

No Shame, No Blame!

A worker's guide

This guide is for helping Aboriginal and Torres Strait Islander families affected by alcohol and drugs.



About this guide

No Shame, No Blame! is a **workers' guide** for assisting Aboriginal and Torres Strait Islander carers and families affected by alcohol and drugs

Drugs don't just affect one person – they affect whole families and communities.

- **this guide identifies who a carer is** and what assistance is available for carers and families
- **it gives you ideas** for helping carers cope with a loved one's drug or alcohol problem and suggests ways that they can stay safe
- **it talks about the typical feelings**, thoughts and actions that many families go through, and shares some tips for helping them survive tough times
- **it provides contact information** for carers and families who need support, information and services, and for organisations offering treatment options

Four ways to use this guide:

- 1 face-to-face:** when a family member or carer stops by for a chat, show them the different chapters and see if they relate to any of the comic scenarios.
- 2 over the phone:** if someone calls up for a talk, use it as a prompt to bring up stuff you know they might be going through.
- 3 photocopy it:** take copies with you when you're visiting families who are doing it tough. Don't forget to give them a copy of the comic, **No Shame, No Blame!**
- 4 group discussions:** bring out the guide when you're talking to a group in a safe space. Use it to encourage people to chat about their own experiences.

IMPORTANT: Not everyone is a drug and alcohol expert so if you're feeling out of your depth, use the contacts list to get in touch with someone who is, or refer the family to a specialist organisation. Remember to seek professional supervision and debrief as necessary.

Who are carers?

Carers are usually family members who provide support to children or adults who have a disability, mental illness, chronic condition or who are frail aged. Carers can be parents, partners, brothers, sisters, friends or children. Some carers are eligible for government benefits while others are employed or have a private income.*

Young carers are children and young people under the age of 26 who care for and support a family member who has a long-term physical illness, mental illness, disability, drug or alcohol problem.**

Aboriginal and Torres Strait Islander carers are just like other carers but often look after more than just one person. They may do things like driving people to appointments, cleaning and generally assist and look after someone who couldn't otherwise look after themselves.

* Carers Australia

** Carers NSW Young Carers Project

This workers' guide uses plain English. It also uses the 'formal' names of drugs and alcohol throughout. As workers, you are encouraged to talk with carers in a way that you and they are most comfortable with.

Contents

Five 'real life' stories and where to get help



Trust don't come easy

page 3

Community worker Jessica shares some dos and don'ts for working with Aboriginal and Torres Strait Islander families affected by drugs and alcohol.



Something's up with Maria

page 5

Auntie Molly is worried about her grand-niece Maria. She's started leaving the kids alone at night and there are signs she's messing around with drugs. Jessica helps Auntie understand how drugs affect people in different ways, and shares some ideas for talking to Maria about her problem.



Tommy's draggin' our mob down with him

page 7

Angus has had enough. The police have been round looking for his son Tommy, whose drug habit has turned him aggressive. Jessica shares some coping strategies that have worked for other families and gives Angus some ideas for keeping the rest of his family on track.



Bill's back on it again

page 9

Stella thought that her brother Bill was clean for good this time, but someone's spotted him with his dealer. Jessica helps Stella understand that many users try to give up heaps of times before succeeding, and gives her advice for encouraging Bill to make better choices.



Mum's ready to change

page 11

Paula's mum has tried to stop using drugs and alcohol in the past, but something's shifted this time and Paula reckons Mum's ready to try again. Jessica lets Paula know that there are places that offer treatment and that she'll help her discuss options with her mum if she needs support.

Help is at hand

page 13

Here you will find space to write down some local phone numbers. You will also find some other contacts and handy websites.



When you see this icon, the information is directed to Aboriginal families and carers.

Trust don't come easy



Whether you're Aboriginal or not, looking after someone you love with a drug or alcohol problem is tough.

Many families suffer in silence, hoping to 'fix' the problem themselves. Cultural obligations are strong – so we stick to family no matter what.

Unfortunately, a lot of us feel shame that stops us from sharing our troubles and getting help. We also worry that others are gossipin' about us behind our backs.

Working with families who are suffering takes time and it's important that we earn their trust.

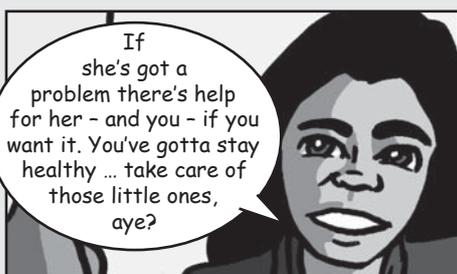


Here are some things to keep in mind when working with Aboriginal and Torres Strait Islander families:

- give information. Tell it how it is but say it with respect
- be open-minded and show a positive response when someone says they're ready to talk
- be a good listener. Don't interrupt with your own stories or share personal info
- create a space for the person to express their own feelings and tell their own story rather than focusing wholly on the substance user
- show empathy and don't judge. Work on building a trusting and confidential relationship, and don't expect carers to tell you everything when you first meet them*
- think about the family you're talking to, their personal history and culture, and adapt your talk to suit them
- don't offer one answer or pressure them into a single action like getting their loved one into treatment or chucking them out of home
- remind them that other families have also dealt with the problem
- don't pretend to be a drug and alcohol expert, and always refer families to specialist organisations if you're out of your depth
- know your Australian history. Consider how the history of dispossession and socio-economic disadvantage affects Aboriginal and Torres Strait Islander people psychologically, emotionally and spiritually, and impacts on Aboriginal and Torres Strait Islander families.

* Respecting confidentiality is important, but you are legally bound to report any concerns you have that fall under Child Protection or Duty of Care legislation.

Something's up with Maria



People use drugs for different reasons

People from all kinds of families use drugs. A drug or alcohol habit isn't necessarily due to low self-esteem or a troubled family history. Other reasons include:

- to experiment
- to have fun, relax and socialise
- to help cope with stress, grief, anxiety
- to stop boredom
- to feel more confident.

Not everyone who uses drugs becomes hooked

Some people just experiment to try new experiences. Others might use drugs socially to relax and ease stress and/or escape. Even regular users can sometimes change their habits if they decide to. If someone becomes dependent, it means they need drugs to get through each day. Some people binge, which is also a problem.

There are no clear warning signs

There's no one checklist to work out if a person is using drugs. But there are some signs:

- changed behaviour
- withdrawal or aggression
- wild mood swings
- changing friends
- avoiding family gatherings
- asking for a lot of money.

NB: Be careful not to confuse these signs with depression or stress, or a teenager going through normal growing up changes. If you have any concerns, contact a family support worker.

Drugs affect people differently, especially if they mix their drugs

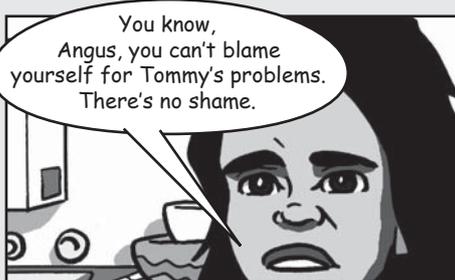
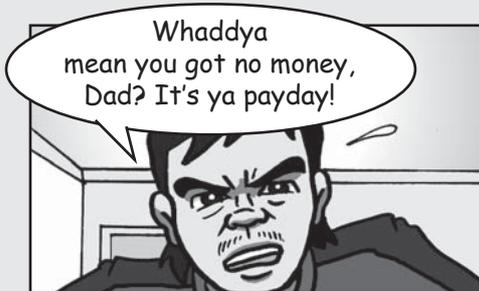
- depressants such as alcohol, cannabis, heroin and some prescription pills, particularly benzodiazapines, make people slow and vague or even unconscious
- stimulants such as speed, amphetamines, crystal meth, ice, cocaine, nicotine, caffeine and ecstasy make people extra alert or even anxious and panicky
- hallucinogens such as magic mushrooms, LSD and mescaline make people hear or see things that aren't there.



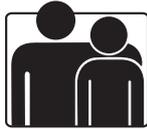
If the carer wishes to talk to their loved one about their drug use, give them these tips:

- prepare yourself to speak with your loved one. Remember that there is help available and your family doesn't have to cope alone
- be prepared to listen
- choose a moment when they're sober and the house is quiet
- get the facts. Ask them questions about their use
- show concern and make sure they know how you're feeling too
- don't blame yourself.

Tommy's draggin' our mob down with him



*Gungies: police



Caring for someone with a drug problem is tough

A carer is someone who is looking after a person struggling with a drug or alcohol problem. Carers usually come from the same family and can be an auntie, boyfriend, mum, dad, brother, uncle, granddad, child or close mate.

Have a look at the definitions of a carer on Page 2 of this guide to remind yourself of other definitions of who a carer is.

Everyone is different, but many family members go through a range of emotions:

- shame and embarrassment
- guilt and self-blame
- anger
- covering up or trying to 'fix' the problem
- feeling overwhelmed and sad
- withdrawing and focusing on their own life.

Everyone reacts differently to having a drug user in the family

Families often think different things about the problem, depending on how long they've been dealing with it (or ignoring it).

Some common responses include thinking that:

- the family can control the problem
- one round of treatment will cure the person
- stopping all drug taking is the only solution
- it's their role to 'fix' the problem ASAP
- the user comes first over themselves and other family members
- the user needs to hit rock bottom before they will change.

Many families experience the same seven steps to coping

Each family learns to cope in their own way. Most families will go through a process that other families have also been through. Usually they will:

- 1 start feeling suspicious** that the person you love has issues with drugs or alcohol
- 2 confront them** to find out if they're right
- 3 try to help them stop** or slow down
- 4 try to handle the problem on their own**
- 5 realise that expert help** from outside is needed
- 6 watch as the user tries to get treated** or to withdraw. This is distressful for everyone, and the user can lapse many times
- 7 learn over time to cope** in their own way. They get a better understanding of the 'cycle of addiction' and the role they can play.



Carers looking after themselves and other family members is just as important

If carers want to look after a loved one properly, they can't ignore their own needs or forget about the other people who love them too. Give them a copy of the 'No Shame No Blame!' comic to read and point out the tips on how to care for themselves on its last page.

Let them know some more tips:

- talk about it: Many families in our community are affected by drug problems. You are not alone
- get expert help: There are lots of services to support people in your situation. Getting professional advice can help you cope and can also benefit the person affected
- don't think you can 'fix' your loved one: Only the user can decide to give up or cut back on their drug use
- set boundaries: It's important that the user understands your limitations. Keep communicating, and if you need help with these skills, you may be able to join a support group if there is one in your area
- accept that recovery might take a long time: There are no short cuts to recovery, but even little steps your loved one takes are positive
- be realistic about treatment: If your loved one lapses they won't be the first. It often takes several rounds before they can recover.

Bill's back on it again



*done: methadone
**nurigar: slang for stupid

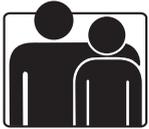
Kicking a drug habit is hard work

Most people will experience emotional, mental and physical stress when they try to stop or cut back their drug taking.

When it comes to stopping or reducing their habit, they might succeed then lapse many times.

Typically, many users go through six steps before they quit completely:

- 1 not worried at all:** In this phase, the user is happy and won't accept there's a problem – even if they're told they're harming their health or ruining their life
- 2 will think about it:** At this point the user starts to feel confused. On one hand they're still enjoying their drugs. But on the other, things like money troubles, family fighting, getting sick, and even run-ins with the law, are causing them worry
- 3 ready to change:** This is when the user decides to change their ways. Things are getting too hard. But sometimes, they still can't act and they stay stuck thinking about it
- 4 will do something about it:** At this step the user changes their drug or alcohol use. They cut back or stop using completely
- 5 try to stay clean:** Now they've given up or cut back, they try and stick to it. This is a hard time as it usually means giving up old friends and ways. But some people will manage to get there
- 6 falling back into old habits:** Many people will start using again, especially if they're trying to give up something that they've become heavily dependant on.



Here is some advice you can give to family members to help them cope:

- 1 find support for yourself.** This is the most important thing you can do. When family members are supported they can help their loved one much better
- 2 keep encouraging** them to talk
- 3 set boundaries.** Let them know what you'll put up with – and what you won't
- 4 help them get information** and expert advice if they ask
- 5 be positive** about any efforts they might be making, no matter how small
- 6 if they relapse*, stay calm.** Remind them that they can continue to change.

*There is a difference between a lapse and a relapse. A lapse is a short-lived use of a drug. A relapse is when you go back into being addicted.

Mum's ready to change



Make sure families feel supported when you're referring them on

Workers are often the first person a family turns to for help, so it's important to think 'how would I feel in their position?' Trust is a big issue.

You might decide to refer the family onto a specialist when:

- they indicate they're ready for specialist help, such as treatment, which you can't provide. Remember, the person needs to decide for themselves. No-one can make them go
- there are mental health issues
- you feel out of your depth
- you're unsure about facts such as the effects of particular drugs
- you think the family would benefit from more support such as group counselling.

Follow these 8 steps for referring

- 1 listen very closely** and make sure the family member is open to a referral. Some people will stop getting help if they're told they need to speak to someone else
- 2 respect their privacy** and confidentiality
- 3 make sure they understand** and agree
- 4 check with the service first** to make sure they're the best one for your client
- 5 find out where the service is located** and if there are costs involved. Travelling costs should also be discussed
- 6 decide if you will make the appointment on their behalf.** This might also involve driving them or making sure they get there
- 7 check to see if the service has Aboriginal and Torres Strait Islander workers** who could provide extra support
- 8 always follow up** with both the service and the client to see how things are going.

Treatment works but it takes time – and relapse is common

There is no single treatment option that works for everyone, and the success of the treatment will depend on a person's level of dependence and willingness to change.

Every single attempt to change is a step in the right direction.

Treatment providers include:

- doctors
- specialist drug and alcohol services
- self – help groups.

NB: See 'Help is at hand' on page 13 for contact information.

Five common treatment options

- 1 withdrawal management:** This is when medication such as methadone, buprenorphine or naltrexone is used to ease withdrawal and/or relapse symptoms. It is not a cure for drug dependence and takes time, depending on the individual. The treatment can take place at home or in a supported rehabilitation environment
- 2 residential rehab:** Ranging from four weeks to six months, this lets the person live in a drug-free setting while getting a range of treatment options from professionals
- 3 outpatient services:** This is when the person stays at home but visits the specialist centre for counselling, medical treatment and day programs
- 4 day programs:** These are intensive programs that run over one to four weeks. They often include counselling, assertiveness and communication training, and life skills development
- 5 12 step programs:** Programs like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) help people who have decided to stop but need day-to-day support from other people dealing with the same issues. There are family support groups as well.

Help is at hand

LOCAL NUMBERS

Write your local drug and alcohol services phone numbers here:

Aboriginal Medical Service:

Area Health Service:

Contacts for workers

The following organisations can provide help and support to families or carers affected by the drug or alcohol use of someone they love.

Remember, trust is a big issue for Aboriginal and Torres Strait Islander families. If you're referring them to someone else, try to make sure that the trusting relationship you've set up is continued. Always ask if an Aboriginal and/or Torres Strait Islander worker is available.

In NSW, special government, private and community services have been set up to help people with drug and alcohol problems. Some treatment options are free. Others charge a fee. Always ask.

**Carers New South Wales
Aboriginal and Torres Strait Islander
Carer Program
02 9280 4744**

This program raises awareness about carer issues and encourages better service support. Providing an Aboriginal and Torres Strait Islander perspective in the planning and implementation of project, training, policy development and direct service work.

**Commonwealth Carer Resource Centres
1800 242 636**

These centres provide a single point of contact for carers seeking information and advice about the full range of services and other support available.

**Commonwealth Carer Respite Centres
1800 059 059**

These centres coordinate access to respite services in your local area.

**Department of Community Services (DoCS)
132 111**

A child protection agency with a centralised intake, assessment and referral service. Operates a 24 – hour, 7 – day a week Helpline whose main priority is to take reports of children at risk of harm.

**Alcohol & Drug Information Service (ADIS)
1800 422 599 or 02 9361 8000**

This is a free, 24 – hour, 7 – day a week confidential advice, information and referral line. Hearing impaired service provided.

**NSW Users & AIDS Association Inc (NUAA)
1800 644 413**

This service provides education, practical support, information and advocacy to users of illicit drugs, their friends, and allies.

**Network of Alcohol & Drug Agencies Inc (NADA)
(02) 9698 8669**

This network is the peak organisation for the alcohol and drug non-government sector throughout NSW.

**Resource & Education Program for Injecting Drug Users (REPIDU)
(02) 9699 6188**

This service is based in central Sydney and operates various services which offer advice and additional harm reduction services.

**NSW Family Services Inc (FamS)
02 9692 9999**

Offers referral to support services for families experiencing stress.

**Parentline
132 055**

Information, advice and referral for parents and carers who are concerned about their child or young person.

13

No Shame, No Blame! A Streetwise Kit

**Area Health Service
Centralised Intake Numbers**

These services offer advice, booking and treatment for workers supporting people with drug and alcohol issues.

Greater Southern Area Health Service

1800 800 944 / 02 9425 3923

Greater Murray region

1800 809 423

Southern region

Greater Western Area Health Service

1800 665 066 / 08 8080 1556

Far West region

1800 092 881 / 02 6841 2360

Macquarie region

1300 887 000

Mid Western region

Hunter and New England Area Health Service

02 4923 2060

Hunter region

1300 660 059

New England region

North Coast Area Health Service

1300 662 263 / 02 6588 2882

Mid North Coast region

02 6620 7612

Northern Rivers region

**Northern Sydney and Central Coast
Area Health Service**

1300 889 788

Northern Sydney region

02 4394 4880

Central Coast region

**South Eastern Sydney and Illawarra
Area Health Service**

02 9113 4444

South Eastern Sydney region

1300 652 226

Illawarra region

Sydney South West Area Health Service

02 9616 8586

South West Sydney region

02 9515 6311

Central Sydney region

Sydney West Area Health Service

02 4734 1333

Wentworth region

02 9840 3355

Western Sydney region

Handy websites

Aboriginal Health & Medical Research Council

www.ahmrc.org.au

Carers Australia

www.carersaustralia.com.au

Commonwealth Carer Resource Centres

www.health.gov.au

Carer Respite Centres

www.health.gov.au

Department of Community Services

www.community.nsw.gov.au

Australian Drug Information Network

www.adin.com.au

Network of Alcohol and Drug Agencies Inc (NADA)

www.nada.org.au

Narcotics Anonymous

www.naoz.org.au

Alcoholics Anonymous

www.alcoholicsanonymous.org.au

NSW Users & AIDS Association

www.nuaa.org.au

NSW Office of Drug & Alcohol Policy

www.druginfo.nsw.gov.au

National Drug and Alcohol Research Centre

www.ndarc.med.unsw.edu.au

Drug Information @ Your Local Library

www.druginfo.sl.nsw.gov.au

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