

# Background to the research

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At the Council of Australian Governments (COAG) meeting in April 1999, Heads of Government agreed to work together under the National Illicit Drug Strategy (NIDS) to make a new investment in prevention, early intervention, education and diversion of drug offenders. Under the COAG agreement, the Commonwealth made available \$11.37 million over four years to fund state and territory measures to strengthen and support families coping with illicit drugs.

In response to the COAG agreement and consistent with the recommendations of the 1999 Drug Summit, NSW has established a Family Support Project to strengthen and support Families and carers of people with a drug problem. The project recognises that the problems families face vary along a continuum, ranging from cannabis use to chronic opiate dependency. Families must have access to a full range of support and interventions across this continuum, from basic advice and information to intensive counselling, referral and training.

The NSW Government Family Support Project consists of four components:

1. Telephone based advice, referral and support services.
2. Online information services for families and carers.
3. Training programs providing awareness of drug issues and skills in basic care and emergency responses.
4. Home visitation and local support for families affected by drug use delivered via community based organisations.

Components 1, 2 and 4 are to be developed and implemented by the NSW Department of Community Services (DOCS). The third component – training resources and skill development in basic care and emergency services for family members and carers, is to be implemented by NSW Health. The aim of this component is to develop information and education materials for parents, other family members or carers dealing with a drug affected person. The information will be disseminated through a range of non Government organisations (NGOs) and Community Health Centres (CHCs).

As part of the development process, NSW Health researched families and carers with regards to their needs and requirements in relation to drug issues. In brief, the objective of this research was to better understand the problems and issues families and carers faced and how well these were being addressed by current training programs, educational resources and support networks.

This document outlines the findings from this consumer research.

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## Research objectives

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### Research objectives

The key objectives of this research project were as follows:

- Identify needs and issues faced by family members and carers as a result of caring for a drug affected individual.
- Explore how well their needs are being met/addressed by existing resources.
- Identify and discuss:
  - What resources they access and why (user versus family member services)?
  - Are services effective? Are expectations being met?
  - What specific support, education, training is provided?
- Specific support, education, training provided regards:
  - treatment options
  - treatment expectations
  - basic emergency response
  - communication skills/family dynamics and interactions
  - self care skills/management.
- Information which works best and why.
- Organisations most effective at delivering education and training needs.
- Identify gaps and opportunities with respect to training, education, and support.
- What gaps exist in the market?
- What opportunities exist for improving existing offers?
- What additional resources are required?
- Relative importance of:
  - drug information
  - managing crisis
  - treatment information and managing expectations (treatment cycles)
  - communication skills/interaction
  - self care and development.
- How should resources be accessed/disseminated?
- What role should NGOs and CHCs play?
- How could other channels be used?

The key targets for this research were families and/or carers of drug affected individuals. It was determined that to be eligible for inclusion in the study, family members should have experienced a relatively severe drug or alcohol issue within the family (eg where the problem had been severe enough to seek treatment for the user or at least recognise the need for treatment).

Beyond this, it was considered important to include:

- A mix of males and females.
- A range of ages – youth (16+) were considered an important sub group and one research group was allocated to this age target. The remaining research groups were amongst adult participants.
- People with different relationships to the person using drugs – eg in adult groups participants were likely to be either parents or partners; in youth groups participants were likely to be children or siblings of the person using drugs.
- People who have been dealing with the issue for different lengths of time (eg some people who have recently begun to deal with drug use within the family and some who have been dealing with these issues for some time).
- Reflecting this, it was also thought to be important to include some frequent and some infrequent users of **family** focused services (regardless of their experience with **user** services such as treatment/recovery programs)<sup>1</sup>
  - Frequent users of family services – carers or family members who access family support services on a regular basis and who are likely to have some form of relationship with at least one family focused agency.
  - Infrequent users of family services – carers or family members who do not access help or support from family support networks or services very often (if at all). As such they are unlikely to have a well developed relationship with any agency.

Note: It was expected that there would be some correlation between frequency of use of **family** support services and length of time people had been dealing with the drug issue.

With regards to representing respondents from non-English speaking backgrounds it was agreed that recruiting diverse ethnic groups to attend one research session may not be practical or effective. As a result it was decided to speak with case and field workers dealing directly with different ethnic groups.

## Recruitment process

Given the sensitive nature of the discussion area, it was decided to use a selection of support services and agencies working with families and carers of people with drug and alcohol issues to access and recruit potential respondents. The following individuals and agencies were contacted and invited to become involved in the recruitment process:

- Holyoake
- Family Drug Support
- Ted Noffs Foundation
- various youth services
- ‘Dreams’ (based in Newcastle)
- two field workers in the Newcastle area.

Whilst individuals and agencies were enthusiastic and supportive, many found that project time pressures and respondent sensitivities/availability made it difficult to meet all recruitment targets. As a result, the final sample was primarily recruited from only three sources:

1. Holyoake
2. Family Drug Support
3. Newcastle based individuals (with strong links with NarAnon).

<sup>1</sup> No distinction was made between level of access or frequency of access to user based services. What was more important to the current study was their experience with family focused services.

From this project, it is worth noting that if this type of recruitment process were to be used again, we would recommend a number of changes to the approach:

- Longer lead times between briefing the drug and alcohol agencies and the fieldwork, possibly allowing for up to four weeks for agencies to complete the process.
- Fewer demands on finding ‘infrequent’ and new service users. This target group is more difficult to contact as well as more difficult to encourage to fieldwork sessions given their relationship with agencies is less well developed. We would therefore suggest alternative recruitment processes are considered. We would also suggest using depth interviews rather than group discussions given they are more flexible and less confronting.
- These fieldwork options should also be available for NESB groups and youth targets.

A total of 34 respondents were recruited to the final sample as follows:

Group	Use of resources	Age	Number and location
1	Frequent	Adult	5 from a discussion group (Ryde) 5 represented in a written summary prepared by Holyoake participants
2	Infrequent	Adult	2 in a mini group (Rockdale) 2 depth interviews 1 from a discussion group (Ryde)
3	Frequent	Youth	3 in a mini group (North Sydney)  1 telephone interview
4	Frequent	Adult	8 respondents Newcastle
Interviews	6 x NESB field workers (Sydney)		

Field workers from the following NESB agencies were interviewed:

- SWAP Cabramatta
- Uniting Care Burnside Cabramatta Centre (Vietnamese)
- DAMEC Drug & Alcohol Multicultural Education Centre
- CoAsit (Italian Association of Assistance)
- Greek Welfare
- Drug Intervention Service Cabramatta

## Discussion guide

### Introduction

- Welcome respondents.
- Explain the nature of the research project and why it is being conducted.
- Confirm the confidentiality of the session and the use of recording equipment.
- Ask respondents to introduce themselves and their family situation including a brief summary of the type of drug/alcohol issue being dealt with.

### Living with drug use and abuse

Explain we would like to spend a while talking about what they see as the key needs and issues that face families in relation to drug or alcohol use using reference to their own circumstances.

### Discuss

- How does the drug/alcohol use impact on the family?
- What sort of issues are they facing?
- How do issues manifest themselves (emotional, behavioural)?
- How does the family deal with the issue?
- Are people affected differently?
- How do they personally deal with issues?
- What coping strategies do they use – are these successful?

## Prompts

- *Person refuses treatment.*
- *Person relapses after treatment or drops out of treatment prior to completing.*
- *Person has legal problems – arrest, court appearances, imprisonment.*
- *Person overdoses, other risks, physical ‘dangers’ hepatitis C, infections, accidents.*
- *Violence and threats of violence.*
- *Losing touch with family member.*
- *Lack of trust, broken trust, deception.*
- *Mental health/well-being of carers and other family members.*
- *Co-existing mental health problems.*
- *Dealing with detox.*
- *Guilt, Shame, social judgement, fear.*
- *Financial burdens.*

## Dealing with drug use and abuse

- How do they try to deal with the issues they face?
- What resources/services/networks/support do they seek and use?
- How do formal and informal resources differ?
- What types of formal drug services/resources have they used?
- What was their reason/trigger/motivation for seeking ‘outside’ help?
- How difficult was it to make the first move?
- What barriers exist to seeking external help and support?
- What were they looking for initially from services?
- How did they find out about what was out there?
- What expectations did they have and where did these come from?
- Do they make a distinction between educational resources and other types of services?

- What types of training/educational resources are perceived to be available?
- Which of these are they using and why?
- How effective are resources/do they meet key needs?
- How well do they address treatment expectations?
- How well do they address self care skills for carers – in what way?
- Are basic emergency responses covered and understood?

## Organisations

- What types of organisations are most effective at delivering education and training?
- What type of information works best and why?
- What prevents them from getting involved with services?
- What type of organisations do they see as less approachable and why?
- What type of information works less well?

## Addressing Gaps in the Market and Developing Resources

Discuss spontaneous thoughts on:

- Perceived ‘gaps’ in training, educational, support resources?
- What needs are not being addressed by current resources?
- Who is not being targeted:
  - family types
  - type of drug
  - usage behaviour
  - user type.

Brainstorm (either as a group or in smaller groups if relevant):

- What additional resources might be useful for families and carers?
- How could existing programs/resources be improved?
- What is it they want from educational resources/training resources?

Explore specific skills and information areas, which might be covered – eg:

Potential information areas	is involved and affected. Potential 'skills'
<ul style="list-style-type: none"> <li>• Stages of change (for drug user, for family, eg goals, what to expect, what type of terminology should be used).</li> <li>• Treatment options (Understanding treatment works; treatment mostly requires more than one episode of care).</li> <li>• Access to treatment.</li> <li>• Notion of episodes of treatment.</li> <li>• What to expect from Drug and Alcohol (D &amp; A) agencies (what to do if expectations are not met).</li> <li>• Family modelling – the notion of impacting on all the family/everyone</li> </ul>	<ul style="list-style-type: none"> <li>• The notion of self care. Mental health and well being of carer/family.</li> <li>• Dealing with guilt, social stigma.</li> <li>• Crisis management (what do I do if).</li> <li>• Coping strategies.</li> <li>• Coping with relapse.</li> <li>• (Understanding that 'relapse is normal').</li> <li>• Reframing.</li> <li>• Coping with home detox.</li> </ul>

- Health maintenance.

Information:

- How important are the information areas and skill sets listed above?
- What are their priorities?
- Are these covered in other resources/literature/support networks used?
- What type of approach should be taken to delivering messages in these areas?
- Language.
- Terminology.
- Experiences.
- Is there value in receiving information in 'stages' and how might this work?
- How much information can they/would they like to digest at once?

**Access and dissemination**

- How could information like this be disseminated?
- What type of 'servicing' are they looking for from agencies?
- What role might NGOs and CHCs play?
- Explore other channels and how they might be used?