

1 introduction

Drug and alcohol dependence can be as devastating for the family as it is for the person directly involved. Despite this, most ignore their own needs and initially focus on the drug user and trying to “fix the problem for them”.²

No one who has come to us says ‘I just found out my son or daughter is on drugs.’ They have usually struggled with the issue and the person for a long time.³

For many generalist support workers, drugs and alcohol are one of the many issues clients present with. Whether it’s a drug-affected person or their parents, partner, children or other family members or carers, you are probably seeing clients with drug and alcohol issues.

The impact on families and carers of the drug or alcohol use of someone close is almost as great as for the drug-affected person. They may experience enormous distress, chaotic and disrupted lives, and periods of crisis.

Family members and carers tend to initially focus on the drug-affected person, and are often reluctant to seek help for themselves. They may respond in a variety of ways, depending on their position in the family and their relationship with the user. However, often they get caught up in ‘fixing’ the problem.

It’s only when their attempts to ‘fix’ the problem don’t seem to work or when the family can no longer cope, that they may seek help - if at all.

When family members and carers seek help, for example from a trusted friend or professional, they say that this support really helps them to cope, and that they wish they had received help earlier.¹

Early intervention can help families and carers to cope and come to terms with the drug or alcohol use of a loved one.

But sometimes they may be more comfortable asking for or receiving information from a familiar and trusted source - such as a GP or a generalist support worker - than seeking help from specialist drug and alcohol services.

Your support and intervention can make a difference to families and carers affected by the drug or alcohol use of someone close.

As a trusted professional you can help them to cope by listening and creating empathy, offering support or information, or providing appropriate referral.

It’s not up to you to be a drug and alcohol expert - that is the role of specialist services.

This resource is supported by a training program and accompanied by a self-paced learning guide.

It is recommended that you have completed the training or worked through the guide before using the resource.

For more information about the training program contact:

The Centre for Community Welfare Training (CCWT)

02 9281 8822

www.acwa.asn.au/CCWT

1 introduction

This resource is designed to support the work you are already doing, dealing with families and carers, and to help you to support your clients more effectively.

You'll find the following information in this resource:

- ▶ how to use this resource



- ▶ how to work with family members and carers



- ▶ facts about drugs and alcohol, reasons for use, dependency and treatment options



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- ▶ family dynamics and issues for different family members – parents, children, partners, grandparents, siblings



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- ▶ ideas about how to encourage family members to care of themselves and get support



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- ▶ suggestions about when and how to refer



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- ▶ contact details and information about specialist services and family support programs and resources



13



14



15

- ▶ a glossary and references



16



17



18

Key terms & concepts

Dependence

Drug and alcohol dependence can be explained in a range of ways:

- ▶ **As a disease** – individual physical and genetic factors predispose someone to developing drug dependence.
- ▶ **As a learned behaviour** – drug use serves a function or purpose in the person's life.
- ▶ **As a public health issue** – social, environmental and individual factors all contribute to drug use. Drug use is found across the community from casual use to dependence.

For more key terms and concepts see the glossary section.

2 using this resource

The resource is divided into the following sections, colour-coded for easy identification:

Part one

(cards 1 – 3) introduces the resource, and includes some ideas for working with and understanding families and carers.

Part two

(cards 4 – 11) can be used with families, and includes information about drugs and alcohol, dependency and treatment, together with suggestions for encouraging self-care and help-seeking behaviour.

Part three

(cards 12 – 18) includes information about how and when to refer, contact details for specialist drug and alcohol services and services specifically for families and carers, blank space for you to include local contact details, a glossary of terms, and references.

Each family, and each family member, may respond very differently to the drug or alcohol use of a loved one. They may also react quite differently over time, for example as they come to accept that the person is using drugs or alcohol, or that their use has become a problem for the whole family.

While there is a lot of information available on how to work with drug-affected people, there are fewer resources to help people working with families and carers. This resource is designed to help you understand how family members are likely to react, and how to respond and support them appropriately.

Every worker is different, and so is every family. There is no one right answer or one size fits all solution.

This resource can be used in a variety of ways, depending on your own preferences, the way you work, and the needs of the family member or members you are supporting.

It is designed to be used in a range of settings – for example in a one on one counselling session, with a small group, over the phone, or during a home visit.

You may want to use some sections of the tool with families, or as a reference in your work. For example, you might:

- ▶ Use the resource as a prompt, when talking to a client over the phone
- ▶ Photocopy relevant sections and take them with you if you are meeting with a client in their home
- ▶ Work through the material during one or more counselling sessions
- ▶ Adapt the material for use in a small group information session or discussion

Key terms & concepts

Harm minimisation⁴

Harm minimisation is the term used to describe the approach taken in Australia's drug and alcohol policy.

Harm minimisation aims to improve the health, social and financial status of communities and individuals.

There are a range of approaches to harm minimisation which also include abstinence as a goal. Both legal and illegal drugs are the focus of Australia's Harm Minimisation Strategy.

Harm minimisation includes preventing potential harm and reducing actual harm.

Harm minimisation is a strategy built on three key factors:

- ▶ Reducing the demand for drugs
- ▶ Reducing the supply (availability) of drugs
- ▶ Reducing the harm (health, social and financial) caused by the use of drugs.

2 keep in mind

There are some general principles to keep in mind when working with family members and carers:

- ▶ **Be open to talking about drug and alcohol issues with families and carers.** You may be the first person they have approached about the issue, and a positive open response may help them open up.
- ▶ **Show empathy.** Use reflective listening, clarification and amplification.
- ▶ **Don't share personal experience or tell your own story.** Your job is to listen and provide a safe space for the person to express their feelings.
- ▶ **Reinforce that this is a safe environment** and that it's okay to talk about the drug or alcohol issue.
- ▶ **Make sure you understand the family** and are aware of their background and culture, and how they're responding and coping and adapt your approach accordingly.
- ▶ **Reinforce that other families have been through this and that they found getting help made a difference.** Stress that it's okay to get more help for example from a family drug support service.
- ▶ **Don't offer a single solution,** or try to press the person into a course of action, such as getting the user into treatment, or kicking them out of home. Offer options and alternatives.
- ▶ **Stress that treatment works,** but it may take a long time, and that relapse is common.
- ▶ **Point out that they can't fix the person,** but they can look after themselves and their family, and that this is essential if they are to continue to support and help their loved one.
- ▶ **Remember, you don't have to be a drug and alcohol expert – that's where specialist services come in. If you are feeling uncomfortable or out of your depth, refer the person to a specialist service. Avoid giving the impression that you are an expert.**
- ▶ **Know when to refer** and make sure you are familiar with available services and programs for drug-affected people, and for families and carers. Make the referral or take them to the appointment yourself, if appropriate. (See card 12 for more about referral).
- ▶ **Make sure that you are informed about drugs and their effects and have printed information,** or know where to get it. Many families may want this information (See card 4).
- ▶ **Be aware that there are a lot of myths about alcohol and drugs.** Avoid spreading misinformation.
- ▶ **Remember that even a brief conversation may have an impact.** The person may not be ready to respond now, but they may come back if they know you are willing to listen. Or they may act later, when they are ready to do something about the issue.

Research and practice have identified some key features of successful intervention.⁵

- ▶ Very brief interventions by a trusted source – a GP or a family support worker – can be very effective.
- ▶ The way you interact with clients makes a difference to the outcome.
- ▶ Showing empathy is the most important thing you can do. This can include:
 - ▶ Reflective listening
 - ▶ Clarifying and restating the person's experience
 - ▶ Not imposing your own experience or thoughts on the person.
- ▶ It's unhelpful to confront the person or try to force changes. The more you confront the person, the less likely they are to change their behaviour.
- ▶ It's much more helpful to offer options and practical advice, and explore the benefits of changing behaviour.

3 understanding families

Sometimes it is a long time before family members recognise the need for help and support. Once accessed, most families [find] this type of support extremely helpful.⁶

Families and carers experience a wide range of responses to the drug and alcohol use of someone close. These reactions may include grief, guilt, blame, denial, shame, anger, resentment, disappointment, anxiety and stress, pessimism and hopelessness.

The way family members cope also varies, and may include:

- ▶ being unwilling to admit there's a drug or alcohol issue
- ▶ accepting and admitting there's a drug or alcohol issue and seeking help (often at crisis point)
- ▶ learning to cope with the issue over time.

Services working with family members and carers report that they often seek help only when they are at crisis point. However it's likely that the clients you see are coping in a variety of ways. Each family member also reacts differently – for example, siblings are sometimes more willing than parents to accept that there's a problem.

It's helpful to understand how family members you are seeing are reacting. This can help you decide how to respond.

For example:

- ▶ You could discuss how families commonly respond and ask the family member to compare this with their own experience.
- ▶ You could use some gentle questioning to check how they're coping. For example you might ask:
 - ▶ What do you think is happening?
 - ▶ How are you feeling?
 - ▶ What about other family members, how are they reacting?
 - ▶ What would you like to do about this?
 - ▶ How would you like your family to be?

Often, people may start to resist or switch off if they are not ready to hear certain information. Not all families and carers will be ready to digest any or all of this information. For example, discussing treatment options with someone who is not yet ready to admit there is a problem may cause them to withdraw or switch off.

If you think the discussion is creating resistance you may find

Motivational interviewing

There are many different ways to approach working with families and carers. Motivational interviewing has been found to be particularly effective when a client has mixed feelings or is not ready to change or admit that there is a drug/alcohol issue.

It is recommended that you receive training before using this technique.

For more information contact:

The Centre for Community
Welfare Training (CCWT)

02 9281 8822

www.acwa.asn.au/CCWT

3 working with families

Remember to provide a safe space, listen, and demonstrate empathy. This is just as important as the information you provide to clients.

Family members respond in different ways and the sections of this resource designed for use with families have taken this into account.

Some may just want information. Some may be looking for information about dependence and treatment options. Some may be ready to look at the whole family and how they can cope and look after themselves.

There is no one size fits all approach to working with families. So you may want to use different parts of the resource with them – covering the information you think they are ready to hear and discuss. For example:

If they have not yet admitted that there's a drug or alcohol issue:

card 4

card 14

- ▶ They may just want some general information about drugs.
- ▶ You could also refer them to general information services such as the Alcohol & Drug Information Service (ADIS).
- ▶ It may be helpful to talk about general communication skills for example, for parents of teenagers.

If they have admitted there's a problem, and are looking for solutions:

cards 5, 6 & 7

cards 8 & 9

- ▶ They may be open to information about dependency and treatment options.
- ▶ You can help them to understand the motivation of the drug or alcohol-affected person and provide realistic advice about treatment, and the likelihood of relapse.
- ▶ They may also be ready to hear about family dynamics and the importance of looking after themselves.

Families who have been in and out of services, and who have realised that the process is likely to take time:

cards 10 & 11

- ▶ Are more likely to be open to hearing about family dynamics and the way different family members may respond.
- ▶ Are more willing to hear about different support options, and discuss ways they can look after themselves.

No matter how the family member may be responding, remind them that it's okay to talk about it, and okay to get more help

a note about referral

There are three main referral contacts for drug and alcohol information and services in NSW. They are:

- ▶ ADIS, the Alcohol and Drug Information Service
- ▶ Central Intake Services (for referral to treatment services)
- ▶ Di@yll: Drug Information at your local library

For more about referral, see card 12.

For information about other drug and alcohol services and services for families and carers available in NSW, see cards 13 – 15.

4 about drugs & alcohol

While many families and carers are concerned about illicit drug use, tobacco and alcohol continue to be a major cause of death for Australians, and are responsible for most drug-related deaths:

Tobacco kills around half of its long-term users.

In NSW tobacco is associated with 6,500 deaths a year.

Tobacco is the highest contributor to disease and death for people aged 35 and over.⁷

Alcohol is second only to tobacco as a cause of drug-related death.

Alcohol contributes to 37% and 18% of all road injuries involving males and females respectively, and 47% of assaults.

Alcohol contributes to around 3,300 deaths annually – 4% of male and 2% of female deaths.⁸

Family members and carers often want to know more about drugs and alcohol. They may look for information about a specific drug and its effects.

It is important to remember that:

- ▶ Information about drugs and alcohol and their impact is continually being updated with new research.
- ▶ Some people use more than one drug or combine alcohol or prescription drugs with illicit substances.
- ▶ Street names change and vary in different locations.
- ▶ There is a lot of misinformation around about drugs and alcohol – in particular about illicit drugs.
- ▶ Sometimes the same drug can have different effects on different people in the same setting.

So make sure they know the facts.

Drugs are grouped into three major categories:

Depressants slow down the nervous system. In small doses they make people more relaxed and less inhibited. In larger doses they can cause unconsciousness, vomiting and death. They affect concentration and coordination, and slow down the person's ability to respond. (Alcohol, cannabis, benzodiazepines such as Valium, Serapax, Mogadon and Rohypnol, heroin, most inhalants)

Stimulants speed up the nervous system. They increase the heart rate, blood pressure and body temperature. They release more blood sugar into the bloodstream, increasing alertness and reducing tiredness and hunger. In large doses they can cause anxiety and panic. (Amphetamines or speed, cocaine, nicotine, caffeine, ecstasy, ritalin)

Hallucinogens affect perception. Users may see or hear things which are not there, or their perception may be distorted. The effects of hallucinogens vary greatly and it is not possible to predict how they may affect a person. (Magic mushrooms, LSD, mescaline and PCP. Cannabis and ecstasy can also have hallucinogenic effects)

More information about drugs and alcohol is contained in the fact sheets included with this resource. Fact sheets are available from:

The Better Health Centre Publications Warehouse

02 9816 0452

and from

Australian Drug Foundation (ADF)

03 9278 8100

1300 858 584

www.adf.org.au

For general, up to date information about drugs and alcohol contact:

Alcohol and Drug Information Service (ADIS)

02 9361 8000

1800 422 599 (regional)

Or try your **local library**:

diayll.sl.nsw.gov.au

02 9273 1684

For an interpreter ring the Translating and Interpreting Service (TIS)

13 1450

A fee will be charged, and there may be delays in accessing an interpreter, depending on what language you require.

4 warning signs

Families and carers 'checking up' on or accusing a loved one can breach trust and create conflict.

Encourage them to keep communication channels open for example, by raising the issue and encouraging the person to talk.

Sometimes family members want to know what warning signs to look for. They want a checklist to help them to work out whether the person is using drugs.

However, the effects of drugs vary widely and there are no specific signs or changes that indicate that a person is using drugs. While there are some signs that can indicate drug or alcohol use – such as changed behaviour, withdrawal or aggression, wild mood swings, changing friends, not participating in family gatherings, a sudden need for more money and so on – there may be other reasons for this behaviour.

Sometimes families and carers jump to conclusions. But there may be other explanations. For example:

- ▶ The person may be undergoing a period of depression or stress.
- ▶ A young person may be experiencing the normal changes of adolescence.

What family members and carers can do if they find out that their loved one is using drugs . . .

- ▶ **Don't panic or overreact** – it may make it harder to find out what is going on, and may blow the issue out of proportion or in cases of dependency cause the person to withdraw.
- ▶ **Get the facts** – talk to your loved one about their use.
- ▶ **Understand the drug** – get the latest information on the drug they are using and its effects. You may feel more prepared.
- ▶ **Keep communication channels open** – be prepared to listen, keep talking to them about everyday issues and maintain your normal routines, as best you can.
- ▶ **Show concern** – make sure they know how you feel about them **and** their drug use.
- ▶ **Choose your moment** – there is no point in trying to talk with someone who is intoxicated, or when you are angry or upset. Wait until they are sober and you feel ready to talk.
- ▶ **Recognise that they may need help** – You don't have to deal with the issue within the family. Getting professional help for the user, and for yourself, may help speed up the process of recovery.
- ▶ **Don't blame yourself** – people use drugs for many reasons. You have not failed.
- ▶ **Get support** – Getting support and advice may help you to cope and continue to support your loved one.
- ▶ **Look after yourself** – don't forget that you also need to be cared for. Take time out. Do things that you enjoy, or that help you to relax.
- ▶ **Remember other family members** – they may also be affected by the drug use. They may also need professional support.

in case of an emergency⁹

If someone who has taken drugs or a combination of alcohol and other substances suddenly becomes ill, it is important to call an ambulance – **dial 000** – as soon as possible.

If the person has been using heroin, the operator may send a paramedic who can administer Narcan so it is important to tell them what substances have been used.

CPR (cardio-pulmonary resuscitation) should also be administered by a qualified person.

When the ambulance arrives, tell the ambulance officers exactly what the person has been taking, if you know.

They want to help and this information could save the person's life. Ambulance officers do not have to call the police unless they're in danger themselves, or there are other crimes or a person dies.

Useful contacts:

HOPE – Heroin Overdose Prevention Education, Red Cross – hands-on skill development for parents or carers of someone close who uses drugs to prevent overdose death – 02 9229 4142 or 1800 812 028 (Red Cross)

SAM – Save a Mate, Red Cross – a drug education program and first aid course specifically designed for alcohol and other drug-related emergencies – 02 9229 4277 or 1800 812 028 (Red Cross)

5 understanding drug use

Drug use does not always lead to dependence. However it can still create problems for the user and their family.

People use drugs and alcohol for many different reasons.¹⁰

For example:

- ▶ People may experiment with drugs. This does not always lead to dependence.
- ▶ In Australian society, people often use drugs such as alcohol to relax, have fun, or to socialise.
- ▶ People may also use drugs to cope, for example to deal with stress, grief, pain, depression or anxiety, or to escape or alleviate boredom.
- ▶ People may also become dependent on medically prescribed prescription drugs.

There are different levels or stages of drug and alcohol use.

Non-use

The person does not use any mood-altering substance at all.

Experimental use

The person may be curious, interested in new experiences. They may try a substance alone or with friends who are experimenting. They are testing the effects of the drug, its strength, how much to take etc. Young people are particularly likely to experiment with drugs and alcohol.

Occasional use

The person takes drugs or alcohol in specific social situations. The main reason they use the substance is for enjoyment – or sometimes to ease stress or distress. The more problematic form of occasional use would be binge style use, which can be quite intensive in short periods.

Regular use

A person who uses drugs on a regular basis may or may not experience problems. Regular users may have the ability to moderate or change their use as circumstances dictate.

Dependence¹¹

The person has come to depend or rely on one or more drugs in order to function day by day. People can be dependent on a drug and manage without problems occurring or engaging in high-risk behaviour.

Key terms and concepts

Addiction versus dependence

It's quite common to hear heavy drug use described as addiction. However, the term 'addict' can be quite judgemental.

The terms dependence and drug-affected are therefore used throughout this resource.

5 understanding drug use

What families and carers can do to understand drug or alcohol use:

Remember, the person may be experimenting. **Not all drug use leads to dependence.**

Keep in mind that drug use and dependence are not always related to low self-esteem or troubled family history. **People from all kinds of families may try drugs**, or become dependent.

Know what to do in an emergency – for example in the case of an overdose. (See card 4).

Get help. **You don't have to go through this on your own.**

A person is dependent if they can not stop the drug use without experiencing considerable emotional, mental or physical distress.

Obtaining and using the drug becomes a major priority in the person's life to the disadvantage of other parts of their life.

Some signs of drug dependence:

- ▶ Taking the drug more often or in larger amounts than intended
- ▶ Unsuccessful attempts to stop
- ▶ Persistent desire or craving
- ▶ Excessive time spent in drug seeking
- ▶ Feeling intoxicated or suffering withdrawal symptoms at inappropriate times
- ▶ Giving up other things for the drug
- ▶ Continued usage despite knowledge of harm to oneself or others
- ▶ Marked tolerance in which the amount needed to satisfy increases at first before levelling off
- ▶ Taking the drug to avoid or alleviate withdrawal

Key terms and concepts

A significant number of people with drug or alcohol problems also have a co-existing mental health disorder. This is described as co-morbidity or dual diagnosis.

For more information on mental health services in NSW contact:

Mental Health Association NSW

02 9816 5688

1800 674 200 (regional)

www.mentalhealth.asn.au

Mon, Tues, Thurs, Fri

9.30am – 4.30pm

Wed 12.30pm – 4.30pm

6 treatment

Treatment is not necessarily just about quitting, but quitting (or abstinence) can be a goal.

Goals of drug treatment may include:

- ▶ reducing harmful or risky behaviour such as needle sharing
- ▶ achieving controlled, non-dependent or non-problematic drug use
- ▶ quitting all drugs or the main problem drugs.¹²

There is no single treatment option which works for everyone. Effective treatment depends on the drug the person is using, their level of dependence, and their readiness to change. **Drug dependence is an ongoing or 'chronic relapsing' condition which means that the person may require several attempts at treatment in order to recover.**

Once a family member or carer realises that their loved one has an issue with drugs or alcohol, they often want to get the person into treatment. However most people are not aware of the full range of treatment options.

Treatment starts when the drug-affected person's treatment needs are identified and matched with an appropriate service. The Central Intake Service in each Area Health Service is the main entry point into the NSW Drug Treatment Service System.

Some of the options available in NSW include:

Withdrawal management – managing the symptoms of drug withdrawal. This can take place at home, under the care of a health professional, or in a residential or outpatient setting.

Medication is often provided to offset or ease withdrawal symptoms although some people may choose to go 'cold turkey'. The time withdrawal takes may vary depending on the individual and the drug used.

Withdrawal management is not a cure for drug dependence and needs to be followed by further treatment or rehabilitation. **Supportive care is an important part of withdrawal maintenance – this can be a role for family members.**

Supervision by or consultation with a health professional is recommended, as some withdrawal from certain drugs after prolonged use can be life threatening (for example, prolonged heavy use of alcohol or benzodiazepines – such as Serapax or Valium – where fitting may occur on rapid cessation).

Treatment providers include:

- ▶ GPs
- ▶ Specialist drug and alcohol services (public and private)
- ▶ Self-help groups

Treatment services are provided by government, community and private agencies.

Some treatment services are free, while others may charge a fee.

So keep in mind that some treatment options may have **costs involved**. Make sure you know what they are and can advise your clients.

To find out about treatment in your area contact:

- ▶ **The Central Intake Service in each Area Health Service**
- ▶ **Alcohol & Drug Information Service (ADIS) – a 24 hour advice, information and referral line.**
02 9361 8000
1800 422 599 (regional).

For an interpreter ring the **Translating and Interpreting Service (TIS): 13 1450**

A fee will be charged, and there may be delays in accessing an interpreter, depending on what language you require.

6 treatment

Often when people talk about treatment, they mean detoxification. But detoxification is not treatment – it is only one step in the process.

Treatment works, but it takes time. And relapse is very common.

Often family members and carers think that when their loved one has been through a treatment option they will be 'cured'.

However, the reasons for drug use are complex and it may take a number of attempts before a drug-affected person can successfully quit, or cut down their use.

Remember, every contact in the treatment system, such as attending a counselling session for half an hour, is a step in the right direction.

Residential rehabilitation – following withdrawal, allows the person to live in a drug free setting while receiving a range of treatment interventions. Both short (4 – 6 weeks) and long term (up to 6 months) residential treatment is available.

Outpatient services – outpatient, or community based drug and alcohol services are provided in a non-residential setting. Outpatient services may include counselling, medical treatment and day programs.

Counselling for drug and alcohol dependence is available for groups, individuals and families. Not all counselling is the same – there are a range of counselling approaches.

Day programs – intensive, specialised programs run over a period of 1 – 4 weeks. They may involve counselling, life skills development, and other self-management training such as assertiveness and communication skills.

Pharmacotherapies – medicines used in the treatment of drug dependency. Some pharmacotherapies have similar effects to the substance the person is dependent on and are used for replacement or withdrawal, such as buprenorphine and methadone, whereas other pharmacotherapies such as naltrexone focus on relapse prevention and withdrawal.

The following drugs are used to treat heroin dependence:

- ▶ buprenorphine
- ▶ methadone
- ▶ naltrexone

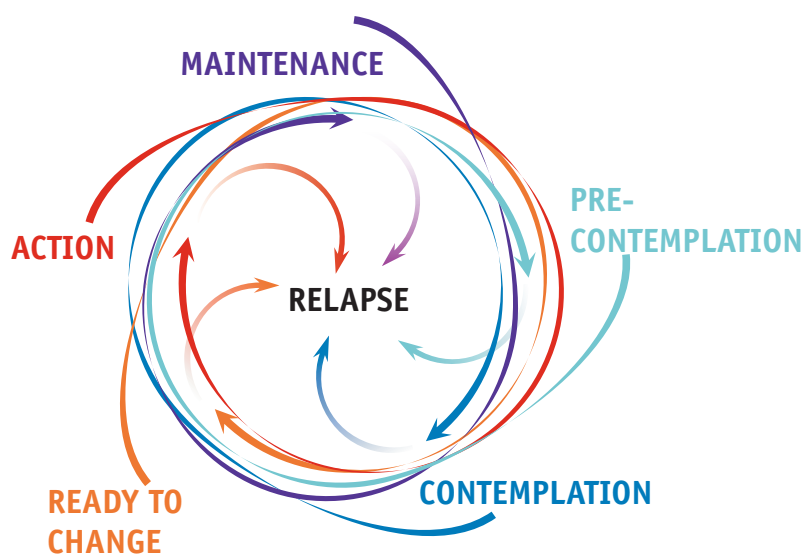
The following drugs are used to treat alcohol dependence when combined with counselling:

- ▶ acamprosate
- ▶ naltrexone
- ▶ disulfiram

12 step programs – programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are based on abstinence. Members provide ongoing support to each other through group meetings. Family programs such as Al-Anon, Al-Ateen and Nar-Anon are based on the 12 steps and provide support for

7 the stages of change model

The process people tend to go through when they change their behaviour is sometimes described as 'the stages of change'¹³.



Pre-contemplation

In the pre-contemplation stage, the person is a 'happy user'. They are not concerned about their drug use. They may ignore anyone who suggests that what they are doing is dangerous or harmful. To the user, the positives of using outweigh the costs.

Contemplation

Many people contemplate changing their drug or alcohol use. They feel divided about using drugs and alcohol. On the one hand, it is enjoyable and fun. On the other hand they are starting to experience problems. There are consequences of their drug use – legal, financial, medical, family or social problems.

Ready to change

The person is ready to change. They feel that the costs outweigh the benefits

of use. They believe that a change is necessary, and the time to change is now. Some people may fall back into the contemplative stage, if they do not decide to act.

Action

The person takes action. They begin to change their drug or alcohol use. They cut down or stop using.

Maintenance

The person is maintaining their new behaviour. They have quit or cut down on their use, and may have continued this for long enough to say that they no longer have a problem.

Relapse

Often people relapse or return to using. Lapses can happen at any time. Relapses are extremely common, especially when a person is trying to give up a drug they have been heavily dependent on.

7 what family members can do

Understand the stages of change model, and how your loved one is likely to respond.

If they are a **happy user**, you may not be able to convince them to change. But you can keep communication channels open, and encourage them to talk to you.

If they are **considering** giving up or cutting down you can explore the benefits and costs of their drug or alcohol use. It's also important to set boundaries – communicate what is, and is not, acceptable to you

If they are **ready to change**, reinforce their reasons and benefits of change. Help them to get information and advice.

If they **take action**, no matter how small, encourage them and let them know how far they have come and praise their successes.

If they **relapse**, be patient. Relapse can happen. Stay calm. Reassure them that they can continue to change.

Remember to look after yourself, and take time out to do things you enjoy and which help you relax.

Get help and support, and look after other family members.

8 what happens to families?

A person's drug use may have physical, emotional and mental effects on other family members. Often family members and carers experience ill-health as a result of living with the person's drug use, as well as considerable stress and distress.

Family members experience a range of emotions and reactions to the drug or alcohol use of someone close. Some common feelings include guilt, self-blame, anger, rejection, disappointment, grief, denial, shame, powerlessness, anxiety and depression. Cultural differences may also affect the way families and carers react to the drug or alcohol use of someone close.

Family members and carers may react differently depending on whether they are willing to admit that there is a problem, how long they have been dealing with the issue, and whether or not they have received help or sought treatment for their loved one.

However, some common ways family members may respond include:

- ▶ Thinking they should be able to deal with and be in control of the problem within the family.
- ▶ Believing that one round of treatment will be enough and the person will be cured.
- ▶ Seeing complete abstinence – from all drugs – as the solution, and not being able to accept that the person may give up the drug they are dependent on, but use another substance, in smaller amounts.
- ▶ Thinking it is their responsibility to 'fix' the problem.
- ▶ Focusing on the person at the expense of their own needs and the needs of other family members.
- ▶ Wanting the problem to be resolved as quickly as possible.
- ▶ Believing the person has to hit 'rock bottom' before they will be ready to change.

8 what happens to families?

It can be useful to think about how families respond as a process they may go through.¹⁴

This process may include:



The pace at which families move through this process can be quite different – some families find ways of coping much earlier than others.¹⁵

9 issues for different family members

Family members often want the person to completely give up the drug they are using and never touch it again.

Instead, their loved one may cut down their use so that the drug no longer has such a negative impact on their life. Or they might use another substance but give up the drug they were dependent on.

Parents:

- ▶ Parents are particularly likely to blame themselves and feel guilty. They may see themselves as responsible for their child's behaviour.
- ▶ Sometimes parents take different positions – one will be 'tough' and the other will be more tolerant. This can create conflict in their relationship, and adds to their distress.
- ▶ They may assume that alcohol use is okay, but not other drugs.
- ▶ Parents are also likely to fear for the safety of their child and want to protect them at all costs. As a result, they may shield their child from taking responsibility for their own actions.
- ▶ They often focus on the child who is drug-affected at the expense of their own needs and those of other family members.
- ▶ Parents may experience feelings of shame and may want to hide the issue from their friends, family and community.

Partners:

- ▶ Partners may take on more of their loved one's responsibilities as the drug-affected person abdicates aspects of their role and responsibilities.
- ▶ They will often try to keep the relationship and the family going, often at considerable cost to themselves and the rest of the family.
- ▶ Partners may cope by supporting the drug or alcohol use (participating), covering up (hiding the use, pretending everything is normal), or by withdrawing and focusing on their own life.
- ▶ Communication may break down between the partners, with high levels of relationship stress and discord.

Siblings:

- ▶ Siblings may respond in very different ways depending on their age, position in the family, and relationship with the user and their parents.
- ▶ They may support the user and protect them from their parents, or they may feel anger that their own needs are being neglected and withdraw from the family/drug-affected person.
- ▶ They may act out to get attention, or they may become a 'model child' so as not to add to the family's problems.

9 issues for different family members

Children:

- ▶ Children of adults who are using drugs and alcohol are particularly at risk. For example, they may be removed into care if the family breaks down.
- ▶ They may feel reluctant to disclose their parent's drug use, partly due to feelings of shame, and self-blame, but also because they may fear being taken away or getting their parent into trouble.
- ▶ They may feel that it is up to them to prevent, fix or hide the problem for the user and the family.
- ▶ Their development towards independence may be inhibited or compromised.
- ▶ They are also at risk of developing drug or alcohol dependence themselves. Seeing drug or alcohol use may normalise the behaviour.

Grandparents:

- ▶ More and more grandparents are caring for grandchildren in situations where their own child is using drugs or alcohol or neglecting their children.
- ▶ Sometimes they are also dealing with their grandchild's drug or alcohol use.
- ▶ They may have more positive relationships with their grandchildren than parents do and this can be helpful in addressing drug or alcohol use.
- ▶ However, they may be overwhelmed by having caring responsibilities at a time of life when they expected to be happily retired.
- ▶ They may not be well informed about drugs and alcohol and it can be difficult for them to understand the reasons for drug use or dependence.
- ▶ They may need to update their parenting skills.
- ▶ They may be unable to separate themselves from their grandchildren and their concept of self-care may be tied up with caring for their grandchildren.

self-care for families & carers

No matter what the drug-affected person is doing, or how the family themselves are responding, families can look after themselves, and care for each other.

Family members and carers can:

- ▶ **Take your life back.** You need to look after yourself. If you want to continue to look after your loved one, you need to make sure you are okay and can cope over time.
- ▶ **Take time out.** It helps to do some of the things you love and may have given up in order to cope. No matter how small, they will make a difference to how you feel.
- ▶ **Get help.** Specialist services for the drug-affected person, or for the family may make a difference to your ability to cope, and may help to move the drug-affected person towards recovery more quickly.
- ▶ **It's okay to talk about it.** Many families are affected by drugs and alcohol. You are not alone.
- ▶ **Remember you can't fix the person.** Only the user can decide to give up or cut down on their use.
- ▶ **Look at the family dynamic.** Are you over-focused on the drug-affected person? Are you protecting them from the consequences of their actions? Or are different family members arguing about how to handle the issue? It helps to be united and agree on what is and isn't okay. You might want to get some more help to work out what is happening to the family.
- ▶ **Realise that this may be a long process.** There is no quick fix solution. Even small steps taken by your loved one to deal with the drug or alcohol issue are a positive sign.
- ▶ **Accept that complete abstinence may not always be the outcome.** Sometimes the person will cut down their use, or use another drug instead.
- ▶ **Work on communication skills, setting boundaries, and letting the person know what is or is not acceptable.** Counselling and support groups can help family members to develop these skills.
- ▶ **Understand the options for treatment, and be realistic about what treatment involves.** Many people relapse, and the person may go through several rounds of treatment before they are able to recover.

Taking time out means different things to different people. For example, it might include:

- ▶ spending time with friends or other family members
- ▶ time on your own
- ▶ going for a walk, reading a book
- ▶ doing something you enjoy
- ▶ taking a break
- ▶ or anything else that you like, or which helps you relax.

10 self-care for families & carers

Checklist for families and carers

Make sure you:

- ▶ take care of other family members and yourself.
- ▶ know where to go for more help and support.
- ▶ realise that you can't fix your loved one, and that they need to decide to stop or cut down on their use.
- ▶ don't blame yourself. There are many reasons why people use drugs or alcohol. You are not responsible for your loved one's drug or alcohol use.
- ▶ understand that recovery can be a long process and that relapse is common.
- ▶ know where to get more information about treatment available for your loved one.
- ▶ understand the treatment options that are available, and what each one offers.
- ▶ know what to do in case of an emergency, such as an overdose.
- ▶ understand the effects of drugs and alcohol.

11 getting help

Often family members and carers try to deal with the problem themselves. They may only seek help when there is a crisis or they can no longer cope.

However, research shows that when families get support, they say it is really helpful, and that they wish they had sought help earlier.

Most drug and alcohol services focus on the drug-affected person and may not offer help or support to family members and carers.

However, there are specialist services that can help families and carers.

Remember, there is no one right way to deal with a loved one's drug or alcohol use. Family members and carers need to find a service that feels right for them. As a support worker you can help them find a service, or advise them about services available in their area.

Telephone helpline services for families and carers affected by the drug or alcohol use of someone close:

- ▶ **Alcohol and Drug Information Service (ADIS)** – 24 hour confidential advice, information and referral – 02 9361 8000 or 1800 422 599 (regional).
- ▶ **Family Drug Support (FDS)** – 24 hour information service for families coping with drugs and alcohol – 02 9798 0001 or 1300 368 186.
- ▶ **Salvation Army** – Salvo care line 24 hours – 02 9331 6000. Salvo youth line – 02 9360 3000.

Programs for groups and individuals:

- ▶ **Al-Anon and Nar-Anon** – self-help networks for family members affected by the alcohol or drug use of a loved one. Al-anon – 02 9279 3600, Nar-Anon – 02 9418 8728.
- ▶ **Family Drug Support** – offers support groups and programs for families and carers, including *Stepping Stones to Success*, a family support program – 1300 368 186.
- ▶ **Holyoake** – offers programs for parents, young people and partners affected by drug use in the family – 02 9904 2700.
- ▶ **Ted Noffs Foundation** – programs for parents and carers in some locations – 02 9310 0133.

For an interpreter ring the **Translating and Interpreting Service (TIS)**

13 1450

A fee will be charged, and there may be delays in accessing an interpreter, depending on what language you require.

11 getting help

General support services for families and carers:

- ▶ **Lifeline** – 24 hour telephone counselling – 13 1114
- ▶ **Kids Help Line** – 24 hour telephone counselling service and web counselling for children and young people – 1800 551 800 or www.kidshelponline.com.au
- ▶ **Parentline** – information, advice and referral for parents and carers – 13 2055
- ▶ **Reachout** – interactive website for young people – 02 9818 3055 or www.reachout.com.au
- ▶ **Relationships Australia** – resources and programs for couples, individuals and families – 02 9418 8800 or 1300 364 277 or www.relationships.com.au
- ▶ **Department of Community Services (DoCS)** – a child protection agency with a 24 hour help line – 13 2111
- ▶ **Family Support Services Association (FSA)** – support services for families experiencing stress, Mon to Thurs 8.30am – 5.00 pm – 02 8512 9850

For more information about services available to families and carers, refer to the contacts section of this resource (cards 13 – 15).

12 referral

Generalist support workers encounter many different issues in their work with families and carers including drug and alcohol problems.

There is no single rule about when to refer these clients to specialist services. Some general guidelines include:

- ▶ The issue the family member or carer raises makes you feel uncomfortable or out of your depth. **You are not a specialist – that's what drug and alcohol services are for.**
- ▶ You are uncertain about the facts, such as what the effects of a particular drug are.
- ▶ You think that your client would benefit from a group counselling session, or attending a support group.
- ▶ There are mental health considerations.

When you decide to refer a family member or carer to another service, it's worth considering how to go about it. Often you will be the first person they turn to for help. So it's important to make sure that they feel supported and cared for when referring them on to another service.

Consider how you would feel if you were in their position. How would you want the referral to be handled?

Questions a referral service may ask you:¹⁶

- ▶ Name and address of the client
- ▶ Children and their ages
- ▶ Reasons for referral
- ▶ Confirmation that the client knows and agrees to the referral
- ▶ Social support the client already uses
- ▶ Any other agencies involved
- ▶ You will not be asked to disclose confidential information about your client

A specialist service may not be able to see your client immediately.

Specialist services are often busy. There may be a waiting list and it may be some time before they can see a new client. Every service is different, so it's important to check whether there is a waiting period.

If there is a waiting period, reassure the person that specialist support will be available soon and that in the meantime they can rely on you for advice and support.

12 referral

Some referral protocols include:¹⁷

- ▶ Listen carefully to the family member or carer. Assess whether they are open to a referral. Some clients may discontinue treatment when referred to another service.
- ▶ Respect the privacy and confidentiality of your client.
- ▶ Talk to your client about their preferred options. A referral must never be made unless your client understands what is happening and agrees to it.
- ▶ If you are referring to another local service, make contact with the referral service first to check whether they are the right service and whether they are able to see your client. Find out if they have any referral policies or procedures.
- ▶ Check where the referral service is located and make sure your client is willing and able to travel if required. Check whether there are any costs associated with the service.
- ▶ Try to provide information to your client about what to expect from the service.
- ▶ Decide if your client should self refer or whether you will make the referral on their behalf (this could include making a time or driving them to their appointment).
- ▶ If your client requires an interpreter (and agrees) advise the referral service.
- ▶ Always follow up, not only with your client but with the service to see how the person is going.
- ▶ Your organisation probably has its own referral protocol – so check this first.

If you are not certain about referral or who to refer to, check with ADIS – 24 hour confidential advice, information and referral service 02 9361 8000 or 1800 422 599 (regional).

The main referral contact for treatment services in NSW is the Central Intake Service. See card 15 for details.

There may be other issues which families and carers need to address. Have on hand some local contacts such as emergency accommodation services, mental health or legal services.

family support services

For emergencies
– phone 000

For an interpreter ring
the **Translating and
Interpreting Service**
(TIS): 13 1450

A fee will be charged,
and there may be
delays in accessing an
interpreter depending
on what language you
require.

Culturally specific
services may be
available in your area.
Check with ADIS or
your Central Intake
Service for details.

For families and carers affected by the drug or alcohol use of someone close.

NATIONAL

Kids Help Line – 24 hour, 7 day telephone counselling service and support line for children and young people. E-mail and real time web counselling is also available.

1800 551 800
www.kidshelponline.com.au

Lifeline – 24 hour, 7 day counselling for anyone who needs help to cope with life.

13 1114
www.lifeline.org.au

Parentline – information, advice and referral for parents and carers who are concerned about their child or young person.

Mon – Wed 9am – 8.30pm,
Thurs – Sat 9.30am – 4.30pm.
13 2055

Relationships Australia – Counselling for families, couples, and individuals, specialist services for adolescents and families, and parenting courses.

1300 364 277
www.relationships.com.au

Salvation Army – provides crisis and supported accommodation, youth support, recovery and dependence programs and community services.

02 9331 6000
02 9360 3000 (Salvos Youth Line)
www.salvos.org.au

NEW SOUTH WALES

Support information and services

Al-Anon Family Groups including Alateen

– a free self-help network for families and friends affected by the alcohol abuse of loved ones based on the 12 steps of Alcoholics Anonymous. Alateen is the junior segment of Al-Anon.

02 9279 3600
www.al-anon.org (international)

Alcohol & Drug Information Service (ADIS)

– 24 hour, 7 day free confidential advice, information and referral. Hearing impaired service provided.

02 9361 8000
1800 422 599

Department of Community Services (DoCS)

– a child protection agency with centralised intake, assessment and referral service, operates a 24 hour, 7 day helpline.

13 2111

Family & Carers Support Group, Ted Noffs

Foundation – programs for parents or carers concerned about their son or daughter's drug use providing emotional and social support for parents (in some locations).

02 9310 0133
www.noffs.org.au

Family Drug Support (FDS) – 24 hour, 7 day information, help and referral service especially for families. FDS also offers self-help groups and programs for family members of drug users across NSW.

02 9798 0001
1300 368 186
www.fds.org.au

Family Support Services Association (FSSA)

– support services for families experiencing stress. Mon – Fri 8.30am – 5.00pm.

02 8512 9850

family support services

Holyoake – offers a range of educational support and therapy programs for the family and carers (adults, young people and children) of individuals experiencing problematic alcohol and other drug use.

02 9904 2700 (Sydney)

02 4962 2871 (Newcastle)

Nar-Anon Family Group – a free self-help network for families and friends affected by the drug use of a loved one.

02 9418 8728

www.naranon.com.au

OTHER GROUP SUPPORT PROGRAMS

(for reference only)

BEST: Behaviour Exchange Systems Training – family centred treatment for adolescents (14–22 year olds) which aims to re-establish the family as a significant resource system – available from Di@yll.

Collective Wisdom, Parent & Professional Peer Support – a ‘solutions focused’ program for parents of young people with a drug using problem – available from Di@yll.

Parents, Kids & Drugs, Queensland Health – a ‘harm reduction’ program for families or carers of a child or young person with a current drug concern.
07 3263 0871

Triple P: Positive Parenting Program, Queensland – a multi-level parenting and family support strategy that aims to prevent severe behavioural, emotional and developmental problems in children by enhancing knowledge,

skills and confidence of parents.

07 3365 7290

www.pfsc.uq.edu.au

PREVENTION PROGRAMS

Health Education Unit, Sydney University – programs for parents of children of all ages (early primary to young adults) to promote health and happy relationships in families and enable them to communicate about drugs and deal with drug related incidents.

www.edfac.usyd.edu.au/centres/healthed/index.htm

HOPE: Overdose Prevention Education, Red Cross – hands-on skill development for parents or carers of someone close who uses drugs to prevent overdose death.

02 9229 4142

1800 812 028 (Red Cross)

Parents Prepared, Manly Drug Education & Counselling Centre – a program for parents to act as peer educators to disseminate knowledge about drug and alcohol issues.

02 9977 0711

www.mdec.org.au

Save a Mate (SAM), Red Cross – a drug education program and first aid course specifically designed for alcohol and other drug-related emergencies.

02 9229 4277

1800 812 028 (Red Cross)

Talking it Over, Life Education Centre – a program for parents of middle-

upper school aged students and school communities concerned about drug issues, includes family forums.

02 9358 2466

Or visit the following web sites:

Drug Smart – a drug and alcohol information card for young people available from:

02 9228 3731

www.communitybuilders.nsw.gov.au/drugs_action/zcard.html

Mirabel Foundation – established in 1998 to help children who are orphaned or abandoned due to parental illicit drug use, and are now in the care of extended family.

03 9527 9422

www.mirabelfoundation.com

New South Wales Department of Community Services (DoCS)

– centralised intake, assessment and referral service, operates a 24 hour, 7 day helpline.

13 2111 (Central office)

02 9716 2222

www.community.nsw.gov.au

NSW Parenting Centre – practical tips, information and resources to help make parenting a little easier.

13 2055 (Parentline)

www.parenting.nsw.gov.au

AND don't forget **Di@yll: Drug Information at your LOCAL LIBRARY: Health Information Service, State Library of NSW** –
02 9273 1684
diayll.sl.nsw.gov.au

drug & alcohol information services

For emergencies
– phone 000

For an interpreter ring
the **Translating and
Interpreting Service**
(TIS): 13 1450

A fee will be charged,
and there may be
delays in accessing an
interpreter depending
on what language you
require.

For information on drugs and alcohol and their affects.

NATIONAL

Australian Drug Foundation (ADF) –
is an independent non-profit organisation
working to prevent and reduce alcohol
and drug problems in Australia. ADF
undertakes research, information, community
development and education and advocacy
and provides publications and web-based
resources about drugs and alcohol.
03 9278 8100
1300 858 584
www.adf.org.au

DrugInfo Clearinghouse –
www.druginfo.adf.org.au/index.asp

NEW SOUTH WALES

Alcohol & Drug Information Service (ADIS) –
for 24 hour, 7 day free confidential advice,
information & referral. Hearing impaired
service provided. Drug and Alcohol 24 hour
information line:
02 9361 8000
1800 422 599 (regional)

Centre for Drug and Alcohol, NSW Health –
responsible for development and
implementation of drug and alcohol policies
across the health system in NSW.

For downloadable resources and information
about drugs and alcohol visit:
www.health.nsw.gov.au

Better Health Centres are responsible for
the production and supply of all NSW
Health Publications.

Better Health Care Publications Warehouse –
Locked Mail Bag 5003
Gladesville NSW 2111
02 9816 0452
02 9816 0492 (fax)

Network of Alcohol and Drug Agencies (NADA)
– peak organisation for the non-government
sector in NSW.
02 9698 8669
www.nada.org.au

Or visit the following websites:

Australian Drug Information Network (ADIN)
– provides a central point of access to quality
assured internet-based alcohol and drug
information provided by organisations in
Australia and overseas.
www.adin.com.au

**Australian National Training Authority
- Alcohol and other Drugs Toolbox** – for
information
and resources on drugs and alcohol and the
AOD sector.
www.tds.holmesglen.vic.edu.au/aod/aodtoolbox

**Alcohol and other Drugs Council of Australia
(ADCA)** – the peak, non-government
organisation representing the interests of
Australian organisations working in the alcohol
and other drugs field.
02 6281 0686
www.adca.org.au

**Australian Institute of Health & Welfare
(AIHW)** – Australia's national agency for
health and welfare statistics and information –
for publications about key health and welfare
issues in Australia.
02 6244 1000

drug & alcohol information services

www.aihw.gov.au

DRUG-ARM (Drug Awareness and Relief Movement) – a non-government, community based specialist Alcohol and Other Drug agency, offering a range of interventions to support individuals, families and communities.

07 3368 3822 (National Office)

02 9755 0596 (New South Wales)

www.drugarm.com.au

Law Access NSW – a free service providing a single point of access to legal and related assistance services in New South Wales.

1300 888 529

www.lawaccess.nsw.gov.au

Multicultural Health Communication Service (MHCS) – provides information and services to assist health professionals to communicate with non-English speaking communities throughout NSW. This service provides free information online including over 400 publications on health in a wide range of languages.

02 9382 7516

www.mhcs.health.nsw.gov.au

National Drug and Alcohol Research Centre (NDARC) – funded by the Commonwealth Government as part of the National Drug Strategy. NDARC is not an information centre and has limited ability to provide drug information to the general public, however it is a good site for fact sheets and statistical data.

02 9385 0333

ndarc.med.unsw.edu.au/ndarc.nsf

National Drug Research Institute (NDRI) – is a vital part of the national strategy to address the harm arising from drug use in Australia. They publish their research and also distribute an informative newsletter called CentreLines that is a joint publication with NDARC.

08 9266 1600

www.curtin.edu.au/curtin/centre/ncrpd/

New South Wales Office of Alcohol and Drug Policy – a NSW Government drug information website that provides links to a wide range of web information sources on illicit drugs.

02 9228 4248

www.druginfo.nsw.gov.au

Mental Health Association NSW Inc – a non-government service providing free referral and information on mental health disorders.

02 9816 5688

1800 674 200 (regional)

www.mentalhealth.asn.au

Mon, Tues, Thurs, Fri 9:30am – 4:30pm,

Wed 12:30pm – 4:30pm

Turning Point Drug and Alcohol Centre

– a specialist alcohol and drug organisation integrating treatment and support service delivery with research, education and training.

03 8413 8413

www.turningpoint.org.au

AND don't forget **Di@yll: Drug Information at your LOCAL LIBRARY:**

Health Information Service, State Library of NSW – Libraries provide comprehensive and up-to-date information about drugs.

Libraries also provide access to the internet in particular access to websites with accredited information on drug-related issues. Library staff can also assist you in finding the information you need.

02 9273 1684

diayll.sl.nsw.gov.au

drug & alcohol treatment services

For emergencies
– phone 000

For an interpreter ring
the **Translating and
Interpreting Service**
(TIS): 13 1450

A fee will be charged,
and there may be
delays in accessing an
interpreter depending
on what language
you require.

Culturally specific
services may be
available in your area.
Check with ADIS or
your Central Intake
Service for details.

For the drug or alcohol user – specialist support and information about treatment and rehabilitation.

NEW SOUTH WALES

Treatment & rehabilitation services

For details of a treatment service in your area,
contact your Central Intake Service or the
Alcohol & Drug Information Service (ADIS) –
a 24 hour free advice, information and
referral line –

02 9361 8000

1800 422 599

Support and information services

**NSW Drug and Alcohol Phone Lines for Area
Health Services** – provided by the NSW Office
of Drug Policy

www.druginfo.nsw.gov.au

Central intake service:

Central Sydney	02 9515 6311
Far West	02 8080 1556
Greater Murray	1800 800 944
Wagga Wagga	02 6933 9100
Hunter	02 4923 2060
Illawarra	1300 652 226
Macquarie	1800 092 881
	02 6841 2360
Mid North Coast	1300 662 263
Coffs Harbour	02 6656 7936
Port Macquarie	02 6588 2882
Taree	02 6592 9315
Mid West	1300 887 000
New England	1300 660 059
Northern Rivers	02 6620 7612
North Sydney	1300 889 788
Southern	1800 809 423
South East Sydney	02 9361 8060
South West Sydney	02 9616 8586
Wentworth	02 4734 1333
Western Sydney	02 9840 3355

Alcohol & Drug Information Service (ADIS) –

For 24 hour, 7 days free confidential advice,
information & referral. Hearing impaired
service provided.

02 9361 8000

1800 422 599

Alcoholics Anonymous (AA) – a fellowship of
men and women who share their experience,
strength and hope with each other that they
may solve their common problem and help
others to recover from alcoholism. The only
requirement for membership is a desire to
stop drinking. This service is free and is
self-funded.

02 9799 1199 (24 hour line)

www.alcoholicsanonymous.org.au

Drug & Alcohol Multicultural Education Centre (DAMEC) – works with the drug and alcohol

sector to develop and implement programs
and strategies to increase the access by
people from NESB to treatment and harm
prevention programs and services. Also
provides community education on alcohol and
drug issues to communities.

02 9699 3552

www.damec.org.au

Hepatitis C Council of NSW – provides
information, support and referral services for
people affected by Hepatitis C. Contact the
free and confidential Hepatitis C helpline.

02 9332 1599

1800 803 990 (regional)

www.hepatitisc.org.au

Narcotics Anonymous (NA) – a fellowship of
men and women who share their experience,
strength and hope with each other that they
may solve their common problem and help
others to recover from drug use. The only

15 drug & alcohol treatment services

requirement for membership is a desire to stop drug use.

02 9519 6200

www.naoz.org.au

NSW Users and AIDS Association (NUAA)

– support for drug users including needle and syringe programs and information and referral services. Promotes prevention of Hepatitis C and HIV.

02 8354 7300

1800 644 413

www.nuaa.org.au

Resource & Education Program for Injecting Drug Users (REPIDU)

– harm reduction program for drug users to minimise the transmission of diseases within the community. Operates Vehicle and Pedestrian units, a Home Visit Service and provide referral to a network of existing agencies.

02 9699 6188

Ted Noffs Foundation – residential and non-residential services to young people, their families and carers in Sydney, Coffs Harbour, Dubbo and the ACT.

02 9310 0133

www.noffs.org.au

ASK! free legal service –

02 8383 6629

Or visit the following websites:

AIDS Council of NSW (ACON) – a health promotion organisation based in the gay, lesbian, bisexual and transgender communities providing information about HIV prevention, advocacy and care and support services.

02 9206 2000

1800 063 060 (regional)

www.acon.org.au

ANTA - Alcohol and Other Drugs Toolbox

– for information and resources on drugs and alcohol and the AOD sector.

www.tds.holmesglen.vic.edu.au/aod/aodtoolbox

New South Wales Office of Drug Policy

– a NSW Government drug information website that provides links to a wide range of web information sources on illicit drugs.

02 9228 4248

www.druginfo.nsw.gov.au

Reachout – a web-based service that inspires young people to help themselves through tough times, provides support, information and referrals for young people.

02 9818 3055

www.reachout.com.au

AND don't forget **Di@yll: Drug Information at your LOCAL LIBRARY Health Information Service, State Library of NSW**

02 9273 1684

diayll.sl.nsw.gov.au/

LOCAL CONTACTS

glossary

Abstinence

Not using a drug, being drug-free.

Antagonist

A substance that blocks the effect of another specified drug, for example, naltrexone is an antagonist for opioids.

Buprenorphine

A drug used in pharmacotherapy. Buprenorphine is used to treat heroin dependence. It has been available in Australia since 2001.

Central nervous system

The brain and the spinal cord.

Centre for Drug and Alcohol – NSW Health

The Centre for Drug and Alcohol is responsible for the development and implementation of drug and alcohol policies across the health system in New South Wales, Australia.

Chronic

A medical term that means over a long period. It does not imply that the condition is severe.

Cognitive behaviour therapy (CBT)

CBT acknowledges the power certain thoughts and beliefs can have on our feelings and behaviour. It aims to teach clients how to identify and challenge negative or unproductive self-talk and to replace it with more useful thoughts. CBT also incorporates behavioural techniques such as relaxation and assertiveness training.

Cold turkey

Giving up the regular use of a drug suddenly and usually withdrawing without any medical support for withdrawal symptoms.

Cycle of change

The way families respond is sometimes

described as a process or a series of stages family members may go through. These stages include: suspicion of drug and alcohol issues, masked by other behaviour in the user; confrontation of drug or alcohol use; initial coping strategies – the focus is on the user, and reducing usage; self-treatment for the user – within the family; formal help – detox and rehabilitation; cycles of treatment – going through treatment, relapse, distress, failure to cope; family support and coping – a wider view of the issue.

Dependence

Dependence on drugs or alcohol means that it takes up a lot of a person's thoughts, emotions and activities. A person spends a lot of time thinking about using the drug, looking for it, using it and getting over the effects of using it. A dependent person also finds it difficult to stop using or control how much they use. Dependence can lead to a variety of health, money, legal, work or relationship problems.

Depressant

A drug which depresses the function of the brain's central nervous system. Can cause unconsciousness, impaired circulation and breathing.

Detoxification (detox)

If a person who is dependent on a drug stops or reduces the amount of the drug they use, they may experience physical symptoms as their body readjusts to functioning without the drug. This is also known as withdrawal.

Drug

Any substance that is taken into the body that is not food or water. Includes herbal substances, medicines, alcohol, nicotine, tea, coffee and illicit drugs.

glossary

Drug abuse

This is a medical term used when the use of any drug leads to harm in the short or long term. It does not necessarily mean dependence and the word is often used by people instead of the words use and misuse.

Drug affected

Describes a person who is affected by drug or alcohol use.

Family therapy

A range of therapeutic approaches which involve understanding the family unit as a system and working with family members to resolve problems.

Generalist support worker

A support worker who offers a support service for a broad range of issues.

Harm minimisation

Harm minimisation is the primary principle underpinning the National Drug Strategy and refers to policies and programs aimed at reducing drug-related harm. It aims to improve health, social and economic outcomes for both the community and the individual and encompasses a wide range of approaches, including abstinence orientated strategies. Both licit and illicit drugs are the focus of Australia's harm minimisation strategy. Harm minimisation is consistent with a comprehensive approach to drug-related harm, involving a balance between demand reduction, supply reduction and harm reduction.¹⁸

Hallucinogens

Hallucinogens, also known as 'psychedelic' drugs, are drugs that change the way a person perceives the world. They affect all the senses and cause hallucinations – seeing or hearing

things that do not exist or are distorted. A person's thinking, sense of time and emotions can also be altered. Hallucinogens include LSD, 'magic mushrooms', mescaline, PCP (phencyclidine), cannabis (in high quantities) and ecstasy.

Illicit drug

An illegal drug.

Inhalants

Inhalants are a range of products (many of which are familiar household items) which, when vaporised and inhaled, may cause the user to feel intoxicated or 'high'. Many of the products used as inhalants are known as 'volatile substances' because they include aerosol and gas fuels as well as glues and other forms of solvents.

Licit drug

A legal drug.

Maintenance treatment

Involves the use of a medication to substitute for undesirable drug use. Methadone and nicotine patches are examples.

Methadone

A drug used in pharmacotherapy. Methadone is a maintenance treatment used to treat heroin dependence.

Motivational interviewing

A non-confrontational approach for engaging clients in the process of change.

Naltrexone

A drug used in pharmacotherapy. Naltrexone is used to treat alcohol and heroin dependence.

Narcan

Narcan is used to reverse the effects of heroin overdose.

17 glossary

Opioids

A class of drug that has morphine-like activity, includes heroin, methadone, pethidine and codeine.

Overdose

When the amount of the drug taken exceeds the body's ability to cope with the drug.

Pharmacotherapy

Drugs with similar effects are substituted to prevent the onset of withdrawal, and reduce dependence. Substitution is most commonly used to treat heroin dependence, but may also be used with amphetamines or nicotine. They include methadone and buprenorphine.

Poly drug use

The practice of taking more than one drug or alcohol at the same time or before other drugs have left the system. It is the most common cause of overdose death.

Prevention

There are three levels of prevention, each of which includes a broad range of intervention options: primary prevention, secondary prevention and tertiary prevention. Intervention can include simply giving information or it can involve supporting someone through withdrawal. The type of prevention strategy appropriate for an individual depends on the type of drug being used and the problems the person is experiencing.

Primary prevention

An intervention option which aims to prevent drug use from occurring at all, or to delay the onset of use. Strategies include education, information, community education, through media campaigns and sponsorships, community development initiatives and legislation.

Psychoactive drugs

Drugs that affect a person's central nervous system; they alter brain activity, and can change the way a person thinks, feels or behaves.

Receptors

Cells in the brain that are sensitive to particular drugs, for example, the effects of heroin are experienced once the drug attaches itself to the opioid receptor in the brain.

Secondary prevention

An intervention option which aims to prevent drug problems by identifying and modifying potentially harmful drug use. Information and campaigns promoting safer levels of alcohol consumption are examples of secondary prevention strategies. Intervention may involve working with individuals, families, schools, youth groups or peer networks. Brief intervention is a secondary prevention strategy.

Stimulants

Stimulants act on the central nervous system to speed up the messages to and from the brain. They can make the user feel more awake, alert or confident. Stimulants increase the heart rate, body temperature and blood pressure. Stimulants include nicotine, caffeine, amphetamines, cocaine and ecstasy.

Tertiary prevention

An intervention option which aims to prevent problems caused by drug use from getting any worse and causing further harm. These strategies usually target people with an identifiable drug dependency. Tertiary prevention is often called 'drug treatment and rehabilitation'. Intervention options includes detoxification, counselling, substitute therapy (methadone, nicotine patches), rehabilitation, family therapy and self-help groups. Goals of

17 glossary

treatment are likely to be the reduction or termination of drug use.

Tolerance

The first time a person uses a drug, they have a very low tolerance and are likely to feel the effects very strongly. The more often the drug is used, generally the less intense the effects will be. This results in the need to take larger amounts to get the desired effect.

Tranquilliser

A prescription drug that is used to relieve the symptoms of mental illness. It may have side effects and may interact with other drugs to produce side effects.

Treatment

A range of treatments are available in Australia to assist people addressing problems relating to their drug use. This may include stopping alcohol and drug use, cutting down or using with reduced risk. Treatment options include pharmacotherapies used as part of a maintenance program (for example, methadone, counselling and withdrawal (medical or non-medical)). Options also exist regarding the environment within which these treatments are conducted; for example, as part of an in-patient or residential program, on an outpatient basis or home-based (withdrawal program). A combination of treatments is often recommended to address the physical and psychological complexities of drug use.

Twelve Step Programs

12 step programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are based on abstinence and the 12 Steps of Recovery. Members meet at least weekly and provide ongoing support to each other through the group. Al-Anon, Al-Ateen and Nar-Anon are based on the same 12 steps

and provide support for family members.

Withdrawal

If a person who is dependent on a drug stops or reduces the amount of the drug they use, they may experience physical symptoms as their body readjusts to functioning without the drug. This is also known as detoxification.

Zero tolerance

A term commonly associated with strict policing measures, based on the belief that activities associated with illegal drugs should not be tolerated at any level. This approach emphasises the law as the main method of dealing with drugs and drug issues.

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