

INFORMATION AND RESOURCES



BREAKTHROUGH

Ice education for families

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www.breakthroughforfamilies.com



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This resource has been developed to accompany the face-to-face BreakThrough: Ice education for families training program.

BreakThrough sessions are held across Victoria.

To view a list of upcoming sessions and other relevant information, please go to www.breakthroughforfamilies.com

INTRODUCTION

The Department of Health and Human Services has funded Turning Point, SHARC and The Bouverie Centre to deliver the BreakThrough program to families impacted by a loved one's use of the drug known as 'ice'.

There is a lot of misinformation in the media and public discourse about drug use and ice in particular. The BreakThrough program provides information about what ice is, why people use it and why it causes problems for the individual, families and the broader community.

The program helps families to identify if loved ones are using ice and their patterns of drug use. It also provides practical strategies about how to talk to loved ones about their drug use and how families can manage challenging behaviours and look after themselves. Information on where to access additional help and support is provided.

The BreakThrough program covers three topics.

TOPIC 1 – FACTS

- » Types of drug use and reasons for use
- » Ice and effects
- » 'Come down' and withdrawal
- » Drugs and mental health

TOPIC 2 – STRATEGIES

- » Talking to your loved one
- » Stages of change
- » Family roles
- » Responding to challenging behaviours
- » Self care for families
- » Safety plan for families

TOPIC 3 – HELP

- » Support, assistance and professional help



TOPIC 1: FACTS

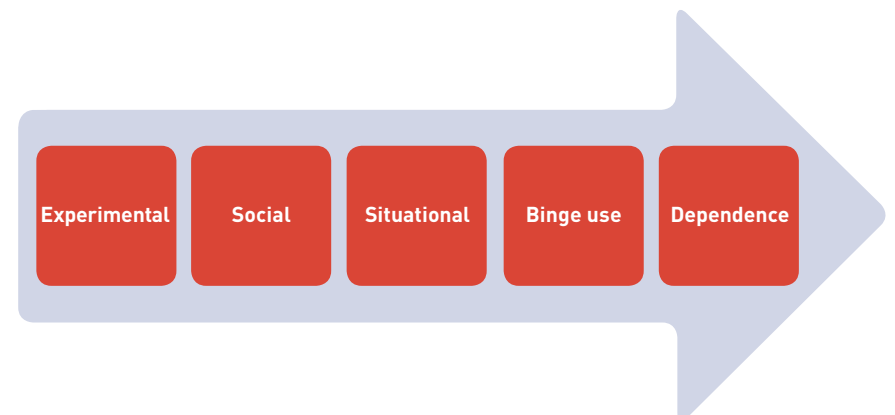
THIS TOPIC WILL HELP YOU

- » Recognise different types of drug use and reasons for use.
- » Understand the different types of methamphetamine.
- » Describe the effects drugs have on the central nervous system.
- » Understand the impact of drug use on mental health.

REASONS FOR USE

People use drugs in a number of different ways and for a variety of reasons. The harms caused by drug use are not only related to the drug itself and how it is taken, but by the individual's patterns of use.

The following diagram is based on a model that looks at the different types of drug use people may engage in during their lives. It should be noted that some people will engage in all five types of use during their lives, whereas others will only engage in one or two. If a person uses a drug on a social or recreational basis, for example, this does not necessarily mean their use will lead to the next stage.



Experimental: Initial, possibly single or short-term use. Often a younger person using drugs due to curiosity or peer group pressure.

Social/recreational/occasional: Some people use drugs in a social setting for enjoyment and socialising.

Situational/intentional: Drugs are used for a specific reason – e.g. to aid study, to calm down before an important occasion, to reduce weight, to stay awake, or to relax at the end of the day.

Binge use/intensive: Moderate to high doses of drug use over a defined period of time, which tends to be intermittent. For example, using high doses of ice every fortnight when pay or welfare money is received.

Dependence/compulsion: Can be physical, psychological or both. A person may be drug dependent when the substance is the focus of their life, they have trouble cutting down the amount they use and/or they experience withdrawal symptoms when they stop using drugs. Drug users who are dependent develop a tolerance to the drug when the same dose no longer produces the effect that it used to, or when increased doses of the drug are needed to attain the desired effect.

When we consider ice use in our community, it is useful to remember that Australia is currently experiencing low price, wide availability and high levels of drug purity. These factors are likely to contribute to increased use and greater harms.

EFFECTS ON THE CENTRAL NERVOUS SYSTEM

Psychoactive drugs are chemical substances, natural or synthetic, that come from outside the body, cross the blood-brain barrier and have a similar effect to our natural neurotransmitters. **They alter mood, decision making, behaviour, perception and brain functioning.** Ice, alcohol and cannabis are examples of psychoactive drugs.

When we look at the effects of psychoactive drugs, we need to think of them in terms of the way they **affect an individual's thinking, feeling and behaviour.**

Psychoactive drugs are classified according to the **effect they have on the central nervous system (CNS).** The CNS is made up of the brain and spinal cord and it controls most functions of the mind and body.

- » Depressants decrease or slow down activity in the CNS. Effects may include relaxation, lowered levels of consciousness, decreased heart and breathing rate and impaired coordination.
- » Stimulants increase or speed up activity in the CNS. Effects may include increased alertness, heart rate, physical activity and decreased appetite.
- » Hallucinogens distort perceptions via the CNS. Effects may include increased heart rate, altered perceptions and disorientation.

Some drugs may fit into more than one category depending on how much a person has taken. For example cannabis is a depressant drug but in high doses can have a hallucinogenic effect.

Depressants – Decrease activity in CNS

- Alcohol
- Cannabis
- Opioids (e.g. heroin and codeine)
- Benzodiazepines (e.g. diazepam aka valium and temazepam)

Stimulants – Increase activity in CNS

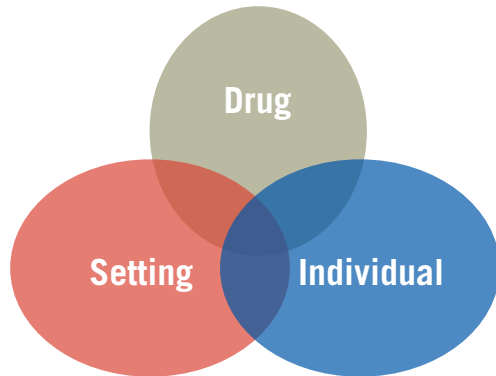
- Methamphetamines (e.g. ice)
- Caffeine
- Nicotine
- Ecstasy

Hallucinogens – Distort perceptions in CNS

- LSD
- Magic mushrooms
- Ketamine

OTHER INFLUENCING FACTORS

In addition to the way the drug can be classified according to its effect on the central nervous system, several other factors determine the effect the drug will have on an individual. This includes features of the drug itself, the setting in which the drug is taken and individual characteristics of the person using the drug.



The individual

Although all drugs of the same type generally have the same effect, the 'high' may vary depending on the individual.

- » Some people may have developed a tolerance to the drug they are using. This means when the same amount of drug no longer produces the effect that it used to, the person has to increase consumption to get the same desired effect.
- » As individuals we metabolise or break down drugs in our body differently. A person's physical health, age and gender can influence the effects of a drug.
- » Psychological factors such as expectations of drug experience, mental health, current mood and past experiences will also influence the effects of drugs.

The drug

The effect of a drug is also determined by:

- » the amount, strength and purity of the drug
- » the route of administration (e.g. smoking or injecting)
- » any other drugs taken by the person at the same time

The setting

The impact of the drug is also dependent on:

- » where the user is when they take it
- » who they are with when they take it
- » changes in their setting while they are using drugs

Route of administration

The route of administration has an impact on the drug effect. There are five main ways a drug can be taken (orally, injection, inhalation, absorption via mucous membranes and skin patches) and this has a significant impact on the effects of the drug in terms of:

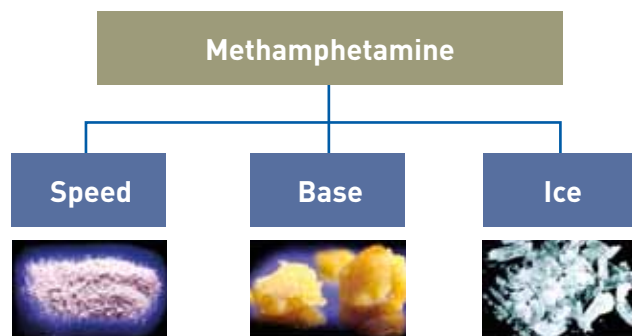
- » onset (how soon the effects of the drug are felt)
- » intensity (how strong the effects of the drug are)
- » duration (how long the effects of the drug last)

So, because all the factors mentioned above influence the effect of a drug on any one person, it is often difficult to predict the precise impact a drug will have on a particular individual. And these impacts can be very different when comparing one person with another.

WHAT IS ICE?

As a family member you are likely concerned about a loved one's drug use and in particular their use of ice, a potent crystalline form of methamphetamine.

Ice, also referred to as crystal meth, is a type of methamphetamine that often looks like shards of crystal. Categorised as a stimulant, ice is usually smoked, inhaled or injected. Once taken, it creates an intense feeling with effects lasting between 4–12 hours. This is commonly followed by a severe 'come down' where a person may have low energy and feel extremely flat. Other forms of methamphetamine are 'speed', a powder form and 'base', a paste form.



All methamphetamine types have the same chemical structure but their potency levels differ. Ice is purer and more potent than speed or base.

If we consider statistics, the 2013 National Drug Strategy Household Survey reported 1.9% of the Victorian population aged 14 and over used methamphetamine in the previous 12 months. This is slightly below the national average of 2.1%. While there was no significant increase in methamphetamine use in 2013, there was a change in the main form of methamphetamine used. Use of powder form (speed) decreased significantly from 51% to 29% while the use of ice (or crystal meth) more than doubled, from 22% in 2010 to 50% in 2013 [NDSHS 2013].

Statistics show that the average purity of ice increased from 21% (2010) to 64% (2013), but consumers still bought the same quantity [Quinn et al, 2013]. It is thought that the increased purity is linked to an increase in harms, particularly for people who have been using the drug for some time.

EFFECTS OF ICE ON BRAIN AND BEHAVIOUR

For us to have an understanding of the effects of ice, it is useful to consider how it works in the brain. Due to recent advances in neuroscience, scientists are learning lots of new information about the workings of the brain and are able to explain this in relatively simple terms.

Drugs work by changing the structure and functioning of the brain. They tap into the brain's communication system, via the central nervous system, and interfere with the way nerve cells (neurons) normally send, receive and process information. Some drugs activate neurons because their chemical structure mimics or copies that of a natural neurotransmitter. Neurotransmitters are the brain chemicals that communicate information throughout our brain and body. One of the main neurotransmitters associated with drug use, and ice in particular, is dopamine.

Dopamine is a chemical neurotransmitter released whenever we do something that feels good. If you do something pleasurable, the brain is wired in such a way that you want to do it again. Scientists call this 'reward'. Activities such as eating, exercise, sex and taking drugs activate the dopamine system. A healthy dopamine system is responsible for pleasure and motivation, movement and higher order thinking, such as attention, memory and problem solving. Ice creates a huge surge of dopamine but also prevents the brain from reabsorbing this chemical, leading to a shortage. It takes the brain about 3 days to manufacture more dopamine.

The other neurotransmitters associated with ice are noradrenaline and serotonin.

Noradrenaline is responsible for the 'flight or fight' response, enabling a person to either escape or defend themselves in certain circumstances. It is also associated with concentration, learning and memory.

Serotonin is involved in regulating internal temperature, mood, sleep, appetite and physical movement.

Australian Institute of Health and Welfare. (2014). National Drug Strategy Household Survey detailed report 2013. Drug statistics series no. 28. Cat no. PHE 183. Canberra: AIHW.

Quinn, B., Stoové, M., Papanastasiou, C. & Dietze, P. (2013). Methamphetamine use in Melbourne, Australia: Baseline characteristics of a prospective methamphetamine-using cohort and correlates of methamphetamine dependence. *Journal of Substance Use*, 18(5).



Short term use

When a person uses ice in the short term, the levels of dopamine, noradrenaline and serotonin in their brain are increased significantly and remain high for a longer period of time. This means they will have intense feelings of euphoria, an increased alertness, heart rate and energy and may not feel like eating.

When a person stops using ice their neurotransmitter levels are significantly reduced and they will feel varying levels of tiredness, irritability and difficulties in concentration. They will also be less motivated to attend to daily tasks for quite a few days until the brain's levels of neurotransmitters restore. During this period they may experience strong cravings to use ice and will find it difficult to experience pleasure in everyday activities. It is important during this period that the person has plenty of rest and eats healthy food. Recovery from short term ice use may take up to a week for some people.

Long term use

When a person uses large amounts of ice most days for a long period of time the brain's neurotransmitter systems are drained and the dopamine system is depleted. When a person uses ice regularly there is not enough time for the brain's neurotransmitter levels to replenish which leads to changes in brain structure and function.

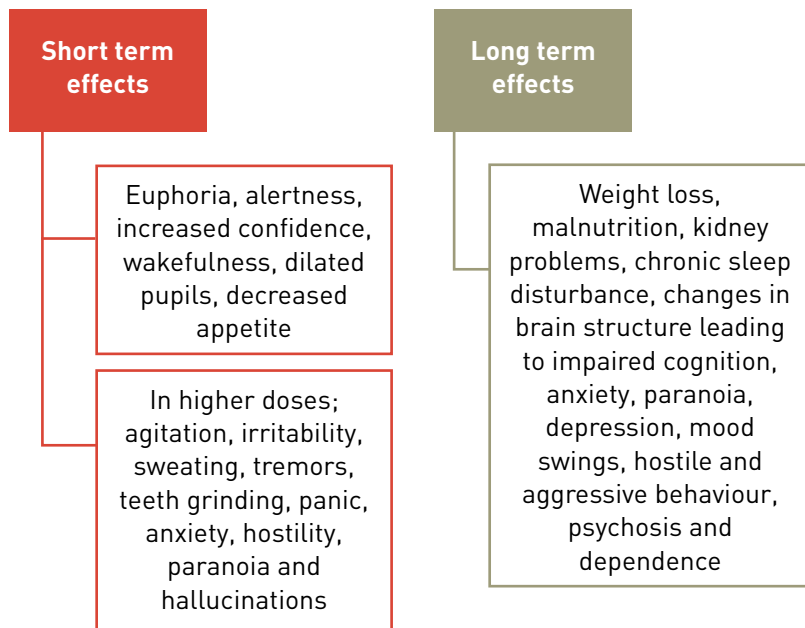
When the dopamine system is damaged, we see the following effects:

- » Feeling flat and decreased mood
- » Low motivation
- » Impaired ability to focus and concentrate
- » Decreased planning ability
- » Poor decision making
- » Decreased ability to control emotions (mood swings)
- » Diminished flexible thinking
- » Poor impulse control
- » Reduced energy levels

This explains why a person using ice over a long period of time finds it challenging to think about consequences, complete tasks, take in new information, stop inappropriate behaviour, attend appointments and set

goals. You will find the person has unexpected outbursts, is unable to focus, and may switch suddenly between topics of conversation.

Below is a diagram summarising the short and long term effects of ice. Please be mindful that as explained previously, effects will vary between individuals.



Withdrawal

When a person stops using ice, they initially experience a period commonly referred to as a 'come down'. This period can last 2–3 days where the person will feel exhausted, sleep for long periods, feel flat and irritable.

The next phase, 'acute withdrawal', may last 10–21 days. Length of withdrawal and symptoms will vary from person to person depending on how long and how much ice they have been using. Recreational users may only experience the 'come down' phase, whereas a person using in a dependent pattern may experience a severe protracted withdrawal.

Withdrawal symptoms of ice include:

- » Decreased energy
- » Mood swings ranging from irritability to anger and aggression
- » Depression ranging from low mood to severe depression
- » Agitation and anxiety
- » Inability to experience pleasure
- » Aches and pains
- » Sleep disturbance
- » Intense cravings to use ice
- » Inability to focus and concentrate

Withdrawal often happens at home but there are residential withdrawal services known as 'detox' that can be helpful for some people. Evidence suggests that detox is a good harm reduction intervention, however, the relapse rate is high when a person is discharged. In other words, undergoing residential withdrawal does not necessarily mean a person's pattern of drug use will change (MATES, 2012).

Prior to undergoing withdrawal, it can be very useful for a person to:

- » Have adequate rest and nutritious food.
- » Understand that withdrawal symptoms can last a long time and may include depression, agitation, irritability and intense cravings.
- » Monitor feelings of depression. If they experience feelings of self harm they should contact emergency services (dial 000).
- » Secure post withdrawal after care, including ongoing psychological and social support, as this is essential for addressing coping and other life skills and managing ongoing cravings.
- » Know that longer term recovery from regular ice use can take 3–12 months or sometimes longer and that changes to the brain take time.

McKetin, R., Najman, J.M., Baker, A.L., Lubman, D.I., Dawe, S., Ali, R., Lee, N.K., Mattick, R.P. & Mamun, A. (2012). Evaluating the impact of community-based treatment options on methamphetamine use: findings from the Methamphetamine Treatment Evaluation Study (MATES). *Addiction*, 107(11).

DRUGS AND MENTAL HEALTH

Where a person has two or more conditions at the same time, such as an alcohol and drug problem and a mental health condition, this is referred to as a 'dual diagnosis' or a co-occurring disorder. The type of drugs affecting mental health can be legal, such as alcohol, tobacco and prescription medications or illegal, such as cannabis, ice and heroin.

Mental health differs between people and can vary over a person's lifetime. Good mental health enables us to develop positive relationships, manage life's challenges and control our emotions. Some people experience mental health problems, meaning they may have symptoms of a mental illness but may not have a diagnosis. Others may be experiencing a mental health crisis, for example having thoughts of suicide or self harm.

Mental health conditions are "diagnosable illnesses that affect a person's ability to work or carry out daily activities and engage in satisfying personal relationships" (Mental Health First Aid, 2013). Common mental health conditions include depression and anxiety disorders. Bipolar disorder and schizophrenia are less common.

The co-occurrence of a mental health condition and a substance use problem can occur in all communities. It is not unusual for someone suffering from anxiety or depression to also have an alcohol and/or drug problem.

- » One in five (20%) Australians have symptoms of mental illness including anxiety, depression and/or substance use disorders over a 12 month period.
- » Young people under the age of 26 experience higher rates of mental health problems (26%) over a 12 month period, compared with only 6% for those aged 75–85 years old.

WHAT CAN CAUSE A DUAL DIAGNOSIS?

There are a number of reasons why a mental health condition and substance use may co-occur.

- » Stress and trauma are often linked to substance misuse.
- » Substance use might influence or increase symptoms of mental illness.
- » A person with a mental health condition may misuse drugs to help cope with their condition or the side effects of medication, or to feel confident around other people.
- » Coping with difficult life changes such as migration and resettlement can cause both mental illness and substance use problems.
- » A person with a mental health condition may misuse drugs to feel good, to belong to a group, to escape boredom or to help sleep.

ICE AND MENTAL HEALTH

People who use ice regularly often experience mental health conditions such as depression and anxiety. Less common conditions include psychosis, where the person has irrational thoughts or hallucinations not based on reality.

It is often very difficult to separate the drug effects from the mental health symptoms until a person stops using ice and other drugs. Mental health conditions are really hard to treat until substance use has ceased. Consequently mental health symptoms will vary in severity and length over days, weeks, months or years.

If you are concerned about your loved one's mental health, or if their mental health symptoms worsen, it is important to seek professional assistance from your GP or local mental health service.

A list of local mental health services is available here:
www.health.vic.gov.au/mentalhealthservices

Kitchener, B.A., Jorm, A.F. & Kelly, C.M. (2013). *Mental Health First Aid Manual*. 3rd edition. Melbourne: Mental Health First Aid Australia.

Depression

Symptoms of depression may include low energy and feeling tired, loss of enjoyment in interests and pastimes, withdrawing from everyday activities, withdrawing from family and friends, overwhelming feelings of sadness, loss or increase in appetite, change in sleep patterns, feelings of worthlessness, guilt and thoughts of death or suicide. A depressed person may be at risk of suicide, so it is important to seek professional assistance if you are worried about your loved one.

Symptoms of depression overlap with many of the direct effects of ice use (reduced appetite and inability to sleep) and symptoms of withdrawal (inability to feel pleasure in normally enjoyable activities, overwhelming feelings of sadness, increased appetite). So, professional help is often required to separate mental health and drug effects from one another.

Anxiety

Anxiety involves excessive worry and symptoms may include increased heart rate, chest pain, blushing, fast breathing and shortness of breath, dizziness, sweating, stomach pains and nausea, racing thoughts, fear and panic, interrupted sleep, avoidance of situations, distress, and compulsive behaviours (like repeated phone checking or hand washing).

It is common for ice users to feel symptoms of anxiety while under the acute effects of the drug. The symptoms should stop once ice use ceases. If the symptoms of anxiety remain or worsen during or after withdrawal, it is important to seek professional assistance from a GP or local mental health service.

Psychosis

Psychosis refers to the symptoms that occur when a person has lost contact with reality. Symptoms of psychosis can include visual (seeing things that are not there) hallucinations and auditory (hearing voices) as well as paranoia, irritability, sleep disturbance and behaving in an unusual manner.

Many people that use ice describe experiencing visual hallucinations and odd thoughts that come and go. Other users experience more severe and ongoing symptoms such as hearing and seeing things that are not there and becoming paranoid that people may be following them or intending to hurt them.

Many people cease experiencing psychotic symptoms once the drug wears off. However, for others, the symptoms may last for days, weeks or longer. Some regular users who have become psychotic might experience symptoms again when even small quantities of ice are used.

For those people with persistent symptoms of psychosis, it is important to seek professional mental health assistance.

KEY MESSAGES

- » Reasons for drug use differ for individuals and the effects of ice can vary from person to person.
- » Try to understand the drug use from the person's point of view rather than just focusing on how it affects you.
- » A person's drug use can affect their mental health and vice versa.
- » Ice users can experience a range of mental health problems.
- » The longer a person is abstinent the more improvement you will see in their thinking and emotional parts of the brain.



TOPIC 2: STRATEGIES

THIS TOPIC WILL HELP YOU

- » Develop strategies for communicating with someone who is unwilling or indecisive about changing their drug use.
- » Understand the basics of the stages of change model.
- » Recognise the roles family members play in maintaining and/or changing behaviours.
- » Recognise and respond to challenging behaviours from loved ones.
- » Understand the importance of self care in dealing with family issues.
- » Outline a safety plan for all family members.
- » Practice setting and keeping boundaries.

TALKING TO SOMEONE ABOUT THEIR ICE USE

When talking to your loved one:

- » Choose an appropriate time to talk when your loved one is not drug affected.
- » Try to talk about how they are feeling rather than focusing on what they are doing.
- » Listen to them non-judgmentally. You need to provide a safe space so the person feels they have been heard and understood.
- » Let them know you are worried and that they can talk to you whenever they need to (within reason).
- » Be supportive rather than lecture or threaten them.
- » Do not blame yourself or your loved one for their situation and try not to over analyse the reasons for their substance use and/or mental health problems.
- » Encourage them to discuss their drug use with a health professional such as a GP or counsellor. Offer to go with them as support.

Encourage your loved one to seek help if you start noticing any of the following signs:

- » They stop talking to family or friends.
- » They sleep poorly and are often awake all night.
- » They are taking a lot of time off from work or study.
- » They are less motivated, more irritable, anxious and aggressive than usual.
- » They are regularly getting into trouble with the law.
- » They have difficulty concentrating.
- » They say or write things that don't make sense.
- » They develop strange ideas.
- » They hear voices no one else can hear.
- » They become afraid or suspicious for no reason.

Sometimes people may feel uncomfortable, embarrassed or ashamed to seek help. They may also not be aware of the available support options. If a loved one is reluctant to seek help themselves, seek assistance and support for yourself. It is important to remember that professionals are there to help you, not judge you, and they are required to keep your information confidential.

ACTIVE LISTENING

Active listening involves paying attention to what your loved one is saying and showing you have understood them. It lets your loved one know that you care about what they think and how they feel.

Active listeners:

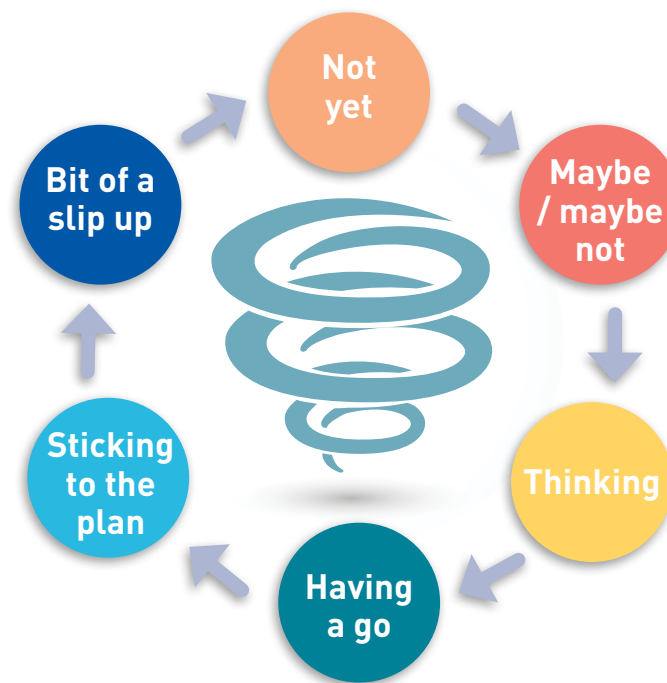
- » Make eye contact and sit square on.
- » Use open ended questions such as "How do you plan to tackle this?" and "What do you think about that?"
- » Nod and remain attentive.
- » Encourage further contribution by saying: "Go on..." or "Tell me more..."
- » Summarise what the speaker means by saying: "Let me see if I have understood what you've said..." or "Sounds like what you are saying is..."
- » Remain non judgmental or evaluative.

STAGES OF CHANGE MODEL

When a loved one is using ice, it may take a number of steps from the time they recognise that they have a problem until they are able to change their behaviour. The stages of change model provides an understanding of a person's readiness to make change in relation to their drug use and it can help determine what interventions or treatments are likely to be most effective for that person.

The model is an important component of how health professionals respond to drug use. There is little point, for example, providing action type solutions for someone who is yet to recognise that they have a problem. Change is a process, not a single event and different responses are appropriate at different stages along the change process.

It is important to recognise that while you might be thinking about the changes your loved one needs to make or you're starting to prepare for change, they may not yet be ready. A person must decide for themselves when they want to stop or reduce their drug use.



Not yet (Pre-contemplation)

Your loved one has no reason or plan to change their pattern of drug use. Pressure from family members, friends, and the courts have no effect on them.

“You may think it’s an issue but I don’t – and even if I do, it’s my business so stop bugging me.”

Helpful responses:

- » Friendly and open communication can help you keep a good relationship with your loved one, but conversations about change will push them away.
- » Educate yourself about harm minimisation strategies for drug use.
- » Look for opportunities to help your loved one understand the relationship between drug use and difficulties in their life circumstances.

Families in the ‘not yet’ stage may be in denial about the problem, they may not know how to broach the subject with their loved one and may be choosing to ignore what’s going on.

Maybe/maybe not (Contemplation)

Your loved one is feeling uncertain. They are torn between wanting to change and wanting to stay the same. They start to think about the good and not so good aspects of their drug use but they may decide it’s too hard to stop.

“I’m willing to think about it and consider my options but I’m not going to do anything right now.”

Helpful responses:

- » Help them to explore their thoughts. Keep the lines of communication open.
- » Try not to say what you would prefer to happen, encourage them to verbalise what they would like to do.
- » Acknowledge that they are thinking about change and that you think this is a good idea.

Families in the ‘maybe/maybe not’ stage are alternating between grief and anger and may blame their loved one for the breakdown in communication and chaotic home environment.

Thinking (Preparation)

Your loved one has decided that they want to change. They begin to think about action: ‘What do I want to change? How am I going to achieve this?’

“I need some help to know how to begin to make changes.”

Helpful responses:

- » Talk to them about what they want to do.
- » Support them to contact health and support services and to get information.

Families in the ‘thinking’ stage have recognised that changes need to be made and that problems have to be addressed. They are thinking about setting boundaries, adopting self-care strategies and are gathering information about how to make changes.

Having a go (Action)

Your loved one carries out their plan. Such a plan might include reducing their drug use, starting treatment, changing their environment, distancing themselves from drug using friends, or stopping their drug use completely.

“I’ve begun to make some changes, and need help to continue to stay focused.”

Helpful responses:

- » Recognise any positive action and encourage your loved one to stick to their plans.
- » If they stall, don’t focus on the negative. Encourage them to try again.
- » Encourage them to believe they can change.
- » Help them find other things to occupy their time (e.g. hobbies, kicking a footy, listening to music).

Families in the ‘having a go’ stage have sought help for themselves and are learning how to cope with the situation. They are working on their relationships and have accepted that they can offer support to their loved one, but can no longer take responsibility for the choices they make.

Sticking to the plan (Maintenance)

Your loved one works to keep the changes they have achieved.

“I’m stable and I’m trying to stay that way as life continues to throw challenges in my path.”

Helpful responses:

- » Support them in keeping to the changes they’ve made.
- » Believe that they can manage their own affairs and be in control of their decisions. Give them autonomy.
- » Acknowledge and support other areas of their lives (e.g. hobbies, work or study).

Families in the ‘sticking to the plan’ stage are using boundaries to protect themselves, are seeking ongoing help and trying to remain open to and non-judgemental about their loved one.

Bit of a slip up (Relapse)

Your loved one returns to an earlier pattern of drug use or starts to dabble again. This is very common. Relapses can occur at any time and can be temporary. Triggers, such as a stressful event or being in a tempting environment, can make a person vulnerable to relapse years after not using drugs. Think of the difficulties former smokers can have when hanging around other people who smoke.

“I caught up with an old mate and we went on a bit of a bender.”

Helpful responses:

- » Try not to panic.
- » Think of the relapse as short term.
- » Try not to get frustrated and recognise that your loved one can often learn important lessons and strategies each time they relapse.
- » Continue to be supportive during this time.

Families in the ‘bit of a slip up’ stage have reacted badly to a crisis or relapse. They are overwhelmed by panic, but can use the strategies they’ve learned to get back on track.

HARM REDUCTION FOR ICE USERS

When people use ice they feel exhilarated, lively and confident and it is not until the consequences of their use become severe that they may consider treatment.

When a person is not considering changing their drug use, a harm reduction approach should be taken.

Encourage your loved one to:

- » Take breaks from drug use often and for as long as possible.
- » Eat well and regularly. Drink plenty of water.
- » Try and get some sleep wherever possible.
- » Use safe sex and injecting practices (go to: <http://www.cahma.org.au/safer> for more information).
- » Be aware of the possible risks associated with mixing drugs such as alcohol and ice and/or using energy drinks. Risks include increased intoxication and heart rate, and psychological effects such as anxiety, panic attacks and paranoia.
- » Plan for the come down by either organising activities that act as a distraction or by taking it easy. Using drugs to manage the come down will likely make it worse.
- » Brush and floss teeth regularly as mouth sores and infections are common with heavy ice use.
- » Have ‘safe’ people to call in case of feelings of paranoia or panic.
- » Call an ambulance if an overdose is suspected.

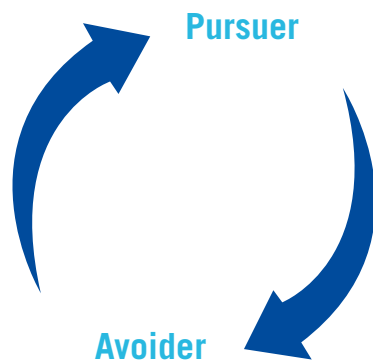
(Source: YODAA <http://yodaa.org.au/workers/ice-fast-facts-workers>)

FAMILY RELATIONSHIPS

It might be useful for families to reflect on how they engage with the person with an ice issue and whether this is having an impact on their loved one's motivation to change and their understanding of the consequences of their actions.

Typically the more a parent or partner does for their loved one, the less they do for themselves. This imbalance in the relationship can increase anxiety and frustration in the "helper", leading to an increased impulse to help, which in turn can lower the "helpee's" self-esteem and reduce their need to take responsibility for their actions.

The family member and the loved one both play a role in reinforcing and exacerbating the cycle. This pattern can also occur between parents or caregivers when one parent is very involved with finding solutions to the problem while the other parent avoids the problem.



Pursuer

As the concern regarding the person with the ice issue increases so does the amount of energy the family member uses trying to help.

Avoider

The more the family member tries to help and manage the problem and its consequences, the less the person with the ice issue needs to take responsibility for the consequences of their behaviour.

THINKING ABOUT ROLES

We all take on a role within our family, some helpful, some not so helpful. When we are caring for someone with an alcohol and drug problem the emotions associated with the roles can become intensified. At different times and in different situations we can change roles, particularly as we go through the stages of change.

X Unhelpful	✓ Helpful
<p>Rescuers often take responsibility for other people's choices. We may do more than the other person wants or behave in a way that is disempowering for the other, e.g. making appointments, running errands, paying bills. This is not helpful as the other person does not learn to take responsibility and do things for themselves.</p>	<p>Rescuers become Coaches, not doing for others what they can do for themselves. Focus on how you can coach yourself and other family members into being more self-reliant.</p>
<p>Victims often feel powerless, those of us who feel unable to try new things or tackle our problems. We often invite others to take care of us or make decisions for us.</p>	<p>Victims become Creators, seeing a person, condition or situation as a challenge. Seek a coach for support instead of leaning on a rescuer to bail you out. Recognise you have choices and focus on your strengths.</p>
<p>Persecutors can be defensive and cynical, those of us who believe we are right and others are wrong. We often blame other people for our misfortunes and do not take responsibility for our part in disagreements and conflict.</p>	<p>Persecutors become Challengers, provoking meaningful growth. As a challenger you create boundaries and take responsibility for your part in the conflict. This might involve making an effort to listen to your loved ones instead of saying, "Why aren't you doing ...?" or "You should be ..."</p>

TALKING AS A FAMILY

Finding ways to create space and time for checking in with your family can strengthen relationships and help communication about difficult issues. Family conversations are particularly helpful for children and young people where your loved one is a parent or an older sibling. Making sure that children are given as much information as possible, are reassured about their own and their family's safety and supported to do things that they enjoy, is known to be beneficial for them. In times of stress, conversations that acknowledge worries and concerns as well as identify family strengths can be powerfully constructive.

CARING FOR YOUNG PEOPLE

People who are dependent on ice may neglect important areas of their life including relationships with their children and extended family. Parents with a drug issue may be physically and emotionally unavailable to meet the needs of their children and this can have an adverse effect on young people's wellbeing. It also puts additional pressure on grandparents and other caregivers who may be required to take responsibility for their grandchildren's care.

Children often have a much higher level of awareness about parental drug use than family and professionals assume. The majority of young people express their love and concern for a parent's wellbeing, as well as their own feelings of sadness, anxiety, embarrassment, fear and anger about the drug use. In addition, they may take on caring and household responsibilities that are burdensome, and come at the expense of friendships, school and extra curricula activities.

Whilst trying to make sense of what is happening, children will benefit from age-appropriate explanations about their parents' behaviour. These conversations can be very challenging due to family loyalty and the fear of separation.

When communicating with children:

- » It is important to use consistent language that is non-blaming, respectful and clear.
- » Emphasise that they are not to blame for what is happening and that there are other children and young people who live in similar circumstances.
- » Note the things they are worried or concerned about and how they might be addressed.

- » Equip young people with a language they can use to describe what is happening in their family.
- » Encourage participation in school, extra curricula activities and extended family as a support mechanism.

SELF CARE

Families need to focus on their own wellbeing, despite what is going on with their loved one. All too often we become 'stuck' in a negative frame of thinking and we can become victims of circumstance. If we focus on our strengths and concentrate on the good things in our lives, we are better placed to direct our energy into our own health and happiness. This change can ultimately lead us to become more helpful to the drug user and build a stronger family unit. Our health and wellbeing needn't be dependent on the substance user's recovery.

Focus on a preferred life

Stress affects our ability to cope with and manage day to day tasks. It can be helpful to develop a plan that focuses on your broader life even though you might feel you can't focus on anything other than your loved one and their drug use.

Developing a plan to reduce stress can help you increase your ability to cope in other areas of your life.

- » **A health and fitness plan** For example: My **goal** is to go home feeling calm. My **action** is to walk around the park each night after work. Twenty minutes of exercise each day will also increase my fitness.
- » **A social plan** For example: My **goal** is to maintain my friendships. My **action** is to meet up once a week with a friend for a coffee and talk about all kinds of things rather than focusing on my loved one's issues.
- » **A family plan** For example: My **goal** is to bring the family together. My **action** is to organise a special dinner once a month where we celebrate being a family and focus on things other than our loved one's problems.
- » **A work plan** For example: My **goal** is to focus on things within my control. My **action** is to concentrate on my work and not worry about my loved one losing their job.

- » **A financial plan** For example: My **goal** is to look after my finances. My **action** is to pay for the things that I am responsible for and not pay other people's speeding fines, parking tickets, car repairs, unpaid bills, rent, etc.

Keeping calm

When you are stressed and anxious some basic breathing techniques may help you. If you practice this exercise regularly you may become calmer and think more clearly over time.

1. Sit in a comfortable position.
2. Loosen and relax your shoulders and arms.
3. Focus on the gentle rise and fall of your abdominal area as you breathe.
4. Focus on breathing out. Slow down your breathing and breathe through your nose if possible.
5. Fully exhale and allow the lungs to fill naturally.
6. Do this for at least 3 minutes several times a day.
7. It may also help you get to sleep if you focus on your breathing while in bed.



RESPONDING TO CHALLENGING BEHAVIOURS

Here are some practical approaches in caring for a loved one who is living at home and using ice. Below is an outline of the various drug using behaviours, how they might appear for families and some suggestions as to what you might do.

State of play	Signs	How to respond
Intoxication – when a loved one is under the influence of drugs	<ul style="list-style-type: none"> • Rapid and loud speech • Dilated pupils • Sweatiness • Jumping from one topic to another • Jaw clenching and teeth grinding • Restlessness and pacing • Panic and increased anxiety • Agitation and hostility • Suspicious or paranoid behaviour • Hallucinations 	<ul style="list-style-type: none"> • Stay calm and maintain a non-judgmental approach. • Assess situation for potential dangers to you, loved one and others. • Allow your loved one more space than usual. • Talk to them in simple and clear language. • Stay with them and move around with them as long as this doesn't increase their agitation. • Be prepared to repeat information if they don't understand what you are saying. • Be aware that they may be more intoxicated than they realise. • Encourage them to avoid driving, going into work or participating in activities that could be dangerous, e.g. swimming. • Dial 000 if you are worried about the safety of your family or if the person becomes violent.

State of play	Signs	How to respond
<p>Psychosis – when a loved one has lost contact with reality</p>	<ul style="list-style-type: none"> • Hallucinations – this is when your loved one experiences sensations that are false. They may be visual, auditory or tactile. • Delusions – your loved one has a fixed and false belief. For example, the person thinks that someone is listening in on their phone conversations. • Thought disorders – your loved one’s thinking is confused, thoughts speed up and they jump from one topic to another with no logical connections. • Social withdrawal – your loved one may withdraw contact from family, friends, and workplace. This could be due to the above symptoms including paranoia. • Mood swings – commonly occur with psychosis, however, if not associated with hallucinations or delusions, your loved one is not necessarily psychotic. 	<ul style="list-style-type: none"> • Ask quietly “What can we do to make you feel safe?” • Listen attentively. • Validate how your loved one feels about their experiences. • Understand the hallucinations are real for them. • People developing a psychotic disorder will often not reach out for help, so encourage your loved one to do so. • Give them space and talk to them respectfully. • Do not touch them without permission. • Allow them to talk, being mindful that they may be frightened by their own thoughts and feelings. • Reassure them that you are there to help and keep them safe. • Do not make promises you cannot keep. • Do not dismiss, minimise or argue with your loved one about their delusions. • Try not to be alarmed, horrified or embarrassed. • Speak clearly. • Ask if they have felt this way before and find out what has been helpful in the past. • Be patient, but also be prepared to call for assistance if their condition worsens. • Dial 000 if you are worried about the safety of your family or if the person becomes violent.

State of play	Signs	How to respond
<p>Aggression and violence – when a loved one’s suspicion and paranoia escalates</p>	<p>Physical changes</p> <ul style="list-style-type: none"> • Sweating/perspiring • Clenched teeth and jaws • Shaking or muscle tension • Clenched fists • Staring eyes • Restlessness, fidgeting • Flushed face or extreme paleness of face • Rise in pitch of voice <p>Behavioural changes</p> <ul style="list-style-type: none"> • Loud speech, shouting, swearing or verbal abuse • Pointing or jabbing with the finger • Over-sensitivity to what is said • Standing too close or aggressive posture • Problems with concentration • Stamping feet • Banging/kicking things • Walking away • Threatening with weapons or physically assaulting others 	<ul style="list-style-type: none"> • Speak to your loved one in a calm, compassionate and direct manner to de-escalate the situation. • Talk to them in simple and clear language. • Avoid raising your voice or speaking fast. • Do not argue with them. • Acknowledge their behaviour, show concern and use nonverbal responses such as nodding. • If you think discussing the situation may help, you could say: <ul style="list-style-type: none"> » ‘You are obviously very upset. What can I do to help you?’ » ‘No one is going to harm you. What is distressing you at the moment?’ » ‘I can see you are very angry. I want to help you. Let’s discuss what’s happening.’ • Assist them to examine the positive options available to them by saying: <ul style="list-style-type: none"> » ‘I want to help, and we need to talk about this but I can’t understand you when you are shouting,’ or ‘Let’s talk about what are some options for you.’ • Ask your loved one to sit down with you. • Ensure a safe distance is maintained and do not block their exit. • Attempt to establish if they have used ice and reassure them that these uncomfortable feelings will pass and is likely related to the effects of the drug. • Refer to your safety plan. • Dial 000 if you are worried about the safety of your family or if the person becomes violent.



BOUNDARIES

Understanding personal responsibility is about having an awareness of where our responsibility starts and ends in our interactions with others. So for instance, when our loved one informs us they have no money to pay their speeding fine, we can recognise that as much as we do not want to see them in trouble with the law and lose their driver's license, the responsibility to pay the fine rests with them and not with us.

Setting boundaries is about letting other people know what we are and are not prepared to put up with. It's about communicating clearly what we want and need, and asking our loved ones to respect our decisions. Setting boundaries can be quite challenging, particularly for families who have rarely said "no" in the past. It can also be tricky when our loved one makes us feel bad or guilty about "not helping" them.

Tips for setting boundaries:

- » Recognise that you are setting limits for your own protection and self care and also for the long term well being of your loved one.
- » Do not communicate boundaries when your loved one is intoxicated. Find a good time to sit down and speak to them.

- » Set boundaries that are realistic and that you will follow through on.
- » Boundaries need to be achievable for the other person too (whether they are willing to take responsibility is another matter).
- » Setting boundaries is not about making threats or blaming our loved ones, it is about communicating what the consequences will be if they continue to treat you in an unacceptable manner.
- » Review your boundaries and work with other family members to ensure that messages are clear and consistent.

Examples of boundaries:

- » "If you get arrested again, please don't ask me to pay the bail."
- » "I'd prefer not to hear about the details of what you get up to when you're drunk."
- » "From now on, I'll be putting my phone on silent after 9pm. I need to get a good night's sleep so I can go to work in the morning."
- » "I expect you to be home by 6pm so we can have dinner together."
- » "I don't want to live in an environment where there is constant conflict. I have started to think about my options."

DEVELOPING A SAFETY PLAN

If your loved one has a history of psychosis or you are worried that they may become aggressive or violent, you should consider developing a safety plan. All family members including children and young people should be familiar with this plan in case you feel threatened or need to leave the house in a hurry. The safety plan is also useful if your loved one has stolen money from you or sold your valuables.

Safety plan

Who will you call if you and other family members feel threatened? (e.g. police, friend, relative)	
Where will you go if you need to leave the house in a hurry? (e.g. neighbour or friend's house, motel, police station)	
Have you informed your friends and relatives of your plan?	
What can you do to ensure your children's safety? (e.g. send them to the neighbour's house, leave the house with them)	
Where have you hidden valuables such as money, jewelry, mobile phones and electronics?	
Where have you stored important/personal documents such as birth certificates, driver's licenses, bank cards, Centrelink/pension cards, passports?	
Where have you stored alcohol, prescription drugs and other medication?	
Where have you hidden a spare house key?	
Where have you stored potential weapons (e.g. kitchen knives)?	
Who are your other emergency contacts (e.g. GP, counsellor)?	

When and who to call



When a person is exhibiting symptoms and behaviours of someone who has lost contact with reality	Dial 000 and follow instructions of telephone operator to reach ambulance or call a Mental Health Crisis Assessment Team (CAT). Contact numbers for area specific mental health services are listed here: www.health.vic.gov.au/mentalhealthservices .
When a person is threatening harm to you, themselves or others	Dial 000 and follow instructions of telephone operator to reach police.
When you suspect overdose or any other medical emergency	Dial 000 and follow instructions of telephone operator to reach ambulance.
When you are senior citizens and your savings or pension are at risk	Seniors Rights Victoria has a helpline that can advise you on financial matters and legal matters. Confidential Helpline: 1300 368 821.
When you are a grandparent, uncle or aunt and suddenly find yourself caring for your relatives' children	The Mirabel Foundation provides advocacy, referral, practical and emotional assistance to children and their kinship carers. Phone: 9527 9422 or go to: www.mirabelfoundation.org.au .
When there are younger children involved	Tell your children's school or child care centre about the situation and let them know who has authority to pick up the children. Provide the school or centre with copies of any family law orders or intervention orders.

KEY MESSAGES

- » Talk to your loved one and encourage them to seek help if you notice changes in their behaviour that are out of character.
- » By understanding the stages of change, family members can be more helpful to the person using drugs and feel less inclined to try to enforce change.
- » When a person is not considering changing their drug use, a harm reduction approach should be taken.
- » Think about the role you could be playing in your family. Notice if or how you are being helpful or unhelpful in your interactions with others.
- » Discuss, develop and implement a well thought out safety plan for yourself and other family members.
- » Practice setting and keeping boundaries in relation to your loved one's behavior and what happens in the home.
- » Remember to care for yourself and focus on your own health, diet, exercise, sleep, relationships, finances, etc.

TOPIC 3: HELP

THIS TOPIC WILL HELP YOU

- » Recognise when you need to seek support and help for yourself.
- » Understand the service types available in alcohol and drug treatment.
- » Research the different treatment options available and talk to family members about options.

WHY IT'S IMPORTANT TO GET HELP FOR YOURSELF

By attending this program, you have made a decision to educate yourself about ice and its effects and to learn new strategies to help you cope with your situation. Letting go of your negative thoughts and feelings can be really challenging and it takes a lot of practice to remain calm and in control of your emotions when your family member isn't ready to change their drug use. Talking to a professional counsellor or attending a support group can really help.

As a starting point, you might find it useful to complete a self-assessment by writing down what could happen if you didn't change and what could happen if you did. Just as we want our loved one to recover from their drug use, we also need to work on our own recovery.

If I don't seek help to change my behaviour because change is too hard, the consequences could be:

(e.g. I become more and more stressed trying to cover up drug-related activities and spend all my time, energy and money trying to fix my loved one's problems.)

- 1.
- 2.
- 3.

If I change my behaviour, the benefits could be:

(e.g. I develop a different relationship with my loved one, I work on the friendship and forget the guidance counselling which never worked anyway)

- 1.
- 2.
- 3.



WHERE TO GO TO FOR HELP

As a family member, you may initially go to your local doctor/GP for advice and assistance for yourself or loved one.

There are also several telephone and online services that are useful for the first point of contact. When you contact a service, they will ask you some questions about your situation, offer support and coping strategies, and provide you with information about the options available to you.

1800 ICE ADVICE – 1800 423 238

Ice Advice Line is a 24 hour 7 day a week confidential helpline established for users and family members concerned about ice. An important and useful first port of call, this service will direct users and family members to additional treatment and support services and provide general information about ice and its effects.

FAMILY DRUG HELP – 1300 660 068

Family Drug Help is a 24 hour 7 day a week confidential telephone support service staffed by volunteers with experience of alcohol and other drug issues within their family and/or professional counsellors. Family Drug Help offers a range of education programs and support groups across the state for families.

familydrughelp.org.au also provides a range of online resources including a confidential email support system and a tool kit specifically designed for siblings impacted by their brother or sister's drug use.

DIRECTLINE – 1800 888 236

DirectLine is a 24 hour 7 day a week confidential telephone and online alcohol and drug counselling and specialist treatment service for people of all ages and backgrounds, including health professionals. DirectLine offers a range of supports, including information and advice, brief interventions and referrals to other services.

directline.org.au provides an online portal to telephone and online services. A key feature of the portal is the "self-assessment" screening tool for people to use as a guide to the type of treatment they may consider accessing. To date, this has proved to be a highly attractive point of access for many people contemplating treatment.

ADDITIONAL TELEPHONE AND ONLINE SUPPORT SERVICES

Alcohol and other drugs	
<p>Australian Drug Information Network (ADIN)</p> <p>www.adin.com.au</p>	<p>Australia's leading alcohol and drug search directory with reliable information on alcohol, other drugs and mental health. The website provides links to treatment services, research, statistics, guidelines, journals, policy, campaigns, events, curriculum and professional development opportunities.</p>
<p>DrugInfo</p> <p>1300 858 584</p> <p>www.druginfo.adf.org.au</p>	<p>A 24 hour 7 day a week telephone and online information service targeted to students, parents, friends, relatives and other people interested in obtaining relevant, up to date information about alcohol and other drugs.</p>
<p>YoDAA line</p> <p>1800 458 685</p>	<p>A 24 hour 7 day a week telephone service that provides information, counselling and referral to youth specific alcohol and drug services throughout Victoria. The line is open to young people, their families, health and welfare workers, police and ambulance workers, and the wider community.</p>
<p>Counselling Online</p> <p>www.counsellingonline.org.au</p>	<p>A 24 hour 7 day a week online counselling service offering free, text based, confidential support and referrals for anyone who has a concern about their own or someone else's alcohol or drug use.</p>
<p>Turning Point</p> <p>www.turningpoint.org.au</p>	<p>Turning Point is a service provider integrating activities across a range of specialist knowledge and professional practice which enables the translation of evidence based research into action.</p>
<p>The Children's Society</p> <p>www.starsnationalinitiative.org.uk</p>	<p>A UK-based organisation which provides a range of information, guidance and resources on parental drug and alcohol misuse, and the impact it has upon children and families.</p>

<p>Self Help Addiction Resource Centre (SHARC)</p> <p>www.sharc.org.au</p>	<p>SHARC provides opportunities for individuals, families and communities affected by addiction and related problems to recover and achieve meaningful, satisfying and contributing lives.</p>
<p>The Other Talk</p> <p>www.theothertalk.org.au</p>	<p>Strategies for families about how to talk openly about alcohol and other drugs, as well as educate young people about safe partying, peer pressure and the health risks associated with alcohol and drug use.</p>
<p>Touchbase</p> <p>http://touchbase.org.au</p>	<p>Information, support and referral services for lesbian, gay, bisexual, transgender and intersex (LGBTI) people. Topics such as alcohol and drugs, sexual health and mental health are all covered.</p>
<p>ACSO</p> <p>1300 022 760</p> <p>www.acso.org.au</p>	<p>ACSO Connect provides an intake and assessment service across regional Victoria referring people experiencing mental health, alcohol and drugs issues to a range of community based treatment programs.</p>
<p>Meth Inside Out</p> <p>www.methinsideout.com</p>	<p>A groundbreaking American video based treatment curriculum on methamphetamine dependence and recovery.</p>
<p>Women's Alcohol and Drug Service (WADS)</p> <p>www.thewomens.org.au/health-professionals/maternity/womens-alcohol-and-drug-service/</p>	<p>Women's Alcohol and Drug Service provides medical care, counselling and support to women with complex substance use, dependence and assessment and care of infants exposed to drugs and alcohol during pregnancy.</p>
<p>Quitline</p> <p>13 78 48</p>	<p>A confidential telephone service providing information, support and advice for quitting tobacco smoking. Trained advisors are available from 8am to 8pm, Monday to Friday.</p>

Mental health	
Psychiatric triage and Crisis and Assessment Treatment (CAT) Teams 1300 721 927 www.health.vic.gov.au/mentalhealthservices/	A 24 hour 7 day a week service providing urgent community-based assessment and short-term treatment interventions for people in psychiatric crisis.
Lifeline 13 11 14 www.lifeline.org.au	Online, phone and face-to-face crisis support and suicide prevention.
Sane Australia 1800 187 263 www.sane.org	A service supporting people affected by mental illness, their families and friends through education and support, open weekdays 9am-5pm.
headspace www.headspace.org.au	The National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds.
eheadspace 1800 650 890 www.eheadspace.org.au	A confidential, free and secure space where young people aged 12-25 or their family can chat, email or speak on the phone with a qualified youth mental health professional.
Mind Australia www.mindaustralia.org.au	A community mental health support service with over 60 sites, Mind provides support to those whose lives have been disrupted by mental illness. Mind also has support services specifically for carers.
Beyond Blue 1300 224 636 www.beyondblue.org.au	A 24 hour 7 day a week service working to reduce the impact of depression and anxiety in the community by raising awareness and understanding, empowering people to seek help, and supporting recovery, management and resilience.
Black Dog Institute www.blackdoginstitute.org.au	A not for profit organisation specialising in the diagnosis, treatment and prevention of mood disorders such as depression and bipolar disorder.

Kids Helpline 1800 551 800 www.kidshelpline.com.au	Australia's only free, private and confidential phone counseling service specifically for young people aged 5-25.
Children of Parents with a Mental Illness (COPMI) www.copmi.net.au	COPMI is a national initiative with comprehensive information for children, parents, their families and friends and professionals.
Family counselling/therapy	
The Bouverie Centre www.bouverie.org.au	A statewide provider of family based therapy available to families where an adult, child or young person has a serious mental illness, a significant alcohol or other drug problem, experiences of traumatic events and sexual and/or physical abuse or neglect.
Family Mediation and Counselling 1800 639 523 www.mediation.com.au	A range of services for individuals, couples and families to strengthen and improve relationships or cope with relationship breakdown.
Relationships Australia 1300 364 277 www.relationshipsvictoria.com.au	A community based, not for profit organisation, with no religious affiliations, whose services are for all members of the community, regardless of religion, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances.
The Mirabel Foundation 03 9527 9422 www.mirabelfoundation.org.au	The only organisation in Australia specifically addressing the needs of children who have been orphaned or abandoned due to parental drug use.

Health and wellbeing	
Gamblers Help 1800 858 858 Gambler's Help Youthline 1800 262 376 www.gamblershelp.com.au	24 hour 7 day a week, free, confidential support, advice and information to gamblers, their family and friends.
1800Respect 1800 737 732 www.1800respect.org.au	24 hour 7 day a week online and telephone information and support for people who have experienced sexual assault, domestic and family violence.
Wire 1300 134 130 www.wire.org.au	Information, support and referrals for women's issues including family relationships, housing and homelessness, emotional wellbeing, health and legal issues. Open weekdays, 9am-5pm.
Better Health Channel www.betterhealth.vic.gov.au	Health and medical information that is quality assured, reliable, up to date, easy to understand, regularly reviewed and locally relevant.
Multicultural Centre for Women's Health www.mcwh.com.au	A national, community based organisation which is led by and for women from immigrant and refugee backgrounds.
Nurse On Call 1300 606 024	A 24 hour 7 day a week phone service that provides immediate, expert health advice from a registered nurse.
Carers Victoria 1800 242 636 www.carersvictoria.org.au	Counselling, information, advice, education and training for family carers in Victoria.

SERVICE TYPES

Alcohol and other drug services in Victoria are delivered across 16 service catchment areas – 9 in metropolitan Melbourne and 7 in rural and regional Victoria.

Treatment services are offered in a range of settings by workers from many professional backgrounds, and have varying goals. They form a coordinated network providing a range of options for clients. The following table describes some of the service types in the Victorian alcohol and other drug sector.

Service type	Description
Intake and assessment	Collaborative process of gathering information about the client and their situation. It is a prerequisite to determining the most appropriate treatment. Phone DirectLine 1800 888 236 for referral to intake and assessment services.
Counselling and support	Cognitive Behavioural Therapy (CBT) and Relapse Prevention counselling are considered gold standard treatment for drug users. These forms of behavioural treatment have been the most evaluated and found to be the most effective when working with people who use ice.
Residential withdrawal	Residential withdrawal services provide an opportunity for ice users to withdraw from the drug in a safe and supportive environment. It is usually a short term stay (average 5-7 days) and ideally provides links to other support services.
Day rehabilitation	Non-residential post withdrawal support helps people develop coping skills to manage cravings and address problematic drug use.
Residential rehabilitation	Residential rehabilitation is a structured longer term treatment that provides a safe environment to address problematic drug use. Also known as 'rehab', typical length of stays are between 3-12 months.

Service type	Description
Supported accommodation	Supported accommodation is for people who do not have a stable home environment. It helps them achieve lasting change and assists in their reintroduction to the community. Services include, as a minimum, a day support worker from a community based setting.
Peer support and mutual aid	Peer support is where people who have experienced problems with drugs offer mutual support to others who have similar problems. Peer support is powerful in providing hope as well as a wealth of experience and knowledge.
Pharmacotherapy (medications)	Pharmacotherapy has a limited role for withdrawal symptoms from ice use. Short term benzodiazepines may assist some people in relation to sleep, irritability and/or agitation. There have been numerous clinical trials over the years but no medications have been found to be effective in assisting ice users to significantly reduce their use long term.
Needle and syringe programs (NSPs)	NSPs aim to minimise the spread of blood-borne viruses such as HIV, hepatitis B and C among people who inject drugs and the wider community. These programs also provide relevant and important health information for injecting drug users and referral into treatment.

GLOSSARY

The alcohol and drug sector has many acronyms and terms that you may not be familiar with.

Here are some explanations to help you interpret the language. These may be helpful when you make contact with the sector.

Abbreviation	Glossary
AOD	Alcohol and Other Drug is the term used by workers to describe all drugs
Screening	Screening helps to determine if there is a potential or current problem that may require further assessment. Screening is a formal process and is a series of questions usually completed over the phone. It may take up to 20 minutes for some people.
ITP/IRP	Individual Treatment Plan or Individual Recovery Plan is developed in consultation between a worker and a person in treatment to assist the person to reach their goals in relation to their substance use and other problem areas.
Significant other	Refers to the family member or friend of the person in treatment.
Relapse	When a person falls back into previous drug related behaviour.
Lapse	When a person has a short but temporary 'slip' into previous drug related behaviour.

