

The Experiences of Families Seeking Support in Coping with Heroin Use

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Research conducted by:

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Aim:

The principal objectives of the study were to develop a greater understanding of the ways in which families coping with heroin use avail of support services; to examine the experience of families who seek support to deal with drug problems within their family; to assess the types of services contacted by families; and the response they received and the nature of the support given.

Method:

Using a qualitative methodology, interviews were carried out with the principal carer in 30 families supplemented by interviews with a second family member in seven cases. Twenty of the 37 interviewees were female. Three areas were selected to provide information from an urban, suburban and provincial perspective. The fieldwork was carried out between August and November 2005. Many of the families had been coping with heroin use in the family for several years, whilst others had more recent experience of it. Questions included what support had been sought, and where, by the family? What support had been the most/least helpful? What were the barriers to seeking support and what would help family members to cope?

Key Findings:

- Families' lack of information and awareness prevented them from recognising the existence of a drug problem in the early stages of problem drug use by a family member and their need to take action to address it
- Once the problem was recognised, this lack of information together with a sense of shame, often prevented families from seeing the need for external support, thus they tried to deal with the problem themselves
- When they did begin to seek support from outside agencies, families frequently made their first approach to non-specialist agencies or providers
- When they finally did get linked into the specialist services, the ongoing lack of information/education, the fragmentation of the services and the lack of integration across them meant that the task of seeking specialist care and interacting with the specialist agencies sometimes added to, rather than helped, the burden of care on families
- This situation changed for families only when they began to learn about the nature of the problem they were dealing with, about more effective ways of managing the problem of heroin use and about their need to focus on their own well-being at the same time

- When the heroin problem itself was resolved, families often found themselves having to deal with the long term implications (including caring for children with HIV and Hepatitis C, rearing grandchildren, the fear of relapse, unemployment issues and various other problems that can be associated with former problem drug users)
- Many family members found the time and energy to use the expertise they had acquired over the years to give something back to their communities by becoming involved in peer-led family support groups
- There tends to be insufficient acknowledgement within the treatment system of the role of the family in supporting the recovery and the potential role the family can play in reinforcing the work of the treatment centres.

Based on the key findings above, the report identifies seven stages of engaging and coping with heroin use that families normally go through: 1) confusion, ignorance and denial; 2) coping alone; 3) desperately seeking help; 4) supported learning; 5) reclaiming the family; 6) supporting recovery; 7) contributing. The family goes through these stages as victim, as carer and as agent of recovery.

Despite the breadth of the research, the findings were remarkably consistent. Whilst the problems that beset families of heroin users in Ireland are similar to those that have been identified in the international research – health, financial, social and familial conflict or difficulties – the way in which they have engaged with the problem is different. This reflects our culture, availability and access to oftentimes fragmented services.

NACD Recommendations to Government:

1. Value the role of the family in treatment, rehabilitation and recovery
2. The needs of the families as victims, carers and agents of change must be recognised and appropriate services/specialist interventions provided
3. Information about the range of support services, how to cope etc should be available to all families affected by drug issues. In addition, families should be linked with a key worker which would help the families deal with the range of agencies involved
4. Establish a national body for family support networks and family support groups dealing with problem drug use. This body would also oversee best practice in the provision of family support.