from a community owned club. For example, some the revenue from the sale of alcohol supports community initiatives for families and young people, eg community resources, sporting and recreational activities. At the same time, some of the revenue from the sale of alcohol provides the revenue to fix up problems created by the misuse of alcohol, eg damage to community resources, recreational and sporting equipment. There is often a reluctance and a struggle to name the links between the causes, effects and consequences of alcohol related community issues.

A more complex issue would be a cost/benefit analysis to the community from the sale of alcohol with the social and health costs to a community resulting from the abuse of alcohol in the community. The immediate benefits of revenue to the community often mean that the immediate and long-term costs to the community are avoided. It is like a benefit/cost cycle with the sale of alcohol and drugs entrapping individuals, families, the culture and the community as a whole. The present situation in communities facilitates a subtle but very real pressure that creates a climate where **it is** easy to use alcohol and other drugs and yet provides little support for resistance against the use or harms of the substance misuse.

The Cape York Justice Study 2001, (3) conducted into the impact of substance abuse in the Cape York Aboriginal populations identifies a "pervasive tolerance of epidemic levels of alcohol consumption" (3, Cape York p4 1). The report refers to the work of Noel Pearson, former executive director of the Cape York Land Council and founder of Cape York Partnerships. "Without denying the relevance of history, he argues that the 'epidemic' of alcohol and drug abuse is inescapable for young Aboriginal people;

that it is a normalised rather than aberrant fact of life; and that it is itself one of the underlying issues of Aboriginal despair (3, Cape York p41).

"Pearson identifies the core problem as addiction" (3,Cape York p41). The Cape York Justice Study adds that "Pearson's argument is irrefutable, and along with the public health concerns set out in the report, it is the problem of addiction that must be contended with if the problems in Cape York are to

be dealt with seriously (3, Cape York p41). This report has challenging and broad ranging recommendations of important significance for this Select Committee.

The family systems model is based on the premise that members of a family and kinship form part a system and that all people are interconnected. Programs and services need to be developed within the framework of a family and kinship systems model to enable families, communities and local Councils to draw on the strengths of the culture to address substance abuse problems.

The recent public comments by Mr John Ah Kit, Minister Assisting the Chief Minister in Indigenous Affairs, Local Government and Community Development concerning local government and community development are strongly supported by this submission.

Ethnic Families

A challenge for the Select Committee is to find ways to offer support and assistance to families from the various ethnic communities in the NT. Cultural groups with close family ties and traditions can feel trapped within the cycle of shame connected to alcohol and other drug problems. Further, these families can feel unsure if their cultural values, religious beliefs and alcohol/drug problems will be respected and understood and so find it difficult to reach out for help. However, the dynamics within the family and cultural system can provide opportunities for early intervention, prevention and treatment. This will call for a careful identification of pathways to key networks within the culture, including a respect for and valuing of the religious beliefs within the culture.

Evaluation

Our Family Program evaluation indicates that where the partner's provided with information and education about addiction and is offered positive coping skills and strategies there are important gains both for the family members and for the person misusing drugs. Research from the Holyoake program in Perth (*4 Fairbain*) validates our finding here at AA&FR. The evidence from Holyoake's research states that there **is** a reduction in the levels of alcohol consumption and violence even when the person misusing drugs has not entered a treatment program.

The research further indicates that the family member experiences less anxiety and stress, is able to respond in a positive way to their own needs, feelings and decisions and is able to let go of responsibility for the actions and behaviours of the person misusing drugs. This is challenging evidence to the current priorities concerning the widespread approach to drug and alcohol issues and domestic violence within the community.

Research - Impact on Partners and Family Members

Further research on the Holyoake program by Fairbain (*5 Fairbain*) on the impact of drinkers on family members and children is compelling evidence. This research validates our own AA&FR's program and experience. She states the following in relation to the impact of excessive drinking on relatives. "Relatives (especially partners) of excessive drinkers are a high risk group who suffer considerable psychological distress and marital hardship. Moreover, relatives of excessive drinkers seem to experience similar patterns of disturbance regardless of culture - including Aboriginal Australians (*5 Fairbain, p.3*)".

Fairbain then quotes from the work of Woititz who "has claimed that certain patterns tend to dominate in problem drinking families; viz. emotional immaturity, low frustration tolerance, inability to express emotions, high levels of anxiety in interpersonal relationships, perfectionism, compulsiveness, low self

esteem, feelings of guilt and isolation (5 Fairbain, p4)". She then refers to the work of "Moos and Moos who also found that families with more severely impaired alcoholics demonstrated less cohesion and expressiveness, and increased family arguments". (5 Fairbain, p 4)

Research - Impact on Children

Fairbain then describes the impact of excessive parental drinking on children. She refers to a number of very pertinent studies and states the following. "Children raised in an excessive drinking environment generally lack the love, attention, stability and consistency so essential to healthy development. There is general agreement that an environment where problem drinking parents behave irrationally and unpredictable, (and the non problem drinking parents are increasingly adsorbed with controlling the alcohol related problems), is a major source of stress for children". (5 Fairbain, p. 5)

Fairbain identifies key aspects of this impact on children when she says that "whilst not all children from problem drinking families exhibit disturbed psycho-social functioning, many experience anxiety, depression and other psychiatric disorders, personality disorders, cognitive difficulties, decreased self esteem, a wide range of health problems and a propensity for guilt, self blame, and impulsive or disruptive behaviour (5 Fairbain, p5)".

Robin Sullivan, Commissioner for Children and Young People (QLD) observed the following in her submission to the Cape York Justice Study: "it should be noted that approximately 47% of Aboriginal and Torres Strait Islander people in Queensland are under 18 years of age. Accordingly this group constitutes key stakeholders in relation to any study or review undertaken on indigenous communities in Queensland (3, Cape York p41)".

The Cape York Justice Study report adds, "the most alarming issue raised in this submission was the relationship between alcohol consumption and the vulnerability of children to abuse. The issue of safety from violence was a prevalent theme in responses from indigenous children consulted. There are numerous reports that show that children suffer significant harm as a result of witnessing family violence" (3Cape York p4 1).

Research - Impact on Youth

A report commissioned by the National Health and Medical Research Centre on the Role of Families in the Development, Identification, Prevention and Treatment Illicit Drug Problems, endorsed in March 2001 (6), provides some helpful general and specific insights.

The report states that "The family is one of a number of influences on youth drug use and abuse. In fact, the family has been described as the single most important risk and protective factor for drug abuse" (6). The report provides a valuable review of the Australian and international research literature related to the role of families in the development, identification, prevention and treatment of illicit drug use problems. This evidence further supports and challenges an opening up of the current focus of alcohol and other drugs programs and services.

Research - Impact on Aboriginal Australians

A work of particular significance is the study by Orford et that identified patterns of "Worrying for drinkers in the family" on Aboriginal Australians in urban and remote communities in the Northern Territory (7). This study is most important as it links up with other studies on the impact of drinkers on

family members in the UK and Mexico and confirms the view that family members are very much in need of support.

In this same work Orford et al identified four key areas in responding to the needs of family members and they are as follows:

- a. Reducing the worry and concern that family members feel for their drinking relatives.
 - b. Developing the sources of strength that the family members already report they have.
 - c. Reducing the hindrances which stop them coping more successfully.
 - d. Helping family members feel there is something that they can do. (7, Orford et al p. 49)
- Orford et al concludes the interview study by stating that "a central issue is the one of focus" (7 Orford et al.p49). He then adds that "most services across the world (and the Northern Territory is no different here) focus on the drinker and not the family member or community. Although the most direct way of reducing the stress that family members are under is to intervene to stop drinkers drinking excessively, this is often not possible, and there are alternative ways of reducing stress and consequent morbidity, which might instead focus on empowering family members" (7 Orford et al, p 49). These comments strongly affirm and support AA&FR's beliefs, values and the focus of our programs and services.

Focus of Programs and Services

Fairbairn and Copello and Orford et al and colleagues make extensive and challenging comments about the focus of treatment and rehabilitation programs and services. Fairbairn makes the following statements:

"Rehabilitation and treatment services have largely failed to motivate excessive drinkers into treatment early enough to minimise harm to themselves and their

families. Therefore it is in the interests of the community to reduce the chronic distress suffered by relatives and to empower their situations (and perhaps reduce their children's vulnerability to develop future alcohol problems) - *whether their drinkers seek treatment or not*". (5, Fairbairn, p8)

"Given the important contribution (as distinct from blame) of relatives' distress and reactive behaviour in the maintenance of excessive drinking, and their subsequent entrapment within the drinking system, there may be an equal opposite impact upon the drinking if relatives' issues were addressed in their own right. Perhaps Wright and Cross's assertion that "treating a partner is also treating an alcoholic" may be sustained - *even if the drinkers are initially resistant to change*" (5, Fairbairn p8).

"Therefore, it may be possible to effect positive change without waiting for the excessive drinkers to eventually present for help due to serious alcohol related problems. Thus, working with relatives in their own right may indeed be a valuable approach to the secondary prevention of addiction". (5, Fairbairn, p8)

These comments from a wide variety of sources are further confirming and validating AA&FR's focus, programs and experience with families, youth and children.

Addiction and Spirituality

It is also worthwhile raising the issue of addiction and spirituality. W. Miller from Albuquerque University, New Mexico, has had a longstanding interest **in** the interface of psychology with spirituality and religion, in spiritual aspects of change and has conducted research on the relationships between spirituality and health outcomes. Miller has had a major influence on the whole field of addiction, especially **in** the field of the psychology of change and more particularly the area of motivational interviewing.

Miller claims that "current findings indicate that spiritual/religious involvement may be an important protective factor against alcohol/drug use. Individuals currently suffering from these problems are found to have a low level of religious involvement, and spiritual (re) engagement appears to be correlated with recovery" (8 Miller p979). He concludes by placing a challenge to the research sector by saying that "comprehensive addictions research should include not only biomedical, psychological and socio-cultural factors but spiritual aspects of the individual as well" (8 Miller p.979)

Miller has provided evidence-based research on the connection between addiction and spirituality (8 Miller) however a general response of "silence"(9 Miller) surrounds this aspect of his work. The field of addiction appears to be unsure as how to engage in this conversation on connections between addiction and spirituality and this leaves a gap **in** policy, intervention and prevention strategies. It **is** important to acknowledge this gap especially when Aboriginal people name spiritual realities at the heart of their culture.

Northern Territory/National Focus

While we are able to talk about alcohol and drugs and the huge cost to the health system, prison system, road accidents, workplace problems there is a resistance to name the issue as it really affects the family system. Perhaps the problem is too close to home both personally and nationally and the power of shame appears to be a core issue **in** the apparent resistance to raise the issue and the reluctance to face the degree and extent of the problem.

Only in recent years have the needs of family members appeared in the territory/national debates concerning families, drugs and alcohol. While key people **in** policy, research and practice may acknowledge that supporting the family is a valid issue, there are limited numbers of organisations and government bodies, including the recent national strategy "Tough on Drugs", responding to these challenges with a clear focus on families and parents. The Northern Territory, Alcohol and Other Drug policy statements now include references to addressing the needs of the family.

The goal of the National Alcohol Strategy, A Plan for Action 2001-4 (1 1) now includes the family within the goal of the national framework. The national goal is "to build a healthier and safer community by minimising alcohol related harm to the individual, family and society, while recognising the potential social and health benefits from alcohol " (11). One of the four aims of the national alcohol strategy is to "reduce the incidence of social disorder, family disruption, violence including domestic violence, and other crime related misuse of alcohol" (11).

The House of Representatives Standing Committee on Family and Community Affairs, 2001 (10) document states that "non government agencies are active in providing support to families adversely impacted by substance misuse, and are good at engaging families in a variety of ways to help others with similar issues. Governments too are beginning to appreciate the positive potential of involving families **in** the design and conduct of drug abuse prevention and treatment programs" (10, *House of Reps. p2*). These statements and goals need to be backed up with programs and services that enable families to address the misuse of alcohol and other drugs for all members of the family.

Conclusion

As indicated earlier, it is our experience that most family programs are designed to engage family members in supporting the treatment and issues of the person with the substance misuse problem.

The further challenging step **is** to recognise the family member as a key person in the whole intervention, prevention and treatment strategy and to support the partner or family in **their** own right with their own needs and desire to learn new coping skills and strategies.

This whole perspective is a major challenge to the understanding and response to alcohol and other drug problems throughout Australia and has significant implications for policy, goals, strategies and funding in relation to the drug and alcohol policy, strategies, programs and services both in the NT and nationally. It is also our experience that it is very difficult to attract funding for family based alcohol and other drug programs where all members of the family are supported and enabled to address the issue.

Our hope is that the Select Committee on Substance Abuse in the Community will be in a position to name:

- the family as a key resource in responding to alcohol and other drug problems.
- that there is a need to view the importance of the family and the family system as a key intervention, prevention and treatment strategy.
- that effective programs and services will be resourced and funded to enable families to play their part in responding to substance abuse problems within the community.
- that training programs for family members including training programs for Aboriginal family members **in** remote communities be identified as a priority.
- that the education and training of primary health care workers and social workers, acknowledge the role and priority of family members and parents as central to the whole intervention and prevention process.
- that community education acknowledging the key role of families in the identification, prevention and treatment of substance abuse issues be implemented as a priority.

Fr. Paul Sullivan
Director
Alcohol Awareness & Family Recovery

5h July, 2002

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