



Australian Research Alliance
for Children & Youth

Current Policies and Practices

addressing the

Impact of Drug and Alcohol Misuse

on

Children and Families

Prepared by Jenny Dodd & Sherry Sagers, Centre for Social Research. Edith
Cowan University. Western Australia

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Australian Research Alliance for Children & Youth

PO Box 1360 WEST PERTH WA 6872

Level 13, Dumas House

2 Havelock Street WEST PERTH 6005

Telephone: 08 9476 7800

enquiries@aracy.org.au

www.aracy.org.au



**Australian Research Alliance
for Children & Youth**

ABOUT ARACY

The Australian Research Alliance for Children and Youth (ARACY) was founded by a group of eminent experts and organisations in reaction to increasingly worrying trends in the wellbeing of Australia's young people.

ARACY is a national organisation with members based across Australia.

ARACY asserts that by working together, rather than working in isolation, we are more likely to uncover solutions to the problems affecting children and young people.

ARACY is a broker of collaborations, a disseminator of ideas and an advocate for Australia's future generation.

ARACY has two primary goals:

1. To promote collaborative research and agenda setting for children and young people
2. To promote the application of research to policy and practice for children and young people.

This paper is one of a series commissioned by ARACY to translate knowledge into action. This series of papers aims to convert research findings into practical key messages for people working in policy and service delivery areas. This paper has been supported by funding provided by The Telstra Foundation.

The ARACY topical papers may also be the focus of workshops or seminars, including electronic mediums.

This paper has been used as a background document for a Think Tank hosted by ARACY on 23 March 2007 on the topic of *Hazardous Drinking and Young People* and is now being made available to a wider audience via the ARACY website: www.aracy.org.au

EXECUTIVE SUMMARY

Policy responses to drug use in families

- Australian policy initiatives include strategies that respond to the issues of supply, demand and harm reduction.
- The supply reduction of licit substances such as alcohol may be difficult to implement in a free market economy.
- In the prevention of illicit drug use, current laws shape social values and views resulting in societal disapproval. The illicit status of some drugs may act as both a deterrent and an attraction.
- An individual's substance use needs to be contextualised within a range of social, demographic, political, economic and other structural factors.
- There is an emphasis on harm reduction strategies in Australian drug policy.
- Different approaches are needed by drug services to meet the cultural, gender or age specific needs of particular groups such as:
 - Indigenous people;
 - minority ethnic groups;
 - older and young people; and
 - men and women.



- Intervention or treatment regimes targeting the individual drug or alcohol user may not be effective when taken out of the dynamic of the families within which they are situated.
- Substance misuse policy and practice covers a range of government sectors in Australia including the criminal justice system, child protection and family intervention.
- Partnerships between drug and alcohol agencies and child protection agencies are advocated in the sectors of:
 - child welfare;
 - health;
 - justice; and
 - disability.

Supply reduction

- Proponents of 'harm minimisation' question the usefulness of the illegal status of some drugs; while other studies show heroin related deaths (particularly for the young) decreased when heroin was less readily available.
- A number of studies highlight the importance of reducing the supply of licit drugs

Current evaluations of policy responses

- The effectiveness of many of the Australian drug programmes and drug policy that focus on children in families is either not known or requires ongoing evaluation.



- The importance of a positive and supportive family environment in the prevention of alcohol and substance misuse is emphasised in a number of evaluative studies.
- In the US, family intervention programmes such as 'Healthy Families America,' have been shown to have limited success for long term outcomes.
- In New Zealand the use of family visitation as an intervention in parental drug misuse was not found to be influential.
- Australian literature reports limited evidence with regard to the efficacy of family intervention and substance misuse in families.
- A shift to integrated, longer term school-based programmes that do more than focus on immediate outcomes is supported in the literature.

Better practice

Diversion programmes

- More early intervention strategies are needed to engage with people who may be just starting their drug taking.
- The Australian Illicit Drug Diversion Initiative is a national response which involves the diversion of drug offenders by the



police or courts to compulsory drug assessment and treatment services.

- The Australian Medical Association has evaluated the effectiveness of three Indigenous diversion programmes which appear to be working well.
- Indigenous centred success measures, both in process and outcomes, require further development.

Drug courts

- Drug courts in Australia deal with offenders who are heavy illicit drug users with criminal records. Most of them do not include offenders who are dependent on alcohol and may be implicated in violent crime.
- Evaluations of Australian drug courts are not consistent. Whilst short term outcomes of improved health and well-being are relatively well documented, the longer term likelihood of re-offending or criminal behaviour is not so clear.

Working outside the criminal justice system

- Some studies advocate for 'whole of government approaches' and the need to work with agencies that are not directly linked to the criminal justice system, such as:
 - family services;
 - parent support and mentoring;
 - child abuse and domestic violence treatment;
 - housing services; and



- education systems.

Indigenous substance users

- A range of factors contribute to better practice in Indigenous policy and service responses to substance misuse, including:
 - control and good governance by Indigenous communities;
 - the building of trusting relationships between young people and practitioners;
 - a holistic framework that includes extended family members.

Family intervention

- Family intervention programmes need to adopt multiple strategies including:
 - early intervention for parents at risk of substance misuse;
 - programmes that support parental functions;
 - strengthening family resilience;
 - integrated treatment models; and
 - broad-based programmes including supply and demand reduction.

Individual drug specific family intervention

- Individual behavioural family intervention strategies have had some success in Australia – although less so for Indigenous families.



Early intervention

- The importance of targeting evidence-based preventative programmes to families in drug treatment who already have, or are likely to have, children has been highlighted in the literature.

School-based intervention

- School-based interventions need to be:
 - relevant for the particular social and cultural settings in which they are implemented;
 - have student and wider community input;
 - be evidence-based; and
 - underpinned by a harm minimisation policy.
- Drug education programmes which have utilised behavioural change approaches assuming behavioural deficits in youth may not always be the most effective. Research suggests that social influence approaches be incorporated into school-based programmes.
- The use of mentorship programmes is considered particularly valuable in institutional settings like schools. The Big Brothers/Big Sisters programme has been implemented in Australia and evaluations indicate a reduction in early drug use.
- Early interventions incorporating quality child care and pre-school, combined with home visits, have been found to be effective in preventing later drug use by children from marginalised families.



Dual diagnosis intervention

- There is good evidence that 'brief interventions' in the treatment of alcohol dependent people with mental health conditions that are not severe can be effective.
- The following features are considered to contribute to better practice for substance users with 'dual diagnosis,' including:
 - a non-medical youth work focus;
 - informed by young people;
 - trusting relationships with practitioners;
 - flexibility regarding appointments; and
 - Youth outreach programmes.

Common features of better practice

- Some of the common features highlighted as contributing to better practice across the different areas of substance misuse include:
 - whole of government and across system approaches;
 - strategies that include harm minimisation;
 - demand reduction and supply reduction policies;
 - individual and community involvement; and
 - flexible service responses.
- The range of substance misuse programmes delivered in Australia requires thorough evaluation particularly with respect to long term outcomes.



- Structural factors such as unemployment, the impact of colonisation, social marginalisation and poverty needs to be recognised as placing limitations on family-intervention, school-intervention and other substance misuse programmes

What are the knowledge gaps in substance misuse policy and services?

Areas highlighted by the literature as requiring further research include:

- how best to deliver drug services to women and clients from Culturally and Linguistically Diverse backgrounds;
- how government and non-government services can work in an integrated way;
- how to educate GPs and other health workers about Foetal Alcohol Syndrome;
- how to ensure adequate training for health and child protection workers to respond to families affected by substance misuse issues;
- how to establish greater co-ordination of research about substance misuse in families;
- how to conduct further evaluations about substance abuse interventions that have already been initially evaluated but require ongoing evaluation;
- the issue of harm minimisation in prison populations;
- whether grand-parent carers are an emerging issue; and
- the issues of supply and demand reduction in family, school, work and diversion programmes.



INTRODUCTION

The first paper of this two part series on the impact of substance misuse on children and families has examined the prevalence and effects of substance misuse in Australia. Substance misuse in Australian communities has become an issue of concern across health, mental health, education, housing, child welfare and justice sectors. How different population groups access drug treatment services has been examined in the last paper and the need for inter-sectoral collaboration across service sectors highlighted. This paper reports in more detail the policy initiatives needed to address the complexities of these issues. A general overview of current policies will be provided as well as current evaluations of policy responses in the international and Australian contexts. The efficacy of diversion programmes and drug courts are discussed in terms of what contributes to better practice. This paper also explores a range of other interventions including: those focussed on the family, the school and those with dual diagnosis. These interventions are interrogated to identify common processes that have been shown to contribute to better practice.

This paper concludes by identifying the knowledge gaps in substance misuse policy and services and draws the reader's attention to key areas for attention and further exploration.

POLICY RESPONSES TO DRUG USE IN FAMILIES

Policy responses to drug use in Australia comprise strategies that respond to supply, demand and harm reduction (AIHW 2005). Although much of the attention is on illicit substances it is well established that legal substances such as alcohol and tobacco contribute to greater health and social harms and



require strategies that reduce supply, demand and harm (Loxley *et al.* 2004). Regulation of supply is strongly supported by the literature. Australian tax policies ensure that cigarette prices are relatively high and taxes on beer and spirits also serve to dampen demand. On the other hand, the relative ease with which people can obtain alcohol is problematical for families. Increases in the number of outlets and extended trading hours has been noted in Australia and an association with road trauma and violence noted here and in other Western countries where the supply of alcohol has become more readily available. Alcohol based taxes on spirits and beers increase the price of these products, unlike wine based products which are not taxed as highly (Loxley *et al.* 2004).

The supply reduction of licit drugs such as alcohol and tobacco is difficult in a free market economy and can lead to government interventions being viewed as overly regulative. Turner (2003) advocates health warnings about FAS on alcoholic beverages similar to those on cigarette packets. Increasing the taxation on alcoholic beverages, limiting availability and stronger penalties for drink driving are also described as strategies to discourage under-age drinking in particular (Casswell & Maxwell 2005). The importance of universal regulatory interventions for legal drugs, including measures that contribute to making alcohol and tobacco products more costly through taxation and reducing the hours and ease with which alcohol can be purchased is emphasised (Donnelly & Briscoe, 2005).

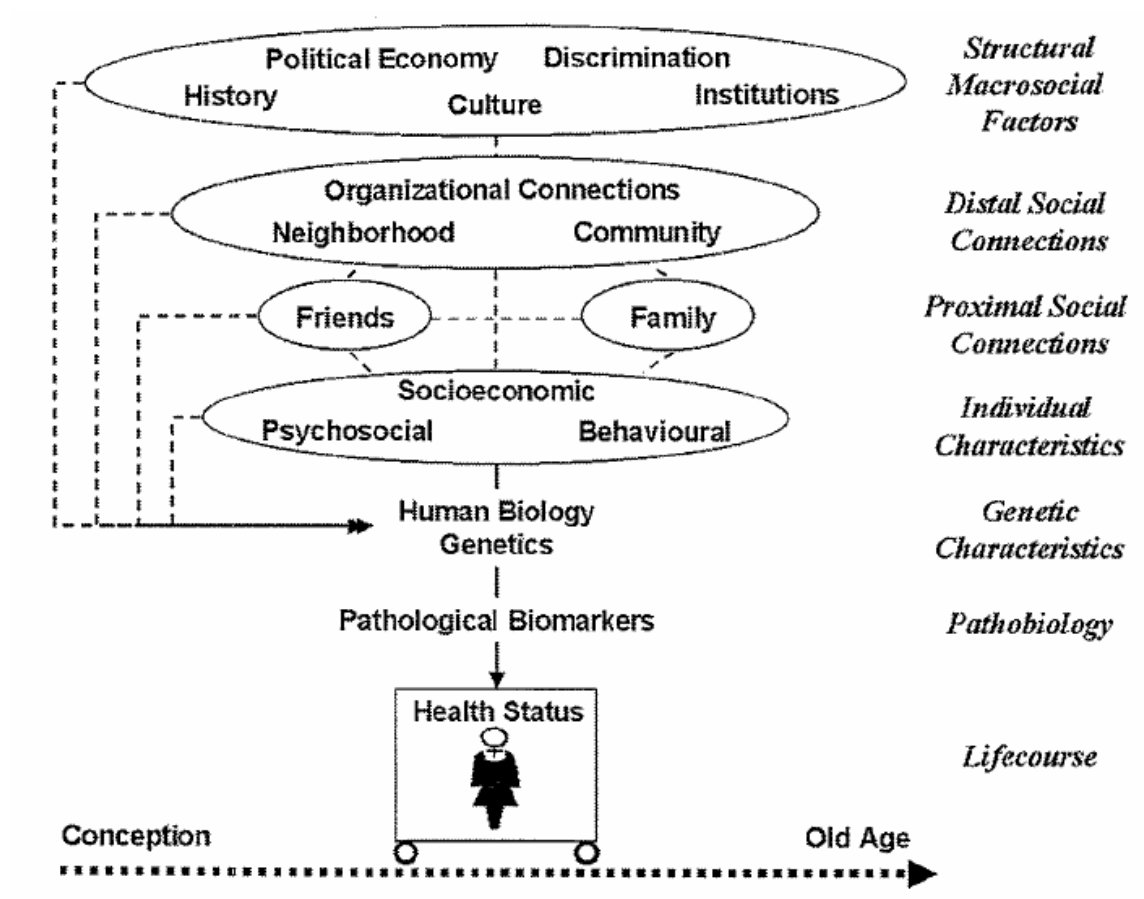
In the prevention of illicit drug use, current laws shape social values and views resulting in societal disapproval. The long term effectiveness of laws that enforce the status of drug use as 'illegal' is the subject of much debate. The 'illegal' status of many drugs acts as an attraction and a deterrent. The decriminalisation of some drugs such as cannabis in some states and the use of drug courts and diversion programmes which enable substance users to access treatment do not appear to result in more drugs being used and may



also reduce the social costs associated with criminal conviction (Loxley *et al.* 2004).

Much of the policy and many programmes have tended to focus on individuals and families and this is reflected in the literature reviewed. Social epidemiologists have stressed the importance of addressing health issues at the population level with multilevel strategies (Lynch 2000). The following diagram reproduced from Lynch (2000) illustrates how health issues are contextualised within complex social, economic and political situations.

Figure 1: The social context of substance misuse.



Reproduced from Lynch (2000) *Australasian Epidemiologist*; 73: 7-15.



This diagram illustrates what Lynch (2000) refers to as the multi-level and multi-time point approach which can be used to contextualise the three major arms of Australian drug policy: supply, demand and harm reduction and how these overlay the individual experience of substance misuse.

Australia's national drug policy is based on the recommendations of the 1997 report of the Senate Standing Committee on Social Welfare. The current National Drug Strategy has been created through bi-partisan support and collaboration between the Commonwealth, State and non-government sectors. The National Drug Strategy emphasises the importance of prevention of drug use including:

- delaying the start of drug use;
- protection against risk and reduction of harm associated with drug supply and use; and
- the development of innovative harm minimisation approaches.

(Loxley *et al.* 2004).

To achieve this, partnerships between health and law enforcement sectors are recommended (Alcohol and other Drugs Council of Australia, 2006).

In comparison to other Western countries, Australia has one of the most progressive drug policies – with an emphasis on harm reduction as an overriding principle. There is criticism in the international literature that there is insufficient data available with regard to the harms associated with drugs (particularly illicit drugs) and that given the cornerstone of Australian drug policy is 'harm reduction' that this is a major flaw (Single & Rohl 1997; Trace *et al.* 2004). In contrast, the importance of maintaining the harm reduction



principle in Australian policy is emphasised by Loxley *et al.* (2004). Some advocate for the expansion of needle exchange programmes for the prevention of Hepatitis C and other blood borne viruses and the use of safe injecting rooms and heroin trails (Loxley *et al.* 2004). Decriminalisation rather than legalisation of illicit substances has enabled the establishment of 'drug courts' and cannabis diversion programmes thus preventing the likelihood of first time and young offenders serving a prison sentence and may assist in preventing further illicit drug use (Feeney *et al.* 2005).

Substance misuse policy and practice covers a range of government sectors and strategies in Australia including the criminal justice system, child protection and family intervention, school-based intervention, mental health and may use responses that variously focus on individual counselling, prevention, education, mentoring, de-toxification or rehabilitation. Within the general area of substance misuse there are also specific issues experienced by particular groups such as youth, Indigenous people and people who are categorised as 'dual diagnosis.'

Different approaches are needed to meet the cultural, gender or age specific needs of particular groups such as Indigenous, minority ethnic groups, older and young people, men and women (AIHW 2005). Intervention or treatment regimes targeting the individual drug or alcohol user may not be effective when taken out of the dynamic of the families within which they are situated (Trace *et al.* 2004; Usher *et al.* 2005; Velleman *et al.* 2003; Velleman *et al.* 2005). Parental drug and alcohol misuse is part of a complex web that may contribute to the difficulties experienced by families.

Partnerships between drug and alcohol agencies and child protection agencies are advocated in the sectors of child welfare, health, justice and disability. In addition, some argue that a national strategy for the prevention of child abuse and neglect should be formulated contributing to greater



consistency in policy and administrative responses (Bromfield 2004; Department for Community Development 2003; Loxley *et al.* 2004; Ministerial Council on Drug Strategy 2002). A response to the National Drug Strategy 2004-2009 advocates greater collaboration with the non-government sector but qualifies this with the observation that such partnerships require commitment to adequate resources (Wilson & Saleeba 2003).

Supply reduction

The supply reduction of illicit drugs is far from straightforward. An Australian wide review of drug law enforcement found that drug squads in the states and territories reported limited success in prosecuting those who were influential in the illicit drug industry. Proponents of 'harm minimisation' question the usefulness of the illegal status of some drugs. They argue that illegality is associated with overdoses, unsafe injecting and irresponsible disposal of needles and can drive suppliers 'underground.' The philosophies that inform 'harm minimisation' may contrast starkly with those that inform legislative frameworks prohibiting drugs (Canty *et al.* 2005). On the other hand, other literature does highlight reductions in drug related deaths as a consequence of supply reduction. An Australian Federal Police study reports that the number of heroin related deaths had fallen since 2000 as a result of police interception of heroin (Australian Federal Police Research Notes, 2004). Dergenhardt and colleagues (2005) also support this finding noting that heroin related deaths, particularly for the young, decreased when heroin was less readily available.

The supply reduction of licit substances such as alcohol and tobacco is not straightforward either. In Australia there are tax policies which ensure taxes and higher prices for cigarettes, beer and spirits although the relatively cheap availability of cask wines and fruity 'pop' wines has been questioned. Donnelly & Briscoe (2005) note that strong law enforcement strategies such as



police ensuring staff at licensed premises refuse to serve alcohol to intoxicated patrons can be effective in reducing alcohol related crime. They emphasise the importance of 'intelligence' about those premises that are in breach of liquor licensing laws so that prevention programmes can be more effectively targeted. A submission by the Alcohol and Other Drugs Council of Australia recommends that more attention is paid to reducing the supply of licit drugs (2006).

Current evaluations of policy responses

The effectiveness of many of the Australian drug programmes and drug policy is not known particularly as they relate to children in families where substance misuse is an issue (Loxley *et al.* 2004; Tilbury 2005). The effectiveness of these for Indigenous people has similarly not been thoroughly evaluated (Gray & Siggers 2005). The importance of constantly evaluating drug policy is outlined in a UK report where it is stipulated that policy makers should ensure that policy objectives are independently evaluated on a regular basis and that the results of these evaluations should be communicated to professionals working in the area and the general public (Trace *et al.* 2004). The importance of effective evaluation that measures the community-level impact of intervention programmes is also asserted with regard to Australian health promotion and prevention responses (Loxley *et al.* 2004).

The importance of a positive and supportive family environment in the prevention of alcohol and substance misuse is emphasised and the use of family-based drug prevention programmes lauded (Spooner 2004; Velleman *et al.* 2005). It is also acknowledged that these programmes will achieve limited success without due recognition given to the societal pressures on families and major changes in societal infrastructure such as: increased parental participation in the work-force, stress associated with longer working



hours and insecure employment and increasing numbers of single parent families (Spooner 2004).

In the US family intervention programmes such as 'Healthy Families America' show that 23 per cent of the families assisted were identified as having parents with substance misuse issues. One of the major problems with the programme has been identified as the difficulty in ensuring that families are retained under the programme as many of the issues require long term strategies. Extensive partnerships with a range of community, educational, health and welfare agencies was viewed as crucial in responding adequately to the complexity of problems presented by families under the programme (National Center on American Child Abuse Prevention 2004). Early Head Start is a government funded programme in the US whose purpose is to identify and report signs of neglect and abuse and also to provide support to those families where this occurs. The programme's objectives are to deal with children already in the welfare system responding to developmental and education delays, monitoring nutrition and health (Early Headstart National Resource Centre 2005). The long term effectiveness of the programme has not been evaluated in terms of substance misuse; but it was noted that parents were more likely to ensure that their children attended health check ups. Other literature questions the lack of evaluation in US family intervention programmes (Grant *et al.* 2005).

In New Zealand the Early Start Program, a family visitation programme, has recently been evaluated. Family support workers provide a range of support for mothers of children in the areas of marital and partnership difficulties, family violence, substance abuse and mental health problems. An evaluation of the programme surveys a selection of international and Australian home visitation programmes and concludes that these have limited success and that further research is required about how to more effectively design and implement these programmes to respond adequately to the needs of at risk



children. The report found only small improvements in the control group who participated in Early Start. Overall the use of family visitation as an intervention in parental drug misuse was not found to be influential (Fergusson *et al.* 2005).

Australian literature documents similar findings stating there is only limited evidence with regard to the efficacy of family intervention and substance misuse (Single & Rohl 1997; Tilbury 2005; Velleman *et al.* 2003). Some school-based intervention programmes are considered to result in better outcomes for children and adolescents delaying initiation or acceleration of substance use. Peer-led volunteer visitation programmes in the US have also resulted in some good outcomes for children of mothers who misuse substances (Vimpani 2005). An Australian programme 'Parents under pressure program' for opiate users has contributed to some positive outcomes for families affected by substance misuse, reporting improvements in parenting, parent-child relationship and parental substance use and risk behaviour (Vimpani 2005). Improved outcomes in delaying early initiation into drug use has also been described as more effective when family centred programmes are integrated into school-based prevention programmes (Velleman 2005). Harm prevention programmes need to be integrated into broad-based interventions that tackle social factors such as education and employment. The tensions and conflicts between the different goals of specific programmes need to be reconciled so that responses to substance misuse and social problems are more holistic in approach (Loxley *et al.* 2004).

The efficacy of school-based interventions for Indigenous Australian communities is based on short-term outcomes, however, it has been noted that factors such as raising self esteem, life skills and social support may be more important for Indigenous peoples (Gray & Saggars 2005). The shift to integrated, longer term programmes is also supported by Vimpani and Spooner (2003) who assert that short term interventions will not succeed and that programmes need to respond to the diverse range of familial, cultural,



social and economic factors that impact on families with substance misuse issues. This observation is similarly supported by those writing about Indigenous intervention (Alati *et al.* 2003; Arem *et al.* 2003; Carroll 2003; Hayes 2001; Homel *et al.* 1999; Keel 2004; Loxley *et al.* 2004; Strempel *et al.* 2003).

There has been some movement toward de-criminalisation of some substances such as cannabis, enabling service responses that position drug use as a health rather than criminal issue. This is by no means straightforward and often presents more challenges in addressing the complexities of an individual's drug use (Mental Health Council 2006). Whilst this and other responses to substance misuse in Australia appear to raise more questions than answers there are elements and aspects of particular programmes that have been found to be effective and the identification of these can contribute toward better practice.

BETTER PRACTICE

Diversion programmes

The importance of 'diverting' young offenders when they first offend is the emphasis of an US study which maintains that funding and resources should be targeted toward this area as this is where most of the gains occur. The difficulties for police engaging with people early in their drug taking experience is also seen as a concern in Australia and it is suggested that additional early intervention strategies are needed (Loxley *et al.* 2004; Prichard & Payne 2005). Terry and colleagues (2000) advocate for a single point of entry to drug services for offenders, comprehensive assessment, systems collaboration, case management and aftercare follow up. This study recommends flexibility in the kinds of interventions offered to young offenders ranging from support groups, de-toxification and rehabilitation, outpatient, day patient and residential services.



The Australian Illicit Drug Diversion Initiative (IDDI) was started in 1999. This is a national response which involves the diversion of drug offenders by the police or courts to compulsory drug assessment and treatment services (Loxley *et al.* 2004). In a Queensland study of cannabis diversion programmes it was found that the majority of young people who came in contact with the police were dependent on the drug. It was also found that the diversion programmes were able to identify clinically significant problems in young offenders. The study also raised concerns that the future development of diversion programmes must take into account the challenges associated with altering dependent use patterns of young people and the high risk of relapse (Feeney *et al.* 2005). This finding is corroborated by Prichard & Payne (2005) who advocate for the development and implementation of harm reduction strategies for young people after their release from detention.

The Australian Medical Association's 'Good News' (2006) reports positive outcomes for three Indigenous diversion programmes. Benelong's Haven is a treatment centre that is based on Alcoholic Anonymous principles and reconnecting with spiritual relationships. It was found that all clients who completed 75 days of treatment demonstrated significant improvement in the psychological conditions of depression, anxiety and stress. Milliya Rumurra Alcohol and Drug Rehabilitation Centre (which is also the site for a sobering up shelter) liaise with the regional magistrate to provide assessment and treatment to offenders prior to sentencing. Of the 22 people who have completed the programme since 2005 none have re-offended. Similar early findings are reported for the 'Magistrates Early Referral Into Treatment' (MERIT) which is not Indigenous specific. This New South Wales programme referred people facing court with drug related offences to treatment and rehabilitation services. Repeat offences have been greatly reduced for offenders who have completed the programme.



Although the initial findings for these diversion programmes demonstrate their effectiveness it is recommended that funds are allocated to the Coalition of Australian Government's Illicit Drug Diversion Initiative for studies to further examine the effectiveness of diversion programmes. In particular, it is suggested that Indigenous centred success measures, both in process and outcomes, are developed for more accurate assessment of Indigenous programmes (Good News, 2006).

Drug Courts

Drug courts have arisen in Australia in response to the increased demands on courts due to drug related offences. They also operate in the USA, Canada, Ireland and Scotland. Initially emerging in the USA in the 1970s in response to non-violent offenders who had committed minor drug related offences these courts now also deal with more complex clients who may have criminal records and have committed violent crime. Drug courts in Australia have mostly been implemented on a pilot basis and operate in New South Wales, Victoria, Queensland, South Australia and Western Australia. These courts deal with offenders who are heavy illicit drug users with criminal records. Most of them do not include offenders who are dependent on alcohol or who have been involved in violent crime and this is seen as a concern by some as alcohol is often associated with public disorder and violent crime (Loxley *et al.* 2004).

Evaluations of Australian Drug Courts are patchy and this is also reported in overviews of US drug courts. Generally it was found that the health and well-being of participants improved but the effects on repeat offending and criminality are not so clear. It has also been suggested that the courts deal mostly with white offenders with Indigenous and young offenders less well represented. The development of specific treatment agencies in the community has been suggested for these groups (Loxley *et al.* 2004).



Working outside the criminal justice system

Other literature highlights the importance of adopting multiple responses to the issue of substance misuse and working outside the criminal justice system. The importance of early intervention is emphasised by Prichard & Payne (2005). They advocate for 'whole of government approaches' and the need to work with agencies that are not directly linked to the criminal justice system, such as:

- family services;
- parent support and mentoring;
- child abuse and domestic violence treatment;
- housing services; and
- education systems.

Erickson and Butters (2005) also describe the importance of multi-faceted approaches with Aboriginal Canadian youth offenders claiming those that are found to be most effective involve the youth's families. The Functional Family Therapy (FFT) programme has also been found to be effective in preventing offending amongst voluntary and court-mandated adolescent offenders in the US (Loxley *et al.* 2004). Evaluation of this programme has identified that an important element is the way it reframes problems away from individuals and instead focuses on a concept of a mismatch in family needs. In Chandler USA, 'Operation Restoration' a programme that used bicycle patrols of the neighbourhood to enforce laws regarding the use of illicit drugs and the crimes and behaviours associated with these, reported some success in its evaluation, including a decrease in petty crime and the displacement of drug related activity (Mazerolie, *et al.* 2005).



Indigenous substance users

Responses to substance misuse in Indigenous communities include Indigenous specific services such as dry communities, sobering-up shelters, night patrols and Indigenous specific diversion programmes (Gray & Siggers, 2005). Few substance misuse interventions for Indigenous people in Australia have been rigorously evaluated. As with the general population, strategies addressing supply, demand and harm reduction are important. Those strategies that have been evaluated and are considered to work include addressing liquor licensing and alcohol supply issues in rural and remote communities (Loxley *et al.* 2004).

Further strategies that are suggested include adequate support for health workers enabling them to implement early screening and alcohol interventions, brief interventions in various settings, ensuring Indigenous people have full access to the range of services available for the treatment of alcohol dependence and working with vulnerable communities to prevent the risks associated with alcohol use and pregnancy (National Alcohol Strategy 2006). Spiritual and cultural healing components in alcohol interventions in conjunction with programmes such as Alcoholic Anonymous which include 'story telling' components compatible with Indigenous culture are also considered effective (Alati *et al.* 2000; Carroll 2003). The consultation paper to the National Alcohol Strategy 2004-2009 notes that although there are culturally appropriate tools available to assist primary health workers the uptake is poor and difficult to sustain and that programmes which do not include consideration of families have limited success.

Responses to substance misuse for Indigenous people in Australia need to take into account the impact of rural and remote locations on access and need to acknowledge traditional practices. It is also important that services are informed and managed by Indigenous people. The issue of partnerships



and collaboration are also seen as important. It is increasingly recommended that stronger links are formed between Indigenous primary health care services and mainstream specialist services. The relationship between Indigenous substance misuse and the justice system is also seen as crucial in responding effectively to the treatment needs of Indigenous people – this includes access to diversionary programmes, pre-sentencing programmes and legal aid (Gray & Saggars 2005; Yarram 2003; Wilson & Saleeba 2003).

Indigenous substance misuse in Australia, New Zealand, Canada and the USA occurs within a complex context of social determinants, including cultural and historical factors associated with colonialism and their position as minority populations. Substance misuse prevalence is higher in these groups than for the non-indigenous populations due to a range of factors including marginalisation, homelessness, unemployment and lower health status.

The elements that contribute to effective Indigenous services have been identified by Gray & Saggars (2005) as:

- control by indigenous communities, commitment by chief and councils, good governance and social accountability;
- clear outline of principles, plans and strategies combined with an achievable time-line;
- strong management and clearly defined management structures;
- appropriate staff including those who speak relevant native languages;
- holistic and flexible interventions;
- partnerships both intra and inter-agency; and
- processes of reporting, monitoring and evaluation.



Strempel and colleagues (2004) further identify sustainable practices that include:

- adequate funding;
- social accountability to the broader Indigenous community; and
- enabling Indigenous perspectives to direct services.

Szirom, King & Desmond (2004) who evaluate the effectiveness of service provision to young Indigenous people presenting with substance misuse and mental health problems emphasise:

- building trusting relationships between young people and practitioners;
- relaxed and welcoming sites;
- flexibility regarding 'appointments';
- mobile youth outreach programmes; and
- development of extended, long-term, flexible support.

The importance of acknowledging that treatment should sit within a holistic framework that includes extended family and a client-centred approach are also identified as elements of 'better practice.'

Longer term broad community development strategies have demonstrated success in New Zealand where policies of cultural affirmation that utilise Indigenous organisations and communities in developing and implementing substance misuse programmes have been instrumental in creating employment opportunities for Maori peoples and have also addressed substance misuse. Elements of substance misuse programmes for Indigenous people in Australia appear to be working well in some areas including dry communities, community patrols, school based interventions, sobering up shelters and programmes linked to sporting activities. More thorough



evaluation of these is required to develop programmes that can respond to the holistic health and social needs of Indigenous people (Gray & Siggers 2005).

FAMILY INTERVENTIONS

In the first paper of this series (*The impact of drug and alcohol misuse on children and families*) it was asserted that families can be positioned as supportive of individuals who are misusing substances, be sites where children can be initiated into early drug use because of parent or other family member's drug use; or can withdraw from individual family member's drug misuse problems. Family intervention programmes in Australian and other Western countries are designed to support families with children and respond to a range of issues including parental substance misuse – many of these are voluntary and preventative in focus. Policy and programmes in the US respond to families already in the 'welfare system' where there is less voluntary participation than is the case in Australia – often families are referred to the programmes through hospitals or other professional workers in welfare (Loxley *et al.* 2004).

Usher and colleagues (2005) claim that policy initiatives should emphasise the provision of support to keep families intact rather than resulting in families withdrawing from drug-abusing adolescents. The role of practitioners working in the area is also scrutinised and they suggest that the 'professional gaze' be repositioned to recognise the positive attributes that families may hold – to focus on the 'function' rather than 'dysfunction' of families. This issue is also raised in a British study by Taylor & Kroll (2004) who emphasise the importance of building trust with families who may be afraid of the consequences of divulging substance misuse.



The tension in separating out elements that may address an individual's needs whilst recognising the complex structural factors within which family substance misuse occurs is difficult in terms of policy and service responses. For example, Loxley and colleagues. (2004) discuss the issue of sole parenthood as a risk factor in more frequent drug use in adolescence, raising the possibility that this is due to the additional emotional and financial stresses these families experience rather than the number of parents present. Citing an evaluation of parent education intervention it was found that this contributed to reducing early adolescent multiple drug use particularly when used with parenting groups that consisted of a high proportion of sole parents.

The contribution of family involvement in addressing the substance misuse issues of young indigenous peoples in Australia, New Zealand and Canada has also been raised along with the importance of these young people having a stake in their own culture as well as mainstream society (Saggers, Gray & Strempele 2006). Erickson and Butters (2005) describe the usefulness of multi systemic therapy (MST) in addressing Aboriginal Canadian substance misuse and stress the importance of family involvement. MST, which involves families and their children in the establishment of treatment goals and objectives, has been found to be particularly effective for families with multiple and complex problems (Loxley *et al.* 2004).

The effectiveness of generic family intervention programmes have been evaluated in the US including 'Project Northland (Minnesota) Iowa's Strengthening families program (ISFP)' and the Positive Parenting Program (Triple P) widely implemented across Australia. These programmes appear to be quite effective in strengthening family resilience which is a protective factor in preventing substance misuse. An US programme 'Preparing for the Drug Free Years (PDFY)' targeting children 8-14 years has also been shown to



be particularly effective in reducing alcohol misuse, although whether this programme is relevant to the Australian context is open to question. Whilst there are some positives from these programmes, Vimpani (2005) questions whether specific programmes that address alcohol and drug misuse in families are more effective than generic programmes such as Triple P.

The need for integrated treatment models is proposed by Hegarty (2004) who cites the US based 'Starting Early, Starting Smart' programme which demonstrates the effectiveness of integrated, cross-system programmes. Hegarty (2004) stresses the need to co-ordinate care across systems in consultation with other service providers, families and carers. Evaluations of this programme have shown decreased indicators of parental stress resulting in more positive parenting styles which are associated with preventing substance use and criminal activity by children.

Individual drug specific family interventions

The need to pay attention to family and relationships is raised by Vimpani (2005) who cautions that family intervention programmes currently operational in Australia, USA and Britain are not a panacea for addressing substance misuse issues within families. Whilst caution is advised regarding the long term effectiveness of family intervention programmes Vimpani (2005) does identify where progress has been made. Individual interventions such as behavioural family interventions developed specifically for parents who misuse substances have had some success although have been found to be less useful for non-Anglo Australian and Indigenous families. Vimpani (2005) also highlights the successes of an Australian programme for methadone maintained families 'Parents under pressure,' citing significant improvements in parental functioning, parental/child relationships, parental substance use and risk behaviour. Loxely and colleagues. (2004) refer to the historical importance of 'The Addicts and Families Project' which found that



supplementing methadone maintenance with family therapy reduced drug use in about two-thirds of cases.

Early intervention

Other research highlights the importance of early intervention for parents at risk of substance misuse. It is claimed that paediatricians are in a good position to counsel and refer parents to appropriate support services because of their established relationship with the parents (Hoover *et al.* 2004). In a report on the workforce implications for drug and alcohol agencies it is noted that there is a need to provide more support and therapy for families of clients and that the move to 'family therapy' may be a more effective response (National Alcohol Strategy Workforce Issues and the Treatment of Alcohol Problems 2003). Questions are also raised about the need for further research on the detrimental psychosocial effects for children, which may be different depending on whether they are cared for by parents who are alcohol dependent or drug dependent (Cooke *et al.* 2004). The importance of targeting evidence-based preventative programmes to families in drug treatment who already have or are likely to have children is advocated – this is in terms of drug treatment for parents and ensuring healthy development of existing or potential children (Loxley *et al.* 2004).

There has been an emphasis on family intervention programmes with respect to responding to drug and alcohol use by parents or by their children. Further research is required into the effectiveness of these and how they could work more closely with school based intervention and other broad-based programmes including supply and demand reduction in more cohesive and integrated ways (Casswell & Maxwell 2005; Loxley *et al.* 2004; Stratham 2004; Velleman *et al.* 2005).



SCHOOL-BASED INTERVENTIONS

School-based drug education programmes have been developed over many decades in Australia and have focussed on the areas of:

- childcare – early learning, pre-school;
- primary school;
- secondary school; and
- adolescents.

The following key elements have contributed to the most successful programmes across these areas:

- comprehensive grounding in research and theory;
 - consistency and clarity in message delivery;
 - provision of information that is appropriate to the children;
 - illustration of how children can use skills to resist drug use;
 - preventative focus before behavioural patterns are established;
 - reflecting the values and attitudes of individuals and the community;
 - emphasis on prevalent and harmful drug use;
 - use peer leadership strategically; and
 - underpinning harm minimisation philosophy.
- (Casswell & Maxwell 2005; Stratham 2004; Velleman *et al.* 2005; Loxley *et al.* 2004; McBride 2005).

Programmes should also include acknowledgement of the cultural characteristics of the target group, be interactive in delivery and ensure that teachers are adequately trained and supported (Loxley *et al.* 2004). The New Zealand National Drug Policy 2006-2011 Consultation Document, identifies



similar elements as essential to strengthening drug education in school communities, claiming that programmes:

- should be evidence-based;
- should be co-ordinated with other community initiatives; and
- have input from students (Ministry of Health 2006).

Whilst many drug education programmes have utilised behavioural change approaches assuming behavioural deficits in young people these may not always be the most effective. Rather it is suggested that social influence approaches may be more successful as these recognise the influence of peer subcultures and the role families can play in either attempting to stop drug use or as contexts where children become familiar with familial patterns of substance misuse (Loxley *et al.* 2004).

Whilst drug education programmes are considered to achieve good short term outcomes these need to be reaffirmed with additional programmes on an ongoing basis including social marketing, community and parental involvement. Strategies such as the teaching of Life Skills Training (LST) have been used in the US with some success in reducing drug consumption. These equip children with the skills to resist peer pressure, building confidence and assertion skills. The use of mentorship programmes is also considered particularly valuable in institutional settings like schools. The Big Brothers/Big Sisters programme has been implemented in Australia and evaluations indicate a reduction in early drug use (Loxley *et al.* 2004).

Early interventions incorporating quality child care and pre-school combined with home visits have found to be effective in preventing later drug use by children from marginalised families. The "Perry Pre-School Project", which involved children from marginalised families attending pre-school followed up by home visits to families, was found to reduce criminal behaviour and substance misuse (Vimpani 2005). Youth sport and recreation programmes



may also in some situations result in at least short term cessation or delay in substance misuse although these are not recommended as 'stand alone' strategies and need to be supported by other interventions (Loxley *et al.* 2004).

DUAL DIAGNOSIS INTERVENTIONS

There is good evidence that 'brief interventions' in the treatment of alcohol dependent people with mental health illness can be effective. The use of techniques such as 'motivational interviewing' can pave the way for further treatment. This technique has been found to be less useful in people with severe mental illness and preventative measures are recommended particularly for cannabis users (Baker *et al.* 2002).

The New South Wales Dual Diagnosis Project identified the following best practice elements in the treatment of youth with dual diagnosis:

- a non-medical youth work focus;
- programmes which are developed and informed by young people; and
- respectful and non-judgmental treatment of young people.

Best practice in service provision for young people presenting with substance misuse and mental health problems was assessed by Szirom, King & Desmond (2004) who identify the following elements as essential:

- trusting relationship with practitioners;
- treatment centres that are relaxed, welcoming with other young people visible;
- flexibility regarding 'appointments'; and
- mobile youth outreach programmes which employ mental health and alcohol and drug practitioners.



COMMON FEATURES OF BETTER PRACTICE

Some common features contributing to best practice include:

- whole of government or across-system approaches;
- strategies that incorporate all three levels of drug policy: harm minimisation, demand reduction and supply reduction;
- building of trust;
- individual and community involvement in programmes; and
- flexible and responsive modes of service delivery.

The range of substance misuse programmes in Australia requires thorough evaluation particularly with respect to long term outcomes. In terms of harm reduction the programmes that have been found to have the most evidence for effectiveness include: regulations to reduce passive smoking; random breath testing; needle and syringe distribution; treatment of opiate dependence; and hepatitis B vaccination (Loxley *et al.* 2004).

The social context of substance misuse programmes particularly with respect to addressing wider social and structural determinants (such as unemployment, impact of colonisation, social marginalisation and poverty) needs to be recognised as placing limitations on family-intervention, school-intervention and other substance misuse programmes (Gray & Saggars 2005; Loxley *et al.* 2004). Supply and demand reduction initiatives also heavily influence the effectiveness or not of individual, family and school-based interventions. This is particularly the case with licit drugs such as alcohol and tobacco.



WHERE ARE THE KNOWLEDGE GAPS IN SUBSTANCE MISUSE POLICY AND SERVICES?

Some of the knowledge gaps identified by the literature include how best to deliver drug and alcohol services to women, 86 per cent of whom report sexual or physical abuse, and clients from Culturally and Linguistically Diverse Backgrounds (AIHW 2005; Copeland *et al.* 2006). Other service delivery knowledge gaps include the need to document how different levels of government, different sectors of government, and non-government drug and alcohol agencies can work in a more integrated and cohesive way so as to respond effectively to the complexity of substance misuse in families (Department for Community Development 2003; Ministerial Council on Drug Strategy 2002; Single & Rohl 1997; Vimpani 2005; Yarram 2003).

In terms of intervention workforce issues are raised by many authors (Bromfield 2004; Carroll 2003; Department for Community Development 2003; Hayes 2001; Hoover *et al.* 2004) and include how to educate GPs and other health workers about particular conditions (such as FAS) and how to broach the subject with their patients. Other workforce issues include how to ensure adequate training for health and child protection workers in responding to the needs of families and children where there is substance misuse. With respect to attracting and retaining more Indigenous health workers the need to address the educational attainment of Indigenous people in completing secondary and tertiary education is raised as a major and pressing issue (SCRGSP 2005).

Greater co-ordination of the research that is conducted about substance misuse and families is considered crucial to capture the complexity of situations in which substance misuse occurs and the effects for family members. Government agencies tend to focus on particular aspects of drug



and alcohol misuse which they may link to health, crime, violence, child neglect and abuse. There is very little detail in the government programmes concerning how to address the social infrastructure issues that contribute to substance misuse in the community such as unemployment, poverty, lack of education, disability or mental health issues (Ainsworth 2004; Davies *et al.* 2005; Higgins *et al.* 2004; Loxley *et al.* 2004).

Further evaluations are needed of substance abuse interventions that have already been initially evaluated and may be considered for continuation or expansion. These may include: sobering up shelters; women's patrols and other community-based initiatives. Programmes that have already achieved greater collaboration and integration through case management approaches may require re-visiting in terms of their appropriateness for other areas – or piloted in rural and remote areas (Department for Community Development 2003; Carroll 2003; Gray *et al.* 2002; Stratham 2004). Needle exchange programmes in Australia and Canada have been instrumental in managing HIV/AIDS prevalence in those countries. The six Australian needle exchange programmes for Indigenous people have not been evaluated and the impact of these programmes for the health and social well-being of Indigenous people is not known (Gray & Siggers 2005).

The issue of harm minimisation within prison populations also requires further research – given the context of zero-tolerance to drugs in Australian prisons. This issue is important for the general population but is amplified for Indigenous people who are over represented in the prison population. Prisoners who use 'soft' drugs that are more easily detected may move to using drugs that are harder to detect including those taken intravenously. They are also at increased risk of contracting a blood borne virus through sharing of needles (Loxley *et al.* 2004). The health and social implications for those prisoners and their families particularly on release may have long



reaching and detrimental effects. The issue of supply reduction in this setting also requires further research and evaluation.

There is a growing concern that increasingly grandparents – both Indigenous and non-Indigenous - are caring for grandchildren who are no longer able to be cared for full time by parents who misuse drugs (Patton 2003). The health, financial and cultural issues in relation to this issue specifically for Indigenous communities requires further research and examination (www.cota.org.au; www.aboutseniors.com.au; www.grandparents.com.au).

Loxley and colleagues (2004) have identified some further major gaps in the literature including a lack of information about best practice for illicit drug treatment for groups with specific needs, particularly: Indigenous people, young people, prison inmates and people who misuse more than one drug, so-called poly-drug users. A dearth of knowledge about amphetamine-type stimulants is also highlighted while other drugs such as alcohol, cocaine and opiates are considered to be better covered.

The issues of supply and demand reduction are important elements that, along with harm reduction strategies, need to form part of family, school and diversion programmes for both licit and illicit drugs. The literature reviewed emphasised the importance of harm reduction in programmes targeting children and families. Loxley and colleagues (2004) highlight the need for more research into these areas including the effectiveness of strategies such as drug testing in work-places for both licit and illicit drugs. Drug and alcohol education seem to work most effectively in conjunction with other law-enforcement initiatives such as drink-driving and liquor licensing laws (Loxley *et al.* 2004). What seems important here is the integration of programmes and sharing of information between those services that adopt a harm minimisation approach and those that need to enforce the law.



CONCLUSION

The literature reviewed confirms that substance misuse occurs among many other complex issues for families. Responses need to recognise this complexity and work toward greater collaboration and integration of research, programme development, implementation and service delivery. The overlaps between different government and non-government sectors in health, welfare, child protection, justice, seniors, youth and so on need to be mapped and identified and adequate resources and infrastructure provided to enable more integrated and collaborative approaches to respond to the needs of children and families living with substance misuse issues.

Many of the issues that confront the whole population are amplified for the Indigenous population and the services and workers that respond to them (ACMD 2003; Ainsworth 2004; Arem *et al.* 2003; AIHW 2005; Casswell & Maxwell 2005; Commonwealth Department of Health and Aged Care 1999; Higgins *et al.* 2004; Keel 2004; Turner 2003).

The literature reviewed demonstrates that while there are gaps and uncertainties about what works in the area of substance misuse policy and service delivery there has been considerable progress. Elements of best practice – what works – have begun to be documented and these may be used as the building blocks for forming future policy and service delivery in this area. A common theme has been the need to engage with individuals who use substances in a meaningful way so that they are directly involved in the formulation and development of strategies. The need to build trusting relationships between people who are experiencing substance misuse problems and professionals working in the areas of health, child protection, Indigenous services, criminal justice and mental health areas is also seen as an essential component. Due to the complex situations within which substance misuse occurs within Australia and other Western countries it has



been recommended that 'whole of government' and 'across-systems' approaches are forged, including integrated responses to substance misuse that incorporate harm minimisation, supply and demand reduction. It has also been noted that more rigorous and ongoing evaluations of programmes need to be undertaken and that new initiatives and programmes need to be evidence-based.

SNAPSHOT – KEY AREAS FOR ATTENTION:

Snapshot – Key areas for attention:

- * Drug and alcohol policy and services need to respond to and acknowledge the specific needs of the high risk groups that have been identified by the literature and consult with: Indigenous people, women, young men and women, prison populations, elderly people and grandparent carers through research, evaluation of current services and developing new strategies in consultation with the groups in question.
- * The relative ease with which people can buy alcohol (through extended trading hours and lower taxation policies on wine based alcoholic beverages) has been questioned and requires further investigation with regard to the social and economic costs for communities, families and children.
- * Supply reduction initiatives require more attention with respect to the availability of licit and illicit drugs with more integrated working relationships between law enforcement and treatment agencies. Further research is required into the effectiveness of current supply reduction strategies.
- * Intervention programmes for parents who misuse drugs need to be contextualised within the family dynamic and acknowledge and respond



to the range of social factors that impact on substance misuse, family violence and child protection. Such factors include: poverty, ethnicity, unemployment, mental illness and disability.

* Current drug and alcohol policy and programmes need to be thoroughly evaluated for effectiveness to identify those programmes and services that are working well and those that are not so effective, to accurately ascertain the long term health and social outcomes for parents and the children in their care.

* The continuing education and training requirements for a range of health and child welfare workers require consideration so that they may identify potential issues for children living in families where there may be parental substance misuse and respond in ways that are preventative and non-stigmatising in nature.

* Addressing the educational needs of Indigenous people who have lower participation and completion rates in secondary and tertiary education is crucial in responding to substance misuse issues particularly in recruiting and retaining Indigenous health workers.

* Drug and alcohol misuse policy and service responses to Indigenous people should be informed, devised, managed and implemented by Indigenous people. Consideration should be given to further expansion of strategies that have been identified as working for Indigenous people and include community patrols and sobering-up shelters.

* Access to drug treatment services for Indigenous people in remote areas requires particular attention and the reasons why Indigenous people are not accessing treatment and detoxification services at similar rates to non-Indigenous people established.

* Drug and alcohol misuse policy and service responses need to be holistic in focus and forge collaborative links with the different



government and non-government organisations working in the sectors of health, child welfare, justice, employment and education.

* Future development of policy and programmes should be informed by the communities in which they are going to operate and adopt evidence-based and best practice principles.



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