

Appendix A – Niche target groups



Youth

A small number of youth were interviewed for this project – three from families with (what they describe as) alcoholic fathers and one from a family with an issue with a siblings drug use.

From discussions with these teenagers, the issues they are dealing with are somewhat different given the power imbalance in the relationship and the reduced sense of responsibility they have to ‘solve’ the issue. Whilst the sample was not large enough to attempt to generalise about a ‘youth cycle’, we can make the following observations about how these youth dealt with the issue of drug taking within the family and how intervention by youth oriented services had made a difference:

- From early memories (up to age 10), the young people in our sample recall experiencing ‘bad’ parental behaviour but not understanding it or having a context from which to interpret it. They didn’t know how parents were supposed to act and were not aware of what happens in other families. Therefore the drug related behaviour felt very negative but also ‘normal’.
- As they got older (eg at around 12 or 13) most started to realise that their parent’s behaviour was not only negative, but also not normal and not what their friends and peers were experiencing. This realisation could create a sense of guilt and shame about what was happening at home and a desire to hide the issue from others. This often led to them withdrawing from socialising properly with friends and peers and feeling a sense of embarrassment about the situation at home. Sometimes these subtle changes in social behaviour had been enough to trigger intervention from school counsellors. In other cases the child’s school performance and behaviour began to deteriorate

and it was this that signalled intervention from school authorities (counsellors or teachers). However, although the teenagers in the current study had been through some form of intervention program, it is likely that there are many young people who never receive treatment intervention because their outward response to drug or alcohol issues is not as pronounced or obvious.

- It was also quite concerning to note that as young people entered their teenage years they reported becoming quite involved in dealing with treatment cycles including recovery and relapse. This could be very emotionally draining and sets up youth to move through ongoing crises alongside the drug user. Clearly this cycle needs to be broken and some distance created between parents and their children.
- Some of the young people interviewed had even been forced to confront/deal with the issues almost alone – being only children or as a result of marital break ups and having to deal with the drug affected parent without the emotional support of the ‘healthy’ parent. It is also probable that even if both parents are around, the drug use is likely to have created turmoil in their relationship making it difficult for them to provide the support necessary for the children.

When intervention does happen (most often through schools referring youth onto specific treatment agencies such as Holyoake) topics that youth talked about that helped them better deal with the issues were:

- Understanding that substance abuse is ‘causing’ the behaviour – allowing them to put the behaviour into context and avoid the sense of blame that can often be associated with parental drug use/abuse.

- The realisation that other people (like them) are experiencing these issues as well. Whilst this is common to both adults and children, teenagers in particular can feel particularly devastated by social isolation and feeling different from their peers.
- Being able to share experiences was vital to coming to terms with and dealing with the issue more effectively. Having said that, the young people we spoke to in this project were not always ready to share experiences within a group and just being able to share their feelings with someone was important. A safe, comfortable and trusting adult relationship could actually be very important.
- As with adults, it was also very important for youth to begin to disassociate their own life and happiness from that of their parents, the first step being to realise that it is their parent's problem and it is their parent's responsibility to solve it. Young people in the sample suggested that agencies and counselling which helped them focus on their own goals and aspirations were very helpful. As part of this process they also began to re-evaluate their interrelationship with their parents.

In summary, from this small sample of youth, we conclude that it is very important to provide support and advice to this target. Sharing the burden of the issue is very important and difficult for youth who start to really understand/confront the issue at the same time they are entering their teenage years. Ordinary friendship groups and peers may not have the emotional maturity to support the person or understand the issues. To help youth reach out and access help, there should be more assistance readily available and even information available anonymously through the school system – as well as continued networking between school counselling services and drug and alcohol specific services.

NESB Groups

A series of six interviews were conducted with people working in agencies which aimed to address issues for NESB communities. Four of those agencies were D & A specific with three being more general community resources.

In general, findings from NESB interviews mirrored the findings from the general population in that – the cycle that families go through with regards to dealing with the issues is very similar and when and how they access different types of treatment options also appears to be quite similar.

The key differences were:

- The 'intensity' that different cultures bring to the emotional impact of drug and alcohol abuse.
- In some NESB communities there is a particularly strong focus on the family as a support unit and lifestyle factor. Therefore, issues which impact on one member of the family, are able to have an even greater impact on all members of the family. This often results in the 'self treatment' phase being particularly elongated and intense – however not necessarily any more effective. Workers in NESB communities recounted stories of parents shielding youth from police intervention and putting up with considerable aggression and physical threats. Even purchasing drugs for youth was not unusual.
- The impact that being in a cultural minority may have on accessing and utilising mainstream services.
- The high level of dependence on the family unit can create intense social stigma and shame associated with family members becoming involved with drugs. This can limit opportunities for group treatment and comfort with sharing the issue with others.
- Family support programs that advocate a hard line approach can seem inappropriate to some European culture (given the strength of the family and the fundamental expectation that families will support each other). Both Greek and Italian workers suggested that this approach is particularly difficult to understand amongst more traditional people within the community who may have less access to information and education.

- Private detox appears to be favoured in many NESB communities. Firstly, it enables the individual and family to deal with the issue without the social stigma attached to ‘going public’. Secondly it avoids the issue of dealing with mainstream services, which may feel more judgmental and even more ‘public’.
- In some Asian communities there was also a practice of sending youth/drug affected individuals ‘home’ to be dealt with using more familiar treatment programs. There was an expectation that these programs were more severe on the user and therefore likely to be more effective.
- For parents in particular there are added complexities and difficulties created by the existence of different cultural generations (eg first and second generation migrants) and the resultant level of integration/understanding of mainstream ‘Australian’ culture.
- First generation migrants (often the parents) can feel considerable guilt about ‘exposing’ children unsuccessfully to a new and different culture – which has dangers that they are ignorant about and find it difficult to understand.
- Drug using children of first generation migrants may therefore be better positioned to conceal their drug use by playing on their parents’ lack of awareness of the Australian culture.

In summary, NESB communities do require their own networks and support systems in this area, as the issue can be very intense and be amplified by cultural issues. Clearly any resource will need to be disseminated to individual cultural support networks and integrated into the treatment approach/philosophy in much the same way it is to be in mainstream services.

