

CITYWIDE FAMILY SUPPORT NETWORK  
REPORT OF CONFERENCE



WHAT DO WE ALL

MEAN BY

FAMILY SUPPORT:  
Developing Partnerships



25th & 26th April

Fairways Hotel, Dundalk, Co. Louth

Francesca Lundström, Ph.D.

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# WHAT DO WE ALL MEAN BY FAMILY SUPPORT:

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# introduction

*This is the first conference organised by Citywide Family Support Network specifically for family members of drug users and those who work within or are interested in the field of drug addiction.*

## Family Support Groups

Over the past twenty years, the drug crisis, which devastated and continues to devastate many communities in Ireland has brought particular pain to the families of drug users. These families have not only had to cope with the devastation of what is happening to their loved ones through drug use, but have often experienced loneliness, isolation and despair in trying to deal with the problem. Some of the responses to drugs within communities (e.g., marches on homes and the public naming of people) have had the unintended effect of isolating and stigmatising the families of drug users.

In the late '80s and early '90s, in an effort to redress this isolation and stigmatisation, families of drug users in Dublin began to respond by forming Family Support Groups. In these groups family members have an opportunity to share experiences and provide one another with support.

In February 1999 Dublin CityWide Drugs Crisis Campaign invited representatives from 30 Family Support Groups from all areas of Dublin to plan an event for the Millennium. This event had three main aims:

- To highlight the amount of drug related deaths.
- To draw attention to the invaluable work done by Family Support groups.
- To alleviate the stigma attached to drug use within a family.

The group decided on a multi-denominational Service of Commemoration and Hope, which took place in Our Lady of Lourdes Church in Sean Mc Dermot Street on 1st February 2000.

## Citywide Family Support Network

Following the huge success of the Service it was decided that the Network would continue in order to build on the invaluable work it had begun.

This Network consists of representatives of Family Support Groups, individual family members and those working directly with families affected by drug use. The aims of the Network are to:

- Raise awareness of family support work and its role within the community.
- Highlight the importance and value of work done by family support groups,
- Provide information to families and communities on existing services and supports.
- Highlight the extent of the drugs problem and its effects on families and communities.
- Campaign for better services for drug users and their families.
- Support the involvement of the people most affected by the problem (i.e., families and recovering drug users) in the development and running of services and to ensure that adequate supports are put in place to enable this to happen.
- Remember and commemorate those who have died as a result of drugs.
- Offer support to each other as members of the Network.

Over the years it has become apparent for Family Support Groups and their members that being part of the Network gives:

- Family Support Groups strength by networking with similar groups and through sharing information with them.
- A sense of security to Family Support Groups in knowing that problems do not have to be solved in isolation—there is support available from the Network for families and drug users.

## Background to the Conference

The Family Support Network has helped to highlight the devastating impact that drug misuse has on all members of a family. It has also highlighted the lack of services and supports for families in this situation. The Network is committed to working with all the key players to develop services in a way that meets the needs of families. In order to do this, it is necessary to examine what the needs of families are and what we mean by Family Support – a term that is used all the time within the Network.

## Format of the Conference

The conference format was a mixture of addresses from ‘professionals’ (i.e., civil servants, academics, researchers and practitioners in the area of drug misuse) and workshops comprising members of family support networks, recovering drug users and practitioners (e.g., social workers, community workers, etc.). Over the course of the conference there were three workshops, two on the first day of the conference, in the morning and afternoon and one on the morning of the second day. Conference delegates were assigned to one of eight workshops groups of approximately 20 persons. Every workshop group had a facilitator appointed by the conference organisers. Workshop group participants were asked to choose a name to represent their group, however, only four groups did so. The following table identifies the workshops, their chosen name and the facilitators and the facilitator’s affiliations:

**Table 1: Workshops by group, name, facilitators and facilitator’s affiliations**

Workshop	Workshop Name	Facilitators Affiliations	Facilitator’s Groups
Group 1		Anna Quigley, Co-ordinator	Citywide Drugs Crisis Campaign
Group 2	Real Steps	Marie Connor, Co-ordinator	Snug Counselling & Information Services
Group 3		Sunniva Finlay, Development Worker	Citywide Drugs Crisis Campaign
Group 4	4 Change	Chris Murphy, Director	Drug Awareness Programme, Crosscare
Group 5		Robbie Byrne, Team Leader	Community Response
Group 6	The Happy Hormones	Cathal Holland, Co-Chairperson & founder member  Counsellor	Citywide Family Support  Ballymun YAP
Group 7	Vision of the Future	David Little, Community Worker	Northern Area Health Board
Group 8		Ger Supple, Co-ordinator	Chrysalis Community Drug Programme

A rapporter, Dr. Francesca Lundström, was appointed by the conference organisers to meet with the eight workshop facilitators immediately after the workshops had taken place to receive feedback on the content of the workshop, condense this information and report it to the delegates during the following conference session.

## Aims of the Conference

The aims of the conference were fourfold. They were to:

- Highlight the crucial role played and the invaluable work carried out by Family Support Groups in relation to drug misuse.
- Define what is meant by family support.
- Identify the needs of Family Support Groups.
- Begin to develop a partnership between Statutory Agencies and Family Support Groups to address the needs of drug users and their families.

## Expected Outcomes

The four main outcomes expected from this conference were to achieve:

- A greater awareness of the impact of the drug problem on families.
- A greater awareness of the work of family support groups and the value of that work.
- An increased knowledge and understanding of the different models of family support work and how they can be delivered.
- A dialogue between Statutory Agencies and Family Support Groups around the needs of drug users and their families.

## Summary

This first conference organised by Citywide Family Support Network has aims and expected outcomes that will further their work of supporting the families of drug users. This will be done by:

- Highlighting the importance of the organisation's work to families of drug users,
- Bringing the issues relevant to family support to a wider audience and
- Bridging the gap between the families' first-hand knowledge of the issues surrounding drug abuse and the inadequate social policies which they perceive do not address many pertinent issues relative to the problems they and users experience.

Because this is the first conference to be organised around the topic of family support it is a learning experience for all involved. The organisers are aware that, in retrospect, they will discover that many of the procedures may have been done better and differently. However, the learning accomplished at this conference will give direction to future endeavours including future conferences.

# acknowledgements

In 1999 a number of people came together to organise an event for the Millennium. These were people who were involved in the area of family support for those who were affected by drug use within the family. They represented family support groups and individuals from across the city. The Service of Commemoration and Hope, the event chosen was a huge success. Out of the Service was born Citywide Family Support Network.

In order to keep up with developments on the issue of family support members of the steering committee of the Network attended a number of conferences. It was unanimously considered that these conferences did not deal with the issue of drug use within the family or family support, as we understood it. Family support from a statutory perspective was professionally driven and focussed on children at risk. From the networks perspective, family support was primarily peer support and dealt with the families of those who had succumbed to the risks particularly those risks presented by drugs and so the germ of an idea was born. It was decided that we as a Network would organise our own conference that would look at the issues relevant to the membership of the Network in the hope that this would assist us in influencing policy.

This conference was to become the dream of the Network. Dreams do come true but it takes a lot of work. Who would have thought that in such a short space of time the Network would be in the position to contemplate organising a major three-day conference? Our first step, as usual, was to form a sub committee to look at the various elements that go into a conference.

The initial research of the sub-group identified the Fairways Hotel, Dundalk as a possible venue. We then entered into intensive negotiations and we finally reached agreement on prices etc. We had a venue. And what a venue it proved to be! The facilities were first class with a brand new purpose-built conference centre. From the owners, the Quinn family, the general manager Killian Brady and the conference and banqueting executive Dara McCarthy to the household, catering and general staff all played their part in making the delegates feel at home and ensured the smooth running of the conference. When we filled the Fairways Hotel they arranged further accommodation in the Imperial Hotel, Dundalk.

The management of the hotel introduced the sub-group to events managers Irish Welcome Tours, who through John Waldron and Bernadette Clancy gave us huge assistance in organising the printing and posting of the conference brochure, managed the bookings including the cash flow and arranged transport.

When we looked at the issue of funding we made application to the Eastern Regional Health Authority through the then Director of Planning and Commissioning, Pat McLoughlin. Pat was able to secure grant support of €15,000. Added to this was part of a donation we received from the David Kendrick Memorial Fund, which enabled the Network allocate a large number of bursaries. We then needed to publicise the conference and this was done very successfully through Pat Montague and Celine Clarke of Montague Communications.

The Network had decided that the conference would look at family support from the perspective of the past, present and future. The sub-group then identified a number of speakers whom they believed would meet their needs. The speakers came from the statutory, academic, community sectors and the Network. Catherine Hazlett, Dave "the Health Board" Little and Mairéad Lyons spoke on behalf of the statutory sector, academia was represented by Stephanie Holt and the community by Anna Quigley, and Fiona Nolan. Sadie Grace and Cathal Holland spoke on behalf of the Network. At the beginning of each session a poem was read by Robbie Byrne. The chairpersons for the three sessions were Phillip Keegan, Dave Connolly and Sunniva Finlay. Karen Williams was responsible for the overheads and PowerPoint and Paul Grace looked after the sound.

All the speakers set the theme for the workshops, which were facilitated by Robbie Byrne, Anna Quigley, Cathal Holland, Chris Murphy, Ger Supple, Dave Little, Sunniva Finlay, and Marie Connor.

On the Thursday evening, following a full days conference, there were a number of exhibitions. These were on behalf of groups and individuals working with family members. Ann Ryan, community acupuncturist, presented relaxation exercises, Jim Byrne, NADA Eireann demonstrated how ear acupuncture could be used in detoxification and relaxation and Robbie Byrne displayed and spoke about the materials developed by Community Response.

Possibly the most difficult job of all went to report writer Francesca Lundstrom. We contacted Francesca in the early stages of the planning process and we found her advice a great help. We found her commitment and enthusiasm an enormous motivator. While briefing her on what was required we asked her to take on the impossible and produce a report that was readable. We believe she has done an excellent job of work.

On behalf of the Network, I would like to express our appreciation to everyone involved in making the conference the success it was. We would like to say a special thank you to the management and staff of CityWide Drugs Crisis Campaign for their support and assistance in the planning and organising of the conference.

While you can plan a conference to perfection, provide the best facilities, draw on the best speakers and facilitators it can still be a failure. The one element that made a success of this conference was the delegates. People travelled from all corners of this island and it is to them we would like to express our warmest thanks. It was stated at the beginning of the conference that there were three elements involved in making the conference a success - work, networking and socialising. I can report that all three were entered into with enormous passion.

We are conscious that no matter how detailed we are in thanking people, that there were a lot of individuals involved in the conference from beginning to end. We are bound to forget somebody. I would like to assure you it wasn't done deliberately and hope that you accept this as thanks to you all.

*Phillip Keegan, August, 2002.*

# Key issues from the workshops

*The workshops were at the heart of the conference, providing people with an opportunity to contribute and participate in the discussion, based on their own experiences. The following sections outline the workshop content in detail and it reflects both the experiences that people have lived through and the benefits that people get in coming together to look at that experience.*

*From the workshop discussions there are a number of key issues emerging for the Family Support Network.*

*Family Support Groups have a really important role to play and there is a need to get more information about them and a clearer picture of what they do out to the wider community and to the statutory agencies.*

*Families have hard earned experience and knowledge around the drugs issue and its effects. For this reason, they need to be seen as partners in the developments of services and policies, along with other community people, drug users and statutory agencies. At the moment, families are not seen as partners in the policy making process.*

*Families can make a key contribution to the treatment of their family members. However, they are not currently being supported or facilitated in doing this and this needs to change.*

*It is very clear from the discussion that one of the key supports for families is the availability of proper treatment and support services for the family member who is using drugs. One of the biggest difficulties for families is the lack of services for drug users.*

*While the development of adequate services for drug users is key, families also have their own needs and the issue of developing services for families has not been addressed at all. An example is the National Drugs Strategy, which does not include families.*

*The specific issue of financial support for family members who are caring for the children of drug users needs to be highlighted and addressed immediately.*

*There was a lot of discussion around the need for family experience to be recognised in relation to accessing jobs in family support and other related areas. Training opportunities that have been developed in the community need to be more available for people to enable them to access paid employment.*

*People from communities outside of Dublin highlighted the difficulty of the drug issue being openly acknowledged and discussed in these areas. Acknowledging the problem is a key first step in doing something about it. Accessing services is a huge problem for people from outside Dublin.*

*The effects on families and drug users of the Housing Act and evictions came up in the discussions and it needs to be recognised that current policy is affecting people in a really negative way.*

*There were a wide variety of experiences in relation to working with statutory agencies, both positive and negative. In the discussion, the negative experiences have outweighed the positive for families to date, but there are examples of the benefits when families and statutory agencies can work together.*

*The new Family Support Agency will be a key statutory player in the future and the Network will need to develop links with this new agency.*

*Finally, the discussions identified the Family Support Network as a key support both for groups and individuals in bringing people together, in accessing, sharing and circulating information and in building on people's experience. The role of lobbying and campaigning is also identified as a key role for the network into the future and in order to do this, the Network needs to raise its profile and become better known.*

**CityWide Family Support Network**



# the conference...

The conference centred around three Family Support themes:

- The background to Family Support • The current situation • The way forward •

*A conference session was devoted to each of the themes. A copy of the conference programme is in Appendix A to this report.*

## Day One, Session One: Family Support – The Background

### *Endless Longing*

The story is no longer behind closed doors,  
People will know now the breaking of a mother's heart,  
The tears shed for blood of my blood, flesh of my flesh,  
The endless longing for the one that I knew;

That moment of wonder when first you lay on my body and drank from  
my breast and I believed in miracles,  
We were young with dreams and hopes,  
We shook the poverty of tenements off us hoping  
Our new address would not hamper us when we searched for work.

Anything we could do we did it for you.  
What was the lure?

What thing could it be to sleeveen its way into  
Your sylph-like body and steal you away?

What was not done I will never know  
When I look into your vacant eyes, I want to turn back the clock,  
I want so desperately to protect you and I feel so hopeless,  
I cannot do it on my own.

*Robbie Byrne*  
*for Maureen, Kay, Vera, Rose and Mary*

This session was designed to provide delegates with the history of the development of Family Support from an academic perspective and from the experiences of those who were the founding members of the Family Support Network.

The Session was opened by Robbie Byrne reading his poem *Endless Longing* – a remembrance of children lost through drugs.

Because a General Election had been called by the Taoiseach on the evening of the 24th of May, Dermot Ahearn, TD, Minister for Social, Community and Family Affairs was unable to attend to open the conference. A short address by Philip Keegan, Development Worker with Citywide Drugs Crisis campaign, member of Citywide Family Support Network and Chair for Session One, reiterated the four main aims of the conference. He then introduced the two speakers for this session who were Stephanie Holt<sup>1</sup>, Department of Social Studies, Trinity College Dublin and Anna Quigley, Co-ordinator, Citywide Drugs Crisis Campaign.

<sup>1</sup> Stephanie Holt is a qualified Social Worker and is a former Co-ordinator with the Eastern Health Board's Family Support Services based in Tallaght.

# Stephanie Holt:

## The Background to the Development of Family Support Services

### Introduction

The overall aim of the presentation was to identify the development of Irish family support services to connect with the Family Support Networks to identify their current needs and inform future support service provision.

There are two common definitions of family support:

- A 'cure for all ills' programme which is all inclusive and means nothing in practical terms;
- A 'warm and fuzzy' concept, which could be considered a soft option, when compared to 'real' therapeutic interventions.

By identifying what works and why in different models of family support, we can challenge ourselves by asking what aspects of family support meet the specific needs of families who have members who are drug users? By doing this it may be possible to overcome the deficits in the above definitions.

Family support programmes have been in existence in Ireland for the last three decades provided by both statutory and voluntary agencies. However, it was not until between 1999 and 2000 that the Irish Government began to realise the importance of the family and the additional importance of listening to them. During these years, Government reports strongly advocated the need to offer universal support to all families in the course of targeting family support to those at risk.

### What does family support mean?

The Concise Oxford Dictionary defines support as: "to carry all or part of the weight"; "to give strength to"; "to assist by one's presence" and "encourage".

An Irish definition of Family Support formulated by Dr. Robbie Gilligan of Trinity College Dublin emphasised that to be effective family support must be responsive, accessible and above all it must connect with families who need the support, when they need it. Waiting lists have no place in family support. In order to provide this type of support, there must be a low-key, local, non-clinical, unfussy "user-friendly" approach to family support.

Central to understanding family support is the basic assumption that all families need support and that support is essential to the enhancement of family life. Support is empowering and serves as a preventive function that increases a family's ability to cope in times of crisis.

Family support also assumes that most families find support within their immediate and extended family. Additionally, it assumes that a family's needs are best met within the context of the family and the community.

Support for families can occur informally and formally. Informal supports include:

- Family (including siblings, grandparents and extended family)
- Friends }
- Neighbours } *The family's social network*
- Social clubs }

It should be recognised in this context that increasingly more grandparents and other extended family members are caring for their grandchildren mostly, but not exclusively, for drug related reasons.

Formal supports include:

- Public Health Nurses
- Social Workers
- General Practitioners (GPs)
- Family Support Workers
- Schools and Crèches.

Extended families and communities have been supporting nuclear families since the beginning of time and family support services in Ireland involved in the provision of formal support have been in existence for over 30 years. However, over these years social change has created many different types of families, which needs to be reflected in forms of family support on offer. Therefore, family support needs to take into consideration the cultural and ethnic diversity of modern Irish society.

Rather than being preoccupied with deficits and pathology within the family, attention should be paid to the assets and strengths, which may be present. We should recognise that individuals do well despite living in stressful circumstances. Therefore support can interact with their "resilience" and family support should tap into this. Two US authors<sup>2</sup> claimed *"we need to hear less about our susceptibility to harm and more about our ability to rebound from adversity when it comes our way"*.

The notion of empowerment is central to family support. There should be the practice among formal supports that they work with rather than on families. Informal support also empowers because it locks people into the social fabric of their communities, decreases stress and anxiety and improves the quality of families' social and material experience.

## What Sort of Family Support Works Best?

Successful family support interventions include:

- A special focus on the availability and helpfulness of the family's social network,
- Intensive social contact with volunteer, lay therapist or parent aide,
- Multi-service assistance (including concrete help),
- Structured parenting and support groups for socialising, support and skill building,
- Education and support for parents.

Research has shown that programmes using para-professionals are effective and more so when they are coupled with intensive formal support.

Irish family support services are in an expansionary phase, evolving, changing and growing. To be effective, family support needs to be flexible and adaptive in its engagement with vulnerable families. It must seek to cultivate both the strengths and natural problem-solving abilities of all families and restore their confidence in their capacity to overcome adversity.

It is imperative that family support:

- Actively involves men as fathers, rather than almost exclusively women and mothers, in family support work.
- Gets the necessary political support to ensure adequate funding.

Finally, those providing family supports should be aware that all families have strengths, abilities and resources to cope with and overcome their problems.

2 Wolin, S.J. & Wolin, S. (1993). *The Resilient Self: How Survivors of Troubled Families Rise Above Adversity*. New York: Villiard.

# Anna Quigley:

## The Background to Citywide Family Support

At the end of the 1970s and beginning of the 1980s, community leaders in Dublin's Inner City were beginning to warn communities about a developing drug problem in their areas. In 1982 the Bradshaw Report highlighted the extent of heroin use in the North Inner City of Dublin. Communities were struggling desperately to come to terms with the devastating effects of a drug problem that seemed to have hit them from nowhere. The Government set up a Task Force, which produced a report in 1983 that recommended investment in youth and community facilities in inner city areas with drug problems. The report was never published and its recommendations were not implemented.

During the rest of the 1980s and early 1990s the heroin problem spread out across the city. By 1995, communities could no longer cope with the devastating effects of the drug problem and took their protests on to the streets. There were marches on the Dáil demanding services for drug users. In local communities there were marches on the homes of suspected drug dealers. As a result of these activities, (together with the murder of journalist Veronica Guerin in 1996) the drugs issue began to hit the headlines and became a big public issue.

This was a particularly bad time for families. Not only were they struggling with the lack of services for their children with drug addictions but they were also dealing with pressures from their own community, as drug users and their families often became the target of community hostility. Families found themselves caught in the middle of an impossible situation.

During this period small, individual family support groups were already emerging in communities throughout the city. This was a spontaneous development, led by families themselves in response to the desperation they felt. These groups started sharing their experience of drug use within the family and when these groups from different parts of the city came together, this was the beginning of the Citywide Family Support Network.

The issue that first brought the family support groups together was the deaths of drug users. Many families across the city were experiencing the grief of losing a loved one to drugs and also coping with the isolation and shame that often went with a drug related death.

From 1996, local commemorations began to take place in communities across the city where people remembered those who had died from drugs. There were church services in many areas. In the North Inner City, a Christmas tree is erected every year and there is now also a permanent memorial in the North Inner City<sup>3</sup>. These commemorations were hugely important as a public show of solidarity with grieving families. The family support groups believed that there should be a citywide commemoration that would highlight the extent of deaths across the city.

In February 2000 the first city wide commemoration of those who died was held. This was a Service of Commemoration and Hope (Forget-me-nots Amongst the Snows) for the estimated 800 people who had died from heroin use<sup>4</sup>. From the experiences of this service, the Family Support Network began.

The Family Support Network is a family-led movement. Its aims are to:

- Highlight the deaths from drug misuse by having an annual service,
- Support the development of new family support groups,
- Promote the idea that families should have an influence on service development and policy.

In the South Inner City, a group of women calling themselves Tenderhooks produced a play *Taking Liberties*, which portrayed the experience of families with members who are drug users. The play was used to bring people in local communities together to look at the needs of the families of drug users. With the help of EU funding, the Community Response Family Project enabled families to develop their own information and awareness materials that are relevant to the needs of drug users and their families. Community Response Family Project and Citywide jointly hosted a conference on family support in October 1999 and this was also an important step in the development of the network.

3 A sculpture was chosen by the families who contributed possessions of their dead children to be part of the bronze cast.

4 These figures are not accurate because of the way cause of death was reported on many of the Death Certificates.

In 2001 the Government published its National Drugs Strategy 2001-2008. The document contains 100 actions. Unfortunately "family" appears only once, in a brief reference to family therapy. This highlights the need for the Family Support Network because:

- The voice of families needs to be heard.
- It can highlight the need for services for families and it can promote the idea that families have an essential role to play in the success of any drug strategy proposed by the Government.
- In order to meet these aspirations, the Network needs to engage with statutory agencies now. There is need for the network to be resourced to enable it to carry out the huge amount of work that needs to be done.
- Remember you are part of this history and will also be part of the future and out of all the pain and suffering that people have experienced, this network provides hope that the future can be more positive.

A **Questions and Answers Session** followed Stephanie and Anna's presentations.

The following points emerged from this:

- We should not forget that there have been the developments in family support outside Dublin. There are delegates at the conference from Ballymena, Bangor, Cavan, Cork, Dundalk, Newry, Kerry, Kilkenny and Tipperary.
- We would all be lost without our groups.
- A national network would be important and helpful.
- Because of red tape some networks outside Dublin have had great difficulty in starting, especially through lack of funding.
- Because families are not in the National Drugs Strategy, funding cannot be sourced. However Statutory and Voluntary alliances could help funding deficits.
- Family Therapists as a profession are not recognised in Ireland. There is value in one-to-one couple work. Professional services for families are not there and the funding issue is a disgrace.
- Save the questions for the politicians, tell them what you want.
- Family Support should have a multi-disciplinary team approach with professionals, para-professionals and non-professionals.
- Family Support must be made attractive. The service must be family focused and not the type of formal support offered previously.

## WORKSHOP 1:

### What has been your experience as a family member or a person working with families of the drugs issue over the past five years?

Based on your experience: • What worked? • What did not work? • What are the lessons learned?

Following Session One, the conference delegates were split into eight workshop groups<sup>5</sup> to explore the following question:

## Report from workshop 1<sup>6</sup>: The Experiences of Family Members and Persons Working With Families

The responses of family members to this question can be classified into four main levels of experience:

- Individual
- Familial
- Community
- Societal

Family members tended to talk about individual and familial experiences whereas the professionals tended to address issues at the community and societal levels.

### Individual Experiences

Family members recounting their experiences of drugs issues talked about their emotions, and about their familial, community and societal experiences.

**Emotions:** Most of the emotions reported by participants were negative and included feelings of:

- Initial shock, shame, distress, denial, fear, frustration, helplessness, anger, heartbreak, self-blame and desperate madness.
- Wondering if other people knew that my child was using drugs. This leads to isolation, discrimination and stigmatisation.

**Familial Experiences:** Participants reported:

- That ordinary family communication broke down and family members had to “walk on eggshells”.
- The mother knowing there is a drug problem in the family and hiding it from the father, which is not a good idea. In this situation the mother is taking all responsibility. Individuals should not take on the burden alone.
- Some fathers not wanting to know about drug problems in the family. However, they need to know and to get involved.
- Although individuals and families learn to take care of themselves, it remains heartbreaking to see a son or daughter or other relative still on drugs, especially if that person does not get into recovery.
- People/friends not wanting to know that there is a drug-using member in the family.
- Division of families through parents having to evict their children who are drug users because of pressure from the housing authority.
- Being known for the wrong reasons by the Gardaí.
- Even if the drug user needs support, the family members also need support to understand what is going on and what they can do for themselves.
- When the drug user is receiving treatment, confidentiality stops the family having any role in their children's treatment.

<sup>5</sup> The reader will notice that many of the issues which arose in the first workshop also got an airing in the second and third workshops. This indicates the importance of these issues to workshop participants.

<sup>6</sup> These reports from the three workshops represent, in condensed form, the information generated by the eight workshop groups that met to discuss the questions formulated for each of the three workshops.

**Community Experiences:** Participants reported:

- Tension within communities around drug issues.
- Local people are not being used as a resource in their community. Paid “experts” do the work.
- Community people always have to compromise. They have to learn the “experts’” language.
- Vigilantism is still continuing in some communities and there is much work to be done to support families who are dealing with intimidation and violence from politically motivated groups. These groups are exploiting the drug situation to establish themselves or increase their support in communities.

**Societal Experiences:** Participants reported that:

- In Ireland in the 1990s there was minimal response to the drug problem. It was hidden because of the implications for families.
- There were varying experiences of limited services available early '90s. Trinity Court (negative experiences) because no input was permitted from families.

## What Worked

The responses to this question can also be classified into individual, family/user, community (including Family Support Group and Network) and societal (including social policy) level supports.

**Individual Level Supports:** Participants mentioned:

- Finding support and acceptance in the Family Support Group, including meeting parents who are friendly, accepting, informed and involved in helping each other and providing information about drug problems (from speakers who addressed the group) enabled them to get over the shame.
- Discovering drama, which taught them to look after themselves.
- Discovering they have a life even in the midst of dealing with a family member's drug problem.

**Family Level Supports:** In this instance participants who are family members of drug users mentioned the following issues that worked for them:

- Being part of their Family Support Group
- Having access to factual information enabled parents to intervene at an earlier stage.
- Specific projects for parents were valuable, especially those with an open door policy (such as the Cumas Project)
- When all parties are included in consultation including parents and ex-users.

And for recovering users:

- One drug-user disassociated himself from drug-using friends

**Community Level Supports:** Many workshop participants expressed positive experiences of becoming involved with family support networks:

- People described Family Support Groups and the Network as changing their lives, even saving their lives.
- The work of the support groups and the network is leading to a growing demand for services for families. This is seen as a positive expression of the need that is there.
- Men are sometimes isolated, however the experience of not being alone they get from group-work is very important.
- Knowing support is available from other Family Support Groups through the Network.

Other community level initiatives that were viewed positively were:

- The setting up of the Local Drug Task Forces provided an opportunity for some Family Support Groups to be supported and funded at a local level.
- The opportunity to participate in community-based courses on drugs issues (e.g. CASC course developed by Urrus in Ballymun) has been very positive for the people involved.
- Having CityWide's common policy is valuable and has helped.

Other positive community issues mentioned by participants were:

- The importance of peer support, the sharing of drug information and the fellowship of Narcotics Anonymous, Alcoholics Anonymous, Nar. Anon and AI Anon.
- The raising of awareness of drug issues in the area and community, so that families without a drug problem realised that the parents of addicts were doing their best to protect the community, and to tackle the problems.

**Societal Level Supports:** At this level participants reported that the following issues worked:

- Under Phase 1 of Local Drugs Task Force plans community based projects were funded and this made it easier for families to access a range of services.
- The broad base of support in some communities and the acknowledgement of the problem has led to the recognition of the need to do something about it.
- When and where statutory and voluntary organisations worked together with communities.

## What Did Not Work?

In this instance the majority of the responses from participants concerned family, community and social policy issues.

**Family Issues:** Participants mentioned the following difficulties:

- It has been very difficult to get men involved in family support groups.
- Many grandparents have been trying to cope with minding their young grandchildren (the children of their drug using children). It has been very difficult for people in this situation to access support and financial help.
- Some G.P.s appear unhelpful and often do not offer support. Families do not need insensitive responses.
- Although methadone helps users in some ways, it is not "the answer". Many participants believe that the statutory services are over-reliant on methadone, and complacent about its short- and long-term effects when it is provided to drug users.
- For the drug user, methadone maintenance "gets the family and community out of hell but doesn't get the addict out of hell". Over the long-term some addicts can become overweight, depressed, with bad teeth and are dependent on the clinic. They need real counselling in addition to methadone, and detoxification.

**Community Issues:** Participants mentioned the following:

- In areas outside of Dublin, the problem of drug use is not being acknowledged in local communities and by state agencies and this causes great difficulty for families.
- It is difficult for some people to take that first step into a family support group. There is also a need for these people to be encouraged to take the first step.

**Social Policy Issues:** Participants mentioned that:

- There is a lack of inputs from statutory organisations and there is the need for more effective social policies to address drug issues in Irish communities and society.
- Some politicians are not listening to the families of drug users and do not realise the importance of providing supports for parents.
- Families of drug users sometimes have a worry about approaching Health Boards for help because they are concerned about the possible implications of the Health Board's powers around intervening and removing children into care.

### Additionally, It Has Not Helped When ...

- Participants mentioned topics which can be classified on three levels family, community and social policy.

At Family Level: It has not helped when:

- Family members are used as "doormats" by their drug using family member.
- Some family members feel they lose out because everything revolves around the drug-user.



**At Community Level:** It has not helped when there is:

- A lack of recognition and acknowledgement of local voluntary effort and commitment—this impacts negatively on community organisations and individuals.
- Professional jargon and unnecessary red tape.
- Continued denial of the drugs problem in the more affluent communities.

**At Social Policy Level:** It has not helped when there is:

- A lack of adequate funding and education for prevention of drug abuse.
- A lack of commitment from some politicians/professionals
- A lack of common policies and integration of services
- Statutory services duplicate existing community generated/developed services.
- Only lip service is paid to ideas of inclusion and partnership

## What are the Lessons Learned?

Comments from participants can be classified as individual, community and societal lessons.

**Individual Lessons:** Participants recounted that:

- After personal experiences of the drug issue within the family (e.g. mother, father, brother, sister), individuals gained a wealth of experience both from a personal and professional perspective and have gone on to work in the addiction field.
- The availability of Family Support Groups is essential in the lives of individual family members.

**Community Lessons:** Participants stated that:

- Information about family support, help-lines, etc. should be displayed in Doctors' waiting rooms, clinics, churches, shops, etc.
- It is very important that Family Support Groups come together through the network.
- Premises need to be in provided for starting up projects and services.
- There should be more, community-based detoxification centres in both urban and rural communities.
- It is positive when community groups are united and involved in Networks including CityWide, national, city, area based and local networks.
- Contacts between support groups members through the Network are crucial.
- Communities must be represented and have the capacity to be represented on every Government initiative (e.g., Task Forces, Partnerships and Health Boards).
- There is the need for lobbying to address the needs of all those concerned with drug misuse.

**Societal Lessons:** Participants mentioned that:

- All schools should develop a drugs policy in conjunction with local communities.
- There should be a menu of treatments for drug users, including family involvement.
- Recovery and relapse prevention should receive more attention.
- More prevention initiatives should be established.
- There should be aftercare for alcohol/drug use, including recognition of addiction. It is important to see the bigger picture about how the wider family members are effected and service development should respond accordingly.

## Conclusions

On the familial level, it is evident that having a drug user in the family is a harrowing experience for parents which is accompanied by an excess of negative emotions. Families are torn apart and become isolated in their communities. Grandparents who take on the task of rearing their grandchildren get little State assistance.

At the community level, responses from statutory groups towards individuals and families have been, at times, hostile and in general unhelpful. Individuals who try to help in a voluntary capacity are often patronised by professionals appointed by statutory organisations. Additionally, communities are damaged by suspicion and lack of understanding, negative attitudes and more sinister reactions such as vigilantism creep in which is even more destructive. Rural communities are less well supported than the urban ones with services for drug users and their families. This is hindered by lack of public transport. There is a perceived lack of funding for projects and lack of commitment from professionals.

On the positive side, it is clear that Family Support Groups provide a unique service to individuals, families, communities and society. Individuals become more positive about themselves and grow in unexpected ways – it is as if they have been tempered in the flames of a multitude of problems, including bereavement. The families and some drug users begin to heal and turn to help others. The Network provides local Family Support Groups with a platform from which to demand help for their needs. Other positive initiatives are local Drug Task Forces which support and help fund Family Support Groups, Narcotics and Alcoholics Anonymous and their sister organisations.

Lessons have been learned along the way, but much, much more needs to be done to tackle the problem of drug abuse for individuals, their families, communities and Irish society.

## Day One, Session Two: Family Support – The Current Situation

### *Natural Disaster*

Allow me to introduce myself,  
I can be a nightmare or a dream,  
I can make your world a wonderland,  
Then tear it apart at the seam.

I show no discrimination  
To the old, the rich or poor.  
The devil couldn't do this work himself,  
That's what he created me for.

I can turn your stomach inside out  
And your legs and back to mush.  
I'll get you to neglect your family and friends.  
And give your social life the push.

I'll make you lie and cheat and steal  
And let you think that it's all right.  
So again you figure out that I'm not that nice  
You'll be too tired and weak to fight.

In case you haven't figured it out yet,  
My friends, they call me Smack.  
It'll take you a lifetime, maybe more,  
To get me off your back.

*Paul Grace (2001)*



This session was designed to provide delegates with information on current issues in social policy about service provision on drug related issues from the perspective of the Department of Social, Community and Family Affairs and the Health Boards. Information on the experience of these policies and practices from the point of view of Family Support Groups and information on the work of the National Advisory Committee on Drugs completed the session.

This session was opened by Robbie Burns reading a poem *Natural Disaster* by Paul Grace.

The session was chaired by Dave Connolly, Chairman of the Ballyfermot Drugs Taskforce. Dave told the delegates that initially Ballyfermot had nothing to counter the drugs problem. Then parents, especially mothers, created a local response by having the courage to build a network—STAR. Now visibility is again an issue and heroin use needs to be back on the political agenda. Dave then introduced the four afternoon speakers Catherine Hazlett<sup>7</sup>, Principal Officer, Department of Social, Community and Family affairs, Dave

Little<sup>8</sup>, Community Worker with the Northern Area Health Board, Cathal Holland<sup>9</sup>, Co-Chairperson, PRO and Founder Member of Citywide Family Support Network and Mairéad Lyons, Director, National Advisory Committee on Drugs.

<sup>7</sup> From 1995 to 1998 Catherine Hazlett was Secretary to the Independent Government Appointed Commission on the Family. Currently she is working on the establishment of the new Family Support Agency which will have a range of responsibilities in relation to promoting family well-being.

<sup>8</sup> Dave Little is involved in community development and local projects. He has worked in the North Inner City in the field of community development for over 20 years.

<sup>9</sup> Cathal Holland has worked as a community development worker since 1988. He is a qualified addiction counsellor, presently working in the Ballymun area of Dublin with drug users and their families.

# Catherine Hazlett:

## Current Service Provision for Families

The family is of utmost importance in providing information on all aspects of what is required for its support. This information should guide the work of agencies who should work in partnership with families to further this initiative.

Ireland has a very young population which has implications for the government and state departments. Additionally, 77% of women aged between 25 to 35 participate in the labour force and there is a 45% participation rate for lone parents.

The Department of Social Community and Family Affairs pays child benefit to over one million children.

Since 1994 the UN International Year of the Family there has been much greater focus on families in Ireland, especially in the lead up to the divorce referendum. A Commission on the Family was established in 1998. The name change of the Department of Social Welfare to the Department of Social Community and Family Affairs reflected changes in policy orientation with input for families and a remit to tackle poverty. This Commission also made wide-ranging recommendations across several policy areas including:

- A Family Affairs remit for the Department of Social Community and Family Affairs and within this Department, a Family Affairs Unit.
- A Strategic Management Initiative for more responsive public services, including: A National Development Plan (200-2006); Building an Inclusive Society (National Anti-Poverty Strategy Review 2002); National Children's Strategy (2000); Supporting Voluntary Activity (1999); Social Inclusion Strategy (1998).

There has been much progress to date and a huge amount of money has been spent on the strategies. However, more is needed. The results of this spending are reflected in the following inputs:

Family and Community Services Resource Centres were established (to date they are in 80 localities; target 100).

The Family Mediation Service has grown from two centres in 1997 to 12 in 2002. Over 1,300 couples received service in 2002. These services included counselling for couples in the areas of separation and bereavement.

Additionally, there are other developments such as the:

- Experimental programmes for families in Cork, Finglas and Waterford.
- Family Research Programme, established to inform policy and services development.

Overall €16m has been spent on these initiatives in 2002.

A Statutory Body, the Family Support Agency, which will be headed by a Board of Experts with the role of an advisory to a Government Minister. This Agency would have the status and security required, in times of economic downturn, to deliver services. The reason for the establishment of this Agency is that only families can provide continuity and stability for children. To do their allotted tasks families need nurturing and it is proposed this agency will do that by:

- Providing a mediation service
- Supporting, promoting and developing the Family and Community Services Resource Centres programme of the Minister.
- Supporting, promoting and developing the provision of marriage and relationship counselling and family support services.
- Providing financial assistance to voluntary bodies
- Providing and disseminating information about family issues
- Undertaking research
- Providing information and advice to the Minister.

It is envisaged that the Family Support Agency will have a Board of 12 members who will have:

- Expertise and experience in mediation, counselling, family and community centre work, research, parenting and family law.
- A representative of staff
- A representative of relevant government departments.
- The Board will be managed by a Chief Executive who will be accountable to the Board and be responsible for the conduct of the agency's business.

The remit of the Agency is to strengthen the institutional framework in which the State responds to families. It will be:

- A dedicated service:
  - Supporting families
  - Encouraging continuity and stability in family life
  - Addressing the effects of marital breakdown
  - Helping to build a supportive community environment
  - A resource for families and those involved in promoting family wellbeing.

## The Challenges Ahead

There are six main challenges in the delivery of services to families. These are to:

- Eliminate child poverty,
- Acquire better information about what works and why,
- Improve co-ordination in the development and delivery of support services to families,
- Keep children and their families centre stage—hearing what they have to say,
- Focus on results—better outcomes for children,
- Learn to work together in true partnership.

# Dave Little:

## Current Service Provision for Families

*"Dave, you're from the Health Board... but which one!?"*

The old Eastern Health Board is now split into three Health Boards Areas:

- The Northern Area Health Board (NAHB)
- The South Western Health Board (SWHB)
- The East Coast Area Health Board (ECAHB)

Each Health Board in turn is divided into Community Services Areas. These have a General Manager co-ordinating a team of key service managers (including Social Work, Child Care, Senior Area Medical Officer, Senior Public Health Nurse, Speech and Language Therapist, Occupational Therapist, Care of the Elderly Managers).

## Services

Services are delivered locally by Health Boards which are responsible for providing health and personal social services for the population in their areas. These are delivered under a range of Programmes provided by Health Boards. These are:

- Community Services
- Acute Hospitals
- Services for Persons with Disabilities
- Health Promotion, Mental Health, Addiction and Social Development
- Child Care and Family Support.

There is a move away from the separation of the various programmes to try to integrate activities of various departments and disciplines to Care Groups across these areas and disciplines.

The Programme, which in the main deals with issues relating to Drugs abuse and CityWide activities, is the Health Promotion, Mental Health, Addiction and Social Development Programme. Services include:

- Mental Health
- Drug Misuse
- Addiction
- H.I.V. Services
- Adult Homeless
- Refugees
- Health Promotion
- Community and Area Development

Family support services generally come under the Child Care and Family Support Programme and have a child centred focus. Statutory duties are placed on Health Boards under the Child Care Act 1991 to protect and promote the welfare of children and to identify children and families at risk. Services are put in place to support these children and their families.

## Definition of Family Support

Family Support is an umbrella term covering a wide range of interventions which vary along a number of dimensions according to:

- Nature of the Target Group
- Background of the service provider (i.e., professional/non-professional)
- Nature of problem addressed
- Programme of activities
- Service setting

The nature of the support service largely depends on the role and function of the Agency (e.g., Child Care, Family Support or Drugs) which defines who is the client.

When applying these dimensions to the CityWide Family Support Network, the outcomes are:

- Nature of the target group—parents and extended family members
- Background of the service provider—peer lead, non-professional
- Nature of problem addressed –IV drug abuse
- Programme of activities—support groups/information
- Service setting—the community.

## The Aim of Family Support Services

Family Support (including those support services relative to drug misuse) aims to achieve the following objectives:

- Respond in a supportive manner to families where children's welfare is under threat;
- Reduce risk to children by enhancing their family life;
- Prevent avoidable entry of children into the care system;
- Attempt to address current problems being experienced by children and families;
- Develop existing strengths of parents/carers and children who are under stress;
- Enable families to develop strategies for coping with stress;
- Provide an accessible, realistic and user-friendly service;
- Connect families with supportive networks in the community;
- Promote parental competence and confidence;
- Provide direct services to children;
- Assist in children's re-integration into their families<sup>10</sup>.

## The Northern Area Health Board's Strategy

One of the tenets of the NAHB's Child Care Strategy is the principle of early intervention targeted at an early stage to families who experience difficulties. This strategy has been shown to reduce the likelihood of children coming into care. For this reason this Board places a heavy emphasis on family support services<sup>11</sup>. Generally these services have a focus on children. (Northern Area Health Board, 2000).

Early intervention is favoured when problems arise with an appropriate level of assistance provided before problems grow out of the family's control. One such preventive service is the Family Support Service.

<sup>10</sup> Source: Children First, National Guidelines for the Protection and Welfare of Children, Department of Health & Children, 1999.

<sup>11</sup> The Addiction Programme contributes to services such as City Wide Family Support Network and to peer led Family support services.

## The Family Support Service<sup>12</sup>

There is a Family Support Service set up in each Health Board's Community Care Area. Since its inception the Family Support Service has developed a flexible and practical home-based service delivered by 'non professional'<sup>13</sup> family support workers under the direction of a co-ordinator in each Health Board Community Care Area. The aim of providing these services is to:

- Empower and enable families to sustain the care of their children and maximise their potential to do so
- Reduce the need to take children into care or keep them in care
- Alleviate pressures experienced by Families
- Assist families in developing social contacts within their community

Other Family support provided by the Board includes the following services that are particularly relevant to families affected by drug abuse:

- Support projects with a focus on drug use,
- Community based projects, programmes for children at risk and neighbourhood youth projects,
- Social Work support,
- Self help groups for families of drug users.

These, and many other, services exist in each Community Care Area of the Northern Area Health Board.

The following are some presenting difficulties encountered by family support workers:

- Drug abuse and related problems
- Financial difficulties
- Mental health problems
- Family breakdown
- Learning difficulties
- Domestic violence
- Addiction difficulties

The family support service often deals with families who have been affected by the Drugs issue.

## Support Projects with a Focus on Drug Use

The NAHB provides non-medical support and rehabilitation projects with a focus on drug use which include services for:

- Young people at risk of drug abusing,
- Drug abusing parents and extended family carers etc.

Some of the projects supported by the NAHB are: Anna Liffey Talbot Centre, Anna Liffey Child Care Project, Soilse, SAOL etc.

Methods for supporting families include:

- Counselling.
- Family therapy.
- Personal support staff.
- Social Work services.
- Child care workers etc., community based projects for children at risk.
- Neighbourhood youth projects (in the Inner City, Blanchardstown, Mountown, Cork etc.)

The projects are a community-based response to the rising level of juvenile crime and children at risk. In order to attract the interest and involvement of young people at risk there is a heavy emphasis on recreation activities and an element of family support.

<sup>12</sup> The Family Support Service is a distinct service which exists in each area Community Care Area of every Health Board. It is not specific but includes issues relating to the impact of drug abuse.

<sup>13</sup> 'Non Professional' reflects the perception of the family support worker who may not be seen as an authority or official figure.



## Voluntary Self Help Groups

Some projects with health, social and/or family support elements may be funded by Health Boards. Other grant schemes are funded by other sources, including the Department of Social, Community and Family Affairs, the National Lottery and FAS scheme staffing. There are a huge range of groups dealing with specific health and disability issues, behaviour and addiction problems, sport and special interests<sup>14</sup>.

## Community and Social Development Policy

The NAHB has developed a Social Development Policy Document. The aim of the policies formulated in this document is ... 'to promote inter-sectoral and inter-disciplinary collaboration and integration to achieve the highest level of health and social gain', and to endorse values of partnership, consultation and community development. Those involved are designated or do so as part of their work. The activities of those involved include:

- Community development activities
- Area based partnerships
- Drug Task Forces
- Local networks
- ISPs/RAPID
- Health promotion
- Interagency training

## Inadequacies Identified

Although much work has been done and many family support and other programmes have been established for families in general, and to assist drug users and their families, there are still inadequacies in the system, some of which are:

- Child Care and other services are responding to crises, which means that prevention and support is compromised.
- The retention and recruitment of Health Care staff is in crisis.
- Waiting lists are very long. The result of this is that children are at risk and parents/carers are under stress and are not being supported.
- There is a lack of structured integration across the disciplines which work with the same families or client groups (within the Health Boards and between Health Care Services).
- There is a lack of integration across Government Agencies concerning Family Support Services.
- Services can be set up in an unplanned way responding to political/media pressure.
- There is a lack of baseline information and in-built and ongoing meaningful evaluation.
- There is a lack of planning and co-ordination which leads to certain groups getting left out or to gaps in service provision.
- There is a lack of real commitment to the community and 'customer' involvement and to the planning, delivery, management and evaluation of services.

14 See: Directory of National Voluntary Organisations, NSSB (Tel: 605 9000, Fax: 605 9099)

## Cathal Holland:

### The Work of Family Support Groups – What is happening now?

*“I remember when this was a dream?”*

At the moment families living in local authority housing are experiencing eviction and discrimination if they have a family member abusing drugs. On the other hand, home owners and home buyers are not subjected to these risks. At the moment eviction is the norm rather than the last resort for Corporation tenants with a family member abusing drugs. Parents are having to evict a child under pressure from local vigilantes in order to be able to remain in their homes. Therefore there is a need to support families against this type of abuse. Additionally, some of these vigilante groups are politically motivated.

The marches that took place in the 1980s were undertaken to create awareness of the drug problem. The political forums in local areas need to have families involved in them. Currently there is little family representation and when there is, professionals do not listen. Families are not being recognised as a resource.

In some Task Force areas family support groups get funding but areas without a Task Force do not. Could areas which receive funding give some help to areas without funds?

If families are not written into the Drugs Strategy then they will not get funded. There needs to be a long-term commitment to this work not just short-term inputs.

When canvassing for the upcoming election, politicians will be looking for votes. They are not interested in drug issues—raise the drugs issue with them, tell them what is needed. We do not need administrators but funding for self-help.

Deaths are still occurring and the drug problem is spreading nationwide. The families of drug users are isolated and vulnerable—there is need for an empathic response to their problems. Their isolation can be helped by self-help groups which are sorely needed.

Why do we have to learn the professionals' language in order for them to even listen to us.

Concerning the Granny/Granda issue: Grandparents should be eligible for the foster-parent allowance. They cannot get this allowance unless a Social Worker is involved with the children and their payments and entitlements to other payments are reduced or stopped. Additionally there is the need for information about entitlements. It was recently revealed by a friendly social worker that children whose parents are not providing for them (even if they are not dead) are entitled to an orphans allowance. It transpired that for both these issues people had been asking the 'wrong' questions and therefore did not get the information that would have provided them with the services and/or allowances to which they are entitled.

There is the need for partnerships between families, Family Support Groups, Networks and statutory agencies.

UISCE – Union for Improved Services and Client Empowerment will be launching a joint policy document on the ideal of treatment for users and families.

Cathal's address was followed by a short presentation by Ms. Mairéad Lyons, Director of the National Advisory Committee on Drugs outlining the remit of that organisation.

# Mairéad Lyons:

## The National Advisory Committee on Drugs (NACD)

A recent review of the Government's drug policy outlined the nature and extent of the drug problem in Ireland. It showed that "...cannabis is the most commonly used illicit drug in Ireland, followed by Ecstasy. However, in terms of harm to the individual and the community, heroin has by far the greatest impact" (Minister Eoin Ryan, 2001<sup>15</sup>). Gathering information, developing our knowledge and building our understanding of why some people develop drug problems and not others is essential. We need to know what to do, when to do it and how, if we are to make any difference to the lives of people affected by problem drug use.

The NACD was established in response to the drug problem and the continued need to improve our knowledge and understanding of problem drug use. The NACD's primary role is to provide analysis of research findings and information commissioned or available to it and advise the Government in relation to:

**Prevalence** How many people use drugs, what types of drugs at what age and in what areas.

**Prevention** Activities aimed at reducing drug use in the general and specific population (s)

**Treatment/  
Rehabilitation** Activities aimed at changing or modifying behaviour to reduce drug use, harm and prevent relapse

**Consequences** The impact of drug use on individuals, families and communities.

The Committee is funded directly by the Department of Tourism, Sport and Recreation and reports to the Minister of State with special responsibility for the national Drug Strategy. A budget of £3m over three years has been allocated to the NACD.

The principal functions of the NACD are to:

- Review current information and research capacity,
- Identify gaps in our knowledge and understanding,
- Ensure better use of information available from all sectors,
- Provide analysis and interpretation of research findings,
- Respond to Government requests to research issues of relevance to policy,
- Work with the Drug Misuse Research Division of the Health Research Board; assist with the establishment of a National Documentation Centre,
- Implement the three year programme of research and evaluation liaising with all the relevant agencies and avoiding duplication of work; co-ordinate and advise on appropriate research projects; commission research projects,
- Promote and encourage debate through the dissemination of research findings.

Research projects identified by the Committee are commissioned through the public tendering process. In addition, the NACD will operate a number of research grants to extend our knowledge base and build capacity in drugs research.

<sup>15</sup> At the launch of the National Drug Strategy document (2001) *Building on Experience*.

## WORKSHOP 2:

### What is your experience of working with service providers/service users?

(Receiving services as a family or providing services to families)

- What are the positive experiences?
- What are the negative experiences?
- What are the gaps?

After coffee the delegates joined their eight workshops to discuss the question:

## Report from Workshop 2: The Experience of working with Service Providers/Service Users

### The Experience of Working with Service Providers/Service Users

In general, the majority of the experiences reported by the participants were negative. However, some did have positive experiences to report. All these experiences can be classified from the perspective of:

- The Service User<sup>16</sup>
- The Service Provider<sup>17</sup>

## Positive Experiences From the Service Users Perspective

These experiences can be further classified into individual, familial, community/social policy issues.

**Positive Experiences for Individuals:** Participants reported the following positive experiences:

- Their Family Support Group.
- Focusing on themselves.
- Access to counselling and social welfare information.
- Computer training.
- Therapy through art.
- Personal development.
- Assertiveness training.
- Bereavement, because the bereaved became a better person because of the learning that goes with it.

For drug users and recovering drug users some participants reported the following positive experiences:

- Flexible programmes.
- Community employment.
- Narcotics Anonymous is positive for the users, ex-users and families.
- Recovery is possible and recovery does happen.

**Positive Experiences for Families:** The following are the participants' perceptions of the positive experiences for families:

- Citywide Network.
- Access to counselling social welfare and drugs information.
- Family support workers are great.
- More services being available have helped many families.

<sup>16</sup> Drug users and their families

<sup>17</sup> Health Board Officials, GPs, Social Workers, Community Workers, Pharmacy personnel etc.

**Positive Experiences for Communities/Social Policy:** Participants reported the following positive community experiences:

- Statutory agency staff referring families to Support Groups.
- Personal commitment from some individuals working in agencies.
- Professionals who offer practical support and information relating to a specific need when required and do so proactively and openly are to be valued.
- Community Drug Teams and Education Workers giving information and support.
- Some service providers are beginning to accept change.

And at the Social Policy level:

- All help, support, information etc. from statutory and voluntary agencies is positive.
- People are not clear about the role of the new Family Support Agency. However, the Network should see the setting up of the Agency as a positive opportunity and should aim to influence how it works.
- The Health Board is mainstreaming the posts of Family Support Workers in a number of Health Board areas. Family Support Groups should make contact with the workers in their area and look at how they can work together.

## Positive Experiences from the Service Providers Perspective

These can also be classified into individual and community/social policy experiences:

**Positive Experiences for Individual Service Providers:** Community workers, Social Workers and other professionals who were participants in the workshops reported that positive experiences for them were:

- That those with first-hand experience of drug problems are going on to work in the field.
- That there are no hopeless cases. There are successes and people do recover.

**Positive Experience of Community/Social Policy Issues:** Those, reported by service providers, are:

- When communities take responsibility for problems.
- That service provision has become localised and community based.
- Partnerships between service providers and service users.
- There are now more options for treatment.
- There is some one-to-one counselling.
- There are more parent/peer support groups.

## The Negative Experiences

There were considerably more negative than positive experiences. These experiences are not classified into service users and providers perspectives.

The negative experiences can be classified into family, community and social policy issues these are:

**Negative Family Experiences:** Participants reported that:

- Some doctors seem to listen but they don't hear clients.
- Treatment services are not available when the person is ready for them.
- Parents not able to find out how their child is doing on treatment.

- Family members are taking in children whose parents are dead or have been abandoned by drug using parents. Unless they do this under Section 36<sup>18</sup> there are going to be considerable problems in accessing funding. There is no backup services for those not under Section 36 and finding information about support is rarely forthcoming and if it is it comes piece by piece.
- Most drug users are not able to detoxify or participate in the development of their treatment plan.
- Medical personnel need to work as part of multidisciplinary teams with inputs from service users and family members.

**Negative Community Experiences:** Participants reported that

- Some qualified personnel (“suits”) fail to value the work done by Family Support Groups and do not acknowledge their competence and the wealth of experience.
- Communities and families of addicts perceive themselves as being regarded as dysfunctional by some statutory authorities including the Health Boards.
- The statutory sector seems to rely on volunteers, but in some cases, when paid jobs become available, the “people with degrees” get them.
- Some people feel they are becoming “just numbers” when they are transferred to dispensing clinics which are not user or family friendly.
- Communities need to be made aware of what services are available in their area.
- It depends on whether you live in a Task Force area or not whether treatment is available for drug users and their families. There are disadvantages to living in an “advantaged” area because services are usually not available there.

Many negative experiences relative to statutory and voluntary agency personnel were reported, some of these are:

- There are personality-driven rather than agency-driven services.
- General assistants in clinics are not given adequate training.

## Finally

Reality does not match with rhetoric or written policies of Health Boards.

### What are the Gaps in Services?

The gaps identified by all participants can be classified into gaps at the individual, family, community and social policy/societal level.

**Gaps at the Individual Level:** Participants reported that:

- There is a need for more services like acupuncture and holistic therapies which would help families in dealing with stress and should also form part of drug treatment services.
- There is a need for residential rehabilitation places. There is also a need for more aftercare in the community.
- There is a need for places for people affected by depression post methadone recovery.
- There are not enough age-appropriate treatment places for young people; they are learning the ropes in treatment from older users.

<sup>18</sup> The Child Care Act 1991 Section 36 states: “(1) Where a child is in the care of a health board, the health board shall provide such care for him, subject to its control and supervision, in such of the following ways as it considers to be in his best interests.... (d) by making such other suitable arrangements (which may include *placing the child with a relative*) as the health board thinks proper.” (Emphasis added).

**Gaps at the Family Level:** Participants reported that:

- There is a need for more information on the Orphan's Allowance and how it can be claimed.
- There should be a first port of call which is available 24 / 7 with help lines or centres throughout the country.
- The lack of adequate treatment facilities for their children is the biggest cause of pressure on families.
- Families members give a huge level of support of those in recovery.
- The general lack of childcare services and alternatives for early school-leavers in the community contribute to the difficulty for families. Additionally, there is a need for more crèche facilities.
- There is a need for respite services to be available for family members, so that they have a break from the pressures of their situation.
- There is a need for advocacy services to be available for families when they have to deal with state services (e.g. the courts). Family members who have previously been through the experience would be best placed to provide this kind of service.
- Counselling services should be available for family members, including for young children.

**Gaps at Community Level:** Participants reported that:

- There is the need for recognition of the importance, necessity and value of Family Support Groups
- Men's needs are not met within traditional family support groups. Each area needs to have a specific men's group with sufficient funds and resources to carry out its aims.
- Voluntary organisations lose many good people to statutory agencies or other fields of work with longer contracts because of their short term funding.

**Gaps at Societal /Social Policy Level:** Participants reported that:

- Families are being placed in terrible situations where parents are called on to evict their own children. The implementation of this legislation (Housing Act 1997) needs to be reviewed.
- There should be transparent and complete information about allowances etc. (e.g., the Grandmother who was not told about her entitlements from another department).
- There is a lack of services and advice for people relating to Local Authority evictions. There has to be some policy initiated before eviction takes place. Families fear new legislation may make the situation for them even worse.
- There is need for Government accountability in all areas relative to drug policy.

## Additionally

Public relations agencies should be used to publicise the good work being done by Family Support Groups. However, this strategy is expensive and funding would be needed for it.

## Conclusions

The experiences of service users<sup>19</sup> and service providers<sup>20</sup> were both positive and negative, although negative experiences predominated. For service users and drug users, positive experiences were in the areas of personal-growth because of inputs from Family Support Groups and Narcotics Anonymous. For families, CityWide Network was an addition to the work of their local Family Support Groups and because of this more services are being provided to drug users and their families. At the community and social policy level service users found help and support from statutory and voluntary agencies positive, especially the work of some dedicated individuals.

<sup>19</sup> Drug users and their families

<sup>20</sup> Health Board Officials, GPs, Social Workers, Community Workers, Pharmacy personnel etc.

Service providers reported positive experiences of people with first-hand experience of drug issues becoming professionals and working to help individuals, families and communities with drug problems. Additionally, when drug users succeeded in becoming drug-free this brought service providers a sense of personal satisfaction. The positive responses of families was also a positive experience. At the community and social policy level service providers found that when services became part of the community it was a positive experience as were many of the new initiatives for individuals that are currently emerging.

The negative experiences of service users centred around family and community. Family experiences included the negative attitude of some GPs, issues concerning caring for children whose parents had died or were active drug users. At the community level, negative experiences included the lack of recognition for the work of volunteers, the negative attitudes of some statutory authorities and Health Boards towards families, the negative attitudes and inappropriate behaviour of some individuals in statutory and voluntary agencies, including the negative policies and practices of some pharmacies. Lack of funding was also an issue which impacted negatively on communities. Services for drug users are not available in "advantaged" areas and are inadequate unless the area has a Task Force. Overall, the perception was that the reality of the problems for drug users, their families, communities and societies is not mirrored in the social policies that the Government has and is formulating to address the issue.

The gaps in services for individuals, families, communities and at society/social policy level are endless. At individual level there is need for more holistic services for drug users and their families including residential and community placements. Families also need respite from the day to day troubles they encounter and there should be help on offer around the clock, especially over the phone. There is also need for childcare, crèches, advocacy and counselling services. At community level there is the need for the recognition of the importance of Family Support Groups, men's needs require attention and the value of the role of voluntary workers and voluntary organisations needs to be recognised. At societal and social policy level there are issues around eviction of children from the family home, and local authorities need to develop protocols which they should employ before they evict families. Additionally, there is need for Government transparency about allowances, services and other help for families.

Finally, the work of the Family Support Groups needs to be publicised far and wide so that it can be acknowledged and assist even more families in need of support.

At 8.30 p.m. the delegates enjoyed a Gala Dinner in the Táin Suite of the hotel.



## Day Two, Session Three: Family Support – The Way Forward

### Heroin

Starts off with smoke a few lines  
One Q turns to two  
And so on.  
Then it gets to the stage when you feel you're not even there  
Anymore.  
Its like they put that first.  
There are times I would love to grab hold of him,  
Take him from his body,  
Make him look at what he's doing  
To himself.  
To me.  
And going out at the weekend only  
To find all the couples sitting having a chat and a drink,  
And there you are,  
On your own again.

*From The Ups and Downs of Molly Phy.*

This session was designed to examine the ways Family Support could be strengthened to meet the needs of the families of drug users in a relevant way and to liaise on their behalf with communities, voluntary and statutory agencies and the State in a spirit of partnership.

The session was opened by Robbie Byrne reading the poem Heroin.

The session was chaired by Sunniva Finlay and opened with feedback from yesterday's two workshops presented by Francesca Lundström.

This feedback was followed by two speakers, Fiona Nolan<sup>21</sup>, a community artist and group therapist and Sadie Grace a Development Worker with Citywide Drugs Crisis Campaign. Sadie is Co-Chairperson and founder member of Citywide Family Support Network.

<sup>21</sup> Fiona Nolan has worked for 20 years as a facilitator, trainer and therapist with communities, groups and individuals interested in their own development. She has been involved in the training and supervision of community drugs workers in the South Inner City and in Tallaght and has developed resources for Family Support Groups and Community Response.

# Fiona Nolan:

## Moving Forward Together in Partnership

Fiona led the delegates in a short mediation on the power of positive thought.

### Creativity

Creativity is the impulse or energy to move forward, to make something new. It is moving out not turning inwards. We are creative, living beings who are changing all the time. We respond, react and grow, including growing old and we have the power to influence the world around us.

Creativity is the opposite of destructiveness. Drugs are destructive. They keep people from growing, from feeling alive. Drugs wreck individuals, families, communities and society. This is why creative energy must be harnessed to use against them.

#### The Enemies of Creativity

We need to move away from:

- Fear
- Despair
- Violence
- Shame
- Isolation

### The Family Support Network

The Family Support Network harnessed creative energy. It put people in touch with the energy to move forward to change. Whatever moves us forward is creative Beauty is necessary for us to tap into our belief in our self-worth. We can do this by consciously building in elements in our work which stimulate and inspire us. We need a revolution of the spirit and spiritual faith instead of spiritual death.

### What Moves Us Forward?

Faith first and foremost and the belief that change is possible. If no one had a vision, the Family Support Network would never have happened.

We also need a vision. Without vision nothing would ever change. Vision develops, change. It is strengthened by the involvement of others. When people share a vision it gives them energy, moves them forward. We inspire each other. The reason why other people give us energy is because we are part of a system. We depend on each other and influence each other.

### Systems

A system is a living, moving thing where every level or section is connected to another. This is interconnectedness. In the individual the interconnectedness is between:

- Body - Physical
- Mind - Mental
- Spirit - Soul
- Emotion - Feelings

Furthermore, individuals have always organised in groups:

Family (work groups and friends)

Community

Society

If we understand a system and work within it, change comes about. Even if we work outside a system, we can still influence it. Systems influence other systems.

## The Influence of Drugs on Systems

What happens to a family affected by drug abuse? If left on its own it turns inwards on itself and eventually collapses.

What happens to a community? There is no growth but fear, despair.

What happens to a society? There is violence and crime. This is just a bigger picture of what happens in families.

Society has created the drug problem. Society must solve it by supporting all of the elements within the system who are affected by drugs. There is a history of neglect of the drug problem resulting in communities being devastated.

We have to find ways to counteract this and allow us to grow, to give us hope, to balance the negative in our lives by not denying it. We need support to achieve this, to give us hope. We need to stay in touch with our creative selves. We need support to engage in anything that gives us hope. We need to express pain and fear so that it does not engulf us. We need to be nurtured by others. We need to understand that we are not alone.

## Where Do We Go From Here?

We need to move away from isolation, we need to get other perspectives and get information and support. These needs can be helped by:

- Activities
- Training and supervision
- Meeting others in different settings
- Holistic treatments
- Music, drama, poetry
- Social events
- Whatever turns us on.

**THESE ARE NOT LUXURIES, THESE ARE ESSENTIALS!**

# Sadie Grace:

## Family Support – A Vision for the Future

According to the conference brochure, I have been asked to speak about the vision for the future of the Network. I will use my own words but I believe I am speaking for the Network.

We need to eliminate the stigma attached to drug addiction (i.e., that drug addiction only occurs in socially deprived areas, that bad parents produce drug addicts). The media talk a lot about dysfunctional families. We want the message to go out loud and clear that we are not dysfunctional families we are parents who love and care for our children.

We need to keep developing the groups that are in place now and supporting communities in setting up new groups. How can we do this without the proper resources? The large attendance of family groups from outside Dublin at this years Service of Commemoration and Hope and their attendance at this conference is indicative of the need for an expanded network. At the conference we have groups from as far south as Kerry and two groups from Northern Ireland and many counties in between. This is an indicator that the drug problem is still spreading and at this stage we need to be looking at the development of a island-wide network. The presence here today of delegates from so many counties confirms the need for the Family Support Network to be expanded. The name Citywide Family Support Network was a temporary name and only meant to exist for a short time. Now is the time to change but to what? What do we call ourselves now? We are open to suggestions. We believe there is a need for groups from all parts of this island to become involved in the development of the Network.

There are a number of other issues facing families today. My dream would be for the Network to be involved in resolving some of these issues. Some of the work that is being carried out by the Network around these issues are examples of true partnership: For example:

- Research. Dr Joe Barry (advisor to the National Drugs Strategy Team) on the way the deaths of our children are recorded is one example of true partnership in action.
- Working with allies like Uisce the drug users advocacy group, in the development of a policy document around ideal treatment. When this document is launched the Network will be lobbying the service providers to adopt it at policy for both drug users and their families.

A directory is in the pipeline which will give basic information for parents about drugs, the signs and symptoms to look out for if they suspect their children are using drugs and information on other health issues. The Directory will also contain information on voluntary and statutory services and Family Support Groups. We were only going to include Dublin but perhaps we should be looking at an island-wide directory? This work is ongoing and we hope to publish it in the near future

We believe that some of the monies the Government gives to big glossy campaigns should be given to family groups to develop the information and awareness materials like the ones produced by Community Response and the Directory which will be produced by family members for family members.

Three of the major concerns facing families are:

- **The Changing Drug Culture:** Our work in the Network has made us aware how valuable it is to have accurate information on issues, especially those that are family and drug culture related. We therefore recognise the importance of research in this area. However, we want to see families as partners, not just subjects, in research. We are looking forward to developing links with the NACD and the Family Support Agency so that we can work together to get the kind of research that we want and need.
- **Cocaine:** Families are becoming increasingly more concerned about the growth in the use of Cocaine and we must start now to develop services to deal with this problem before it is too late.
- **Hepatitis:** Families need more information and support around dealing with Hepatitis. It is estimated that between 68 to 80 per cent of IV drug users are infected with Hepatitis C. If we do not deal with this issue now, our families face a major crisis in the future. We need to start preparing to deal with this issue now.

Families are not included in the National Drug Strategy document in terms of the future. The Family Network will be campaigning to have the strategic document changed. Unless we are included we cannot be resourced.

There is pressure on families through Local Authority housing policy. When a mother is asked to evict her child, how does she feel? What support does she get? Do we need to be looking at an appeals process or an advocacy service for these parents? What is the Network's role in this?

Will our children ever be allowed to recover or must their past follow them forever? Will they be homeless forever?

How can we encourage and support family members to become involved in policy-making groups such as Community Policing Fora for the Local Drug Task Forces, Regional Drug Task Forces, Local Partnerships etc. We must have representation on these groups otherwise family issues will not be kept on the agenda. How can this happen? What do family members need to do to be able to participate with these bodies?

One of the biggest dreams of the network is to have a respite house for families and one for drug users within the family. Sometimes the drug user in the family just wants time out to get their head together and the only place they can do this at present in a detox centre. This means they are just taking up the limited space available but are not yet ready to stop using.

When the chaos that can take place within a family living with a drug user happens a lot of families find it very hard to cope. A few days in a supportive environment can be a huge help to that family. Families need space, away from the chaos, and the objective support that experienced people can offer. Where do we get this space? What could we do with a nice house in the country? Where does the money come from? What does the Criminal Assets Bureau do with seized assets? Is this where we might get our respite centres?

At our commemoration service in 2001 we highlighted the role the extended family is playing in rearing the children of the children lost to drugs. We call this "the granny issue" with no disrespect to those carrying out this role. The granny issue raised a lot more questions than we could get answers for—questions like: What services are available? What financial support is available?

How do we ensure these families receive their entitlements without the fears that as well as losing their child they may also lose their grandchildren because of inflexible service providers.

My vision for the Network is that it would become an organisation in its own right with an office to operate from with paid full-time staff. This base would enable the Network to reach its full potential.

We have spoken within the Network about the need for a help-line. (With the proposed office this could become a reality.) With this help-line in place we would be able to give parents presently involved with the Network the scope to reach out to those families who believe they have nowhere to turn. We must remember the huge number of families out there still struggling in isolation. These are the people we need to reach.

To enable us to move forward on the issues statutory agencies will have to join us as true partners, we no longer want to be responded to as dysfunctional families but as people who have gained knowledge, experience and expertise. The Network will be working to make to this a reality.

You may think that this is the impossible dream but who would have believed we would be here today?

Sadie's presentation was followed by a questions and answer session.

## WORKSHOP 3:

### How can families be supported to become actively involved in responding to the drug issue?

- What are the next steps?

After coffee, the delegates joined their respective workshops to discuss:

### Report from Workshop 3: How can families be supported to become actively involved in responding to the drugs issue?

Most responses to this question concerned how participants considered Family Support Groups, the Family Support Network and CityWide could further the cause of supporting families. Their recommendations can be classified as supports at community, national and all-Ireland level.

#### At Community Level

Participants suggestions can be categorised into the following types of supports:

- The Network should expand but it needs resources to do so.
- Dissemination of information,
- Appropriate funding should be made available for family members to train and avail of jobs in the field.
- There is a need to Address the problems experienced in rural areas which are different from those in urban areas.

#### Expanding the Network/Employment:

Members of Family Support Groups and Networks should help to establish new groups. Pay them to do this. Employment issues will include:

- The provision of relevant in-service or other accessible and flexible training.
- Recruitment and interviews for posts must be open and transparent to allow members of Family Support Groups and Networks to apply for them.

#### Dissemination of Information:

Members of Family Support Groups should share information about their group with people outside the group as a way of getting other families involved.

#### Funding:

- Sufficient resources need to be made available to Family Support Groups. There should be training for these groups in skills and strategies for seeking funding to address this issue.
- Individual Family Support Groups should consider gaining charitable status with the view to attracting funding for their activities from local sponsors.

#### Rural Areas:

- The experience in rural areas is that people won't/can't travel to meet others in Family Support Groups but they will make a phone call. Therefore there is need for a system where parents can contact one another.

#### At National Level:

##### Dissemination of Information:

- Set up a 24/7 helpline for parent support on drugs issues. This would be additional to the Narcotics Anonymous and the National AIDS/Drugs helpline.
- Establish a National Network for Family Support Groups, and a newsletter to keep people in touch. Within the Dublin area, networking needs to be improved too.

#### Lobbying:

- Highlight the work being done by Family Support Groups. Invite T.Ds. and local public representatives to raise the profile of existing groups.

#### Relationships:

- Improve three-way public relations between Family Support Groups, the local communities and the statutory sector, with education for each sector. Use the Citywide Database to promote information for better understanding across the sectors.

#### Additionally:

- There should be a separate organisation for Family Support.
- The Network strategy that emerges from this conference must be implemented by putting it to the relevant organisations (e.g., Task Forces, etc.).

### On an All-Ireland Level:

Participants from both sides of the border suggested that:

- An all-Ireland 32-county network of Family Support Groups needs to be developed. The existing network needs to make the case for funding this network.

#### The Next Steps:

The responses of participants can be classified into individual, family, community, and national level steps.

#### At Individual Level:

Participants suggested the next steps should be to have:

- Facilities for children and young people with (learning or behavioural) difficulties to ensure they will not proceed to drug use.
- Work programmes for drug-users to be needs-based and re-train them accordingly, with the extra provision of a mentoring system.
- A quick route to services if relapse occurs. Recognise relapse as part of the recovery process.
- To have the word "addicts" replaced with "patients" might be better, but it's not a great word either.

#### At Family Level:

Participants suggested the next steps should be to have:

- Training for all family members, parents, sisters and brothers. Respond to needs on an age-appropriate basis.
- Education programmes on drug-related issues need to be made available for all parents.
- More childcare facilities are required. Additionally, there should be support for grandparents and other family members who are looking after the children of drug users.
- Develop more services for families (e.g., literacy, psychotherapy and counselling).
- Respite facilities need to be put in place for families.
- Family Support Groups need to address and acknowledge the different needs of family members. This could be done by developing groups for men only. It is important to consider where meetings take place (women in community centres, men in pubs).

## At Community Level:

Participants' suggestions can be classified into funding, lobbying and treatment issues. They recommended that:

### Funding:

- Resources are needed to support communities and voluntary groups. In order to do this, there should be workshops to train people in how to access funding (e.g., writing proposals, etc.).

### Lobbying:

- Communities must be represented and have the capacity to be represented on every available representative group (i.e., Task Forces, Partnerships and Health Boards).
- Develop an overall forum in each community (e.g., youth groups, community centre, parish teams, residents' associations, schools, FÁS, County Councils and Gardai).

### Treatment:

- The lack of respect by some pharmacists in dispensing methadone to service users needs to be addressed. No privacy is provided. Pharmacists should have facilities and policies in place to ensure that customers are treated with respect.
- There should be treatment programmes for addiction to licit and illicit substances (e.g., an individual on a methadone programme, experiencing alcohol problems, cannot access treatment for cross addiction except in a psychiatric ward).
- There needs to be interagency links between those involved in clinical treatment of drug users, (i.e., G.Ps, Treatment Centres—Methadone clinics—and Psychiatrists) to reduce the abuse of benzodiazepines.

## At National Level:

Participants' suggestions can be classified into those regarding education and training dissemination of information, lobbying, policy, relationships and treatment, as follows:

### Education and Training:

- Implement the drugs element of the S.P.H.E. programme in all Post-Primary Schools. Similar programme should be delivered in Primary Schools.
- Teachers require training/support to equip them to deal with drug-related issues in the classroom.

### Dissemination of Information:

Information is needed by drug users and their families by:

- The establishment of websites.
- Having nationwide conferences which are accessible.

The public also need information about drugs issues through:

- Having public education and awareness campaigns about drugs issues and the implications of drug use in order to take away the stigma of the 'dysfunctional family' myth.

### Lobbying:

As part of making their case, the Network has to start getting publicity for itself and for its issues. There were four key suggestions

- Have a march on the Dáil as soon as the new government is formed. The aim of the march is threefold; first, to put the drugs issue back on the political agenda; secondly, to highlight the need for services and thirdly, to let other families know about the existence of the network and of family support groups.
- Explore the possibility of getting Primetime or one of the independent media companies to make a programme about family issues and the experiences and work of Family Support Groups.
- Lobby Ministers, T.Ds, and Councillors. Carry on lobbying throughout the year, not just at election time.
- There should be lobbying to change the new national drugs strategy, Building on Experience, to include families in a significant and meaningful way.



#### Policy:

- Employers should establish drug awareness programmes and drug policies should be implemented in places of work.
- Investigate the rights of drug-users (concerning waiting lists for treatment, etc.) through Equality Acts and the Constitution.
- There are not enough services being provided.
- Harm reduction measures (i.e., needle exchange, etc.) should be in place.
- Respond now to the cocaine problem at local level. There needs to be information, a strong response, education and prevention.

#### Relationships:

- Community and voluntary organisations should have equal status and respect with statutory agencies to enable all three to have effective partnerships.
- Health Boards should put more trust in community groups and acknowledge that their experience is valuable.
- The Health Board must engage more fully with local communities in a real partnership which taps into local resources. There must be a breakdown of the 'them and us' attitude.

#### Treatment:

- Establish nationwide detoxification places, additionally, rehabilitation and aftercare programmes should be extended.
- There should be choices for young people around treatment. Additionally, rural users are unlikely to come forward for treatment because they know they will be admitted to a psychiatric ward.
- Statutory services should have staggered hours, especially to cater for the needs of youth.

## Conclusions:

It was evident that workshop participants considered that Family Support Groups and the Network had a considerable role to play at community, national and all-Ireland level to support the families of drug users. They considered that new groups should be established and that those with the experience of doing so should be paid for their work. Dissemination of information about Family Support was considered important as was having the expertise to obtain funding to support the work of Family Support Groups. The participants acknowledged that rural areas have different problems than their urban counterparts, especially concerning ease of travel to meetings. Rural areas therefore need different kinds of support. The participants in one workshop suggested establishing a phone network to address these issues.

At national level participants considered that dissemination of information was also crucial and recommended the establishment of a round-the-clock national helpline for parents. Lobbying TDs and local representatives is important to highlight issues. Additionally, participants considered that the Family Support Network should form a separate organisation from CityWide (i.e., be a project with its own identity).

On an all-Ireland level, delegates from both sides of the border suggested that the Network should cover all parts of the island.

There were many suggestions about what the next steps Family Support should take. They spanned all levels from individual to national. Again education, training, lobbying, statutory/voluntary relationships and treatment were issues. At a national level participants also made recommendations about social policy issues concerning drugs in prison and in the workplace and civil rights for drug users.

Every one of these suggestions are eminently sensible and with adequate funding, goodwill and much effort all of them can be achieved.

Although Dermot Ahearn, TD, Minister for Social Community and Family Affairs was unable to open the conference, however, he was in attendance to conclude the proceedings.

# Dermot Aherne, TD:

## Family Support

Over the past five years, Government has used the Families First approach to policy and services development to tackle major social issues such as poverty, social deprivation and drug misuse. The Families First approach encompasses a range of measures and programmes introduced to protect the family, support the stability of family life and prevent marital breakdown.

### Child Benefit

Child benefit has been widely recognised as a key policy instrument in addressing child poverty. This year's increases have brought about a threefold increase in Child Benefit since 1997 – as well as a significant reduction in the level of consistent poverty among children – from 17% to 8% in 2000. Furthermore, the review of the National Anti-Poverty Strategy, launched in February by the Taoiseach and myself, confirms that this Government is committed to reducing the numbers of people in consistent poverty to below 2% by 2007.

### Supporting Stability in Family Life

The promotion of continuity and stability in family life is also a primary goal of current Government policy involving an increased emphasis on preventing family breakdown in the first place through the development of marriage counselling services and greater promotion of the benefits of marriage preparation programmes.

Government investment in this area has reached a record €6.659m in 2002, representing almost six times the level of financial support available in 1997. This year, over 450 voluntary groups will receive funding, up from 90 in 1997. I hope to make a detailed announcement regarding the 2002 grant allocations very shortly.

### National Drugs Strategy

The third major social issue that I mentioned in my introduction is the reason we are all here today. Despite the impressive growth in the economy over recent years, there are still many individuals, families and communities who suffer the daily misery of drug misuse. The Government's National Drugs Strategy, launched by my colleague Eoin Ryan last year, represents the first time that all strands of drug policy have been brought together.

The overall aim of the strategy is to provide an effective, integrated response to the problems posed by drug misuse. Local Drugs Task Forces have been established in those areas most in need of help and resources totalling over €19m per annum have been allocated to ensure that plans developed locally to combat the drug problem can be implemented. The participation of community workers and organisations, such as the Citywide Drugs Crisis Campaign and others represented here today, in the partnership approach developed by these Task Forces has been fundamental to the success of the Drugs Strategy as a whole.

### Community Development Support Programmes

I am particularly pleased that today's conference has been organised by the Dublin Drugs Crisis Campaign, which is funded by my Department under the Community Development Support Programmes.

Community Development is about promoting positive change in society in favour of those who usually benefit least, but how this change is brought about is important too. As the name Community Development suggests, it is about empowering communities so that every citizen can feel that they have a role to play within their own community and can expect to share equally in the general increasing levels of prosperity.

The success of my Department's community development programmes is evidenced by the fact that there were 260 projects both up and running, or in the process of being set up, by the end of the year.

## Family Support Agency

Another example of this Government's commitment to family support is the forthcoming establishment of the Family Support Agency.

The Family Support Agency will support, promote and develop the Family and Community Services Resource Centre Programme around the country. It will support, promote and develop the provision of marriage and relationship counselling services, child counselling services and bereavement support for families. It will also provide a Family Mediation Service throughout the country.

The Family Support Agency will strengthen the institutional framework in which the State responds to help families. The Agency will be accountable for investment amounting to some €15.4m in 2002, which the Government has allocated to it for family services.

It will be a dedicated Service, supporting families, encouraging continuity and stability in Irish life, addressing the effects of marital breakdown and helping to build a supportive community environment. It will also be a resource for organisations involved in family support and promoting family well being, such as are represented here today.

The work of voluntary and community organisations such as yours is central to the Government's mission to develop an inclusive society. As I'm sure you'll agree, a lot has been done, but there is a lot more to do.

My thanks go to Philip Keegan and all those people involved in the organising of this conference. I look forward to sustained co-operation between State agencies and voluntary organisations in the continuing development of national family support structures.

The conference ended with a poem read by Robbie Byrne – Valentine:

### Valentine

Valentine's night is nearly here, I do the same most every year,  
I'm washed and ready to hit the town, but then I find he's never around

Hours will pass and then he comes, full of bullshit and all:  
"I walked for hours looking to score", behind it you don't care at all.

You're finally out and the fun begins, the goofing, the sleeping, the slapping at him.  
Its bad enough he didn't wash to go, now he's scratching from head to toe.

*From The Ups and Downs of Molly Phy.*

## Discussion and Conclusions

Over 170 delegates attended the conference from all over the Island of Ireland. Many of these delegates were members of Family Support Groups, Family Support Networks, drug users and others were delegates who are members of statutory agencies (e.g., Social Workers, Community Workers, Health Board Community Development Workers, Outreach Workers, Addiction Counsellors, Family Therapists G.Ps, Nurses, etc.).

The format of the conference was a blend of formal lectures and workshops. The formal lectures were given by professionals on different academic and social policy aspects of the drugs issue. Members of the Family Support Network talked about the experiences of communities, families and users relative to the drugs issue. Three themes were addressed in the three formal sessions:

- The Background to Family Support,
- The Current Situation and
- The Way Forward.

Additionally three workshops (divided into eight groups, with approximately 20 participants in each) were held over the course of the two days in which participants (parents, recovering drug users and professionals) got the opportunity to discuss a series of pre-formulated questions.

It became obvious to this author over the course of the conference that an interesting and common phenomenon was occurring. Individuals representing the professionals tended to talk about drugs issues from the point of view of the "ideal", that is "... an idea that is regarded as perfect or as a standard for attainment or imitation" (Oxford English Dictionary). In this instance the "ideal" was social policy issues, research findings, the structures of statutory organisations, etc. Whereas those participants on the podium or in the workshop groups who are family members of drug users or work in communities with drug users and their families had a different tale to tell. Their experiences could be classified as the "real", in this instance, the reality of the drugs issue. In many instances, between the ideal and the real there can be a "reality gap" that is a gap between the ideal (social policy and its attendant structures) and the real (as experienced by the people who are the target of social policy and those who work with them). This is accompanied by a gap between the perceptions of the members of the two different groups about the reality of the situation – and this conference was a classic example of a reality gap.

Having identified a reality gap, what can organisations and individuals do to eliminate or reduce it? The first breakthrough is being aware of the existence of the gap. The next step is what many workshop participants suggested doing – lobbying:

- Civil servants to formulate more relevant social policies in consultation with drug users and their families,
- Academics to engage in meaningful and relevant research in consultation with drug users and their families,
- Statutory organisations to interact with voluntary organisations to make the services they provide more relevant to the recipients of the service (i.e., drug users and their families).

During the conference the devastating impact that drug use in the family has on all family members was highlighted, as was the lack of services and supports for families in this situation. This information was especially evident in the information emanating from the workshops.

Although a formal evaluation of the conference was carried out, it is not within the remit of this document to report on it. However, it was evident to this author that the conference achieved many of its aims.

The first aim was:

- To highlight the crucial role played and invaluable work carried out by Family Support Groups in relation to drug use.

The crucial role played and the invaluable work carried out by Family Support Groups was evident from the presentations given by the various members of the Family Support Network and from information emerging from the workshops which were reported on above. However, whether this work was evident to the representatives of statutory agencies is not clear. It seemed that there was a chasm between what was being presented in the formal papers of academics and civil servants in the main body of the conference and the information about the needs of families and drug users in the presentations of the representatives of the Family Support Network. Additionally, the discussions in the eight workshop groups over the three workshop sessions differed markedly from the perceptions of the representatives of the statutory agencies.

Some representatives from statutory agencies (e.g., community and social workers) were present at the conference and at the workshops but representatives from higher up in the chain of command in these organisations were not. It can only be hoped that the information about the needs of Family Support Groups, families and drug users generated in the workshops will filter upwards to bring about the changes in drug policy the members of the workshop groups highlighted as being necessary.

- To define what we mean by family support.

Although no formal definition of 'family support' was formulated at the conference, it was evident that many different kinds of family supports should be available to families in distress because of drug abuse. These supports included help from:

- The extended family network,
- Family support groups,
- Local communities,
- Voluntary organisations,
- Statutory agencies and
- The State.

Drug users and their families should not be cast in the passive role of being just receivers of services. Therefore, families and communities should play an active part in the development and delivery of services.

Additionally, Family Support Groups are invaluable for assisting families: when they initially discover they have a member who is a drug user; providing families with information about drug use at an informal and formal level and supporting them through difficult times.

It could therefore be said that family support is a multi-layered, multi-dimensional phenomenon.

- To identify the needs of family support groups.

The participants in the eight workshop groups over the three workshop sessions identified the many needs of family support groups at both the macro (societal and community) level and the micro (family and individual) level. At the macro level there is a need for:

- An Ireland-wide network, including networking with family support groups in Northern Ireland.
- The recognition of the importance of the role of families to be recorded in the National Drugs Strategy.
- A respite centre for families and recovering drug users.
- A help-line for families in crisis.
- An examination of the efficacy of the current practice in the use of methadone maintenance.
- An examination of the usefulness of alternative treatment methods including acupuncture.
- Information on the rights and entitlements of grandparents and other carers inside and outside the extended family who look after the children of those who use drugs or have died because of drug use.

At the micro level there was the need for:

- Professionals to listen to and respect the views of the experts—the families of drug users and the drug users themselves.

The final conference aim was:

- To begin to develop a partnership between statutory agencies and family support groups in addressing the needs of drug users and their families.

This partnership between family support groups and statutory agencies has begun by having the conference. Informal dialogue and information exchange did take place between delegates who are members of statutory agencies and delegates who are members of Family Support Groups. In order to keep up the momentum, it will be necessary to develop this informal dialogue into more formal structures so that real changes can occur which will address the needs of drug users and their families.

It is evident that the work of the conference has promoted the issues relevant to drug abuse and the need for a multi-dimensional approach to family supports to a new plane. The onus now is on the Family Support Network to:

- Be the voice of an all-Ireland network,
- Nurture the emerging dialogue between themselves and the representatives of statutory agencies.

Additionally, it is incumbent on statutory agencies to:

- Heed the valuable information about the needs of drug users and their families emanating from this conference, and
- Act to redress all identified gaps in service and provision immediately in a planned way and in consultation with drug users and their families.

*Francesca Lundström, Ph.D.*

*July, 2002*

# Key recommendations

*T*hroughout the conference, the theme emerged strongly of the need for families to become partners in service development, service delivery and the policy making process. The Network should meet with the new Family Support Agency to look at how they can work together in developing a partnership role for families.

*The employment of Family Support Workers through the Health Boards is an important development. The Network should develop links with the relevant Health Boards to look at how family services and drug services can be delivered in a more co-ordinated way.*

*A piece of research needs to be carried out to describe and present the work of family support groups to a wider audience, both within the communities and the statutory agencies. The Network should continue to develop its links with the NACD (National Advisory Committee on Drugs).*

*There should be an immediate campaign jointly organised by the Network and the Health Boards to highlight the financial supports that can be made available to people who are caring for the children of drug users.*

*There is a need for an immediate review of the 1997 Housing Act and housing policies in relation to drug users. Families need to be involved in this review.*

*Family groups in areas outside of Dublin need to be informed about and included in the setting up of the Regional Drug Task Forces. This will allow family support work to be recognised and supported in these communities.*

*The Network should meet with the Minister with responsibility for the drugs strategy to discuss how families can be included in the National Drugs Strategy.*

*The Family Support Network has a key role to play in the development of Family Support work on the drugs issue, by bringing together all of the key players and supporting more family groups to become involved. Adequate resources need to be made available for the development of the network and these resources should come both through the National Drugs Strategy and the new Family Support Agency.*

## **CityWide Family Support Network**

# appendix 1 – conference programme

## What do we all mean by Family Support?

### Developing Partnerships

### A Conference Organised by CityWide Family Support Network

April 24th – 26th 2002, The Fairways Hotel, Dundalk

Managed by Irish Welcome Tours, Phone: (01) 475 7591 Fax: (01) 475 5321

### CityWide Family Support Network

CityWide Family Support Network consists of representatives of family support groups, individual family members and those working directly with families affected by drug use.

The aims of the Network are:

- To raise awareness of family support work and its role within the community.
- To highlight the importance and the value of work done by family support groups.
- To provide information to families and communities on existing services and supports.
- To highlight the extent of the drugs problem and its effects and to campaign for better services for drug users and their families.
- To support the involvement of the people most affected by the problem i.e. families, recovering drug users in the development and running of services and to ensure that adequate supports are put in place to enable this to happen.
- To remember and commemorate those who have died as a result of drugs.
- To offer support to each other as members of the group.

### Background to the Conference

The work of the Family Support Network has helped to highlight the devastating impact that drug use in the family has on all members of the family. It has also highlighted the lack of services and supports for families in this situation. The Network is committed to working with all the key players to develop these services in a way that meets the needs of families. In order to do this, we need to look together at what are the needs of families and at what we mean by this phrase "family support" that we use all the time.

### Conference Aims

- To highlight the crucial role played and invaluable work carried out by family support groups in relation to drug use.
- To define what we mean by family support.
- To identify the needs of family support groups.
- How to begin to develop a partnership between statutory agencies and family support groups in addressing the needs of drug users and their families.

## Expected outcomes

- Greater awareness of the impact of the drug problem on families.
- Greater awareness of the work of family support groups and the value of that work.
- Increased knowledge and understanding of the different models of family support work and how they can be delivered.
- Beginning of dialogue between statutory agencies and family support groups around the needs of drug users and their families.

## Who should attend?

This conference is aimed at the family members of drug users and those who work within or are interested in the field of drug addiction. We would especially like to have participation by the Family Support Services sector i.e. Social Workers, Family Therapists, Family Support Workers, Counsellors, Family Resource Centres, drug user representative groups etc.

## Programme

### Wednesday 24th April 2002

- 6.00 – 8.00pm Arrive and register in Hotel  
 9.00pm Finger buffet reception in the Library Suite

### Thursday 25th April 2002

- 9.30am Conference registration  
 10.00am Conference opening – Dermot Ahern TD, Minister for Social, Community & Family Affairs  
 10.15 **Session One – Family Support – The Background**  
 “Family Support – The Background to the Development of Family Support Services”  
 by Stephanie Holt, Trinity College, Dublin.  
 Stephanie Holt, Department of Social Studies, Trinity College, Dublin, is a qualified social worker and former co-ordinator with the Eastern Health Board’s Family Support Services based in Tallaght.  
 10.45am “Family Support – The Background to Citywide Family Support Network”  
 by Anna Quigley, Co-ordinator – Citywide Drugs Crisis Campaign.  
 11.15am Questions & Answers  
 11.30 Tea/Coffee  
 11.50 Workshops  
 1.00pm Light Lunch  
 2.00pm **Sessions Two – Family Support – The Current Situation**  
 “Current Service Provision for Families – Department of Social, Community & Family Affairs”  
 by Catherine Hazlett  
 Catherine Hazlett is a Principal Officer with responsibility for the Family Affairs Unit in the Department of Social, Community & Family Affairs. From 1995 to 1998 she was Secretary to the Independent Government Appointed Commission on the Family. Currently she is working on the establishment of the new Family Support Agency which will have a range of responsibilities in relation to promoting family well-being.



2.20pm	<p><b>“Current Service Provision for Families – A Health Board Perspective”</b> by Dave Little</p> <p>Dave Little is currently Community Worker with the Northern Area Health Board, involved in Community Development and local projects. He has worked in the North Inner City in the field of community based preventive services for children and families and community development for over twenty years.</p>
2.40pm	<p><b>“The Work of Family Support Groups”</b> by Cathal Holland, Co-Chairperson, PRO and founder member – Citywide Family Support Network.</p> <p>Cathal has worked in the community since 1988 as a community development worker. He is a qualified addiction counsellor presently working in the Ballymun area of Dublin with drug users and their families.</p>
3.00pm	Questions & Answers
3.15pm	Feedback from morning’s workshops
3.30pm	Tea/Coffee
3.45pm	Workshops
5.00pm	Close of first day
8.30pm	Gala Dinner in the Táin Suite (Informal)

## Friday 26th April 2002

9.30am	Tea/Coffee
9.50am	Feedback from yesterday afternoon’s workshop
10.00am	<p><b>Sessions Three – Family Support – The Way Forward</b> <b>“Family Support – Moving Forward in Partnership”</b> by Fiona Nolan, a Family Support Network member.</p> <p>Fiona Nolan is a community artist and group therapist. She has worked for 20 years as a facilitator, trainer and therapist, with communities, groups and individuals interested in their own development. She has been involved in the training and supervision of community drugs workers in the South Inner City and in Tallaght and has developed resources for Family Support Groups with family groups and Community Response.</p>
10.30am	<p><b>“Family Support – A Vision for the Future”</b> by Sadie Grace, Development Worker, Citywide Drugs Crisis Campaign, Co-Chairperson and founder member of Citywide Family Support Network.</p>
11.00am	Questions & Answers
11.15am	Tea/Coffee
11.35am	Workshops
12.30pm	Open Forum
12.45pm	Feedback from workshops
1.15pm	Conference close
1.30pm	Full Lunch
3.00pm	Coaches depart from Dublin

## Booking & Registration

- 1 Conference Fee – €180 (includes conference pack and notes, tea/coffee breaks, lunches).
- 2 Conference and Gala Dinner – €210 (includes all in no.1 and a Gala Dinner on Thursday evening).
- 3 Conference, Gala Dinner and Hotel Accommodation – €325 (includes all in no. 2 above, a finger buffet reception on Wednesday night, 2 nights bed and full Irish breakfast. All accommodation is based on an en-suite room in the Fairways Hotel. Price based on 2 people sharing. If all rooms are taken in the Fairways Hotel, extra rooms have been booked in the Imperial Hotel).

There are a limited number of bursaries available – further information from Philip Keegan at 01 836 5090. To ensure a room in the Conference Hotel it is essential to book early as a large demand is anticipated.

For those interested we have arranged free coach transportation to the Hotel from Dublin City Centre. Coach departs outside the Custom House on the Quays at 4.00pm sharp on Wednesday 24th. Coach departs Fairways Hotel, 3.00pm sharp on Friday 26th.

### Fairways Hotel , Dublin Road, Dundalk, Co. Louth. Phone: 042 9321500 Fax: 042 9321511

The Fairways Hotel encompasses the very best in hospitality, professional service and guest comfort facilities. Within the hotel there are restaurants, bars, function and conference facilities. The hotel has 101 bedrooms; all are en-suite with multi-channel TV and Tea/Coffee making facilities.

#### Directions to Hotel

When leaving Dublin take the N1 in direction for Belfast. Proceed on N1 approximately 45 miles, through Julianstown, Drogheda, and along new motorway. When the motorway ends there is a large roundabout, take the exit for Dublin/Belfast. At the second set of traffic lights stay in right lane (along Xerox Europe) and turn right – signposted for Castlebellingham. The Fairways Hotel is 1/4 mile up the road on the left hand side.

## Registration Form

Name: .....

Address: .....

Organisation (if any): .....

Address: .....

Phone: ..... Fax: ..... Email: .....

Please Select (please tick box):

Conference, Gala Dinner & Hotel Package  
€325

Conference & Gala Dinner  
€210

Conference Only  
€180

Single Room:  Twin Room:  (Single Room Supplement is €25 per person per night)

If you are availing of the Coach Transportation please tick here

If you have a friend you want to share with please tell us their name otherwise we will allocate you a person to share with.

Name: .....

If you have any special dietary or accessibility requirement please tell us:

.....  
 .....

Bookings will only be accepted with Full Payment. Cheques should be made payable to the conference handling agent, Irish Welcome Tours, 4 Whitefriars, Aungier Street, Dublin 2. If you have any queries please contact Bernadette Clancy at 01 4757591 Fax: 01 4755321 Email: [bernie@irishwelcometours.com](mailto:bernie@irishwelcometours.com)

# appendix 2 – conference evaluation

**Conference Organisers: Citywide Family Support Network**

**Conference Title: What Do We All Mean by Family Support?**

**Venue: The Fairways Hotel, Dundalk, Co Louth 24th – 26th April 2002**

At the end of the conference the participants were asked to fill out an evaluation form. The evaluation form contained 4 questions (rated on a 5 point scale) and a space for general comments about the conference.

Of the 180 people who were in attendance at the conference 108 individuals filled out the evaluation forms. This gives an overall response rate of 60%. However, some individuals did not respond to all questions.

## Question 1

What I learned at the conference will be of use to me:	Strongly Agree	5
	Agree	4
	Disagree	3
	Strongly Disagree	2
	Don't Know	1

There were 107 responses to this question and the average was 4.63

## Question 2

The conference is relevant to my work:	Strongly Agree	5
	Agree	4
	Disagree	3
	Strongly Disagree	2
	Don't Know	1

There were 102 responses to this question and the average was 4.51

## Question 3

Overall, the guest speaker's presentations were:	Excellent	5
	Good	4
	Mixed	3
	Poor	2
	Don't Know	1

There were 102 responses to this question and the average was 3.77

## Question 4

Overall, the workshops were:	Excellent	5
	Good	4
	Mixed	3
	Poor	2
	Don't Know	1

There were 105 responses to this question and the average was 4.72

*Greg Fox, BA, MSc*

We asked someone not connected to the Network to do a breakdown of the numbers and as you can see from the above there was a very positive response to the four questions. The following comments, from the delegates themselves taken directly from the evaluation forms, shows that overall the conference can be deemed a huge success.

*"It was a great opportunity for people of all different areas to share their experiences in real ways and formulate plans for what needs to happen".*

*"Overall the conference was excellent. The workshops showed the need to expand the Network, how strong the parents were both individually and as groups".*

*"I came from the Service Providers end of the spectrum and found the wealth of knowledge and self-motivated support invaluable. I knew the importance of Family Support, now I know the complete necessity of Family Support".*

*"Citywide Family Support Network has made me realise that I am not on my own. These two days has been I can honestly say, the most important days in my life. I was looking for a way to move on with my life, through the help of sharing my experience with them. As a parent caring for addicts in my family home I have realised from the conference that I come first, which made me, feel quite guilty. But in time I will overcome this with the help of Citywide. After all at the end of the day the addicts are our own flesh and blood. Even in times when we despair of them. But they are our addicts. One other point is to educate the children in primary education about the dangers of drugs and the devastation that it has on families and friends. Citywide Thanks once again".*

*"Families are still concentrating on the drug user despite having a forum for themselves this weekend".*

*"While the speakers gave a good presentation the language was to high brow. The simpler the language the better understood"*

*"1st day – workshops very repetitious and sometimes too long. 2nd day speakers much more interesting – make it all more real for me"*

*"Not enough time given to workshops"*

*"A very enlightening workshop, the reinforcement of the problems within the whole 32 countries also that families are the "EXPERTS".*

*"Negative: being with the same group for two days. I would have enjoyed a change for better networking and getting other points of view. Positive: raising of important issues".*





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