



South East
**Family
Support
Network**

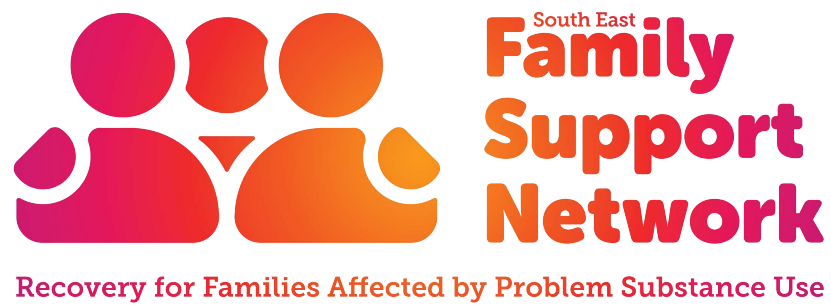
Recovery for Families Affected
by Problem Substance Use



FAMILY INFORMATION & SUPPORT HANDBOOK

For those faced with problem drug or alcohol use by a family member

SER Family Support Network



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INTRODUCTION

Peer Family Support groups have been supporting families affected by problem substance of a relative in the South East area for over 15 years. Peer family support provides family members with the opportunity and encouragement to take care of their own needs that of the whole family. Family members find they are better able to respond to the issues that families face on a daily basis. By sharing their experiences, having accurate information, family members know they are not alone, feel less isolated, learn new and skills and more effective ways of responding to the problem. This is why Peer Family Support Groups within local areas are a vital resource for families living with problem substance use.

The SER Family Support Network was established by family members in September 2004 and represents the needs of family members living with problem substance use in Kilkenny, Wexford, Carlow, Waterford and South & Mid-Tipperary area. The Network developed this booklet to provide information for families so they may be better able to cope and to help the recovery of the *WHOLE* family. In this booklet you will find sections on many aspects of the problems families living with addiction issues face. It is not intended that it be read cover to cover but be read in sections that are most relevant to the reader. It contains the most up-to-date directory of services that family members may find useful. The booklet also contains information on a number of key issues facing families living with problem substance use including guardianship, care options, bereavement, intimidation and prison.

The Network hopes you will find this handbook a useful resource. If you feel you need any further information or would like to access a family support group please contact any of the groups listed inside.

Regards,

Angela Parker
Chairperson

WHY THIS HANDBOOK WILL HELP YOU

If you are a family member or concerned person of someone misusing drugs or alcohol you may feel confused and unable to cope. By picking up this handbook you have taken the first step towards helping yourself. **Help for yourself can help the whole family.** The information and guidance provided in this handbook is based on the experiences of other family members so please know that you are not alone.

This handbook aims to help you to;

- Realise that you are not alone in feeling this way
- Be more informed
- Feel more confident in dealing with your situation
- Identify and make use of the available supports

It is not intended that you read this handbook in one session. But take time out and find some peace and & quiet with no distractions to read the sections that are relevant to you. You may identify with some of the experiences described by other family members and not realise how much you have been affected. This is a common reaction.

You may also want to share it with other family members and discuss what you have read. Having this discussion may help develop options as part of a family response.

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HOW THE PROBLEM AFFECTS PARENTS & FAMILIES

COMMON REACTIONS AND FEELINGS

FAMILY MEMBERS ARE OFTEN IN GREATER CRISIS THAN THE SUBSTANCE USER

If your child is using drugs or alcohol and has no intention of stopping, you may feel anxious, worried, angry and socially isolated. Many parents say that they “walk on eggshells” and feel powerless.

No matter what drug or how much your child has used, or continues to use, you are likely to react in many ways. The following feelings are common for most families –

SHOCK AND DISBELIEF. Like any reaction to a crisis, you may experience shock when you find out about your child or relative using drugs/alcohol. Many people cannot understand why they “didn’t see it.”

Susan (Parent) *“I just couldn’t believe that my son, my beautiful boy was mixed up with drugs. I didn’t want to believe it... he was always so fit and into being healthy”.*

ALIENATION AND ISOLATION.

Many people feel they cannot talk about the issue to others and are ashamed of the situation.

“The longer her drug use went on, the more I withdrew from family, friends and neighbours. I felt I couldn’t face anyone.” Mary (Parent)

GRIEF. It is common to experience intense grief, particularly if your relationship with your child is stressful, or if you no longer have any relationship. Grieving is a normal reaction when your child is not living the life you wanted for them.

“My child used to be beautiful – happy, intelligent and a real go-getter. Now that drugs are in his life, that person is no longer here. I am scared of him never coming back to us”. Jim (Parent)

ANGER. It is OK and natural to feel anger. Try and separate the behaviour from the person

when it comes to talking to your child. Find someone you trust to talk to, preferably someone who will not judge you.

FEAR. This is a normal reaction for parents. Fear of what might happen to their son or daughter if they continue using. Fear of what might happen to you as a parent.

GUILT AND SHAME. As a parent, the guilt and shame you feel about your child using are possibly two of the most difficult emotions to endure. You may have asked yourself many times already,

“Where did I/we go wrong?” “How could this happen?” Sometimes parents blame themselves and feel worthless.

Feeling ashamed of our family and ourselves can prevent us from reaching out to others, including our extended relatives.

“I just felt so incredibly scared that my own mother would judge me if she found out that my son was injecting drugs. So I didn’t say anything, I just battled on and eventually she asked me what was going on with John. When I told her we both cried together and it was such a relief to tell someone who loved John as much as I did.” Samantha (Parent)

“Feeling judged by others, including those closest to us, will happen to many of you. Families often believe something must have gone wrong and try to rationalise it, searching for reasons why.”

“When I first found out my daughter was addicted I didn’t know who to tell or where to go for help. I thought people would judge me, that I was a bad mum or Natalie came from a bad home environment, none of which was true. Natalie came from a loving home and went to a good school.” Margaret (Parent)

“Love keeps most people going. Hold onto it and do not forget who your child or relative is”.

Val (Parent).

“Things I Would Change if I Knew What I Know Now”

- I would be careful about handing over money
- I would try and negotiate rather than be manipulated
- I would take better care of myself, so I would be better able to cope and respond.
- I would listen more to the needs of my non-drug using child. She did miss out on a lot and has told me so.
- I would go to a support group (or at least try and find one I could link in with).
- I would like to be stronger in myself and believe in my decisions and not be so afraid of consequences (for example never seeing my son again, suicide, going to jail).

(WA, PDIS Parent Volunteer)



FACING DRUG/ALCOHOL USE IN THE FAMILY

If you are a family member or closely associated with someone using drugs/alcohol, no doubt you are worried and anxious – most people are and this is a normal reaction.

“I had no idea about drugs. I didn’t even look for signs because I didn’t think my child would even consider it. She had always been so anti-drugs.”
Sue (Parent)

Many parents feel out of control, highly stressed and desperate to fix the problem. It’s normal to feel this way.

“I was cleaning out his room and found some plastic bags with white powder in a bag under his bed... I was so furious I flushed them down the toilet. When he came home I screamed at him and asked him how he could do this to himself. He told me he was looking after it for a friend.” Margaret (Parent)

“It is really hard to see my parents coping with my brother’s drug use. He is just so abusive and difficult to be around. They just run around after him all the time and I get really angry with that... I wish he would just listen to us and understand that it is destroying our lives.”
Marie (Sister)

The other people in your family are on this journey too. No doubt it has impacted heavily on all of you. Your relationship with your partner and other relatives may have been put under extreme stress. Relationships with other children in your family may also be strained, as they may not have had the attention you and they feel was deserved. There may have been times when you felt you could deal with it, and times when running away appeared to be the best solution.

You may have had to deal with the confusing array of agencies, running from one counsellor to the next, finding no one who can deal with all the issues at the same time. Perseverance does pay.

Why not call the **SER Family Support Network** and they can help you to clear up some of your confusion about the services available to you and your family?

“When they told me there was nothing I could do unless she wanted to stop using I was so distressed. It is not what I needed to hear at that time.” Tom (Parent)

SUGGESTIONS FROM FAMILY MEMBERS ON WHAT WORKS WELL

REACH OUT FOR SUPPORT. There is help out there for you.

The SER Family Support Network is a wonderful place to start. Parents who have lived through their own son or daughter’s drug use know what it’s like. Peer Family Support Groups are available to help.

Peer Family Support Group (FSG) members can speak from experience about what it is like to go to a counselling or treatment agency and some of the benefits that were gained.

Most members initially experienced not knowing where to go or what to do when things started to go wrong. When help was found, most wished they had accessed it sooner. Many members also found that speaking with other family members was just as beneficial as obtaining professional help.

LOOK AFTER YOURSELF. This is THE most important advice for you to remember. You may be highly stressed and anxious and it’s so easy to forget yourself when you are worried about your family.

Do something nice for yourself everyday – go for a walk, meet a friend for coffee, go to a movie, have dinner out, or take a long warm bath.

Feed yourself with nutritious meals, reduce your alcohol and caffeine intake, try some exercise and keep talking with others.

Set time aside for your partner and other children. Time spent by yourself will help to soothe your nerves and may give you additional insight into the situation.

ENCOURAGE OWNERSHIP. As hard and painful as it is, it is better to wait for your child to take the lead regarding when or if they want help. If possible, it is better to ask them about the good aspects of seeking help and what it might do for them.

YOU SET THE RULES. The only aspect of this situation you have control over is how you choose to respond. FSG members have found that setting very clear limits has been helpful. It is suggested that you talk it through with your partner and/or other family members, and make decisions about what you are prepared to accept and what you aren't. You will notice that many people will try and tell you what rules to put in place, but bear in mind that different rules work for different people. It depends on your family and the rules and boundaries that will work for you.

Try and find common ground and negotiate around that.

"I told her that we expected her to not use drugs in the house, and that if we found out she was, we would consider asking her to leave."

Thomas (Parent)

ALLOW YOUR CHILDREN TO EXPERIENCE THE CONSEQUENCES OF THEIR BEHAVIOUR.

This is a difficult one for everyone. Drug/alcohol use often brings other problems such as debts, poor health, chaotic routines, unemployment, homelessness and difficult relationships. Parents may experience the dilemma of watching their children involved in problematic drug use sink deeper and deeper into trouble. If you find you are always picking up the pieces by paying bills, giving your children money, driving them to and fro, consider making a decision to stop 'bailing' them out. *"I realised that I had spent a fortune, possibly thousands on helping him out.*

I realised I had become my son's ATM machine." Simon (Parent)

"It was hard, but I told her that I was no longer going to pay her bills or give her money." Lindsey (Parent)

Some parents change the way they offer support such as buying their children food or giving them smaller amounts of cash that would not be enough to contribute greatly to drug use.

"I could not see him starve, so what I did for him was stocked his pantry each week with basics. At least he had food to keep himself nourished whilst the rest of his money went up his arm. It was the only way I could survive it."

Marie (Parent)

You need to do what is best for you and it may be a matter of trial and error. Some things work for others that may not work for you. However, hearing other people's strategies can give you ideas to try and may be really helpful.

KEEP TELLING THEM YOU LOVE

THEM. Sometimes it is hard to know how to respond to your children, particularly when they are abusing you or refusing to talk. The experiences of other parents show us that telling your child you love them does make a difference.

KEEP TALKING WITH THE REST OF THE FAMILY.

When you are very stressed, you may find yourself totally focused on the child or relative who is using. Try to consider the other people in your family. Many siblings report feeling like they've been forgotten. Talk to everyone in your family and make time for them as well as yourself.

FOCUS ON THE POSITIVES. Try and think about the characteristics of your child that you love. In the face of the trauma, it is very normal to feel extreme hate and sometimes to wonder if life would be better if they were not around. Most parents are horrified when they find themselves in this moment. Finding one good thing just

keeps you in touch with who your child really is. Stay in touch with the good memories that you have.

KEEP YOUR SENSE OF HUMOUR.

It's amazing how we can find space to laugh even when we feel dreadful. You either laugh or cry.

BE AWARE OF THE TENDENCY TO PUT YOUR LIFE ON HOLD. Keep breathing. Keep laughing. Keep talking.

BE STRONG AND BE POSITIVE. No matter how difficult your situation gets, looking forward to better times and holding onto hope is important. Sometimes it's very hard to remain strong and positive, but that is when speaking to others who will be understanding and supportive.

REMINDE YOURSELF THAT IT IS THEIR CHOICE TO USE. The emotional blackmail that our children can subject us to can be crippling.

"She said to me that I was the reason for her using. If I weren't such a horrible mother then she wouldn't need to use drugs. Is that true? Is it

my fault? That's what she tells me."

Jeanette (Parent)

"My son rang me and asked me for money. He said he hadn't eaten in two days. I offered him food instead and he called me every name under the sun. Said I was trying to run him into the ground, and that I hated him and didn't care."

Susan (Parent)

TRY AND MAINTAIN SOME SORT OF RELATIONSHIP WITH YOUR relative People have said that whilst they were using drugs, the one thing they were grateful for was that their parents and families stood by them and worked hard at maintaining a relationship.

HELP THEM WITH INFORMATION.

Seek out useful information, for example about treatment options that you can give them. Read books, stay informed, visit libraries, watch videos and collect pamphlets. When they are ready to seek treatment or help, you can assist by having information at hand.

Encouraging them to talk to someone from the outreach service in your area is an excellent place to start. You may want to go and have your own counselling, even if your child does not.

SUPPORT YOUR CHILD. Encourage your relative to stay involved with the family. If possible and if safe, invite them to attend family events, Christmas, birthdays and special meals.

PATIENCE AND HONESTY. Be patient if they don't tell you the truth. Be honest about how you feel.

INVOLVE THE FAMILY IN DISCUSSIONS AND DECISION MAKING. Discussing, negotiating and agreeing on decisions are important because it indicates

a united front to your child. If parents and other family members are clear about how to respond, it reinforces your position and helps your child face the responsibilities and consequences of their drug use.

BE ASSERTIVE AND CALM. Try and talk to your child calmly and assertively. State how the drug use affects you and the family. State clearly what you want to see happen and how you would like them to behave. Be very clear about what you will and will not tolerate. Involve others in the decision making because you will need support. Parent groups are wonderful for support and for helping you make tough decisions.

IF SOMETHING IS WORKING – KEEP DOING

IT. Note when your child's behaviour is acceptable and when you and other family members are feeling ok. What are you doing at this time, and how does your child respond? If you find, for example, that you are feeling less stressed which enables you to go out of the house more, keep doing this - even when things are not so good.

TRY SOMETHING DIFFERENT. If your responses or actions are not getting a positive result, try something different. For example, many parents choose to stop asking their children questions about drug/alcohol use and often stop talking about it altogether. See what happens when you make some changes.

EXTENDED FAMILY CAN HELP. If you can talk to other relatives who are supportive of you, they can be a valuable resource just by listening and being there for you. Most people wished they had accessed help earlier, and when they did, found it very helpful to talk with other parents and family members.

There are other people in the community who understand exactly what it is like and there are support groups for you. Many people remain focused on their relative receiving treatment or rehabilitation.

Regardless of whether your relative wants to go or not, make an appointment yourself. There is enough evidence to suggest that seeking support for yourself raises the chances of your relative seeking help, contributes to a better outcome for your relative when they do seek treatment, and helps to reduce your overall stress

SEEKING SUPPORT FOR YOURSELF CAN:

- Awareness of your own **Self Care** can help reduce stress, see chart below and the SER Family Support Network Self Care Booklet.
- help you make decisions and follow through
- increase the chances of your child seeking treatment
- lead to a better understanding of the treatment process
- contribute to a better treatment outcome for your child.

Support groups are available and may be offered by agencies, where you can meet other family members. If your child is involved in treatment, the agency may invite you to attend counselling or a support group. You do not have to wait for this to happen.

Be pro-active. Seek help for yourself. It does not have to be with the same treatment agency. It's important for parents to seek help.

What is the impact of problem substance use on the family? Over the last number of years, a lot of time, energy and resources have been put in place to help individuals with their addictions.

In our experience attention and resources were focused on the individual substance user. Although family members were grateful for any intervention given to their loved one, the needs of the family were often ignored or not understood. If you are not offered support initially please ask "What support is provided for Families "



SELF-CARE CHECK IN

FEELINGS CHECK-IN

I feel...

I need to...

Overwhelmed

Take a step back

Stressed

Focus on relaxing

Anxious

Practice coping skills

Sad

Be loving to myself

Angry

Find a positive outlet

Drained

Rest and recharge

Broken

Self-compassion

Upset

Take time for myself

Alone

Reach out for support

BlessingManifesting

WHAT HELP IS AVAILABLE FOR PARENTS AND FAMILIES?

Peer Family Support supported by the SER Family Support Network

What is peer family support?

Family support encourages people who have a common problem of either living with or being emotionally attached to someone in addiction, to come together on a regular basis. The goal is to provide a safe, confidential, caring environment which supports individuals to share and discuss issues that affect them. Individuals will receive support and encouragement from facilitators and other family members and experience feelings of acceptance, encouragement and understanding from their peers within the group. Drug workers/facilitators may also be able to provide one-to-one support to family members.

How could family support help me?

Instinctively, most parents dealing with a loved one who is at any stage in the addiction process will firstly try to help the individual. The most commonly asked questions include; where can my child get help? How can they get into treatment? What have I done wrong? What is not usually asked is how can I as a parent or partner or sibling get help for myself? Family members' physical and mental health suffer as do their finances and social support system. Through group support, families and loved ones can work through difficult times from listening to others stories and by sharing how they coped in similar situations. Some family support groups offer holistic treatments such as massage, acupuncture, relaxation methods and counselling to help members cope with stress during difficult times.

Support for Siblings

*My brother's addiction had become a huge focus in the family household. Going to the sibling support group gave me a chance to share and talk with other siblings and realise that I am important too. I'm getting stronger and hope that one day I will have the strength that I see in other siblings in my group and have control of my life again."***From a member of the Sibling Support Group (contact SER Family Support Network for availability in your area)**

What is a Peer Led Family Support Group?

A Family Support Group is a safe and confidential place for family members of drug users to come together to discuss their common issues. Peer support is a non-judgmental form of support. Peer support means all information is based on members' own experiences. It works by people telling their own story about how drug use in the family has affected their lives, thereby identifying with people in similar situations to themselves.

Why join a Family Support Group?

It is a place where parents and families members can come to speak about their disappointment, anger, manipulation, hurt, fear and many other emotions attached to living with a drug user. It is a place where those affected by drug use in the family can become empowered and gain strength to deal with negative emotions and further develop positive emotions. Most families dealing with drug use are looking for answers. 'How can I help my child?' In many cases family members don't realise that they need help for themselves. They have been affected more than they could have believed.

The group can support members through difficult times, by listening or by sharing how they dealt with similar situations.

I found out about the local Family Support Group and went along. I felt I couldn't cope any more on my own. I was amazed to learn that there were other families in the community experiencing just what we were. We were able to share our experiences. Doing that, you begin to let go of it. And the best bit about it.....because you're sharing a common experience.....because you know that these people understand what you are going through.....you can begin to laugh..... you begin to see a funny side. When you sit back and share the images, you have to laugh. Here we are worried sick, running around trying to find cures, excusing their robbing, blaming ourselves, living in constant tension, creeping around them, nursing grief and all the while, they're having a great time, getting high!

Personal Story taken from the 'SERFSN Guidelines'

What does a Peer Family Support Group do?

A Family Support Group:

- Meets regularly, usually weekly, to discuss issues emerging from the problem of substance use within the family. From the shared experiences of the group, members may find the solutions to meet their needs.
- Provide information on drugs, /alcohol, substance use, addiction and treatment options.
- Helps families to become aware of how they have been affected by the problem and what they are dealing with.
- This also allows them to separate their needs from that of substance user,
- Providing ongoing guidance on how to manage their response to the problem behaviour and how to disengage from the negative dynamic of substance use.
- Families learn that they cannot change the users behavior, and realise they can change their responses.
- Providing ongoing support to families to implement strategies and to reclaim the the family
- Ongoing support, including counseling and other interventions, these interventions are all very important in facilitating parents to challenge the users' behaviour, and potentially to support them into recovery.
- Provide opportunities for respite and therapeutic family programmes.

Groups linked to the Family Support Network come together to exchange ideas on a wider scale and advocate on behalf of the issues presented by family members in general

A Personal Story

My son, Terry, got involved with drugs in his early teens. I noticed it when he was fifteen and a half but it was a gradual thing. Funny things were happening around the house – different friends calling in, the phone ringing at odd times and he dropped all other interests he had, like sports. Eventually, we discovered he was completely addicted to both Ecstasy and to hash. It had a very bad effect on him. At that stage he had a job and he lost it. He got into trouble with the law because he was found in possession of drugs. He had been a very nice, quiet easy-going kind of lad, who did his work in school and afterwards.

He changed completely to being withdrawn, unhygienic, stealing money out of the house, owing money to friends and coming in at all hours of the night.

Sometimes he stayed away for days and then he might bring home lads that we didn't know. He could have been jailed because he ran away from the first treatment centre he was sent to but we were lucky enough to get him into another centre so the judge let him off.

He spent some weeks in the treatment centre and then three months in a half way house and finally he came home. He has been home now since the beginning of the year. He is nearly twenty-one. He goes to aftercare, NA and AA meetings most nights of the week. He hasn't gone back to school but he is involved in a computer course at a youth project. He is doing very well thank God.

Through it all I attended the Kilkenny Family Support Group and I continue to get support from the group.

FAMILIES AS SERVICE USERS IN THEIR OWN RIGHT

Counselling is provided by HSE drug and alcohol services, and may be accessed by family members and concerned persons in their own right.

Counselling is about providing you with the opportunity to talk about your situation in private. A qualified counsellor can work with you and your family to develop strategies, offer support and help you make decisions. Even if your partner or family members are not interested in attending, you may find it beneficial to receive this support just for you.

In our experience, we know that when parents seek help for themselves, there is likely to be a better treatment outcome for all involved.

To find out where to go for help, refer to the lists in this book or contact www.drugs.ie for comprehensive details of all services. Speak to a counsellor or to another parent who has been trained to provide you with assistance and can share personal experiences and strategies.

DIFFERENT WAYS OF COPING WITH DRUG USE

Most parents and families are under chronic stress when living with a family member who uses drugs. Parents, friends and other family members are at risk of serious health consequences because of the stress they experience. **The following is a list of typical coping responses. There is no right or wrong way to respond.** It is useful though to weigh up the pros and cons of each type of response and see what works or does not work for you and your family.

BEING HIGHLY EMOTIONAL AND TRYING TO FIX THE PROBLEM. Many people find themselves pleading, begging and threatening their family member to stop.

"I told him he had to go and seek help. He just told me to back off because I didn't understand. What don't I understand? He HAS to stop." (Concerned person)

"I found myself pleading and begging with him each night to stop... I said that he would stop using drugs and destroying himself if he loved us."

(Parent)

SEARCHING FOR REASONS WHY.

Often there are no apparent reasons for drug use and your relative may not be able to give you an explanation.

BLAMING YOURSELF OR SOMEONE ELSE.

Blaming yourself or someone else is a perfectly natural reaction but it may be your personal way of coping rather than a genuine attempt to find the real reason – if one exists.

"We ask ourselves a dozen times a day, what did we do wrong? The smallest happenings from years ago assume gigantic proportions as possible causes of the current situation." (Parent)

"If she hadn't met up with that boyfriend of hers, this would never have happened." (Parent)

WORRYING ABOUT WHAT OTHER PEOPLE MIGHT THINK.

This can be another cause of stress for families. This is a natural response given that many people often do judge parents and suggest that family life or upbringing may have contributed to the problem. Remember that drug use does not discriminate and can affect any family, anywhere, at any time.

TRYING TO TAKE CONTROL.

Often parents feel that if they could control their child's money and movements by for example providing a strict allowance or taking control of the car keys, that this would restrict some of their child's drug use and associated harm. For some families this may bring short-term benefits and relief. However, in other cases it may turn out to be an ineffective long-term solution if, for example, it leads to anger, violence and further relationship breakdown.

WITHDRAWING. Sometimes it feels easier to withdraw from interacting with your child by going into a different room, leaving the house, or not talking to them. Sometimes you may do this for the sake of peace and quiet. These strategies can be useful at times but be aware that you may be risking your child feeling more alienated and disconnected from you.

TOLERATING THEIR BEHAVIOUR.

Again, for the sake of peace family members may sometimes find it easier to tolerate some drug taking behaviour.

For example, a family member might provide money even when they know it will be spent on drugs, or they may clean up the mess after a drinking session. If this is the case, not only do you risk being taken advantage

of and becoming part of the drug use cycle, you may end up feeling more stressed and frustrated.

SUPPORTING THE USER.

Family members may continue to support their relative by extending invitations to engage in family activities or to return home if they need to.

CONFRONTING THE USER. When Family members are able to communicate their needs in a calm, supportive manner, this can be helpful for all concerned.

GETTING ON WITH YOUR LIFE. Many family members, often through sheer exhaustion and need, find themselves wanting to do more with their lives.

For example, going out for a coffee, to the movies, meeting friends or just getting some quiet time alone. This can be difficult however because when people experience extreme stress, they may not feel up to going out, or they may have concerns about leaving the house because valuable items may be taken and sold. As individuals, however, it is important to get on with life and look after your own health.

Giving support to a drug user can become more stressful if you are constantly sick and under pressure.

"I told her that I loved her, wanted her to stop using and wanted her home BUT she had to live by our rules and that meant no drugs in our home."

(Sandy, Parent)

SUPPORT

Provide support and encouragement to your relative and offer time and space to talk and be honest.

BE UP FRONT

Let your relative know in a calm, non-threatening way how their drug use impacts on you.

LOOK AFTER YOURSELF

Do things you enjoy and take care of yourself even if the problems continue.



WHAT WORKS BEST?

It has been suggested that a **combination of the following strategies might help**

7- STAGES OF ENGAGEMENT

Families often refer to the time and experience of living with drug use in the family as a journey. The experience of parents and families have been researched and shows that many families go through seven stages of engaging with the problem. These stages involve:

1. **Unknowning**, unable to recognise the existence of the problem, or the extent of drug use.
2. **Coping Alone**, attempt to cope with the problem alone or within the family and not seek external support.
3. **Desperately seeking help**, knowing that they can't fix the problem families try to seek out help from a number of sources. It can be difficult to find and access the available supports and this can add to the burden of care for families.
4. **Supported learning**, families come to learn about the drug problem, the physical and psychological impact of the drug, what to expect of the drug users behaviour. Once they have this information, changes can be made in the way of coping and to move forward (with support) to more effective ways of managing that behaviour. Families learn they cannot cure the drug addiction, but that they can be helped to respond to the drug user in ways that minimize the damage to the famil.
5. **Reclaiming the Family**, once equipped with this information and support, families can develop new ways of engaging with the drug user and separate the needs of the family and their own needs from the needs of the drug user. Families can address the wider family needs.
6. **Supported Recovery**, changing the way of responding to the drug user and reclaiming the family. Families are better able to facilitate the drug user to make effective choices and to support them in implementing those choices. In this way, families feel more able, to reinforce the work of treatment

services and play a strategic role in supporting the process of recovery.

7. **Contributing, families who progressed** through the various stages of engaging have gained enough experience and expertise to be in a position to give something back- to contribute to the responses to problem drug use in their own group and communities. Maybe they may not feel ready to move on to contributing.

In peer led family support groups, the phases and patterns of behaviour associated with these stages unfold. Stage 4 is usually when a parent or family member decides they need support and wants to learn more about the drug/alcohol problem. This learning takes place in peer led family support groups and family members are supported to continue their journey through stages 5 and 6 where they develop key coping skills that can contribute to the recovery of the drug user and/or a better quality of life for all the family.

WHEN WE TALK ABOUT DRUGS WE MEAN

A drug is any substance that, when taken into the body, alters the way the body functions either physically or psychologically.

As concerned family members you will be primarily concerned with 'psychoactive' drugs. These drugs affect a person's central nervous system and alter their mood, thinking and behaviour in different ways.

They can be grouped into four categories:

	Depressants
Stimulants	Others
Hallucinogens	These types of drugs increase the activity in the central nervous system and arouse the body. For example, amphetamines (speed), coffee, cocaine and tobacco.
Depressants	These drugs slow down the central nervous system including the heart rate and breathing. For example, heroin and alcohol are both depressants.
Hallucinogens	These drugs affect the central nervous system by causing perceptual distortions and, sometimes, hallucinations.
Other	These are the drugs that may have more than one effect. For example, cannabis can have both a depressant and hallucinogenic effect.

There is a substantial amount of drug information already available. If you would like information sent to you, or you would like to talk about it further, contact the SER Family Support Network 051 357767 or go to www.drugs.ie

SO WHY DO PEOPLE USE DRUGS?

Many family members search for reasons as to why their relative (whether adolescent or adult) is using drugs. Family members often refer to past issues that may have contributed to use and load themselves with guilt about what could have been done - better to prevent drug use. The fact is there are many reasons why people might use drugs. Some of these are the same reasons that adults use alcohol or tobacco and include:

Curiosity, To be sociable Enjoyment

Independence ,Boredom, Escape from reality

Experimentation, Avoiding painful situations

Different types of drug use

Experimental	When a person tries a drug out of curiosity once or twice.
Recreational Use	When a person uses a drug for enjoyment or to change their mood at a social occasion like a party.
Situational Use	When a person uses a drug to cope with a situation, for example, the use of amphetamines in order to maintain alertness for long distance drives.
Intensive Use	This type of use is commonly known as 'bingeing' and occurs when a person consumes large amounts of drugs over a short period of time, for example, binge drinking over a weekend or using amphetamines over 3- 4 days. It can also refer to frequent use of large doses of drugs.

Dependent Use After regular use, a person may become physically or psychologically dependent on a drug in order to feel normal.

Drug/alcohol use does not necessarily occur in this order and there is no clear evidence that experimental or situational use always leads to intense use or dependency. However, any form of drug/alcohol use can be potentially harmful. For example, one experimental encounter with drugs /alcohol can potentially result in harm or even death.

Many families often experience severe stress or concern over drug use by their relative. This is understandable but it is important to remember that most young people do not develop problems as a result of experimental use.

Having said that, a small percentage of young people may develop a high tolerance to alcohol and drugs, and some may continue to use them and develop a dependency.

Dependence

Tolerance is defined as occurring when a person who uses drugs /alcohol needs more of that drug to get the same effect as when they were using a smaller amount.

Dependence occurs when a person's body adapts to the presence of the drug/alcohol and when the drug /alcohol becomes more central to the person's thoughts, actions and lifestyle.

WHAT HELP IS AVAILABLE FOR MY RELATIVE?

There are many forms of help available to your relative and at times it can seem overwhelming trying to choose the best place for them to go. There are a variety of programs to select from such as substitute prescribing/ methadone maintenance programme drug and alcohol counselling, in patient detoxification, home detoxification, long-term residential rehabilitation, GP support and

family counselling. Many users, when they are ready, need a variety of these options starting with assessment, detoxification/withdrawal, assessment and counselling and then possibly moving on to residential rehabilitation. The main thing to remember is that they have to want to get help before they will be admitted into any of the treatment agencies

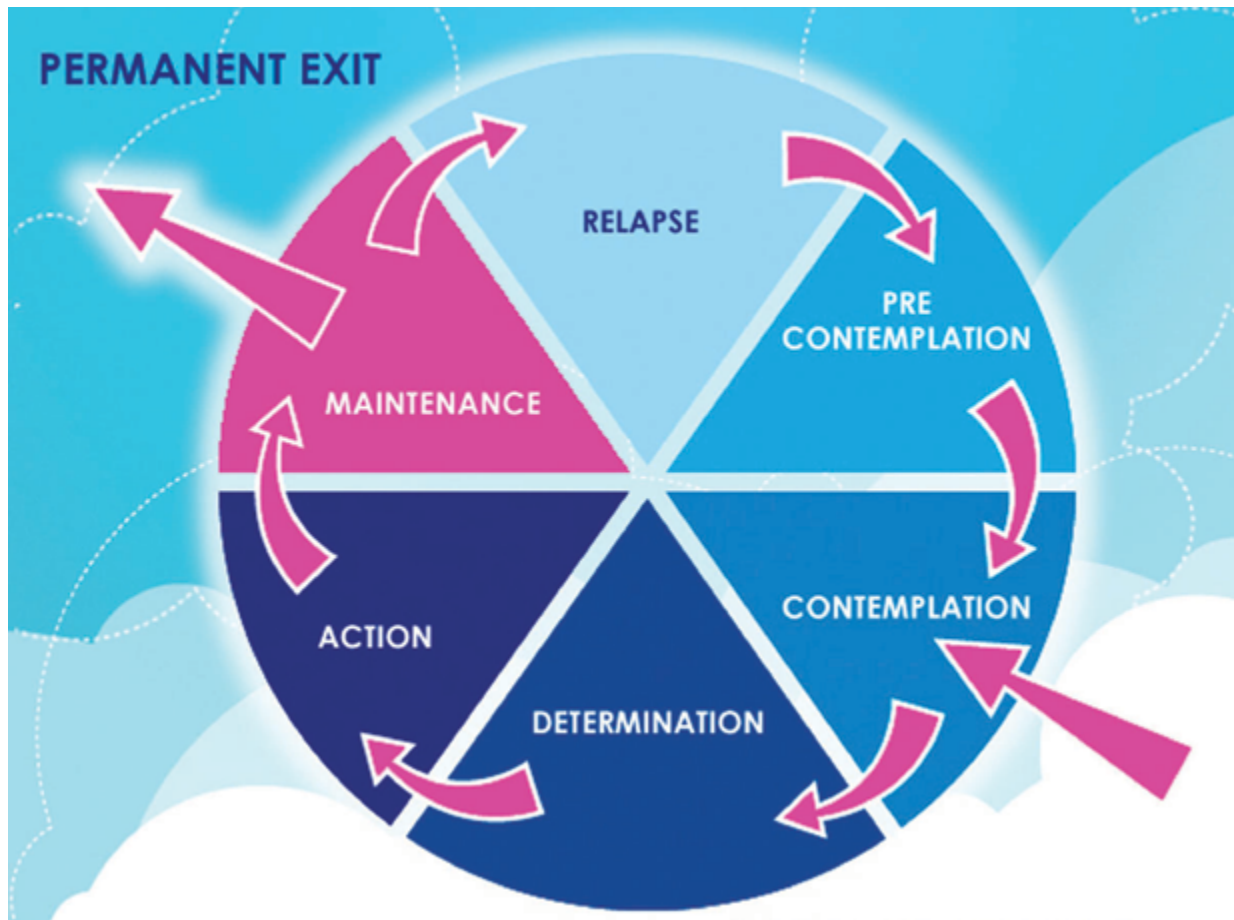
Many family members want their relative to go into treatment. It can be very frustrating to hear from 'experts' that unless the user wants to change, you cannot force them into a programme. This is really hard to accept, especially when your relative may not seem to be thinking clearly or making sensible decisions for themselves. However, the reality is that forcing someone into a programme in order to stop them using drugs does not work – unless they want to stop.

It may be useful to examine the process of addiction and the stages that a person goes through when trying to make changes in their lives. Most families when they discover they have a family member using drugs /alcohol have no idea of what is going on for the person using. The wheel of change was developed to help people understand how and why people try to change their risky behaviour.

"Through the support group I learned that there is a process to addiction and this process takes its toll on the whole family. Once we understood the process we could deal with the situation in a more positive way. We learnt not to issue orders but to offer choices and to state clearly that there were consequences to these choices."

We used the Wheel of Change as our guide. This gave us an understanding of where he was in his addiction and this meant we could support him when he moved from one stage to the next."

Personal Story taken from the Family Support Network 'Resource Park'



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

Stage 1 – Pre-contemplation

When people are happily using drugs,/alcohol that is, where the benefits outweigh the problems, they will have no reason to consider stopping.

As a parent, you may see the problems and it might be causing extreme anxiety and chaos in your family, but unless your relative sees their use as a problem, they will not consider changing. This is the stage where they haven't even begun to consider making changes.

Stage 2 – Contemplation

After a period of use, your child might start seeing their drug use as causing a few problems. They might find they have no money and nowhere to live. They may have split up from a relationship, be experiencing increasingly poor health or feel separated from their family. At this stage, they are beginning to be aware of

some of the difficulties associated with their drug use. At the same time, however, they are still enjoying some of the benefits of the drug use. Therefore although they are starting to feel two ways about it, they continue to use. This is called the contemplation phase.

Stage 3 –Determination or Ready for Action

When problems from the drugs overtake the pleasure of using, you might start seeing signs of your child wanting to change. They might ring you and ask for help, or they might see a counsellor or GP about treatment. At this point, they are preparing for action.

Stage 4 – Action

When your relative resolves to do something about their drug use, you will often find they enter a treatment programme or come to you or someone else ready for action. They usually want to do something about their drug use at that very moment. This is called the action phase.

Stage 5 – Maintenance

This is the stage where your relative has managed to sustain the choices they've made regarding changing their drug/alcohol use for a period of at least 6 months. It is still, however, no guarantee that they have broken the cycle forever and will never use drugs again. It is important to remember that many people trying to beat an addiction go through the stages of change described above a number of times before they learn how to successfully maintain their behaviour change. It is not an easy path, for the user or the family. As a parent, you may want to consider where your child is on the stages of change.

Stage 6 – Relapse

If someone has changed their drug /alcohol use for a period of time or has gone through a treatment programme, it does not automatically mean they will never use drugs again. Relapse is something that can happen at any stage. A relapse for some may be a short-lived return to drug /alcohol use followed by a return to the preparing for action or the taking action stage. For others it could mean a return to regular use which could take them back to the pre-contemplation or contemplation stage.

Recognising the Limitations of the Family

Family members have to recognise their own limitations. While recognising the need to be informed of the process of addiction, having correct information of the relevant treatment services and being part of the care planning of their loved one. Often it is total exhaustion that makes a family member realise that he or she has to give the responsibility of getting off drugs back to the user.

At this stage of acceptance, the family can begin to think about how best they can support the drug/alcohol user living in the home or outside of the home. While supporting the drug user, families themselves will need support.

Family members have found that the best way of getting this support is through a Peer Family Support Group.



HELP FOR GRANDPARENTS

If you are a parent who has adult children with alcohol or other drug problems, you might also have grandchildren in need of attention. Some of the issues you may be facing include:

FEAR OF GRANDCHILDREN BEING HARMED OR NEGLECTED

When your son or daughter is using drugs and children are involved, you may find yourself worrying constantly about the well-being and health of your grandchildren.

LACK OF ACCESS TO GRANDCHILDREN

If your relationship with your son or daughter is strained or volatile, you might have difficulty seeing your grandchildren regularly. This can be very stressful, particularly when you want to see them to make sure they are OK. After spending time with them, it can be equally difficult to say goodbye.

RESPONSES FROM GOVERNMENT DEPARTMENTS

Making contact with the Child Protection and Social Work Services in order to discuss concerns or to make a complaint regarding the welfare of children can be a very anxiety provoking and frustrating experience. It may be difficult to understand why no action is taking place, or you may feel that you have not been adequately consulted.

TAKING OVER THE CARE OF YOUR GRANDCHILDREN

Many grandparents find themselves taking on the unexpected role of parenting their grandchildren. This may happen because a son or daughter has died, are absent or because their drug use makes them incapable of parenting.

JUGGLING RELATIONSHIPS

Sometimes it is difficult to keep a good relationship with your adult son or daughter and care for your grandchildren at the same time. It can also put a strain on your relationships and place you under scrutiny from other family members.

FINANCIAL AND HEALTH PROBLEMS

Caring for grandchildren can place you under extreme financial pressure

HELP FOR GRANDPARENTS

If you are dealing with one or more of these issues your health may suffer as a result. Try to continue to –

- Talk your concerns over with other family members. You may want to involve them in some of the important decision making.
- Reach out for support. Contact your local family support group.
- If you are having difficulty getting to see your grandchildren, try and find other ways of having a relationship with them. For example, write letters, phone, send e-mails, attend school concerts and remember their birthdays etc.
- If you feel it is safe to raise concerns about your grandchildren with your son or daughter, do so calmly and firmly. Let them know specifically what you are concerned about and why. They may become angry or accusatory, but calmly remind them that all you want is for them and their children to be safe and happy.
- If you have concerns about the welfare of your grandchildren, contact your local (Tusla) Child Protection and Social Work Service and talk it over with a duty officer. If you are unsure about whether this is the right thing to do, talk

'hypothetically', for example, ask about what type of action might be taken if someone made a particular complaint.

If or when you make a complaint, try and be as specific as possible. You may want to write down your concerns and when you observed them. If you are not happy about how your concerns has been handled, or feel misunderstood, contact the principal social worker.

Remember that removing a child from parental care is the last resort for Child Care services - even if drugs are involved. Also remember that people who use drugs still love their children and can still be good parents.

If you feel you need to take legal action or become the primary care for your grandchildren, it is important to know there are other grandparents who have already done so. Talk it over with family members with similar experiences in SER Family Support Network, or seek help from one of the numbers listed.



WHAT CAN A FAMILY MEMBER DO

AS A FAMILY MEMBER, WHAT CAN YOU DO AS PART OF THE CHANGE PROCESS ?

Your relative will most likely have the motivation to change when the negative consequences of their drug use start to outweigh the positives.

Get support for yourself to help you consider how you want to respond and consider your next steps

- Seek information about the variety of treatment agencies and options, see www.drugs.ie
When your relative is ready for change, you can support them by having information at hand.

- Consider what behaviour you will allow in your house and when and where to draw the line. Talk it over with the rest of your family and make decisions together if possible.

- Reach out for help and support. If you share your situation with other family members in similar situations or with counsellors, then you will feel more supported when it comes to making tough decisions or dealing with difficult situations.

“Support, encourage... find out about the various treatment options, but don't shove it down their throats ... have the knowledge there so if they make a decision you can guide them... they have got to want to go.”

(SER Family Support Network Parent Volunteer)
“If your relative comes to you and says ‘I need help, help me’ – at least you know where the places are.” (SER Family Support Network Parent Volunteer)

Your involvement in the treatment process

If your relative enters treatment, enquire about family support options through that agency. Discuss the issue of confidentiality with your relative and the agency. Consider your involvement in the care planning as part of the recovery process and discuss all options with

your relative and the agency.

If you are supporting your relative through this change process and have addressed confidentiality issues, ask the agency that you be informed in a timely manner about the different stages of the recovery process and what to expect. If you would like to talk these options through, discuss them in your family support groups or speak to your counsellor. If your relative would like to look at their options for , then provide them with the number for the **Substance Misuse Services in your area. See contact details**

Remember:

Help for yourself and the rest of the family is important at this stage. A key element of this stage may involve family members' interacting with the treatment service. By being informed and prepared to engage with the service it can help make this interaction more positive.

- Successful detoxification or ‘physical withdrawal’ does not necessarily mean your relative will never use again.

- It often takes people many attempts over a period of time before they are successful in changing their drug use behaviour.

- Detoxification is only one part of the process. It is best to consider detoxification as the first step and seek ongoing support as part of a longer –term recovery programme

- Relapse (using again) is a normal part of the change process. When someone uses again, a counsellor can help them learn from the experience and identify strategies to try and prevent further relapses occurring.

- Motivation is very important but can also change at any time. Be aware that your relative may have periods of high motivation (from minutes, hours, days, weeks etc.) followed by times when they seem only motivated to use.

Anytime that your relative seeks treatment, even if they don't follow through at the time, is a step in the right direction.

Sometimes when people use drugs/alcohol it can affect their mental health. A combination of lack of sleep, lack of food and the drug itself can lead to depression, anxiety, and withdrawal from social contact, mood swings, hyperactivity and sometimes psychosis. A psychosis is an impairment of a person's sense of reality and can negatively affect their capacity to function emotionally and or cognitively. Symptoms of psychosis may include increasing paranoia, aggression, delusional behaviour and fear. People often make comments that someone is following them, or that people 'are out to get them.' They often act in bizarre ways and experience auditory (hear voices) and visual (see things) hallucinations.

There are only a small number of people who develop a psychosis, however when it happens, it can be very frightening for everyone concerned.

Drug induced psychosis is a temporary state and is usually associated with excessive use of cannabis, amphetamines, methamphetamine, ecstasy or alcohol. If a person stops using the drug, the symptoms usually cease. At times however, people need to be medicated and/or hospitalised in order to manage a psychotic episode.

Many drug/alcohol users are aware of some of the early signs of psychosis, but if they ignore these and continue to use drugs such as those listed above, they may start to lose contact with reality and behave in dangerous and unpredictable ways.

Some people who also have a family history of mental illness such as schizophrenia can be more vulnerable to developing a mental illness through drug use. If drug use triggers an

underlying predisposition to a mental illness, people may need to be placed on medication for substantial periods of time or even throughout their life.

Remember people suffering from a severe psychosis are highly unpredictable and you must ensure your own and other family members' safety before you can be of any help to them.

If you feel it is an extreme situation consider the following

- **KEEP YOURSELF AND YOUR FAMILY SAFE**

Remove yourself from the house or immediate surroundings if necessary.

- **GIVE YOUR RELATIVE SPACE AND QUIET**

This may help them to calm down.

- **TRY NOT TO REASON OR ARGUE WITH THEM**

These types of behaviours, particularly if done in a condescending or patronising manner, are only likely to antagonise your relative.

- **CALL THE POLICE ON 999 IF YOUR RELATIVE IS THREATENING VIOLENCE OR BEING VIOLENT**

This is very difficult for any relative to do but you may not have a choice. Safety for yourself, other family members and your relative is paramount. In these situations your relative needs help and getting the police to intervene may be the first step.

- **SEEK HELP FROM A DOCTOR YOU TRUST**

A family doctor or someone you usually see, who may know about your situation will be in a better position to assist.

- **TAKE YOUR RELATIVE TO A HOSPITAL EMERGENCY DEPARTMENT**

Be aware that you may have to wait awhile but it's going to be safer to wait at hospital than at home.

OVERDOSE RISK

Overdose can occur from any drug and each type of drug overdose exhibits different symptoms. Many people use more than one drug. This is referred to as poly-drug use. When different drugs are used at the same time, the effect of the drugs can be increased and the symptoms can be unpredictable. An overdose can happen at any time. It is important to note that sometimes the use of a contaminated substance, particularly when it is injected, can have similar effects to an overdose.

Amphetamine-type substances including methamphetamines and ecstasy are central nervous system stimulants. When this type of substance is of high purity, or a person uses too much, they are likely to become quite hyperactive, get severe headaches, pains in the chest, heart palpitations and exhibit rapid breathing. They may become highly anxious, panicky, agitated, hot and sweaty and have spasms. They are unlikely to die from an amphetamine overdose.

DO CALL AN AMBULANCE
ON 999 AND TELL THE

OPERATOR WHAT YOU SUSPECT.

- AS A PARENT YOU MAY BE ABLE TO HELP THE DRUG USER TO CALM DOWN AND TRY TO GET THEM TO A QUIET OR RESTFUL PLACE.
- STAY WITH THEM AND KEEP TALKING IN REASSURING, CALM AND QUIET TONE.
- GIVE THEM SIPS OF WATER IF NEEDED.

Heroin is a central nervous system depressant which slows down a person's breathing and heart rate. **If a person has not used Opiates (heroin or methadone) for a while, or has taken alcohol and/or benzodiazepines as well as heroin, they are at more risk of an overdose.**

If you suspect your son or daughter has overdosed on heroin or another depressant drug/s, help them stay alive by doing the following:

- **DIAL 999 FOR AN AMBULANCE IMMEDIATELY.**

- **PUT THEM IN THE RECOVERY POSITION, WHICH IS LIE THEM ON THEIR SIDE**

AND CLEAR THEIR AIRWAY, THEN CHECK FOR BREATHING AND CIRCULATION.

- **POLICE DO NOT ATTEND UNLESS THERE IS A FATALITY, DUTY OF CARE REQUIREMENT OR AMBULANCE STAFF ARE THREATENED.**

Cannabis can have combined effects of stimulant and/or depressant along with other effects. There is no evidence of any person dying from a cannabis overdose; however, people can suffer from negative side effects in high doses. People can experience hallucinations, paranoia, delusional thoughts and confusion. The effects only last for a short time, but can be very frightening for the person. If your relative exhibits cannabis overdose:

- **YOU MAY BE ABLE TO HELP THEM CALM DOWN THEN TRY TO GET THEM TO A QUIET OR RESTFUL PLACE.**
- **GIVE THEM A GLASS OF WATER IF NEEDED. TALK TO THEM LATER WHEN THEY ARE MORE CAPABLE**

Naloxone

The SERFSN has campaigned for the wider use of Naloxone on the basis that it can save lives. We encourage family members to have the conversation if their relative is using opiates, about Naloxone, how to access it and where it will be stored.

What is Naloxone?

Naloxone is an antidote used to reverse the effects of opioid drugs like heroin, morphine and methadone if someone overdoses. Naloxone is not a cure but can help to keep a person alive until an ambulance arrives.

Where can I get Naloxone?

Naloxone is a prescription medication. This means it needs to be prescribed by a Doctor. Naloxone will be prescribed to a person who is at risk of overdosing on opioids. If your relative is prescribed Naloxone, ask your relative to request their doctor for more than one and give it to a friend or family member who will be around when you are using.

How can I learn how to use Naloxone?

the SERFSN provides training for family members in administering Naloxone. You can also ask your Doctor or go to drugs.ie/naloxone for more links and information.

Can I use Naloxone that has been prescribed for me on someone else?

What you do with your medication is your responsibility. If you have Naloxone and have received training to recognise an opioid overdose, can demonstrate basic life support and know how to administer it then here is what the law says;

‘There should be no exclusions from administering naloxone where the risk of opioid overdose is suspected as failure to administer naloxone may result in the death of an individual. Legislation is in place which allows intervention in an emergency situation, Civil Law (Miscellaneous Provisions) Act 2011, SI 449

Naloxone and its expiry date

If your Naloxone has expired take it back to where you got it and ask for a new one.

Can I use Naloxone if it has expired?

If it is the only thing you have, use it. Naloxone will start to lose its effectiveness when it's out of date.

However, it may be strong enough to reverse an overdose if that is the only kit that is available. It cannot hurt, so use it and continue to perform rescue breathing and call for help and ambulance.

Will we ever have nasal Naloxone?

Yes, we are awaiting authorisation on the European market and it is much more expensive.

Don't try pouring naloxone into the victim's nose or mouth: Trying to make someone who has overdosed and is unconscious swallow naloxone (or any liquid) can be dangerous, as it might go into their lungs. In any case, this won't work because not enough naloxone will be absorbed.

HIV and Aids

What is HIV and what is AIDS?

HIV stands for Human Immune-Deficiency Virus. HIV may lead to AIDS (Acquired Immune Deficiency Syndrome).

The HIV virus if left untreated will damage the body's immune system so that it cannot fight off infections and illnesses such as pneumonia, skin cancer and fungal infections. AIDS can develop only in the body of someone who has been infected with the HIV virus.

How does someone get infected with HIV?

The HIV virus can be transmitted through the exchange of body fluids. This includes semen, vaginal secretions and blood. The following are some of the ways that HIV is transmitted:

- Unprotected sexual contact with someone who has the virus
- Sharing injecting equipment with someone who has the virus
- From mother to baby during childbirth (if mother has the virus)
- Blood transfusions from an infected person (Ireland's Blood Transfusion Board screens for HIV, but some developing countries do not have adequate screening procedures).
- Tattoos and piercings in an establishment that does not have the proper sterilising equipment.

How can you guard against becoming infected with HIV?

- Always use a condom during sexual contact – you cannot tell by looking at someone if they have HIV or not
- Do not share injecting equipment (equipment means: needles, syringes, injecting spoons etc).
- Use only reputable tattoo and piercing establishments
- It can be risky to share toothbrushes or razors because there may be blood present.

You cannot become infected by:

- Using the same eating utensils, drinking glass, toilet or swimming pool.
- Being sneezed/coughed on
- Being bitten by an animal/insect
- Hugging, kissing on the lips
- Everyday casual contact with workmate, family member or friend

Some points to remember:

- No one has been cured of AIDS
- The use of any drug whether it is heroin, ecstasy, cannabis or alcohol, may reduce your ability to make "safe" decisions
- Condoms reduce, but do not eliminate, the risk of infection
- The contraceptive pill offers no protection against infection

Who should get tested for HIV?

- Anyone who has had penetrative, unprotected vaginal or anal sex with an infected person.
- Anyone who has had unprotected oral sex with an infected person.
- Anyone who has shared injecting equipment.
- Anyone who has had a blood transfusion in a country where screening services are inadequate.
- Anyone exposed to a needle stick injury.

What are the signs of HIV infections?

There is no immediate sign of HIV although some may experience flu-like symptoms some weeks after infection.

It can be in the body for 8-10 years before someone living with HIV begins to experience the symptoms or illnesses associated with AIDS (this is not an exact time as cases differ with each individual depending on the person's general state of health and lifestyle).

What treatment is available for HIV?

There are a variety of treatments for HIV known as 'Triple or Combination Therapy'.

Treatments are being investigated and new drugs are being developed all the time.

The important factor with treatment of HIV is to ensure that a person takes a test as soon as possible after potential exposure, to allow the appropriate medication to be administered while the person is still in good health.

What can a person with HIV do to maintain good health?

- 1) People who have been tested positive for HIV should attend their hospital every three months for blood tests. These tests tell the doctor how the virus is impacting on the patient's body. They also inform the doctor whether a person should go on anti-viral therapy.
- 2) When taking anti-viral therapy it is VERY important to take it exactly as the doctor prescribes it and not to skip days. The body can develop a resistance to this therapy. If you stop using it once, but need to start taking the medication again, it may not work.
- 3) People who are HIV positive should not share works (injecting equipment) with someone else who is also HIV positive. There are different types of HIV and people can be re-infected with a different strain. Also, resistance to anti-viral medication can be passed on in this way. This means that a person who has shared works with another person who has not been taking their medications properly can develop a resistance to medication before he or she even starts taking it! This also applies to sexual activity and so condoms should always be used.
- 4) People who are HIV positive should eat extra well, ensuring their diet is balanced and contains plenty of fruit and vegetables, which will help the immune system. Fried foods, fast foods, and junk food should be avoided. People with HIV & AIDS get more seriously affected by food poisoning, so it is important that food is properly refrigerated, prepared and attention is paid to 'sell by' and 'use by' dates.

Alcohol puts a lot of strain on the liver and should be avoided by people with Hepatitis C, especially if they are using anti-viral therapy.

HEPATITIS

What is Hepatitis?

Hepatitis is an infection of the liver. There are 6 different types of Hepatitis. We will focus on two: Hepatitis B (Hep B) and Hepatitis C (Hep C).

One important difference between both of these viruses is that there is a vaccine for Hep B, but not for Hep C.

The spread of Hep B can be prevented if people are vaccinated against it. Most people with Hep B will completely recover with proper diet and rest. All drug users who are in treatment for their addiction will be screened for the Hep B & C viruses.

The success of treatment depends on:

- The person's general health and if they are eating properly, getting enough sleep etc.
- Drug users need to be stable (i.e. not injecting drugs) for at least one year before they can avail of the treatment for Hep C.
- The abuse of alcohol and certain medications can limit effectiveness.

What activities can transmit Hepatitis C?

- Sharing injecting equipment (needles, syringes, injecting spoons, etc.).
- Needle stick injury.
- Unprotected penetrative or oral sex (not a very common mode of transmission).
- Transfusions with infected blood/blood products.
- Sharing razors, toothbrushes.

Hepatitis is much more easily transmitted than HIV as it is a stronger virus.

What are the signs of Hepatitis infection?

Not everyone with viral Hepatitis gets symptoms but the following is a guide – some of which may not be present:

Hep B:

- Flu-like symptoms: fever, muscle/joint pain, and fatigue.
- Loss of appetite.
- Apathy.
- Itchiness.
- Occasionally colour changes in eyes, skin, urine and faeces.

Hep C:

- Flu-like symptoms: muscle/joint pain and fatigue.
- Pain around the liver and in the right shoulder (referred pain).
- Nausea and bowel problems.
- Mood Swings, difficulty sleeping or depression.
- Loss of appetite, unwell if fatty foods are eaten.
- Increased sensitivity to medication and alcohol.

What is the treatment for Hepatitis?

If you suspect that you may have been infected with Hep B or Hep C, talk to a Doctor.

Hep B:

- In many cases suitable treatment will result in complete recovery. Often simply bed rest and in some cases medication: Interferon
- Alcohol must be avoided.
- Get vaccinated. Booster vaccinations are recommended every five years.

Hep C:

Currently treatments called Pegylated –Interferon and Ribavarin is effective in the majority of cases. Some people undergoing treatment for Hep C may experience side effects.

New drugs are being developed all the time.

Who should get tested for Hep C?

- People who have ever shared injecting equipment even those who did so only

once or infrequently many years ago.

- Children born to mothers who have Hep C.
- People who have received blood transfusions or blood products in countries where screening services are inadequate.

Can Hep B and Hep C be spread by sexual activity?

Yes, but this does not occur very often. Extra care should be taken during the time of a women's period due to the presence of blood. Condoms should be used to practice safe sex.

Can Hep C be spread within the home?

Yes, but this does not occur very often. If Hep C is spread within a household, it is most likely due to direct exposure to the blood of an infected household member e.g. razors or toothbrushes.

- Do not share razors or toothbrushes
- Do not clean up blood spills without gloves.

If these precautions are taken there is no risk passing on Hep C during the normal course of family life.

What is the risk of Hep C mothers to their newborns?

- About 5 out of every 100 infants born to Hep C positive women become infected.

What can a person with Hep C do to protect their liver?

- Stop drinking alcohol.
- See your doctor regularly.
- Do not start any new medicines or use over-the-counter, herbal or other medicines without talking to your doctor.
- See your doctor about getting vaccinated against Hepatitis A and B, if you haven't done so.
- Try complementary therapies such as massage, acupuncture (body or ear), or reiki. These have been shown to have beneficial effects for people with the Hepatitis. They can reduce stress, which is good for the whole body.

- Eat a healthy diet. Cut down on dairy products, sugar, refined flour, hot and spicy or greasy foods, alcohol and processed foods. The more processed food is the more chemicals its likely to contain – this means more work for the liver. Try to eat as much organic food as possible, so that the liver does not have to breakdown extra chemicals. Also try to cut down on red meat (stick to chicken or fish).
- Avoid eating lamb.

You cannot become infected with Hep C by:

- Being sneezed/coughed upon
- Sharing eating utensils or drinking glasses
- Hugging
- Casual contact

What can a family member do for someone with Hepatitis?

- You have already started by reading this – find out as much as you can about Hepatitis, then you will be able to discuss it if they wish to do so.
- The liver does not like stress, resentment or built-up anger. Therefore try to encourage people to talk about how they are feeling, in a supportive way. Also encourage people to find ways of relaxing, either through complementary therapies or gentle exercise. Resting, without sleeping during the day, even if only for ten minutes helps many people.



Some family members take on the role of caring full-time for the child(ren) of drug using family members. This may be as a result of a relative's chaotic drug use, a drug related death or the ill health of the drug user due to drug use.

These carers are known as guardians and often it is grandparents who take on this role. The information provided below may be of help if you find yourself taking on this role.

The Guardianship Payment:

What are the types of payments available?

The guardianship payment can be either contributory or non-contributory. Contributory payments are based on the child(ren)'s parent(s) PRSI contributions. The child(ren)'s parent(s) must have paid a minimum of 26 weeks worth of PRSI payments at some point in their life.

The payment as of 2022 is €191 per week per child. If a child(ren)'s parent has not made these contributions you can apply for the non-contributory guardianship payment. In this case it is the child(ren) who is means-tested and not the guardians or the parents).

The means include any income the child(ren) has or property or an asset they own that could bring in money or provide the child(ren) with an income. The child(ren)'s own home, any payment from the Department of Social Protection and income from certain charitable organisations do not count as means. The maximum non-contributory payment is €161 per week per child as of 2011. Whether or not you get the maximum guardian's payment

(non-contributory) will depend on the means test.

For further information please visit **Citizen's Informarion.ie**

Who is regarded as an orphan?

In order to qualify for the guardianship payment a child(ren) needs to be considered orphaned. This means that both parents have died, one parent is dead or unknown or has abandoned and failed to provide for the child(ren) and the other parent is unknown or has abandoned and failed to provide for the child(ren). A claim cannot be made for any child(ren) who resides in the same home as their parent.

Who can apply for guardian's payment both contributory and non-contributory?

A guardian is the person who cares for and is responsible for the child(ren) and who the child(ren) normally lives with.

This may or may not be a legally appointed guardian. Anyone in this role can apply for guardian's payment. A person who has been deemed a relative foster carer and who is in receipt of foster care allowance for the child(ren) cannot receive guardianship payment. The payment is made until the child is 18 years of age or 21 if the child remains in full-time education until then.

What other social welfare payments can be paid with guardian's payment?

If you are a guardian you can get a payment from the Department of Social Protection in your own right and still get a guardian's payment for any qualified orphan living with you. However, you cannot get a qualified child(ren) increase for any child(ren) for whom guardians' payment is paid. If the parent of the child(ren) is in receipt of lone parent allowance for that child it will be stopped once a guardianship payment for that child has been awarded.

When and how do I apply?

If you are a guardian you should apply where possible within three months of having the child(ren) coming to live with you. You can still apply after this time frame but you may not get the payment backdated after the three month period. You need to fill out application form GP1 and send it to the Orphan's Section, Department of Social Protection, Social Welfare Services Office, College Road, Sligo. Forms can be obtained from your local Social Welfare Offices, **Citizens Information Centre or downloaded from <http://www.welfare.ie/EN/Schemes/BirthChildrenAndFamilies/ChildRelatedPayments/Pages/gpnc.aspx>**

What documents do you need with your claim?

Your birth certificate

Birth certificates for the child(ren) (long version only)

Death certificates of deceased parent(s) if applicable.

Guardianship

Independent written confirmation of parental failure to provide for the child(ren) – you can approach social workers, school principals, Gardaí and co-ordinators of local drug projects for this type of written confirmation.

Supports available:

Taking on the role of guardian is a big decision and it can impact on your life and the life of your family. Some guardians have described that at times they feel isolated, tired and overwhelmed. Guardians have often described feeling fearful that the child(ren) they care for will be taken from them and brought to live in an unsuitable environment or they worry what will happen to the child(ren) if they, the guardians, fall seriously ill. Some guardians may have stopped parenting many years previously or may never have been a parent, for example, adult siblings sometimes take on this role.

There may be local community services that can help you in your new role and it is important to contact these services and try to use them where possible.

What types of support or services can be of help to guardians?

Public health nurses particularly when caring for babies and infants. Community based childminding and crèche facilities. Afterschool clubs and/or homework clubs can give guardians some free time to manage household tasks or to maintain employment. Summer activity programmes both day and residential with local youth services. Some children may have behavioural or developmental difficulties and in this case it can be important to ask advice from schools, doctors or locally based services around referral for specialist interventions, for example, assessments with speech therapists, psychologists and child counsellors.

Free legal advice in relation to issues concerning legal custody of the child or access to the child. Social work services if difficulties or issues arise with the child's parent(s).

It is useful to inform the school of the caring arrangement to overcome possible difficulties

with regard to parental consent. It can be useful to keep a file of important documents and decisions made in relation to the child.

Guardians often photocopy documents before submitting the originals to various Departments in case they get lost or are needed before they are returned.

Community welfare officers may support guardians with once off payments or payments to tide guardians over while awaiting a decision on a social welfare claim.



CARE OPTIONS



What happens when parents cannot provide adequate care for their children?

The HSE has a statutory responsibility to provide alternative care services under the provisions of the Child Care Act 2001. Children who require admission to care are accommodated through placement with relatives, foster care, adoption or residential care. Children in Ireland are not taken into foster care in the first place, unless Tusla assesses that the child is at risk.

What is foster care?

All parents set out with the best intentions in the world. Sometimes the realities of parenting are too much. Families are unable to manage for a variety of reasons. When it is no longer possible for children to remain at home with their parents, they may come into the care of the HSE, either with the agreement of their parents or through the intervention of the court.

Children of all ages need foster care from birth to late teens. Some children need short-term care; others may need long term care. Some children need to find a home that allows them to stay with their brother or sister. In an ideal situation, the child placed in foster care will return to his or her own family as soon as this is possible.

What is relative foster care?

Relative foster care happens when another family member becomes foster parent of the child. For example, a grandparent, aunt, uncle, adult sister/brother. In this situation, the relative of the child is assessed by the HSE in exactly the same way as all other foster parents.

In making their decision about the relative becoming a foster parent to the child, the HSE will decide what is in the best interest of the child. The assessment will be conducted by a social worker who, over several sessions, will talk to you about your family and personal history, your motivation to foster and your capacity to help a child or young person in need. Garda checks are made on all applicants. The HSE pays a maintenance allowance of €325 for children under 12 years of age and €352 for children over 12 years of age per week for each child in foster care. This allowance does not affect tax or state benefits.

What is residential care?

The HSE may provide residential care for children who can no longer be cared for by their family in their own home. Where parents are unable to cope due to illness or other problems they may agree to their children being taken into the care of the HSE. This is known as voluntary care. In these cases while the HSE has care of the children it must consider the parents' wishes as to how the care is provided.

Residential care refers to care that can be provided in a home (for children in the care of the HSE) staffed by care staff. The home or centre is referred to as a children's residential centre.

The purpose of residential care is to provide a safe, nurturing environment for individual children and young people who cannot live at home or in an alternative family environment.

This information was obtained from the TUSLA website, should you require further information you can visit www.hse.ie or contact your local TUSLA office.



BEREAVEMENT



Tragically sometimes families can experience bereavement if their loved one dies as a result of their drug use. From 2008-2017 a total of 6,933 drug-related deaths and deaths among drug users was recorded by the National Drug Related Deaths Index. The death of a loved one is a devastating experience and family members often struggle to cope. Below are some of the most common reactions and coping mechanisms that families may experience or use following the death of a loved one.

What is meant by grief?

Grief affects us all in different ways and that is why we are only experts in our own grief. There is no one “right way” to grieve. Grief is a normal response to loss and lasts far longer than family, friends and acquaintances realise. Family members may grieve in different ways and this can create conflict in the family. It can be useful to be able to identify different expressions of grief so that you can build an understanding of the grieving process within the family. Grief is a powerful and sometimes overwhelming journey. You may go through physical and emotional reactions in response to the loss of your loved one. This is normal but very difficult.

Bereavement is an experience that involves your whole being .

- **Your emotions: sadness, anxiety, shock,guilt anger.**
Your body: low energy,loss of appetite, disturbed sleep, fatigue dry mouth

- **Your behaviour; being absentminded, searching for or seeing the person you have lost, visiting places, social withdrawal or attempting to deny what has happened in any number of ways.**
- **Your thoughts and beliefs: disbelief, confusion, preoccupation,**

Specific Bereavement support is provided for members of SER Family Support Network's peer family support groups. for further information contact 051 357767 or 086 6045805

Do you have money concerns as a result of being bereaved?

A number of financial issues can arise for families after a death, among them difficulties in getting access to a dead person's money to pay for funeral expenses, or indeed living expenses for children or a spouse. Unless there is a joint account it is not easy to get access to the deceased's money until probate (process of proving a will is genuine) is taken out. However, a financial institution may release a small amount of money if a personal representative or the next-of-kin signs an agreement that the bank or building society will not lose if there are other claims on the money. If the dead person was a social welfare recipient the payment usually continues for six weeks after the death. The local social welfare office will advise if the payment was for unemployment or other social welfare benefits. The Pensions Service Office, 1890 500 000, will advise in the case of pensions such as the Widow's/Widower's pensions, or the One-Parent Family Allowance. If you find yourself in financial difficulty after the death of a loved one or as a result of funeral expenses MABS is a national, free, confidential and independent service for people in debt or in danger of getting into debt and will be able to provide you with assistance. The MABS helpline number is 0761072000

INTIMIDATION

Intimidation of families as a result of drug related debt

Not all families who are living with problem drug use experience intimidation as a result of drug related debt. Unfortunately some families do experience intimidation and it can be helpful to have considered this issue and to have some information on it. Sometimes families are targeted to repay a debt(s) that a drug using family member(s) has run up.

How do drug users try to repay the debts?

Initially drug users often try to repay these debts on their own in a variety of ways for example full cash payment, cash payment and/or dealing, holding or hiding drugs, violent crime, sex/prostitution. If drug users cannot repay the debt in this way or if the drug user is sent to prison or enters treatment sometimes the family can experience intimidation to try to force the family to repay the debt.

What types of intimidation can families experience?

Intimidation of the family can take the forms of verbal threats, physical violence, damage to home/property and or sexual violence or the threat of sexual violence. Most commonly mothers of drug users, siblings of drug users and fathers of drug users are the targets of intimidation but other family members can also become targets. An intermediary is normally used to collect the debt and not the dealer themselves.

How have families tried to repay drug related debts?

Families have tried to repay debts using a variety of methods; salaries/wages, credit union loan, bank loan, borrowing from friends or family, illegal money lenders, selling personal property, social welfare payments and re-mortgaging the family home.

What is this experience like for families?

Being intimidated is a very frightening experience for families and the levels of violence shown can be quite severe.

Different families respond in different ways to this experience for example some families repay the

debt, some families are unable to repay the debt or refuse to repay the debt, some families are caught in a constant cycle of repaying debts or paying debts for a number of relatives and some families decide to report their experience. Intimidation does not always stop after full repayment.

What are the options for families?

If you wish to report an issue of intimidation please contact your local family support service and they will be able to put you in contact with a Senior Inspector who has knowledge of the issue and can discuss your options with you. At no point will you be forced to enter into a process that you do not wish to. Your phone call to any of the below agencies will be treated in the strictest of confidence.

SER Family Support Network

Millennium Centre, Church Road, Lisduggan
Waterford.X91FN5V
Phone: 051 357767/086 6045805
Email: info@serfsn.org

Garda National Drugs Unit

Phone: 01 6669900



SUPPORTING FAMILIES OF PRISONERS

Supporting families of prisoners

Some family members can be living in dread of their loved ones being sent to prison. For others it comes as a complete shock. For some it isn't a new experience. But if it happens to you, or you know someone going through it for the first time there are a few things to take on board.

How can I best support my relative during this time?

Many arrests take place in the home. This can be very traumatic, especially if children are present. Older children may be just as traumatised, especially when their friends get to hear about it. Children may worry about where their parent(s) are. Will s/he be coming back etc.? They may also feel they are in some way responsible. If some of these fears can be dispelled, then the child(ren) will be happier and more content. Make time to listen to children, allow them to ask questions and make time for tears and anger.

Their opinions should not be ignored. Be honest and open. Share your own feelings. Don't exclude them by not saying anything and do seek advice – contact local family support/youth services. It is usually better to tell them the truth. Some effects children may encounter include the children becoming babyish, fretful, clingy, isolated, anxious, attention seeking or aggressive. Some children however may be perfectly comfortable with the facts of imprisonment. Mothers with partners in prison can be tempted to compensate their children for the loss of their father by spending more than they can afford on birthdays and Christmas.

However, some women may feel they are better at managing money without their partner, especially if their partner had an alcohol or drug problem.

How can I prepare my children for visiting the prison?

If you do decide to take children, it is a good idea

to prepare them for being searched by practicing 'standing like a tree'. Pre-visit behaviour can include sickness, irritability, excessive quietness or over excitement. Go to the toilet or get a drink so that a teenage visitor gets time alone with their parent. Don't force the young person to come on the visit. They can write letters. There is no e-mail.

What can I do to try to maintain family life?

When a partner enters prison, the family becomes a one parent family and must adapt to a new way of life. It can be felt that the prisoner is powerless to solve these problems from inside the prison. The first visit or two may feel overwhelming because you will have so many practical things to talk through. However, there can be comfort in looking forward to the visits. They can be the high point of the week for prisoners. Good visits can sustain both partners. Undoubtedly, some couples will run into difficulties. Maybe the partner did not know about their partner's activities before being convicted.

Is it a common response to feel shame and guilt?

For some families, the nature of the offence is a source of shame. Some women partners feel a great sense of guilt, as if the offence was somehow their fault. Other families report being harassed by neighbours. If being harassed keep a record of dates and events this is useful if you need to call in the Gardaí or the local authority. It is normal for family members of people in prison to feel angry, let down, disappointed and ashamed. These feelings are normal and family members are not guilty – no matter what other people think.

What practical issues might I face?

After the shock of the guilty verdict, family members may be faced with other issues such as money problems and transport to the prison. In most cases, the prisoner's solicitor will be able to

pass on information to families regarding which prison s/he is being sent to. The first visit to the prison can be worrying and frightening. All visitors including children and babies will be searched. The presence of the drug detection dog can be used as a reason for a visitor to refuse to carry drugs in for a prisoner.

If you are feeling lost and need to talk to someone, it can be tempting to discuss your worries with the partner of another prisoner, but it may get back to your partner, perhaps being

misinterpreted along the way. It can be helpful to speak to someone outside the family. You could ask to speak to the welfare services attached to the specific prison you are visiting.

In the Dublin region, there are a number of prison links workers whose contact details are available through local drugs task forces. Local community development initiatives or family support services may also be able to offer support. Your local family support service can help you to access relevant information to your situation for example what supports are available

for your children or where you may be able to access financial support.

FAMILIES MATTER TOO

Is a booklet for families of prisoners developed by the SER Family Support Network and is available on our website: www.peerfamilysupport.org



PEER LED FAMILY SUPPORT GROUPS & OTHER SERVICES

<u>Wexford Peer Family Support Groups</u> Wexford Town & Gorey Peer FSG Contact: 098 4862738 CommunityBasedDrugInitiatives Contact: 089 4862738 New Ross & Enniscorthy CBDI Contact: 087 9351754	<u>Wexford Counselling & Treatment Services</u> Cornmarker Project Contact:053 9155800 HSE Substance Misuse Services Contact: 053 9259825 <u>Outreach service</u> Contact: 087 9351765	<u>Regional Residential Treatment</u> Aiseiri Residential Treatment, Centre, Wexford. Contact: 053 9141818 Aiseiri Residential Treatment Centre Cahir, Co. Tipperary Contact: 052 7441166
<u>Waterford Family Support Groups</u> Waterford Peer Family Supports Waterford Mens's Peer FSG contact; 086 6045805 Community Based Drug Initiatives West Waterford CBDI 058 48946 087 9676439 East Waterford CBDI, 086 8527173 Cityside CBDI 086 8561641 Southside CBDI 087 6394065	<u>Waterford Counselling & Treatment Services</u> HSE Substance Misuse Services Contact: 051 301201 Outreach service <u>Waterford City: 14-21 year olds</u> Contact: 087 2235218 Adults: Contact: 086 3886936 Co. Waterford 086 8561681	Francis Farm Residential Treatment Centre, Tullow Co.Carlow Contact: 059 9151369 Aislinn Residential Treatment Centre For 15-21 year olds Contact: 056 8833777
<u>Carlow Family Support Groups:</u> <u>You Are Not Alone Peer FSG</u> Contact: 085 7872730 Community Based Drug Initiatives Graiguecullen & County Carlow CBDI Contact: 085 1391701	<u>Carlow Counselling & Treatment Services</u> HSE Substance Misuse Services Contact: 056 7784638 <u>Outreach service</u> Contact: 085 7888326	South East Regional Drug and Alcohol Task Force website: www.serdatf.ie/
<u>Kilkenny Family Support Groups</u> Kilkenny City & County Peer FSGs Contact: 086 3152246	<u>Kilkenny Counselling & Treatment Services</u> HSE Substance Misuse Services Contact: 056 7784638 <u>Outreach service</u> Contact: 085 7888326	Better Together Online Community Recovery Supports - Contact: Jim O'Dwyer SERDATF Development Officer Tel: 051 848864 Mob: 086 7911509
<u>Tipperary Peer Family Support Groups</u> Clonmel Peer FSG , 086 1089384 Community Based Drug Initiative Suirvalley CBDI, 087 9827669 Clonmel & Catchment Area CBDI Contact: 086 8557212	<u>Tipperary Counselling & Treatment Services</u> HSE Substance Misuse Services Contact: 052 6177900 <u>Outreach service:</u> Contact: 086 8561683	

CUAN MHUIRE

Cuan Mhuire provides residential treatment for alcohol, drug and other addictions. Other services on offer are: detoxification, group therapy, individual counseling, meditation and relaxation therapy, alternative therapies and attendance at A.A., N.A., and G.A. meetings. Cuan Mhuire has treatment and aftercare centres based in:

Location: Cuan Mhuire

Athy

Co. Kildare

Telephone: 059 8631493

Location: Cuan Mhuire

Coolarne

Athenry

Co. Galway

Telephone: 091 797102

Location: Cuan Mhuire

Bruree

Co. Limerick

Telephone: 063 90555

Referral Procedure:

Referral is open referral from all



USEFUL WEBSITES AND LINKS

SER FAMILY SUPPORT NETWORK

<http://www.peerfamilysupport.org>

Family Resource Centre National Forum

<http://www.familyresource.ie/>

Department of Health and Children

<http://www.dohc.ie/>

National Directory of Drug & Alcohol Services

<http://www.drugs.ie/>

National Advisory Committee on Drugs

<http://www.nacd.ie/>

National Documentation Centre on Drug Use

<http://www.drugsandalcohol.ie/>

Money Advice and Budgeting Service

<http://www.mabs.ie/>

Ana Liffey Drug Project

<http://www.aldp.ie/>

Aislinn Treatment Centre/Croi Nua

<http://www.aislinn.ie/>

Al Anon

<http://www.al-anon-ireland.org/>

Alcohol Action Ireland

<http://alcoholireland.ie>

South East Regional Drug and Alcohol Task Force

<http://www.serdatf.ie/>

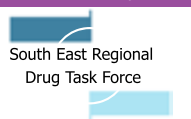


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