Drug & Alcohol Family Support Needs Analysis Report

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Western Region
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Meitheal Drugaí an Iarthair

Western Region Drugs Task Force
Drug and Alcohol Family Support
Needs Analysis Report

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Foreword

This report outlines research conducted by the Western Region Drugs Task Force (WRDTF) on a needs analysis for families with members affected by substance use. This needs analysis is one component of the developmental work currently being undertaken by the WRDTF and will underpin the development of its forthcoming Family Support Strategy and accompanying three-year Action Plan.

This strategic approach to the work of WRDTF with its focus on supporting families who have a member involved in substance misuse is very welcome. Recent research has emphasised the challenge in treating substance misuse as part of a set of complex problems being experienced by the user and their family and not solely as the problem of the individual misuser. Furthermore, it suggests that substance misusers are more likely to engage in programmes that support a process of recovery that takes account of their family life. Family support is also noted as a predictor of positive outcomes in working with children and young people who are at risk of, or are engaging in, substance use.

This research has outlined the level and type of support currently being provided to families experiencing difficulties which includes substance misuse in the western region. While this information provides a useful baseline the value in this research lies in the identification of gaps in service provision for families affected by substance misuse, the highlighting of the perceived barriers families face in accessing supports, and in the views of practitioners on the resources they need to support them in their work in this area. This information provides a useful springboard for the WRDTF in the development and implementation of its aforementioned Family Support Strategy.

I commend the WRDTF Family Support Working Group on their initiative in this regard and particularly acknowledge the work of Ms. Debbie McDonagh, Family Support Training and Development Officer in undertaking this research.

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Executive Summary

This research aims to contribute to a greater understanding of the ways families affected by substance use seek support. The report explores the availability and effectiveness of such support as well as providing information useful to service agencies, families and communities on existing drug and alcohol services and supports in the western region.

There is a significant and expanding literature that recognises the need to provide support to families who are affected by substance misuse. Literature indicates drug and alcohol interventions should aim to address the interaction of all risk and protective factors impacting the lives and development of affected children and families (Barnard and McKeganey, 2004). A key challenge is treating substance misuse as part of a set of complex problems being experienced by users and their family and not solely as a problem for individual misusers (Adfam, 2010). Including families and social networks of substance misusers in treatment programmes, it is argued, can positively influence the direction substance use problems take, improve outcomes and reduce negative effects for families (Copello et al., 2006). Multi-component interventions providing support for substance users and their children, for example, can achieve increased outcomes in terms of improved family relationships and cohesion, parental involvement in children's lives, and family communication (Orte et al., 2008). Literature also suggests substance misusers are more likely to engage in programmes that support a process of recovery which takes account of their family life (Rhodes et al., 2010).

Family-focused programmes provide important opportunities for family members to discuss treatment options and acquire knowledge of the services and support that may be available (The Alcohol, Drugs, Gambling and Addiction Research Group, 2010). Help accessing drug and alcohol treatment and rehabilitation services is considered important if substance users and affected relatives are to receive effective support (Adfam, 2010, Duggan, 2007, Stewart et al., 2007). Programmes need to consider not only substance use problems but the wider context of the service user (Adfam, 2011). Support should be part of a whole systems approach where agencies respond flexibly and employ effective partnership processes in addressing the needs of both users and families (Adfam, 2011).

A questionnaire completed by 158 practitioners working in services and agencies providing a range of supports to individuals, families and communities in the western region was used to gather research data. A majority of agencies surveyed provide supports of some kind to families experiencing difficulties due to substance use. In addition to providing programme support, many service providers also provide drug and alcohol information to families affected by substance use and refer family members to other services and agencies. However, over a third of the survey's

respondents have little or no engagement with families affected by substance use. Many respondents indicated that support regarding substance use is not integral to their core service provision. Therefore they would only support those affected by substance misuse if it was deemed relevant to their overall work.

The findings indicate that families, young people, and those with mental health/counselling needs were particularly affected by the shortcomings in service provision. Gaps in service provision for families affected by substance misuse include access to services, awareness and information deficits (regarding substance misuse). Inadequate resources and access were identified as the main gaps by respondents. Whilst just over two thirds of the services say they provide support to families experiencing difficulties due to substance use, yet on examination 86% of respondents admitted to having little or no engagement with families other than the provision information/advice and referral.

Barriers to people seeking outside support were identified as feelings of shame and/or fear of stigmatisation, denial over a relative's addiction, fear and confidentiality issues. The secretive nature of addiction problems was also highlighted by respondents. Furthermore, service providers indicated a need to create awareness of the dangers of substance misuse in many communities.

The respondents also highlighted that addiction services do not provide adequate help to substance users and their families. Many organisations do not provide services to family members and substance users with multiple needs. Solutions to access problems and low levels of provision require better inter-agency partnership according to respondents. Some felt poor co-ordination among support agencies results in inadequate responses to problems and issues which are likely to be embedded in substance misuse.

A majority of service providers felt respite services were needed in their area; however, less than 10 percent of respondents indicated their agency provided such services. Equally, respondents indicated a high level of interest in acquiring relevant and up-to-date knowledge and awareness of drug and alcohol related issues, best practice and appropriate treatments.

Based on the literature and the findings of the survey this report recommends drug and alcohol family support services should:

- Improve co-ordination with all relevant services and utilise inter-agency partnership structures;

- Publicise family support drug and alcohol services better and increase public awareness and knowledge of substance misuse;
- Establish best practice in drug and alcohol family support and provide regular and worthwhile training courses;
- Include service users and family members in development of drug and alcohol family support services: and
- Ensure an inclusive approach which includes ethnic and cultural minorities within this development process.

1 Family Support Needs Analysis: Overview

1.1 Introduction

This report presents the research findings of the WRDTF Family Support Needs Analysis. Its purpose is to create greater understanding of the ways families affected by substance misuse seek support. It explores the availability and effectiveness of such support as well as providing information useful to service agencies, families and communities on existing drug and alcohol services and supports in the western region. This research contributes to the development of a family support strategy to identify and help improve service provision to families affected by substance use. Specifically, it will help to:

- Develop a greater understanding of the ways in which families seek support, and their perceived expectations in doing so;
- Identify gaps in existing service provision for drug and alcohol family support;
- Contribute to the continuing development of drug and alcohol family support services in the region;
- Highlight appropriate training services as identified by relevant services; and
- Ensure that interventions and services remain an integral part of WRDTF work with children and families affected by substance use.

1.2 Western Region Drugs Task Force

The WRDTF is a co-ordinating body, providing a multi-agency and a regional response to substance misuse in the western region. Its overall aim is to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment, rehabilitation and research. Key objectives include the development of an integrated and well-managed response to drug and alcohol problems; to propose a range of solutions and service interventions based on the five pillars of the National Drugs Strategy 2009–2016 (interim) and to ensure that all responses are monitored and evaluated according to best practice and value for money principles.

1.3 Methodology

An anonymous online survey questionnaire was used to gather research data for the WRDTF Family Support Needs Analysis. Participants were asked a range of questions based on previous and current service provision which captures the recommendations of both the National Drug Strategy (2009 – 2016) and the WRDTF Regional Strategic Plan (2011 – 2014). Specifically, participants were asked questions relating to their perceived need for drug and alcohol family support services, existing provision of such services, referral options, training, information, support needs and recommendations.

Sampling and data collection

Research participants were drawn from agencies that provide drug and alcohol supports and family support related services in the western region (Galway, Mayo and Roscommon). Most participating organisations were visited in advance by the WRDTF family support development worker to develop connections and to promote the aims of the study. The research began in September 2013 with the building of a comprehensive database of family support services within the western region. A contact list for the region comprising individuals and agencies providing direct and indirect family support was established. Prospective survey participants and organisations included general practitioners, family resource centres, youth organisations, addiction services, community-based services and specialist services.

The survey was piloted with staff of the HSE Drug Service and a non-drug specific community-based youth service (Foróige). Participants were asked to consider: clarity of questions, ease of completion; time taken; and suggested additions and/or amendments to the questionnaire. Feedback indicated that the questionnaire was specifically targeted at professionals working in their respective organisations and therefore would not be applicable to those volunteering in these agencies. It was therefore decided to target professionals only.

Contact with potential participants and their agreement to become involved in the study were established through one-to-one visits or by a referral by other service providers. Websites were also utilised to identify service agencies that were not already recorded on the WRDTF contact list. Participants were invited by email to participate in the online survey. The invitation email outlined the aims and objectives of the study as well as providing a link to the electronic questionnaire. In addition, the study employed a snowballing sampling technique to identify potential respondents. For example, upon completion of the survey, respondents were encouraged to circulate the online survey to other practitioners on behalf of the WRDTF.

One hundred and seventy-four participants were invited to take part in the research over a two-week period. Follow-up phone calls and emails were sent in order to maximise the response rate. Overall, one hundred and fifty-eight respondents working at various levels in support organisations in the western region completed and returned the survey. This indicates a completion rate of over 90 percent representing 99 different organisations. The survey data was analysed using the Survey Monkey website and the Statistical Package for the Social Sciences (SPSS). Basic frequencies and percentages were used to describe the quantitative findings. All data was analysed in line with the aims of the research and the specific questions included in the questionnaire.

Limitations
A main focus of the research was to ascertain which services were being offered to families and to identify gaps and issues professionals encounter when working in the area of drug and alcohol family support. Participants included service providers only. The voice of family members is absent from the research.

In addition, electronic questionnaires require internet access and this perquisite may have limited the number and range of respondents. To help avoid this potential limitation, some respondents were contacted by telephone and offered hard copies of the questionnaire. In one instance, a hard copy of the survey was requested and data subsequently was inputted into the online survey on their behalf by researchers.

1.4 Layout of Report

Following this Introduction, Chapter Two reviews literature regarding substance misuse, its effect on families, and intervention programmes frequently implemented to support substance misusers and their families. Chapter Three presents an analysis of the findings of the survey. Finally, Chapter Four summarises the research findings and presents the recommendations of the study.

2 Literature Review Overview

2.1 Introduction

Increased substance misuse in contemporary societies generally has resulted in stark and enduring problems for many families and communities (Orford et al., 2007a; Stewart et al., 2007). Research with people who had or were receiving addiction treatment found all areas of their lives had been affected by their substance use (Schafer, 2011; Copello et al., 2006). This included family disruption and violence, unemployment and poverty, marital instability and breakdown, physical and mental ill-health (Schafer, 2011). Moreover, those living with someone experiencing alcohol and/or drug problems are likely to suffer increased risk of physical and mental ill-health, domestic violence and intimidation, family breakdown, poverty and indebtedness, and risks of child maltreatment and neglect (Schafer 2011; Orford et al. 2007; Duggan, 2007; Copello et al., 2006).

Traditionally, drug treatment and rehabilitation programmes have focused solely on substance misusers, with family members receiving little if any attention (Copello et al., 2006). However, over recent decades, programmes increasingly have included a 'family component', reflecting a growing recognition of the important roles families can play in the treatment and recovery of addicts (Orford et al., 2007; Copello et al., 2006). This chapter reviews literature relating to substance misuse and support interventions in order to report the efficacy of drug and alcohol family support services. It begins by outlining the risk and protective factors that shape substance misuse before discussing outcomes for substance users and their families. The chapter also outlines current drug and alcohol policy, the roles families may have in treatment and recovery, and some of the needs of affected families seeking support.

2.2 Substance Misuse: Risk and Protective Factors

The prevalence of substance use in contemporary societies has dramatically increased over recent decades. Ireland, in particular, has one of highest levels of alcohol consumption in Europe (Health Research Board, 2014). In 2010, for example, 11.8 litres of pure alcohol was consumed for every adult over the age of 15 (Health Research Board, 2014). Moreover, problem alcohol use in Ireland stood at 8,336 cases seeking treatment in 2012 up from 7,940 in 2008 and is linked to a variety of medical conditions and negative effects including liver cirrhosis, various cancers, road accidents, and mental ill-health and suicide (Health Research Board, 2014).

Individual, family, and community factors and their interrelationship are associated with engagement or not in alcohol and/or drug use (Becona et al., 2012, Arteaga et al., 2010). Risk factors increase the likelihood of engaging in adverse activities such as substance use (Hemphill et al. 2011). Protective factors offset and/or decrease the probability of harmful activities and behaviours (Hemphill et al., 2011). For instance, adolescence is recognised as a "peak period" for initiation and use of alcohol and drugs (Hemphill et al., 2011). A World Health Organisation study of 16,010 Irish children in 2010 found over half of boys (53%) and girls (52%) aged 15 to 17 years had been drunk at least once (cited in Department of Education and Skills, 2014).

Moreover, the European School Survey Project conducted in 2011 indicates almost three-quarters (73%) of Irish 15 and 16 year old students had consumed alcohol in the previous 12 months (cited in Department of Education and Skills, 2014). Palmer and O'Reilly's (2008 cited in Department of Education and Skills, 2014) study of second-level and post leaving-cert students aged from 14 to 19 found the average age which students first used alcohol was 13.4 years. In addition, half of students used drugs – cannabis (41%), inhalants (30%), poppers (17%), and cocaine (11%) – with the average age of first drug use being 14.5 years (Department of Education and Skills, 2014). The National Advisory Committee on Drugs (2010 cited in The Department of Education and Skills, 2014) also reports significantly increased levels of substance use among early school leavers in comparison to school-going adolescents.

Alcohol use in adolescence is associated with greater risk of engaging in harmful behaviours such as drug use, drink driving, risky sexual behaviour, antisocial activity and violence, and low educational achievement and work performance (Arteaga et al., 2010; Spoth et al., 2009). Adolescent substance misuse (alcohol and drugs) also can lead to long-term physical and mental ill-health, substance dependency, and disturbed family and social relationships (Hemphill et al., 2011).

Alcohol misuse, dependency and related problems in adulthood frequently are related to the early commencement of drinking and the regularity and the scale of intake during adolescence and young adulthood (Holmila et al., 2010). Research in the United States (US), for example, suggests substance misuse in young adulthood (18 to 26 years) disrupts later adult development (Stone et al., 2012). This "important developmental period" in which adult roles and responsibilities are determined, where relationships are established, training and education completed, and careers forged, is influenced by one's substance use (Stone et al., 2012: 749). Failing to accomplish adult roles and responsibilities in this period due to substance misuse often is reflected in continuing risky behaviour, criminality, increased substance misuse and dependence, financial insecurity and poverty, failure to establish meaningful and lasting relationships, and deteriorating mental health (Stone et al., 2012).

2.2.1 Parenting and Family Factors

Research strongly links disrupted family relations with alcohol and drug misuse (Becona et al., 2012; Schafer, 2011; Stewart et al., 2007; Sanders, 2000). For example, recent estimates (Rhodes et al., 2010) indicate approximately five million UK citizens were dependent on alcohol and/or drugs. According to Rhodes (2010) these figures suggest at least 8 million people and 2 million children are living in families affected by substance misuse. Studies also identify adolescents at risk of becoming involved in substance use are most likely to grow up in families that are unstable and where parenting has been disrupted (Becona et al., 2012; Rhodes et al., 2010; Orte et al., 2008). Adverse or disrupted experiences in childhood including maltreatment or neglect, parental separation, lone parenthood and divorce all increase the risk of substance misuse in adolescence and young adulthood (Arteaga et al. 2010).

Children growing up in families affected by substance misuse are more at risk of being a victim of physical, psychological/emotional and sexual abuse (Orford et al., 2007, Copello et al., 2006). Much literature argues that substance misuse by a parent(s) diminishes parenting, the capacity to provide a nurturing environment and is inherently damaging to families (Rhodes et al., 2010; Barnard and McKeganey, 2004; Sanders, 2000). Cleveland et al. (2008), for example, identify parental substance misuse, poor parenting and marital/family conflict as important risk factors influencing child/adolescent problem behaviours including substance misuse. Barnard and McKeganey (2004) also report a strong association between parental drug use and child neglect. They argue a parent/s preoccupation with satisfying personal drug and/or alcohol needs significantly weakens their capacity to provide emotional support and consistent guidance (Barnard and McKeganey, 2004). Parents misusing drugs supervise their children less, engage in punitive forms of discipline and are less likely to positively input into the child's/young person's life according to their research.

Orte et al. (2008) argue protective factors impacting positively on children's behaviours include positive parent-child relationships, positive methods of disciplining children, adequate parental supervision, and communication of positive and healthy values and expectations. However, most dependent drug users tend to be young adults and many are parents (Stewart et al., 2007). For example, nearly 300,000 children in England and Wales and over 1.5 million children in the United States were cared for by drug dependent parents according to Stewart et al.'s research (2007). In families where a parent (or parents) may be experiencing substance use problems, the protective influence of families can diminish and children become more at risk of becoming involved in deviant behaviours (Orte et al., 2008). Schafer (2011) argues, children of alcoholics are at an increased risk of alcoholism and its attendant problems including

depression, antisocial behaviour and drug misuse. Her research with recovering substance misusers found a majority of research participants had experienced chaotic childhoods due to parental substance misuse.

Moreover, Barnard and McKeganey (2004) cite several studies (Kandel, 1990; Dore et al., 1996) that suggest children of parent(s) experiencing substance misuse problems tend to be less obedient and frequently were assessed as aggressive. Such children may have a propensity to be withdrawn and more likely have problems making and maintaining positive peer relations and less able to adjust to social norms and protocols (Barnard and McKeganey, 2004). They also argue children of drug dependent parents tended to have problems with hyperactivity, inattention, higher rates of emotional and behaviour problems in comparison to those in regular family situations (Barnard and McKeganey, 2004). They also cite research (Tyler et al., 1997) that suggests children with parents who misuse substances are more vulnerable to family break-up.

2.2.2 Family and Extended Family

The impacts of substance misuse on families in general are difficult to define with accuracy or consistency (Copello et al., 2010; Duggan, 2007). Until recently, most support services prioritised individual treatment and support to substance misusers (Copello et al., 2010). Also, most do not collate data regarding substance misusers' family circumstances according to Copello et al. (2010). However, as Schafer (2011: 136) argues, substance misuse by family members affects all behaviour within that family system. Much research (Schafer, 2011; Parliament of the commonwealth of Australia cited in Copello et al., 2010; Rossow and Hauge, 2004 among others), for example, found relatives of problem drinkers experience a range of personal, social and economic harms including harassment and the fear of or actual violence and/or psychological abuse, having property damaged or stolen, loans and debts, loss of income, homelessness, and a heighten risk of ill-health.

Several studies (Schafer, 2011; Orford et al. 2010; Copello et al., 2010) argue living with a relative who is experiencing alcohol and/or drug problems is extremely stressful. Copello et al. (2010), for example, link the adverse effects of living with a close relative who has a serious substance use problem to the stresses experienced by those who have a relative who is disabled or has a serious illness. Orford et al.'s (2010) review of research conducted in several countries over two decades found among the most stressful experiences identified by those living with a relative who has a serious alcohol and/or drug misuse problem was that their relationship with that relative became disagreeable and frequently aggressive. Relatives with substance use problems regularly were described as often verbally abusive and in some cases physically violent

(Orford et al. 2010). Research participants complained of deceitful and domineering substance misusing relatives who often were intensely critical of other family members (Orford et al. 2010). Alternatively, they were described as isolating themselves and being uncommunicative and withdrawn (from family life) (Orford et al. 2010).

Duggan (2007) highlights stress related to having a drug-using relative has serious health impacts. She cites a UK study (Copello et al. 2000) which suggests "every problem drug user will have a significant negative impact on the well-being of two other family members such that they require primary care consultations" (Duggan, 2007: 21). In addition, conflicts over money and possessions generate much anxiety and uncertainty for relatives of someone who is excessively drinking or using drugs (or both) (Orford et al. 2010). Participants in Orford et al. (2010: 46) research described failing to pay rent and/or contribute towards family expenses, possessions sold in order to fund alcohol and drug needs, pressure to give or lend money to a substance misuser as problems causing "great discomfort" and resentfulness towards the family member in question.

Moreover, Adfam, the UK's national umbrella organisation working with families affected by drugs and alcohol, reports families are extremely vulnerable to illegal money lenders if a significant portion of household income is spent servicing a family member's alcohol and/or drug needs (Adfam, 2011). This can result in families accruing large and often unmanageable debts with unscrupulous lenders and so less money for other household and family needs – paying other bills, buying healthy food, education, and transport, etc. (Adfam, 2011). Adfam's (2011) research also indicates in many cases parents of someone experiencing substance use problems may assume the caring responsibilities for their grandchildren. Many, themselves on low incomes or pensioners, struggle under the strain of caring for children without parental support (Adfam, 2011). Irish research of grandparents involved in caring for the children of their drug addicted children (Family Support Network, 2004 cited in Duggan 2007) identified a general sense of helplessness and isolation among those studied.

The Family Support Network (O'Leary, 2009) reports intimidation related to drug-related debt may include threats, physical and sexual violence, and damage to the family home/property. In order to pay off the debts of substance using relatives, family/extended family members often have to use their own resources and, in some cases, become involved in illegal activity including selling drugs (O'Leary, 2009). In addition, money owed to drug dealers and/or lenders frequently is used to exert social control over the families affected by drug/alcohol misuse (O'Leary, 2009). Research conducted on social housing estates in Dublin city (Jennings 2013; Kearns et al., 2013) found intimidation and drug debt intimidation can result in families and communities becoming victims of violence and prolonged and sustained antisocial behaviour.

Jennings (2013: 11) found intimidation negatively impacts whole communities "spreading of fear; feelings of being helpless and isolated, reduced quality of life, and negative mental and physical health of residents".

2.3 Family Support and Substance Misuse

Support services have transformed greatly over recent decades. In many countries including Ireland, the reconfiguration of support services has led to increased implementation of preventative interventions merging welfare/treatment and protection and active support of families in need (Dolan et al., 2006). Generally, family support interventions are integrated programmes that combine services (including statutory, voluntary, community and private sector agencies and organisations) in promoting and protecting the health, wellbeing and rights of children, young people and their families (Dolan et al., 2006). Programmes target those who are vulnerable or at risk, reinforcing positive informal social networks and family functioning (Dolan et al., 2006; Watters and Byrne, 2004).

Recognition of the need to support families who are affected by substance misuse has increased at policy level. The National Drugs Strategy 2009 – 2016 (NDS), for example, recommends "greater links" between service agencies (e.g. in youth, education and child and family support) that work with at-risk families (NDS 2009 – 2016: 27). The strategy argues better partnership links "are essential to ensure that additional services are provided that complement those already provided" (NDS 2009 – 2016: 33). In particular, NDS 2009 – 2016 considers closer co-operation between statutory and community/voluntary agencies and organisations as vital if drug prevention goals are to be achieved. Agencies and organisations identified by the NDS 2009 – 2016 include An Garda Síochána, the Office for the Minister of Children and Youth Affairs (OMCYA), the HSE and relevant agencies from the voluntary and community sectors (particularly youth organisations). This requires increased awareness, co-ordination and partnership, and involves:

> "…well-developed inter-agency working, with all involved needing to be clear of their own roles and knowledgeable on the roles of others. In assessing the level of risk involved, the overall environment incorporating individual development, parents, peers, school and community would all be factors" (NDS 2009 – 2016: 27)

Much research points to the benefits of including the support family members in programmes to prevent and treat substance misuse. Sanders (2000: 930), for example, suggests family support is a "significant predictor" of positive outcomes in efforts to

adjust behaviours of children and adolescents who may be at risk or engaging in substance use and antisocial behaviour. Barnard and McKeganey (2004) also recommend incorporating strong family support in treatment programmes for substance misusing parents. This may include help in maintaining "family routines"; for example, as such support may help mediate negative outcomes for children (Barnard and McKeganey, 2004: 555). They argue that alongside supporting treatment of a family member's substance problem, interventions should aim to address the interaction of all risk and protective factors impacting the lives and development of affected children (Barnard and McKeganey, 2004). Addressing risk factors and strengthening protective supports (in conjunction with parent(s) treatment programme) may lessen the likelihood of children developing negative behaviours and/or other issues. This is especially important as a child's problems are likely to be determined by interaction (or absence) of multiple risk and protective factors (Barnard and McKeganey, 2004).

The UK's Adfam organisation, however, identifies barriers that obstruct or hamper relatives of substance misusers in accessing support (Adfam, 2010). Barriers include a low level of awareness among families of their own needs, fear of being stigmatised or labelled, services treating only the substance misuser, and simply that the service is not available in their community. A key challenge according to Adfam (2010: 2) is that drug and alcohol misusers are "seen in the vacuum of their own substance use" instead of their substance use recognised as part of "a set of complex problems" being experienced by users and their family. Programmes need to consider not only the substance use but the wider context of the service user (Adfam, 2010). In addition, support should be a part of a "whole systems approach" where agencies respond flexibly and employ effective partnership processes in addressing the needs of both users and families (Adfam, 2011: 3).

2.3.1 Family Focused Programmes

There is increasing evidence of the significant support – emotional and financial – families (and other relatives and friends) provide to relatives who are experiencing problems with substance misuse (Copello et al., 2010). Copello et al. (2010: 67) suggest family members "are frequently unpaid and unconsidered resource" providing care and support (including financial) to relatives who drink excessively and/or misuse substances. They argue that incorporating the families and social networks of substance misusers into treatment programmes can positively influence the direction substance use problems take, improve outcomes and reduce harms for families (Copello et al., 2006). In addition, providing support directly to families can reduce

costs and extend resources in addition to keeping substance misusers in treatment for longer (Copello et al., 2010).

Family Focused Programmes (FFP) have been broadly categorised in three ways: (1) programmes that work with family members and other relatives to support a substance misuser's entry into treatment, for example, parenting programmes (Copello et al., 2006); (2) programmes that focus on a relative's substance problems and engage family members in their treatment and recovery (Orford et al., 2007a); and (3) programmes that respond specifically to the needs of family members, for example, Alanon family groups, the 5-step approach (Orford et al., 2007b). Programmes utilise a variety of family treatment approaches including family therapy, couples therapy, parenting information and advice, and various pro-social and behavioural therapies and methods (Orford et al., 2007b). What is evident in much literature, however, is that families and the contexts in which substance misuse occurs are diverse and may require a variety of support structures and services.

Parenting and childcare

Parenting and childcare support are considered of great importance in the treatment and management of substance misuse (Stewart et al., 2007). According to Midford (2009) programmes to divert young people from substance misuse often aim to reinforce and capitalise on the significant influence parents have on their children's behaviour by enhancing parenting skills and strengthening family relationships. Alongside treating a substance misusing parent(s), many FFPs target children and young people in order to strengthen protective factors and reduce factors that place them at increased risk (Orte et al., 2008). The Strengthening Families Programme in the western region, for example, seeks to enhance resilience and reduce risks for families by providing services to increase parenting skills, improve family relationships and aid youth development (Sixsmith and D'Eath, 2011).

According to Orte et al., (2008), multi-component interventions providing support for substance users and their children can achieve greater outcomes in terms of improved family relationships and cohesion, parental involvement in children's lives, and family communication, than programmes focused solely on substance users (Orte et al., 2008). They cite the (Spanish) Family Competence Programme (FCP) as a family focused drug treatment intervention. FCP combines a social and life skills course for children, a parental skills course and a family-centred course integrating the knowledge and skills learned by parents and children (Orte et al., 2008). A key factor in achieving positive outcomes were the high retention rates observed in FCP. This was important, according to Orte et al. (2008: 255), as "one of the main problems facing drug prevention programmes is the loss of participants and/or a decrease in service

user interest and motivation". They found children's involvement and interest in their parents' recovery encourages parents to maintain involvement in programmes (Orte et al., 2008).

Rhodes et al. (2010) also suggest substance misusing parents are more likely to engage in programmes that support a process of recovery which takes account of their family's life. Research (Copello et al. 2005 cited in Rhodes et al., 2010: 1496) highlights interventions providing parenting support and/or help to overcome childcare issues (Stewart et al., 2007) are likely to reinforce the recovery process and ultimately the effects of programmes and vice versa. Stewart et al.'s (2007) study of 1,075 drug misusers entering treatment programmes, for example, found half of them were parents and of these less than half cared for their own children. In most instances, the childcare duties of those seeking treatment fell to partners, foster parents and other family members including grandparents (Stewart et al., 2007).

Stewart et al.'s (2007) research concluded differences in childcare responsibilities and social support impacted on access to and the success of treatment programmes. For example, drug misusers who care for their children (who are predominantly women) were significantly less likely to engage with and attend residential treatment programmes than those whose children were cared for by others (Stewart et al., 2007). Stewart et al.'s (2007) findings suggest overcoming childcare and support issues are vital to enable access and full engagement in recovery programmes and particularly when residential care may be required.[1] They reported better retention rates and more positive recovery outcomes (i.e. lower levels of depression) for drug misusers engaging in programmes that provided childcare support (Stewart et al., 2007).

Child welfare and protection

Copello et al. (2006) suggest alcohol and drug treatment/rehabilitation programmes incorporating family support provide a child welfare and protective focus and can lead to improved outcomes in terms of treatment and recovery. They argue FFPs improve spousal relationships and family functioning and reduce inter-personal violence amongst other harms (Copello et al., 2006). This is important as substance misuse (as referred to earlier) rarely occurs in isolation and has many interconnecting factors of which substance misuse is one.

A challenge for adult-oriented programmes is that many substance misusing parents, particularly mothers, do not engage with services or seek treatment because of the fear that their children may be taken into care once addiction problems are identified (Rhodes et al., 2010; Stewart et al., 2007; Barnard and McKeganey, 2004). Barnard and McKeganey (2004) suggest programmes need to employ strategies that help alleviate

1. Residential treatments may provide a high level of supervision and safety to drug misusers who may have multiple problems and may require social and physiological respite from their drug taking environments (Stewart et al., 2007).

such anxieties if they are to encourage wide service user engagement. For example, an evaluation of the Focus on Families programme (Catalona et al., 1999 cited in Stewart et al., 2007) demonstrated it is possible to engage methadone patients and their children in family-focused interventions through combining family therapy and training with case management home visits. Parents using the service reported reduced drug use and family conflict within 12 months of involvement in the programme in comparison to those receiving standard treatment (Stewart et al., 2007). However, as Barnard and McKeganey (2004) caution, strategies to improve access and engagement need to coexist with maintaining a strong focus on the welfare and protection of the children of substance users.

Family focused programmes

While a paucity of programmes supporting families affected by alcohol and drug problems is evident (Harwin 2010; Orford et al., 2007), several intervention techniques do, however, focus primarily on supporting the needs of family members. For example, Community Reinforcement and Family Training (CRAFT) (Meyers et al., 1999 cited in The Alcohol, Drugs, Gambling and Addiction Research Group, 2010), the Pressures to Change Approach (Barber and Crisp, 1995 cited in The Alcohol, Drugs, Gambling and Addiction Research Group, 2010), and the 5-Step Method (Copello et al., 2010), all provide support to affected families.

The 5-Step Method, in particular, is specifically focused towards supporting family members in their own right. The 5-Steps include (Orford 2007: 31): "listening non-judgementally; providing information (e.g. about drugs or dependence); counselling about ways of coping; discussing increasing social support; and considering further options for help and support". The method is based on Stress-Strain-Coping-Support (SSCS) Model which takes the view that:

- Family members are seen as experiencing significant stress;
- Family members need help and support in their own right;
- Family members can sometimes offer important support for the user of substances and other family members affected; and
- The model on which the 5-Step Method is based is essentially about normal people dealing with highly complex and challenging circumstances (Copello et al., 2010).

According to Harwin (2010:180), research indicates programmes using the 5-Step Method "reduce family members' psychological and physical symptoms (before they

may become deeply entrenched) and helps promote more effective coping strategies". Moreover, the UK's Alcohol, Drugs, Gambling and Addiction Research Group (ADGARG) (2010: 180) suggests programmes build on the "positive resources" that families possess. In contrast to individual therapeutic treatments, which often have little regard or use for the influence affected families may contribute to a relative's recovery or, indeed, interest in supporting the needs of families members in their own right, 5-Step interventions aim to build and strengthen affected families using practical and inclusive methods (ADGARG, 2010).

For example, 5-Step programmes provide opportunities for family members to discuss treatment options and acquire knowledge of the services and support that may be available (ADGARG, 2010). This is important as it "provides opportunities for issues such as family violence to be brought out and responded to" (ADGARG, 2010: 206). Likewise, Irish research into the experiences of families of heroin users and support services reported families are "often trapped between a lack of information on what help is available and how to access it" (Duggan, 2007: 11). Moreover, Duggan (2007: 11) found families seeking support for family members often struggle with complexity of accessing services given variety of stand-alone agencies.

Also important is that the third step in the 5-Step process clarifies the advantages and disadvantages of any "possible coping action" and discusses these options with relatives (ADGARG, 2010: 206). Consequently, relatives are "calmer and less emotional, less aggressive but more assertive, in the face of a relative's alcohol or drug misuse, and this has been effective in reducing tension" (ADGARG, 2010: 206). Moreover, programmes utilising the 5-Step model provide opportunities to speak with someone outside the family unit i.e. practitioners, about problem drinking and drug misuse; problems that are often hidden within families (Copello et al., 2010). Harwin (2010) also suggests because FFPs are evidence-based and typically brief and flexible they may be attractive to policy makers as a way to address major gaps in current service provision in regard to drug prevention and treatment services (Harwin, 2010).

However, Harwin (2010) cautions that the effectiveness of FFPs in addressing "heavy end cases" that may involve multiple risks, for example, domestic abuse (physical, psychological and sexual), criminal activity and poverty, is not known (Harwin, 2010: 181). In families where serious mental health or child protection concerns are present, long-term intensive support and monitoring remain the most appropriate responses (Harwin, 2010; ADGARG, 2010). For example, findings from the Roscommon Child Care Case (2010) indicate information provided to support services from relatives concerning parental alcohol misuse and the negative effects for their children was inappropriately and/or inadequately responded to. This also demonstrates the need for service co-ordination and effective partnership.

2.4 Summary

Substance misuse is associated with negative impacts for individuals and also the families in which they live. Literature indicates the effects of excessive drinking and/or substance misuse includes family disruption and violence, unemployment and poverty, marital instability and breakdown, physical and mental ill-health. Some substance misusers may experience chaotic childhoods due to parental substance use and strong associations between parental drug and alcohol use and child neglect are reported. Moreover, substance use in adolescence is associated with greater risk of engaging in harmful behaviours such as drug use, drink driving, risky sexual behaviour, antisocial activity and violence, and low educational achievement and work performance.

Literature strongly links disrupted family relations with alcohol and drug misuse. In addition to causing distress and threatening the wellbeing of family members, the destabilising effects of living with a substance misuser on a family unit may weaken coping mechanisms including gaining support from others. Relatives of problem drinkers can experience a range of personal, social and economic harms. These harms may include: harassment and the fear of or actual violence and/or psychological abuse; having property damaged or stolen; loans and debts; loss of income; housing problems and homelessness, and a heightened risk of ill-health.

Literature also highlights benefits of including families and social networks in programmes to prevent and treat substance misuse. Family-focused responses may positively influence the direction substance use problems take, improve outcomes and reduce negative effects for families. A key challenge in drug and alcohol services is treating substance misuse/addiction as part of a set of complex problems being experienced by users and their family and not solely as a problem for individual misusers. Support should be part of a whole systems approach where agencies respond flexibly and employ effective partnership processes in addressing the needs of both substance users and families.

Family-focused drug intervention programmes work with relatives in several ways to support substance misusers. Programmes may enlist a family's help with a relative's entry into treatment, focus on a relative's substance problems and engage family members in their treatment and recovery, and in some cases, programmes respond specifically to the needs of family members. Family-focused interventions are likely to improve spousal relationships and family functioning and reduce inter-personal violence.

Children's involvement and interest in their parent's recovery can be particularly helpful as it may encourage parents to maintain involvement in treatment and thus help mediate negative outcomes for all family members. Alongside supporting a family member's treatment and recovery, programmes should aim to address the interaction of all risk and protective factors impacting the lives and development of affected children. In addition, research suggests family-focused interventions provide opportunities for family members to discuss treatment options and so acquire knowledge of the services and support that may be available. Help accessing drug treatment and rehabilitation services is considered vital if families affected by substance misuse are to receive effective and efficient support.

3 Family Support Needs Analysis: Survey Findings

3.1 Introduction

This chapter presents research findings of the WRDTF Family Support Needs Analysis. Its purpose is to report an analysis of research data gathered in a survey of the views of people working at various levels in support organisations in the western region. The chapter provides a detailed and comprehensive analysis of service providers and practitioner's opinions regarding how families can be supported and particularly families affected by substance misuse. The chapter is divided into sections that present:

- A profile of those participating in the research;
- Providing support to families;
- Supporting families affected by substance use; and
- The effectiveness of supports provided to families.

3.2 Participant Profile

158 practitioners working in service agencies providing a range of supports to individuals, families and communities in the western region completed the WRDTF Family Support Needs Analysis survey. Of these, 91 respondents worked in community and voluntary organisations, 61 were employed by statutory agencies and 6 were involved in private sector enterprises. Over half (82) indicated they work in frontline positions, 72 occupied middle or senior management positions and four respondents worked in administration. Respondents indicated a wide ranging remit; however, broadly speaking, 31 (20%) respondents work in family services and support, 31 work specifically with children and youth, 19 (12%) worked in community /local development type agencies and 17 (11%) were employed as health/mental health professionals. Figure One on the next page displays a breakdown of all participants' professional fields.

In general, respondents to the survey work in counties Galway (31%), Mayo (13%) and Roscommon (15%) with ten percent of respondents covering all three counties. Over a quarter (49) did, however, indicate their professional responsibilities either were limited to smaller areas within these counties or extended to several midland counties (15) and nationally (5) (see Figure Two).

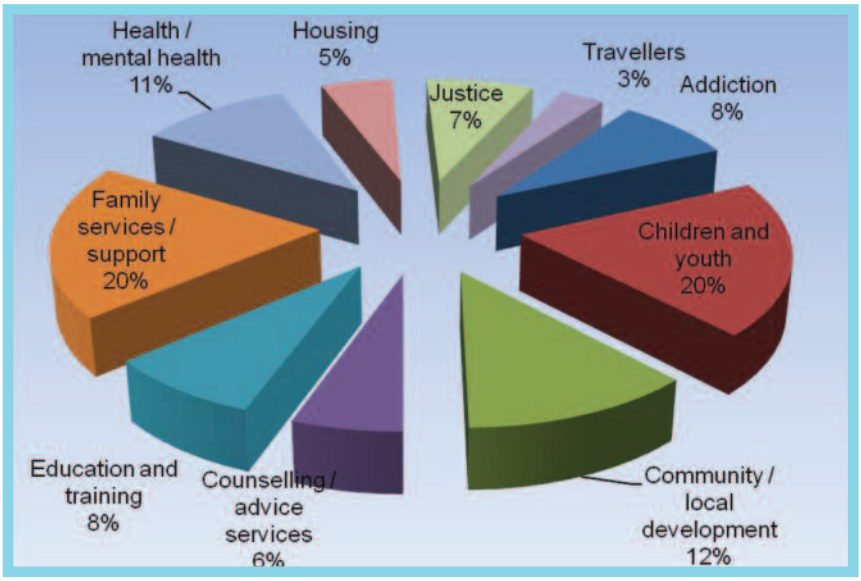


Figure One: Professional fields of survey respondents

Most respondents work in agencies providing a range of services and supports targeting individuals, families and communities (see Table One and Table Two). As Table One displays, the most common 'services' chosen by respondents include advice, support, information and advocacy, and referring service users onto other, perhaps, more in-depth supports as appropriate.

Participants' responses indicate many services provide support to a variety of service users (see Table Two). Some (49) did comment, however, that their service targets and prioritises individuals and/or groups with specific needs. Of those commenting, 21 worked only with young people or young adults (under 25s). Another 17 indicated

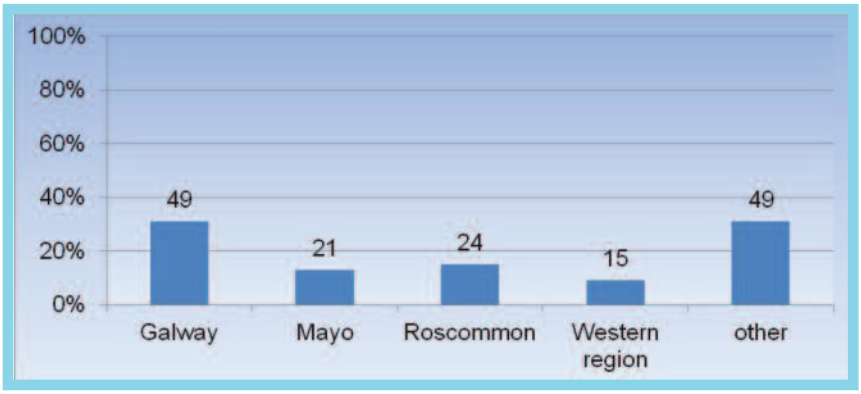


Figure Two: Geographical area covered by research participants

Table One: Services provided by the organisation

Answer Choices	Yes	No	Total responses
Information	145	1	146
Support	139	4	143
Advice	131	6	137
Referral	125	6	131
Advocacy	110	9	119
Counselling	72	27	99
Group Support	69	30	99
Home Support	60	32	92

working with those with specific needs including people experiencing homelessness, are ex-offenders or are prisoners, substance misusers, college students, and women and children who are victims of domestic violence and abuse, for example.

In addition, as displayed in Table Three, a large majority of respondents indicated 'support' extends beyond individuals seeking help and onto other family members when necessary. A common thread among those (47) commenting on this issue was that support is provided to other family members "as relevant to the young person" as a Youth Justice Worker put it. Other respondents commented:

Table Two: Population group targeted by the organisation

Answer Choices	Percentage	Total responses
All family members	36%	57
Children 0-5 years	8%	13
Children 6-10 years	11%	18
Adolescents 11-17 years	34%	53
Adults 18+	48%	66
Community	37%	58
Other	31%	49

Table Three: Support to additional family members

Answer Choices	Yes / Sometimes	No / Never	Total responses
Parent	137	13	150
Grandparent	111	19	130
Sibling	114	16	130
Child	104	24	128
Other	36	19	55

> "We engage with all ages to support them and sometimes it's necessary to assist with other extended family members if the well-being of the immediate individual / family needs attention" (Support Worker)

> "We will offer support to members of families if in the best interest of the child and it will have positive outcomes" (Project Leader)

Apart from working with family and extended family members, respondents identified other individuals and institutions as possible targets of inclusion in support if considered important in lives of those seeking help. These individuals and institutions may include spouses/partners, foster carers and guardians, friends, teachers and schools, employers and work colleagues, and other relevant agencies that may be supporting or previously have provided support to that individual and/or family.

3.3 Support to Families Experiencing Difficulties due to Substance Misuse

A majority of survey respondents indicated their agency provided supports in some form to families experiencing difficulties due to substance misuse (see Figure Three). One fifth of agencies either "always" (5%) or "very often" (15%) provided support and a further 73 (45%) reported "often" supporting families. However, over a third (35%) of respondents worked in agencies that 'rarely' or 'never' provide support to families experiencing difficulties in this way. A majority did indicate their agency had a substance use policy for staff and volunteers (64%) and for clients and customers (65%). Yet, over a fifth of respondents (33) were unaware of whether or not their organisation had a substance use policy for staff and volunteers. Similarly, 25 (18%) did not know if

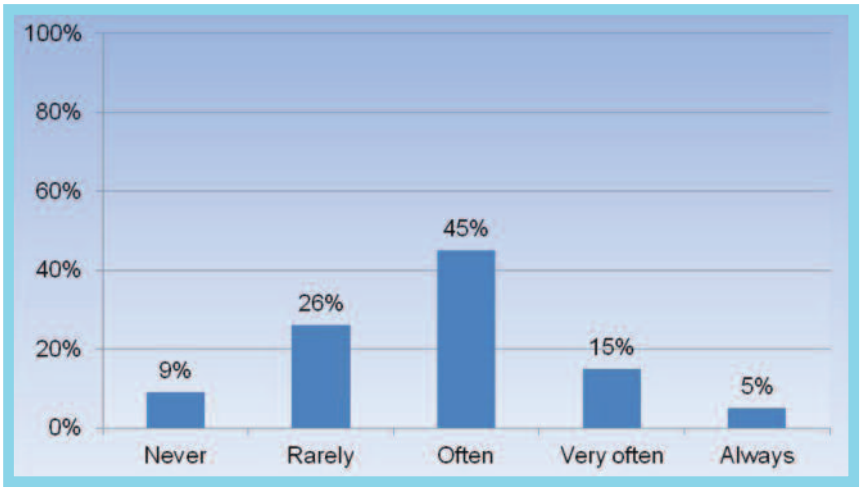


Figure Three: Supports for families experiencing difficulties due to substance use

a substance use policy for clients and customers operated in their organisation. Half (79) of survey respondents did, however, indicate their organisation included service user involvement and/or representation at committee or board level.

Three-quarters (118) of respondents indicated their organisation used structured tools when assessing service users. Of these, 85 (54%) confirmed assessments include questions relating to substance use (see Figure Four).

However, over half (86) of respondents indicated their service did not retain records of family members seeking support for substance use. Nearly half (26) of 53 respondents who commented felt substance use is not integral to the support/treatment their organisations offer. Therefore, they generally felt substance use (whether by an individuals or its effect on family members) would only be recorded if it was deemed relevant to the support and/or recovery of service users. Respondents commented:

> "If substance misuse is an issue and the client was seeking support, it would be noted in the case notes of the file" (Project Manager)

> "Records are kept in relation to the prisoners themselves but not in terms of other family members" (Justice Worker)

> "…if the addiction caused a child protection incident or if our staff observed a parent or child under the influence it would be reported in notes or formal report depending on the incident" (Service Manager)

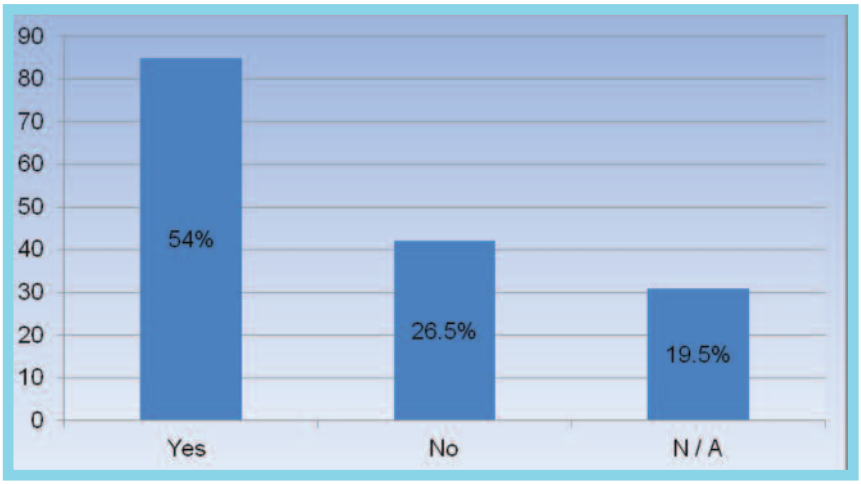


Figure Four: Assessment tools that include questions relating to substance use

A large majority of survey respondents provide information to families affected by substance use (see Table Four). Most of those commenting (34) highlighted ways how their service supports those affected by substance use. For example:

> "If deemed suitable we would furnish clients with leaflets, contact details of relevant services and support when needed family members to access these. Would use the 'putting the pieces together' pack with adolescents" (Project Leader)

> "Often we will work with a parent to identify and challenge their addiction and make appropriate referrals, such as GPs, addiction counselling, AA, drugs service, screening, residential treatment, a plan for a family in case of relapse" (Social Worker)

Table Four: information offered to families affected by substance use

Answer Choices	Percentage	Responses
Telephone contacts of support groups	86%	136
List of support agencies	83%	131
Pamphlets	65%	102
Web resources	46%	73
Other	22%	34
None	4%	6

Table Five: Support provided to families

	Yes	No	Total responses
Education	73%	27%	139
Parenting support	62%	38%	138
Youth work	54%	46%	132
One-to-one counselling	52%	48%	134
Group support	50%	50%	136
Training	46%	54%	136
Complementary therapies	12%	88%	121
Respite	8%	92%	122
None	19%	81%	80

In addition to providing information, a majority (123) of survey respondents also indicated they refer family members affected by substance use to other services and agencies. Education, parenting support, counselling and youth work were among the most popular forms of support provided by participating organisations and services (see Table Five). Several of those respondents commenting on this issue pointed out that their organisation offers a mix of services relevant to service users. Many also highlighted that one-to-one counselling is key component of their engagement with service users and their families. However, just 10 respondents indicated their service provides respite support, while 15 organisations/services provided none of the supports listed in Table Five.

Similarly, respondents working in organisations that help families who are affected by substance use highlighted a range of support services. These services include education and training, parenting/group support, counselling and youth work (see Table Six). However, apart from referring clients on to more suitable services, a number of respondents again commented on how their work is limited to the issue and/or client base their organisation is mandated to serve. Therefore, many respondents (as the negative responses in Table Six may indicate) have little or no engagement with families affected by substance use. For example, 70 of 81 participants responding to this question indicated they work in organisations providing none of the supports listed in Table Six. These figures may indicate support provided to families is often delivered in more unstructured ways (than the options provided in Table Six). Indeed,

Table Six: Support provided to families affected by substance use

	Yes	No	Total responses
Education	58%	42%	131
Parenting support	40%	60%	126
Youth work	38%	62%	122
One-to-one counselling	32%	68%	125
Group support	26%	74%	125
Training	20%	80%	123
Complementary therapies	7%	93%	113
Respite	4%	96%	111
None	14%	86%	81

unstructured or differing methods of providing support may explain why Figure Three reports two thirds (104) of agencies provide supports in some form to families experiencing difficulties due to substance use.

Moreover, nearly all respondents (107 of 111) whose service provides support to families affected by substance use indicated their agency does not provide respite support. These figures should be considered alongside the 59 percent (93) who felt a family respite service was needed in their region. In addition, over three-quarters (119) indicated their organisation provides no funding for any of the services listed in tables five or six. Most of those commenting indicated their organisation typically was in receipt of funding and therefore in no position to support services outside their own specified remit. Several (4) did comment that their organisation funded (outside) counselling for service users if appropriate.

3.4 Programmes Implemented by Participating Agencies and Organisations

Agencies and organisations participating in this research provide a range of services and programmes. In particular, most survey respondents highlighted personal development and educational supports as important aspects of their work to support families and communities. Figure Five, for example, displays course topics and areas of support and the levels of provision among participating organisations. In addition to

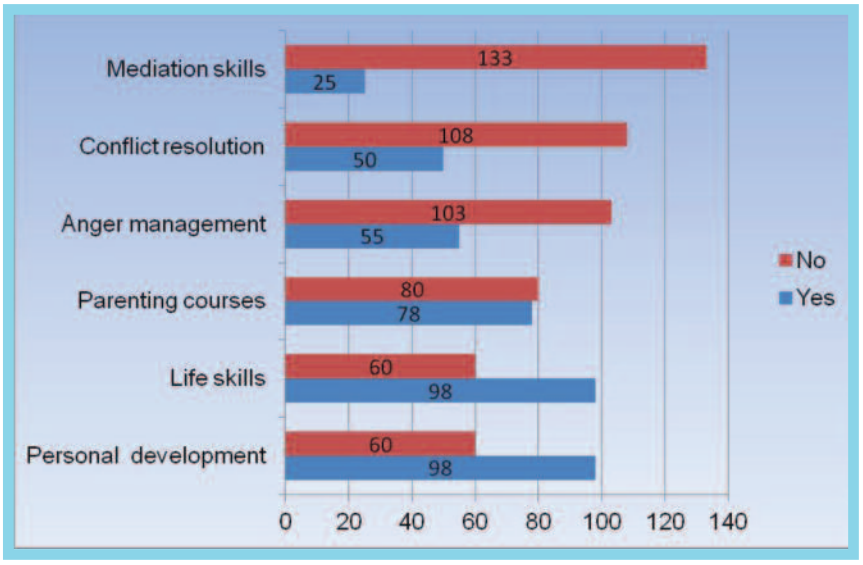


Figure Five: Programmes provided by participating organisations

the courses highlighted, respondents identified many other programmes and initiatives implemented by their organisation. Initiatives identified included the Social Personal and Health Education (SPHE), a Healthy and Unhealthy Relationships Programme, mentoring and counselling programmes, civil and social rights and entitlements information, anxiety/stress management, 'Living with Addiction' groups, drug and alcohol awareness, suicide prevention awareness, leadership programmes, and literacy support. Moreover, some commenting (22 from 49) also emphasised that many of the topics outlined in Figures Five and Six while not implemented as stand-alone courses do, however, form integral components of their work and the services they provide.

Programmes or services incorporating specific substance use components were less common (see Table Six). For example, fewer than half (42%) of life skills programmes and a little over a quarter (28%) of parenting courses implemented by participating organisations incorporated a focus on substance use. Similar to previous comments regarding how organisations operate, some respondents wrote that information on substance use and possible treatments feature across initiatives implemented by their organisation and in their own day-to-day work supporting service users. As referred to earlier, much of this work may be delivered in an unstructured manner.

A quarter (24%) of respondents identified access to services and organisations having the necessary resources to provide adequate support, as main gaps in service provision

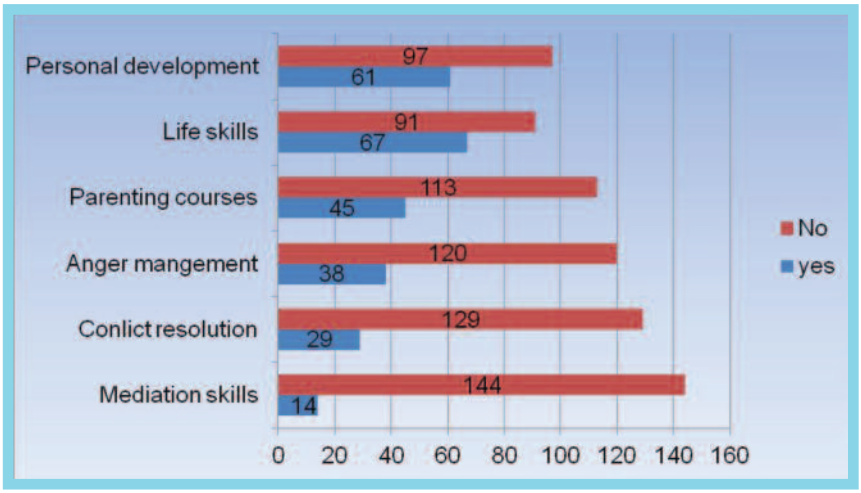


Figure Six: Programmes with substance use components

for families affected by substance use. In addition, families (20%), young people (9%) and those with mental health/counselling needs (6%) were identified as groups particularly affected by perceived shortcomings in service provision (see Figure Seven). A particular issue for many respondents was the low level and/or absence of services in their region. For example, respondents commented:

> "There is very little service provision for young people (Aged 11 - 18) in the area of substance abuse/addiction. It seems to be a growing problem. There is no residential treatment centre for this age group" (Youth Worker)

> "Having only one HSE alcohol counsellor in Galway city adds to the stress and strain that family members experience. Not having an alcohol harm reduction service means that some problem drinkers cannot access a service" (Community Worker)

Service providers (23) also identified awareness and information, concerning substance use and the supports available, as other significant gaps in service provision. Several highlighted the evolving and secretive nature of the problem and suggested there was a need to create awareness across communities of the dangers and the supports available. Respondents commented that often supports are not fully utilised as "a lot of families affected by substance misuse don't know there is help out there for them" as a Primary Health Care Co-ordinator put it. Respondents commenting on the main gaps in service provision for families affected by substance use wrote:

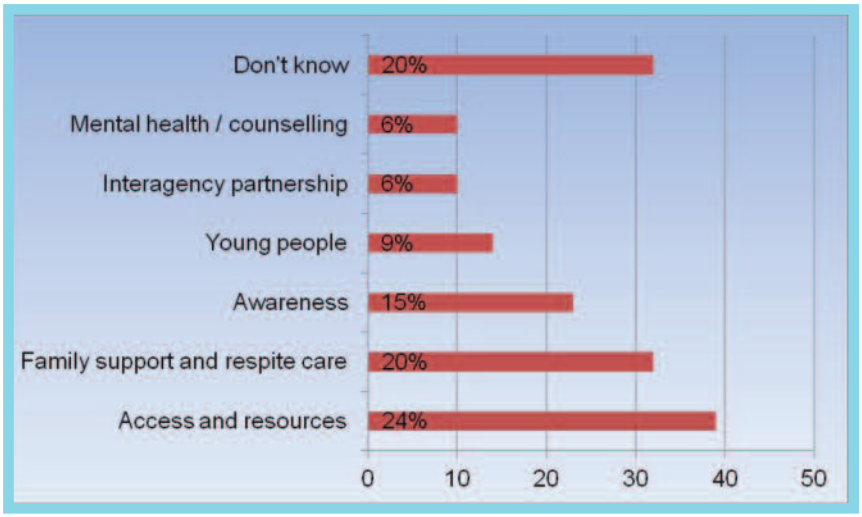


Figure Seven: Main gaps in service provision for families affected by substance use

"Many of the services are essentially invisible for obvious reasons, confidentiality etc. Substance abuse is always a difficult issue to tackle given its secretive nature and fear of those in proximity to it. Access to non-judgemental home based services and supports may help to effect some change in family dynamics and allow issues to be aired more openly" (Mental Health Worker).

"Regular updates for parents and general community, to keep them updated on what type of drugs are available, what signs to look out for with their children. How to communicate with their children about drugs. Some of these should be held for general community to attend, not just in schools for parents. As many people without children are worried about the impact of drug use on their community" (Project Coordinator).

"Lack of information and support. We have referred families to Family Support Services. The type and use of substances seems to change constantly so it is difficult for parents and teachers to keep abreast of the potential hazards. There are families with cross generational problems that have never been addressed. Parents are unsure about where to turn when a problem does arise" (Youth Service Manager)

Moreover, as Table Seven displays, service providers felt barriers prevented family members affected by substance use from accessing support. Three-quarters of survey respondents indicated feelings of shame and/or fear of stigmatisation were barriers

Table Seven: Participants perceptions of the barriers preventing family members affected by substance accessing support

	Percentage	Responses
Shame / stigma	75%	118
Denial	63%	100
Fear	56%	89
Financial cost	54%	86
Lack of information	53%	84
Accessibility	50%	79
Other family issues	47%	74
Confidentiality	46%	73
Don't know/no opinion	4%	7

excluding many from services. In addition, nearly two-thirds (63%) felt family members may often be in a state of denial over a relatives addiction; while many took a view that fear (56%) and confidentiality issues (46%) prevented people needing help from seeking outside support. These figures, when considered alongside the access and awareness deficits outlined, underline the serious difficulties service agencies face in supporting families.

Hence, support for families affected by substance use frequently is unavailable and/or unknown according to service providers. Several also identified a lack of focus among some services towards the needs of affected families. For example:

> "I do think that those affected by substance use in their family or group of friends are largely forgotten about. The emphasis is generally on the substance abuser, rather than those affected by this as well" (Counsellor)

> "The focus is usually on those with the substance misuse problem and the family is forgotten. There seems to be a lack of support and / or awareness of supports available for families" (Service Manager)

Respondents also highlighted other difficulties in accessing appropriate supports and treatment as gaps in provision. Several wrote that frequently the supports needed by

those accessing addiction services are not provided or do not adequately help people with substance use problems and who may have multiple needs. For example:

> "…services for adults with mental health and addictions problems frequently clients are denied a service in mental health as cannot be assessed whether their mental health issues are as a result of their drinking or substance misuse. Residential treatment services won't take them if they are on medication or have a learning disability. We frequently work with people who have a combination of mental health, learning disability and substance misuse and we cannot access any services for them" (Probation Officer)

Service providers also identified a need for more inter-agency partnership when supporting people affected by substance use. Several felt an apparent disconnection existed among some agencies working to support families where substance use may be an issue. Notwithstanding inevitable gaps in service provision, several believed poor co-ordination among support agencies results in inadequate responses to problems and issues which are likely to be rooted in substance misuse. In addition, respondents commented that initial treatment needs to be followed up with ongoing support. Better partnership and co-ordination among agencies and particularly between statutory organisations and voluntary/community agencies was identified by several as important in this respect.

> "Support for family members affected by the substance users behaviour and a way of getting them to engage e.g. there may be domestic violence, home management issues, financial management which are all related to the substance misuse but each appears to be dealt with separately in a lot of cases" (Housing Manager)

> "The issue of substance misuse is addressed but the underlying issues are often not addressed therefore a young person receiving services will do well for a few months but when the triggers are set off they generally relapse. We do not have a holistic wraparound service for those vulnerable young people" (Support Worker)

> "Local support services are clouded under the umbrella of HSE/Child and Family Agency and some of the families I work with are afraid to access support from these due to a fear of losing their children. Some also have ongoing contact with statutory service for welfare and/or child protection reasons and because of this are reluctant to ask for help/support" (Education Welfare Officer)

3.5 Effectively Supporting Families

Overall, just under half (48%) of survey respondents felt drug and alcohol family support services in their region were either very or somewhat effective; 11 percent indicated services were neither effective nor ineffective, and 16% perceived supports as ineffective of very ineffective (see Figure Eight).

Respite services were provided by less than 10 percent of service providers responding to this survey (see Tables Five and Six pp. 31-32). However, a majority (59%) of respondents felt family respite services were needed. Day programmes were identified by 93 (59%) service providers as the most beneficial way of supporting families; while 63 (40%) felt overnight stays also would benefit families (see Table Nine). Several (4 from 15) commented that it was important for family members to have the capacity to "take a break from the situation" as one put it. Others (2) commented respite support could be beneficial for children growing up in families where addiction is an issue. For example, one felt:

> "…children living with a parent with addiction can often mirror behaviours, such as relinquishing responsibility for behaviours, deflection of issues, etc. There can be an exceptionally high level of pressure placed on children to hide a parents addiction and role reversal often occurs, impact of same is not fully recognised and I believe courses, excursions, sharing of this amongst peers would be useful" (Social Worker)

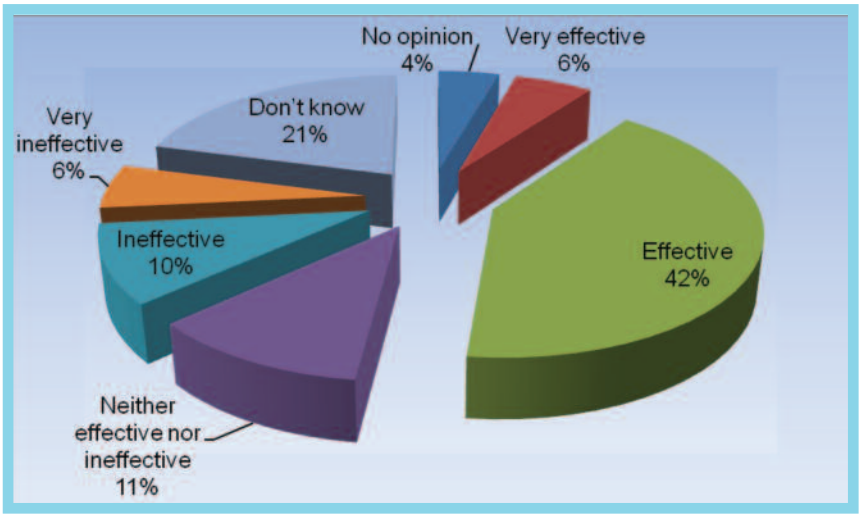


Figure Eight: Effectiveness of drug and alcohol family support services

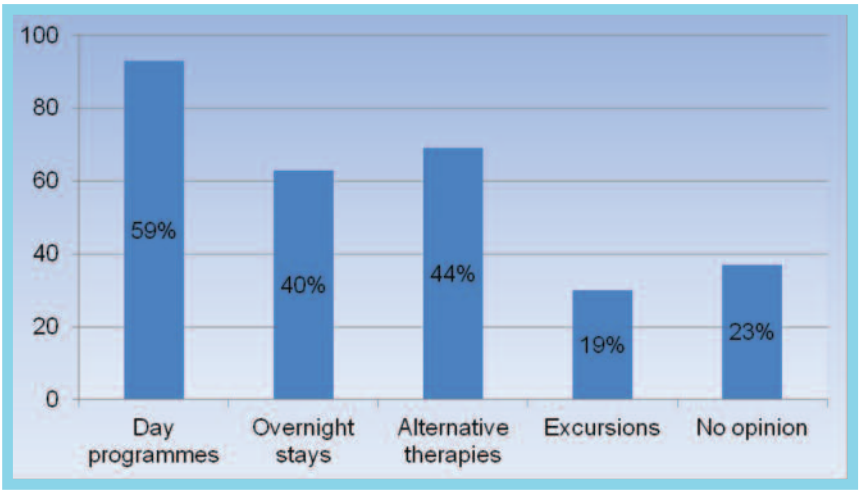


Figure Nine: Type of respite service of most benefit to families

There was relatively good awareness among respondents of internet websites providing drug and alcohol related information as displayed in Table Eight. The Western Region Drugs Task Force (93%) and www.drugs.ie (81%) websites were the best known but more than 60% were not aware of family support websites such as www.fsn.ie or www.dafsn.ie.

In addition, just under half (46%) of service providers agreed (34%) or strongly agreed (12%) that they had sufficient information and resources to respond to family members affected by substance use in their areas. Nonetheless, a high level of interest in acquiring relevant and up-to-date knowledge and awareness of drug and alcohol related issues and best practice regarding substance misuse and appropriate treatments was recorded in the survey (see Table Nine). More than half (86) of respondents indicated that they would be interested in attending seminars and workshops that focused on working with families affected by substance use. Moreover, some service providers commented that there was a need for specifically trained people to work on what they viewed as an increasing problematic issue for families and society. One commented that:

> "I believe that the problems related to drug and alcohol misuse requires properly trained personnel who deal specifically with this area, and this area alone!! It has, for far too long, been abandoned and left to the service providers to 'fit in support' when we are not the people who should be or are trained in this very specific problem area!!! Let us do our work and employ the correct and appropriate staff to deal with this truly problematic area and stop fudging around the issue" (General Practitioner)

Table Eight: Research participants' awareness of drug and alcohol support websites

	Yes	No	Total responses
www.wrdtf.ie	93%	7%	158
www.drugs.ie	81%	19%	155
www.supportme.ie	64%	36%	151
www.fsn.ie	40%	60%	149
www.dafsn.ie	37%	63%	150
www.sust.ie	0%	0%	0

Service providers also signalled a high level of interest in receiving information and materials regarding drug and alcohol family support (see Table Ten). Respondents indicated offerings of training (75%) and service updates (58%) were among the most popular mediums in which they felt knowledge and practice material could be best shared. Indeed, 90 percent answered 'yes' or 'maybe' when asked would they or a member of their organisation attend regional drug and alcohol family support network meetings.

Survey respondents were asked for recommendations and/or suggestions regarding drug and alcohol family support services in their area. Over a third of those commenting (20 of 56) suggested increased public awareness and knowledge of services was important. Several felt more awareness of drug and alcohol services perhaps may reduce anxieties they felt were experienced by those in need of support. For example, a service provider felt a "pamphlet collating all addiction services in the area and what services were accessible to those in receipt of social welfare payments" should be circulated. Others recommended drug and alcohol family support services should employ multiple methods to inform the public.

> "Create a "Help" service directory small leaflet for households and a free text service such as "Heads-up" for those more social media and technological aware. Awareness and Information evenings are a good way to reach the community but not holding 1 event per year, needs more regular sessions" (Support Worker).

Table Nine: Levels of participant interest in attending drug and alcohol seminars and workshops

	Percentage	Responses
Working with families affected by substance use	54%	86
Brief intervention skills	51%	80
Assess/screening tools for substance use in the family	47%	74
Drug awareness courses	45%	71
Bereavement/loss due to substance use	42%	66
Responding to Drug Related Intimidation	38%	60
Group Facilitation Skills	28%	44
Develop a substance use policy	25%	40
Guardianship/kinship carers	18%	28
Other	9%	15
None	7%	11

> "My own experience is that you will always have the converted attending in great numbers wanting to be better parents and wanting to better equipped as parents. This is good and important but the challenge for all of us are the parents / adults, young people who are in difficult place in life at the moment, to reach them and of course to empower and persuade them without attributing any blame to make a life style change" (Youth Worker).

As the comment above suggests, targeting those most in need of drug and alcohol family support was considered important. In achieving such aims several felt agencies and the services they provide should be better publicised (both in print and online) in order to familiarise both the general public and other support agencies of the supports available. To emphasise this need a service provider commented that he/she "was not aware of any network at local level". Another commented:

Table Ten: Information/materials regarding drug and alcohol family support

	Percentage	Responses
Training offerings	75%	118
Service updates	58%	92
Join mailing list	50%	79
Pamphlets	50%	79
Newsletters	40%	63
Posters	37%	59
Social media updates	30%	48

> "Access to these services needs to be better and services themselves need to be publicised better. There is a woeful lack of funding in this area. We are certainly seeing a growing problem among our young people with substance misuse and sometimes feel helpless because we are finding it difficult for them to access services" (Youth Worker)

Respondents (15) recommended drug and alcohol family support services co-ordinate initiatives with other community-based agencies and organisations. Several commented that accessing drug and alcohol services in their areas was difficult for many of those in need. Several felt solutions to access problems required better interagency partnership:

> "…a multidisciplinary service approach would address some of the issues [poly drug use] for those young people; we need to be creative with our resources to deliver an appropriate service to those in need" (Family Support Worker)

> "…we don't appear to have much resources in my area and alcohol abuse would appear to be prevalent in the majority of child protection cases. I would strongly recommend provision of a wider service of support which may prevent admissions to care and save the state money and keep families together" (Social Worker)

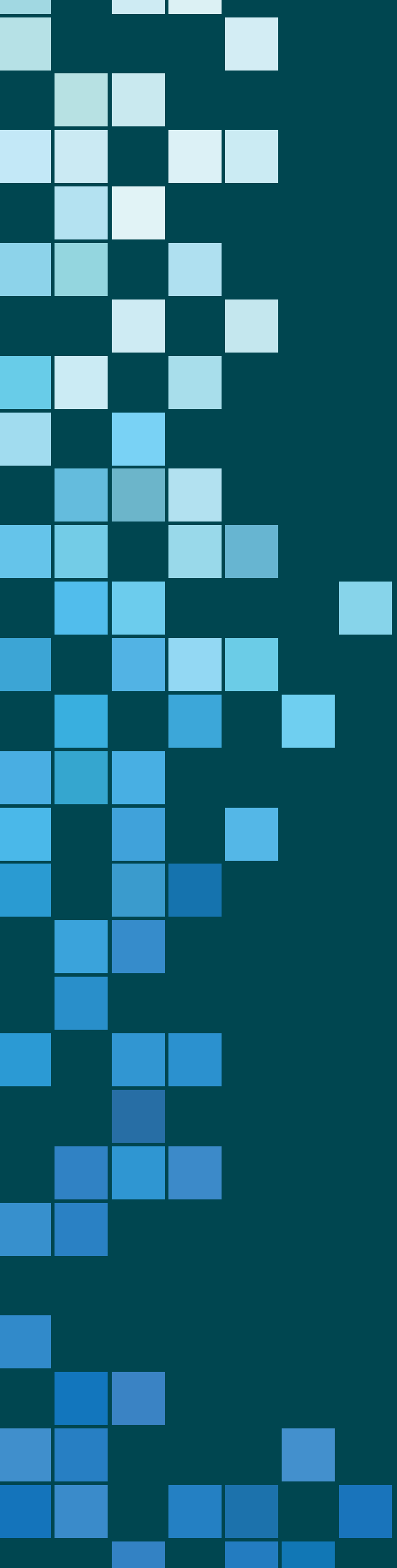
Respondents (9) recommended the provision of regular and targeted training courses that share drug and alcohol family support information. Training courses should focus on imparting and sharing best practice information that can be utilised by service agencies and community organisations in their daily work. Respondents commented:

> "Fear of intimidation is a difficulty for many facing those with drug and alcohol problems. This is just as true in the family as for those in the services dealing with service users. Developing the personal skills to deal with this fear is becoming more necessary as the level of abuse is increasing dramatically. The education system may require additional support to provide these life skills at different stages and in a consistent fashion (Mental Health Manager).

> "…the loss of our hospital unit has greatly impacted on facilities for those directly affected by misuse. I have completed the 5 Step Method in supporting a family member affected by drug / alcohol misuse. I think this is a programme that could support many services on the ground" (Project Co-ordinator).

> "An informed discussion should take place at Task Force level to establish what is best practice in terms of supporting affected family members. Treatment centres should be asked to show an evidence base behind the work they do with drinkers / users and their family members and where lacking should be encouraged and supported towards developing their service along evidence based lines" (Project Worker)

There was also a need to include service users (including family members) in the development and delivery of drug and alcohol services according to some respondents. In addition, several respondents working with the Travelling community recommended creating and strengthening links with the Travellers and Travellers organisations and particularly in relation to substance misuse.



4 Family Support Needs Analysis: Summary

This Needs Analysis survey was completed by 158 practitioners working in service agencies that provide a range of supports to individuals, families and communities in the western region. The agencies that responded provide advice, support, information, advocacy, and referral services. A majority (65%) of them also provide supports of some kind to families experiencing difficulties due to substance use. Over a third (35%) of respondents worked in agencies that 'rarely' or 'never' provide support to families experiencing difficulties in this way.

Respondents highlighted education and training, parenting support, group support, counselling and youth work as standard ways of supporting affected families. However, based on the findings many service providers only provide drug and alcohol information and referral options to those families affected by substance use. Similarly, in many cases it would appear that referral is the only pathway they avail of for that client group.

The findings suggest that personal development and educational supports are important aspects of most agencies work, programmes incorporating specific substance use components were, however, less common. Over half of respondents to this survey reported their service agency does not retain records of family members seeking support for substance use. A significant minority were also unaware of their agency's policy on supporting substance misusers. Many respondents indicated substance use is not integral to the support/treatment programme that their organisations offer and therefore they would only support those affected by substance misuse if it was deemed directly relevant to their overall work. In addition, 35 percent of the survey's respondents have little or no engagement with families affected by substance use as their work is limited to the issue and/or client base their organisation is mandated to serve.

Families, young people, and those with mental health/counselling needs were identified as groups particularly affected by perceived shortcomings in service provision. Access to services, awareness and information deficits (regarding substance misuse), and inadequate resources were identified as gaps in service provision for families affected by substance misuse. These perceived gaps are of concern as most

respondents indicate providing substance misuse information and generating awareness of services are important and frequently the only ways agencies provide support to families affected by substance misuse. Many service providers also indicated they provide informal or unstructured supports to affected families. Problems accessing appropriate services and/or a lack of awareness of drug and alcohol services and relevant information therefore may exclude those requiring support from services and further isolate families.

Respondents identified feelings of shame and/or fear of stigmatisation, denial over a relatives addiction, fear and confidentiality issues, as possible barriers stopping people seeking outside support. Service providers highlighted the evolving and secretive nature of addiction problems and indicated a need to create awareness of the dangers of substance misuse in many communities. Respondents also recommended creating greater public awareness of available drug and alcohol services. The literature identifies low awareness among families of their own needs, fear of being stigmatised or labelled and services treating only the substance misuser. Other barriers obstructing families of substance misusers from accessing support are that the services are not available in their community.

Solutions to access problems and low levels of provision require better interagency partnership according to respondents. Some felt poor co-ordination among support agencies results in inadequate responses to problems and issues which are likely to be rooted in substance misuse. A little over half of survey respondents were ambivalent towards or doubted the effectiveness of existing drug and alcohol services in their region. A majority felt respite services were needed in their area; however, less than 10 percent of respondents indicated their agency provided such services.

The findings indicated a high level of interest in acquiring relevant and up-to-date knowledge and awareness of drug- and alcohol-related issues, best practice solutions and appropriate treatments. Many felt drug and alcohol family support services should be developed and initiatives implemented in partnership with communities and other voluntary and community-based agencies. They also suggested drug and alcohol family support services should be publicised better, involve service users in designing and implementing initiatives, and train practitioners and others how best to support individuals and families affected by substance use. Survey participants' recommended drug and alcohol family support services:

- Improve co-ordination with all relevant services and utilise interagency partnership structures;

- Publicise family support drug and alcohol services better and increase public awareness and knowledge of substance misuse;

- Establish best practice in drug and alcohol family support and provide regular and worthwhile training courses;

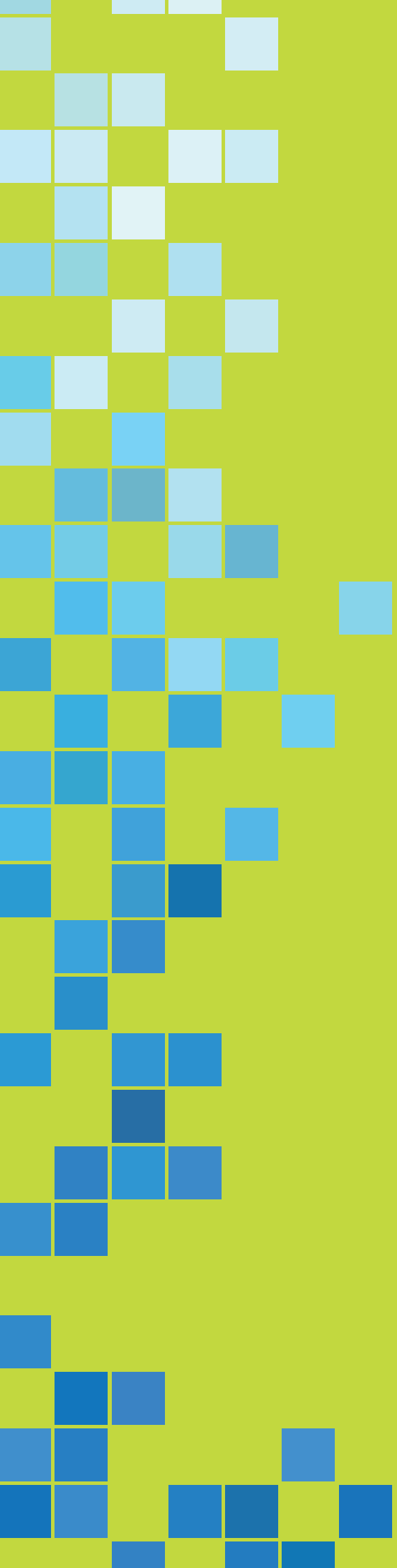
- Include service users and family members in development of drug and alcohol family support services; and

- Ensure an inclusive approach which includes ethnic and cultural minorities within this development process.

Recognition of the need to support families who are affected by substance misuse is supported by a significant and expanding literature. Interventions should aim to address the interaction of all risk and protective factors impacting the lives and development of affected children and families. Addressing risk factors and strengthening protective supports (in conjunction with a parent(s) treatment programme) may lessen the likelihood of children developing negative behaviours. A key challenge (and opportunity) for drug and alcohol services is that they treat substance misuse/addiction as part of a set of complex problems being experienced by users and their family and not solely as a problem for individual misusers.

Literature highlights the benefits of including family members in programmes to prevent and treat substance misuse. Including families and social networks of substance misusers in treatment programmes, can positively influence the direction, improve outcomes and reduce negative effects for families. Authors suggest multi-component interventions providing support for substance users and their families can achieve increased outcomes in terms of improved family relationships and cohesion, parental involvement in children's lives, and family communication. Literature also suggests substance misusers are more likely to engage in programmes that support a process of recovery which takes account of their family life.

To conclude family-focused programmes provide important opportunities for family members to discuss treatment options and acquire knowledge of the services and support that may be available. Help accessing drug and alcohol services is considered important if substance users and affected relatives are to receive effective support. Programmes need to consider not only substance use problems but the wider context of the service user. Support should be part of a whole systems approach where agencies respond flexibly and employ effective partnership processes in addressing the needs of both users and families.



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6: Appendix One: Questionnaire

1. What is the name of your organisation?

_____

2. What is your position within the organisation?

_____

3. What geographical area does your organisation cover?

- ☐ Galway
- ☐ Mayo
- ☐ Regional (Galway, Mayo, Roscommon)
- ☐ Roscommon
- ☐ Other (please specify) _____

_____

4. What services are offered by your organisation?

	Yes	No
Advice		
Support		
Counselling		
Treatment		
Information		
Advocacy		
Home Support		
Group Support		
Referral		
Other (please specify)		

5. Who is your service primarily targeted towards?

- ☐ All family members
- ☐ Children 0-5 years
- ☐ Children 6-10 years
- ☐ Other, please specify _____
- ☐ Adolescents 11-17 years
- ☐ Adults 18+
- ☐ Community

_____

6. To which additional family members do you offer support?

	Yes	No	Sometimes	Never
Parent				
Grandparent				
Sibling				
Child				
Other (Please specify)				

7. Do you provide supports for families experiencing difficulties due to substance use?

- ☐ Never
- ☐ Rarely
- ☐ Often
- ☐ Very often
- ☐ Always

8. Does your organisation have a substance use policy?

	Yes	No	Don't Know
Staff/volunteers			
Clients/customers			

9. Does your organisation have service user involvement/representation at committee/board level?

- ☐ Yes
- ☐ N/A
- ☐ No

10. Does your organisation use formal/structured assessment tools?

- ☐ Yes
- ☐ Don't know
- ☐ No

11. Do these assessment tools include any questions relating to substance use?

- ☐ Yes
- ☐ N/A
- ☐ No

12. Do you keep a record of family members seeking support for substance use problems?

☐ Yes ☐ No

13. What information (if any) do you offer to families affected by substance use?

☐ Pamphlets
☐ Web resources
☐ List of organisations (HSE Drug Services etc.)
☐ Telephone contacts (e.g. G.P., ALANON, Family Support Groups etc)
☐ None
☐ Other (please specify)_____

_____

14. Do you refer family members affected by substance use to other services/agencies? If yes, please list referral services.

☐ Yes ☐ No

If yes, please specify _____

_____

15. Which of the following do you provide to family members? Please tick all that apply.

	Non- specific	Substance Use
One-to-one counselling	Yes/No	Yes/No
Group support	Yes/No	Yes/No
Training	Yes/No	Yes/No
Education	Yes/No	Yes/No
Parenting Support	Yes/No	Yes/No
Youth Work	Yes/No	Yes/No
Respite	Yes/No	Yes/No
Complementary therapies	Yes/No	Yes/No
None	Yes/No	Yes/No
If other (please specify)		

16. Do you provide funding for any of the services listed in Question 15?

☐ Yes ☐ No

If appropriate, please provide details _____

_____

17. Does your organisation provide any of the following training/education programmes? If yes, does it include a substance use component?

	Y/N	Y/N
Parenting Courses	Y/N	Y/N
Life Skills	Y/N	Y/N
Personal Development	Y/N	Y/N
Conflict Resolution	Y/N	Y/N
Mediation Skills	Y/N	Y/N
Anger Management	Y/N	Y/N
Other (please specify)		

18. In your opinion, what are the main gaps in service provision for families affected by substance use in your area?

_____

19. Do you perceive a need for family respite services?

☐ Yes ☐ No

☐ Don't know

20. What type of respite service do you feel would be of most benefit to families? Please tick all that apply.

☐ Day programmes ☐ Excursions

☐ Overnight stays ☐ No opinion

☐ Alternative therapies

☐ Other (please specify) _____

21. How would you rate the effectiveness of drug & alcohol family support services in your region?

- ☐ Very effective
- ☐ Somewhat effective
- ☐ Neither effective nor ineffective
- ☐ Somewhat ineffective
- ☐ Very ineffective
- ☐ Don't know
- ☐ No opinion

22. Are you aware of the following websites?

	Yes	No
www.drugs.ie (drug & alcohol information and support in Ireland)		
www.dafsn.ie (drug and alcohol family support network for Galway/Mayo/Roscommon)		
www.supportme.ie (support services available in western region)		
www.wrdtf.ie (western region drug task force)		
www.fsn.ie (national family support network/ resource for families affected by drug use)		

23. What do you perceive as barriers for family members accessing support re substance use?

- ☐ Confidentiality
- ☐ Financial cost
- ☐ Shame/stigma
- ☐ Lack of information
- ☐ Fear
- ☐ Accessibility
- ☐ Denial
- ☐ Other family issues
- ☐ Don't know/no opinion

24. Do you feel you have sufficient information and resources to respond to family members affected by substance use in your area?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Don't know
- ☐ Agree
- ☐ Strongly agree

25. Would you be interested in attending any of the following training seminars/workshops? Please tick all that apply.

- ☐ Responding to Drug Related Intimidation
- ☐ Assess/screening tools for substance use in the family
- ☐ Guardianship/kinship carers
- ☐ Working with families affected by substance use
- ☐ Group Facilitation Skills
- ☐ Develop a substance use policy
- ☐ Brief intervention skills
- ☐ Drug awareness courses (alcohol/medication/drug types/workplace etc)
- ☐ Bereavement/loss due to substance use
- ☐ None
- ☐ Other (please specify) _____

26. What sources of information/materials would you like to receive regarding drug & alcohol family support?

- ☐ Join mailing list
- ☐ pamphlets
- ☐ posters
- ☐ newsletters
- ☐ training offerings
- ☐ service updates
- ☐ social media updates
- ☐ Other (please specify) _____

27. Would you or a member of your organisation be interested in attending regional drug & alcohol family support network meetings?

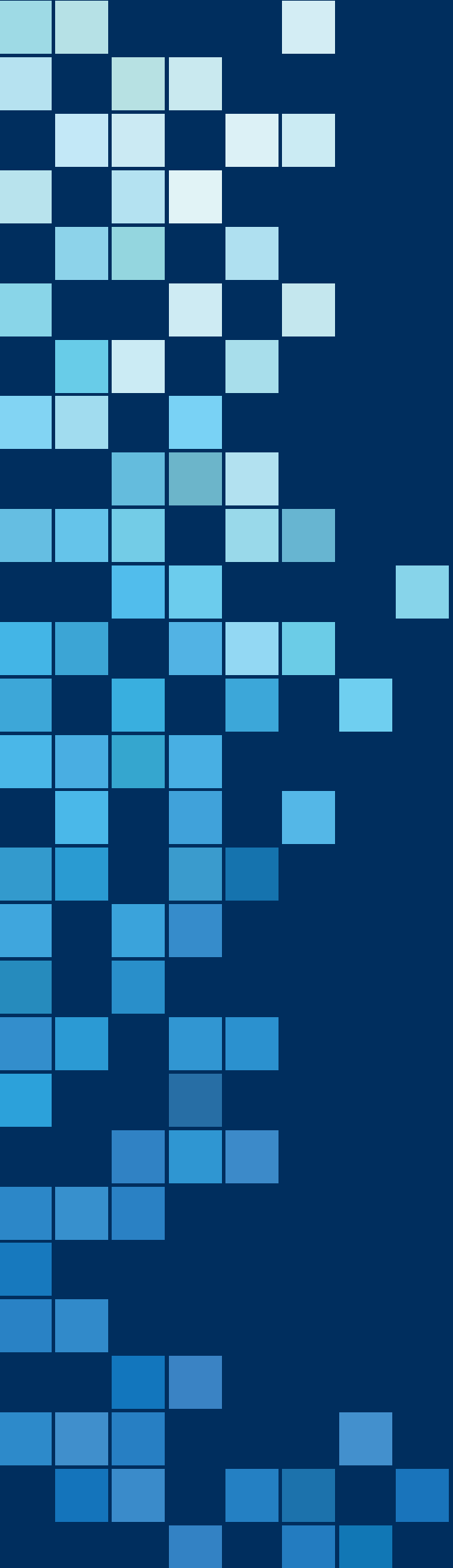
- ☐ Yes
- ☐ No
- ☐ Maybe

28 Do you have any recommendations and/or suggestions regarding drug & alcohol family support services in your area?

7: Appendix Two: List of Participating Organisations

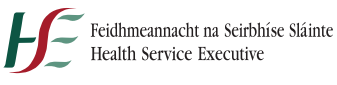
AIDS West	Galway Diocesan Youth Services
An Garda Síochána	Galway Healthy Cities Project, Health Promotion & Improvement, HSE West
ARD Family Resource Centre	Galway Mayo Institute of Technology (GMIT)
Athenry Family Services	Galway Rape Crisis Centre
Ballina Neighbourhood Youth Project	Galway Simon
Ballinasloe Substance Misuse Response Group	Galway Traveller Movement
Ballybane/Oranmore North Primary Care Team	GDYS Number 4 Project
Ballyhaunis Family Resource Centre	Gort Resource Centre
Castlebar Neighbourhood Youth Project	GP practice
Castlerea Prison Education Unit	H.S.E. Galway University Hospital, Psychiatry Adult Mental Health
Child and Family Agency, Tusla	Helplink Support Services
City of Galway Youthreach	Hope House Foxford
Claddagh Medical Centre	HSE
Clann Family Resource Centre	HSE MENTAL HEALTH SERVICES
Clifden C.S.	HSE West
COPE Galway	HSE West Drug Service – Methadone Clinic
COPE Galway Day Centre and Family Support Service	HSE West Drugs Service
Domestic Violence Response	HSE West – Tuam
Education Welfare Services of the Child and Family Agency	Psychotherapist – private and contracted to voluntary bodies
Empowerment Plus	IASIO
Esker House Women's Refuge	INCADDS: The Irish National Council of Attention Deficit Hyperactive Disorder Support Groups.
Family Life Centre, Boyle C. Roscommon	ISPCC
Foróige	Jigsaw Galway
Galway & Roscommon Education and Training Board (GRETB)	Jigsaw Roscommon
Galway City Partnership	

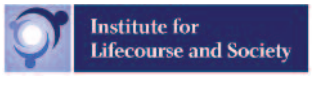
Leaving/Aftercare Service, Child and Family Agency,	South West Mayo Development Company
Loughrea Family and Community Resource Centre	St Nathy's College
Mayo Children's Initiative (MCI Ireland)	Strokestown Medical Practice
Mayo County Council	Tacú Family Resource Centre
Mayo Mental Health Service; Addiction	The Edge Project
Mayo North East LEADER Partnership Company Limited	The Junction Project
Mayo Rape Crisis Centre	The Outreach Roscommon Family Visitors Resource Centre, Castlerea, Co Roscommon
Mayo Travellers' Support Group (MTSG)	Treo Nua, Garda Youth Diversion Project, Youth Work Ireland, Galway, Bishop Street, Tuam
Mayo Women's Support Services	Tuam & District Mental Health Association
Probation Service (youth)	Tuam Adult Learning Centre
RAD Youth Project. YWI Roscommon /N.E. Galway	Tuam Community Training Centre
Respond Housing Association	Tuam Family Services
Roscommon CIS	Tusla
Roscommon Community Mental Health Team HSE West	Tusla, Child & Family Agency- Social Work Department
Roscommon County Childcare Committee	Vita House Family Centre
Roscommon LEADER Partnership	Western Care Association
Roscommon Leader Partnership/Tusla	Western Traveller Integrated
ROSCOMMON RETAIL THERAPY SOCIETY LTD T/A THE MELTING POT	Development Company
Roscommon Safe Link	Westport Family Resource Centre
Roscommon Women's Network	Westside Family Services
Roscommon Youthreach	Westside Youth Project
Sli Nua / Edge Project, Tusla, Child and Family Agency	Youth Advocate Programmes
Social Work, Housing Department,	Youthreach
Galway City Council	Youth Work (Roscommon / N.E. Galway)
Solas Family Resource Centre	Youth Work Ireland Galway




Western Region
drugs task force
Meitheal Drugaí an Iarthair


An Roinn Sláinte
DEPARTMENT OF HEALTH


Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive


Institute for
Lifecourse and Society