

The Role of the Family in Alcohol & Other Drug Treatment

Introduction

Families affected by an individual's alcohol and other drug (AOD) use can carry a heavy burden. Problematic AOD use may significantly strain relationships, increase social isolation and undermine families' resilience and physical, emotional and financial security. The problem is rarely just about the individual – it affects the whole family.

However, research clearly shows that involving family in AOD treatment improves outcomes for the individual (Rowe, 2012). Family involvement in treatment:

- Increases the likelihood that a person will enter treatment and remain in treatment longer
- Increases the likelihood that the individual receiving treatment will achieve their goals, both during and after treatment
- Improves the well-being of individual family members, as well as improving family functioning as a whole, creating an environment where a person in recovery is less likely to return to problematic substance use (Battams et al, 2010)

In the past, family members were positioned as 'enablers' or 'co-dependents', suggesting that they were somehow complicit in their family member's behaviour. However, this idea has now been widely discredited and instead recognition has been given to the important work family members do to support or adapt and protect the family unit from the behaviour of the person with problematic AOD use.

Evidence also challenges approaches like 'tough love' as the best way of getting a family member to understand the hurt they are causing, along with the idea that they need to hit 'rock bottom' before they can get help. The reality is that the less entrenched substance use is and the more protective factors in place, the better the outcomes.

The aim of this resource is to equip families with the information they need to understand the different types of treatment their family member may undergo and what the role of the family looks like in a supportive model. It also looks at some of the challenges families may face and some ways of responding

to those challenges. Just as importantly, this resource looks at how you can take care of yourself while supporting a family member in their journey out of problematic substance use. We hope this will answer some of your questions and give you more clarity and control during this difficult time.

About ReGen

ReGen is the lead AOD treatment and education agency of UnitingCare Victoria and Tasmania. ReGen is a not-for-profit agency, with over 40 years' experience delivering a comprehensive range of AOD treatment and education services to the community.

ReGen is passionate about including families in treatment and actively promotes 'Family Inclusive Practice'. We achieve this by working in partnership with families and directly involving them in any service intervention, raising awareness of the impact of problematic substance use on the whole family, and addressing the needs of its members. We believe that involving the family in treatment improves outcomes not only for the individual undertaking treatment, but for the whole family.

A Note on Safety

For some families, an individual's problematic substance use is accompanied by aggressive or violent behaviour. When using this resource it is important that your safety and the safety of other family members (particularly young children) is always prioritised.

Please see the section at the end on further resources, and dial 000 if you feel that your safety, or the safety of your family, is under immediate threat.



INSPIRING ALCOHOL
& OTHER DRUGS
TREATMENT & EDUCATION

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"I always try to sustain a healthy and regular lifestyle: I try to get 7-8 hours' sleep each night and I ensure that I have three good meals each day. When I am really tense and stressed out I resort at times to a long, hot, candlelit bath at home."

Janine

The impact on families

Support from family and other important people can contribute positively to a person's treatment. However, supporting a person through AOD treatment can be a challenging and confronting journey. As you may have already figured out, there are no quick fixes or easy answers.

Ways in which a family can be affected:

- Disruption of usual family routines
- Uncertainty
- Stress and anxiety
- Drain on finances
- Impact on relationships and social life

Family members of people with problematic AOD use can suffer stress-related physical and psychological symptoms that can be severe and long lasting. It can take its toll and it is essential to take care of yourself and family members along the way.

Support for families

Throughout this brochure you will find advice from people who have been there – family members who have experienced a loved-one with problematic AOD use and the difficulties and challenges that come along with that. They know what worked and didn't work for them, and they are sharing that information with you – look for the text boxes.

"Your own self care is crucial when you are dealing with a loved one using, but initially your main focus is on the drug user, until you realise that you can't help unless you are ok."

Francene

There is a range of treatment that encompasses family work including support groups, education and parenting programs, family counselling, brief family interventions such as single session family work and family meetings. Individual family members experiencing a family member with problematic AOD use can also access treatment with a psychologist through a mental

health plan – speak to your GP for more information. Family Drug Help – a service run by and for families of people who have experienced, or are experiencing AOD problems – is an excellent resource for family members (details in the 'Further Contact's section at the back).

One of the ways we can support families is to explain the different types of treatment and what their potential support role could be. The following few pages will explain what commonly-used terms mean, and go through common types of treatment. Obviously we don't have room to discuss everything, but we hope it will give you some good ideas.

We've also put a list of resources (at the back) that you can use to make sure you are practising self-care and getting the rest and support you need.

"I learnt very quickly that my own self-care was as important as the care of the drug user"

Amy

Definition of terms

You may not be familiar with some of the terms used in treatment. Here are some of them:

Harm Reduction:

ReGen works within a harm minimisation framework. This is the same framework that underpins all Australian Government AOD policy. Harm minimisation covers demand reduction, supply reduction and harm reduction.

Harm reduction is not about moral judgements. It is about working with people in a respectful way, whether their goal is ceasing or reducing their use, or minimising the harms associated with their substance use. The aim of this approach is to maintain open communication about drug use with people currently using them.

Harm reduction accepts that, despite our best efforts, some people will choose to use drugs, even some illicit drugs. It does not mean that we, as individuals, or as an organisation, condone that use. It is an approach that aims to reduce the adverse health, social and economic consequences of alcohol and other drugs by minimising or limiting the harms and hazards of drug use for both the community and the individual without necessarily eliminating use. For more information go to: www.regen.org.au/about-us

Stages of change:

Drug use falls into a spectrum often referred to as 'the stages of change' (DiClemente & Prochaska, 1982).

The Stages of Change model helps us to see that ceasing or reducing substance use is not a straightforward journey. If someone is in the pre-contemplation stage (happy user), it doesn't matter how much you want them to change, they do not have the desire or insight to do so. This can lead to them making promises to cease use to appease family and friends, only for those people to feel betrayed, manipulated or let down when they do not follow through with their promises. The person abusing substances is left feeling ashamed, and can become deceptive, defiant or withdrawn in response to or anticipation of reprimand and disappointment from their family and friends.

"Self-care has given me the opportunity to separate my life from my daughter's life. It has given me the opportunity to act from a position of 'it's not my problem'. Each night before sleep I think of something I feel grateful about."

Dave

Treatment:

AOD treatment is not a one size fits all treatment and so there are many different types of treatment available. Most treatment does not occur within an AOD organisation and a GP or psychologist is often enough support for an individual wanting to change their problematic AOD use patterns. If specialist treatment is the best option, the individual wanting treatment is assessed and staff work with them to find the treatment option best suited to their situation. We have covered a few of the more common treatments in this booklet, but for further information on different types available, please see our list of contacts at the end of the booklet.

Family support and needs may differ depending on what treatment the person with problematic substance use is experiencing, but many of the strategies we suggest can be used for different treatment types.

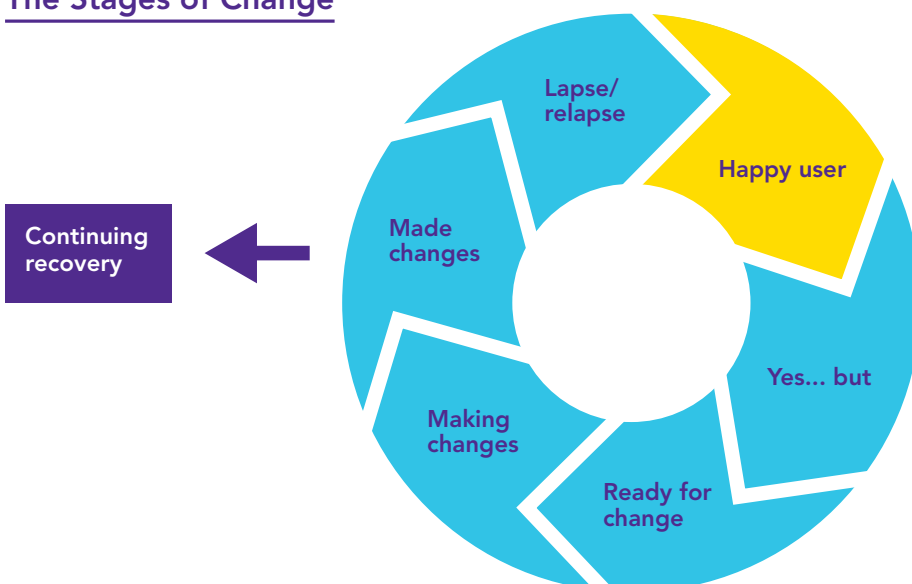
Withdrawal:

When individuals become dependent on a substance, they experience mental and physical reactions to reducing or discontinuing their use. Common symptoms of withdrawal include; anxiety, insomnia, nausea, perspiration, body aches and tremors, but can also include potentially dangerous symptoms. Acute withdrawal begins within hours of ceasing use and is usually fairly short term (a matter of days), but many symptoms are long-term and symptoms such as intense drug craving may occur weeks or months after withdrawal has taken place. For more detailed information on withdrawal symptoms from specific drugs, go to ReGen's website to access the drug factsheets series: www.regen.org.au/resources/drug-factsheets.

"Have massages, go to the movies, talk to good friends. I try not to judge myself too much, try to accept that I will not always do it right and it is a learning process. Hold on to hope."

Melinda

The Stages of Change



Withdrawal

There are two main types of withdrawal treatment:

- Residential: the person is admitted as a patient in a residential treatment facility for anywhere from 5 to 14 days
- Non-residential: the person does not require inpatient support but will attend a medical or AOD treatment service for regular support, and may choose (and be able) to be cared for in their own home with family, nursing and GP support whilst they go through withdrawal

Type of Withdrawal	Support families can give	Challenges/Questions	Solutions/Suggestions
Residential	Driving family member to and from treatment.	The family member may be ambivalent or nervous and start to display challenging behaviours, or even start to question whether they want to go.	Try to avoid becoming anxious or angry yourself. Don't take the behaviour personally. Take some deep breaths (no really, breathe!) and a time-out if necessary. Be calm and firm, reminding the person of why they set this goal for themselves in the first place. If you are running late, call the treatment service and let them know.
	Visiting or having phone contact with your family member whilst they are in treatment.	Anxiety around when or even if it is ok to make contact – not wanting to interfere with treatment.	Most services have clear policies on things like visiting hours and when the service user can use a mobile phone. Find out beforehand what the policies are, and ask them to provide a brochure or written information to you. Discuss with your family member their wishes about contact during their stay (e.g. they may want you to call but not visit). Try and be as flexible as you can to accommodate these wishes.
Non-residential	Driving family member to and from treatment and appointments.	This may not be possible for you.	Ask for support from family and friends. Explore options for public transport or cycling if they are able to do this. If appropriate organise a MYKI card, transport maps and timetables.
	Taking time off from work or other responsibilities to be able to care for family member withdrawing at home.	It is not always possible to take time off work or from other commitments or responsibilities	Engaging other family members or friends to be support people, even for short blocks of time, can be helpful.
	Day to day care e.g. cooking & cleaning.	Knowing when it is appropriate for your family member to recommence doing things for themselves.	Although people can be very unwell during withdrawal it is important to encourage them back into a normal routine when possible. If you think they are well enough, suggest they come and help make lunch or join you for a short walk around the block. If they decline, that's ok. Perhaps try gently again the next day.
	Being responsible for storing and delivering the medication.	Being 'in charge' of handing out medication can sometimes be tricky. When a person is in withdrawal they are often quite unwell and uncomfortable. This may lead to them requesting medication more often than prescribed or wanting a higher dose than prescribed.	It is important to be firm and clear. Providing more medication than prescribed can be dangerous. Try and distract the person. For example; 'Hey, I know you're feeling awful but you've done great so far. Let's watch a movie and then it will be time for your next dose'. Before commencing in this role, make sure you have a contact number for more support (for example the home-withdrawal support team, the GP), and that you have talked with the individual family member about your support role and what you are prepared and not prepared to do.

Rehabilitation

It is important to know that withdrawal is just the start of a treatment process and is generally ineffective without ongoing treatment and support. Rehabilitation generally happens immediately after withdrawal and is a treatment designed to assist people to make the changes in their life that will stop them relying on substance use for support. There are two types of rehabilitation:

- Residential: The person lives in a treatment facility and follows a structured therapeutic program. Residential programs last from anywhere between 28 days to 18 months.
- Non-residential: The person receives similar treatment to that contained in a residential program, but does not live at the treatment facility. Instead, they attend during the day (usually Monday to Friday) and return home in the evenings and on weekends. This may suit some people who for any number of reasons do not want or are unable to attend residential care. These tend to be shorter programs than a residential program, usually between 2 to 6 weeks.

Type of rehabilitation	Support families can give	Challenges/Questions	Solutions/Suggestions
Residential	Acknowledge the courage of the family member accessing treatment – even if it is not their first time.	You may be upset or angry at the person, unsure how the family will cope without them, or be unsure whether the program will work or be a waste of time.	Supporting someone with substance use issues can be draining. Like caring for someone with any illness, looking after yourself is crucial – you can't help them unless you are feeling ok. Your family member may have accessed treatment in the past and gone back to problematic substance use, but this is a fairly common occurrence, and some people need several tries at treatment.
	Be supportive whilst the family member is in treatment e.g. send regular cards, letters or small parcels. Attend weekend visits.	You are not sure what contact the treatment service allows.	Each program will have its own rules about phone calls and visits, as well as what people can and cannot have whilst in treatment (for example music players, foods containing alcohol or sexually explicit material is often not permitted). Check with program staff and ask them to write it down for you.
	Get involved in any family supports or programs that may be involved in treatment.	Why do we need to be involved in treatment? It's their problem; we've already got enough on our plates dealing with the fall-out of their behaviour!	Most drug and alcohol treatment involving families has two main aims; to improve family relationships and family well-being, and to offer support and information to family members and other support people. You may be surprised how supportive and useful the family sessions are.
	Avoid bringing up stressful or painful subjects whilst the family member is in treatment.	I've been left with all these bills/fines/worries whilst they are in there and it's all being ignored! I'm concerned about the future and what happens after treatment.	Contact that is light and casual is often best in the early stages. Discussing outstanding bills or the hurt that the person has caused is probably too stressful at this stage. Remember that your family member is learning how to cope with life without using substances as a crutch. This needs to be their main focus right now.
Non-residential	Acknowledge the courage of the family member accessing treatment – even if it is not their first time.	They've tried so many different types of treatment and they haven't worked, why would this be any different?	Sometimes people try several different types of treatment before they find the one that works best for them. Just because one type of treatment hasn't worked in the past doesn't mean this one won't.
	Be interested in the program; ask about what they are learning, what they like or what they don't like about their treatment.	They don't want to talk to me about it – they just go quiet or get annoyed when I bring it up.	You may only get a few sentences or words from them, but that's ok – just knowing that you are interested in what they are doing is important. Look for cues from them – if they are not talkative don't push them, but try and be ready to listen and chat if they come to you and want to talk.

Counselling

AOD counselling shares some common features with generalist counselling, but also has some differences which set it apart as a specialist service. Counselling usually occurs weekly or fortnightly, at least to start with. Many services offer after-hours counselling for people who work. Counselling may be accessed as a first treatment type for those who do not feel they need to undertake withdrawal or rehabilitation, or as a follow-up support treatment for those exiting withdrawal or rehabilitation. Many AOD counsellors also have specialised training in working with families.

Support families can give	Challenges/Questions	Solutions/Suggestions
Be supportive and interested in counselling	My family member says counselling is going well but I'm concerned they are not telling their counsellor everything, or I'm concerned they are lying to me and not going. I want to know what's going on.	Counsellors are bound by confidentiality. This means they cannot talk to you about anything shared in the counselling session without the permission of their client. Sometimes different levels of information can be negotiated, e.g. your family member may give permission for you to find out if they are attending their appointments or their treatment plans, but not the content of their sessions. You may be concerned that your family member is not telling the counsellor everything, and you can tell the counsellor anything you want, but you need to consider if this will negatively impact on your relationship with your family member. Maybe they are being slow to tell all the details because they find it hard to trust. Sometimes it's best to let people develop a trusting relationship with their counsellor at their own pace.
Be involved in any family sessions	Why do I need to go to counselling? I don't have a problem. And I don't have time to attend.	Most AOD treatment involving families has two main aims – to improve family relationships and well-being and to offer support and information to family members and other support people. Families usually only attend one or two sessions and do not require ongoing commitment to counselling. You might be surprised what you get out of it – many people have found it really useful on a number of different levels.

Treatment medications

Pharmacotherapy refers to medicated support for problematic substance use. This includes Acamprosate (used to reduce alcohol craving), and opioid replacement therapies (ORT). ORT are the group of pharmacotherapies including methadone, buprenorphine and buprenorphine/naloxone (suboxone) used to treat opioid dependencies such as heroin or prescription opioid dependency. They mimic and/or block the effects of opioids in a measured and consistent way, thereby alleviating the overwhelming urges which drive much of the problematic behaviour associated with opioid dependence. Combining ORT with complementary supports (such as AOD counselling, financial & family counselling and employment and housing services) significantly improves the sustainability of treatment outcomes (National Guidelines for Medication-Assisted Treatment of Opioid Dependence, 2014). You can read more about ReGen's position on ORT here: www.regen.org.au/advocacy

Support families can give	Challenges/Questions	Solutions/Suggestions
Accessing accurate information on treatment types	I am worried that these treatments will just keep my family member dependent on substances and I don't understand how it will help.	Pharmacotherapy enables people to stabilise their drug use. Without this pressure they are better able to tackle some of the other areas in their lives where they may be experiencing problems (e.g. legal, financial, relationships) and able to access treatment to create goals and rebuild their lives. Addressing these other concerns in turn reduces the desire to return to problematic substance use.

Further resources

For families living with or experiencing violence:

- **Walking on a Tightrope**
Alcohol and other drug use and violence: A guide for families. Your ReGen worker can give you a copy of this resource. It can also be downloaded from www.nceta.flinders.edu.au, or you can contact NCETA and order copies directly from them:
Email: nceta@flinders.edu.au
Phone: 08 8201 7535
- **Domestic Violence Resource Centre Victoria**
www.dvrcv.org.au
Phone: 03 9486 9866
- **1800 Respect**
A family violence counselling service
www.1800respect.org.au
Phone: 1800 737 732

For information about different types of drug treatments available:

- **Direct Line** (24 hour a day, 7 day a week phone line offering counselling, information and referral. Staffed by experienced AOD professionals)
Phone: 1800 888 236
- **Department of Health website**
www.health.vic.gov.au/aod/index.htm

Support for family members or friends affected by an individual's problematic AOD use:

- **Family Drug Help**
www.familydrughelp.org.au
Phone: 1300 660 068

How to look after yourself and develop self-care strategies:

- **Eastern Drug and Alcohol Service:**
The Family Focus Self Care Booklet
http://www.edas.org.au/family_focus_project
- **Beyond Blue Resources for family and friends**
(not AOD specific but still very useful)
<http://www.beyondblue.org.au/resources/family-and-friends>

References

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- Australian Government (2014) *National Guidelines for Medication-Assisted Treatment of Opioid Dependence*. Canberra
- Rowe C L (2012) Family Therapy for Drug Abuse: Review and Updates 2003-2010 In: *Journal of Marital & Family Therapy*, 38(1): 59-81