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IN THIS ISSUE: **FAMILY INTERVENTION** IN THE PREVENTION OF DRUG-RELATED HARM

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# Respite foster care

## Support for parents with drug problems

**by Janet Elefsiniotis, Projects Worker, Share Care Inc.**

Share Care's Drug Prevention Respite Program commenced in January 2002 in response to the City of Yarra's Local Drug Strategy. Through this initiative, low-income families and single parents receive help with caring for their children while they participate in drug treatment and rehabilitation.

The program aims to prevent parental stress and subsequent family breakdown by providing overnight care for children in the homes of accredited caregivers. Children are given the experience of alternative family arrangements and are cared for by volunteers from the local community.

Parents with drug issues feature high in Victoria's child protection statistics. A recent State Government review of home-based care found that over the past 12 months, 43 per cent of parents of children in foster care had substance abuse problems and 37 per cent had alcohol abuse problems.

An early intervention approach is necessary to help prevent this growing cycle of substance abuse and subsequent family breakdown. In order to tackle the problem in its early stages, parents require a range of family support services, including short-term respite and emergency care for their children.


In March 2003, families and friends celebrated Share Care's 20th anniversary.

The success of the Share Care program is measured in terms of effective engagement with families. Engaging parents can be time-consuming and often involves a high level of outreach and liaison with other services. Building trusting relationships with parents and caregivers also takes time, as does matching children with potential carers and establishing placement arrangements.

Last year Share Care arranged 215 regular planned respite placements for 43 children. Most of the families either contacted the program directly or were referred by other community service organisations. Despite widespread local promotion of

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## DRUGINFO

**DrugInfo** is a bi-monthly newsletter published by DrugInfo Clearinghouse, an initiative of the Australian Drug Foundation and the Victorian Premier's Drug Prevention Council.

# Exploring the role of families in reducing drug-related harms

**Guest editorial by Cameron Duff, Coordinator of Research, Centre for Youth Drug Studies, Australian Drug Foundation**

The family has long been recognised as a key factor shaping the life experiences of young people. It is only more recently, however, that attempts have been made to better understand the role families can play in reducing and preventing drug-related harms within the wider community.

Research pioneered by Hawkins and Catalano shows that families can have both positive and negative impacts on adolescent drug use, depending on the nature of the home environment (see Hawkins *et al.* 1992). This research indicates that open and trusting family environments can serve as strong 'protective factors' in preventing adolescent drug use and enhancing general well-being.

Families can also play an important role in the treatment of substance misuse problems. Research suggests that the involvement of family members in drug counselling, rehabilitation and treatment services is generally associated with better treatment outcomes. Particularly important is the development of better communication and more open dialogue between family members, while the provision of specific instruction in conflict resolution, drug prevention and health promotion is also vital.

In Victoria, family intervention has become an important part of the State Government's drug policy and prevention strategies. A range of programs have been trialled and implemented in schools, in culturally and linguistically diverse (CLD) local communities and in the regions, as well as in more traditional counselling and referral settings.

> *'...families can have both positive and negative impacts on adolescent drug use, depending on the nature of the home environment...'*

Among the more well-regarded of these services are the BEST and FAST programs, each of which works with schools and parents to address substance misuse problems. Recent evaluations indicate that these programs are effective in reducing drug-related problems within families, particularly when implemented in combination with other prevention strategies (see Grima 2000). Family intervention programs have also been shown to be effective in delaying or even preventing the onset of substance use among 'non-using' family members.

Recent research conducted at the Australian Drug Foundation suggests that while Victoria is in many respects leading the way in the provision of family intervention services, there are a range of underlying concerns which require attention. Many professionals working in this field argue that services are often under-resourced, while the provision of short-term funding from government and other bodies makes it difficult to plan effective, long-term intervention services. Other critics point to disparities in the provision of services between metropolitan and rural settings, and the dearth of quality, well-funded services for CLD communities.

This research also suggests that family services need to be better co-ordinated across communities and different services areas. Of particular note is the need to co-ordinate drug treatment and mental health services for families, ideally through the one service agency. Many practitioners have bemoaned the need to constantly refer clients to other services because of a lack of agency capacity and expertise. There appears to be much scope, therefore, for the provision of additional funding and resources to allow agencies to deliver multiple services through the one organisation.

Despite these difficulties, the research suggests that family intervention is a promising strategy for the delivery of community based, drug prevention programs. The challenge now is to ensure that such services are provided with the funding and resources required to make a difference in Victorian communities.

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# Family support in drug treatment

## Janeen Lynch interviewed Sandra Hocking, Coordinator of the Clinic at Turning Point Alcohol and Drug Centre

Turning Point's Family Program operates at the interface of treatment, drug use and family life to build understanding and strengthen family efforts to support each other through the treatment process and beyond. An experienced and skilled clinician is dedicated as the Family Program worker.

'Undergoing drug treatment is a big step for most people, and it is well-known to us that treatment outcomes are better when social support networks are strong,' says Sandra Hocking, Coordinator of the Turning Point clinic. 'Over the past three years we have developed a client-initiated approach to family involvement in treatment and integrated this into our clinical services.'

The emphasis of the Family Program is on information provision and coping strategies. A range of interventions can be integrated over the course of one to three sessions, with the topic covered driven by the needs of client and family.

Topics covered can include:

- information on drugs and drug treatment
- crisis intervention
- strategies for problem-solving, conflict resolution and improving communication
- discussion about self-care
- discussion about the effects of drug use and/or the treatment process on the family
- discussion of fear, blame, guilt and anxiety
- discussion of responsibilities
- strategies for taking the focus off drug use or treatment.

'Our service is highly flexible and is tailored to suit the client and their family,' says Sandra. 'Family members and the person in treatment may attend the program together or separately, or they may receive the service by telephone if they can't come in to the clinic or don't want to.'

All people who are assessed for drug treatment can choose to involve family members in the treatment process. Most clients believe it is useful to involve family members in their treatment, but not everyone chooses to do so. The family program worker may help the client to define the kind of involvement they believe would be most helpful and supportive.



**Sandra Hocking**
**Clinic Coordinator, Turning Point Alcohol and Drug Centre**

> *'Most clients believe it is useful to involve family members in their treatment; but not everyone chooses to do so.'*

For most clients, their partner is the most important support figure; however, if the partner is using drugs and seeking treatment themselves, they may not be the right person to involve in the family program. The majority of our clients are in contact with their immediate family. Mother or sister are most often identified by clients as the people providing immediate family support, and this is who we will usually see in our family program.

The client specifies the limits for discussion about their treatment. This may include details of their treatment plan, information about the kind of treatment in which they are engaged (e.g. counselling, pharmacotherapy or drug withdrawal), information about medications including dose and effects, and information about attendance or drug use in while in treatment.

'It is important that the scope for discussion about individual treatment is set by the client,' says Sandra. It is here that the skills and experience of the clinician become important in navigating the path to better understanding, particulary if the client's wishes about disclosure of treatment information don't match family members' desire for information.

Sandra believes it is important for clinicians who deliver the family program to be trained and experienced in managing family issues and relationships as they can face considerable pressure from family members and clients alike to address and solve long-standing family problems or drug-related issues.

'We work with people to look for opportunities to give support, encourage change and to build their own capacity to cope and preserve family integrity,' says Sandra. 'Family members are usually very happy to be involved in treatment, pleased to have their supportive role recognised and relieved to have their own support needs addressed by a trained person.'

At the closure of the interaction with our service, the family is provided with referral and follow-up to community based peer support services or more specialised family services.

Family members requiring peer support can call Family Drug Helpline on tel. 1300 660 068. For professional counselling or referral to treatment services Victoria-wide, call Turning Point's 24-hour telephone service Directline 1800 888 236.

# EDAS family support program

**by Anka Crowley and Jim Ahon, Eastern Drug and Alcohol Service**

The Eastern Drug and Alcohol Service (EDAS) has established a family support program to assist families and carers whose lives are adversely affected by alcohol or drug use.

The program focuses on supporting families and carers to improve their skills in areas such as self-care, conflict resolution and problem-solving techniques. It also aims to enhance communication between family members. The service offers both individual and family sessions to people in their homes, or at other venues as appropriate. A collaborative approach between professionals, agencies and families is a significant part of the intervention. Confidentiality is strictly defined and maintained.

The service also offers secondary consultation, including providing information and referral for health, education and other welfare professionals throughout the Eastern region.

**Anka Crowley**

The family support program has been running for nine months, and in that time we have seen many individuals and families, with a variety of concerns. Parents, grandparents, spouses, siblings and children of people with a substance problem have contacted us for advice, support and counselling.

Family intervention may begin with one person coming to the service, and we invite other family members to attend, which is voluntary but not restrictive to anyone receiving help.

In working with families, we focus on exploring options that develop or expand on healthy family development. This may seem difficult for many people, as families often experience chaos, confusion and uncertainty about their future. By learning skills that empower them to take charge again of their own lives and to understand the nature of the difficulties they experience, many people find ways to move forward with more confidence and ease.

*Anka Crowley is a psychiatric nurse and family therapist with many years' experience in working with adolescents, families and individuals who suffer from a mental illness and/or substance use. Jim Ahon is a drug and alcohol clinician and counsellor who has broad experience in working with children, young people and families in community welfare and drug and alcohol settings. Anka and Jim can be contacted via the EDAS intake and referral number, on tel. 1300 650 705.*

# Support for Australian–Greek young people and their families

**by Antonios Maglis, Australian Greek Welfare Society**

The Australian Greek Welfare Society (AGWS) has received funding from the Federal government to provide information and support services to Australian–Greek young people (aged 12–24 years old) and their families. By developing appropriate community prevention programs and services addressing issues relating to illicit drug use, our objectives are to:

- develop an education package for bilingual schools to provide information and resources to Greek young people and their families
- develop culturally appropriate education and prevention programs aimed at Greek young people and their families
- develop and facilitate a peer support program
- identify recreational and other alternatives to illicit substance use for Greek young people and their families
- enhance the relationships between Greek young people and their parents through building of a supportive and healthy family environment
- provide counselling, support and referral services to Greek young people and their families.

AGWS aims to establish and maintain partnerships with specialist and community support services to improve access to services for Greek-speaking young people and their families; to act as a consultant to mainstream service providers in developing appropriate culturally sensitive programs and increasing responsiveness to the needs of ethnic communities; to develop a best practice model on prevention education within the Greek community on illicit drugs issues; and to document specific areas of concern related to illicit drugs and the issues for youth and their families;

For further information about the project, contact the author on tel. 9388 9998 any Thursday or Friday, or email *antoniosm@agws.com.au*.

# Family Connexions

## A project to support families and agencies caring for young people with a dual diagnosis

by Julian McNally, Coordinator, Family Connexions Project

It is more common than not nowadays for clients of alcohol and other drugs agencies to also present with mental health issues. Usually, these issues are high-prevalence disorders such as mood disorders (anxiety, depression etc.) or adjustment disorders, but frequently they are personality or psychotic disorders. For example, statistics from the United States (Regier *et al.* 1984) suggest that around 50 per cent of individuals with a diagnosis of schizophrenia or schizophreniform disorder use drugs at harmful levels.

Most people who have required treatment for both their addiction and their psychiatric disorders have had to deal with two service agencies, and have been 'bounced' between them according to the needs of the agency rather the client's. If neither condition is treated successfully, the client often gives up seeking treatment, or self-medicates. The chaos inherent in this 'solution' to the problem results in the person's family becoming the 'default support team'—a role for which they usually are not qualified.

Originating within the medical system, substance abuse and mental health treatment agencies usually are oriented towards treat 'conditions', rather than 'people'. Nonetheless, it has been shown that continuity of care across both systems is achievable and results in more efficient and effective treatment of clients. However, until the appearance in Victoria of services such as Connexions and SUMITT, integrated care for these 'dual diagnosis clients' was not available. While these agencies provide a 'one-stop shop' for the dually diagnosed, treatment of such clients is still not integrated into mainstream substance abuse and mental health services.

More importantly though, the failure to integrate the treatment of dual diagnosis clients into mainstream substance abuse and mental health systems is mirrored by the failure of either system to integrate the patient–family *system* into their treatment models and processes. There are some exceptions: Austin CAMHS' INECOT team, for example, but these perhaps prove the exception to the rule. This is unfortunate, as the mental health advocacy organisation SANE Australia has pointed out, '[the Victorian mental health system] has failed to implement family group therapy as an integral component … despite sound evidence that it reduces frequency of psychotic episodes and is highly cost-effective as well as helping families' (SANE Australia 2003, p. 23).

The Victorian Auditor-General's report *Mental health services for people in crisis* (2002) stated that: 'Carers most frequently sought help from public mental health service psychiatrists and case managers, but found the services provided by carer associations and support groups more helpful. Some of these associations and support groups receive funding from the Department'. Otherwise, though, funding for substance abuse and mental health services is tied to narrow symptom-reduction outcomes or age-specified client groups.

Family Connexions cannot change these funding biases, but may be able to help agencies achieve results that target successful change at both the family and individual client levels. Increasing the capacity of agencies to respond to carers is one of the main objectives of the Family Connexions project.

Family Connexions does this by providing training and secondary consultation to agencies on issues such as including the family as an assessment dimension early in treatment, informing and educating them about symptoms, prognoses and treatment options, by providing counselling for individual carers, and education and support groups for families.

Agencies, consumers or carers wanting to access the Family Connexions project's services should contact Julian McNally on tel. 0439 600 422 or 9427 9899 or email *julian.mcnally@jss.org.au*, or Hien Cong Bui on tel. 0418 319 414 or 9387 1233 or email *hiencong.bui@jss.org.au*). Further details are available on the website at *http://www.jss.org.au/p_conn.html*.

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# Building family relationships

**by staff of Parentline**

Negotiating family relationships, managing increasing independence of young people and managing the path from childhood to adulthood, all present challenges and fears for parents. One service available to respond to the needs of caregivers of adolescent children is Parentline, a telephone counselling service which employs professionally qualified counsellors. Parents, grandparents, older siblings and other caregivers of children aged 0–18 years can contact Parentline to express their concerns for their children.

Issues around school performance or attendance, adolescent violence, fear and use of drugs or alcohol are some of the topics raised. A Parentline counsellor is often the first person the caregiver has spoken with about the issue. The contact is anonymous and one-off, although people can call repeatedly as they work through the issue or stage of family life.

Research indicates that young people's well-being and resilience are linked with having a strong connection with their family, school or community. Feeling loved and having a warm relationship with at least one parent has been linked to a reduced risk of drug-taking behaviour. Hence, counsellors work with parents on enhancing healthy family relationships.

Counsellors help parents consider the young person's point of view; to 'walk in the children's shoes'. This can include developing communication strategies with their children that may lead to a more desired effect.

Counsellors help parents develop strategies and changes that they feel able to use, drawing on parents' own experiences of what works with their child or young person, and at times considering new approaches. At times there is an element of education with this approach. Counsellors support parents through their experience of panic, distress and feelings of failure, assist them in clarifying what is within their power to change and acknowledging what they can't change, right through to planning what to do next. Sometimes it includes referral to specialised services, but for many parents this won't be necessary or won't be the direction they want to take.

Parentline receives around 2980 calls a year from parents with issues about their adolescent or young adult children. Of these, the majority of callers discuss drug and alcohol issues. In a recent caller survey, 77 per cent of those surveyed said that since making the call, there had been a change in how they related to their child or young person, 98 per cent was satisfied with the service and 98 per cent stated they would use the service again. These results suggest that this method of intervention with families has a significant place in service provision for families concerned about the drug use of their children.

Parentline is a confidential, seven-day a week telephone counselling service available to all Victorian parents with children from birth to 18 years. Professionally qualified counsellors can be contacted on tel. **13 22 89**, for the cost of a local call.

Review

# Drug abuse prevention through family interventions—NIDA research monograph no. 177

**by Jo Grzelinska, Information Officer, DrugInfo Clearinghouse**

For almost 30 years, the National Institute on Drug Abuse (NIDA) in the United States has worked to create an evidence base for professionals working with drug use and drug prevention. NIDA's core tenet is that empirical research should be the driving force behind all advances in education and treatment. As part of its research monograph series, NIDA has published *Drug abuse prevention through family interventions*, a collection of papers based on a review of research into the field. Although published in 1998, the information still holds currency with the recent dialogue on family intervention and healthy family development.

The 16 articles create quite a detailed overview of etiological studies, specific interventions, cost and benefit program analyses, and directions for future research. Many of the interventions provided are based on the research around risk and protective factors, specifically targeting known predictors of substance use, in stark contrast to former models of adolescent problem behaviours. The complete monograph is available online at *http://165.112.78.61/pdf/monographs/monograph177/download177.html*, and further information about NIDA is available on its website at *www.drugabuse.gov*.

# Nobody's Clients

## Working with the children of parents with drug and alcohol-related problems

**by Samantha Ratnam, Stefan Gruenert and Menka Tsantefski, Nobody's Clients Project, Odyssey Institute of Studies**

Odyssey has always lamented the fact that children are the forgotten victims of problematic substance use. Through Odyssey's experience in working with substance-using parents and their children, the Nobody's Clients Project was conceived. The project has been funded by the R E Ross Trust and aims to work with approximately 50 children over an 18-month period.

These children have been identified as a group at high risk of developing their own substance use disorders, as well as other mental health and social problems. However, despite this knowledge, it has been the experience of Odyssey that the needs of these children and family members other than the parents have not been clearly understood or documented, and subsequently seldom have been addressed.

The Nobody's Client project is an early intervention, research and support program that seeks to identify and address the needs of children whose parents have accessed treatment for their drug and alcohol-related problems. The support program will provide short-term, preventative case management, while the documentation of children's needs and any referral outcomes will form the basis of the research component.

The project aims to ensure the children are engaged in appropriate services, while documenting and analysing data about their needs and service responses or gaps, to assist in the development of more effective early intervention programs. During home visits with children and the significant adults in their lives, child support workers identify, assess and document any unmet needs, and engage families and children by offering practical support and advice. Practical solutions to support the needs of the children are then developed with these adults. Children and/or their family are then linked to other programs and services that are able to provide some ongoing care.

Early results indicate that many children of parents with drug and alcohol-related problems have had disrupted and unpredictable lives characterised by relative poverty, isolation from supports and lack of routine and stability. Consequently, these children experience a range of social, emotional and behavioural problems. Children who have the support of grandparents and welfare services have shown greater resiliency. Parents have been found to be in need of respite, parenting skills, validation and support. A key service gap that has been identified is a lack of intermediate children's services between mental health and normative services, such as schooling and recreational activities.

The Nobody's Clients project is an early intervention strategy that helps parents and carers become aware of how the needs can be most effectively supported, either by themselves or by other services. This type of intervention is proving to be effective in acknowledging and minimising the impact of parental substance use on children and other family members. For further information, contact the author on tel. 9412 7902 or email *sratnam@odysseyvictoria.org.au*.

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# Respite foster care

the service, very few referrals originated from the drug and alcohol sector.

Research indicates that parents with drug problems tend to avoid mainstream services for fear that their children will be removed and placed in statutory foster care. Many drug and alcohol workers are naturally protective of their relationship with clients and may be unaware that parents can access respite care on a voluntary basis. Statutory intervention is not automatic.

Share Care is an active member of the Yarra Drug and Alcohol Forum, working in partnership with local agencies to establish appropriate support services for families. It is expected that more families will be referred to the program as local workers become more familiar with Share Care's respite service.

For further information contact the author on tel. 9417 1288.

# Community Alcohol Action Network

**by Georgina Roberts, Project Officer, Community Alcohol Action Network, Australian Drug Foundation**

The Community Alcohol Action Network (CAAN) is a new initiative of the Australian Drug Foundation, inspired by discussions with community members, professionals, workers and leaders in many fields who share a concern about problematic alcohol use in our community.

CAAN will attempt to direct community attention to the social and cultural factors that foster excessive alcohol consumption. As Australians, we live in a society that embraces alcohol use and tolerates alcohol misuse, including binge drinking and under-age drinking. While excessive alcohol consumption poses health risks at any age, it is especially detrimental to the health of children and adolescents.

Inappropriate alcohol advertising and marketing, excessive alcohol use by adults and the willingness of some parents to supply their teenage children with excessive amounts of alcohol, all serve to normalise adolescent alcohol consumption and convey a message to young people that drinking alcohol is crucial to having a good time.

CAAN is calling on community members to voice their concerns about alcohol issues, particularly issues relating to the supply of alcohol and alcohol advertising. CAAN wants to raise public awareness of these issues and assist the community to take action against problematic or excessive alcohol use, marketing and promotional practice.

Members of the CAAN network will receive regular bulletins including information about CAAN activities, the latest research findings, upcoming events and other items of interest. Anyone interested in joining the CAAN network can contact the CAAN secretariat on tel. 9278 8145 or email *CAAN@adf.org.au*.

# Drugs and young people conference update

**by Geoff Munro, Director, Centre for Youth Drug Studies, Australian Drug Foundation**

Around 430 delegates from around the world attended the 4th International Conference on Drugs and Young People, held in Wellington New Zealand in May. The Australian Drug Foundation and the Alcohol Advisory Council of New Zealand jointly hosted the event.

Key issues discussed included party drugs, drug education, alcohol advertising, cannabis intervention programs, youth, indigenous and cross-cultural drug use and residential treatment.

A traditional Maori welcome for delegates at the 4th International Conference on Drugs and Young People

The influence of indigenous culture made a profound impression, especially the *Powhiri* (traditional Maori welcome) at start of the conference and the closing ceremony.

A young Maori man, Neavin Broughton, introduced the various phases of the conference, and ensured the proceedings accorded with Maori traditions and benefited from Maori wisdom.

Many presenters and keynote speakers highlighted the importance of personal and communal relationships as a spiritual resource and protection against alienation. Keynote speaker Fuimaono Karl Pulotu-Endemann gave a very personal insight into the importance of the extended family in the Pacific island nations.

Professor Mason Durie of Massey University gave the 2nd Dame Elisabeth Murdoch Oration. He outlined a comprehensive strategy for the prevention and treatment of drug problems. Other keynote speakers included Niall Coggans of Strathclyde University on drug education, Wendy Loxley of Curtin University on community prevention, Wayne Bazant of the United Nations International Drug Control Programme on drug use in South-east Asia, Sue Bagshaw on adolescent health, and Peter Biggs of Clemenger BBDO on communicating with young people.

# eCounselling

## A professional, confidential, online counselling service assisting people with a range of problems

**by Susan Hunt, eCounselling (Qld)**

Online counselling is a relatively new intervention to assist people in accessing professional counselling services in the privacy of their own home. Many people find that they cannot (or do not wish to) access face-to-face counselling due to transport, childcare or work commitments. Some people find that the kinds of problems they are facing make it difficult to talk to a counsellor face-to-face, especially problems about drugs, alcohol, relationships and sexual abuse. The eCounselling (or, electronic counselling) service was developed as a service to these people.

Online counselling and support occurs when a person registers online and provides information about themselves and their problem to a qualified counsellor. The service is not like a chat room that occurs in 'real time', as the person seeking counselling 'talks' to their counsellor at any time using the secure eCounselling database. The counsellor usually responds within a few days. This means that both the counsellor and the client have time to think about what they want to say and both parties have copies of their 'conversations'. This arrangement allows the client to re-read information provided by the counsellor, and the counsellor can keep track of each client's story. The counsellor and the client can also use their online communication to review what has been discussed and to identify what progress has been made in regards to the problems discussed.

The following is an example of a typical eCounselling session between a woman whose son has a drug problem and an online counsellor.

**Julie***:*

*My son is 19 and has been doing drugs for years. Recently I found a needle in his room. I had no idea what to do and my son and I had a huge argument. My husband doesn't want anything to do with our son anymore and the other children in the family are sick of him as well. There are constant arguments in our family and we can't talk about what is happening to anyone. I feel so ashamed and embarrassed that my son uses drugs and I am really angry that he won't stop, no matter what I say or do. I have tried all sorts of things for years and I am so exhausted and feeling quite depressed. I love my son very much but I can't keep going on like this. Please help.*

**Counsellor***:*

*Dear Julie, It's really great that you have reached out for some help when it is sooooo hard to step outside the family and talk about something that people usually believe should be dealt with by the family. This is an important step you have taken because it says that you are committed to changing what is happening to you and your family, and change is necessary to help overcome this drug problem. As you already know, drugs change people, they make people behave in ways that they would not normally behave. Your son is probably saying and doing things that he would not normally do. Drugs are quite greedy as well, they change parents and whole families.*

*Many parents feel angry, ashamed, embarrassed, and even guilty, that maybe they have said or done something to cause their child to take drugs. Parents often blame themselves and although this is common it is not necessarily true. Your son is 19 years of age, he is a young man who is making certain choices about how he lives his life. Having said that, it is true to say that once someone has a drug problem then a choice has to be made about whether to do something about it or not. If your son does not accept that he has problem—that everyone else has a problem with his drug taking—then the focus needs to be on you. You might like to learn what to do to support your son that you love very much while maintaining your own sanity and well-being. This is possible. I would like to say that I do not believe that you are to blame. In my experience, parents love their children very much and they have usually done many, many things to try to keep their child safe and free from drugs. The sad thing is, family members (especially mothers) usually turn themselves "inside out" and "back to front" to assist their children, and nothing is working. The good news is that there are lots of*

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# Children with lesbian or gay parents and young people who are themselves same-sex attracted

## Issues and protective factors for the children and their families

by Vivien Ray

## Children with lesbian or gay parents

Children growing up with lesbian or gay parents in Australia are becoming more common and more visible. It is estimated that 21 per cent of lesbians, gay men and bisexuals have children, and this number is increasing (de Visser 2001). Research comparing the children of lesbian and gay parents with the children of heterosexual parents overwhelmingly shows that there is no difference between the two groups of children, and that 'family processes such as parenting stress and conflict, rather than family structure and parental sexual orientation, predict children's social functioning' (McNair 2002). My partner and I researched the school experiences of children with lesbian or gay parents, and found strong similarities with the experiences of young people who are same-sex attracted (Ray & Gregory 2001).

## Same-sex attracted young people

The term 'same-sex attracted (SSA) young people' refers to adolescents who are sexually attracted to their own sex. It describes attraction, not identity, and reflects the fluid nature of young people who are still grappling with their sexuality. The Australian Study of Health and Relationships (Smith *et al.* 2003) reports that 9 per cent of men and 15 per cent of women are SSA.

> *'...family processes such as parenting stress and conflict, rather than family structure and parental sexual orientation, predict children's social functioning.'*

## Issues for SSA young people and children with lesbian or gay parents

### Lack of inclusion of gays and lesbians in school and pre-school curriculum

Our research finds that one of the key concerns of lesbian and gay parents for their children is that their family structures are not represented in school and pre-school curricula. SSA young people also find a lack of role models presented to them in school. The effect on some children and young people is that they feel invisible, isolated, alone and different.

### Bullying

Children of lesbian and gay parents and SSA young people are exposed to high levels of bullying and teasing. Studies by Hillier *et al.* (1998) of SSA young people have found that almost half have been bullied, and our research shows that almost half of children with gay or lesbian parents in Years 3 to 10 have been bullied (Ray & Gregory 2001). These children and young people have been the recipients of harsh 'put downs', taunts and physical abuse by fellow students. Food and rocks have been thrown at them, and heads have been pushed into lockers. The effects of homophobic bullying often results in feelings of guilt, shame, depression, hopelessness and social isolation.

### Silencing

As a result of being exposed to anti-gay sentiments, bullying and taunts, these children are often silenced. We discovered that 90 per cent of the children with lesbian or gay parents in Prep to Year 2 had openly told people at school about their parents' sexuality. However, one-third of the children in Year 3 and above had either not told anyone at all about their gay or lesbian parents, or had told just one person. For some young people, keeping their own or their parents' sexuality a secret requires constant monitoring and vigilance, and may result in lies and avoidance of close friends.

SSA young people carry an additional burden of silence. Some don't tell their parents and families about their sexuality because they fear a negative reaction. Others who do tell, suffer loss of family support which, at times, leads to homelessness.

### Risk factors

Hillier *et al.* (1998) found that the risk factors for SSA young people include homelessness, increased risk of drug and alcohol use, early school leaving, suicide risk and depression, among other things. Being SSA or having lesbian or gay parents does not put a young person directly at risk, but the broader social context of a homophobic environment and the experiences a young person may be subject to such factors as lack of information and role models, bullying, isolation and rejection, which does put them at higher risk.

## Recommendations

What families can do to help prevent problems from arising:

- The majority of parents in our study describe 'being out' as gay or lesbian parents as the most important preventative measure for their children.
- Support your children and young people through discussion, books, showing love and other ways of demonstrating support and understanding.
- Select an inclusive crèche/ kinder/school and work closely with that institution.
- Children of lesbians and gays and SSA young people may benefit by joining support groups to deal with issues specific to their needs. To find a group, ring Gay and Lesbian Switchboard on tel. 9827 4999, or ask your school nurse.
- Encourage your children and adolescents to feel special and proud of who they are.

The following are some suggested strategies for service providers:

- Consider the place of values and recognise that different points of view can affect the young person.

*'The majority of parents in our study describe 'being out' as gay or lesbian parents as the most important preventative measure for their children.'*

- Use inclusive language such as 'partner', rather than girlfriend or boyfriend. Include different family structures in discussions about family or community.
- Use the information young people give in conversations with them.
- Display 'gay friendly' material such as posters, stickers and books. This communicates a willingness to speak without prejudice to a young person about gay, lesbian and SSA issues.
- Respond immediately to slurs and incidents which undermine the credibility and morality of homosexuality.
- Offer staff training about the issues facing this group of young people.
- Be informed about the laws regarding sexual harassment and duty of care requirements.

*Vivien Ray is currently employed by the City of Darebin and by Good Shepherd Youth and Family Service to deliver sexual diversity projects in schools. She runs Bit Bent? Buddies, a buddy system for children with lesbian or gay parents, and facilitates Bit Bent?, a group for SSA young people living, working or studying in the City of Darebin or surrounding areas, and Kaleidoscope for SSA young people on the Mornington Peninsula. Viv can be contacted at Darebin Youth Resource Centre on tel. 9462 5166 or by email* vivrobin@aol.com *or mobile 0408 483 980.*

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# Prevention research summaries

## Family intervention in the prevention of drug-related harm

Research summaries prepared by Associate Professor **John W. Toumbourou**, Centre for Adolescent Health, Melbourne

### Introduction

The summaries selected provide an overview of how family intervention has evolved as a prevention strategy, from its initial roots in adolescent substance abuse treatment. Treatment applications accompanied by careful research have helped to define engagement strategies and therapeutic processes, and these have proved to be valuable for prevention applications.

## Family therapy trials

**Liddle HA & Dakof GA 1995** 'Efficacy of family therapy for drug abuse: Promising but not definitive', *Journal of Marital and Family Therapy*, *21*, pp. 511–43

**Key findings** This literature review was one of the first to examine family therapy trials that had been directed at reducing adolescent and/or adult substance abuse. Although studies tended to be small, there had been ten trials prior to the early 1990s which targeted adolescents, and the consensus from these was that significant impacts were achievable relative to control groups. Hence, an evidence base was emerging for the effectiveness of family approaches as a strategy for preventing the progression of adolescent substance use problems. The authors offered recommendations for advancing future research and practice.

**Study quality was moderate** Experimental and quasi-experimental trials were included, and critical commentary investigated confounding influences such as differences in extent of treatment. Many comments on specific studies were pertinent, but an overall framework for evaluation was not clarified. The link between the data presented and the conclusions and recommendations could have been more explicit.

## Family therapy for adolescent methadone clients

**Stanton MD, Todd TC & Associates 1982** *The family therapy of drug abuse and addiction*, New York: Guilford Press.

**Key findings** This classic study of family therapy for adolescent methadone clients demonstrated that, after six months, supplementing methadone treatment with structural–strategic family therapy reduced drug use for around two-thirds of adolescents. The therapy was grounded in the assumption that the illicit drug user's family of origin was pathologically enmeshed. By undermining separation from the family the child's problem of addiction functioned to protect the family from acknowledgment of an underlying parental conflict, hence protecting the family system from disintegration. One-year outcomes demonstrated a differential reduction in illicit drug use for those exposed to the family therapy conditions. The employment of the client was measured but failed to reveal significant effects. Although potential consequences for other family members were possible, these were not evaluated.

**Study quality was high** The therapy was evaluated with male methadone clients in relatively close contact with their families. Eligible clients were randomly assigned to one of four treatment conditions, each including the use of methadone reduction. Two conditions involved ten sessions of supplementary family therapy. The effect of a financial incentive was examined in one of these conditions. The two other conditions provided controls, one for the use of methadone, the other for the effect of the family getting together (using a family movie). In their critique, Liddle and Dakof noted that there were differences in amount of time spent in treatment in the different conditions, and that a study replication was unsuccessful.

## Multi-systemic treatment 1

**Borduin CM, Mann BJ, Cone LT, Hennggeler SW, Fucci BR, Blaske DM & Williams RA 1995** 'Multi-systemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence', *Journal of Consulting and Clinical Psychology*, *63*, pp. 569–78

**Key findings** In this study, based in Missouri in the United States, Multi-systemic Treatment (MST), an intervention using preventative case management and based on family systems theories, was compared with Individual Therapy (IT). Young people treated with MST were significantly less likely to be re-arrested within 4 years of treatment. When re-arrested, the youths had committed significantly less serious offences. MST families reported increases in family cohesion and adaptability, and a reduction in adolescent behavioural problems relative to IT subjects.

**Study quality was high** Two hundred and twelve 17-year-old adolescent offenders and their families were referred by the juvenile court and randomly assigned to either the MST or IT group. Participants had averaged 4.2 arrests, and the mean age was 14.8 years. With 70 per cent of participating families completing all assessments, follow-up rates were reasonable.

## Multi-systemic treatment 2

**Henggeler SW, Melton GB & Smith LA 1992** 'Family preservation using multi-systemic therapy as an effective alternative to incarcerating serious juvenile offenders', *Journal of Consulting and Clinical Psychology*, *60*, pp. 953–61

**Key findings** The aim of this South Carolina-based intervention strategy was to reduce the risk of adolescent anti-social behaviour through the MST, family-centred approach. Eighty-four juvenile offenders and their families were treated using MST at a community mental health centre. This intervention was then compared with the existing services delivered by a youth services department. Follow-up at three months suggested adolescents exposed to MST showed more evidence of family cohesion and less incidence of re-incarceration, anti-social behaviour and peer aggression.

**Study quality was high** Primary referral came from youth services staff who assessed subjects as being at immediate risk of being re-committed due to criminal activity. Young people were referred in pairs, with one randomly selected by mental health professionals for MST and the other for the usual services. The MST and alternative group did not differ on any demographic variable or measure of criminal history at pre-test. Follow-up rates were good.

## Focus on Families project

**Catalano RF, Gainey RR, Fleming CB, Haggerty KP & Johnson NO 1999** 'An experimental intervention with families of substance abusers: One-year follow-up of the focus on families project', *Addiction*, *94*, pp. 241–54

**Key findings** Methadone treatment was investigated as a setting for preventing inter-generational transmission of drug-related harm. Methadone clients were supplemented with 33 sessions of family training (each 1–2 hours) combined with 9 months of home-based case management. Of the 75 families offered the intervention, 74 per cent were actively engaged. At the 12-month follow-up, parents exposed to the intervention showed less drug use (with cocaine and heroin usage reduced by two-thirds) and increased problem-solving skills for avoiding drug use. The intervention reduced the exposure of the children to a range of family level risk factors. Household rules were clearer, domestic conflict reduced and the children had reduced contact with deviant peers. There was, however, little change noted in children's attitudes, and the initiation of substance use was not different relative to controls. The lack of measurable impacts in childhood may have been because many were too young for attitudinal and behavioural change to manifest.

**Study quality was high** The sample was small, comprising 144 parents and their 178 children (age range 3 to 14 years) who were randomly assigned to the intervention or control conditions. Assessments were repeated at baseline and then 6 months and 12 months after the intervention, and were conducted by staff separated from the intervention. Children were blocked on age prior to randomisation; however, the diverse age range of the children meant some loss of power for measuring developmentally relevant child improvements.

## Parental participation

**Rohrbach LA, Hodgson CS, Flay BR, Hansen WB & Pentz MA 1994** 'Parental participation in drug abuse prevention: Results from the Midwestern prevention project', *Journal of Research on Adolescence*, *4,* pp. 295–317

**Key findings** This study evaluated the family component within the Indianapolis program site of the Midwestern Prevention Program, a multi-component community mobilisation intervention designed to prevent adolescent drug and alcohol abuse. Components of the parent program included parent–child homework exercises linked to the curriculum, a parent program implementation committee at each school, parenting skills training and community wide drug abuse prevention meetings. It appeared that 73 per cent of parents participated in one or more of the program components, and parental participation was negatively associated with adolescent use of alcohol and cigarettes, and with friends' and siblings' substance use at follow-up. These findings were sustained after controlling for baseline measures of adolescent drug use.

**Study quality was low** The study used a quasi-experimental design based on parents' reports of whether or not they had selected to participate in the intervention. It was unclear whether parents who selected to participate were in some ways different. The analysis sample was complex, and included 1001 students who participated in the school-based social influence curriculum, completed questionnaires at baseline and 18 months follow-up and whose parents also completed a survey. Analyses examined associations between young people's reported behaviour and parents' reports of participation.

# Buoyancy's holistic approach to drug use

by Deborah Homburg, CEO, The Buoyancy Foundation of Victoria

The Buoyancy Foundation is a drug counselling service that has been in operation since 1967. It runs from a small terrace house in the inner-city suburb of Richmond in Melbourne. Buoyancy offers the therapeutic community an example of alternative approaches to the prevention and treatment of drug use.

The Buoyancy experience demonstrates that there are many promising approaches to dealing with addiction and the harmful aspects of drug use which do not rely primarily on rigid medical intervention and pharmacological management.

Perhaps the most striking element of the Buoyancy method is the framework in which programs are made available. For many, an initial counselling session is used to create a plan by which the client can begin to regain control in all areas of life. Areas include legal housing, health and sexual abuse issues, as well as issues around substance use. Concurrently, the client is introduced to 'a menu' of complementary therapies and creative opportunities for self expression. Programs include Zen meditation with a qualified Japanese Zen master, clothes-on massage of shiatsu, yoga classes, Chinese herbs, homeopathy, art classes and reiki.

The context in which these complementary therapies are provided is a key to their success. Says Helen Symon, S.C., past President, "Traditional approaches to drug counselling and drug treatment focus on drug use as a 'problem'". The benefit of complementary therapies is that they allow clients to explore and discover for themselves. Through them, the client often finds benefits and produces results without necessarily having to work out the 'answer', or struggle against, fight or beat the 'problem' (Symon 2001).

Gradually, it becomes easier for the client to make healthy and beneficial life choices. In terms of a health care model of prevention, much of the work could be categorised as tertiary and secondary prevention—secondary being 'the early detection and intervention in health problems to arrest or retard disease', and tertiary the 'maintenance of people with chronic problems at an optimal level of functioning' (South Australian Health Commission 1988).

In accordance with government guidelines, Buoyancy is independently audited for client satisfaction. It consistently scores above State averages in measures of client well-being and satisfaction with services. For example, the percentage of clients who rate Buoyancy as 'Excellent'/'Very Good' in the question eliciting responses on, 'Range of services & treatment programs overall', Buoyancy achieved a mark of 85 per cent against a state average of 63 per cent in 2000, and 94 per cent against a state average of 65 per cent in 2001 (Brown 2001).

Surprisingly, however, in spite of its wealth of expertise, its unusual pathways and its high rates of client satisfaction and outcomes, the Buoyancy approach has not always been acknowledged. Results listed in its submission to David Penington's Drug Policy Expert Committee in 1999 were not incorporated into the Committee's recommendations. The Committee argued that it had to stick to treatments backed up by scientific evidence—which means pharmaceutical options, as these have been the principal focus of research until now (Victorian Drug Policy Expert Committee 2000).

While that opportunity may have been lost, it remains the case that Buoyancy's pioneering work does present a new model. Further research is warranted into a holistic approach that works with the whole person. Drug use is only one element of a drug user's life. The innovation is to look at the interaction between mind/body, community and drugs, and to work towards creating health on all levels.

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Symon H 2001, cited in Homburg D 2001 'Complementary therapies for drug users, the Buoyancy Foundation experience', *Diversity, 2*: 5, p. 46

South Australian Health Commission 1988, p.32

Brown, M 2001 *Individual summary report for Buoyancy Foundation, Client satisfaction survey of alcohol and drug treatment services*, funded by the Department of Human Services, Victoria

Victorian Drug Policy Expert Committee 2000 *Drugs, Meeting the challenge,* Stage 2 report, November 2000

# News from the DrugInfo Clearinghouse

**by Mark Durran, Manager, DrugInfo Clearinghouse Resource Centre**

Following on from our June product suite on parent education, we bring you our latest on the topic of family intervention as a drug prevention strategy. As defined in our Research Evaluation Report, family intervention distinguishes itself from parent education by being more intensive and focusing on intervention with family members other than parents. The research to date indicates that family intervention holds a great deal of promise in the prevention of drug-related harm and is a worthy future investment.

Coinciding with the publication of our parent education suite in early June, the DrugInfo Clearinghouse conducted a free interactive seminar on 25 June, during which a variety of perspectives on the latest in research, policy and practice were presented. We received more than 100 registrations for the event, with interest in the proceedings expressed Australia-wide. A synopsis of the event has now been posted on our website. Thank you to all speakers and panellists, and to the Premier's Drug Prevention Council for supporting this initiative. The seminar proved to be an effective addition to our existing avenues of disseminating drug prevention information to the field. We're currently working on hosting regular seminars as an accompaniment to our prevention 'suites'.

With the new financial year underway, members can expect some exciting developments from the DrugInfo Clearinghouse, further enabling us to provide you with the most current in what's happening around drug prevention. You may have already seen our new-look website, which not only improves the site visually, but enhances functionality and access to information. The website will soon host an improved library search webpage, including easy access to our newly uploaded prevention register of research, conducted on our behalf by the Centre for Adolescent Health and the Centre for Youth Drug Studies, which evaluates the evidence base for drug prevention.

We would like to thank all members for your ongoing support of the DrugInfo Clearinghouse. Please continue to let us know how we can provide you with a more valuable service, and don't forget to encourage your colleagues to sign up for membership.

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## eCounselling

*options available now that you have reached out for some help with this problem.*

*eCounselling can provide you with support and an opportunity to learn some new skills and strategies to help cope with the problem of drugs, which could assist you and your family. If you have some questions about drugs and drug taking or, if you would like to talk some more about what has been happening in your family please feel free to contact me again. It would be helpful if you could tell me what things you particularly want to change so that there is an improvement in your lifestyle and your family. For example, do you want to be able to say 'no' to your son and not feel guilty about that? In the meanwhile, try to be kind to yourself and maintain hope.*

For information or to register for online counselling go to the website at *www.ecounselling.com.au* or email *admin@ecounselling.com.au*. For further reference to online counselling practice, see Susan Hunt's article 'In favour of online counselling?' in *Australian Association of Social Work Journal*, *55*: 4, December 2002.

# YOUR SAY

## Bendigo Grassroots Action Group

**by Gillian Burns**

I am a married woman from Bendigo. I've had four children. My husband of 32 years is a public servant and I work part-time in a local bank. In March 2000 my eldest son died from a heroin overdose. He was 26 years old.

When my son died, there were seven heroin-related deaths in Bendigo in that ten-day period. It was about the same time that Gary Ablett's young friend died in Melbourne. People from Geelong who came to the funeral brought the local paper over and the headlines confirmed an abnormally high death rate from heroin. It was the same story in Ballarat and Melbourne. Yet, in Bendigo the papers were silent, apart from my son's tragic death notices.

In August 1999 my son had come home and asked for help, saying he was sick with a virus. He was armed with Valium, Panadeine Forte and Stemetil for nausea. My eldest daughter had a hunch it was not a virus, and took him to her house. When we realised it was a drug withdrawal, we wanted to get some medical advice. We tried all the local services, but no help was available. In Bendigo, if someone needs a place in a detox. facility, they need to ring on a certain weekday between 10 am and 2 pm. If you keep ringing, a bed might be available in 6 weeks at de Paul House in Melbourne. They hold one bed for all of regional Victoria.

So we were forced to do a home detoxification. It was a hideous situation to be in! My daughter had to literally sit on my son to stop him going out and scoring to relieve the cravings. She watched helplessly as he lost control of his bodily functions and cried like a baby, begging for a 'hit'. My daughter had no nursing experience, but for 72 hours she was his support, his jailer and his lifeline. I stood by helplessly, running errands, washing clothes and providing meals, all the while going to work and pretending all was well.

After the worst was over, we sought help in Bendigo, such as ongoing support and counselling. Again, nothing was available. A local service provider could offer a placement in 6 weeks' time, and suggested that in the meantime my son could join a support group of other addicts, swapping phone numbers so they could ring each other in times of trouble. My son refused because he didn't want to give out the family's phone number, and he certainly didn't want to make any more contacts. So he was virtually on his own. When he was well enough, my son went back to work as a farm labourer, returning to the family on weekends. It was on one of these weekends when he was cashed up that he scored locally. He was found dead in his bed the next morning.

For the following year we were pretty numb as we tried to pick up our lives. March 2001 was the first anniversary of his death, and it was about that time that the Drug Summit was being held in Melbourne. The Melbourne newspapers were running six-page spreads, looking for answers, but in Bendigo the local paper, the *Bendigo Advertiser*, ran a little paragraph on page 11. I was incensed. Why were they not reporting the true situation in Bendigo? I rang up the editor and told my story—he was stunned. He had no idea. Of course he wanted me to go public, but I was not ready for that. The family had already been traumatised by the stigma of a heroin death. We were invited to ask other families in similar circumstances to attend a meeting with staff of the newspaper. As a result, the paper ran a front-page, colour story, and dedicated the following five pages to our stories and letters. The following weeks saw an outpouring of letters to the editor in support of our actions, which gave us the courage to take the next step.

A group of people, concerned by the lack of treatment facilities for their loved ones, began meeting in May that year. We wanted to form a group to lobby the authorities to set up a crisis centre in Bendigo, somewhere that a person could go to get help immediately. We wanted a detoxification unit, a rehabilitation facility and to establish half-way houses to help people addicted to alcohol and other substances gain life skills for re-entry into mainstream life. We called ourselves the Drug & Alcohol Grassroots Action Group Bendigo.

We lobbied the Victorian Government, the Bendigo Council and local service providers to establish a facility to treat people over 21 years of age with alcohol and substance abuse problems. In May 2002 the Government announced funding for an adult residential withdrawal program that would include an adult detoxification unit, as well as a rehabilitation service in central Victoria. The group also met with the local community health service to help run a forum on local drug issues.

Today our group continues to meet to take action and ensure that families in Bendigo with drug and alcohol concerns can find a voice and be heard. For information on the group, write to the Secretary, D&A Grassroots Group (Bendigo) Inc., c/– 415a Napier Street, Bendigo 3550.

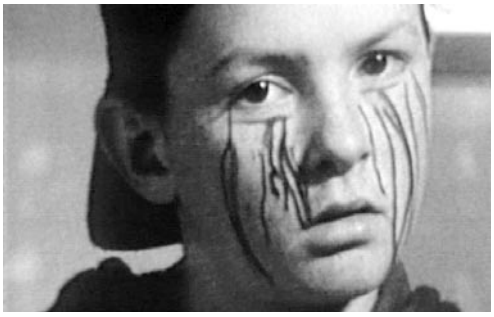
## Review *Hurt* by BIG hART

**by Jo Grzelinska, Information Officer, DrugInfo Clearinghouse**

BIG hART is a non-profit youth arts organisation which for the past decade has been helping disadvantaged young people to reclaim their value in their own community.

*Hurt* is an exploration into the experience of violence by young people in rural communities. It acts both as a prevention initiative and as an important tool for the young people involved to enable their self-expression and self-validation.

The current exhibition of this ongoing production is an installation at the Australian Centre for the Moving Image (ACMI) at Federation Square, as part of the Reverberation screen gallery (*www.acmi.net.au/remembrance/splash.html*).



The narrative images of *Hurt* are provided simultaneously across five separate screens, enveloping the viewer in the experience and the emotion of the violence in the lives of these young people. The visual imagery is interwoven with dialogue to create a sense of individuals' isolation from their families, while simultaneously highlighting the connection between the various experiences of the young people. This new mode of communication for the young people involved has not only led to a wider audience for their stories, but also to a re-interpretation of their identities and a new mode of self-expression.

Used as instruction about the potential effects of unhealthy family relations, *Hurt* could be viewed by families to encourage healthy discussion about their own assumptions and experiences. Open till 31 August, admission to the exhibition is free. For information, contact ACMI on tel. 8663 2200 or see the website at *www.acmi.net.au/remembrance/r2/big_hart/artist_fs.html*.

## Review Is someone you care about using drugs? A guide for families coping with alcohol & other drug use

**by Jo Grzelinska, Information Officer, DrugInfo Clearinghouse**

Family Drug Help is a Victorian service which aims to provide support and information to parents, families and partners of drug users. The provision of peer support from those who have personal experience of the harms associated with another person's drug use is an important guiding principle of the organisation. Among its range of services, Family Drug Help operates a 24-hour telephone Helpline and a Resource Centre, runs a network of support groups and a website. As an additional service for families, it has produced the booklet *Is someone you care about using drugs? A guide for families coping with alcohol & other drug use*. This resource provides strategies and insights primarily for those who have to cope with regular or dependent drug use, but is also equally helpful for family members concerned about another's experimental or social drug use.

For a copy of the booklet, contact Family Drug Help on tel. 1300 660 068 or see the website at *www.familydrughelp.sharc.org.au*.

## CALENDAR

### August

7 The hidden carers: Young carer issues, Melbourne, absolutely women's health, Royal Women's Hospital, tel. 9344 2199

8 Parental alcohol and drug use: Keeping the kids in mind, Lynda Campbell & Menka Tsantefski, Fitzroy, Turning Point, tel. 8413 8413

22 Turning Point's Work in progress: Inaugural research symposium for Victoria, St Vincent's Hospital, Melbourne, $60, contact Paul Gardiner, tel. 8413 843, email *paul.gardiner@turningpoint.org.au*

26 Family Alcohol and Drug Network meeting, Collingwood, Odyssey Institute of Studies, tel. 9412 7904 or 9753 1706

29 Working with people with drug and alcohol problems workshop, North Fitzroy, VICSERV, tel. 9482 7111, email *johndunton @vicserv.org.au*

### September

12 Challenges and idiosyncracies of treating alcohol and drug problems in a rural context, Rodger Brough, Fitzroy, Turning Point, tel. 8413 8413

12 Understanding dual diagnosis workshop, North Fitzroy, VICSERV, tel. 9482 7111, email *johndunton@vicserv.org.au*

15–16 National Indigenous Juvenile Justice Conference, Adelaide, tel. 07 4938 7558, email *indigenousconventions@bigpond.com*

15–19 International Drug Education in Schools Conference, Noosa, tel. 07 5477 5955, web *www.community-solutions.com.au*

### October

10 Self-help groups and recovery from drug use problems: Insights from research, practice and theory, John Toumbourou & Gordon Storey, Fitzroy, Turning Point, tel. 8413 8413

### November

17–19 Australian Professional Society on Alcohol and Other Drugs Conference, incorporating the National Methadone Conference, Brisbane, see website *www.apsad.org.au*

24–27 Many voices: 9th Australasian Conference on Child Abuse and Neglect, Sydney, tel. 9867 5984, web *www.nsw.gov.au/accan2003*

### December

1–3 3rd Family and Community Strengths Conference, Family Action Centre, University of Newcastle, tel. 02 4984 2554, email *familystrengths@pco.com.au*, web *www.newcastle.edu.au/departments/fac*

# News

## Call for abstracts

The Australasian Drug Strategy Conference, to be held in Alice Springs in May 2004, is inviting abstracts and expressions of interest on the theme 'Preventing and reducing substance abuse', with streams in illicit drugs, licit drugs, drugs and information technology, and Indigenous substance use. Closing date is 31 August, contact the secretariat on tel. 08 8922 3319 or email *ADSC.Secretariat@pfes.nt.gov.au.*

## New Annual Award announced

The International Journal of Drug Policy prize for the best young author of the year will be awarded to the best original paper first authored by a young writer (under 35 years at time of submission). The inaugural prize will be presented at the ICRDRH in Melbourne in April 2004. For details email *ijdp@imperial.ac.uk.*

## Bursting the bubble

'I used to think my family was so different to everyone else's. All my friends' families seemed so nice. But being around my family just stressed me out. Lots of times I didn't want to go home.'

If you know a young person who feels like this, you might want to recommend him or her to a new website for young people, called 'Bursting the bubble'. Developed by the Domestic Violence & Incest Resource Centre, the site offers young people a forum in which to learn, understand and work out how to deal with confusion, worries and secrets related to family and home life. *www.burstingthebubble.com*

## REVIEWS

Held in the DrugInfo Clearinghouse library:

***Love first. A new approach to intervention for alcoholism & drug addiction***

**Jay J & Jay D 2000 Minnesota: Hazelden, 264 pp.**

This book attempts to dispel two myths regarding substance abuse. One: that people with substance-abuse problems must reach rock-bottom before they are ready for help. Two: that intervention is a confrontational strategy that is stressful for all concerned.

Families do not need to suffer in silence as a loved one slips into substance abuse; this book demonstrates how existing confrontational methods of intervention create barriers, rather than establish a framework for moving forward. Fear blocks the family's ability to absolve itself from guilt. The authors work towards using love and honesty as a powerful force in confronting addiction, and offer the person opportunities to reach out for help.

Written in an easy to read format, the book includes quizzes and preparation worksheets.

### *Family intervention*
**Picard FL 1994, Minnesota: Hazelden, 192 pp.**
This book discusses the family and the intervention process, examining the behaviours and responses of family members in their attempts to deal with problems, and how to handle situations in a non-confrontational manner. Families need professional guidance in getting the whole family back on track. The author looks at intervention as the first step in treatment, rather than as a separate step, and how to go about finding the best counsellor for the situation. This book speaks mostly to the family of the dependent person, and includes lots of checklists for identifying enabling actions, and developing and maintaining a belief system for the family.

### *The role of families in the development, identification, prevention and treatment of illicit drug problems*
**Mitchell P, Spooner C, Copeland J *et al*. 2001 Canberra: NHMRC, 88 pp.**
The need for this resource was identified at a consultative workshop in 1998, where it was recommended as one of several areas for research on illicit drug use. It provides a strategic overview of the current research involving families and illicit drugs, and looks at the research done on the main risk and protective factors that involve the family.

The authors identify several priorities for research, including a succinct overview of previous research. Includes a comprehensive bibliography.

## FUNDING OPPORTUNITIES

### Alfred Felton Bequest
Provides funds for charitable purposes in Victoria, with a primary focus on the physical and emotional health of women and children, particularly those in rural areas and urban areas of disadvantage. Priority interests include support of families in the rearing and development of children; support for family services; and building the capacity of schools and community organisations to strengthen and support the family. The Bequest welcomes innovative, catalytic projects or programs. Closing dates: 1 April and 1 September; tel: 1800 808 910 (Grantseekers Enquiry Line), web: *http://www.anz.com/australia/charitabletrusts/guNamed.asp#Felton*

### The Perpetual Foundation
Provides funds for general charitable purposes throughout Australia including the areas of social and community welfare, and education. Closing dates: 31 March and 30 September; contact the Grants Administration Manager, tel. (02) 9229 3951 or 1800 501 227, web *http://www.perpetual.com.au/cps/*

### Stronger Families and Communities Strategy
A Commonwealth Department of Family and Community Services funding program with a focus on community partnerships. Provides funding for prevention and early intervention programs for families and communities, with particular benefits for those at risk of social, economic and geographic isolation. Ongoing application; for information visit *http://www.facs.gov.au/sfcs/funding/guidelines.htm*

## WEBSITES

### One stop for families — www.families.gov.au
Aimed specifically at families with children, this excellent site puts all the relevant Commonwealth information for families under one roof. The portal contains essential links to resources including crisis assistance, financial matters and parenting. In addition to the expected information, the site also has a useful 'Life Events' section that covers issues such as looking for work, and bereavement.

### Training and courses — www.aifs.gov.au/institute/conf/courses.html
The Australian Institute of Family Studies maintains an extensive list of training and courses for families and professionals who work with families. This handy national list is sorted both by topic and alphabetically. With a review date of June 2003, it is likely to be one of the most current family related training resources on the web.

### Relationships Australia — www.relationships.com.au
This website offers a wealth of information about various relationship issues, including abuse, coping with children and divorce, as well as specific advice for those with migration and isolation problems. As expected, the site presents an excellent overview of Relationship Australia's various family courses and professional training. However, the immediate benefit of the site lies in the significant amount of online advice provided.

### Treatment — www.odysseyvictoria.org.au
Assisting individuals, couples and families, Odyssey House Victoria offers a range of programs to help people overcome addiction to alcohol and other drugs. The website provides an overview of the various recovery programs, including a residential solution that allows parents and children to continue living together. The site also offers a link to a sub-site profiling Odyssey's Institute of Studies division.

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## FROM THE EDITOR

Interest in the topic of parent education, which we featured in the previous issue of *DrugInfo*, was extremely high, and we were pleased to see so many participants at the seminar on parent education. If you missed this auspicious event, see our website for a summary of speakers' contributions.

This month we follow on that interest in family issues with the theme of family intervention in the prevention of drug-related harm. I have been amazed at the level of interest (and passion) in the topic, and expect that we will hear from many of you over the coming months with your views on the issues confronting families and problematic drug use. In this issue we've tried to present a variety of views and issues relating to family intervention, including different modalities and programs. I hope you will find this of value in your work.

This month we commence what is hoped will be a regular feature: Your Say, in which readers are invited to get on their 'soapbox' on a prevention issue they are passionate about. Our first contributor, Gillian Burns, shares how she turned her loss into community action.

To feature in Your Say—or, indeed, to contribute an article, story or suggestion for inclusion in *DrugInfo*—please write to me at *renee@adf.org.au*. As always, news, reviews and events for the calendar are welcome also.

The next issue of *DrugInfo* will be focusing on the topic of prevention strategies for young people in culturally and linguistically diverse communities.

Thanks once again to all our contributors, new and regular. Without you we would not be able to present the terrific range of articles and reviews in this month's issue. Reviews this month were provided by Courtney Centner (websites), Jo Grzelinska (resources), Wendy Fortington (library) and Rosemary McClean (funding).

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*Renée Otmar*

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