

**Opening Statement from The Family Addiction Support
Network to The Sub Committee on Mental Health
Leinster House**



Tuesday 14th June 2022



Table of Contents

Introduction to FASN	3
Reason for Formation	3
Overall Aims and Objectives	4
Interagency Links.....	5
FASN Services.....	5
Continuum of Care Model.....	6
FASN Research	6
Findings of the Research Report.....	7
Mental Health.....	7
Substance Misuse - Family Members	8
Living with addiction within the family	8
Impact of Covid	9
Funding	9

The Family Addiction Support Network's Submission to The Sub-Committee on Mental Health to discuss the issue of addiction services. The meeting will take place on Tuesday 31 May at 11.00 – 14.00 in Committee Room 1, LH2000

Introduction

A number of reports have identified the impact of substance misuse on families. These include: Worry and psychological distress leading to physical and mental ill-health.

Exposure to threats and violence associated with drug debts.

Involvement of the drug-using family member in the illicit market.

The financial burden of directly and indirectly supporting a drug user.

The impact on employment of stress or caring responsibilities.

Strain on family relationships; harm from domestic violence; and isolation and loss of social life¹.

Family Addiction Support Network (FASN)

The Family Addiction Support Network (FASN) is a dedicated support service for Family Members/Concerned Persons who are impacted by a loved one's substance misuse. www.fasn.ie

Reason for Formation

FASN is a voluntary organization covering the four counties of Cavan, Monaghan, Meath, and Louth. It grew organically from the needs of family members who were impacted by a loved one's addiction behaviour. In the North East of Ireland, families with a loved one addicted to drugs/alcohol did not have resources available to help them understand the impact of addiction or to help them improve their current living situation and coping skills. Family Members are involved at the core of development, management, and servicing of the project.

Recognizing the importance of the needs of families, the founders of FASN set up peer support groups in the area. The people involved found great strength in the union of their voices. These groups led to a formal organization and a network, which today is known as the Family Addiction Support Network (FASN).

1. European Monitoring Centre for Drugs and Drug Addiction. (2017). *Health and social responses to drug problems: a European guide*. Luxembourg: Publications Office of the European Union. (online) https://www.emcdda.europa.eu/publications/manuals/health-and-social-responses-to-drug-problems-a-european-guide_en

2. McDonagh, D., Connolly, N.& Devaney, C. (2018). "Bury Don't Discuss": The Help-Seeking Behaviour of Family Members Affected by Substance-use Disorders, *Child Care in Practice*, DOI: 10.1080/13575279.2018.1448258.

3. Duggan, C. (2007). *The experiences of families seeking support in coping with heroin use*. National Advisory Committee on Drugs (NACD) Dublin: Stationery Office.

FASN is led and run by adult family members (volunteer facilitators) who have 'lived experience' of addiction. This peer element is fundamental to FASN as is the training and support provided to facilitators.

Mission

To assist families in the North East to achieve a greater understanding of addiction, empower them to improve their quality of life and fulfil a positive role in the recovery of their loved one, should they choose to take it.

Aims

To provide services to families to improve their quality of life. Peer support groups are the core of the service which reflect the needs that have emerged. By operating from strong community development principles, we actively promote the inclusion, participation, and empowerment of our members.

To provide a quality service through working in accordance with best practice guidelines and national standards:

We are dedicated to developing, supporting, and reinforcing the work of peer family support groups and believe in setting evidence-based quality standards to ensure families have the very best support they can get.

To network with family support groups locally, regionally, and nationally:

To share what FASN is doing and learn from other services. Uniting our voice with that of others we represent the collective voice of families in the North East Region to raise awareness of associated problems of substance misuse and work for positive change in policy and practice for family members affected by addictive behaviours.

FASN has recruited, trained, supported, and retained a group of volunteer peers, women, and men, who facilitate peer led family support groups. These facilitators meet with a trained psychotherapist on a monthly basis for professional support and supervision. The accredited training and professional support and supervision provided is an important and valued aspect of the model of peer led services that FASN has developed.

The FASN is guided in their work by the National Drug Strategy 2017-2025 particularly by Goal 4: To support participation of individuals, families, and communities

1 To strengthen the resilience of communities and build their capacity to respond through supported and promoted structures at local, regional, and national level, and measuring the impact of drug related crime on communities.

2 To enable participation of both users of services and their families through building capacity within the problem substance use sector to develop a patient safety approach and involving service users and families in decision-making structures.

Specific areas related to FASN work identified in the National Drug Strategy 2017-2025 include sections 1.1; 2.1.13; 2.1.16; 2.1.17; 2.1.17(a); 2.1.17(b); 2.1.17(c); 2.1.22(c); 2.2.30(b); 3; 4; 4.1.42; 4.2.44; 5.1).

The FASN service straddle Tiers 1 (primary) and 2 (secondary) of the rehabilitation pathway (NDRIC).

Tier 1: Family Support (group/one to one); Information/Education; Housing Support (respite/safe house); & Referral.

Tier 2: Drug Related Interventions; Outreach (group/one to one/24/7 contact); Information /Advice (education/group/one to one/phone); Brief. Interventions (counselling/peer support); Triage/Needs Assessment (NDTRS), Community Based Referrals.

The FASN services / activities is informed using empirical data collected and concurs with the methodology approach recommendations advocated in the Evaluations of Local Drugs Task Force Projects (Ruddle, Prizeman, Jaffro 2010, p.90 - 92) and by statutory authorities (HSE).

The Network is fundamentally based on the principles of partnership, community development, inclusion, participation, and empowerment of families impacted by a loved one's substance misuse. It supports the Goals of the National Drugs Strategy Reducing Harm, Supporting Recovery 2017-2025 and implements Goal 3 of the U.N. Sustainable Development Goals: Ensure healthy lives and promote well-being for all at all ages.

Interagency Links

While FASN is about developing services that are based on the knowledge and expertise of the people who are most affected i.e., families and communities, they have built strong interagency alliances with other agencies such as the Gardai, EXTERN, HSE, Co Councils, the Irish Bishops Drug Initiative, and the Family Support National Steering Committee. In particular, they have developed formal links with other projects in the addiction field including TURAS and the RISE Foundation. The relationship with the RISE Foundation has enabled our service users to have access to a ten-week educational and therapeutic programme that supports and encourages them to move towards their own recovery of resilience and good mental health. This programme is delivered by experienced and accredited psychotherapists. The RISE delivers one to one counseling for family members/concerned friends, impacted through addiction.

FASN truly believes that by supporting families to have their needs met they are then able to change the outcomes for themselves. To do this we create an environment where people can learn for themselves and are supported in the choices they make. Of significance, while family members may initially be defined as service users, they often become trained facilitators working with other family members. This means that families directly have a voice in how services are delivered and managed in a strategic way. In this way community activism is nurtured and proactive in terms of needs on the ground.

To date FASN provides the following services,

- 24/7 Out of Hours Telephone Helpline
- 1-1 Support
- 5 Step brief Intervention
- Peer Group Support
- Access to 1-1 Counselling
- Access to Respite
- Educational Programme (Delivered by the RISE Foundation)
- Drugs Intimidation Reporting Programme



The FASN Continuum of Care Model.

Research By FASN.

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The Family Addiction Support Network commissioned its own research ‘Findings from a study on how families are affected by substance misuse in the North East Region of Ireland’ (funded by HSE CHO8) to look at the impact substance misuse has on the family. The report was launched by the Minister of State for Communities and the National Drugs Strategy, Catherine Byrne, on the 14th of May 2019. A key backdrop to the study is the National Drug Strategy, Reducing Harm, Supporting Recovery (2017-2025) which for the first time included families as service users in their own right. Acknowledging the inter-face between changes in social policy and families this study was the first to look at the interface within the context of adult family members affected by substance misuse in the North East Region of Ireland.

The report was largely driven by the narrative of families, valued as “experts by experience” and gives voice to the chaos, trauma and distress visited on families impacted by addiction of a family member. We had hoped that the key findings of this study would help formulate changes in service provision and practice that would improve the opportunities for families to engage meaningfully with their own recovery and wellbeing.

4. O' Flynn, A. (2019) *Findings from a study on how families are affected by substance misuse in the North East Region of Ireland*. (A study commissioned by the Family Addiction Support Network (FASN) and funded by the Health Services Executive (HSE) Social Inclusion Division) FASN, Dundalk.

Findings of the Report Commissioned By FASN.

Within the report Families spoke about the psychological and physical ways they have been affected by substance misuse. Participants discussed stress, anxiety, fear, not sleeping, feeling sick, not being able to eat, wanting to run away, anger, resentment, frustration, blaming themselves, feeling of failure, guilt, and shame. Participants were not aware and/or able to give voice to their feelings at first. It was not until they had found support, e.g., contact with FASN, that they began to understand and allow themselves to see what was going on.

Families also spoke about being exposed to criminal activity and its impact. They expressed fear and intimidation; taking out loans; getting into debt; being threatened by drug dealers; not being able to sleep in their own house because of threats; having pipe bombs under the car; being threatened with petrol bombs; the threats by their loved one; having to take out protection and barring orders; the impact on siblings, on other family members, on neighbors, villages and local communities; and the link to shame, guilt and stigma. However, there was considerable frustration at what was seen as sensationalist media reporting on drug gangs and gangland feuds, notwithstanding that this is a phenomenon. Participants were keen to correct and balance this reporting with their experience of intimidation perpetrated by local drug dealers who may be drug users trying to get money for their own drugs. It should be acknowledged that participants were aware of and had experience of using the *Drug Related Intimidation Reporting Programme*. This programme was seen as very helpful, the confidential nature of the programme was trusted and valued, and the flexibility around venue and time of meetings was appreciated. The limits to the programme and the reality of what could and could not be provided were also understood.

Mental Health

A variety of studies across Europe have estimated that between a third and half of patients being treated for substance abuse have an independent co-occurring psychiatric illness. These findings have been replicated in studies that have focused on cohorts of Irish patients. Psychiatric illnesses are found to co-occur with substance abuse problems ranging from anxiety or depressive disorders to attention deficit hyperactivity disorder (ADHD), paranoia, schizophrenia and other mood or personality disorders.

5. Dixit, A. & Payne, A. (2011). Prevalence of substance misuse comorbidity in an Irish University Training Hospital. *Irish Journal of Psychological Medicine*, 28(4), pp. 201–204

6. James, P.D., Smyth, B.P., & Apantaku Olajide, T. (2013). Substance use and psychiatric disorders in Irish adolescents: a cross-sectional study of patients attending substance abuse treatment service. *Mental Health and Substance Abuse*, 6(2), pp. 124–132.

7. Schulte, S.J. et al. (2008). Treatment approaches for dual diagnosis clients in England. *Drug and Alcohol Review*, 27(6), pp. 650–658.

8. Watkins, K.E. et al. (2004). Prevalence and Characteristics of Clients with Co Occurring Disorders in Outpatient Substance Abuse Treatment. *American Journal of Drug and Alcohol Abuse*, 30(4), pp. 749–764.

9. Wynn, R. et al. (2013). Which factors influence psychiatric diagnosing in substance abuse treatment? *International Journal of Mental Health Systems*, 7(1),

It is possible that a variety of issues lead to comorbidity as described: drug use may cause users to experience the symptoms of a psychiatric illness; drug use may lead to the triggering of an underlying psychiatric illness; sufferers of psychiatric illnesses may use drugs to alleviate the symptoms of such illnesses; and both problem substance use and psychiatric illnesses may be triggered by common factors such as environmental stressors or genetic predispositions.

Substance misuse –family members.

When addiction moved to Social Inclusion from Mental Health it was seen as a significant acknowledgement of the many and complex issues involved that required a multi-agency and multi-disciplinary co-ordinated response. However, the mental health expertise required to manage the complexity of dual diagnosis is currently lacking. When those in addiction present experiencing a psychotic episode, and using illicit substances, the mental health services can't assess their mental health due to impact of substances. Individuals must be referred to A&E. A busy A&E is not the place to manage a deeply distressed and often aggressive individual. While there is talk of a national programme with the HSE developing and rolling out a dual diagnosis programme, we in the North East have not seen this development as yet. This has implications for the concerned person/ family member bringing the individual for help, already distressed, and feeling powerless. In short accessing appropriate addiction services in a timely manner causes a great deal of distress and anxiety for family members. The literature does recognize the difficulties for families seeking to access comprehensive specialist treatment services. In addition, it also acknowledges (1) that there are too few addiction services offering information and/or support and (2) that those working in services may have limited training and knowledge to work with family members.

Living with addiction within the family

In the Advancing the Shared Care Approach between Primary Care & Specialist Mental Health Services a guidance PAPER Prepared for the HSE National Vision for Change Working Group one of the Key recommendations:

E. Addiction Services – Care and Treatment Recommendations

- i. The effect and impact of alcohol and drug misuse on a person’s mental health needs to be highlighted. The preventive role of the Primary Care Team in this area needs to be supported by training and resources from Specialist Services.
- ii. Clarity needs to be provided on the organization, delivery and alignment of substance misuse services to Primary Care and a national standardized model of service agreed and implemented.
- iii. Strong links should be established with local addiction services as well as links with local addiction support groups such as AA & Narcotics Anonymous etc.

10 European Monitoring Centre for Drugs and Drug Addiction. (2018). *European Drug Report 2018: Trends and Developments*. Luxembourg: Publications Office of the European Union.

11 European Monitoring Centre for Drugs and Drug Addiction. (2017). *Health and social responses to drug problems: a European guide*. Luxembourg: Publications Office of the European Union.

Impact of Covid

With the onset of Covid-19 additional pressures of lockdown had a really negative impact on families living with addiction. Families often found themselves in lockdown with the individual in addiction and homes became a pressure cooker. The families were unable to utilize or have access to other interests and outside distractions that helped them keep their mental health stable.

However, FASN did not stop their work and adapted appropriate GDPR guidelines to establish an on-line platform to support the service users whose need was greater than ever. They secured training to work the on-line platform (Alcatel Lucent Rainbow) to deliver their supports

One of the most remarkable achievements in 2021 was that the level of service provision was maintained and, in some services, increased and that no family/family member who contacted the service for support was turned away. This is down to the incredible dedication of the volunteer staff and facilitators who believe that the service they provide is essential to the emotional, psychological, and physical wellbeing of families impacted by addiction.

Funding

The Network receives funding from the North East Regional Drugs and Alcohol Task Force of **€7,508 per annum and some small once off funding from Statutory services to run specific aspects of the service. However, no core funding is received to ensure the continuance and expansion of the service. This funding was secured nearly 18 years ago when FASN was in its infancy.**

The Family Addiction Support Network was very disappointed to receive confirmation in January 2022 that they were not successful in the Tendering Process with the HSE to provide Support to Families in Louth and Meath. This is despite having a long history in providing cost effective, evidence-based supports using a Peer Led approach and utilising Accredited Counsellors to provide one to one support. We also deliver in partnership with the RISE Foundation a Ten Week Family Education and Recovery Programme twice yearly. FASN is ultimately about empowering families by providing opportunities to move out of the chaos of addiction into their own recovery, positive wellbeing, and good mental health. This is consistent with the vision in the New National Strategy Reducing Harm, Supporting Recovery (2017-2025). In keeping with this strategy family members are not only involved in service provision but are involved in service development. We believe a vital opportunity to continue to implement best practice while proactively responding to needs has been severely impaired because of the ongoing lack of core funding.

Organisations such as FASN and The RISE Foundation have invaluable experience and expertise in working with Families and require appropriate funding to maintain this life transforming work.

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