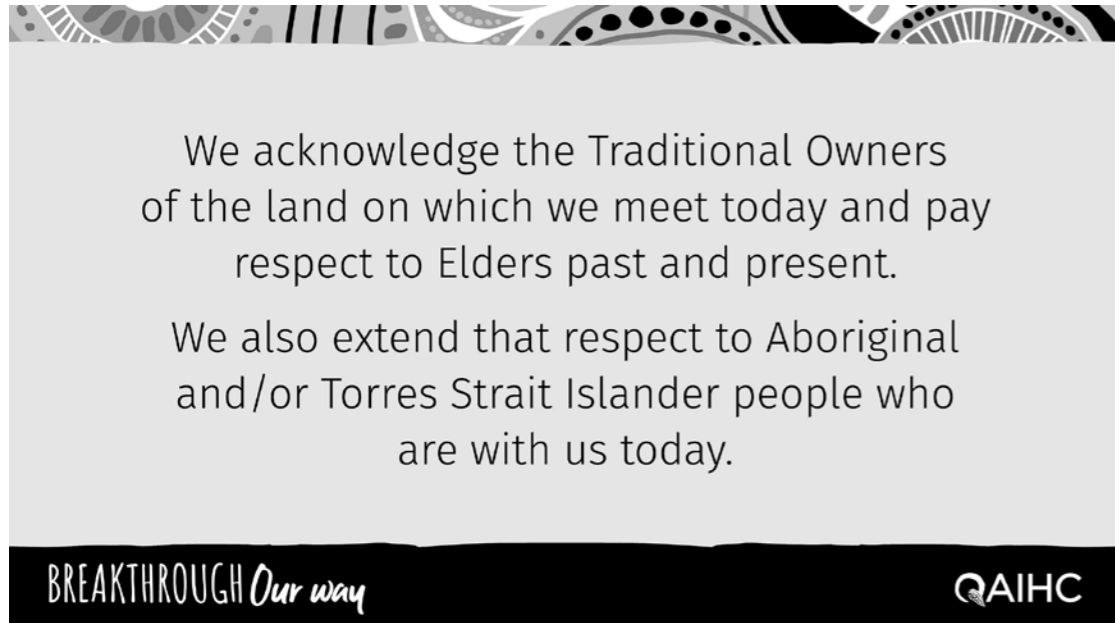


BREAKTHROUGH  
*Our way*





✳ **Note:** Please enquire *before commencing the session* if there is a Traditional Owner or Elder in the community who would be prepared to do a welcome/acknowledgment or ask an Aboriginal or Torres Strait Islander participant in the group if they would like to do this acknowledgment.

👍 **Tip:** A token of appreciation to the Aboriginal or Torres Strait Islander person making the acknowledgment will be appreciated (a gift card or similar).

🗨 **We acknowledge the Traditional Owners of the land on which we meet today and pay respect to Elders past and present. We also extend that respect to Aboriginal and/or Torres Strait Islander people who are with us today.**

BREAKTHROUGH *Our way*




### Breakthrough Our Way Logo & Background Artwork Meaning

Tonya Fuschtei is an Aboriginal Adnyamathnha and Māori Ngati Whatua woman residing in Cairns, Far North Queensland. Tonya designed the logo and artwork for this new revamped Breakthrough Our Way Package. The logo represents the coming together of people to represent the community, working together to address substance use and Breakthrough Our Way. The background represents the journey we all take, people of both the land and waters. People of all backgrounds, working together and our entwining journey to build strong families.

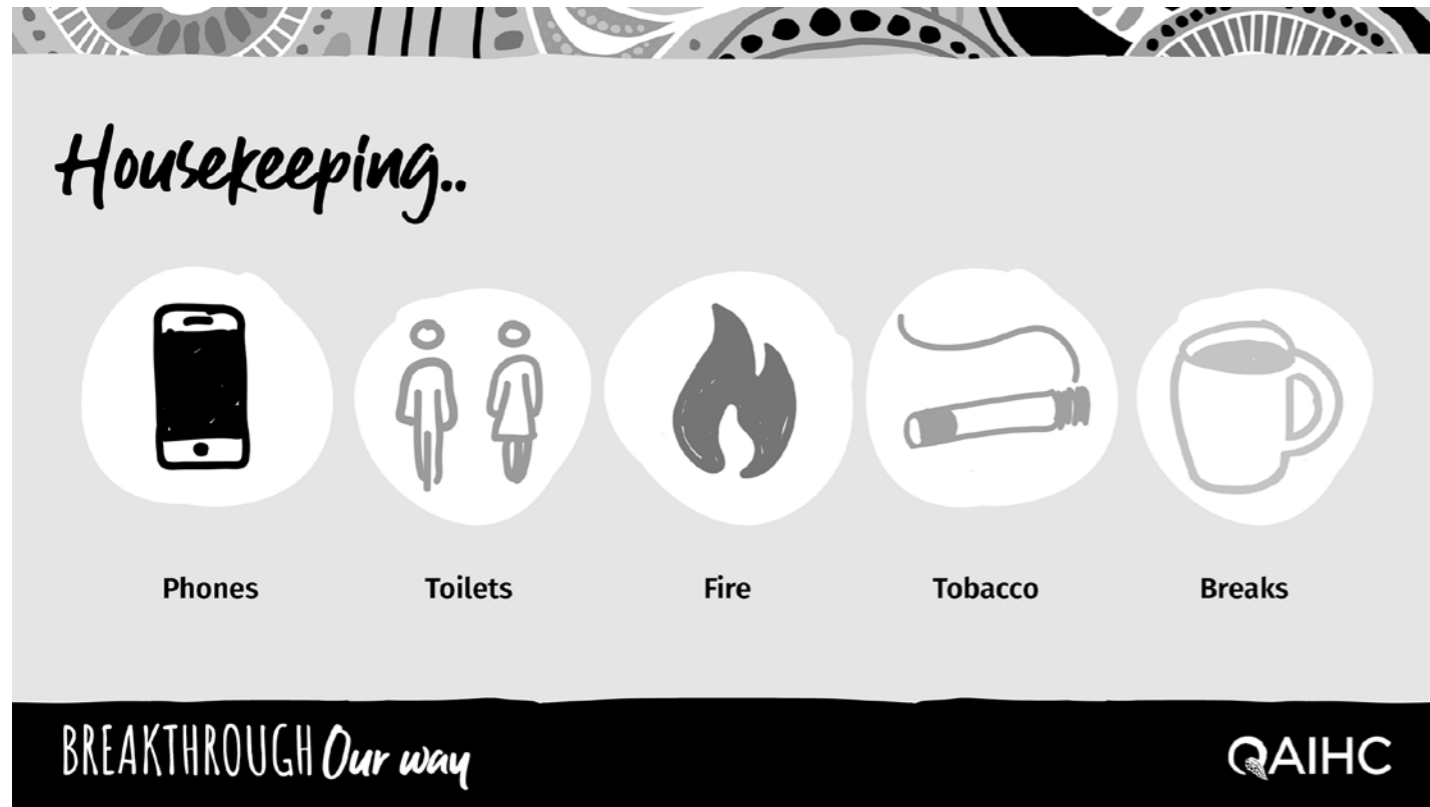
The resource was produced by the QAIHC Communication and Marketing Unit in the Corporate Services division of QAIHC.

*Facilitator notes*



We acknowledge the Traditional Owners  
of the land on which we meet today and pay  
respect to Elders past and present.

We also extend that respect to Aboriginal  
and/or Torres Strait Islander people who  
are with us today.



**AIM OF PAGE:** Housekeeping...

**Just a few reminders and information:**

- *Phones* — please make sure they are off or on silent.
- *Toilets* — you will find these...
- *Fire* — If there is a fire our closest exit is...
- *Smoking* — for the smokers in the room, the smoking area is...
- *Breaks* — We will have a break midway through the session.

BREAKTHROUGH *Our way*

*Facilitator notes*

# Housekeeping..



Phones



Toilets




Fire




Tobacco




Breaks



|  |  |  |   |
|--|--|--|---|
| <p><b>Who are we?</b></p> <p>The Queensland Aboriginal and Islander Health Council is a peak organisation that is focused on strengthening the capability and capacity of our membership and improving the health status of Aboriginal and Torres Strait Islander Queenslanders.</p> | <p><b>Why are we important?</b></p> <p>We are a vital player in strengthening the capability and capacity of Members and ensuring that an Aboriginal and Torres Strait Islander perspective is embedded into health service delivery. We also review government's actions.</p> | <p><b>What do we do?</b></p> <p>The Queensland Aboriginal and Islander Health Council advocates, debates, builds capacity and links stakeholders to improve Aboriginal and Torres Strait Islander health status.</p> | <p><b>How do we help?</b></p> <p>We provide support services to our Members so that they can achieve greater Aboriginal and Torres Strait Islander health outcomes.</p>  |
|--|--|--|---|

**BREAKTHROUGH** *Our way*



**AIM OF PAGE:** To provide an overview of 'what we do'.

**Queensland Aboriginal and Islander Health Council (QAIHC)** is the peak body in Queensland that represents, advocates, and supports the state's Aboriginal and/or Torres Strait Islander

*Community Controlled Health Services Organisations (ATSI CCHOs) sector in their delivery of culturally appropriate primary health care to their respective communities.*

**What do we do?**

The Queensland Aboriginal and Islander Health Council:

- advocates,
- debates,
- builds capacity and
- links stakeholders to improve Aboriginal and Torres Strait Islander health status.

**How do we help?**

The Queensland Aboriginal and Islander Health Council helps Members so that they can achieve greater Aboriginal and Torres Strait Islander health outcomes.

**BREAKTHROUGH** *Our way*

*Facilitator notes*

## Who are we?

The Queensland Aboriginal and Islander Health Council is a peak organisation that is focused on strengthening the capability and capacity of our membership and improving the health status of Aboriginal and Torres Strait Islander Queenslanders.

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We provide support services to our Members so that they can achieve greater Aboriginal and Torres Strait Islander health outcomes.



**BREAKTHROUGH** *Our way*

**QAIHC**

# Our Members

- 31 Member Services
- 2 Regional Members
- 11 Associate Members
- Over 70 clinics

**LEGEND**

- QAIHC Member
- QAIHC Associate Member
- QAIHC Regional Member

**Hospital and Health Services\***

- Cairns and Hinterland
- Central Queensland
- Central West
- Derling Downs
- Gold Coast
- Mackay
- Metro North
- Metro South
- North West
- South West
- Sunshine Coast
- Torres and Cape
- Townsville
- West Moreton
- Wide Bay

\*Children's Health Queensland is not depicted on the map as it is a statewide specialist HHS

**BREAKTHROUGH Our way** **QAIHC**

**AIM OF PAGE:** To show the location of your QAIHC Member Services

## Our Members

QAIHC supports

- 31 Member Services,
- 2 Regional Member Services,
- 11 Associate Member Services,
- Which service over 70 clinics.

**BREAKTHROUGH Our way**

*Facilitator notes*



# Our Members

- 31 Member Services
- 2 Regional Members
- 11 Associate Members
- Over 70 clinics



## LEGEND

- QAIHC Member
- QAIHC Associate Member

QAIHC Regional Member

## Hospital and Health Services\*

- Cairns and Hinterland
- Central Queensland
- Central West
- Darling Downs
- Gold Coast
- Mackay
- Metro North
- Metro South
- North West
- South West
- Sunshine Coast
- Torres and Cape
- Townsville
- West Moreton
- Wide Bay

\*Children's Health Queensland is not depicted on the map as it is a statewide specialist HHS

BREAKTHROUGH *Our way*

QAIHC

# Getting to know each other...

- ⦿ What is your name?
- ⦿ Who are your mob, where are you from?
- ⦿ What are 3 interesting things about you?

BREAKTHROUGH *Our way*

QAIHC

**AIM OF PAGE:** Getting to know each other

## **Facilitator Introduction**

- *Introduce yourself.*
- *Share with the group where you are from and who your mob is.*
- *Share with the group two things you enjoy (or other questions as an ice breaker).*

## **Participants Introduction**

- *Ask the participants to introduce themselves by sharing their name, their mob and where they're from. It's important to not push this question if some people don't feel comfortable sharing this information.*

- *Ask the participants to share 3 things about themselves (or other questions as an ice breaker).*

BREAKTHROUGH *Our way*

*Facilitator notes*



# Getting to know each other...

- ⦿ What is your name?
- ⦿ Who are your mob, where are you from?
- ⦿ What are 3 interesting things about you?



**AIM OF PAGE:** To give an overview of program and the four sessions that will be covered.

As a facilitator, plan how the program will be delivered.

**\* Note:** **Safety and confidentiality**

There is a chance that participants might share personal information about themselves or their loved ones. Ensure participants to be respectful of each other and not to share these stories outside of the group.

It is important for participants to feel safe and talk about things if they want to.

**Tip:** Make sure to have time allocated for discussions and breaks.

**Explain to the group all the topics that will be covered:**

- Understanding Alcohol and Other Drugs,
- Managing Emotional and Mental Health,
- Stages of Change,
- Support.

**Explain to the group this program aims to:**

- Educate and assist family members and significant others to understand alcohol and other drug use, and how they can assist their loved one.
- Provide strategies to make changes, implementing healthy boundaries and build resilience.
- Provide strategies to support their loved one by connecting them to treatment and other health services and developing safety plans.
- Provide strategies to identify strengths to look after themselves and their families.

**BREAKTHROUGH Our way**

**Facilitator notes**



# Session overview

Understanding  
Alcohol and  
Other Drugs


Managing  
Emotional  
and Mental  
Health

Making  
Change

Support

*Things to remember*

- ⦿ Confidentiality
- ⦿ Sharing Stories
- ⦿ Strong Feelings



BREAKTHROUGH *Our way* QAIHC

### Things to remember

**Confidentiality:** It is important our participants feel safe and talk about things if they want to, what is said in the room stays in the room, unless we have worries about a participant is harming themselves or someone else. Then we need to make sure they get the help they need and ensure others are safe.

**Sharing Stories:** There is a chance that people will share personal information about themselves or their loved ones. Please try not to have them identify family member or other people (this maybe be difficult to do). Ensure we are respectful of each other and share stories safely within this session.

**Strong Feelings:** This is a tough yarn and can bring up pretty strong feelings. Remind participants of the importance in maintaining respect.

BREAKTHROUGH *Our way*

*Facilitator notes*

# Things to remember

- 🎯 Confidentiality
- 🎯 Sharing Stories
- 🎯 Strong Feelings





## Strong and healthy families

**AIM OF PAGE:** To acknowledge the strength within families, that we all want the same thing – for our family to be safe, strong and healthy.

BREAKTHROUGH *Our way*

*Facilitator notes*



Strong and  
healthy families



BREAKTHROUGH *Our way*

QAIHC



## SESSION 1: Understanding Alcohol and Other Drugs

**AIM OF SESSION:** To get participants to understand that every family and each individual's response to a loved one using alcohol and other drugs can be very different.

### Aim of this session:

- To understand alcohol and other drugs and why people use them.
- To understand different types of drugs and their effects on a person's mood, behaviour and thinking.
- To understand methamphetamine and its effects.
- To understand that every family and individual's response to a loved one using alcohol and other drugs can be very different.

BREAKTHROUGH *Our way*

*Facilitator notes*



Session 1:  
Understanding Alcohol and Other Drugs



**Have a group discussion**

- Let's look at how it can affect a person's **behaviour, thoughts and feelings.**

**Ask your participants:**

- What type of behaviours could families be seeing when their loved one is using alcohol and other drugs?
- What type of thoughts could families have when a loved one is using alcohol and other drugs?
- What type of feelings are experienced by families when loved ones are using alcohol and other drugs?

**It can be a tough road when a family member is using drugs and alcohol**

It can be a tough road when a family member is using drugs and alcohol.

It's important that health professionals and family members are aware of the way they talk to, and about the individual using substances.

People and families with substance use issues often have experiences that make them feel bad.

Without thinking, language can be used that makes things worse, and sometimes words and actions are stigmatising and discriminatory (for example, words like junkie, drug user, addict, misuse and clean/dirty).

**BREAKTHROUGH Our way**

*Facilitator notes*

# *It can be a tough road when a family member is using drugs and alcohol*

Drugs and alcohol can affect the way we **BEHAVE**, **THINK** and **FEEL**.



# What do you call drugs and alcohol?



|                           |                            |                             |                      |        |                    |  |   |  |
|---------------------------|----------------------------|-----------------------------|----------------------|--------|--------------------|--|---|--|
| Alcohol<br>Grog<br>Charge | Tobacco<br>Smokes<br>Durri | Cannabis<br>Yarndi<br>Gunja | Meth<br>Speed<br>Ice | Heroin | Ecstasy<br>Cocaine | LSD<br>Magic<br>Mushrooms<br>Acid trip | Petrol<br>Paint<br>Glue<br>Sniffing<br>Chroming | Prescription<br>Medications<br>(Valium,<br>Endone etc) |
|                           |                            |                             |                      |        |                    |  |   |  |

BREAKTHROUGH *Our way* QAIHC

## What do you call drugs and alcohol?

**AIM OF PAGE:** To identify the different terminology used in different communities and regions for drugs and alcohol.

### Ask your participants:

- What are some common names for drugs and alcohol that you have heard?

BREAKTHROUGH *Our way*

*Facilitator notes*

# What do you call drugs and alcohol?



Alcohol  
Grog  
Charge



Tobacco  
Smokes  
Durri



Cannabis  
Yarndi  
Gunja



Meth  
Speed  
Ice



Heroin



Ecstasy  
Cocaine



LSD  
Magic  
Mushrooms  
Acid trip



Petrol  
Paint  
Glue  
Sniffing  
Chroming



Prescription  
Medications  
(Valium,  
Endone etc)

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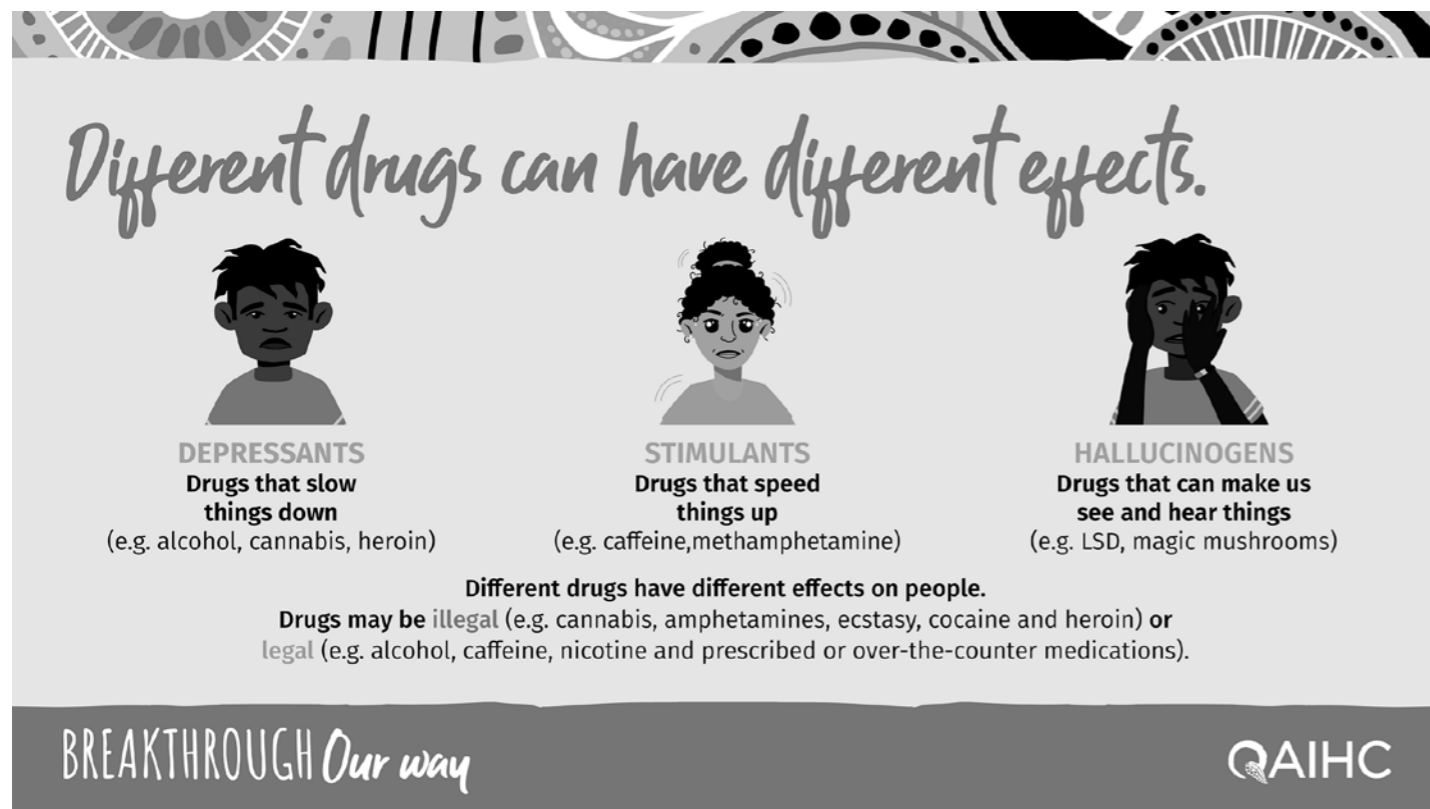
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- Hallucinogens: Drugs that can make you hear or see things (LSD, magic mushrooms).

### Effects of drugs

The effects of drugs will vary from person to person depending on their characteristics (age, gender, weight and health), the drug itself (type of drug and its purity), and how it's taken into the body. Drug use can increase the risk of physical and mental health problems. It can also lead to financial and social problems and have negative impact on relationship with family, friends, culture and the justice system.

### Discussion points:

- *What are the common names for alcohol and drugs used in your community?*
- *How does alcohol and drugs affect a person's behaviour, thoughts and feelings?*

### What are drugs?

Drugs (including alcohol) are substances when taken or administered into the body has a physiological effect. Different drugs have different effects on people. Drugs may be illegal (e.g., cannabis, amphetamines, ecstasy, cocaine and heroin) or legal (e.g., alcohol, caffeine, nicotine and prescribed or over-the-counter medications).

Psychoactive drugs affect the central nervous system and alter a person's mood, thinking and behaviour. Psychoactive drugs may be divided into three categories:

- Depressants: Drugs that slow you down (e.g., alcohol, heroin, valium).
- Stimulants: Drugs that speed things up to your brain (e.g., caffeine, methamphetamine).



# Different drugs can have different effects.



## DEPRESSANTS

Drugs that slow things down

(e.g., alcohol, cannabis, heroin)



## STIMULANTS

Drugs that speed things up

(e.g., caffeine, methamphetamine)



## HALLUCINOGENS

Drugs that can make us see and hear things

(e.g., LSD, magic mushrooms)

Different drugs have different effects on people.

Drugs may be **illegal** (e.g., cannabis, amphetamines, ecstasy, cocaine and heroin) or **legal** (e.g., alcohol, caffeine, nicotine and prescribed or over-the-counter medications).

## Looking at Meth/Ice a little closer

All are **methamphetamine**, but vary in strength:



BREAKTHROUGH *Our way*

QAIHC

### Looking at Meth/Ice a little closer

■ Methamphetamine is a powerful, highly addictive stimulant that affects the central nervous system. It takes effect quickly (within seconds, if smoked or injected, around 15 minutes if snorted or up to half an hour if swallowed).

Methamphetamine is becoming more common in our communities, it's important we educate ourselves to help keep our communities safe.

Here is a visual on what the different forms of Methamphetamine look like.

You can see the **lower strength** is in powder form and has a similar strength to **beer**.

**Middle strength** is base and like **wine**.

Finally, the **higher strength** is like **spirits** and is also known as Meth, Glass and Ice.

BREAKTHROUGH *Our way*

*Facilitator notes*

# Looking at Meth/Ice a little closer

All are **methamphetamine**, but vary in strength:

*Lower  
Strength*



**Powder**  
(like beer)



**Base**  
(like wine)



**Crystal**  
(like spirits)

*Higher  
Strength*



### Effects of ice use

Methamphetamine is a stimulant drug with one of the immediate desired effects being an intense feeling of euphoria, which can last for many hours. People who use it look for the quick 'high' and immediate effects which include intense pleasure and clarity.

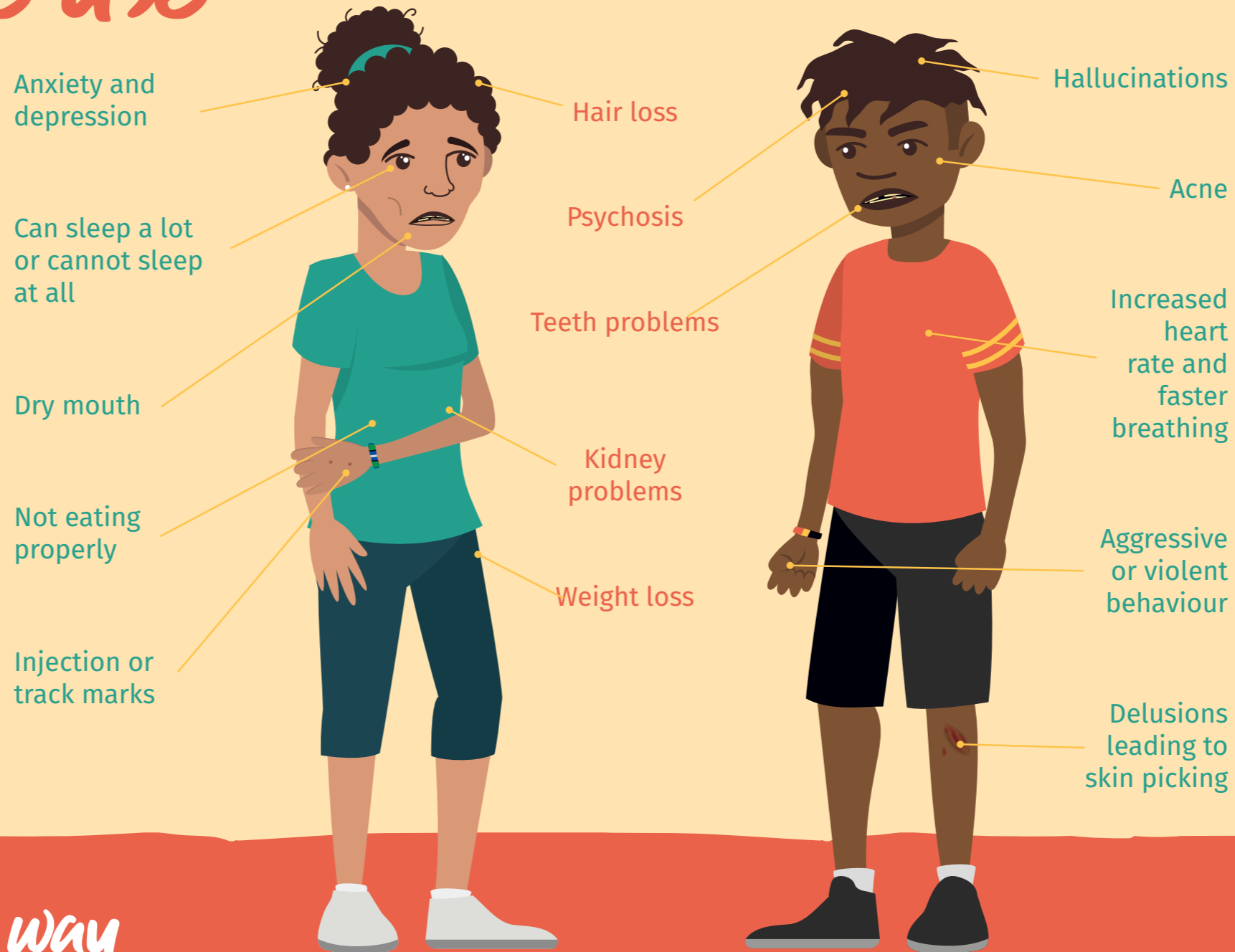
Some immediate effects of ice use include feelings of alertness, awakesness, motivation and self-confidence. These feelings of pleasure and euphoria lead to continued use which can have negative effects and lead to addiction.

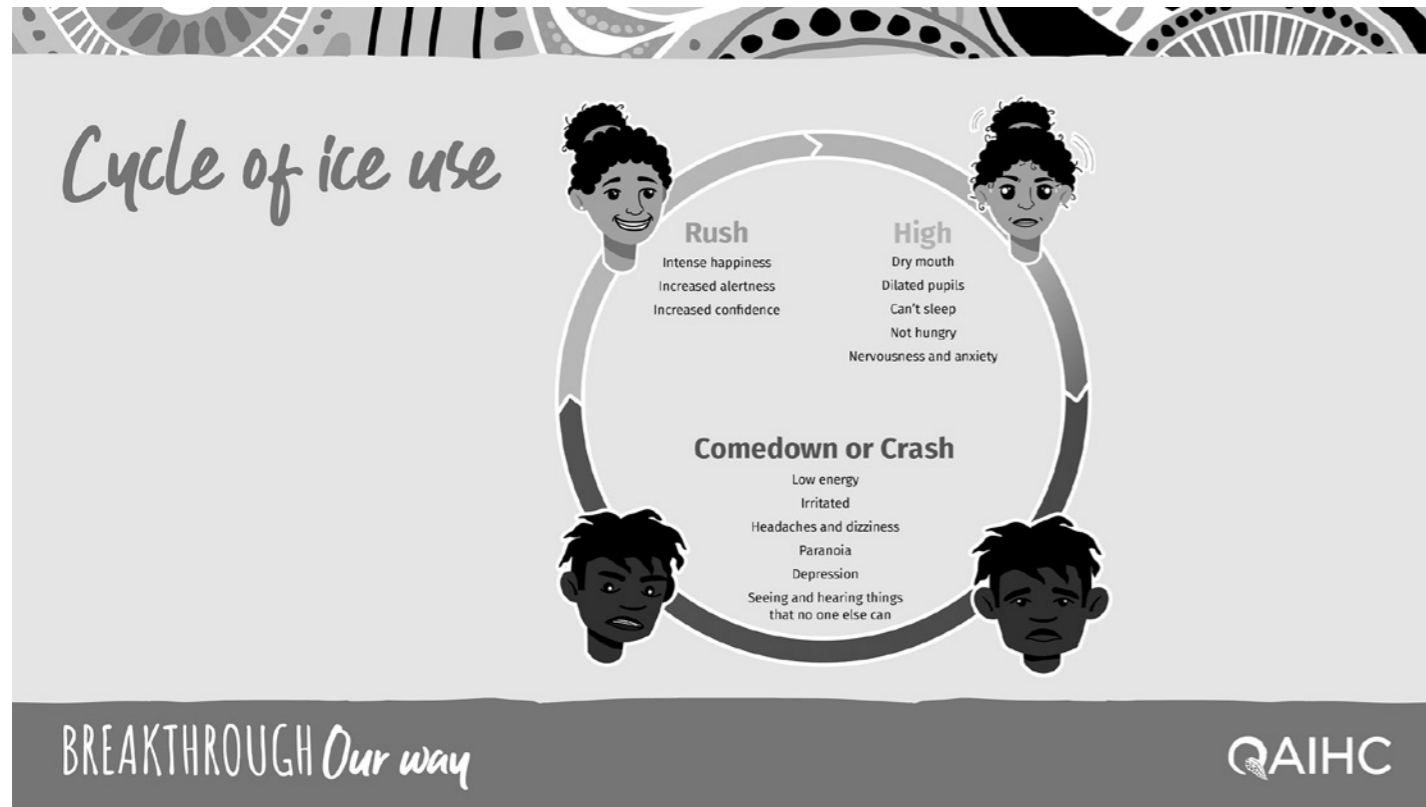
BREAKTHROUGH *Our way*

*Facilitator notes*

# Effects of ice use

What are the negative short-term and long-term effects of ice use?





### The 'Comedown' phase

The initial effects of ice often last between four to 24 hours depending on how much ice is consumed and how it is taken. It can take one to three days to entirely leave the body. A 'comedown' phase or 'crash' is often experienced by people who use ice, as the drug starts to wear off.

These feelings can last a few days with symptoms including:

- not being able to sleep and feeling exhausted,
- decreased appetite,
- headaches, dizziness and blurred vision,
- irritability and feeling down,
- paranoia, hallucinations and confusion.

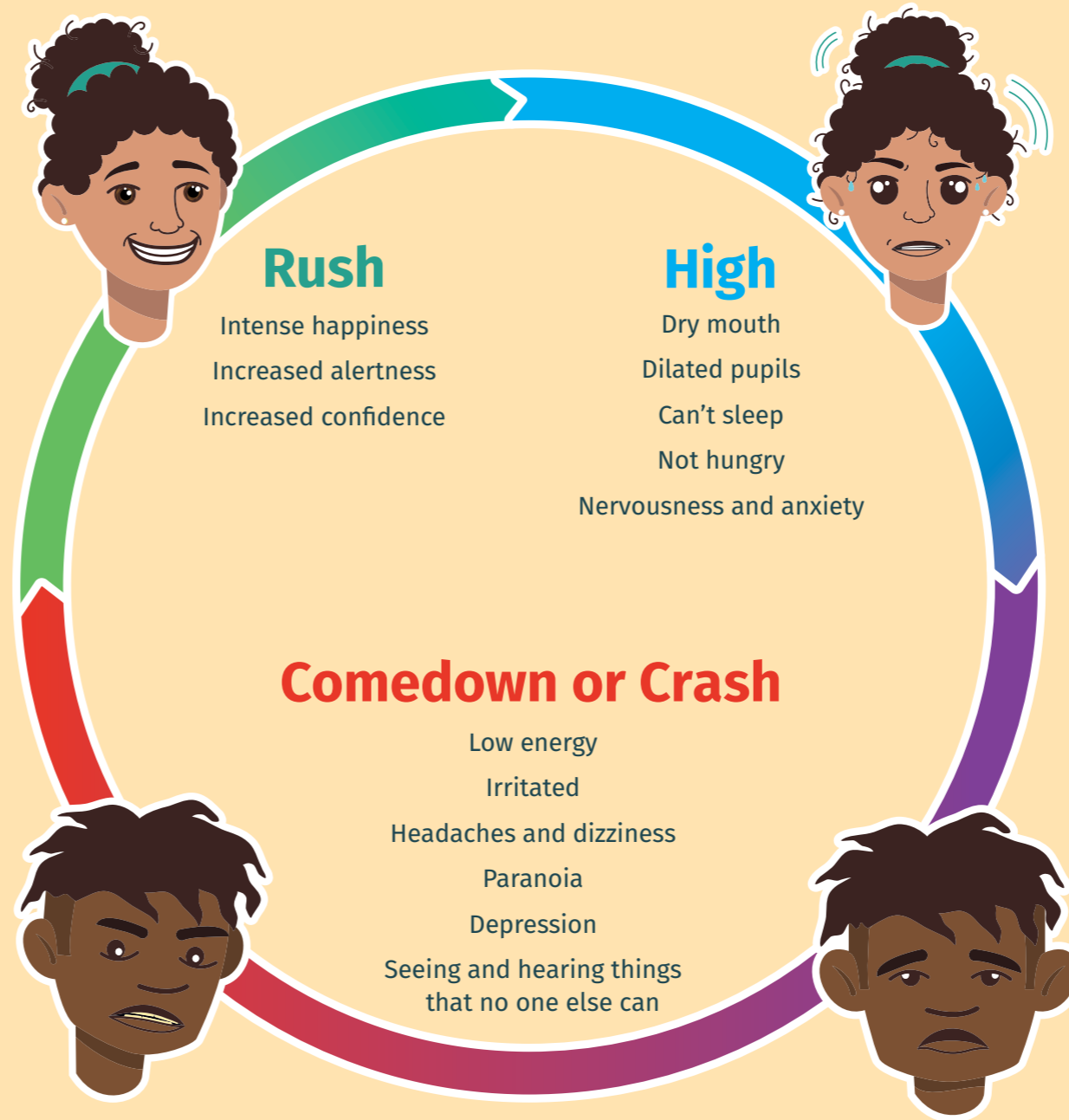
### Dependence and withdrawal

It is easy to become dependent on or addicted to ice if it's used regularly or often. People using ice feel they need it to go about their normal activities like working, studying and socialising, or just to get through the day. Withdrawal refers to the unpleasant symptoms experienced by people with a dependence on ice. These symptoms can last for several days to months, depending on the severity of use.

#### Discussion points:

- *What have you noticed in your community in regard to methamphetamine use?*
- *Have you seen the effects of meth use in your community?*

# Cycle of ice use





## SESSION 2: Managing Emotional and Mental Health

### AIM OF SESSION:

- To understand why people use substances and the effect of substance use on family and community.
- To understand the coexistence of mental health challenges with drug use and the basics of psychosis.
- To understand the effects of ice on emotional and mental health and how to respond to challenging behaviours.
- To assist families with strategies and safety plans to support the person affected by alcohol or drugs.

BREAKTHROUGH *Our way*

*Facilitator notes*





Session 2:  
Managing Emotional and Mental Health



### When drugs and alcohol affect our family

**AIM OF PAGE:** To have participants thinking about reliance on drug and or alcohol and how it affects relationships with their family and community.

**Ask your participants:**

- *Have you experienced or witnessed someone who is relying on drugs?*
- *What were the signs?*
- *How has it affected the person's family and community?*

BREAKTHROUGH *Our way*

*Facilitator notes*

# When drugs and alcohol affect our family



...it might be a sign that the person is reliant on that drug



### Ask yourself, Why?

**AIM OF PAGE:** To create a shift in participants thinking, to help them understand there are many reasons people might be using drugs/alcohol.

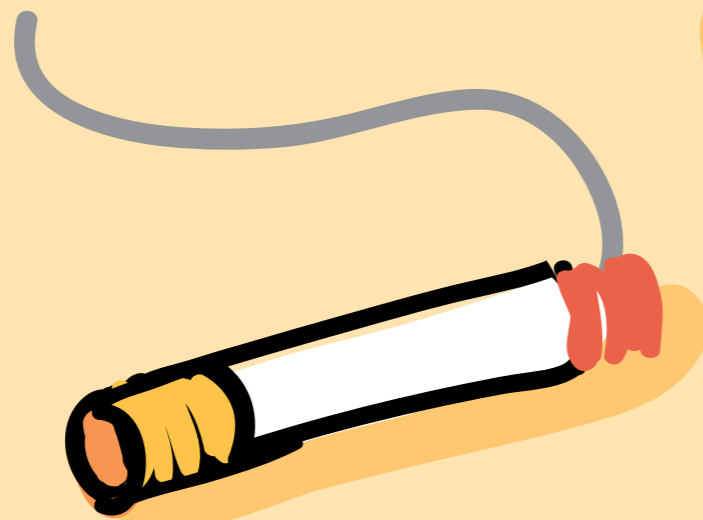
### Discussion Point:

*Provide an opportunity for the participants to share their thoughts on why our mob use drugs/alcohol.*

BREAKTHROUGH *Our way*

*Facilitator notes*

Ask yourself, why?





## There are many reasons why people use drugs and alcohol

### Why do people use drugs?

Reflect on the answers provided by the group and reinforce what is said. Here are some other reasons people use drugs and alcohol. People use drugs for a variety of reasons. Some of these include:

- as medication,
- to have fun, celebrate, relax and/or experience a 'high',
- to fit in with friends, gain confidence and socialise,
- out of curiosity,
- to relieve boredom and stress, and
- as self-medication to forget and cope with problems.

BREAKTHROUGH Our way

Facilitator notes

# There are many reasons why people use drugs and alcohol

Reduce physical and emotional pain

Stop the voices that some people hear

Fit in with friends

Have fun and celebrate

Cope with grief and loss

Gain confidence

Stay awake

Stress

To belong

Socialise

Out of curiosity

As self-medication to forget and cope with problems

Lose weight

Boredom

To relax and experience a 'high

Cultural reasons



## Whatever the drug

### AIM OF PAGE:

To conclude and summarise  
'Why people use drugs and alcohol'.

BREAKTHROUGH *Our way*

*Facilitator notes*



# Whatever the drug

Try to understand **why** the family member is using the drug.

**What does it do for them?**

For them, the drug may not necessarily be **“the problem”** but actually a **“way to cope”**

Try and support the person to **help** them find a **healthy way** to cope...

Remember, the way we see things can be different

| The way you might see things                                   |   | The way they could see things              |
|--|---|--|
| That's silly and dangerous                                     | → | I'm alright... I'm fine... I'm good        |
| They are copying everyone else/<br>following the crowd         | → | Everyone's doing it -<br>it's how I fit in |
| They don't care about what they<br>are doing to everybody else | → | I'm just doing my own thing                |
| Why?   | → | Why Not!?                                  |

BREAKTHROUGH *Our way* QAIHC

**Remember, The way we see things can be different to our friends and family**

**AIM OF PAGE:** To remind participants of the different perspectives we may have.

**Ask your participants:**

- *Can you think of other things we may see differently to our loved one?*

BREAKTHROUGH *Our way*

*Facilitator notes*

# Remember, the way we see things can be different

## The way you might see things

That's silly and dangerous

They are copying everyone else/  
following the crowd

They don't care about what they  
are doing to everybody else

Why?

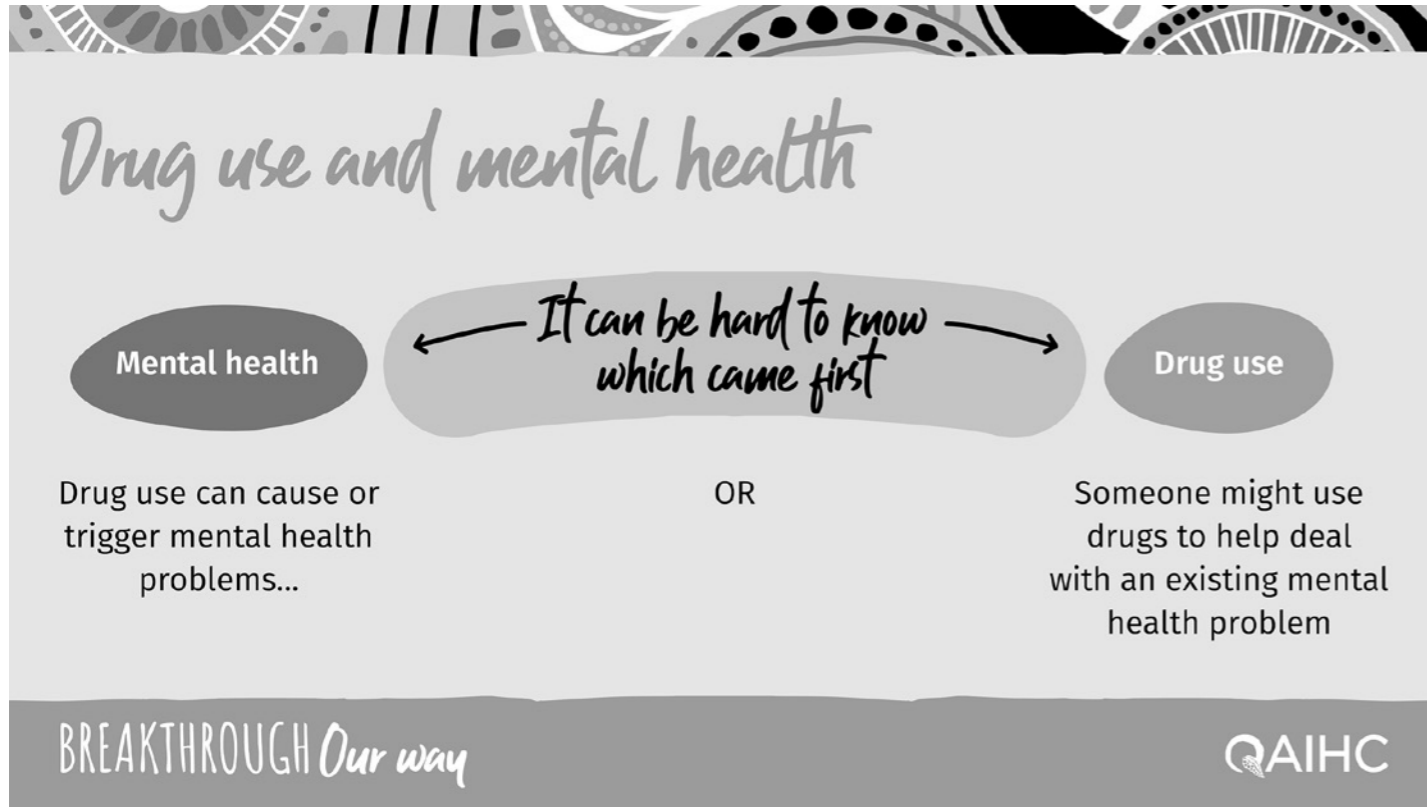
## The way they could see things

I'm alright... I'm fine... I'm good

Everyone's doing it –  
it's how I fit in

I'm just doing my own thing

Why Not!?



## Drugs and Mental Health

### AIM OF PAGE:

For participants to gain an understanding of the coexistence of mental health issues and drug use.

■ *Poor mental health is when our thoughts are not as healthy and we aren't feeling good feelings inside.*

*So did drug use cause or trigger mental health problems?*

*Or is drug usage is a way to cope with mental health problems?*

*It can be hard to tell which one came first.*

*There is a good chance that someone will have both – It's really important to get support for both of these (mental health and the drug use).*

BREAKTHROUGH *Our way*

*Facilitator notes*

# Drug use and mental health

Mental health

← It can be hard to know which came first →

Drug use

Drug use can cause or trigger mental health problems...

OR

Someone might use drugs to help deal with an existing mental health problem

**Psychosis**

**WHAT IS IT?**  
Having really mixed-up and strange thoughts, hearing voices and seeing things that no one else can... this could be **psychosis**.

**WHAT CAN IT LOOK LIKE?**

- ⊙ Talking confused — not making any sense
- ⊙ Feeling afraid for no reason
- ⊙ Getting really stressed out and paranoid about everything
- ⊙ Thinking they have super human powers
- ⊙ Trouble sleeping
- ⊙ Doing strange things — like digging holes or running away

BREAKTHROUGH *Our way* QAIHC

**Psychosis**

Many people stop experiencing psychotic symptoms once the drugs wears off. However, for others, the symptoms may last for days, weeks or longer. It's important to talk to a health professional you trust if this is happening or has happened.

■ *Let's have a look at what psychosis is and what it may look like.*

***(Read some or all of the text on page)***

*If you come into contact with someone in a state of psychosis and you feel unsafe, call 000 or someone to come and help you.*

*If you are feeling safe, you may be able to manage it at home with food, sleep and reassurance.*

*It is important to talk to someone you trust if this is happening or has happened.*

# Psychosis

## WHAT IS IT?

Having really mixed-up and strange thoughts, hearing voices and seeing things that no one else can... this could be **psychosis**.



## WHAT CAN IT LOOK LIKE?

- ⦿ Talking confused — not making any sense
- ⦿ Feeling afraid for no reason
- ⦿ Getting really stressed out and paranoid about everything
- ⦿ Thinking they have super human powers
- ⦿ Trouble sleeping
- ⦿ Doing strange things — like digging holes or running away

# Managing aggressive or agitated behaviour

Signs of agitation include:



BREAKTHROUGH *Our way*

QAIHC

## Managing aggressive or agitated behaviour

**AIM OF PAGE:** To provide ideas to participants on ways to identify the signs someone is becoming agitated/aggressive.

### Ask your participants:

- Have you experienced other signs of aggressive or agitated behaviour?
- How have you managed aggressive or agitated behaviour?

BREAKTHROUGH *Our way*

*Facilitator notes*



# Managing aggressive or agitated behaviour

Signs of agitation include:

Being  
unsettled

Pacing

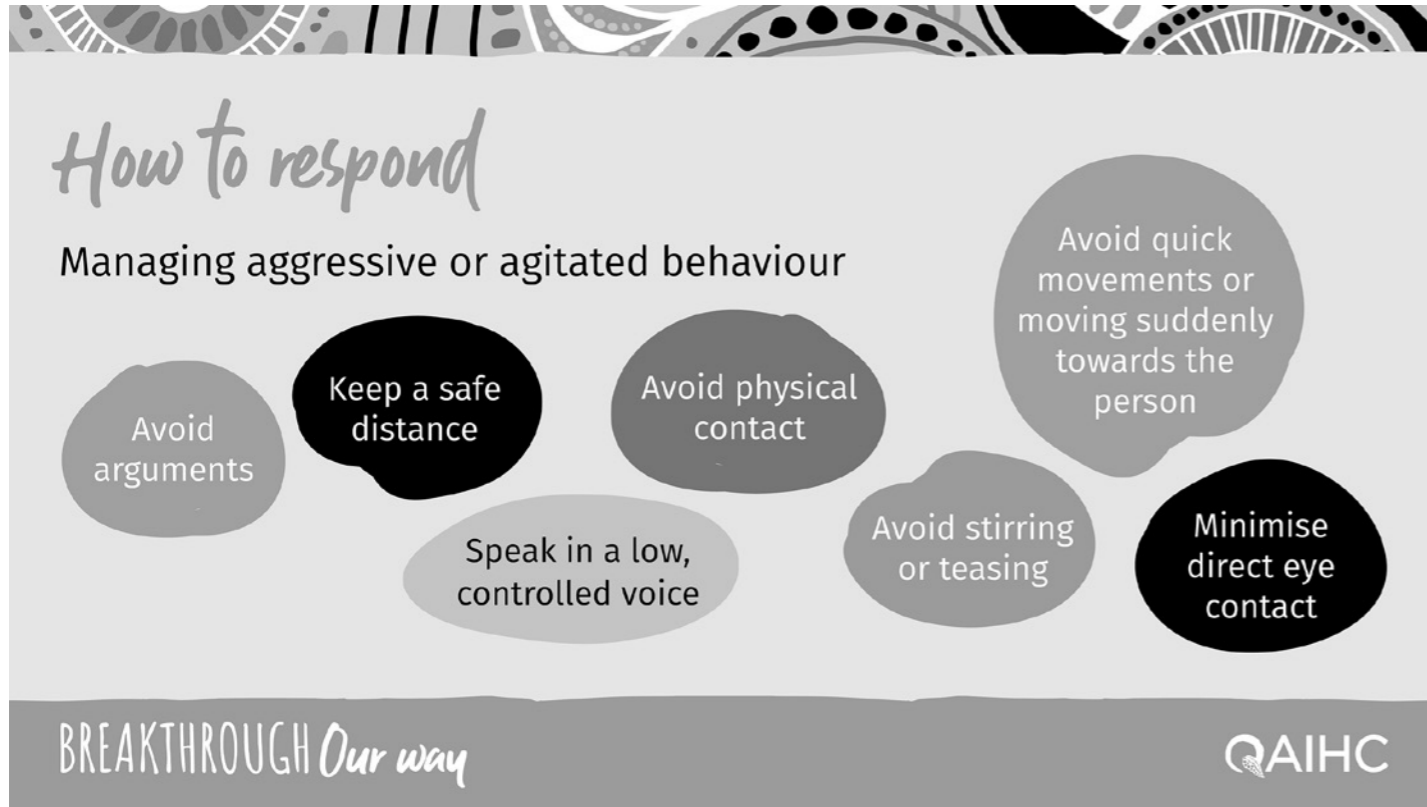
Jealous

Threatening  
others

Paranoia/  
Suspiciousness

Arguing  
for little or  
no reason

Easily upset  
over small  
things



## How to respond

**AIM OF PAGE:** Provide advice on how to respond when confronted with aggressive and agitated behaviour.

What are some things that you have done to respond to agitated behaviours?

BREAKTHROUGH *Our way*

*Facilitator notes*

# How to respond

Managing aggressive or agitated behaviour

Avoid arguments

Keep a safe distance

Avoid physical contact

Speak in a low, controlled voice

Avoid stirring or teasing

Minimise direct eye contact

Avoid quick movements or moving suddenly towards the person

**How to respond**  
Managing aggressive or agitated behaviour

- Listen to the person
- Now isn't the time to disagree or argue
- Be reassuring and supportive
- Explain to the person what is happening, what you are doing and why you are doing it
- Check in with yourself – how are you feeling?
- Get help as soon as you can. Make sure you look after other people around you.
- Try not to take their behaviour personally

BREAKTHROUGH *Our way* QAIHC

### How to respond continued

**AIM OF PAGE:** This will give participants advice when confronted with aggressive and agitated behaviour.

**Ask your participants:**

- *Is there anything we missed you would like to share?*

BREAKTHROUGH *Our way*

*Facilitator notes*

# How to respond

Managing aggressive or agitated behaviour

Listen to the person

Now isn't the time to disagree or argue

Be reassuring and supportive

Explain to the person what is happening, what you are doing and why you are doing it

Check in with yourself – how are you feeling?

Try not to take their behaviour personally

Get help as soon as you can.  
Make sure you look after other people around you.



Let's look at ways we can help family members stay safe, healthy and on track. Sometimes we can feel lost and not know how we can help our family members. Here are some tips on what you can do with your family.

- **Healthy meals** – at least one good meal a day.
- **Let them sleep** – while they're sleeping their bodies are repairing.
- **Be strong and healthy** – this can be challenging when you are spending a lot of your time and energy on your loved one. It's important to remember to look after yourself so you have the energy to help others if needed.
- **Healthy environment** – an environment where everyone feels safe and secure.

### Ways you can help your family member stay safe and healthy

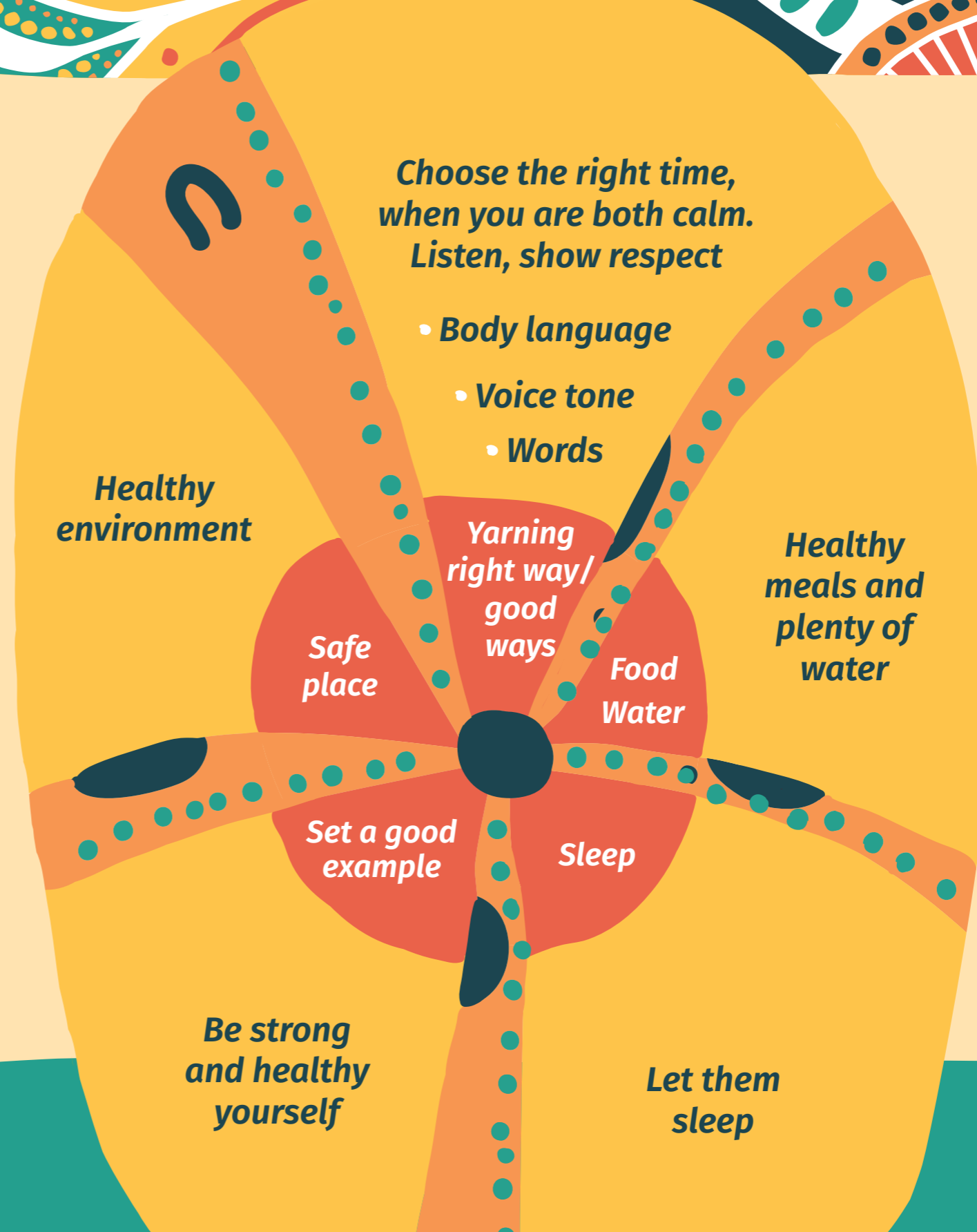
**AIM OF PAGE:** Harm Reduction for the families.

**Tip:** Read through the page – give simple examples of body language, tone of voice and words they can use.

It is important to help participants to understand the impact of tone and

body language. A simple example of this may be greeting someone with a friendly tone and happy face, opposed to greeting someone with arms folded, frowning and an angry tone.

Ways you can help your family member stay safe and healthy





## Set boundaries

**AIM OF PAGE:** To have participants understand the importance of having boundaries/ expectations when it comes to safety.

BREAKTHROUGH *Our way*

**Tell your participants:**

**Draw 2 columns and write in the first column:**

**Flexible boundaries** — flexible boundaries are kind of negotiable.

Have a discussion about flexible boundaries and what flexible boundaries they have in place at the moment and if its working. This will be a great discussion and activity because participants will be learning from each other.

Then go to the next column.

**Inflexible boundaries or solid boundaries** — solid boundaries are not negotiable.

Have a discussion about solid boundaries and what solid boundaries they have in place at the moment and if it's working.

Have participants view their suggestions and ask if they learnt anything new from each other about this session.

*Facilitator notes*



# Boundaries





# Responding to critical incidents

**Medical emergency**  
When someone is having a bad reaction to the substance they have taken

**i**  
Making a safety plan will help you to respond to a crisis or get to safety quicker.

**Substance-induced psychosis**  
Having really mixed-up and strange thoughts, hearing voices and seeing things that no one else can see

BREAKTHROUGH *Our way*

QAIHC

## When responding to someone becoming aggressive or agitated, make sure you:

- To keep a safe distance.
- Avoid arguments.
- Avoid stirring or teasing.
- Avoid physical contact.
- Minimise direct eye contact.
- Avoid quick movements or moving suddenly towards the person.
- Try not to take their behaviour personally.

## You can respond by:

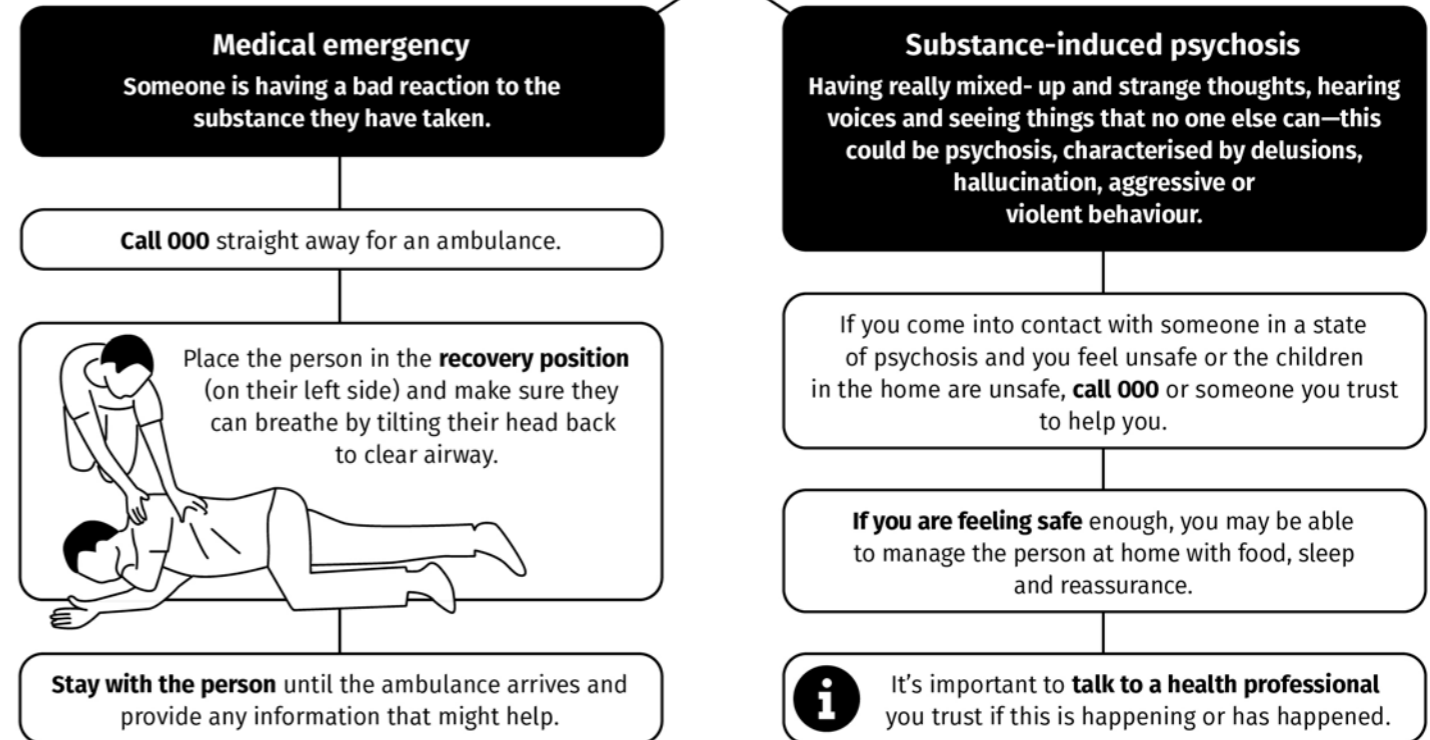
- Listening to the person.
- Speak in a low, controlled voice.
- Being reassuring and supportive (now isn't the time to disagree or argue).
- Explain to the person what is happening, what you are doing and why you are doing it.

Get help as soon as you can. Make sure you look after other people around you. Check in with yourself — how are you feeling and coping?

### **Discussion point:**

*How do you respond when someone is agitated or being aggressive? Making a safety plan will help you and your family to respond to a crisis or get to safety quicker.*

## Responding to critical incidents



BREAKTHROUGH *Our way*

*Facilitator notes*

# Responding to critical incidents

## Medical emergency

When someone is having a bad reaction to the substance they have taken



Making a safety plan will help you to respond to a crisis or get to safety quicker.

## Substance-induced psychosis

Having really mixed-up and strange thoughts, hearing voices and seeing things that no one else can see





### **In summary**

In summary, with boundaries – Ensure your safety and be clear on what YOU need as a family.

**Learning outcomes:** For families to have knowledge on critical situations like medical emergencies and have a safety plan for their family.

### **Discussion Points:**

- *Do you have a safety plan?*
- *What does this look like?*

**BREAKTHROUGH** *Our way*

*Facilitator notes*

# In summary

Ensure  
your safety

Be clear  
what you  
need





### **SESSION 3: Making Change**

#### **AIM OF SESSION:**

- To understand the Stages of Change model and how family members can support the individual through each stage.
- To understand that change is not always straight forward and will differ from person to person.

**BREAKTHROUGH** *Our way*

*Facilitator notes*



Session 3:  
Making Change

▶ Watch the 'Stages of change' video: Change is not always straight forward but as family member you can always support the individual at each stage.

| Stage    |                 | What can you do?  |
|----------|-----------------|---|
| Learning | Not worried     | Keep the relationship positive. Don't argue or growl. Learn about the drug. Look at ways to keep them and yourself safe.        |
|          | Thinking        | Be supportive. Don't rush change and accept they might not be ready. Learn about treatment and support services.                |
|          | Decision Point  | Support and listen to the person as they have decided to make change.   |
|          | Getting ready   | Encourage and respect their decision to make change. Support them by providing information and connections to support services. |
|          | Trying          | Stay connected and supportive while they heal. Encourage them to stay focused on their goals.                                   |
|          | Sticking to it  | Encourage positive family and social connections.   |
|          | Lapse / Relapse | Be non-judgmental and supportive to keep them on track. Understand lapse and relapse is part of their healing journey.          |



### Stages of Change

#### AIM OF PAGE:

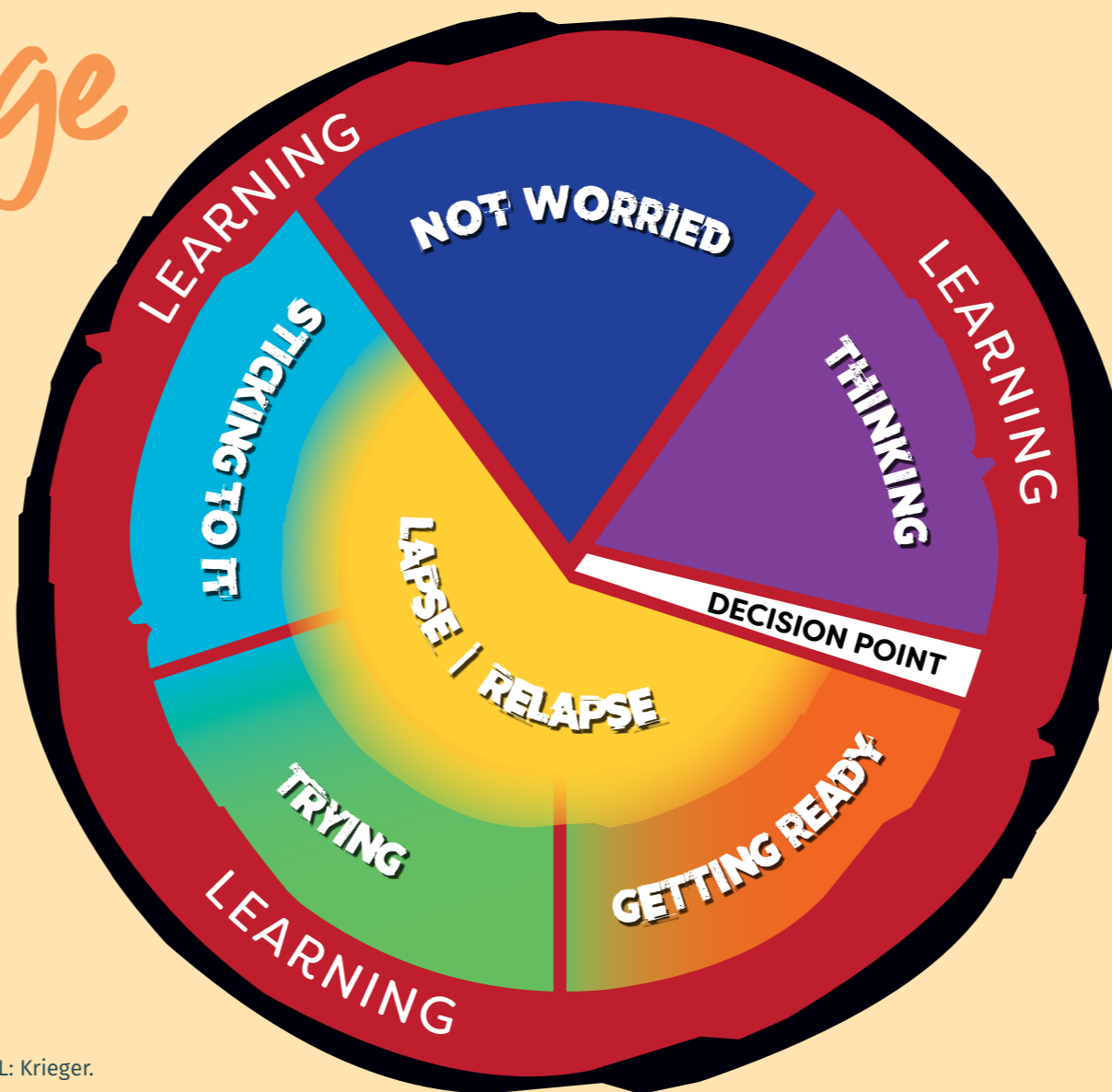
To give family members an understanding what their family member is going through and some ideas about what **THEY** can do in each of these stages.

BREAKTHROUGH *Our way*

*Facilitator notes*



# Stages of change



Reference: Adapted from Prochaska, J.O. & DiClemente, C.C. (1984).  
*The transtheoretical approach: Crossing traditional boundaries of therapy.* Malabar, FL: Krieger.

# Not worried

The person is not ready for change, which can cause conflict and chaos.

**Families often feel scared, and angry.**

### WHAT YOU CAN DO?

Build on your relationship. Avoid arguing and growling, learn about the drug. Look at ways to help keep them safe.



BREAKTHROUGH *Our way*

QAIHC

## Not worried

**AIM OF PAGE:** To look at ways to support a person during the 'Not Worried' Stage.

A person at this stage is not ready for change and isn't concerned about their substance use.

### Discussion Point:

What might it look like when a person is at this stage?

What strategy can you put in place to:

- build on their relationship?
- avoid arguing?
- learn about the drug?
- look at ways to keep them safe?

BREAKTHROUGH *Our way*

*Facilitator notes*

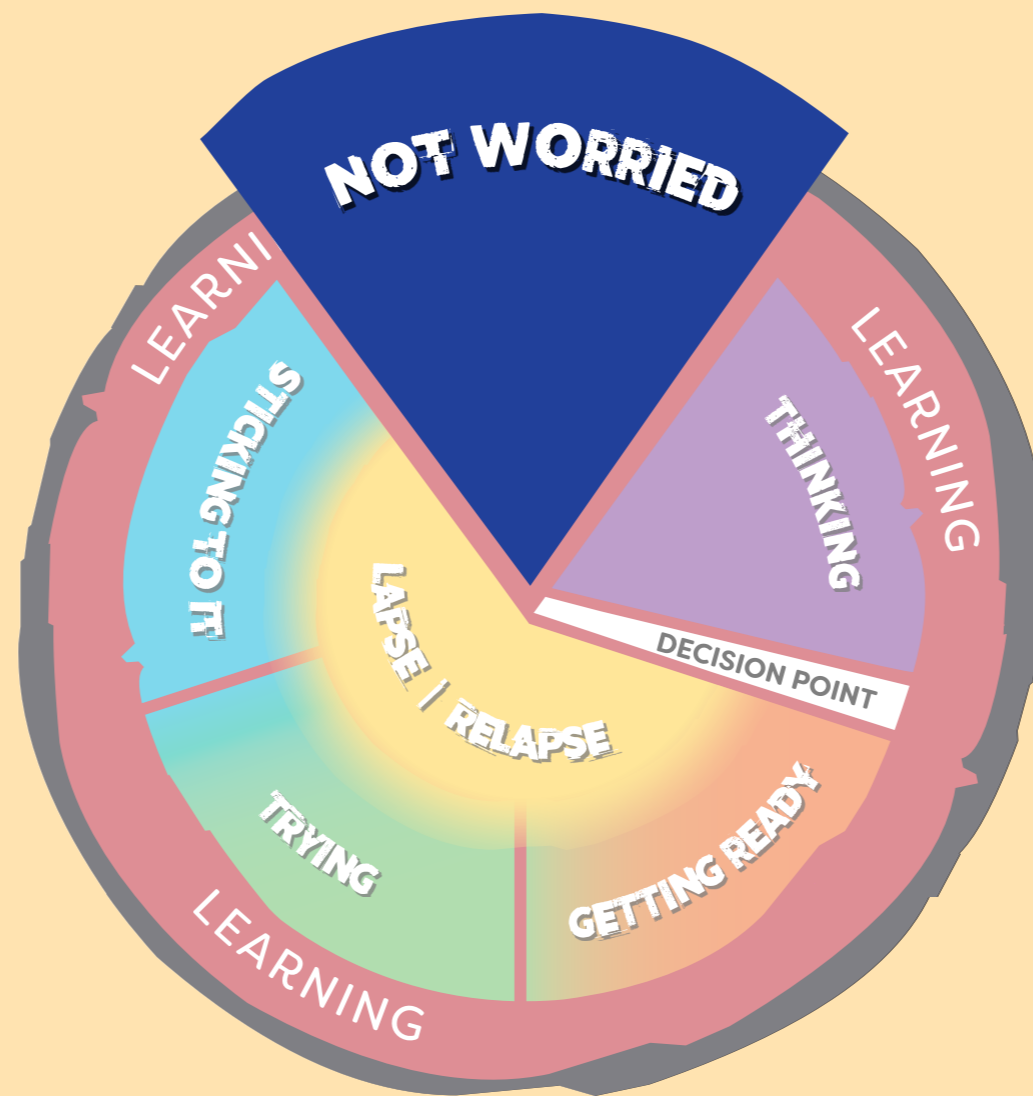
# Not worried

The person is not ready for change, which can cause conflict and chaos.

**Families often feel scared, and angry.**

## WHAT YOU CAN DO?

Build on your relationship. Avoid arguing and growling, learn about the drug. Look at ways to help keep them safe.



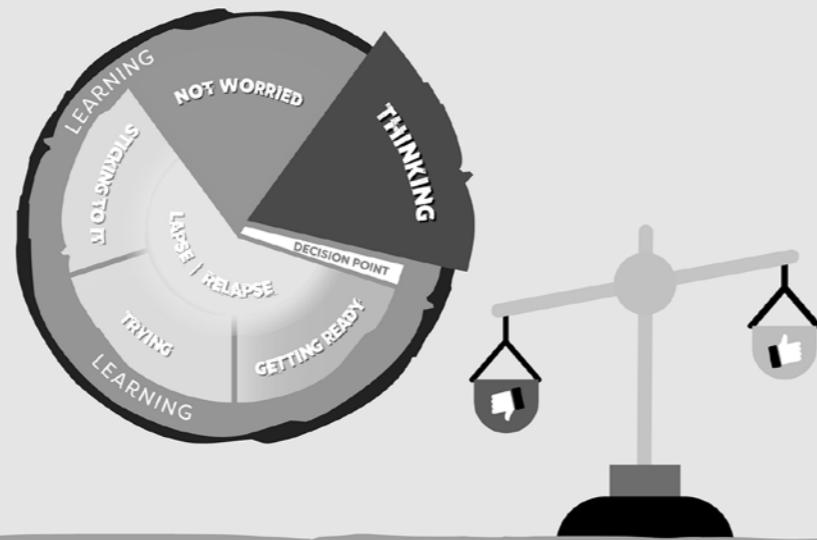
# Thinking

The person is starting to notice problems. The positives of their substance use still outweighs the negatives.

**Families often feel frustrated, or that they are being lied to.**

### WHAT YOU CAN DO?

Keep yarning with them. Keep the relationship strong. Do not rush them. Accept they may not be ready just yet, but let them know that change is possible. Be supportive.



BREAKTHROUGH *Our way*

QAIHC

## Thinking

**AIM OF PAGE:** To look at ways to support at the 'Thinking' Stage. This will remind participants the person is in-between staying the same or changing, how they can be supportive and accepting of their decision.

### Discussion Point:

- What does it look like when a person is at this stage?
- What conversations could you have when you identify a person is at this stage?

BREAKTHROUGH *Our way*

*Facilitator notes*

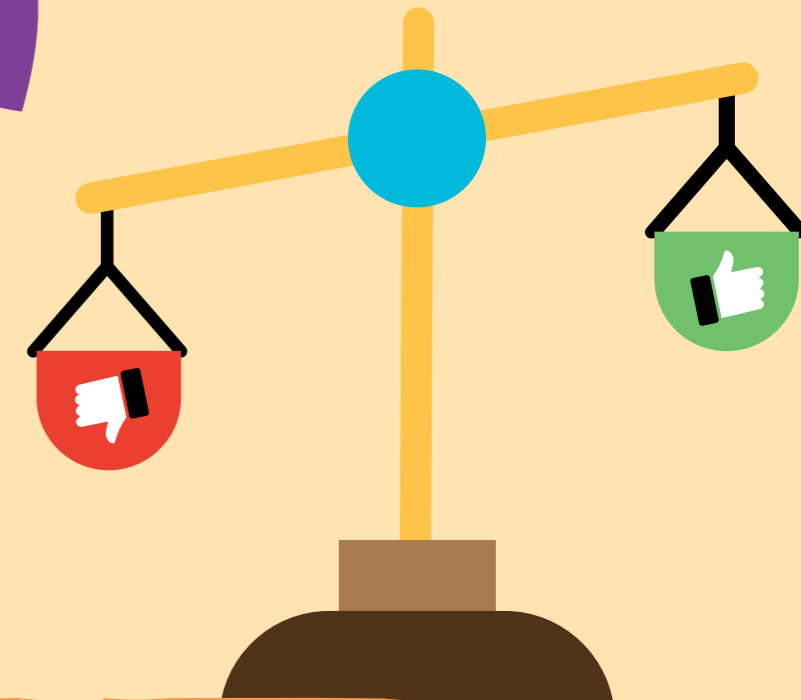
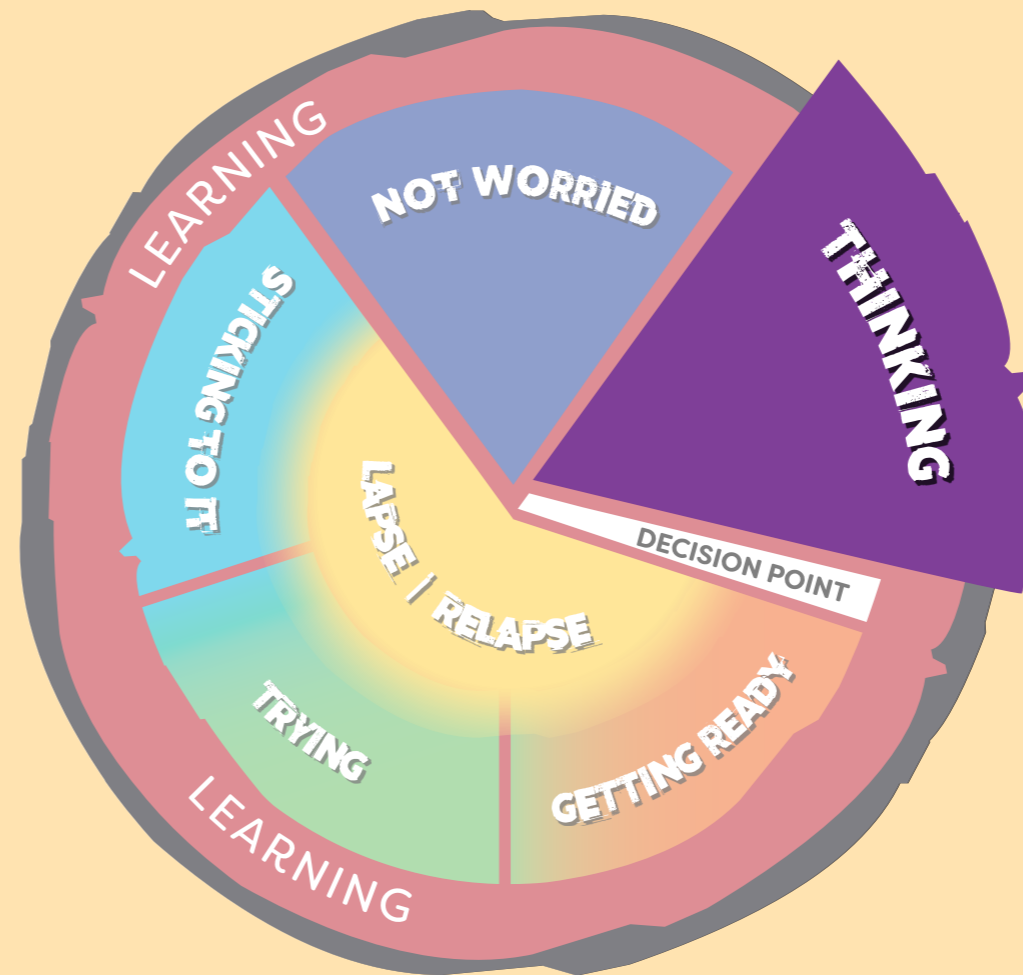
# Thinking

The person is starting to notice problems. The positives of their substance use still outweighs the negatives.

*Families often feel frustrated, or that they are being lied to.*

## WHAT YOU CAN DO?

Keep yarning with them. Keep the relationship strong. Do not rush them. Accept they may not be ready just yet, but let them know that change is possible. Be supportive.



**Getting ready**

The person has decided that they want to make change soon and have started preparing themselves.

**WHAT YOU CAN DO?**

Encourage and respect their decision to make change. Support them by providing information and connections to support services.

BREAKTHROUGH *Our way*

QAIHC

## Getting Ready

**AIM OF PAGE:** To look at ways to support at the 'Getting Ready' Stage.

The person has decided that they want to make change soon and have started preparing themselves.

Encourage and respect their decision to make change. Support them by providing information and connections to support services.

### Discussion Point:

- *What might it look like when a person is at this stage?*
- What conversations could you have when you identify a person is at this stage?
- What can you do to support the person?

BREAKTHROUGH *Our way*

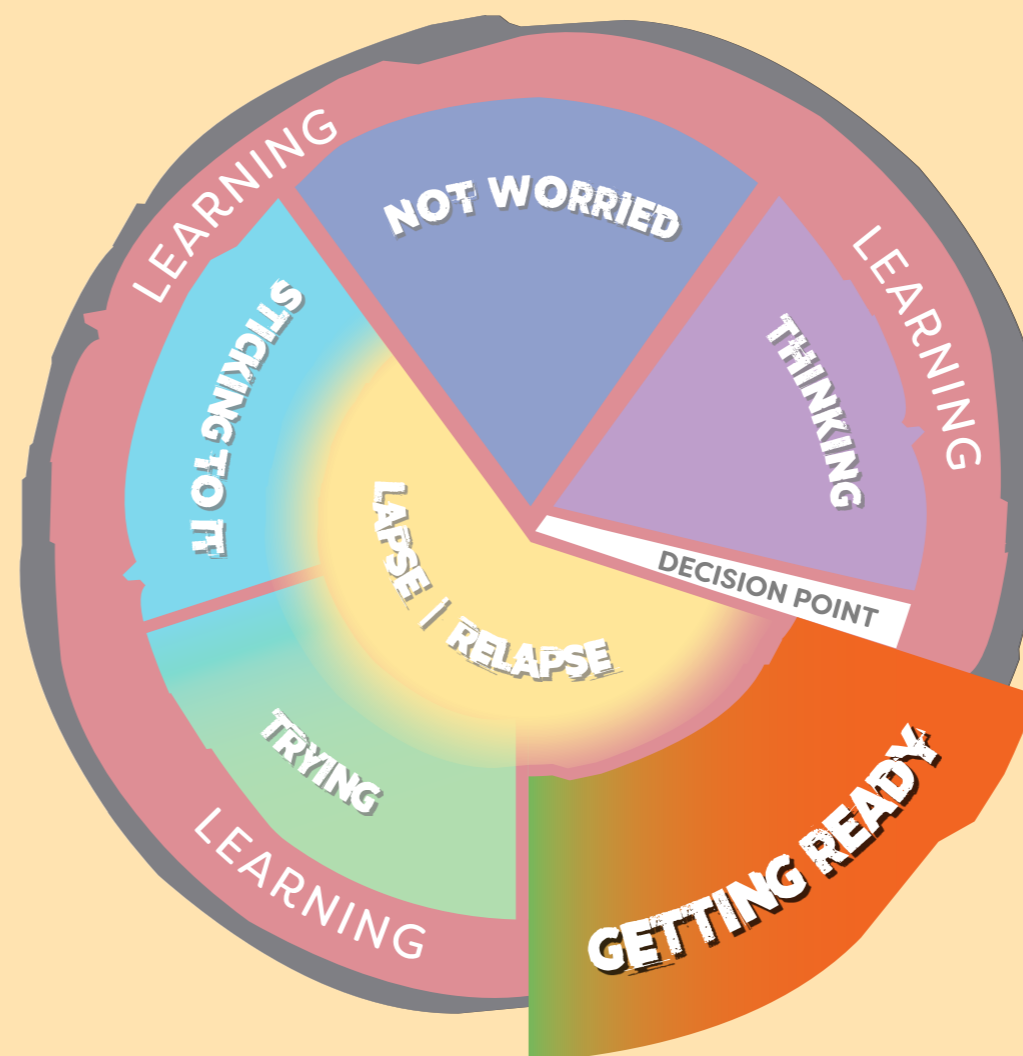
*Facilitator notes*

# Getting ready

The person has decided that they want to make change soon and have started preparing themselves.

## WHAT YOU CAN DO?

Encourage and respect their decision to make change. Support them by providing information and connections to support services.



# Trying

The person has decided that they want to make change, one step at a time.

## WHAT YOU CAN DO?

Acknowledge the steps they have taken towards healing and the strength its taken to get here, reminding them you believe in them and how important they are to the family.

Help them with problem solving, encourage them to stay focused on their goals by keeping them busy. Stay connected and supportive.



BREAKTHROUGH *Our way*

QAIHC

## Trying

**AIM OF PAGE:** To look at ways to support at the 'Trying' Stage. The person has decided that they want to make change, one step at a time.

### Discussion Point:

- How can you support a person who is 'trying' and has decided to make change?
- What conversations could you have when you identify a person is at this stage?

BREAKTHROUGH *Our way*

*Facilitator notes*



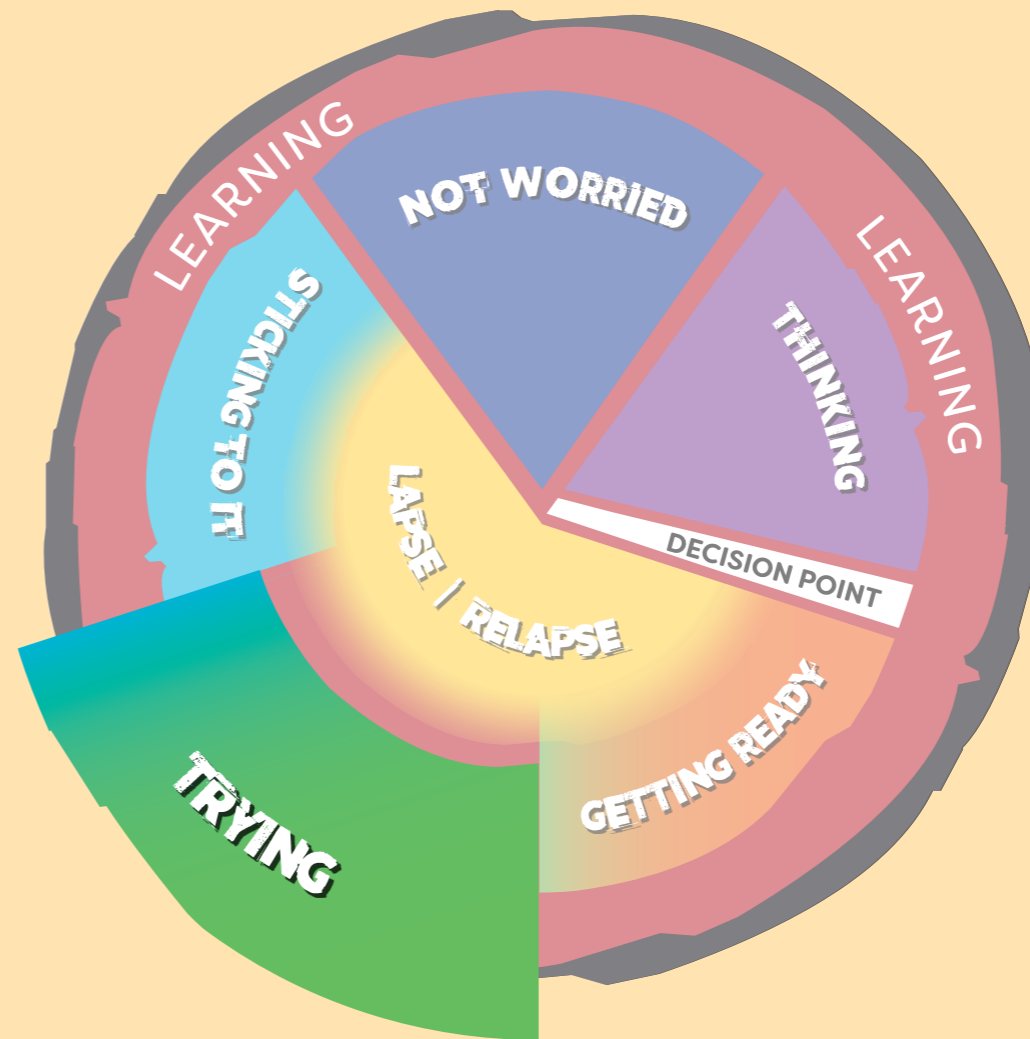
# Trying

The person has decided that they want to make change, one step at a time.

## WHAT YOU CAN DO?

Acknowledge the steps they have taken towards healing and the strength its taken to get here, reminding them you believe in them and how important they are to the family.

Help them with problem solving, encourage them to stay focused on their goals by keeping them busy. Stay connected and supportive.

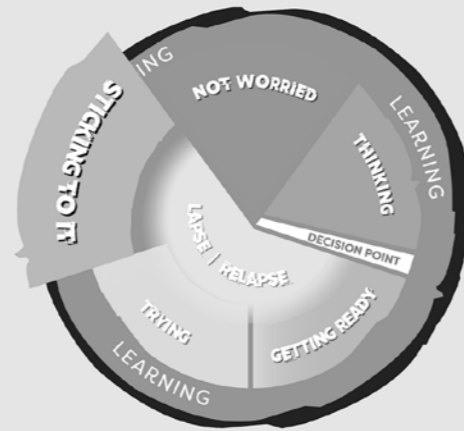


# Sticking to it

The person is making the change. Everyone is feeling hopeful and nervous, this is shaky ground.

## WHAT YOU CAN DO?

Acknowledge the steps they have taken towards healing and the strength its taken to get here. Help keep them busy (e.g., return to country and cultural practice, self-reflection, good food, exercise, music and hobbies).



BREAKTHROUGH *Our way*

QAIHC

## Sticking to it

**AIM OF PAGE:** To look at ways to support who is sticking to their decision to make change and staying on track.

### Discussion Point:

- What are some ways you can you encourage someone who is at this stage?
- What conversations could you have when you identify a person is at this stage?

Identify what kind of positive changes the person has made like: Going on country, cultural practices, good food, exercise, hobbies, what can you do?

**\* Note:** Reinforce to the participants the importance of acknowledging the person's journey so far and continuing to praise and support the person through their journey.

BREAKTHROUGH *Our way*

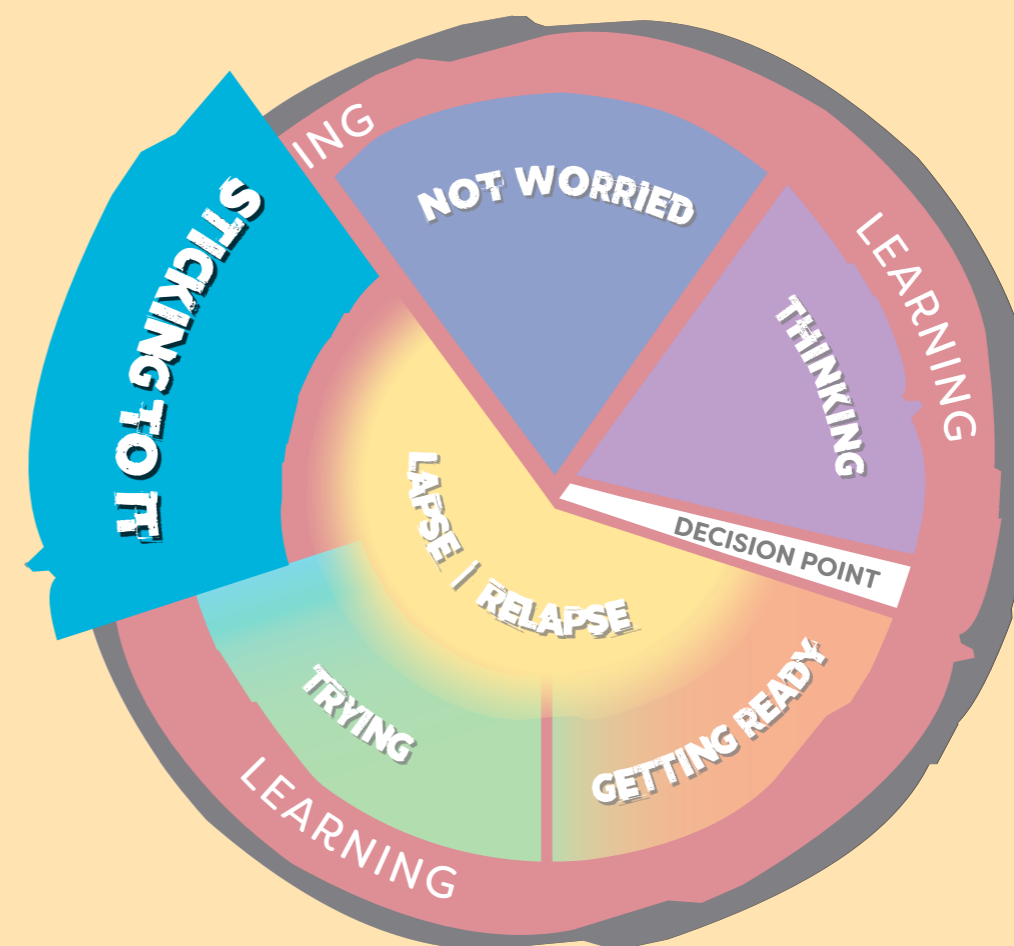
*Facilitator notes*

# Sticking to it

The person is making the change. Everyone is feeling hopeful and nervous, this is shaky ground.

## WHAT YOU CAN DO?

Acknowledge the steps they have taken towards healing and the strength its taken to get here. Help keep them busy (e.g., return to country and cultural practice, self-reflection, good food, exercise, music and hobbies).



# Lapse or relapse

Understand lapse, and relapse is part of their healing journey.

**WHAT YOU CAN DO?**  
Be non-judgmental and supportive to keep them on track.

BREAKTHROUGH *Our way* QAIHC

## Lapse or relapse

**AIM OF PAGE:** Understand lapse, and relapse is part of their healing journey.

Change can be difficult and might include lapse or relapse and return to old behaviour. This is normal as people rarely change on their first attempt.

This provides a chance to understand triggers and learn ways to avoid future lapse and relapses.

This can happen at any time. You can help by planning for it and reminding them that lapse and relapse is a learning experience.

### **Discussion Point:**

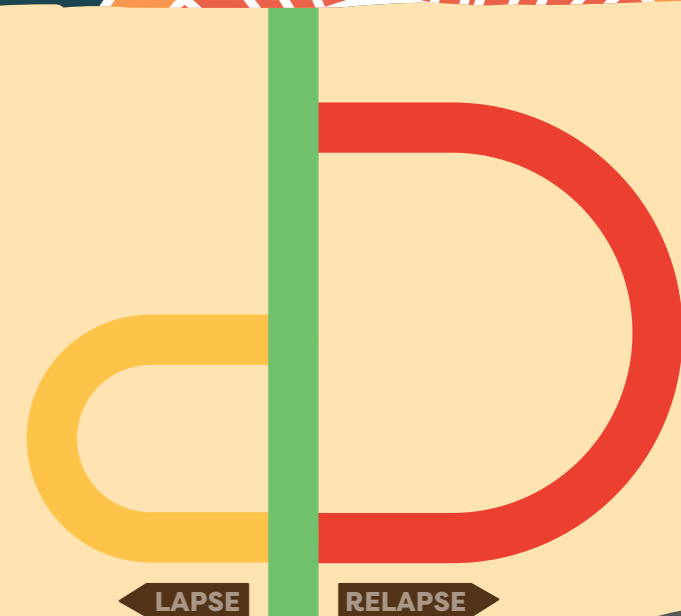
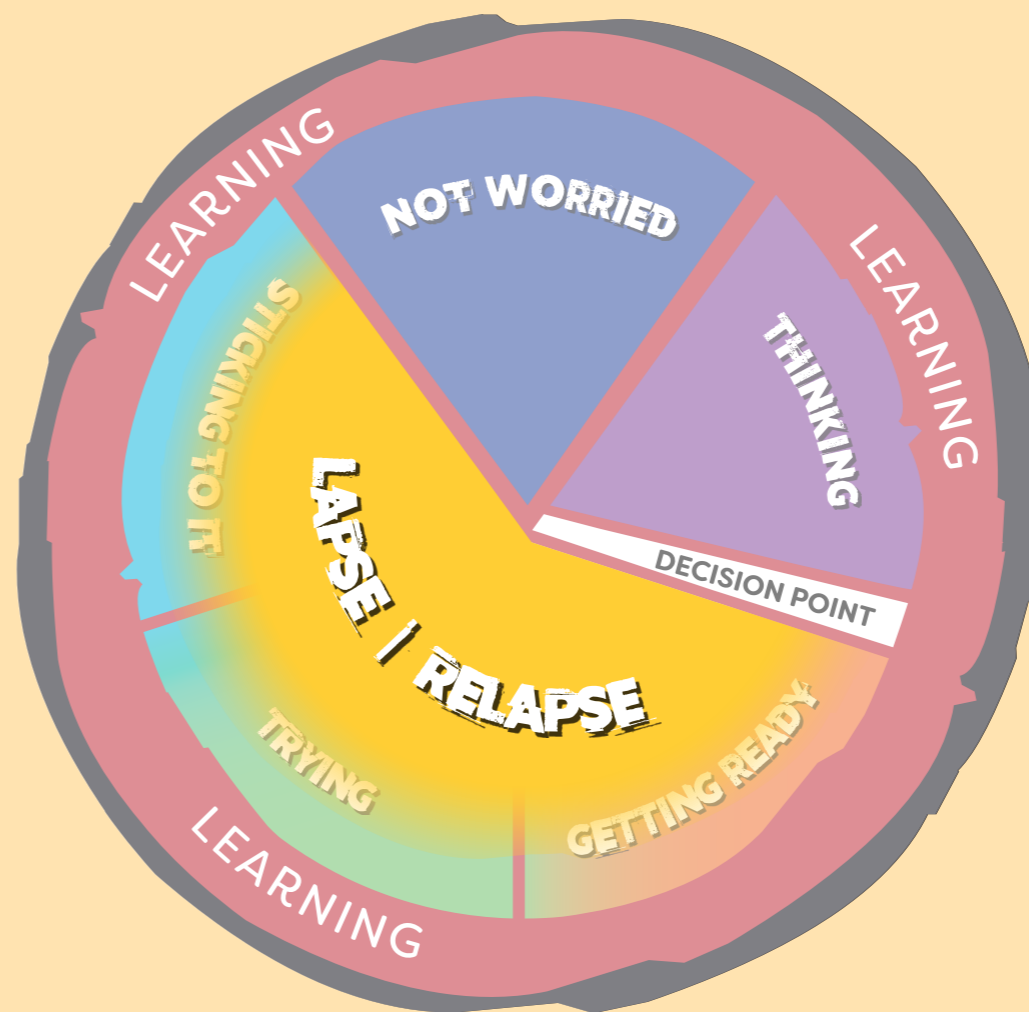
- How can you be a supportive to a person who may be at this stage?

# Lapse or relapse

Understand lapse, and relapse is part of their healing journey.

## WHAT YOU CAN DO?

Be non-judgmental and supportive to keep them on track.





### Change is not always straight forward

**AIM OF PAGE:** To give participants a visual understanding that change is not a straightforward process and it can take time.

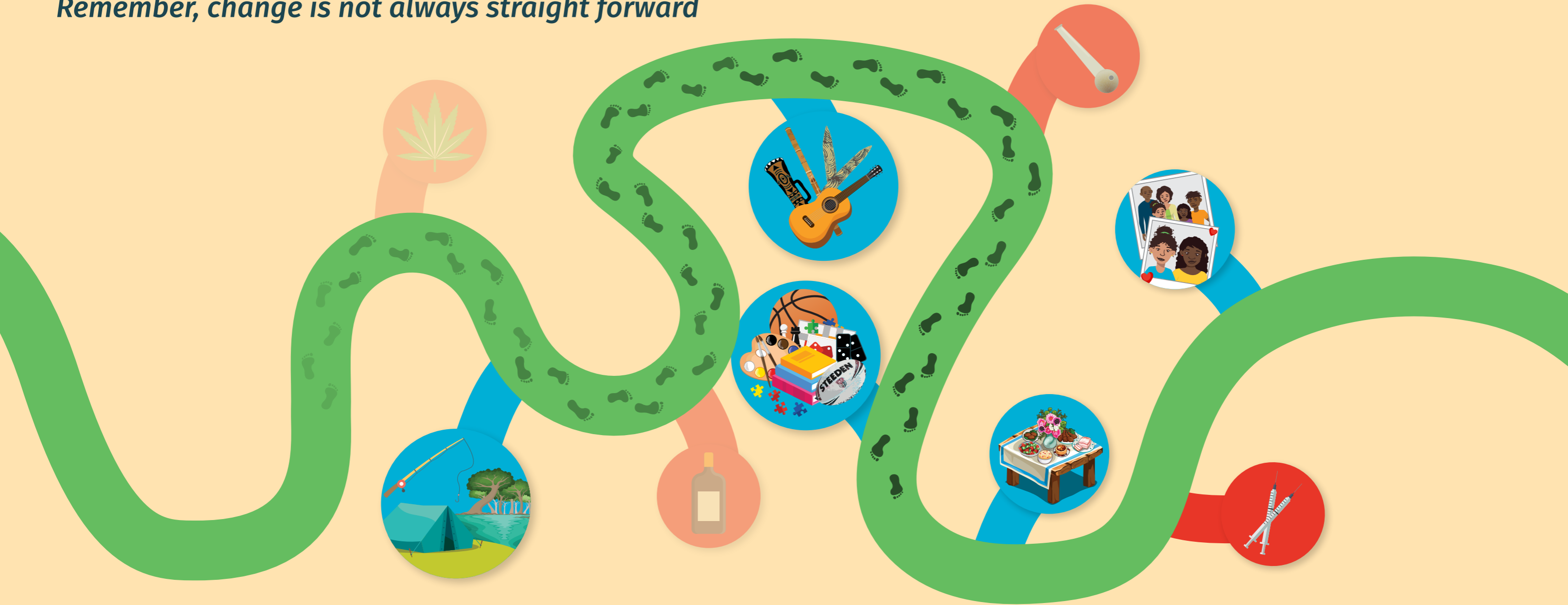
#### **Discussion Point:**

- Ask any participants if they like to share a story about someone they know who has or is on a journey to healing.
- What does that journey look like for them?

BREAKTHROUGH *Our way*

*Facilitator notes*

Remember, change is not always straight forward



BREAKTHROUGH *Our way*

QAIHC



## Session 4: Support

BREAKTHROUGH *Our way*

QAIHC

### SESSION 4: Support

#### AIM OF SESSION:

- To understand there is hope and how to support family members and loved ones using substances.
- To be aware of the different types of AOD treatment and support services available.
- To understand why it is important to look after yourself while supporting someone using substances.

#### ***This session will cover the following topics:***

- *There is hope for our loved ones and family,*
- *Alcohol and drug treatment,*
- *Social emotional wellbeing,*
- *Supporting our young ones,*
- *Looking after yourself.*

BREAKTHROUGH *Our way*

*Facilitator notes*





# Session 4: Support

*The good news - there IS hope*

- ⦿ People do cut back or quit
- ⦿ People do heal and return to family
- ⦿ Help is available
- ⦿ Treatment works

*The evidence shows that when families are involved in treatment, the outcomes are better for everyone*

**BREAKTHROUGH** *Our way* **QAIHC**

It can be hard sometimes to be hopeful on this journey but please try and remember – there is hope!

[Read ]

- People do cut back or quit.
- People do heal and return to family.
- Help is available.
- Treatment works.

The evidence shows that when families are involved in treatment, the outcomes are better for everyone.

### The good news is – there IS hope

**AIM OF PAGE:** To remind participants that there IS hope. People do cut back, quit and heal. There is help available and a number of treatment options that work.

It can be hard sometimes to be hopeful on this journey but please try and remember – there is hope.

#### Discussion Point:

- What support is available in the community?
- Do you know anyone who has engaged in treatment supports?

**BREAKTHROUGH** *Our way*

*Facilitator notes*

# The good news – there IS hope

- 🎯 People do cut back or quit
- 🎯 People do heal and return to family
- 🎯 Help is available
- 🎯 Treatment works

*The evidence shows that when families are involved in treatment, the outcomes are better for **everyone***



# Treatment and support

Help is available and there are a number of different treatment options.

**Counselling**

**Rehabilitation Services**

**Detoxification/ Withdrawal Services**

**Peer/Community Support Groups**

It is important to remember that treatment services are voluntary.

BREAKTHROUGH *Our way*

## Treatment and support types

There are many forms of help available to a person impacted by substance use and at times it can seem hard to choose the best place for them to go.

### Treatment and support types

|  |   |
|--|---|
| <b>Counselling</b>                         | <ul style="list-style-type: none"> <li>• Is the most common treatment for people who have problems with drugs.</li> <li>• Also available to family members and people impacted by substance use.</li> </ul>   |
| <b>Detoxification/ Withdrawal Services</b> | <ul style="list-style-type: none"> <li>• Is treatment where the person is supervised while their body comes off a drug.</li> <li>• May be offered in the home with regular visits from doctor or counsellor, in a hospital or community-based residential setting.</li> <li>• May involve medication or self withdrawal.</li> </ul>   |
| <b>Rehabilitation Services</b>             | <ul style="list-style-type: none"> <li>• Help people who detoxed off drugs to address issues in their life which contributed to their drug use in the past, including strategies to prevent lapse or relapse.</li> <li>• Residential rehabilitation refers to live-in facilities (usually 3-6 months or longer).</li> <li>• Non-residential rehabilitation services are usually structured 'day programs' that the person attends regularly while they are still living at home.</li> </ul> |
| <b>Peer / Community Support Groups</b>     | <ul style="list-style-type: none"> <li>• Are voluntary self-help groups open to individuals seeking to address their drug and alcohol use, or to maintain abstinence.</li> </ul>  |

**i** It is important to remember that treatment and support services will only engage or admit an individual if he/she wants to get help for their drug use.

Reference: Queensland Aboriginal and Islander Health Council (QAIHC) (2017). Meth check. Brisbane: Insight. Retrieved from: <https://insight.qid.edu.au/toolkits/meth-check/detail>

### Discussion point:

- Can you think of support and treatment services available in your community?

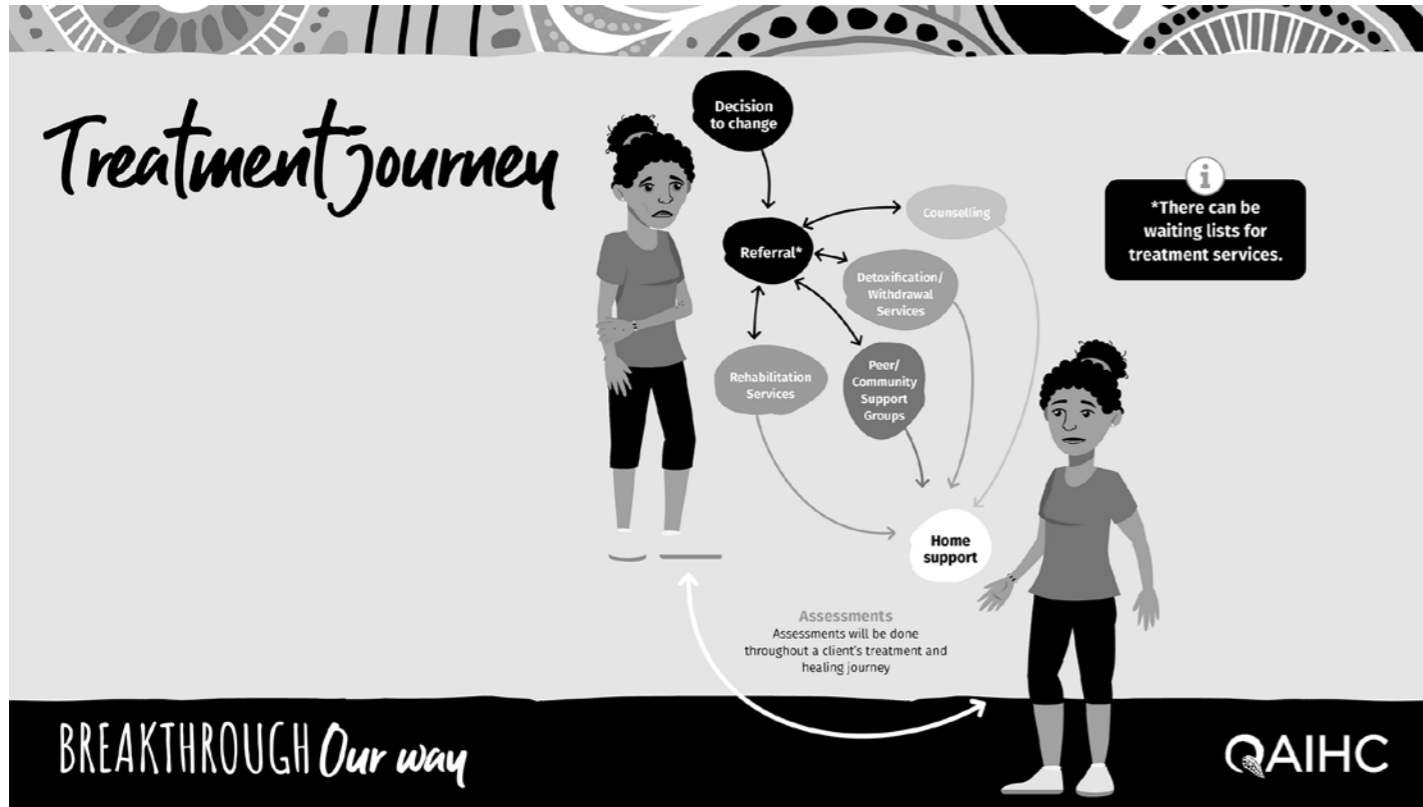
It is important to remind families of the strength they already have, and where they can go for further support, for the families to turn their attention on the needs, coping skills, and resilience of the family unit can support clients to maintain the positive benefits of treatment and increase the chance of achieving successful AOD treatment outcomes.

# Treatment and support

Help is available and there are a number of different treatment options.



**It is important to remember that treatment services are voluntary.**



It's important that the person has support while they are waiting to get into treatment as it can be hard to stay motivated. Some services have pre-admission or pre-treatment programs to work with clients while they wait to receive treatment, however you can also provide support while they wait. Everyone's treatment journey will look different, they just need to be ready for change.

**Discussion point:**

- Do you know anyone who has engaged in treatment services and their journey?
- Have you had any help from any AOD services? Or
- Have you supported someone to access alcohol and drugs treatment?

Encourage participants to share a story if they feel comfortable.

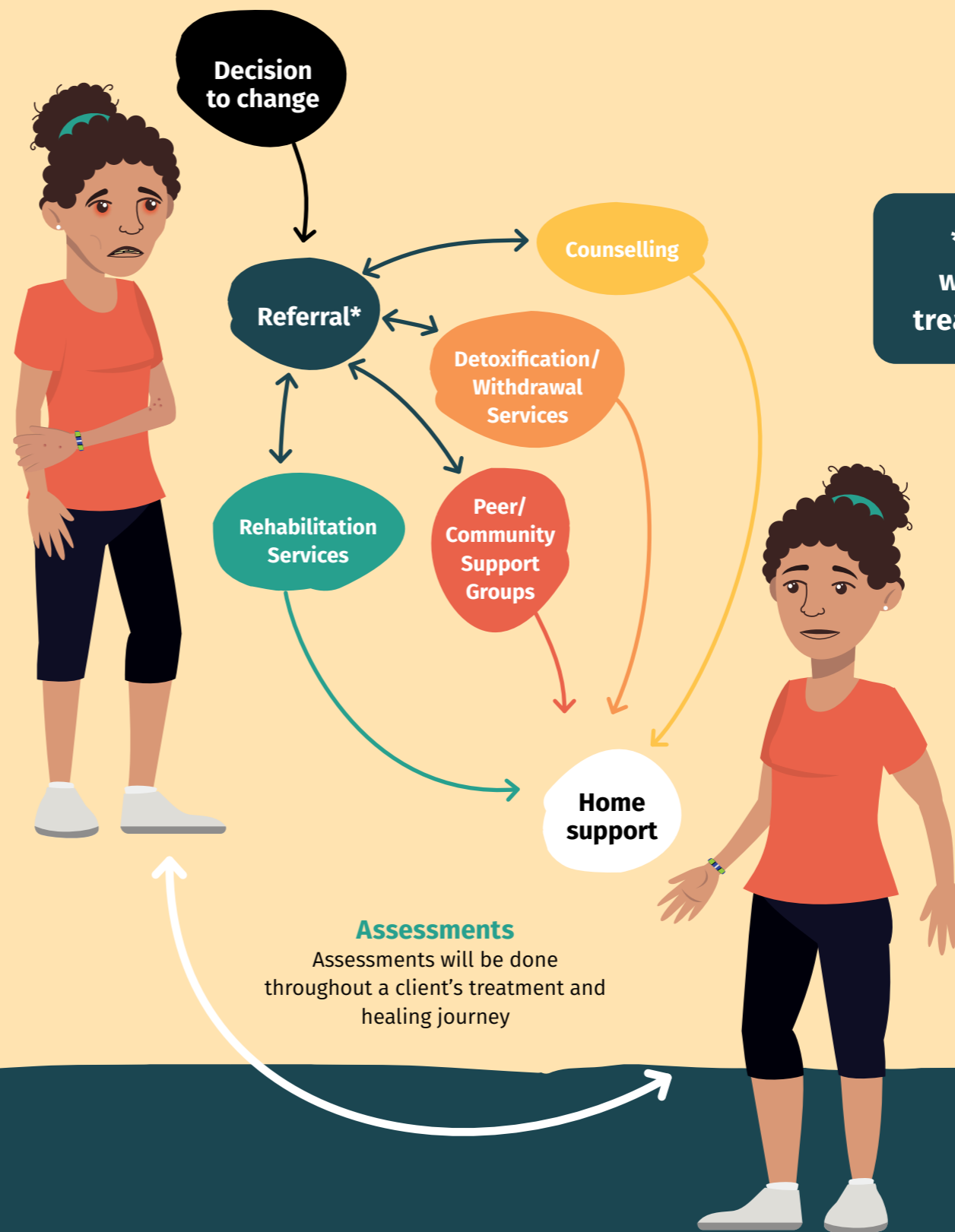
**Treatment journey**

Treatment works. Different things work for different people. **Not everybody needs rehab!**

Evidence shows that when families are involved in the treatment journey, the outcomes are better for everyone. It is also important for families to understand there is a referral process

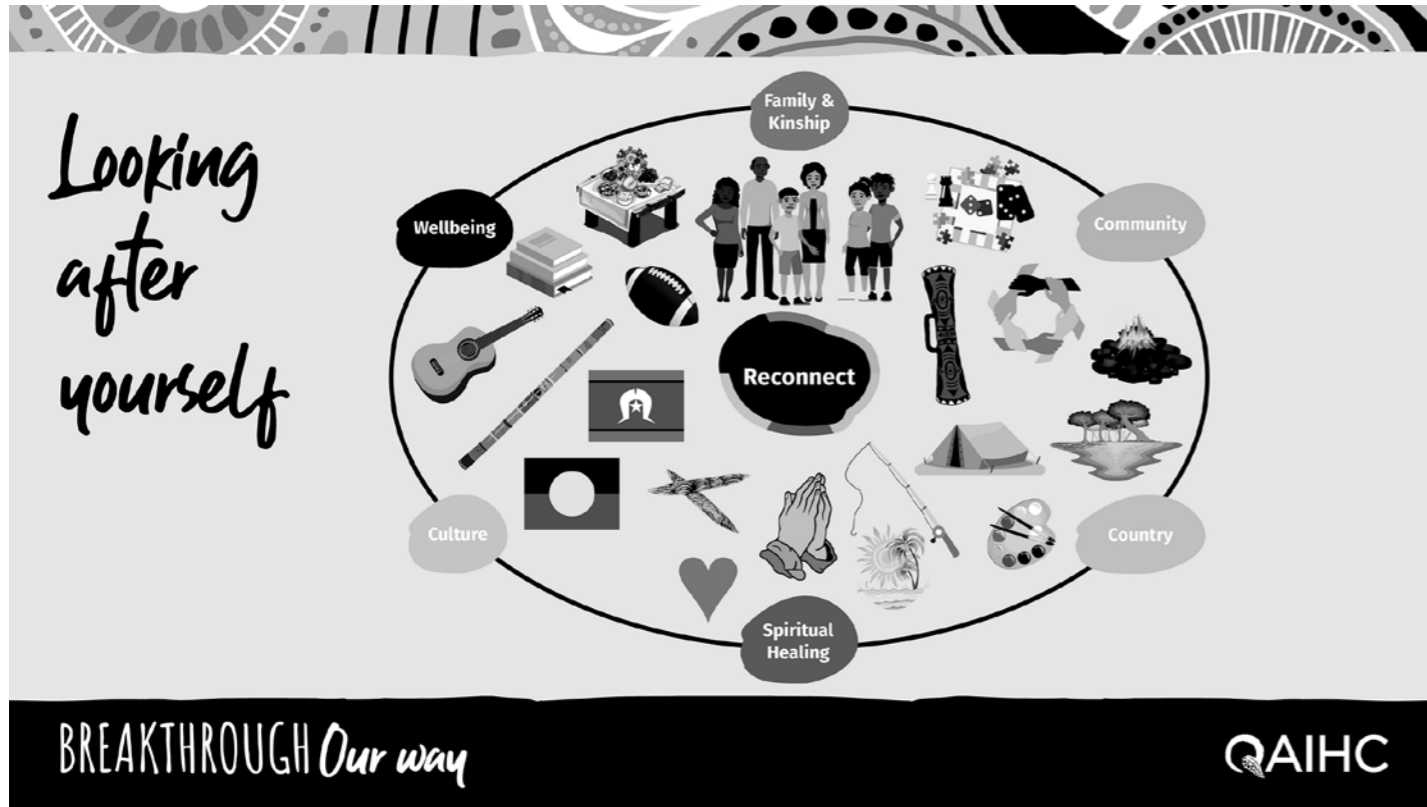
and waitlists for most services, particularly withdrawal management (detox) and residential rehabilitation services. Depending on the service and the type of treatment, a person may be placed on a waitlist for a period of time before receiving treatment. Some waitlists will be only a day or two, while some might be a few months.

# Treatment journey



**i**  
\*There can be waiting lists for treatment services.

**Assessments**  
Assessments will be done throughout a client's treatment and healing journey



### Looking after yourself – Supporting your Social and Emotional Wellbeing

**AIM OF PAGE:** When supporting someone using alcohol and other drugs it is important to reconnect with the things that keep you strong.

These things can look different to each of us. Reconnecting to land, culture, family and community can be a start. Also looking at improving your physical, spiritual and mental wellbeing.

These things are what make up who we are as Aboriginal and Torres Strait Islander people.

It is important to recognise what kind of help and supports are available in community to manage your social and emotional wellbeing while supporting a family member or significant other using substances.

Talking to someone you feel comfortable with — family, friend, elder, health worker or joining the local men’s/women’s/ youth group will help to keep your body and mind strong and healthy.

Engage with an AOD service, Mental Health service or SEWB services for further support.

Keep yourself connected to positive activities that will improve your social and emotional wellbeing.

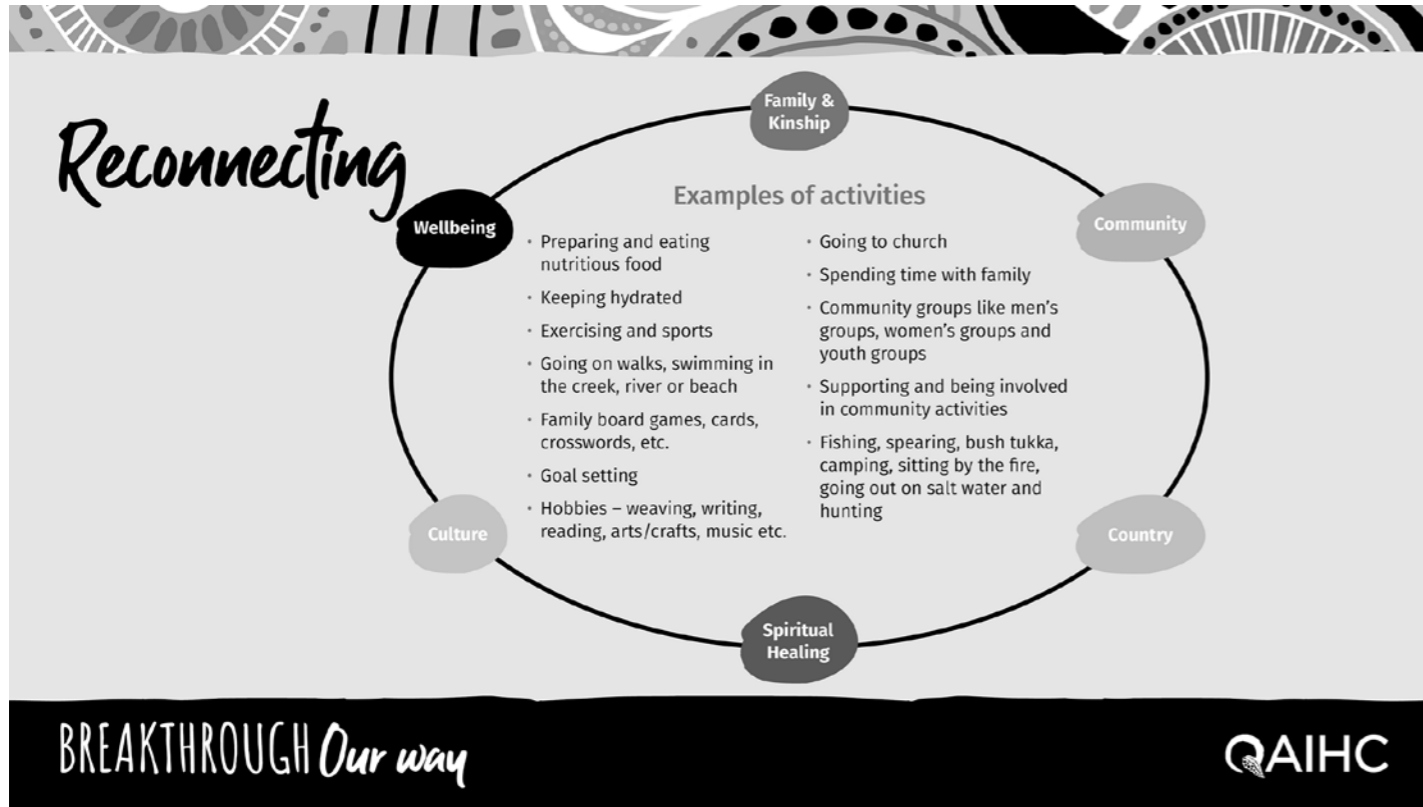
**Discussion point:**

- How do you look to support your social and emotional wellbeing?



# Looking after yourself





## Reconnecting

Here are some other ideas on how we can reconnect or stay connected to the things that keep us strong.

Keeping families and family members engaged and connected to positive activities can reduce disconnection, improve wellbeing and support healthy choices.

To empower families and individuals to connect and reconnect, it is important to:

- Support and encourage positive social and cultural activities.
- Maintain positive family and social relationships.
- Connect and reconnect families to health and support services, and
- Support and encourage positive change.

**BREAKTHROUGH Our way**

*Facilitator notes*

# Reconnecting



# Supporting our young people

Safe Place, Safe People, Feel Safe

Children have the  
right to be and  
FEEL safe and  
protected

WE all need to  
look out for our  
young people and  
keep them safe

Children are  
**UNSAFE** when  
exposed to  
drug use

BREAKTHROUGH *Our way*

QAIHC

## Supporting our young people

**AIM OF PAGE:** We are now going to look at supporting young people in our households and acknowledge the rights of children and young people.

### Discussion Point:

- *How do we support our young people?*

Have the participants discuss the following points:

- *Children have the right to feel safe and protected.*
  - *What does that look like for our kids? For our children to feel safe and protected.*

- *Keeping children safe when exposed to alcohol and other drug use.*
  - *What can they be exposed to?*
- *How do we look out for our young people and keep them safe?*
  - *What do we do to keep them safe?*

BREAKTHROUGH *Our way*

*Facilitator notes*

# Supporting our young people

Safe Place, Safe People, Feel Safe

Children have the  
right to be and  
**FEEL** safe and  
protected

**WE** all need to  
look out for our  
young people and  
keep them safe

Children are  
**UNSAFE** when  
exposed to  
drug use

BREAKTHROUGH *Our way*

QAIHC

*Need to talk to someone?*

Family or Friends


Health Worker

Aboriginal and Torres Strait Islander Community Controlled Service

BREAKTHROUGH *Our way*

QAIHC

**Need to talk to someone?**

 *Talk to someone you trust like; a family member, friend, health worker or contact your local Aboriginal and Torres Strait Islander Community Controlled Service.*

BREAKTHROUGH *Our way*

*Facilitator notes*

# Need to talk to *someone?*



Family or Friends



Health Worker



Aboriginal and Torres  
Strait Islander Community  
Controlled Service

# Where to go for help?

**These services, agencies and resources can help families to get support, counselling and practical assistance to support a person and their families impacted by substance use.**

## Aboriginal and Torres Strait Islander Community Controlled Services

- Queensland Aboriginal and Islander Health Council (QAIHC) Member and Regional Services: [qaihc.com.au](http://qaihc.com.au)
- Young People Ahead (YPA): [youngpeopleahead.com.au](http://youngpeopleahead.com.au)
- Darumbal Community Youth Services Inc: [darumbal.org.au](http://darumbal.org.au)

## Other Agencies

- Queensland Network of Alcohol and Other Drug Agencies (QNADA): [qnada.org.au](http://qnada.org.au)
- QNADA Service Finder (for specific treatment services across Queensland): [qnada.org.au/service-finder](http://qnada.org.au/service-finder)
- Queensland Injectors Health Network (QuIHN): [quihn.org](http://quihn.org)
- ADIS 24/7 Alcohol and Drug Support: [adis.health.qld.gov.au/getting-support/find-a-service](http://adis.health.qld.gov.au/getting-support/find-a-service)
- Telephone Advisory Service: [cracksintheice.org/healthprofessionals/advice-for-health-professionals](http://cracksintheice.org/healthprofessionals/advice-for-health-professionals)
- Key support services in Australia: [cracksintheice.org/when-and-where-do-i-get-help](http://cracksintheice.org/when-and-where-do-i-get-help)
- Youth Empowered Towards Independence (YETI): [yeti.net.au](http://yeti.net.au)

## Useful Resources

- Alcohol and Drug Foundation: [adf.org.au](http://adf.org.au)
- Drug Aware: [drugaware.com.au](http://drugaware.com.au)
- Cracks in the Ice: [cracksintheice.org.au](http://cracksintheice.org.au)
- Positive Choices: [positivechoices.org.au](http://positivechoices.org.au)
- Indigenous Health InfoNet: [healthinfonet.ecu.edu.au](http://healthinfonet.ecu.edu.au)
- Insight: [insight.qld.edu.au](http://insight.qld.edu.au)
- Dovetail: [dovetail.org.au](http://dovetail.org.au)

BREAKTHROUGH *Our way*

QAIHC

## Where to go for help?

These are some resources where family members can access more support and help.

BREAKTHROUGH *Our way*

*Facilitator notes*



# Where to go for help?

These services, agencies and resources can help families to get support, counselling and practical assistance to support a person and their families impacted by substance use.

## Aboriginal and Torres Strait Islander Community Controlled Services

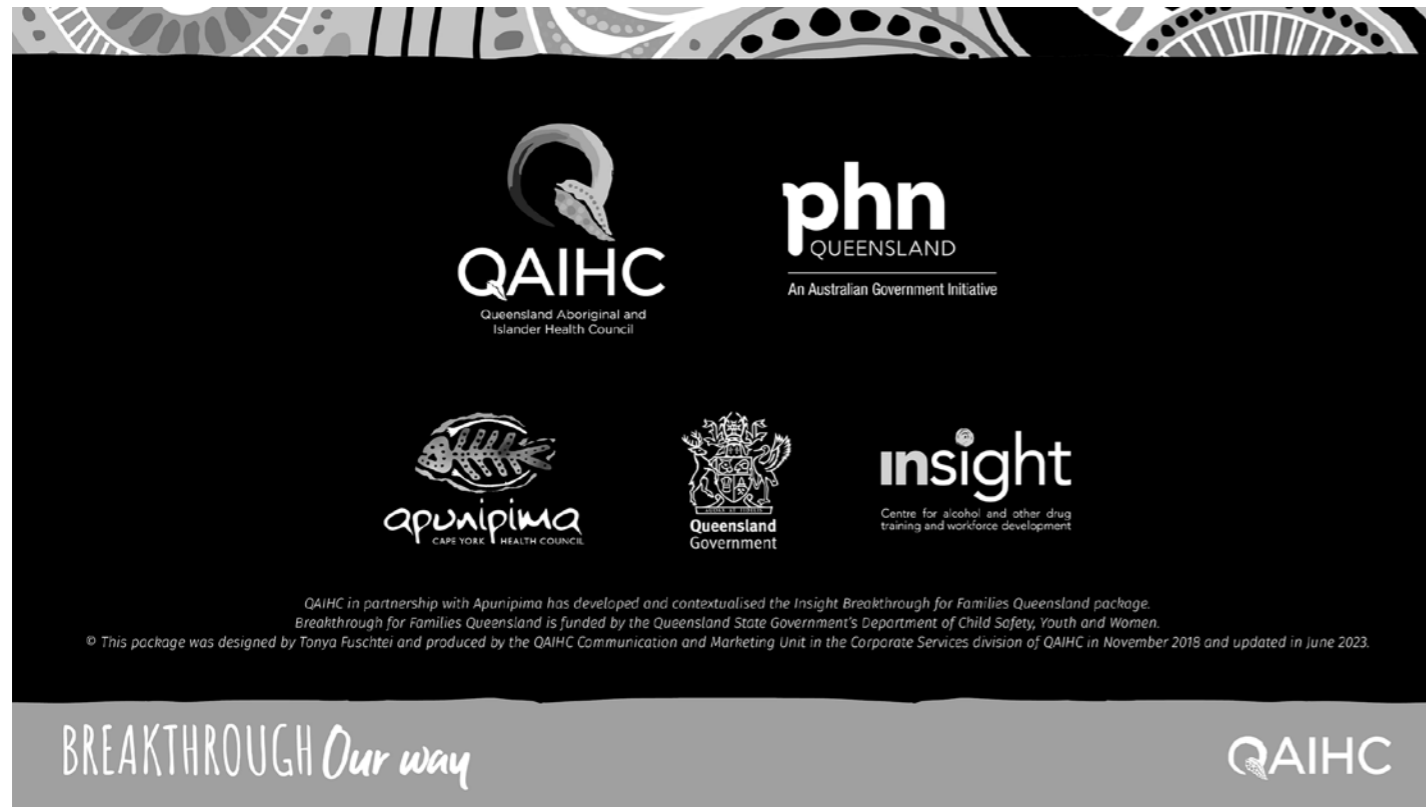
- Queensland Aboriginal and Islander Health Council (QAIHC) Member and Regional Services: [qaihc.com.au](http://qaihc.com.au)
- Young People Ahead (YPA): [youngpeopleahead.com.au](http://youngpeopleahead.com.au)
- Darumbal Community Youth Services Inc: [darumbal.org.au](http://darumbal.org.au)

## Other Agencies


- Queensland Network of Alcohol and Other Drug Agencies (QNADA): [qnada.org.au](http://qnada.org.au)
- QNADA Service Finder (for specific treatment services across Queensland): [qnada.org.au/service-finder](http://qnada.org.au/service-finder)
- Queensland Injectors Health Network (QuIHN): [quihn.org](http://quihn.org)
- ADIS 24/7 Alcohol and Drug Support: [adis.health.qld.gov.au/getting-support/find-a-service](http://adis.health.qld.gov.au/getting-support/find-a-service)
- Telephone Advisory Service: [cracksintheice.org/healthprofessionals/advice-for-health-professionals](http://cracksintheice.org/healthprofessionals/advice-for-health-professionals)
- Key support services in Australia: [cracksintheice.org/when-and-where-do-i-get-help](http://cracksintheice.org/when-and-where-do-i-get-help)
- Youth Empowered Towards Independence (YETI): [yeti.net.au](http://yeti.net.au)

## Useful Resources

- Alcohol and Drug Foundation: [adf.org.au](http://adf.org.au)
- Drug Aware: [drugaware.com.au](http://drugaware.com.au)
- Cracks in the Ice: [cracksintheice.org.au](http://cracksintheice.org.au)
- Positive Choices: [positivechoices.org.au](http://positivechoices.org.au)
- Indigenous Health InfoNet: [healthinfonet.ecu.edu.au](http://healthinfonet.ecu.edu.au)
- Insight: [insight.qld.edu.au](http://insight.qld.edu.au)
- Dovetail: [dovetail.org.au](http://dovetail.org.au)



**AIM OF THIS PAGE:** To thank participants and gain feedback.

 Thank you to everyone for coming along and sharing your stories.

*We would love your feedback on the session. Would you mind taking a minute to fill in this feedback form?*

*And remember, if you would like to speak with us, we will be here for.... (e.g., another hour).*

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*Facilitator notes*



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*© This package was designed by Tonya Fuschtei and produced by the QAIHC Communication and Marketing Unit in the Corporate Services division of QAIHC in November 2018 and updated in June 2023.*

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