

## What parents can do

Key Note address presented at "STAY IN TOUCH" Second Europe and Conference on Youth and Drugs Maastricht, Netherlands.

15 -17 September 1999.

### OPENING COMMENTS

What I offer in this address is not the personal perspective of a parent, but some of what I have learned from working with young people over the past 24 years, from working with young people and their families.

The topic itself presents me with a dilemma. There is a real division around drug use. I know that if I start to talk about zero tolerance, or even about abstinence, some people will not hear anything else I have to say. If I talk of harm minimisation then I know others will not hear. This division is real and its unhelpful. It is almost as if people take sides. Are you against drug use or do you accept it? I have to say that I do not consider this to be the most useful question, the most useful focus. It narrows our view and understanding of what lies behind and motivates drug use. When I work with a young person, my focus, what is utmost in my mind is...

### THE WELFARE OF THE YOUNG PERSON

...and the welfare of those around them. To me, this is a significant shift in focus. If I am asking myself 'what needs to happen so that this person is alive and well, so that this person is safe and happy?', then the frame widens. I see more than drug use, I see a person, and I see that person in terms of who they are, a person set within the context of their life and within the time and place in which they live. This is an important difference in focus because, and this is idea will underpin everything I have to say today....

### DRUG USE IS A RESPONSE.

Of course, once said, this begs the question: 'A response to what?'

Let me explore this by asking you all a question. I would like to know what you had for breakfast...by a show of hands, how many people had some form of fruit juice? How many people ate some form of bread? Some form of cereal? Who had coffee? Tea? Did anyone start the day with 2 or 3 large whiskeys? Or

cocaine? This would be unusual. It would probably be equally unusual to say so here in public at the conference!

Drug use doesn't just happen! It comes from somewhere. There are contributing factors which increase or decrease the likelihood of drug use occurring. There are factors which contribute to drug use being more or less dangerous.

I would like to take a couple of minutes to look at these, because it is vital to understand just what it is that drug use is a response to, if what we offer young people is going to stand any chance at all of being useful.

### **A) A WORLD MADE FOR DRUG USE**

The world in which we live is fast, competitive, often aggressive, often in grief, often self indulgent and self centred. This is not true of all cultures but does seem to be true of many, and globalisation is more than just a buzz word. It is happening.

### **B) A WORLD WITH MANY INVITATIONS TO USE**

Secondly, within this world, there are constant and frequent invitations to use 'something'. Let me show you some images from Australia, from the city where I live. In many ways they are not unusual images. A billboard advertising beer and associating it with football, one of the most popular of sports. And another right next to it, showing an image of a shoe being injected with a needle and syringe, with wording to do with 'performance enhancing'. These images were next to each other and right where children have to pass on their way to school.

Thirdly, I want to take a moment to comment on the place of young people in amongst all this, because their position is, I think, quite unique. But before I do this, and because I am speaking about young people, I would like to find out just how many young people are here. How many people are there here under the age of 20 years? Between 20 and 25? How many young people over the age of 40 years?

### **C) THE PLACE OF YOUNG PEOPLE WITHIN THIS WORLD**

#### **Growing up**

Ask yourself this question. If you are an adult (whatever the heck that means!): 'how did you know when you became an adult?'. If you are not yet an adult, ask yourself: 'how will you know when you are grown up?' For some, being an adult means looking after yourself, for others it is their first job, for others it is a first sexual experience or sometimes it's having a child....some young people have told me that '...you know you are grown up when people start treating you as if you are grown up'.

My comment is this...

## IT IS NO LONGER CLEAR TO YOUNG PEOPLE WHEN OR HOW TO BECOME ADULTS

I do not wish to be too romantic about 'rites of passage', but the path to adulthood and what needs to happen on that path are not as clear as they used to be. This creates a certain tension for young people.

### **A tough edge**

To some extent youth are also alienated and isolated, which promotes aggression and violence. Let me show you some images of young people. Not at all unusual. A boy in an extremely aggressive pose...a girl looking thin, black-eyed and with a razor blade hanging around her neck...an article about boys headed: 'Everyone hates us'. This is not a healthy place for young people to occupy in society. But interestingly, a place created not by young people, but by adults.

### **Young people assume democracy**

On the other hand....let me show you a quite different image of young people...this is a composite image of young people, some Australian, some not. I show you this to comment on a quite different aspect of being young. Whether we like it or not, there are many young people these days who have a strong sense of their own rights, who feel that they do not automatically have to do as they are told, who feel entitled to make decisions about the things which effect their lives. When I ask students if they feel they should be involved in the decision making process in schools, virtually all of them say that they should be involved. And I must say I do not consider this to be a bad thing.

### **This is the context within which we offer our interventions**

Drug use is a response to a world made for drug use, within which there are many and constant invitations to use, and within which the place of young people is defined in quite particular and quite unique ways. Given all this, not only am I not surprised that people take drugs, I am surprised that there isn't more drug taking! We must take these factors into account when we offer young people 'something', otherwise what we have to offer will fail. We must take them into account when working out just what it is we offer, and we must take them into account in terms of what we expect to have happen in terms of what we offer, whether we are addressing prevention or intervention.

So where do parents fit into all this? How might they respond? As I explore this, I will refer to 'we' when talking about offering something to young people, because parents are not alone in this. It is a community issue, and we all share the responsibility for it, whatever age we are.

## A PLACE FOR PARENTS

### 1. Including parents

The first thing to say is that parents do need to be included, and at times they seem to have been sometimes somewhat sidelined. But it seems fundamental that policy and practice in regards young people and drug use must include parents. And for the most part, parents want to be included. There are of course, a small number who do terrible things to their children, and I do not mean these. I also acknowledge that the rights and privacy of young people need to be taken into account and in the whole process, communication is not always automatic, relationships are complex, and we are still working out just who has what rights and what responsibilities in this new world. However, parents need and want to be included. How this happens is open for some creative thought and discussion.

### 2. Identifying concerns

This is an issue which, perhaps surprisingly, actually doesn't always get much attention, perhaps because it seems obvious that people should be worried about drug use, and yet whatever each of us might feel about drugs, drug use does not automatically equal drug problem. Sometimes people seem terrorized and immobilized by the idea of drug use and start to think and act in ways which are not helpful or even in ways which the person would not normally even think of. So identifying our concerns can be really useful.

- Are we worried about the young person hurting them self physically?
- Emotionally?
- Are we concerned about them breaking the law?
- Are we concerned about what might develop for the person?
- Is there an issue of shame?

Identifying these can really help to:

- Explore our own thinking and our own response to drug use.
- Get some idea of an overall constructive approach to the young person before actually approaching the person. (It is all too easy to simply panic!)
- Start to put into words the actual concerns we have identified.

### 3. Expressing concern, expressing interest

Parents often want to know what the signs of drug use are, and there are many books and brochures about this. While there is a place for knowing these signs, it is at least an equally important thing to bear in mind that parents are not police. We don't need evidence unless we are looking for a conviction. If young people are acting strangely for any reason at all, it is worth while thinking about what is going on, and finding out. Expressions of concern and interest are not attacks, nor accusations.

#### **4. Focusing on the person**

This was one of my first comments today, and the place I always look when working with young people. 'Are you on drugs?' may not always be the best opening line if we want to have a discussion with someone. And it isn't the drugs but the person we are concerned about but the person, and this is where our focus needs to be.

#### **5. Listening carefully**

Of course this is easy to say but somewhat harder to do. We all know it's important but we are often just waiting to tell the other person what it is we want them to know. A friend and colleague of mine whose son died of an overdose of heroin says that it is important not to hear just what we want to hear. We really do need to become good at it, and our listening needs to be done not with suspicion, but with care and attention.

#### **6. Asking ourselves three questions**

Once we have identified our concerns, expressed our concerns for the person, and listened carefully to the response...then I suggest there are three questions which are important to ask ourselves:

- WHAT DOES THIS PERSON NEED?
- WHAT WILL WORK?
- WHAT CAN I DO?

I would like to spend a moment on the second of these because it is the one which, often because of fear and compassion, seems to be so often ignored. And yet it is such a critical issue when working with young people.

I could be 40 kilos overweight but if, for whatever reason, I am, at the present time, unable or unwilling to exercise or change my diet, then offering me things as solutions will simply fail. So with the question: 'WHAT WILL WORK?' hanging in the air, I will explore briefly some things which might work and some things which probably will not.

#### **7. Three tempting options**

These three ingredients pop up all the time in this field and yet in my view still seem to constantly be approached in often less than useful ways.

##### **A. Information**

Will providing information make a difference? Yes...and then again.....perhaps no. I have another couple of questions for you. How many people here are eating too much unhealthy food? Not getting enough exercise? Drinking too much coffee? Eating too much chocolate?

There are people who will nip out and have a cigarette as soon as I am finished speaking. Some may go before then! We all 'know' about the harm we do ourselves, but it simply isn't enough to stop us. There is a place for information but it is dangerous to become overly enthusiastic about the impact it can have.

### **B. Telling people what to do and giving good advice**

This one is often linked closely to the above idea about giving information. I do understand the concern that people have when they point out the possible dreadful consequences of drug use, (often with the added encouragement to 'not use'), but it simply isn't enough. If it was enough, I could just tell you all to eat well, get enough exercise, stop smoking, be nice to each other, and all would be well. Young people do need to know what might happen but this needs to be placed within some broader sense of helping a young person deal with their world. This means finding complex ways of helping young people deal with the decisions that they need to constantly make. And again bearing in mind that we have a context where many young people will simply not respond well to being told what to do! As in fact, nor do most adults.

### **C. Skills**

So is there a place for decision making? For thinking through and preparing strategies to manage situations with which they are likely to be confronted? Absolutely! I was discussing with a colleague from another country the idea of decision making. She said that that was the approach that her government used. I asked what happened if, at the end of the programme, someone chose to take drugs. She said: 'Oh, then we run them through it again.' But there is a big difference between taking someone through a process which genuinely helps a person make a choice, and one which has really got a predetermined outcome in mind.

I also feel that I would like to say that when we actually create opportunities for them to make decisions...

YOUNG PEOPLE DO NOT AUTOMATICALLY MAKE BAD DECISIONS

### **8. If a person is using?**

This is a really tough situation and can be incredibly distressing for all involved. Bearing in mind what I have already said, about:

- Being clear about our concerns.
- Expressing our concern to the person....
- Focusing on the person rather than the drug use  
..and asking the three questions I suggested before...
- WHAT DOES THIS PERSON NEED?
- WHAT WILL WORK?
- WHAT CAN I DO?

...there is one further question which can be useful to ask because the drug use can sometimes fill our field of vision so that we cannot see anything else.

The question is:

WHAT IS MOST IMPORTANT FOR THIS PERSON NOW?

And the answer to this may vary, and it may not have anything to do with a person's drug use. The answer may be:

- A place to sleep?
- To be safe?
- To have something else to do?
- A job?
- Someone to talk to?

This question can help to focus on the person's needs rather than only the person's drug use.

### **9. If we do address the drug use**

If we do decide to look at the drug use, and it is of course likely that we will need to at some time, then there are three broad ways of thinking about this.

- ABSTAINING.....NOT USING
- AVOIDING.....SITUATIONS WHERE USE IS LIKELY
- REDUCING THE HARM ASSOCIATED WITH USE.

Each of these has a genuine and equal place in my work with young people.

A person may well need to stop using, but if there is nothing in my repertoire that is likely to help achieve this, it may well be counter productive to even try. I will take a moment here to look at harm minimisation because this one continues to be controversial. Traffic lights are harm minimisation, making it possible for dangerous vehicles to move more safely. Air bags in automobiles are based on the idea that accidents may happen and we need to protect those using the vehicles. In Australia each year people are swept to their deaths in the ocean while rock fishing. A newspaper published a list of 'Things to do' and 'Things not to do' if a person decides to go rock fishing. This is all harm minimisation. If you are going to get drunk, then don't drive. The idea of course behind needle and syringe programmes is that if a person is injecting a drug, is it not better that they do this with less chance of harm? This is material with which most of us are aware. I have no doubt that for some people who are using drugs, the very best option is to abstain, to not use. But is this what they are able to do at this time? I am compelled always to

ask again the same question: WHAT WILL WORK?

## **10. Supporting a person or supporting a destructive habit?**

I will comment on this issue here because it is often linked to the idea of harm minimisation which some people see as an encouragement to use. I need to ask myself if what I am doing is in any way supporting the person in a dangerous and destructive process? The answer to this is not fixed, and is likely to continue to shift. The rest of the ideas I comment on here may well be worth considering when exploring this question.

## **11. Confidentiality**

We may need to involve others in our concerns. And this is a very tricky issue. A question for you here.

- Firstly I have a question for those of you who are 'young people'. I know that not everyone has parents or lives with them, but I want to ask a question about parents, so if it fits better just think of a guardian or friend when I ask this question. If you were in trouble with drug use, would you want your parents to know? How many definitely would? How many definitely would not?
- What about the adults here? If you had a problem with drugs would you want your partner/wife/husband or a close friend to know? Who would? Who would not?

I feel we need to be creative and flexible with the idea of confidentiality. Confidentiality is supposed to protect people. If a person is being damaged by something being kept 'confidential', then perhaps the aim, the very spirit of confidentiality is being abused. This idea, at least in Australia, needs some critical and creative thought.

## **12. No secrets**

This idea goes hand in hand with that of confidentiality. Nothing we do with and for young people needs to be secret. I can discuss with a person what it is that I need to do, what I feel I need to find out, who I need to involve. All of this can be done respectfully and openly.

## **13. Trust**

Most of us would prefer our relationships to be built on trust. We often feel hurt when that trust is betrayed. And yet it may well be the case that a person who has given up control to a drug, is not in a position to be able, at this time, to operate a relationship on trust. Asking them to do so, may well be setting them up for a fall. There are many things we can trust a person with. It is not an all or nothing idea. But it would not be wise nor respectful to trust me with chocolate! Do not give it to me and ask me to look after it for you. You are giving me an impossible task! You are not being respectful of me. You are just making life hard! Trust me with something else!

But again, none of this needs to be a secret. Being straightforward about not operating on trust is a good idea. This honesty, coupled with compassion and even, humour are not such a bad basis for a relationship.

#### **14. Being prepared for setbacks**

It is the way of things that all of us slip back. There are slips, hiccups, lapses. Of course some of these setbacks may be disappointing to us. Sometimes they are tragically disappointing. But we may be involved in a person's journey of recovery. Or we may be involved in a journey which is simply that person's life. And this journey, may or may not include, being drug free.

#### **15. Keeping choice alive**

Keeping choice alive does not mean expecting that a person is always able to do the very best thing for themselves just by an act of will. Nor does it mean saying to them: 'why don't you just choose not to use drugs?'. I am thinking of a woman who remembers her son seeing himself as 'just a junkie'. He committed suicide. 'Keeping choice alive' means refusing to accept despair. It means seeing a person as worthwhile, as capable, as able to make all sorts of choices, and as being able to bring about all sorts of changes in their life, some of which may include changes in drug use. What each of us is able to do will vary from person to person and from time to time.

#### **16. Thinking about 'outcomes'**

Let me offer you some ways in which I have come to think of "good outcomes", when working with someone around issues of drug use. I see a 'good outcome' as.....

- A POSITIVE CHANGE IN A PERSON'S DRUG USING
- A POSITIVE CHANGE IN A PERSON'S LIFE

Equally, a somewhat different, but also a good outcome would be....

- A PERSON BEING SAFER FOR A PERIOD OF TIME
- CONCERN ABOUT THE PERSON IS COMMUNICATED TO THEM

Or a third very important outcome would be...

- A PERSON DEVELOPING A SENSE OF THEM SELF AS WORTHWHILE

Only some of these things are to do with drug use.

#### **17. Reviewing how things are going**

It is rare for things to 'get sorted' and then sail on from there. We need to keep an eye on things, we need to ask if what we are doing is useful? Can we do something else? Are we looking after ourselves in all of this? And other family members? This monitoring, this review can be done with the person about whom

we are concerned, perhaps with family members, perhaps with friends or with professional workers. This is where the idea of creative confidentiality, and of open and non-secret communication needs to come into play. It is just not wise to assume that we have got it right and things will just improve. Getting some input from others is a useful thing to do.

### **18. Being prepared to change**

There does not have to be one approach for one person and for all issues. As the person's life continues, all sorts of things may emerge. What we originally offered may no longer be useful, or something not possible before may appear as possible now. This is of course the purpose of reviewing what we are doing.

### **SOME FINAL COMMENTS**

These are some thoughts based on my experiences over the past 24 years. They do of course need to be filtered through the cultures in which people live and the individual circumstances of each individual family. In Australia, we have a country inhabited for tens of thousands of years by the indigenous peoples of the land, and more recently invaded by white people...we have something like 160 languages other than English being spoken in homes. This issue is complex and needs to be treated as such and interpreted as such. I like a comment I read recently in a book called 'Conversations on Living' by an Australian called Dorothy McRae McMahon who spoke of a person who had the ability to "...live with unanswered questions and possibly unpalatable answers..." This she said gave her the '...chance to choose to live with maturity and courage'. I like these ideas of complexity and hope.

There are three things I would like to say to finish.

Firstly, I will be here for the rest of the conference and I hope you will come and speak with me, whatever age you are. This is why I came-to talk with people.

Secondly, I have worked with young people for 24 years and I must say I cannot think of anything I would rather do. It is for me a constant challenge and joy.

Thirdly, while drug use is an issue which we must address, and while there are very real daily tragedies and traumas which people face and which we must tackle, it is really equally important to notice that amongst all this.

**MOST KIDS ARE OKAY**

...and as it happens.....SO ARE MOST PARENTS