

OTHER DRUG SUPPORT SERVICES

Drug and alcohol services in Australia provide a range of services with different approaches so that anyone with a drug dependency can obtain education, treatment and appropriate support.

Services are of five types:

- Education and information services
- First contact services that provide education, information and screening
- Treatment services
- Rehabilitation services
- Support and self-help services

1. Education and information services

A number of services provide a range of drug education for the community. Many public schools hold some form of drug awareness sessions for parents to explain what is taught in their school curriculum. A range of material has been produced and can be downloaded via the Internet. For people from culturally diverse backgrounds, a range of material in community languages can be downloaded from Multicultural Health Communications, or see the rear cover to contact the Alcohol & Drug Information Service in your State.

2. First Contact services

Some drug users are happy with the way things are, and are not yet ready to change their behaviour – it is very important that health and support services can make contact with this group. These drug users can expose other people to the risk of infection, particularly if they inject drugs or don't practise safe sex.

To effectively link with people who are in this stage means that a harm reduction approach is required. Harm reduction seeks to make people aware of the risks of their behaviour, encourage them to change their attitudes, and behave in a healthier and safer way.

This approach recognises the importance of providing people with:

- Accurate education and health information
- Education on safer health practices such as using condoms, not sharing needles, and disposing of drug equipment in a safe manner
- Counselling, nursing care and medical services
- Sterile injecting equipment and condoms to reduce the spread of infections such as hepatitis C and HIV (AIDS)
- Social support that encourages people to maintain good nutrition
- Contact with non-drug users who can provide a positive role model
- Reconnect and repair family breakdown.

3. Treatment services

Once drug users are in the *planning* or *action* stage, services are needed that help them make and maintain changes. These services include detoxification, treatment and support services to help people avoid lapsing back into old behaviours.

Hospitals usually provide in-patient, outpatient and home support detoxification services. Local GPs and other non-government agencies also provide home-based detoxification support services.

For some people maintaining a drug-free lifestyle is very difficult due to their level of physical and psychological dependency. Pharmacotherapy maintenance treatment is then a useful treatment option that can help people to begin necessary lifestyle changes.

Services such as the Needle & Syringe Program or Streetwork Services provide different support services and encouragement to drug users to work through the change cycle so that they can rethink their drug lifestyle and get to the *ready to take action* stage.

Pharmacotherapy treatment means a doctor can prescribe a legal medicine as a substitute drug that is less harmful to the body. The person has to take the prescribed drugs in a controlled and supervised manner to help them stabilise their behaviour. This will often help the person remove themselves from crime (eg: stealing to pay for their drugs) and begin to improve their health as they can start to eat properly, gain weight, and improve sleep and thinking patterns.

Drugs are usually given to the person at a hospital-based special outpatient drug clinic on a daily basis. This is because the body will also develop tolerance to these drugs, and the person's health still needs to be monitored. The person and the amount of the drugs they need to take are supervised by medical, nursing and other health staff.

Only when the person is considered to be doing well can they collect their drugs from a local pharmacy with a prescription. Once the person has become stable on their prescribed drugs, they may then plan with their doctor the appropriate way to reduce the dose and eventually become drug-free. The best known replacement drug for people who have a drug dependence on heroin, is methadone. Newer drugs are now also being used in Australia: buprenorphine, naltrexone

“Be there, be available and simply listen – as difficult as this may be to do!”

and suboxone. People may stay on the methadone maintenance program for a long time, usually without major long-term risks to their health. All drugs, however, do have side-effects, and people are encouraged to keep regular appointments with their doctor to ensure they remain as healthy as possible. Services such as WHOS (we help ourselves) and MTARS (methadone to abstinence) are available to help people who are stable on methadone to then become drug-free.

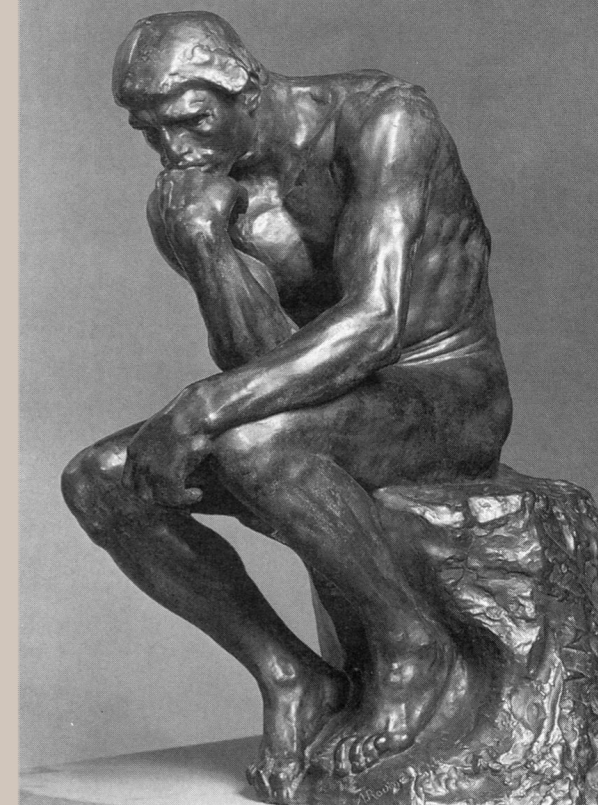
4. Rehabilitation and ongoing support

Maintaining new lifestyle behaviours may be difficult, so sometimes people need extra support to gain further confidence, training and skills. Drug-taking behaviour over a long period often means people have trouble with confidence in making friends, knowing how to communicate, and how to get back into employment. Rehabilitation and supported work training programs can assist people to prevent relapses, gain new skills and make new friends. Programs may be run in the community where people attend on a daily basis, or may be residential where people live in for a few months or longer.

Rehabilitation centres prolong the period between detox and going back to the real world. They provide time for the person to come to terms with their new life at a slower pace, and equip them with coping skills to deal with triggers. Most rehab centres use an AA and NA 12-step approach. This suits some people, but not all. Another therapeutic approach used is cognitive behavioural therapy, which makes people more aware of their behaviour, and how to rethink their situation, determine their triggers and be better able to control their impulsive behaviour. A big problem families face is the long waiting lists for rehabilitation places – there are too few of them and they are underfunded in Australia. Many families find the mandatory waiting period can also be a problem.

“What didn't occur to me was that they don't want to get better – then Yusef started to talk about getting help and I realised he was ready to change.”

(Maria aged 45, mother)



some final thoughts...

Family support has been shown to be one of the strongest factors in 'successful' treatment of drug and alcohol dependence.

No matter how much you think things have broken down, it is never too late to begin mending and rebuilding relationships.

But much as you may wish, you cannot make them do what they do not want to do.

In stressful situations, ask yourself if you must make decisions now, or can you wait until you are calmer? Think of the consequences and take a deep breath – before you act. Sleeping on things can often help us to see things more clearly, and help us make a more informed decision.

In the end, you need to do what you feel is acceptable, having had the chance to consider options and consequences.

Anger, emotion, denial, abuse and resistance can all get in the way of communication. Try writing a constructive letter expressing all your feelings, without judgment, and letting them know how much they mean to you. Even though they may not respond to it at the time, this is a permanent message that in most cases they will hang on to and refer to later.

Is there someone else in the family whose own needs aren't being met because of all the attention on the drug user? And remember to consider your own needs – you will need endurance for the future.

There really are no right and wrong answers, and there is no one formula for success. Get personal and professional support, learn about your options, and make the decisions that seem best to you. Assess how things are going and see if changes are needed over time. Trust your own judgment.

You and your drug user are inevitably going to be altered by your experiences. Whilst you could probably have done without drugs in your family – these life experiences can be opportunities for reflection and growth.

This resource is dedicated to all those family members who continue to love their drug-affected person, despite enormous difficulties. This resource is based on their collective wisdom.



“We found through bitter experience that the hardest thing, and the greatest thing, was to keep loving them – loving them in ways you've never had to love them before.”

(Susan aged 35, mother)