

FAMILY SUPPORT HANDBOOK



**INFORMATION FOR FAMILIES
AFFECTED BY SOMEONE'S
DRUG AND ALCOHOL USE**



WESTERN REGION

Drug & Alcohol Task Force

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Western Region Drugs
& Alcohol Task Force
Family Support Handbook

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Published in October 2016 by:

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Acknowledgement

Firstly, I would like to thank my colleagues on the Regional Drug and Alcohol Family Support Network who all contributed to the development of this handbook (Pat Conway, Chris Delaney, Emmet Major, Liam O Loughlin and Mary McCartney). It sometimes takes many people to write a handbook and on this occasion it took six of us but we hope it will be a useful resource for families and practitioners alike in the West of Ireland. We would also like to acknowledge many others who provided information, suggestions and direction along the way. On behalf of my colleagues, I would like to express

our sincere gratitude and thanks to Mary Murray for patiently editing this book and ensuring that the content was relevant, comprehensible and cohesive. We would like to thank the Western Region Drug and Alcohol Task Force (WRDATF) for funding this handbook also. Finally, a big thanks to the family members that inspired this book.

Debbie McDonagh

WRDATF Family Support Co-ordinator

At the time of publication all information is correct to the best of our knowledge. Every reasonable effort has been made to contact original sources for permission to use material included in the handbook. A list of references of previously published materials and websites appears at the end of the manual.

Introduction

This book is for anyone who has a family member misusing drugs or alcohol, including parents, siblings, partners, grandparents and friends. This book was put together by practitioners working in the area of drug and alcohol support and is based on recommendations from family members that had previously sought information and support. Many of these family members commented that it was difficult to find accurate and relevant information and so we have endeavoured to make this information more accessible in this resource and through the links within it.

It is not intended that you read this handbook in one session. We would encourage you to take some time out and find some peace and quiet with no distractions to read the sections that are

relevant to you. You may also want to share it with other family members and discuss what you have read. Having this discussion may help develop options as part of a family response. Though we hope that you will find this information helpful, and that it provides some useful pointers, this handbook offers information that is general in nature so issues that may be painful for some readers are dealt with very briefly. Some sections may resonate with you and others may not. Through reading it, we hope you will find some ways to help you work through this difficult time a little more easily, and that you will realise you are not alone and that importantly support is available. Perhaps, this is a starting point where you can seek further help for you and/or other family members.





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Information About Drugs

Definition of a drug

A drug can be any chemical that causes changes in the way the human body functions. These changes can be mental, physical or emotional.

THERE ARE FIVE MAIN CATEGORIES OF DRUGS:

DEPRESSANTS, such as alcohol, can be used to calm the mind, relieve anxiety and can cause sleepiness.

SEDATIVES and minor tranquilizers include the benzodiazepine drugs, such as valium. These are often prescribed to calm you down and produce a relaxing effect that is beneficial to those suffering from anxiety. They are also used to help people sleep at night. They have the same general effects as depressants.

OPIATES, also known as narcotic analgesics, are a group of drugs that are used for treating pain. They also produce feelings of wellness, happiness, and sleepiness. They are derived from opium which comes from the poppy plant and include codeine, morphine, heroin and methadone.

STIMULANTS are drugs that make you feel more awake, alert, energetic and confident. Stimulants also elevate blood pressure, heart rate, and respiration. Stimulant drugs include cocaine and amphetamines.

HALLUCINOGENS are drugs that produce hallucinations or dissociative experiences. Under the influence of hallucinogens, people can see images, hear sounds, and feel sensations that seem real but do not exist. Some hallucinogens also produce rapid, intense emotional swings. These drugs include LSD and magic mushrooms.

Many drugs do not belong to just one category. Cannabis, for example, can have depressant effects as well as causing euphoria. Ecstasy has both stimulant and hallucinogenic effects. Alcohol has stimulant as well as depressant properties.

Effects of Alcohol and Drugs

Alcohol and drugs affect everyone differently, based on:

- The amount taken
- The person's size, weight and health
- Frequency of consumption
- Whether other drugs are taken around the same time
- The strength of the drug (which varies from batch to batch)
- Mood prior to consumption

This section discusses the effects and risks of specific drugs taken by individuals. The wider implications for family members are often far-reaching and devastating. The consequences may include: family problems, relationship breakdown, social problems, financial issues, work difficulties and crime.



Most Commonly Used Drugs

Alcohol

Alcohol is by far the biggest problem drug in Ireland today and its overuse is responsible for a lot of societal problems. Alcohol acts as a depressant and the weekly low-risk limits are 11 standard drinks for women and 17 standard drinks for men. These should be spaced out over the week and not consumed in one sitting. It is recommended that people have at least two alcohol free days per week. A standard drink contains 10g of pure alcohol.

Drinking more than the low risk limits or binge drinking may cause harm.

Short-term effects and risks

- Effects start within 5 - 10 minutes and last for several hours, depending on the amount drunk
- Exaggerated mood: if a person feels happy prior to drinking, he/she is likely to feel happier, however, feeling low prior to drinking can worsen low mood
- Feeling relaxed
- Loss of inhibition and control which can lead to taking increased risks
- Affects coordination and slows reactions
- Impairs judgment
- Aggression and/or violence
- Slurred speech, double vision, flushed face and vomiting

What is a binge?

Binge drinking is a form of harmful drinking and the term is used to describe an occasion where too much alcohol is consumed. It is defined as an occasion where 6 or more standard drinks are consumed in one sitting.



Long-term effects and risks

- Risk of damage to the liver, heart, stomach, brain and other organs
- Risk of dependency or addiction
- Increased risk of cancer
- Alcohol poisoning – when the body has a toxic reaction against too much drinking
- Black-outs – Loss of consciousness or memory loss
- Depression and risk of suicide

Cannabis



Cannabis is also known as hash, marijuana, dope, weed, grass and has many other street names such as ganja. It is a depressant drug, which means it slows down messages travelling between the brain and other parts of the body. When large doses of cannabis are taken, it may also produce hallucinogenic effects. The main active chemical in cannabis is THC (delta-9 tetrahydrocannabinol). Herbal cannabis is common and is generally made from the dried leaves and flowering parts of the female plant and looks like tightly packed dried herbs. Resin or hash is a black/brown lump made from the resin of the plant. There are different and stronger strains of cannabis plants that contain varying levels of THC. Cannabis can be smoked with tobacco in a joint, inhaled through a pipe or bong, or eaten.

Short-term effects

- Feeling sedated, chilled out and happy
- Nauseous
- Increased appetite - 'the munchies' or excessive hunger
- Increased pulse rate, decreased blood pressure
- Bloodshot eyes, dry mouth
- Tiredness

Long-term effects

- May damage the lungs and lead to breathing problems
- Has been linked with mental health problems, such as depression and schizophrenia
- May decrease sperm motility and suppresses ovulation affecting ability to conceive
- Regular use may affect memory, mood, motivation and ability to learn
- May cause anxiety and paranoia
- May affect coordination and reactions
- Increased risk of accidents
- Dependency

Cocaine



Cocaine is known as snow, charlie, "C", coke, rock, stone, blow and nose candy, amongst other names. It is a strong but short-acting stimulant drug and usually comes as a white crystal-like powder without a smell. Cocaine is normally sniffed up the nose and absorbed into the bloodstream through the nasal membranes. It may also be injected. Cocaine is usually cut or mixed with other substances.

Short-term effects

- Effects of cocaine start quickly but only last for up to 30 minutes
- Feeling more alert, energetic, exhilarated and confident
- Grandiosity, inflated self-esteem
- Short-lived intense high followed by a sudden low
- Feeling on edge
- Heart and pulse rates speed up suddenly
- Hyperactivity, dilated pupils, dry mouth, sweating and loss of appetite
- Higher doses can increase anxiety and feelings of panic
- Increased sex drive
- Risk taking behaviours

Long-term effects

- Tightness in chest, insomnia, exhaustion and inability to relax
- Dry mouth, sweating, mood swings and loss of appetite
- Aggression and/or violence
- Feeling depressed and run down
- Cravings
- Damage to nose tissue
- Kidney damage
- May cause loss your sex drive
- Risk of HIV and hepatitis if needles are shared
- Smoking cocaine may cause breathing problems
- Anxiety, paranoia and hallucinations
- Overdose can cause seizures, stroke, breathing problems and heart attack
- Damage to veins if injected

- When cocaine and alcohol are mixed, they produce cocaethylene, which increases the risks of damage to the heart or heart attack
- Extremely dangerous if injected with heroin, known as a 'speedball'

Tranquillisers



The most common type of tranquillisers are benzodiazepines. These are known commonly as benzos, tranquilisers, jellies, sleepers, moggies, roofies, downers, roches and D10's. Benzodiazepines are depressants or 'downers'. You can get them typically as a tablet or capsule but also as an injection or suppository. They are prescribed to reduce anxiety or stress, encourage sleep or to relax muscles and are sometimes also prescribed to ease the withdrawal symptoms from other drugs. Benzodiazepines are quite commonly traded as street drugs.

Short-term effects

- Effects start within 10-15 minutes and last up to 6 hours
- Depresses the nervous system and slows the body down
- Relieves stress, anxiety and tension
- Feeling more calm and relaxed
- Drowsiness, forgetfulness and confusion

Long-term effects

- Short-term memory loss
- Anxiety and depression
- Irritability, paranoia and aggression
- Personality change
- Weakness, lethargy and lack of motivation
- Drowsiness, sleepiness and fatigue
- Difficulty sleeping or disturbing dreams
- Headaches, nausea, skin rashes and weight gain
- Addiction and withdrawal symptoms

Other dangers

- Sudden withdrawal can increase risk of seizure and/or death
- Mixing them with other drugs such as alcohol or heroin increases the risk of fatal overdose

Online and Head-Shop Type Products or New Psychoactive Substances



There are currently over 450 new psychoactive substances being monitored by the European Monitoring Centre for Drugs and Drug Addiction and more are being introduced all the time.

Legislation that was introduced in 2010 added a list of psychoactive drugs to be controlled substances under the 1977 Misuse of Drugs Act. The Criminal Justice (Psychoactive Substances) Act 2010 also made it illegal to sell any substance with psychoactive properties. This had the immediate effect of severely reducing the number of head shops operating in the country as anyone possessing a range of named substances faced a penalty of up to seven years in prison. A lot of these substances and party pills are now being ordered online however. Some of the more commonly used products are mephedrone and synthetic cannabis.

Mephedrone

Mephedrone (4-methylmethcathinone) is a stimulant drug and comes in different forms, including as a white powder with a yellowish tinge, and as capsules and tablets. It may also be known as meph, meow, meow-meow, m-cat, plant food, drone, bubbles, kitty cat. Mephedrone powder is usually sniffed/snorted or swallowed.

Short-term effects

- Rush of intense pleasure
- Feeling happy, energetic and wanting to talk more
- Intense connection with music
- Anxiety, Paranoia
- Jaw clenching, teeth grinding
- Light-headedness, dizziness
- Distorted sense of time, memory loss
- Nose bleeds from sniffing/snorting the drug
- Enlarged pupils, dry mouth, thirst
- Sweating
- Reduced appetite

- Stomach pains, nausea, vomiting
- Skin rashes
- Fast heartbeat, high blood pressure, chest pain
- Strong urge to re-dose

Long-term effects

- Difficulty sleeping
- Muscle spasms
- Seeing and hearing things that are not there
- Needing to use more mephedrone to get the same effect
- Dependence
- Financial, work and social problems

Short-term effects

Synthetic cannabis is relatively new, so there is limited information available about its short- and long-term effects, including how safe or unsafe it is to use. However, it has been reported to have similar effects to cannabis along with some additional negative and potentially more harmful ones including:

- Fast and irregular heartbeat
- Racing thoughts
- Agitation, anxiety and paranoia
- Psychosis
- Aggressive and violent behaviour
- Chest pain
- Vomiting
- Acute kidney injury
- Seizures
- Stroke

Synthetic Cannabis



Synthetic cannabis or synthetic cannabinoids are produced with man-made chemicals that create similar effects to delta-9 tetrahydrocannabinol (THC), the active ingredient in cannabis.

Synthetic cannabis is marketed under different brand names including kronic, northern lights, mojo, lightning gold, lightning red and godfather. It looks like dried herbs and is sold in colourful, branded packets. It is usually smoked and is sometimes drunk as a tea.

Long-term effects

There has been limited research into synthetic cannabis dependence. However, anecdotal evidence suggests that long-term, regular use can cause tolerance and dependence.

Amphetamines

Amphetamine is a stimulant. It can be a powder or tablet which you sniff, swallow or inject. Speed is an off-white or pinkish powder and can sometimes look like crystals. You can dab speed onto your gums or sniff in lines like cocaine using a rolled up bank note. It starts to affect you within 20 minutes and lasts for 4-6 hours.



- Injecting speed can cause vein damage and sharing needles increases risk of HIV and hepatitis

Over the Counter Medication



Short-term effects

- Exhilaration, increased energy and confidence
- Reduced need for food or rest
- Dilated pupils and poor pallor
- Increased heart rate, faster breathing and higher blood pressure
- Dry mouth, diarrhoea, need to urinate more often
- Higher doses also cause flushing, sweating, headaches, teeth grinding, jaw clenching and racing heart
- Talkative and aggressive
- Can sometimes cause drug-induced psychosis

A number of pain-relieving medicines can be purchased without a prescription. These are usually for treating mild to moderate pain, flu symptoms or high temperatures. If used for too long, it can lead to dependency/addiction. The effects of these substances vary according to type of medication used, for example, cough bottles, pain relief medication, laxatives and weight loss medications

Long-term effects

- Tolerance – Increased consumption required to get the same buzz
- Anxiety, depression, irritability and aggression
- Powerful cravings
- Increased aggression and violence
- Mood swings
- Mental health problems such as psychosis, paranoia, delusions and hallucinations
- Weight loss
- Scratching or itchy skin
- Sniffing speed can damage the lining of the nose

Short-term effects

- Relieve mild to moderate pain
- Drowsiness and slurred speech
- Lightheaded and dizzy
- Inability to concentrate or focus
- Shortness of breath,
- Nausea, vomiting, stomach pain,
- Excessive sweating, itching, or rash
- Constipation

Long-term effects

- Damage to the liver and kidneys
- Dependency/addiction
- Powerful cravings and withdrawal
- Mood swings
- Mental health problems such as psychosis, paranoia, delusions and hallucinations
- Weight changes

- Epileptic fits, seizure and paranoia
- Increase in body temperature, blood pressure and heart rate
- Feelings of intense emotions and love for people around you
- Anxiety, panic attacks and confusion

Ecstasy

Ecstasy is a stimulant drug that also produces mild hallucinogenic effects. Ecstasy tablets come in a variety of colours and shapes and often have a logo or design. Ecstasy is also known as E, MDMA, yokes, disco biscuits, doves, XTC, mitsubishis, pills or tabs. It is a very popular nightclub and party drug and in Ireland. It is normally sold as tablets with logos or designs printed on the surface of the pill. As with other drugs, there is always a risk that ecstasy tablets can contain other drugs.

Short-term effects

- Effects can start within 20-60 minutes and last for several hours
- Floating sensations
- Dilated pupils and jaw tightening
- Nausea, sweating, loss of appetite, dry mouth and throat

Long-term effects

- Weight loss
- Loss of interest in work
- Flashbacks and hallucinations
- Sleep problems, lack of energy and dietary problems
- Anxiety and irritability
- Bouts of depression, personality change and memory loss

LSD

LSD or Lysergic acid diethylamide is a hallucinogenic drug. It comes from ergot, a fungus found growing wild on rye and other grasses. It typically comes as a piece of paper with pictures on it, which you suck or swallow. It is also known as acid, tabs, strawberries, trips, blotter, dots and Lucy.



Short-term effects

- Effects start within 30 – 45 minutes and can last for 4 to 12 hours.
- Euphoria and wellbeing
- Dilation of pupils
- Seeing and hearing things that aren't there (hallucinations)
- Confusion and trouble concentrating
- Headaches
- Nausea and vomiting
- Fast or irregular heartbeat, shallow breathing
- Increased body temperature
- Facial flushes, sweating and chills
- LSD affects judgment leading to increased risk taking behavior
- Dependence

Long-term effects

People who regularly use LSD may eventually experience flashbacks. Flashbacks are hallucinations that occur weeks, months or even years after the drug was last taken. This can be disturbing, especially when the hallucination is frightening. Flashbacks can be brought on by using other drugs, stress, tiredness or exercise and usually last for a minute or two.

Magic mushrooms

Magic mushrooms are small hallucinogenic mushrooms which grow in Ireland every October and November and are known as mushies, shrooms, magics or liberties. They can be eaten raw, dried, cooked or stewed. Psilocybe and Amanita Muscaria are the two most common varieties but they are different types of mushroom with different effects

Psilocybe Mushrooms**Short-term effects**

- Effects start within 30 minutes to two hours and can last up to nine hours
- The experience and effects vary as it depends on mood prior to consumption
- Distortion of colour, sound and objects
- Altered perception of time and movement
- Feelings of enlightenment and creativity
- Disorientation, fatigue and nausea

Amanita Mushrooms**Short-term effects**

- Effects start after 30 minutes, and peak within 2-3 hours
- Powerful hallucinations
- Out of body experience, a person may feel they can 'smell words' and 'taste colours'
- Alcohol-like euphoria
- Deep sleep with vivid dreams
- Slurred speech and poor coordination
- Convulsions, muscle twitching
- Nausea, vomiting, diarrhea

Long-term effects

- Flashbacks
- Anxiety
- Exacerbate or trigger any underlying mental health problems

- Nausea, vomiting and blackouts
- Breathing difficulties and heart problems
- Can kill instantly

Solvents

Solvents are aerosols, glue, cans of gas, thinners, nail polish remover, lighter fuel and so on. Solvent use, sometimes known as huffing, is the deliberate inhalation of gases, chemical fumes or vapours in order to get a “high” or “buzz” similar to the intoxication produced by alcohol. The fluid can be inhaled from a soaked cloth or directly from the can. Many common household and industrial products, which are perfectly safe when used correctly, can be abused.

Short-term effects

- Effects last up to 45 minutes
- Feeling of intoxication similar to drunkenness
- Loss of coordination and disorientation
- Sneezing, nose bleeds, tinnitus, coughing
- Slower breathing and heart rate
- Difficulties with vision
- Loss of consciousness
- Can cause a red rash around the nose and mouth

Long-term effects

- Brain, lungs, liver and kidney damage
- Abdominal pain, nausea, vomiting
- Memory impairment
- Dependency/addiction
- Permanent eye damage

Heroin

Heroin is also known as smack, gear, H, skag, junk, brown, horse or china white. It is a powerful and very addictive drug. It is a pain-killing drug made from morphine, which is derived from the opium poppy. Street heroin is usually a brown/white powder, smells acidic and is usually mixed with other substances. It is smoked, sniffed, or dissolved in water and injected.

Short-term effects

- Effects can start quickly and last for several hours.
- Feelings of warmth and relaxation with a hazy feeling of security
- Pinpoint pupils

- Pain relief
- Nausea and vomiting
- Dramatic mood swings
- Decreased breathing and heart rate slow down
- Constipation
- Drowsiness
- Injecting heroin causes a more intense feeling than smoking

Long-term effects

- Tolerance increases, more of the drug is consumed to get the same effect
- Chronic constipation
- Irregular menstrual cycle
- Increased risk of lung and heart disease
- Poor nutrition and self-care
- Increased risk of overdose particularly if used with other drugs
- Increased risk of overdose if a person uses again after a period of non-use.
- Damage veins
- Increased risk of HIV and Hepatitis through needle sharing
- Drowsiness, unconsciousness, coma or death
- Dependency/addiction

Signs & Symptoms of Drug Use

There are many signs, both physical and behavioural, that may indicate drug use. Each drug has its own effects, but there are some general signals that a person is using drugs: Bear in mind that the signs listed below could be caused by reasons other than drug use such as puberty, social changes or medical conditions. Try not to jump to conclusions about drug use, as you may be wrong.

Behavioural changes

- Loss of interest in hobbies, sports and other favourite activities
- Secrecy about activities, slyness, caginess
- New or different friends, perhaps an older crowd
- Staying out unusually late
- Changed sleeping pattern; up at night and sleeping during the day
- Using slang terms for drugs
- Poor work or school performance, may be skipping days
- Short attention span
- Always being broke and trying to borrow money
- Stealing from home or outside – money and things that can be sold for cash

Personality changes

- Becoming withdrawn and not wanting to talk to family members
- Unusual confidence

- Mood swings; irritable or grumpy and then suddenly happy and bright
- Hyperactivity

Physical things

- Sniffly or runny nose
- Losing appetite and weight
- Wearing sunglasses to hide the effects of drugs on the eyes
- Careless about personal grooming
- Red or glassy eyes
- Personality changes
- Bits of loose tobacco and cardboard and other drug paraphernalia
- Memory loss
- Using deodorant or incense to hide the smell of drugs
- Small burn marks on clothes

Remember, change is the most important thing to notice. Be aware if social, personal and family relationships begin to suffer.



The Nature & Phases of Drug Use

The Nature of Drug Use

In understanding drug use, it is useful to consider the following three key factors.

These are:

- **Personality**
- **The type of drug taken**
- **The context of drug use**

These factors are connected and cannot be separated. They influence the reasons for using a drug and the effects it can have. Also, there are different levels of drug use with different effects, risks and consequences. Not all drug use will lead to drug dependency, however, it is important to consider the three factors when looking at person's level and type of drug use. Drug use is not the same as drug abuse.

Phases of Drug Use

Non-User

A non-user is someone who has never used drugs or someone who has used in the past but is drug free/abstinent for a long period of time.

Experimental User

The experimental user is someone who tries drugs out of curiosity or because others in their social circle are experimenting. For many, once the curiosity is satisfied, they are no longer interested in taking drugs. A small percentage of users may continue to use drugs on a more regular basis. The main risk in the experimental phase is lack of knowledge around the drug being taken and its possible effects.

Recreational User

The recreational user is someone who takes drugs for enjoyment and leisure purposes, as part of their social lives or to alleviate symptoms such as shyness during social occasions. Recreational drug use can be sporadic (for example, attending an occasional concert) or more regular. Most people who take drugs recreationally view it as a standard activity in their social circle.

Dependent Drug Use

A dependent user is someone who relies on drugs to function. Dependence can be experienced both physically and psychologically. It can involve cravings, withdrawal symptoms, needing to use regularly as a means to cope with everyday living. Dependent drug use often causes emotional, psychological and social problems.

These four phases represent a broad outline of drug use. It is possible to move in a linear fashion through the four phases. It is also possible to remain at one phase without progressing to another phase. Another possibility is that a person can jump from one phase to another, examples include, experimental use to dependent use or recreational use to non-use.



For further information, visit

http://www.drugs.ie/drugs_info/about_drugs/the_nature_and_stages_of_drug_use/

What is Dependency/ Addiction?

It is important to note that not everyone who uses drugs or drinks alcohol is addicted. Even when people use alcohol or drugs in a way that causes other people difficulty, this does not always mean that they are addicted.

In recent years, there has been much debate and discussion in relation to alcohol and drug use and the language used to describe this behaviour. Some people are in favour of describing different types of use in the following way:

Drug use - where someone is using a drug (including alcohol) but not experiencing negative impact.

Problematic use - where someone is using in a way that is having a negative impact on them and/or those around him/her.

Dependence - where someone is using to an extent that they experience either physical and/or emotional discomfort if they do not or cannot get their next dose.

One definition describes addiction as “*a persistent, compulsive dependence on a behaviour or substance*” (Gale Encyclopaedia of Medicine, 2008, The Gale Group). There are many theories of addiction with much research taking place and a host of books and articles published on the subject.

Models of Addiction

Addiction can be regarded as a complex condition. There is no consensus regarding the causes or treatment of addiction. There are many theories as to the cause of addiction and why

some people are more susceptible to developing an addiction than others. This section describes some of the more well-known theories. Theories trying to explain addiction which are commonly referred to as “Models of Addiction”.

The Moral Model

Historically the moral model of addiction viewed addiction as a chosen behaviour. It viewed people who engaged in heavy drinking or drug use as morally deficient. Engaging in this behaviour was viewed as evidence that the individual is “sinful”. Punishment was viewed as an appropriate measure to make people stop their sinful behaviour.

The Disease Model

In 1956, the American Medical Association classified addiction as a treatable disease. This way of viewing addiction was quite different from the Moral Model. Advocates for the disease model describe addiction as a primary disease caused by biological, personality and spiritual dysfunction. The condition can become chronic and can only be treated, not cured. Abstinence and sobriety maintenance is the overall treatment goal. Alcoholics Anonymous (AA) and other 12-step programmes employ this model.

The Genetic Model

Some theorists suggest that genetic inheritance plays an important role in the susceptibility to developing an addiction. Genes together with environmental factors can either increase or decrease the likelihood of inheriting addictive disorders. The heritability of addictive disorders has been estimated at around 30–50 % (Brewer and Potenza, 2008)

The Social Learning Model

This theory has a grounding in behaviourism and puts forward the idea that people's behaviour is learned through interaction with the environment and through observing other people's behaviours. Substance use is therefore seen as something which is learnt and as such can be "unlearned". Various outcomes of treatment are viewed as acceptable within this way of understanding addiction; from harm reduction (reducing use, safer use, etc.) to total abstinence.

The Bio-psychosocial Model

Within this model, addiction is viewed as a complex behaviour with several components to it;

Biological- physical and genetic factors

Psychological- mood, personality, and behavioural factors

Social- family, culture, and socioeconomic factors

Understanding Change

Change can be viewed as an ongoing process rather than a single event, therefore the process of change for a dependent user happens over time. The “Wheel of Change” is one model that

is very popular and highlights the stages in the process of change (Prochaska and DiClemente, 1983).



1. Pre-Contemplation

At this stage the user is unaware that there is a problem or that change is necessary, (even if others do).

2. Contemplation

The user now begins to consider their situation and develops more awareness of the need to change. They continue their drug use at this stage.

3. Preparation

A decision is now made by the user to change their substance using behaviour and he/she prepares to do so.

4. Action

Practical steps are now taken to bring about a change to their substance using behaviour. He/she may decide to reduce their use or to give up completely.

5. Maintenance

Maintenance means a change has been achieved in their substance using behaviour. He/she may have either stopped using drugs or alcohol, or have moved to a more controlled, less harmful way of using. The maintenance of changed behaviour can be difficult.

6. Lapse and Relapse

There is a subtle difference between “lapse” and “relapse”. A lapse is a temporary return to old substance using behaviour where the user returns quickly to the Cycle of Change. A relapse, on the other hand, is a full return to old substance using behaviour and a total break from the Cycle of Change. The whole process would need to begin again.

It is worth noting at this point that while lapse and relapse can and do occur, it is not always inevitable that this will happen. Further information is available on:

www.psychcentral.com/lib/stages-of-change

two

Health Issues

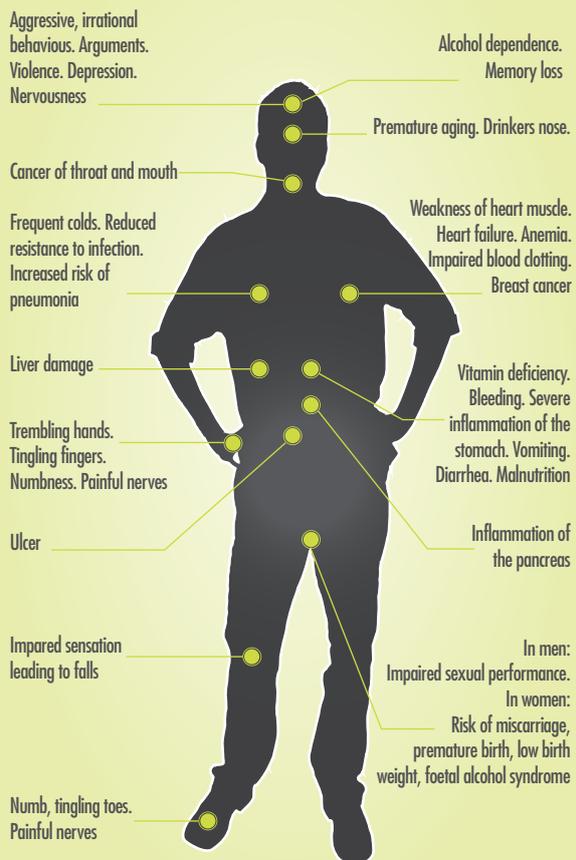
Arising from Substance Use

There are many physical and psychological health risks associated with problematic substance use. These can arise for many reasons such as poor nutrition and life style. They can vary from feeling “run down” to serious illnesses such as cancers. Some of the more serious physical conditions are outlined below.

Alcohol Related Harm

According to the World Health Organisation, the harmful use of alcohol is a significant factor in more than 200 disease and injury conditions. Alcohol is the most widely consumed, mind altering substance in Ireland with an estimated 76% of the population aged 15-64 using it (Healthy Ireland Survey, 2015). Alcohol related harm can be described as taking place along a spectrum. The low risk drinking guidelines from the Health Service Executive (HSE) state that when spaced out within a week, 17 standard drinks for a man and 11 standard drinks for a woman is considered low-risk in terms of harm. These guidelines do not apply to teenagers, older people, women who are pregnant, people who are run-down, on medication or unwell.

Some ways that alcohol can affect our bodies:



Amongst the diseases which can be directly attributable to alcohol consumption is cancer.

According to the Irish Cancer Society and other international research, alcohol consumption is known to cause 7 types of cancer:

- Mouth
- Larynx
- Throat
- Oesophagus
- Breast
- Liver and bowel
- Alcohol may also increase the risk of pancreatic, prostate, and skin cancer.

For more information about alcohol and cancer and ways to reduce risk, visit www.cancer.ie/reduce-your-risk/your-health/alcohol.

Alcohol related harm impacts on society as a whole in many ways. One in four hospital emergency department visits are due to alcohol related injuries, and 1500 bed spaces are occupied nightly within the HSE due to alcohol related harm.

Alcohol also has the potential to cause harm in many different areas of life including relationship difficulties, injuries, legal, and employment issues. Alcohol is a factor in one in four traumatic brain injuries and is a factor in half of all suicides in Ireland. Over, one third of road deaths involve alcohol. In total 88 deaths occur each month which involve alcohol.

<http://alcoholireland.ie/facts/>

HIV and Aids

What is HIV and what is AIDS?

HIV stands for Human Immune-Deficiency Virus. HIV may lead to AIDS (Acquired Immune Deficiency Syndrome). The HIV virus affects the body's immune system so that it cannot fight off infections and illnesses such as pneumonia, skin cancer and fungal infections. AIDS can develop only in the body of someone who has been infected with the HIV virus.

The HIV virus can be transmitted through the exchange of body fluids. This includes semen, vaginal secretions and blood. There is currently no cure for HIV or AIDS.

HIV can be controlled with proper treatment and medical care and many infected people can live long and relatively healthy lives. It is important to contact your GP if you have concerns regarding HIV.

Hepatitis C

What is Hepatitis C?

Hepatitis is a disease caused by a virus that infects the liver. In time it can lead to cirrhosis, liver cancer and liver failure. Hepatitis C is much more easily transmitted than HIV as it is a stronger virus. Many people may not know they have hepatitis C until they already have some liver damage. This may take many years. Some people get hepatitis C for a short time and then get better. This is called acute hepatitis C. Most people who are infected with the virus go on to develop long term, or chronic hepatitis C.

Hepatitis C is spread by contact with an infected person's blood. Treatments are effective in many cases. Some people undergoing treatment for Hepatitis C may experience side effects. New drugs are being developed all the time. It is important to talk to your GP if you are concerned about Hepatitis C.

Needle Exchange Services

The purpose of needle exchange is to prevent the spread of blood borne viruses (HIV and Hepatitis) among injecting drug users. This is also part of the harm reduction approach and is run in many pharmacies nationwide. Contact local Drug Services for further information, contact details provided in *Information on Support Services Available* section.

Substance Use & Mental Health

Drugs are chemicals which can affect the brain resulting in changes in behaviour and mood. Most forms of substance use can reduce negative feelings, provide a temporary feeling of well-being and control, but ultimately can impact or compromise mental health.

Alcohol and drugs are often used to alleviate or suppress feelings of depression and anxiety but in the long run can worsen symptoms. One of the known side effects of substance use is the development of conditions such as depression and anxiety.

Those at risk of a mental health condition or having a pre-existing mental health condition

often find their symptoms worsen or new symptoms are triggered. Coping with substance use coupled with a mental health condition can be extremely difficult. This often requires a dual diagnosis where different medical professionals are involved in assessing and treating the individual.

Mental illness and substance use interact, often making each condition worse. This may have adverse effects on relationships, work, health, safety and wellbeing. It is important to seek medical advice, talk to your GP, in some cases a psychiatric assessment may be required.



Overdose

Risks

Overdose means having too much of a drug (or combination of drugs) for your body to be able to cope.

Overdose risk factors

- Mixing drugs, including drugs and alcohol. Most overdoses happen when people mix their drugs, for example, benzodiazepines and alcohol or other drugs.
- Injecting drugs. Injecting heroin involves a higher risk of overdose than smoking heroin.
- Using after a period of abstinence. Tolerance is low after a period of abstinence. It only takes a short period of time for tolerance to drop. A dose/amount that at one time would not have harmed, can be fatal.
- Tolerance may be lower following:
 - completion of detox
 - discharge from hospital
 - after leaving prison
 - if a person is drug / alcohol free for any length of time

What to do if you suspect someone overdoses

Dial 112 or 999 and ask for an ambulance.

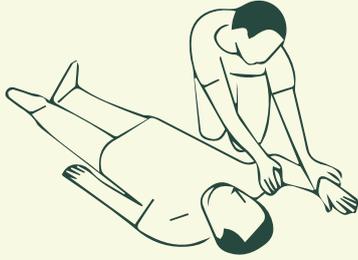
- Put the person in the recovery position.
- Wait for the ambulance to arrive.

Naloxone

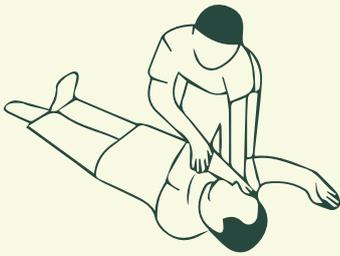
Naloxone is a drug sold under such brand names as Narcan. It is a prescribed medication used to block the effects of opioids such as heroin, especially in emergency overdose situations. A key action to improve health outcomes and prevent opiate related deaths is currently being investigated and the HSE are exploring the possibility of increased availability of naloxone in the West of Ireland.

Recovery Position

1



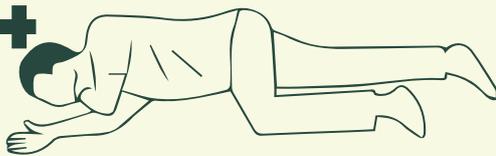
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Methadone

Methadone is a controlled drug and can be prescribed as an opiate replacement therapy. Methadone acts as a substitute for heroin and other opiates. The aim is to allow users to give up heroin without experiencing severe withdrawal symptoms.

There are advantages to taking methadone. It is long-acting and keeps the person stable and can reduce the harms associated with heroin use. The risk of contracting blood borne viruses such as HIV and hepatitis is reduced. This is called harm reduction and can help people stabilise and improve their lives, particularly if they engage in counselling or avail of supports such as Narcotics Anonymous (NA).

People availing of methadone therapy commence treatment in a clinic to stabilise their drug use. They then transfer to an outside GP who is qualified to prescribe methadone. It is initially dispensed on a daily basis and supervised in a pharmacy. Clients may get take-home doses when they stop using drugs and become stable. Methadone is both legal and free.

Some clients choose to detox off methadone. This should be done at the client's pace and under medical supervision in order to be successful. Methadone maintenance is often long term and may be a more realistic option for some people in order to maintain stability in their lives.

Methadone is a safe effective drug when used correctly, however, it can have side effects. These can include constipation, itching, sweating, nausea, decreased sex drive, tooth decay, and various other side effects. It is recommended that the individual discuss these symptoms with the prescribing doctor. Methadone interacts with other drugs and alcohol and should only be taken as prescribed. There is an increased risk of overdose which can prove fatal when a combination of these drugs are taken. Like many other drugs, methadone can be abused and can lead to dependency. It is important that a person's GP is aware that methadone is being taken.

Methadone should always be stored safely and out of reach of children. A small amount of methadone could kill a child or an adult. Pregnant women using heroin should seek immediate medical advice. Currently methadone is the preferred safer option for pregnant women.



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Drugs And The Law

The main laws applying to drug offences originated in the Misuse of Drugs Act 1977. This act has been added to and amended over the years to include new drugs, new offences and new penalties and all this information, although quite technical, is available on the Irish Statute Book website which is www.irishstatutebook.ie

In this booklet we have condensed this information in order to focus on some of the key offences and penalties related to drugs and we have also included information about alcohol-related offences and on legal aid and how to access it.

Some information on the more common drug offences is listed below and there is a table to explain the different classes of fines. Note that a *summary hearing* is heard by a district court judge sitting alone and the maximum penalty they can ordinarily impose is a fine and/or up to a 12-month sentence. A *trial on indictment* is usually for more serious offences and is heard in the circuit court before a judge and jury or for some reserved offences this can be the central criminal court.

Possession of controlled drugs – cannabis or cannabis resin

Anyone found in possession of cannabis or cannabis resin is guilty of an offence. If the court

decides that the drug was for personal use and not for sale or distribution and this was a first offence, it can impose a class D fine on summary conviction. For a second offence, an increased class D fine can be imposed. For a third or subsequent conviction, a class C fine can be imposed. If the court decides, a prison sentence of not more than 12 months can be imposed also. On conviction on indictment, the court may decide on an appropriate fine and/or a prison sentence of up to three years.

Possession of any other controlled drugs

It is an offence for any person to be in possession of a controlled drug and on summary conviction for this offence, a person can be liable for a class C fine or a prison sentence of no longer than 12 months. If the court decides, the person can be liable for both. On conviction on indictment for possessing controlled drugs, the court can decide on an appropriate fine and can also impose a prison sentence of not more than seven years.

Possession of controlled drugs for sale or supply

It is an offence to be in possession of a controlled drug with the intention of selling it illegally. Anyone found guilty of this offence is liable to a class C fine on summary conviction in a district court. If the court decides, a fine and a prison term not exceeding 12 months can be imposed. On conviction on indictment for this offence, the court can decide on an appropriate fine. The court can also impose a life sentence for this offence if it decides it is necessary although lesser sentences can also be imposed. Where the market value of the drugs is €13,000 or more, the person convicted is liable for a minimum sentence of 10 years. This does not apply, however, when the court is satisfied there are exceptional circumstances.

Other drugs offences

Since 2010 it is an offence to sell or supply substances which are not specifically proscribed under the Misuse of Drugs Acts, but which have psychoactive effects. Anyone found guilty of such an offence is liable for a class A fine on summary conviction or imprisonment for a term not exceeding 12 months, or both. On conviction on indictment a fine or prison sentence not exceeding 5 years or both can be given.

Anyone found guilty of supplying or attempting to supply a controlled drug into a prison, child detention centre or remand centre can receive a class B fine on summary conviction or a prison term not exceeding 12 months or both. On conviction on indictment, the court can impose an appropriate fine or a maximum prison term of 10 years or both.

Growing cannabis plants, use of premises, vehicles or vessels for certain activities and forged or fraudulently altered prescriptions are other offences that come before the courts. In each of these cases different fines and penalties will apply depending on the seriousness with which the court views the offence.

Classes of fines

There are 5 categories or classes of maximum fine applying to summary convictions. If someone is liable on summary conviction to a particular class of fine, the maximum fine is as below.

CLASS	MAXIMUM FINE
A	€5,000
B	€4,000
C	€2,500
D	€1,000
E	€500

Court-ordered drug treatment

This is a rarely used option but for some drugs offences the court may decide that imposing the usual penalties is not the most effective response. The court can remand a person and during this time, the court can ask the HSE, a probation officer or other qualified person to prepare a medical report and/or a report on the individual's vocational, educational and social circumstances. They may also be asked to make recommendations for their treatment.

Based on the findings of these reports, the court may decide not to impose a fine or prison sentence. Instead, the individual may be placed under the supervision of a named person or body (such as the HSE) for a specified period of time or they may be required to get the kind of treatment that has been recommended for them. The court may also order that a course of education, instruction or training is completed that will improve job prospects or social circumstances of the individual, facilitate social rehabilitation or reduce the likelihood of committing further drugs offences.



Alcohol and the Law

The majority of alcohol related crime falls into public order or drink driving categories and these are the most commonly prosecuted. It is important to note though that alcohol is a significant factor in many assaults, including manslaughter and murder, and also in sexual assaults, rape and domestic violence incidents. Alcohol can also be a factor in crimes such as theft, burglary and criminal damage and a lot of alcohol-related crime goes unreported.

Alcohol-related crime cost an estimated €1.19bn in 2007 and it is a very significant societal and economic problem (*Byrne, S. (2010) Costs to Society of Problem Alcohol Use in Ireland. Dublin: Health Service Executive*).

Over one in four people have experienced at least one or more negative consequences as a result of someone else's drinking (*Hope A (2014) Alcohol's harm to others in Ireland. Dublin: Health Service Executive*).

The most common laws relating to alcohol are the Intoxicating Liquor Acts, the Criminal Justice (Public Order) Acts and the Road Traffic Acts.

Intoxicating Liquor Acts

These acts have been added to and updated over the years and relate largely to licenced premises, off licences, opening hours and sales to minors. Under the act, it is against the law for a young person under 18 to:

- Buy alcohol
- Drink alcohol in a public place
- Pretend to be over 18 in order to buy alcohol
- Be in a pub after:
 - 9pm from 1 October to 30 April
 - 10pm from 1 May to 30 September or
- Be on licensed premises during an exemption.

It is against the law for a young person under 15 to be in a pub without a parent or guardian.

A young person between 15 and 17 can attend a private function, such as a wedding, in a pub after the times above if a proper meal is being served.

It is also against the law for an adult to buy alcohol for a young person under the age of 18.

In a private residence, alcohol cannot be served to a visiting young person (under 18) without the explicit consent of that young person's parent or guardian.

Criminal Justice (Public Order) Acts

Although it has been amended slightly since, the most relevant sections of this Act are contained in the Criminal Justice (Public Order) Act, 1994. These are:

- Intoxication in a public place
- Disorderly conduct in public place
- Threatening, abusive or insulting behaviour in a public place
- Failure to comply with direction of a member of Garda Síochána
- Violent disorder
- Affray

Each of these items is considered an offence and can lead to a fine and/or prison sentence in some cases, if convicted.

Road Traffic Acts

The main laws dealing with road safety are covered in the Road Traffic Act 1961. This has been updated regularly and the introduction of the Road Traffic Acts 2006 and 2014 gave the Gardaí additional powers to help reduce and eliminate the offences of drink and drug driving.

Gardaí have the power to breathalyse any driver stopped at a mandatory alcohol checkpoint without the need to form any opinion in relation to the driver of the vehicle.

Since 2011, Gardaí must now conduct a preliminary breath test where they believe a driver has consumed alcohol or at the scene of a crash where someone has been injured and requires medical attention.

Since 2014, it is possible to take a specimen of blood from a driver who is incapacitated following a serious road traffic collision and to test that specimen for intoxicants. The driver is

asked, on regaining capacity, whether they consent to the issuing of a certificate of the test result on the specimen. Refusal is an offence.

Also since 2014, the Gardaí have powers to test drivers whom they suspect of driving under the influence of drugs. Drivers can be required to undergo Roadside Impairment Testing.

The items above are only a summary of some of the key points related to legislation in these areas, for further details you should refer to a solicitor. The following websites also have useful details and there is some information below on legal aid.

www.citizensinformation.ie

www.irishstatutebook.ie



Legal Aid

There is a distinction made between civil legal aid and criminal legal aid.

at times so it is advisable to check in your local area.

Civil Legal Aid

The provision of civil legal aid is overseen by the Legal Aid Board. The Legal Aid Board is a statutory body established under the Civil Legal Aid Act 1995 and its main functions are:

- To provide legal aid and legal advice in civil cases (i.e., non-criminal cases) to people who meet the criteria
- To provide a family mediation service
- To provide information about its services

The Legal Aid Board provides legal aid and legal advice mainly in the following civil areas:

- Judicial separation
- Divorce
- Maintenance
- Domestic violence
- Custody of and access to children
- Problems relating to hire-purchase agreements
- Contract disputes

The Legal Aid Board can be contacted on 066 9471000 or 1890 615200 and their website is www.legalaidboard.ie.

Note there can be a waiting list for free legal aid

Criminal Legal Aid

The Criminal Justice (Legal Aid) Act 1962 set out that free legal aid may be granted, in certain circumstances, for the defence of people of insufficient means during criminal proceedings.

To receive this legal aid, the applicant must establish to the court that:

- They cannot afford to pay for legal aid themselves
- by reason of the 'gravity of the charge' or 'exceptional circumstances' it is essential in the interests of justice that the applicant should have legal aid

What this means in practice is that in order to access criminal legal aid you must satisfy a means test and be in jeopardy of going to prison or receiving a large fine. The means test is purely a discretionary matter for each court and is not governed by any financial eligibility guidelines.

The courts, through the judiciary, are responsible for the granting of criminal legal aid. An application may be made to the court either:

- in person
- by the applicant's legal representative
- by letter to the Court Registrar

In almost all cases, the application for criminal legal aid is made on first appearance in the District Court. The judge informs the defendant of their right to free legal aid and it is at this stage that the application is made.

If a case is sent forward to a higher court for hearing (for example the Circuit Court) an application for legal aid can be made to the higher court.

Further information on these topics is available from the Citizens Information Office or on their website www.citizensinformation.ie. FLAC is a good starting point if you are seeking legal advice.

Free Legal Advice Centres (FLAC)

FLAC is an independent voluntary organisation whose aim is to promote equal access to justice for everybody. They provide advice, information and advocacy through a number of Advice Centres that operate around the country and details can be found on their website www.flac.ie. They also operate an information and referral line on 1890 350250 or 01 8745690.







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Drugs And The Family

Effects on Family Members

Having a loved one/family member that drinks or uses drugs in a problematic way can be quite stressful. This can have a devastating impact on personal health, family relationships, finances, work, school, and many other aspects of life (Orford et al., 2010a,c). The substance user can often become the central focus within the family. The entire family can become absorbed by the substance user's problem. Relationships become strained. Arguments, aggressive behaviour and violence can follow. Divisions can occur within the family due to varying opinions and coping strategies. Self-neglect and neglect of others (e.g. children) can sometimes happen when energy is spent on trying to "fix" the substance user. Social activities become disrupted or completely abandoned. Performance at school and work can be compromised.

Family members often report that living with a substance user can be exhausting, unpredictable and heart-breaking. It can be a traumatic period

in the lives of family members, struggling to cope and deal with the complexities of substance use. It is often described as an emotional rollercoaster and many painful emotions are experienced, for example, sadness, loneliness, anger, shame, fear, anxiety, self-blame, hurt, helplessness, hopelessness, isolation and despair. Living in a state of constant alert, worry, and anxiety can be emotionally draining. This emotional toll can lead to an array of physical symptoms which can vary from person to person. It is not uncommon for family members to have physical health problems such as eating or sleeping problems, high blood pressure, stomach problems, irritable bowel syndrome or tension headaches.

Some of the more commonly reported symptoms or effects on families are discussed below. Many of these symptoms can be experienced either in isolation or in combination particularly during stressful periods. Sometimes family members experience symptoms over a long period and not actually link them to their experience of having problematic substance use in the family.



Worry

For many people worry is a temporary state, for example, waiting for exam results or dealing with an unpaid bill. Family members of substance users often experience relentless worry about their loved one. Some of these worries might include where their loved one is, whether he/she will come home, what condition he/she will be in, what will happen in the home when he/she arrives, whether the Gardaí are involved, will he/she go to work/school tomorrow, and will appointments be attended and so on.

Having thoughts that won't go away

Persistent distressing thoughts such as remembering a stressful event or wondering where someone you care about might be, have a significant impact on family members and effect their ability to function in their day-to-day lives. The cycle of these recurring thoughts is difficult to break and can often lead to the

individual imagining the worst possible outcome. This in fact may not be the reality, for example, wondering "is my son lying in a ditch unconscious or dead?" when in fact he is at a friend's house.

Loss of sleep

Getting regular uninterrupted sleep is known to be one of the most important factors in maintaining health. If the loss of sleep involves missing many hours sleep or many hours on a regular basis it can make it very difficult to complete normal tasks. Sleep deprivation can lead to forgetfulness and memory impairment, difficulty concentrating and making decisions, decreased performance and alertness, increased risk of accidents and injury, clumsiness, and fatigue.

Stigma and shame

The stigma surrounding substance use can lead

to fear of judgement and feelings of guilt and shame. This fear of judgement often leads to attempts at concealing the problem and can unwittingly force a family member into isolation. The feeling of family disgrace is a major obstacle to seeking professional support or support from community, friends and extended family.

Self-blame

The tendency towards self-blame among family members can sometimes lead to feeling negative about ourselves and feeling a failure. Thoughts such as "I should be able to deal with this!" or "What's wrong with me?" are commonplace.

Finance

Considerable conflict and tension can arise due to financial pressures as a result of substance use. Repaying drug debts, cost of drug treatment, loss of employment, replacing broken/missing items, paying bills for the user, money owed to dealers and money being stolen are some of the ways in which family finances are impacted. Some families report being bullied or threatened to give money to the user. Failure by the user to contribute to family finances, or the user controlling finances can also cause huge distress.

Social and family occasions

Enormous stress surrounds social and family occasions for many family members. This can be due to lack of finances, the behavior of the substance user, fear that the user will cause trouble and embarrassment, or simply having no energy or interest in socializing. Family members sometimes fear being drawn into a conversation about the user or that other family business will be exposed. Sometimes, a family member will secretly attend an event to prevent the user from attending and then ask other members of the family to keep the secret.

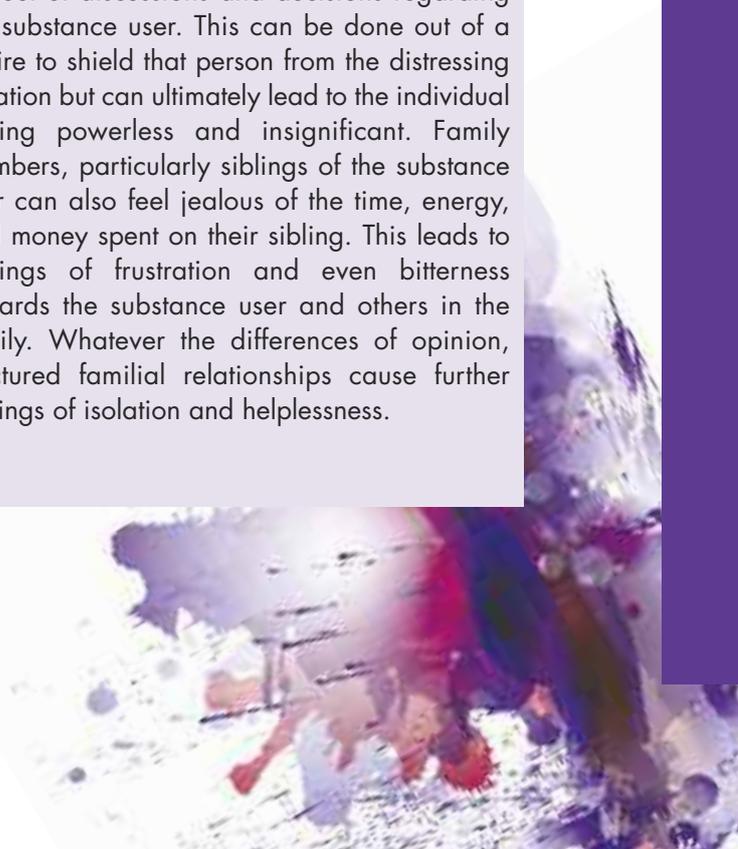
Day-to-day functioning

When faced with the ongoing trauma of problematic substance use in the family it can be difficult to complete the normal day-to-day tasks of life. Energy reserves are diminished and

preoccupation with the problem means that the mind is sometimes unable to concentrate on the task at hand. This can lead to frustration, irritability and an even greater sense of failure and self-blame. Otherwise routine chores such as buying the groceries, preparing a meal, helping with homework, cleaning the house, or cutting the grass can seem exhausting. Sometimes tasks around the home such as hanging a door or fixing a shelf can be put on the long finger which often leads to frustration, nagging and arguments. The joy has been taken out of daily living.

Effects on family relationships

Devastating and long-lasting effects on family relationships are often one of the most upsetting results of problematic substance use in the home. Differences of opinion regarding how best to respond to the problem can cause serious rifts and conflict between family members even when each family member wishes to improve the situation, help the substance user and solve the problem. Members can criticize each other for their ways of responding believing that the other person's response is ill-advised, incorrect or even destructive; for example, one family member may loan or give money to the substance user while another believes this is foolish and unhelpful. Sometimes family members can feel left out of discussions and decisions regarding the substance user. This can be done out of a desire to shield that person from the distressing situation but can ultimately lead to the individual feeling powerless and insignificant. Family members, particularly siblings of the substance user can also feel jealous of the time, energy, and money spent on their sibling. This leads to feelings of frustration and even bitterness towards the substance user and others in the family. Whatever the differences of opinion, fractured familial relationships cause further feelings of isolation and helplessness.



Many family members will identify with some or all of the effects discussed and will, perhaps, be able to add to the list. The question of how to cope in these circumstances has been researched and from this research one theoretical model which has been developed is called the "Stress, Strain, Coping, Support Model" (Orford et al. 2010b). Coping and social support form the two main building blocks of the model. The model suggests that though their task is difficult, family members need not feel powerless in maintaining their own health and well-being and helping their relative. Social support, information, emotional support and practical help are invaluable resources for affected family members.

Here is an outline of the model

- This model acknowledges that having someone in your life who drinks or uses drugs problematically is **STRESSFUL**.
- This stress can lead to **STRAIN**. Think of this strain as being either a strain on your emotional or physical health.
- The effects of this stress and strain can be lessened by helping a family member find ways of **COPING** and responding to situations that makes it easier for them and;
- By helping family members explore their own **SUPPORT** networks to identify existing supports and to find new and alternative sources of support.



Coping and Responding

How do family members cope and respond?

There are possibly hundreds of specific things which family members do in their attempts to cope with and manage what is going on for themselves and others. Likewise, there are differing views on what family members should do. Research conducted over a 20-year period has identified three broad ways that people can use in coping and responding to their experiences (Orford et al., 2010c). All of these ways of responding are valid and sometimes family members will use different responses depending on the situation they encounter.

The three identified coping responses

Putting up with it:

This can be described as the family member knowing that the drinking or drug use is happening, but not engaging with the issue. The reasons that family members do not engage with the issue can be varied, for example, not wanting to upset anyone, not feeling confident in engaging with the issue, feeling afraid, or not knowing what to say or do. There may also be many other reasons why this response suits family members at times.

Standing up to it

This response involves the family member directly engaging with the drinker/drug user in an attempt to change their behaviour. This can sometimes involve a frank and open discussion with the person around how their behaviour is affecting others and what they should do to change. It can also be that this response takes the form of an emotional outburst of sorts where the family member feels that they need to "get it off their chest".

Withdrawing & gaining independence

This can be described as the family member withdrawing from the issue and putting their own needs first. So in a way the family member begins to place more emphasis on their own needs and less on the person who is drinking or using drugs.

As a way of demonstrating how a family member might use the three different responses for different situations, sometimes within the one day, please read the following brief scenario.

Mary lives alone with her 26-year-old son Dan. For the past few years Dan has been engaged in heavy drinking and some drug use. Dan left college early and does not seem able to maintain regular employment. Mary is not sure if Dan has a regular drug of choice but notices his behaviour can be different from day to day. Dan never wants to talk about his issues and sometimes becomes very defensive and almost aggressive if challenged.

One night Dan is out late. Although Mary is concerned she is in bed trying to sleep. At 4:00am Mary hears loud banging on the front door of her house. By the time she gets to the door she finds Dan in the hallway and the door broken in. Dan mumbles something about having no key and not being able to wake Mary.

*Mary notices that Dan is unsteady on his feet and quite agitated. Mary encourages Dan to go to bed but he refuses, so Mary encourages him to sit down on the couch and she makes tea. Mary notices that Dan is talking a lot and quite quickly. Mary doesn't engage with Dan around this or the damage and upset he has caused, instead she does her best to secure the front door and sits up with Dan making small talk (**Putting up with it**).*

*By 8:00am Dan is still showing no signs of sleeping so Mary again tries to encourage him towards his bed. Dan becomes agitated again and begins saying mean things about Mary and her new partner and her job, saying that Mary has more time for those things than him and that he feels she is treating him like a baby. Mary responds by telling Dan that at 26 years old he should be more independent and that it is time he began to do more for himself and the family, reminding him that he will have to foot the bill for the broken door (**Standing up to it**). A brief argument happens but Mary leaves the room and gets on with the jobs she needs to complete.*

By 12:00 noon, Dan is still awake but appears very tired now. Mary again gently encourages Dan to go to bed for some rest. Dan rudely says he's watching telly and tells her to mind her own business. At this stage Mary is tired, upset and frustrated. Mary has an appointment at the hairdressers which she has saved for and looked forward to for weeks. Although she doesn't really feel up to it she decides to keep the appointment and also decides to call her close friend to arrange to go for lunch afterwards. Mary leaves the house, gets her hair done and meets her friend for lunch in her favourite local café. **(Withdrawing and gaining independence).**



Whatever methods of coping are used, it is critical to remember that family members are not helpless in the situation. They can look after their own health and well-being and can support their loved one's efforts in seeking professional help. Supports from within the family, extended family, neighbours, professionals and support agencies can be sought. It can be particularly challenging for family members when the substance user who is in recovery has a relapse. Even when the substance use stops, families frequently experience difficulty in adjusting to their new circumstances. The substance user can also find it difficult initially to adapt and re-integrate. Trust within the family can only be rebuilt slowly.

Points to remember

It is not your fault:

It is important for family members to realise that they are not responsible for a loved one's substance misuse. The responsibility for drinking or using drugs is with the drinker/drug user. The family member's responsibility is to look after themselves.

There is no absolutely right or wrong way to cope and/or respond to what is experienced:

Sometimes family members spend a long time with uncomfortable thoughts such as, "why didn't I do something different back then" or "if only I had/hadn't done that/said that". When these feelings are explored it is likely that the actions that the family member took were based on what they thought was best; based on the information they had at that time. Importantly though, there are always options for coping and one option might suit better than others depending on the situation at the time.

Again it is important to note that this handbook does not seek to tell the reader what to do, or what to think. This handbook is simply offering an opportunity for the reader to reflect on common terms and concepts within the field of substance use. We would however, encourage any reader to seek out professional support if they are affected by another's substance use.



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Self Care

Introduction

As highlighted in the previous section, living with a family member who has a drug/alcohol problem can impact on many areas of one's life and well-being. The question of self-care is an important one, and would be easy to dismiss by assuming that it is something attended to by everyone. Good self-care is a challenge for many people and can be especially challenging for family members. It is critical to keep in mind that self-care is an important part of the healing process. Taking care of one's emotional and physical health ensures that whatever challenges have to be faced, one has the physical and emotional strength to face those challenges.

What is Self-Care?

Self-care includes any intentional actions taken to care for your physical, mental, emotional and spiritual health. Self-care is unique for everyone. It does not need to cost money. It simply requires a little time to be set aside regularly to attend to your own personal needs.

Is self-care difficult?

Family members frequently experience a sense of guilt when addressing the idea of self-care. The focus of their lives is often on the substance user and his/her health and welfare and many

family members find it difficult to focus on their own needs. Some dismiss the need for self-care suggesting that it is self-indulgent, unnecessary and selfish. There is a belief that taking care of oneself leaves less time and energy for others. Family members also report being afraid to leave the house to either meet friends or get involved in a club or activity out of fear of what may happen in their absence. Lack of finances is also cited as a potential difficulty.

Self-care, however, can be a powerful tool for helping others. Having resources to share with others depends on the constant renewal of one's own supply. Giving more to others than you can spare of your time, energy and resources will ultimately lead to bitterness, resentment and exhaustion.

Some useful self-care strategies

- Be aware of the tendency to put your life on hold, especially as a family member of a substance user.

Food and sleep

- Eat regularly, even if only small amounts
- Eat a nutritious meal at least once a day
- Avoid too much caffeine or alcohol
- Treat yourself to a chocolate bar or piece of cake once in a while
- Try to get adequate, unbroken sleep
- If you have difficulty getting to sleep, try taking a hot bath, breathing deeply, reading, or any other strategy which helps you sleep
- Take a nap during the day or a lie-in when needed (even 10 minutes extra sleep will make a difference)

Medical needs

- If you are suffering any physical or mental health symptoms, talk to your G.P.
- Get medical care in time – delaying this can lead to more complications

Exercise

- Exercise does not have to be strenuous. Exercise can improve mood and relieve stress
- Take a walk in nature
- Walk on the beach or take a hike in the hills
- Work in the garden
- Join a gym or do a work-out
- Kick a ball with the children
- Go for a run
- Join a Pilates or dance class
- Go swimming

Counselling

- Consider whether talking confidentially to a professional counsellor might help
- Become aware of the services available in your area
- Perhaps a support group could offer help



Keeping a journal

- Record thoughts and feelings from the day (this helps to process events of the day and allow them to rest)
- Keeping a journal can be a helpful way to relieve tension before going to sleep

Meditation/relaxation

- Listen to relaxing music
- Try some simple, short meditation exercises (this can help to relieve tension)
- Practice breathing deeply to help with emotional self-care
- You may find spiritual comfort in prayer

Friends

- The company of supportive friends can be very uplifting
- Cultivate and nurture the friendship of positive people

- Avoid critical, depressing or negative company
- Take time to listen to friends



Shutting off technology

- Allow for time when your phone is silent. You can always return calls or answer messages later
- Time with the television off can be relaxing and peaceful
- Taking a break from social media (Facebook, twitter, etc.) also allows time for peace and calm

Getting involved

- Volunteer – get involved in local community activities
- Join a social group: Men's shed, 5-a-side soccer, tag rugby, Park Run, social dancing, card-playing night or any group in your locality meeting to relax and have fun together
- Take an evening class in computers, sewing, car maintenance, quilting, painting, woodwork, etc.
- Get involved in mentoring younger children at your local GAA club, soccer club, etc.

Taking time out for yourself

- Do something nice for **yourself** each day (no matter how brief)
- Read for pleasure
- Go to a movie or watch one at home
- Play with the children
- Go for a treat (this could simply be a coffee with a friend)
- Create a new music playlist
- Go fishing
- Start up an old hobby
- Try a new hobby
- Get your hair done
- Have a hot towel shave

A few final suggestions

- Think of one thing you would do for someone important in your life and take the time to do it for yourself
- Take time to chat to close family
- Keep a sense of humour. It is surprising how we can laugh, even when we feel a little down. The benefits of this are positive
- Delegate tasks and learn to say "no" sometimes
- Try to be hopeful. Holding hope is important: looking forward to good days to come for you and your family
- Spend some time by yourself to give yourself space to be calm and reflect
- Alternative therapies such as Tai Chi, acupuncture can be helpful

What is Mindfulness & Meditation

What Is Mindfulness?

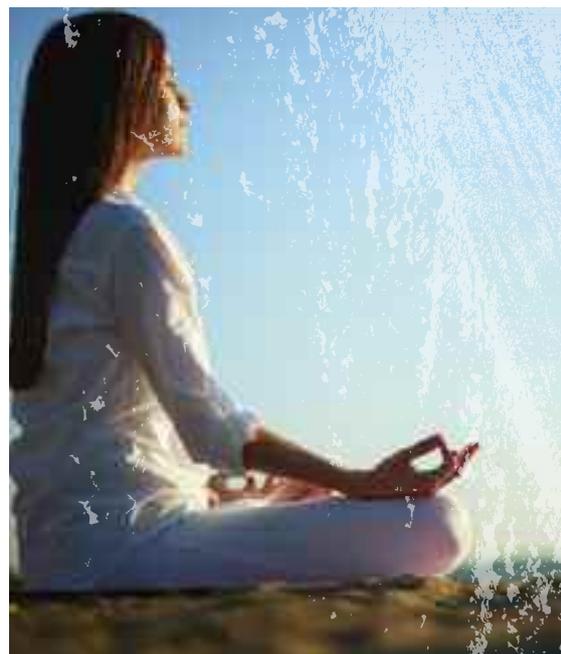
Mindfulness is concerned with self-care and can be a powerful tool for dealing with stress, chronic pain, and many other medical and psychological conditions. Mindfulness is about paying attention, and is a way of being more deeply present to your body, your thoughts, and your emotions. It involves learning to work with what's already here, in a less reactive, less judgmental way. It is about living life in the richness of right now, not being lost in memories of the past or overwhelmed by worries or projections of the future. It is the opposite of mindlessness where we are distracted from what is actually happening. Mindfulness is already available to us by virtue of being human – it is not something you have to acquire, but rather something that can intentionally be developed and refined. It is a self-care practice to help avoid burnout, strengthening the ability to slow down, concentrate and pay attention to what matters most. (Sheridan, 2016)

Mindfulness can lead to self-compassion, bringing in feelings of sympathy, forgiveness, tenderness and love. Sometimes we need to tend to ourselves first; to use the airplane analogy, when cabin air pressure drops, we need to put the oxygen mask on ourselves first.

Keeping ourselves grounded and calm in the midst of emotional chaos can be the first step towards finding a solution. Mindfulness anchors us in the present moment.

What Is Meditation?

Meditation has been around for thousands of years but has gained popularity in Ireland in more recent years. It refers to any form of practice where a person trains their mind to focus and to enter a deep sense of relaxation and concentration. When a person meditates the mind is said to be relaxed, yet focused, at the same time. Awareness of the breath is an excellent way to gather your attention and bring yourself into the present moment. There are lots of ways to meditate and it usually requires some time and practice. There are many breathing/walking meditation exercises. Any prayer can be a form of meditation. For others, taking a walk in nature and observing what is around; sights, smells, sounds etc. is their experience of meditation. Some people like to meditate for long periods and for others they might meditate for a couple of minutes at a time.



A Simple Meditation Exercise

1. Choose a nice, quiet place to sit where you will not be disturbed.
2. Sit down, relax, rest your hands on your lap and rest your feet on the ground. It is important to support your spine also.
3. Breathe slowly and deeply. Close your eyes softly (if you wish). Begin by taking a few slow and deep breaths – inhaling with your nose and exhaling from your mouth. Do not force the breathing, let it come naturally. The first few breaths are likely to be shallow, but as you allow more air to fill your lungs each time, your breaths will gradually become deeper and fuller. Take as long as you need to breathe slowly and deeply. Feel the breath go down into your belly to ensure nice calm deep breaths. If you find your attention straying away from your breaths, just bring it gently back. This is likely to happen a lot at the beginning. Continue with slow and deep breathing until it becomes relaxing and rhythmic. Feel your chest and stomach gently rise and fall with each breath.
4. When you are ready to end the session, open your eyes and stand up slowly. Stretch yourself and extend your increased awareness to your next activities. Well done, you have just meditated!

Be kind and
compassionate
to yourself





There are many agencies who work with families and sometimes families may need to avail of external support. Family life is not always easy. Life events like birth, death, depression, addiction, redundancy, separation, illness, abuse or financial problems all put stress and strain on family life and relationships.

Family Support

The Child and Family Agency (TUSLA) provide a range of services that offer advice and support to families. These include family support workers, social workers, youth workers, family resource centres, support groups and counselling services. These types of services help families work through difficult issues, ensure children have a stable environment to live in, and provide support for parents who are finding it hard to cope.

Family Support is a style of work and a wide range of activities that strengthen positive informal social networks through community based programmes and services. The main focus of these services is on early intervention, aiming to promote and protect the health, well-being and rights of all children, young people and their families. At the same time, particular attention is given to those who are vulnerable or at risk. There are Family Services available in Galway, Mayo and Roscommon. They work with families who have children under the age of 18 years.

If your family needs the help of more than one service to meet your child's needs, there is a meeting called a 'Meitheal' which can be called with your permission. This meeting involves all services sitting around the table along with you to discuss what help you need for your child. The information discussed at this meeting can only be shared with your permission and it saves you telling your story again and again to different practitioners. From this meeting a shared plan is created which everybody, including you as the parent, shares and works from.

Child Protection & Welfare

The Child and Family Agency (Tusla) has a primary responsibility to promote the safety and well-being of children. An Garda Síochána also have statutory responsibilities for the safety and welfare of children.

The Child Protection Services should always be informed when a person has reasonable grounds for concern that a child may have been, is being, or is at risk of being abused or neglected. It is important to remember the safety and well-being of the child must take priority and that reports should be made without delay.

You can contact your local Tusla office and ask to speak to the duty social worker if you have concerns about any children you are in contact with or if you wish to seek support yourself.

Help For Grandparents & Other Carers

As a parent of an adult child with alcohol or other drug problems, you may have ongoing and serious concerns for the safety and well-being of your grandchildren. This is a particularly difficult situation as you may be trying to help your child and maintain your relationship with him/her, while at the same time experiencing anger, frustration and fear for your grandchildren.

There are two main areas of concern for grandparents:

Fear of Grandchildren Being Harmed or Neglected

When your son or daughter is using drugs and/or alcohol, you may find yourself constantly worrying about the well-being and health of your grandchildren. Many questions regarding their welfare can cause worry and anxiety: Are they being fed properly? Are they attending school regularly? Are they in danger in their home? Are they exposed to alcohol and drug-taking in their home? Are they getting enough sleep? Are they frightened, with no one to talk to? Will they lose their family home due to debt? If you are actively involved in the care of your grandchildren, you may be concerned about what might happen to them if you became ill.

Access to Grandchildren

If your relationship with your son or daughter is strained or volatile, you might have difficulty seeing your grandchildren regularly. This can be very stressful particularly when you want to see them to reassure yourself that they are OK. You may simply want to develop good relationships with your grandchildren and to enjoy their company but this has become almost impossible.

You may even feel angry that your relationships with them are damaged through drug/alcohol misuse. After spending time with them, it can be equally difficult to say goodbye.

If you are faced with some of those issues:

- Raise concerns about your grandchildren with your son or daughter, do so calmly and firmly. Let them know specifically what you are concerned about and why. They may become angry or accusatory, but calmly remind them that all you want is for them and their children to be safe and happy.
- If you are having difficulty getting to see your grandchildren, try to find other ways of having a relationship with them, for example, writing letters, phoning them, sending e-mails, attending school concerts or sporting events, remembering their birthdays etc.
- Talk your concerns over with other family members. You may want to involve them in some of the important decision making.
- Reach out for support.

If you have concerns about the welfare of your grandchildren, contact the local social work duty service in the area and talk it over with a duty officer. If you are unsure about your concerns, you can discuss your suspicions with the social worker before deciding to make a formal report.

Tusla will consider your report and decide whether it needs to be followed up. If it does, Tusla will look for information from other sources and will contact the child and the child's parents in order to establish what is going on. It will then

take whatever action is required to protect the child.

If you need to report your concerns outside normal office hours (weekends and at night) you should report your concerns to the Garda Síochána.

Under the Protection for Persons Reporting Child Abuse Act 1998, so long as you report what you believe to be true and you do so in good faith, you cannot be sued for making a false or malicious report.

The Children First Act 2015 obliges certain professionals and others working with children to report child protection concerns to the Child and Family Agency.

Taking Over the Care of Your Grandchildren

Many grandparents find themselves taking on the unexpected role of parenting their grandchildren. This can be very difficult, especially when you are getting older and may have your own health and financial concerns. The issues related to drug use in the family can further complicate things, creating difficult relationships with family members and friends. Relationships can be further strained if legal proceedings are involved. Grandparents sometimes need to formalise their roles through legal avenues to access further supports in caring for their grandchildren.

With this in mind, it is important to get support for yourself:

- Talk with a friend or counsellor. This may help to clarify things in your mind and help you to work out how to handle the situation.
- Decide what help and support you can and cannot offer. Be clear on the role you are taking on. Overstretching yourself will lead to further problems.
- Familiarise yourself with the relevant drug and its effects. Understanding how it works and why people become dependent on drugs will help you understand what your child is going through.
- Try to balance supporting your child with making sure your grandchildren are safe, happy and secure.
- Look after yourself, both physically and mentally. It is important to look after yourself so you can be a good carer and can support your grandchildren.



Care Options

All parents set out with the best intentions in the world. Sometimes the realities of parenting are too much and families are unable to manage for a variety of reasons.

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

This is a very difficult situation for parents and the extended family. There are many reasons why a parent may be unable to provide adequate care for a child, either on a temporary or ongoing basis, for example, physical or mental illness, financial pressure, and drug/alcohol problems. The Child and Family Agency has a statutory responsibility to provide Alternative Care Services under the provisions of the Child Care Act 1991, the Children Act 2001, and the Child Care (Amendment) Act 2007. Children who require admission to care are accommodated through placement in foster care or placement with relatives.

What is foster care?

When it is no longer possible for children to remain at home with their parents, they may come into the care of the Child and Family Agency, either with the agreement of their parents or through the intervention of the court. Often, a child cannot live with his or her family either on a short, or long-term basis. This could be because of illness in the family, the death of a parent, neglect, abuse or violence in the home. Sometimes, it could be for economic reasons, like unemployment. In an ideal situation, the child placed in foster care will return to his or her own family as soon as this is possible.

What is relative foster care?

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

The assessment is conducted by a social worker who, over several sessions, will talk to you about your family and personal history, your motivation to foster and your capacity to help a child or young person in need. Garda checks are made on all applicants.

Supports

In addition to the foster care allowance other supports available to foster parents include:

- Regular home visits and telephone contact from your assigned fostering link worker
- Each child in your care has a social worker who visits the child and maintains a link with the child's birth family
- You will be able to apply for child benefit for each child in your care
- Support from your public health nurse if you are caring for a pre-school child
- A comprehensive training programme pre and post approval
- A year's free membership to the Irish Foster Care Association
- Each child in foster care will have their own medical card



Guardianship

If you are a guardian of a child in Ireland, you have a duty to maintain and properly care for the child and you have a right to make decisions about the child's religious and secular education, health requirements and general welfare.

Married parents of a child are *joint guardians* and have equal rights in relation to the child.

For children born outside of marriage, only the mother has automatic rights to guardianship.

Automatic guardianship

If a child is born outside of marriage, the mother is the sole guardian. The position of the unmarried father of the child is not so certain. An unmarried father will automatically be a guardian if he has lived with the child's mother for 12 consecutive months after 18 January 2016, including at least 3 months with the mother and child following the child's birth.

Guardianship by agreement

If the mother agrees, the father can become a joint guardian if both parents sign a *statutory declaration*. The statutory declaration must be signed in the presence of a Peace Commissioner or a Commissioner for Oaths.

Guardianship through the courts Unmarried fathers

If the mother does not agree to sign the statutory declaration or agree that the father be appointed as joint guardian, the father must apply to the court to be appointed as a joint-guardian. You do not require legal representation to do this, you can make the application on your own behalf by applying directly to the District Court. This is possible, irrespective of whether your name is on the child's birth certificate or not.

Other people

As well as fathers, certain other people may apply to the court for guardianship:

A step-parent, a civil partner or a person who has cohabited with a parent for not less than 3 years may apply to the court to become a guardian where they have co-parented the child for more than 2 years.

A person i.e. a grandparent who has provided for the child's day-to-day care for a continuous period of more than a year may apply for guardianship if the child has no parent or guardian who is willing or able to exercise the rights and responsibilities of guardianship.

More information:

For more information in relation to Guardianship contact your local Citizens Information office or go to **www.citizensinformation.ie**



Tragically some families experience the death of a loved one as a result of their drug and/or alcohol use. The death of a loved one is a devastating experience and family members often struggle to cope. Although each individual's experience and loss is unique, there are some common reactions that families may experience, and coping mechanisms that families may use following the death of a loved one.

Bereavement is the process or journey we go through as we adjust to the loss of someone we love and feel connected to. Everyone develops their own way of grieving and there is no one "right way" to grieve. It is very important to mention that there are no shortcuts in bereavement and it may at times feel overwhelming as bereavement affects your whole being. Sometimes during the bereavement process, we can feel "stuck" and unable to move forward. This is a normal part of the process. Sometimes too we can feel that we are moving backwards instead of forwards – again this is quite common in the journey through bereavement.

Bereavement affects your *thoughts and beliefs* including feelings of confusion, shock, disbelief, numbness, and preoccupation, and can lead to possibly questioning your religious beliefs or indeed questioning life's purpose and meaning.

Bereavement affects your *emotions* including shock, anger, guilt, relief, loneliness, anxiety, and sadness.

Bereavement affects your *behaviour* including: searching for, seeing or hearing the person who died, visiting places your loved one frequented, withdrawing from other family members/friends, constantly visiting the grave, needing to tell and retell things about your loved one, becoming busy and frantic, or not wanting to get up out of bed.

Bereavement affects your *body* including loss of appetite or overeating, sleep disturbance, low energy, illnesses, tightness in the throat, a pain in the chest and fatigue.

These are some of the responses to loss but there are many more that a bereaved person may experience at different times and in varying degrees throughout the bereavement process. It can be useful to be able to identify different expressions of grief so that you can build an understanding of the grieving process within the family. Grief affects us all in different ways and that is why we are only experts in our own grief. Grief is a normal response to loss and can last far longer than people realise or expect. It is important to bear in mind that other family members may grieve in different ways, for example, one may want to talk incessantly about the family member who has died and another may find it too painful to speak their name. This can sometimes create conflict in the family. Family occasions are often very difficult.

There are many other complex emotions and feelings that may arise such as the stigma of

death due to drugs or alcohol. This can make it more difficult to grieve as you may feel shame and try to hide your grief from others. Sometimes there is a feeling of relief on the death of a loved one who had a drug/alcohol problem. You may be relieved that your loved one may be at peace. You may also be relieved that you no longer have to live with substance misuse. This can lead to feelings of guilt and shame but it is important to remember that your reaction to the bereavement is normal. While these reactions are quite normal they are nonetheless still very difficult.

Here are some suggestions that may help you through your grief

- Talk about your loved one and how their death is affecting you
- Do not distance yourself from people who care about you even if it sometimes feel that they do not understand your pain. Let them know how you are feeling and accept their support
- Please give yourself time. Grief absorbs a lot of energy and a lot of time and everybody copes with their loss in different ways. Be patient and kind to yourself
- Do not rely on drugs or alcohol to make you feel better
- There are some excellent books available on bereavement which can help you understand what you are going through
- Join a bereavement support group or speak to a bereavement counsellor
- Grief often comes in waves: allow yourself to cry

Inquests

An inquest may be held if a death cannot be explained in order to establish the facts and cause of death. An inquest is an official public enquiry typically presided over by a Coroner and in some cases a jury. The inquest is not held for at least six weeks after a death. An inquest would not normally be held if a post mortem

examination could explain the cause of death. The family of the deceased are entitled to attend the inquest, but they are not bound by law or legally obliged to be there. Family members are allowed to ask questions or seek clarity on any points raised. When the proceedings have been completed, a verdict is returned in relation to the identity of the deceased, and how, when and where the death occurred. The range of verdicts open to the Coroner (or jury) include accidental death, misadventure, suicide, open verdict, natural causes and unlawful killing. Nobody is found guilty or innocent at an inquest and no criminal or civil liability is determined. When the inquest is completed, the Coroner issues a certificate so that the death can be properly registered.

For more information on inquests, see www.coroners.ie

Bereavement through suicide

Bereavement through suicide is very traumatic and often leaves the family with more questions than answers. The process of bereavement can be more prolonged and difficult. Feelings of utter bewilderment, guilt, isolation, fear, anger, disbelief, shame and confusion are common. Grief can manifest itself in physical pain and illness. It is important to try to care for yourself during this time. Support groups can be very helpful as you find others in a similar situation who can offer comfort and advice, and give suggestions and information.

Other sources of information and support

Citizens Information Services office/website contains information on what to do immediately after a death, possible social welfare entitlements, tax, financial and legal issues that may arise and where to go for further information and support. Other support services that are available include:

www.anamcara.ie

www.rainbows.ie



eight

Drug Related Intimidation

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

How do drug users try to repay the debts?

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

What types of intimidation can families experience?

Intimidation can take many forms which can in some cases be quite subtle such as receiving text messages requesting payment, however, other forms of intimidation can be more serious and can include verbal threats, physical violence, damage to home/property, sexual violence or the threat of sexual violence. Most commonly

mothers of drug users, siblings of drug users and fathers of drug users are the targets of intimidation but other family members can also become targets. An intermediary is normally used to collect the debt and not the dealer themselves.

How have families tried to repay drug related debts?

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

What is this experience like for families?

Being intimidated is a very frightening experience for families and the levels of violence shown can be quite severe. Different families respond in different ways to this experience, for example, some families repay the debt, some families are unable to repay the debt or refuse to repay the debt, some families are caught in a constant cycle of repaying debts or paying debts for a number of loved ones, and some families decide to report their experience. Intimidation does not always stop after full repayment.

What are the options for families?

The Family Support Network in partnership with the Garda National Drugs Unit has developed a confidential reporting system. If you wish to report an issue of intimidation, please contact your local family support service or the national Family Support Network and they will be able to put you in contact with a Senior Inspector who has knowledge of the issue and can discuss your options with you. At no point will you be forced to enter into a process that you do not wish. Your phone call to any of the agencies listed below will be treated in the strictest of confidence

The Drug Related Intimidation Reporting Programme has been established by the Garda National Drugs Unit and the National Family Support Network. The purpose of this programme is to respond to the needs of drug users and family members who are experiencing drug related intimidation. The experience of intimidation can be very frightening and can pose a serious risk to the individuals involved and their loved ones. Inspectors have been selected by the Garda Commissioner to respond to the issue of drug related intimidation. The nominated Inspector will always be at management level in the force, and will liaise directly with the Superintendent in relation to the case. Individuals experiencing intimidation can make contact with the Inspector for their area for an informal / formal meeting.

At an initial meeting Gardaí will:

- Provide practical safety information.
- Provide advice in relation to particular threats or instances of intimidation.
- Provide information on appropriate drug support services for the individual in the family who is accruing drug debts.
- Outline how to make a formal complaint, what is involved, what happens after the complaint is made, and the possible outcomes.

It is possible to meet the designated Inspector for an informal discussion concerning intimidation and seek information and advice. It is the decision of the person being intimidated if they want to make a formal complaint or not. If you wish to meet with the Inspector, and are fearful to meet in a Garda station, or to meet with an Inspector in uniform, you may request to meet the Inspector in a neutral venue with the Inspector in plain clothes.

Intimidation is a serious issue with potentially serious consequences. It is important to remember that you do not have to cope alone. Reaching out for confidential, professional, specialized support can help you address the problem situation. Having support at hand is comforting during times of fear, worry and trauma.

The nominated inspectors for the West of Ireland are:

- Detective Inspector Michael Coppinger, Mill Street Garda Station, 091 538000
- Inspector Amanda Gaynor, Castlebar Garda Station, 094 908219
- Detective Inspector Pat Finlay, Roscommon Garda Station, 090 6638300

Crime & Prison

Crime and substance use have long been linked. Criminal acts can range from driving under the influence of drugs or alcohol, to assaults, robberies, domestic violence, selling or storing drugs and prostitution. It is important to note that the majority of users will manage their drug use and not resort to crime and many will “grow out” of harmful alcohol or drug use. Some individuals, however, will become involved in criminality for various reasons; committing a crime while under the influence (assaults, drink driving), others will commit crimes in order to fund their drug use (burglaries, shop-lifting), and some will become involved in transportation, storage or selling of drugs, or prostitution to reduce debts and/or earn an income.

Imprisonment of a family member has a significant impact on those left outside. It is often said that families serve a parallel sentence. Even though they have not committed a crime, family members can feel stigmatised and shamed and carry huge emotional and health costs. In many cases, families experience a considerable loss and are extremely worried and stressed about their loved one’s safety in prison, how to manage finances, how to look after children alone, what to tell people, how to arrange prison visits and so on.

It can sometimes be difficult to decide what to tell children if their parent is in prison. Decisions have to be made about whether to actually disclose to children that their parent is in prison, whether to explain the crime to children, and whether to bring children on visits. Children of prisoners can experience confusion, stigma, mental health issues, loss associated with separation from a parent, problems with learning in school, and behavioural problems. These factors can depend on their age, relationship to

the person imprisoned and the level of social support available.

It is worth mentioning that some family members experience some relief when their loved one is in prison, as one family member commented “I know where he is every night and I can sleep now knowing he is not on the street”.

There are a small number of dedicated services who offer support to families of prisoners. These can be useful as they understand the challenges and difficulties that many families experience. They can offer advice and support in both a safe and child friendly space. This advice includes information on prison visits, access to the prison and local amenities in the area as well as counselling and education programmes.

Prison visiting hours, types of visits and frequency of visits vary between prisons, however, all visits must be booked in advance. See www.irishprisons.ie for further details.

Useful numbers/websites:

- Castlerea Prison Family Resource Centre
094-96-20404
- Castlerea Prison
094 96 24962
- Irish Prison Service
043 333 5100 <http://irishprisons.ie>
- Bedford Row Family Project (Limerick)
061 315332 www.bedfordrow.ie

Daily income per employee per hour by department

Share of
Quarter I

Participants by quarter
Quarter II Quarter





nine

Information On
Support Services Available

Support Services for Family Members:

HSE Drug and Alcohol Helpline
1800 459 459

**National Directory of Drugs and
Alcohol Services**
www.services.drugs.ie

HSE West Drugs Service
091 561299

The HSE Drugs Service provides support for those concerned about drug use. Services provided include advice, information, support, one-to-one drug counselling, under 18 alcohol counselling and one-to-one support for family members. Counsellors attached to the drug service cover different areas of the region, please telephone for further information

Al-Anon

www.al-anon-ireland.org
Al-Anon offers understanding and support for families and friends of problem drinkers in an anonymous environment, whether there is active use of alcohol or not. Check their website for meetings in your area.

Nar-Anon

www.na-ireland.org
Please check with the Narcotics Anonymous website for details of Nar-Anon meetings for family members.

Tusla, Child and Family Agency

www.tusla.ie

Tusla Family Support Services are for families and individuals who need help. Whatever your circumstances Tusla provide a range of services that offer advice and support to families. This includes family support workers, social workers, youth workers, family resource centres, support groups and counselling services. These types of services help families work through difficult issues, ensure children have a stable environment to live in, and provide support for parents who are finding it hard to cope.

Family Support Network

01 8980148 www.fsn.ie

The Family Support Network is an autonomous self-help organisation that respects the lived experiences of families affected by drugs in a welcoming non-judgemental atmosphere. It endeavours to provide accurate information for families by developing personalised services that meet the real identified needs of families. The overall aim of the Family Support Network is to improve the situation of families coping with drug use by developing, supporting and reinforcing the work of family support groups and regional family support networks, by working for positive change in policy and practice and by raising public awareness about the problem of drugs for families and communities.

Western Region Drug and Alcohol Task Force

091 480044 www.wrdtf.ie

Contact Debbie McDonagh, Regional Family Support Coordinator, for information and guidance.

Support Services for Users

HSE Drug and Alcohol Helpline

1800 459 459

National Directory of Drugs and Alcohol Services

www.services.drugs.ie

HSE West Drugs Service

091 561299

The HSE Drugs Service provides support for those concerned about drug use. Services provided include advice, information, support, one-to-one drug counselling, under 18 alcohol counselling and an education service for parents and community groups. Counsellors attached to the drug service cover different areas of the region, please telephone for further information.

HSE West Community Mental Health Service incorporating Addiction Services and Support

Provides a community-based mental health and addiction service to adults. All referrals to the service must come through a General Practitioner.

Needle Exchange Services

The purpose of needle exchange is to prevent the spread of blood borne viruses such as HIV and hepatitis among injecting drug users. This is as part of a harm reduction approach and it is run in many pharmacies nationwide. Contact the HSE West Drugs Service for further information.

Residential Treatment Centres

The main residential treatment centres in the Western area are:

- Cuan Mhuire, Athenry, Co. Galway
www.cuanmhuire.ie 091 797102

- Hope House, Foxford, Co. Mayo
www.hopehouse.ie 0949 256888

- Bushy Park, Ennis, Co. Clare
www.bushypark.ie 065 6840944

Other specialist treatment centres around the country include:

- Merchant's Quay Ireland
www.mqi.ie 01 5240160

- Aiséirí Aislínn
www.aiseiri.ie 053 9141818

- Coolmine Therapeutic Community
www.coolmine.ie 01 6794822

Please telephone the centres directly for further information

Support groups

There is an extensive network of support groups in the region and a list of meetings is available through the following websites:

- Alcoholics Anonymous
www.alcoholicsanonymous.ie
- Narcotics Anonymous
www.na-ireland.org
- Gamblers Anonymous
www.gamblersanonymous.ie

Other useful supports:

- Aware provides support & information for people who experience depression or bipolar disorder and their concerned loved ones. Lo-call 1890 303 302.
- Cope Galway- Offers a range of supports to people who experience domestic violence and/or homelessness. 091-778 750.
- Jigsaw Galway is a free, non-judgemental and confidential mental health support service for young people (15-25) living in Galway city and county. 091 549 252. Jigsaw Roscommon. 090 66 65 087.

- Mindspace Mayo is a free and confidential support service for young people's mental health and wellbeing. 094 906 700.
- Money Advice and Budgeting Service (MABS). A free service for people in debt or in danger of getting into debt. 0761 072570.
- Pieta House West. Support for people affected by suicide, suicidal crisis or who has been bereaved by suicide. 093- 255 86. Parentline lo-call 1890- 927 277.
- Samaritans provide a listening service for people who are lonely, despairing and suicidal. Helpline: 116 123.
- Tusla, Family Support Service. Provide a range of services that offer advice and support to families. Check out www.tusla.ie for services available in your region.
- www.supportme.ie provides information and contact details of services available in the West of Ireland.

Bibliography

Brewer, J.A. and Potenza, M.N. (2008) 'The neurobiology and genetics of impulse control disorders: relationships to drug addictions', *Biochemical Pharmacology* 75, pp. 63–75.

Fraser, A. (2013) *The Healing Power of Meditation*. Shambhala Publications, Inc: Boston.

Germer, C. (2009) *The Mindful path to self-compassion*, The Guilford Press.

Healthy Ireland Survey (2015) *IPOS, MRBI Healthy Ireland Survey 2015*. Dublin: Stationary Office.

Orford, J., Templeton, L., Velleman, R. and Copello, A. (2010a) Methods of assessment for affected family members. *Drugs: Education, Prevention and Policy*, 17 (s1). pp. 75-85.

Orford, J., Copello, A., Velleman, R. and Templeton, L. (2010b) Family members affected by a close relative's addiction: the stress-strain-coping-support model. *Drugs: Education, Prevention and Policy*, 17 (s1), pp. 36-43.

Orford, J., Velleman, R., Copello, A., Templeton, L. and Ibanga, A. (2010c) The experiences of affected family members: a summary of two decades of qualitative research. *Drugs: Education, Prevention and Policy*, 17 (s1). pp. 44-62.

Prochaska, J.O., & DiClemente, C.C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51, 390-395

Sheridan, C. (2016) *The Nurse's Guide to Cultivating Mindfulness and Compassion*, Rivertime Press: USA

West R. (2013) EMCDDA INSIGHTS. *Models of addiction*. Luxembourg: Publications Office of the European Union.

Other information sources:

South East Regional Family Support Network. Family Information & Support Handbook for those faced with problem drug or alcohol use by a family member.

www.drugs.ie

www.fsn.ie

www.adfam.org.uk

www.citizensinformation.ie

www.hse.ie

www.cancer.ie

<http://alcoholireland.ie>

www.irishstatutebook.ie

www.spunout.ie

www.tusla.ie

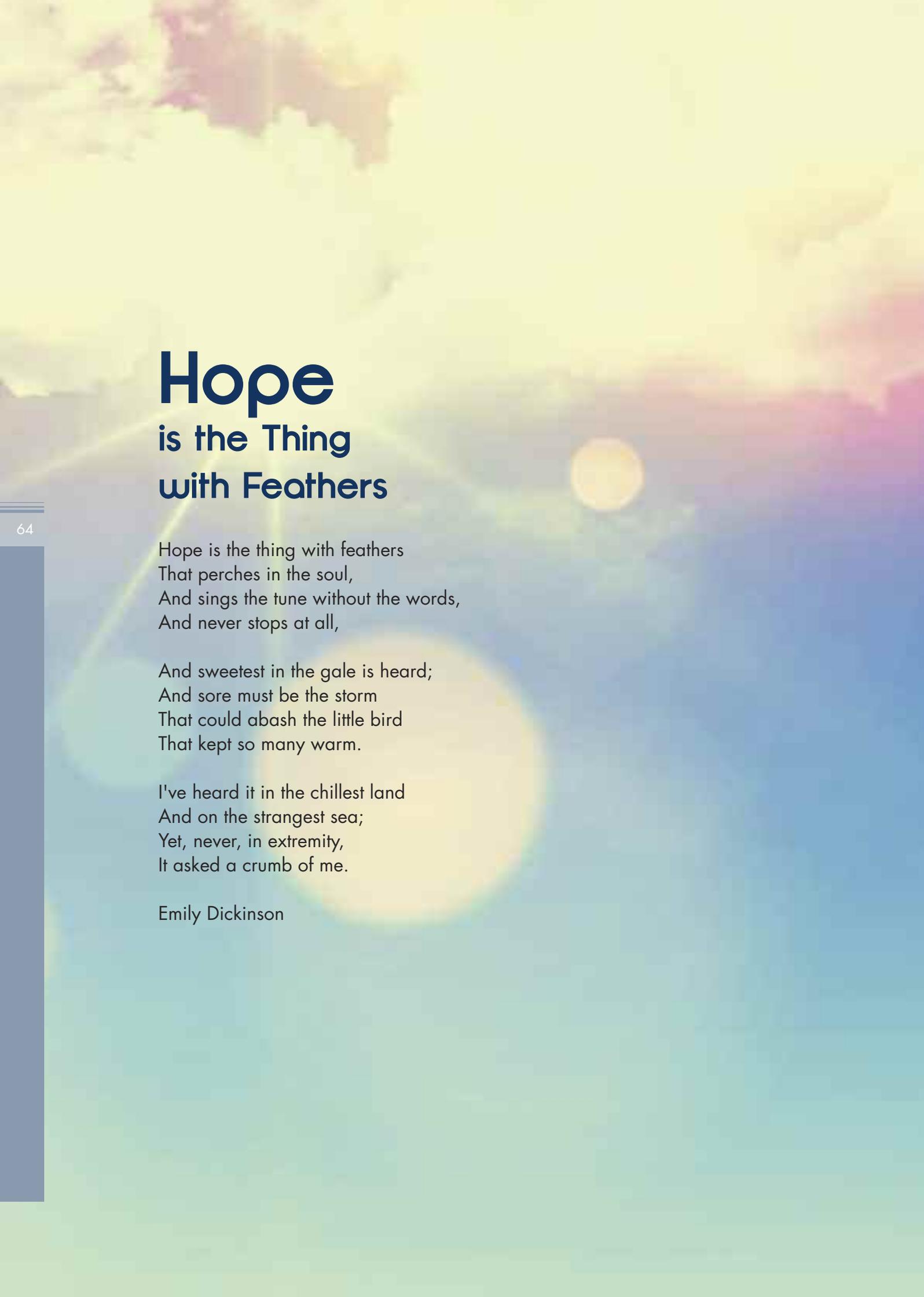
www.anamcara.ie

www.rainbows.ie

www.irishprisons.ie

www.mentalhealthireland.ie

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



Hope

is the Thing with Feathers

Hope is the thing with feathers
That perches in the soul,
And sings the tune without the words,
And never stops at all,

And sweetest in the gale is heard;
And sore must be the storm
That could abash the little bird
That kept so many warm.

I've heard it in the chilliest land
And on the strangest sea;
Yet, never, in extremity,
It asked a crumb of me.

Emily Dickinson



WESTERN REGION

Drug & Alcohol Task Force

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