FARI
Family Addiction Recovery Ireland

TRAUMA IN THE COMMUNITY CONFERENCE 2024 - FULL REPORT

HOSTED BY

THE NATIONAL FAMILY SUPPORT STEERING GROUP (NFSSG)

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Introducing
“Family Addiction Recovery Ireland”
A New Identity for Collective Empowerment

FARI
Family Addiction Recovery Ireland

At the heart of transformation lies meaningful dialogue and shared determination. This was evident during the Trauma in the Community Conference, where participants - representing a broad spectrum of experiences and perspectives - gathered to deliberate on a name that could embody a renewed purpose, a unified identity, and a clear mission. After thoughtful discussions, one name resonated above all others: Family Addiction Recovery Ireland (FARI).

FARI represents more than a change in name - it signifies a commitment to amplify the voice of families and their indispensable role in Ireland's recovery agenda. It is a name born out of collective insight and shared ownership, sending a strong and unequivocal message: families are central to addiction recovery, and FARI is here to ensure their place in shaping a brighter future.

With this new identity, FARI embraces its mission to unite families, advocates, and stakeholders under a common banner of hope, resilience, and progress. Together, we embark on a journey to advocate, empower, and inspire change - one family, one community, and one nation at a time.

National Family Support Steering Group & Volunteers at the Trauma in the Community National Conference, September 2024. L-R: Michael Mason, Jackie McKenna, Jackie Daly, Gwen McKenna, Breda Fell, Riona Greene, Megan Hughes & Aileen Malone. Missing from photo: Maureen Penrose.

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Acronyms and Abbreviations

APA American Psychiatric Association
APS Australian Psychological Society
BACP British Association for Counselling and Psychotherapy
BMA British Medical Association
CADU Citizens' Assembly on Drugs Use
CDC Centers for Disease Control and Prevention (USA)
CEO Chief Executive Officer
CHO Community Healthcare Organisation
CMA Canadian Medical Association
CPD Continuing Professional Development
CPTSD Complex Post-Traumatic Stress Disorder
C & V Community & Voluntary Sector
DAVINA Drug and Alcohol Women's Inclusive Needs Assessment (Saol/Trinity College)
DCEDIY Department of Children, Equality, Disability, Integration and Youth
DOJ Department of Justice
DOH Department of Health
DRI Drug-Related Intimidation
DRIVE Drug-Related Intimidation and Violence Engagement
DSM-5-TR Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition,
EMCDDA European Monitoring Centre for Drugs and Drug Addiction
EUDA European Union Drug Agency (formerly EMCDDA)
FASN Family Addiction Support Network
GAA Gaelic Athletic Association
GARDA SIOCHANA Irish Police Force
GDPR General Data Protection Regulation
GP General Practitioner
HIQA Health Information and Quality Authority
H&W Health and Wellbeing
HRB Health Research Board (Ireland)
HSE Health Service Executive (Ireland)
IACP Irish Association for Counselling and Psychotherapy
ICD-11 International Classification of Diseases, 11th Revision
ICHAS Irish College of Humanities and Applied Sciences
IHREC Irish Human Rights and Equality Commission
MHFI Men's Health Forum in Ireland
MI Motivational Interviewing

MMT Methadone Maintenace Therapy
NDS National Drugs Strategy (Ireland) 2017–2025
NDTRS National Drug Treatment Reporting System
NFSSG National Family Support Steering Group
NFSN National Family Support Network
NGO Non-Governmental Organisation
NHS National Health Service (UK)
NYCI National Youth Council Ireland
OAT Opioid Agonist Treatment
OVA Office of Veteran Affairs (USA)
PSNI Police Service of Northern Ireland
PTSD Post-Traumatic Stress Disorder
PWUD People Who Use Drugs
SAMHSA Substance Abuse and Mental Health Services Administration (USA)
SERDATF Southeast Region Drug and Alcohol Task Force
SERFSN Southeast Regional Family Support Network
SIA Social Impact Assessment
SIG Strategic Implementation Group
SPSS Statistical Package for the Social Sciences
STS Secondary Traumatic Stress
TIC Trauma-Informed Care
UISCE National Advocacy Service for People who use Drugs in Ireland
UN United Nations
UNCRPD United Nations Convention on the Rights of Persons with Disabilities
WHO World Health Organization
WRDATF Western Region Drug and Alcohol Task Force

Introduction & Background

Ireland's national drug policy has increasingly recognised the importance of including the voices of families and communities affected by substance misuse highlighted by the Citizens' Assembly on Drugs Use Recommendation 10 (CADU, 2024). Families experience daily trauma, stigma, and isolation as a result of addiction, yet their perspectives have historically been marginalised in policy development.
The National Family Support Steering Group (NFSSG) emerged in response to this exclusion advocating for the integration of lived experience in shaping national drug strategies and service development.

Formation of the NFSSG

The sudden closure of the National Family Support Network (NFSN) in 2021 left families without coordinated national representation. Recognising the critical gap, a collective of family support groups, project workers, volunteers, and community representatives came together to form the NFSSG. This group aimed to ensure that family members' experiences and needs continued to inform Ireland's drug policies and services.

Immediately after its establishment, the NFSSG engaged with the Drugs Policy Unit, the Department of Social Inclusion, and the Minister of State with responsibility for Public Health and the National Drugs Strategy, warning of the risks created by the lack of family representation. They highlighted the need to safeguard critical resources, such as the 5-Step brief intervention programmes and bereavement supports.

Conference Objectives

In 2024, the NFSSG organised the "Trauma in the Community" Conference to amplify the collective voice of families, identify key priorities, and influence the development of the next National Drug Strategy.

The conference aims to:
- Raise awareness of trauma experienced by families and communities
- Highlight the crucial role of family within recovery
- Explore trauma-informed practice models
- Influence policymakers through feedback from lived experience
- Build collaborative structures to enable whole family

Securing funding from the Department of Justice underlined governmental acknowledgment of the urgent need for more coordinated, community-based responses to trauma and drug-related intimidation (Gov., 2023).

Theme and Structure

The conference theme, “Trauma in the Community,” arose from 15 regional planning consultations across Ireland. Family members, community groups, and support networks from the Northeast, Leinster corridor, Waterford, and Cork all contributed to the theme’s development, consistently stressing the lack of coordinated responses to addiction related trauma (CADU, 2024).

The conference structure followed a strong community development approach. Over 250 participants, approximately 42.4% of participants were family members and 57.6% were service providers, engaged in World Café-style facilitated discussions.

Areas related to the questions posed for participants to gather data.

- What would help families most?
- What services would improve your family’s life?
- What types of trauma do family members experience?
- What would make communities safer from drug-related intimidation?

Discussions revealed persistent frustration with the lack of family representation in initiatives like the DRIVE (Drug-Related Intimidation and Violence Engagement) programme and broader structures under the National Drugs Strategy 2017–2025 (Department of Health, 2017). Participants emphasised that real inclusion of lived experience in decision-making processes remains absent despite policy promises.

A Collective Voice for Reform

Feedback from the conference made clear that families must be formally recognised as critical stakeholders in policy design, service delivery, and oversight structures. Sustainable long-term funding, national representation, and the application of trauma-informed principles to all service development were among the most urgent demands.

The CADU (2024) reinforced these calls, recommending “Whole-of-Government Policy Coherence” and urging stronger engagement between statutory, voluntary, and community sectors. Notably, CADU (2024) insisted that service users and families must have active roles in designing, delivering, and evaluating policies.

International evidence supports this approach the European Monitoring Centre for Drugs and Drug Addiction formerly the EMCDDA now the The European Union Drugs Agency (EUDA) highlights the vital role of families in influencing effective drug policy, recommending the funding of peer-led advocacy organisations. The need for peer supports to improve service provision specifically for family members was recommended. The benefit of advocacy support was noted, with some European Union (EU) countries funding advocacy organisations to support families. The EU acknowledge that the contributions of family members to effective drug treatment should be recognised in drug policy and practice guidelines (EUDA, 2022).

Similarly, Ireland's ratification of the United Nations Convention on the Rights of Persons with Disabilities (UN, 2006) establishes a clear right to inclusion, co-design, and equity in health service development, aligning with the principle of "nothing about us without us."

Despite these obligations, implementation remains patchy. While ministerial statements in 2023 emphasised the importance of family participation, concrete mechanisms for inclusion are underdeveloped.

Towards Whole Family Recovery

The Trauma in the Community Conference reaffirmed the resilience of families, demonstrating their capacity to contribute meaningfully to shaping Ireland's recovery and health policies. The conference promoted a "whole family recovery" approach, emphasising that addiction-related trauma requires comprehensive responses involving all affected family members.

The outcomes align closely with the internationally recognised principles of trauma-informed care, particularly Collaboration and Mutuality and Empowerment, Voice, and Choice (SAMHSA, 2014). Establishing structures for families to co-design services represents not only best practice but also an ethical imperative to repair decades of exclusion.

In conclusion, the NFSSG and the Trauma in the Community Conference are pivotal steps toward genuine, system-wide inclusion of families in drug policy reform. As Ireland moves towards developing its 2025–2033 National Drug Strategy (NDS), it is essential that the lived experiences of families are not only acknowledged but actively shape the nation's responses to substance misuse, trauma, and recovery.

The NFSSG Committee

Jackie McKenna, Coordinator, Family Addiction Support Network, (FASN) Dundalk

Maureen Penrose, Family Member

Breda Fell, former Coordinator and SIG Representative of the Southeast Regional Family Support Network

Gwen McKenna, Family Support Facilitator, FASN

Mick Mason, Project Manager, Ballyfermot Advance Project

Jackie Daly, Development worker Cork City Partnership CLG

Riona Greene, Coordinator Southeast Regional Family Network

Kathleen Cronin, Ballyfermot Star

Aileen Malone, Family Member

Understanding Trauma

What is Trauma

Trauma results from experiences that overwhelm an individual's ability to cope, causing lasting adverse effects across mental, emotional, physical, and spiritual domains (Substance Abuse and Mental Health Services Administration (SAMHSA, 2014).

Trauma is defined not solely by the event itself, but by the individual's subjective experience and the ongoing impact. SAMHSA highlights the "three E's" Event, Experience, and Effect as fundamental to understanding trauma.

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being," (SAMHSA, 2014).

Clinical frameworks such as the World Health Organisation's International Classification of Diseases 11th Revision (ICD-11; WHO, 2022) and the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision (DSM-5-TR; APA, 2022) formally categorise trauma related disorders. The ICD-11 recognises Post Traumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD) under codes including 6B40 and 6B41 (WHO, 2022). Complex PTSD arises from prolonged trauma such as ongoing abuse or captivity, characterised by persistent emotional dysregulation, negative self-concept, and relational difficulties.

Both ICD-11 and DSM-5-TR emphasise that trauma can result from actual or threatened death, serious injury, sexual violence, or repeated exposure to aversive details, such as experienced by professionals like emergency responders and psychosocial workers (APA, 2022).

Common Signs and Symptoms of Trauma

Trauma affects individuals across the 'Whole Person' - physical, mental, emotional, spiritual, financial, social, familial and behavioural, (Health Service Executive (HSE, 2022). National Health Service (NHS, 2022).

Common emotional experiences include: Fear; Shame; Stigma; Helplessness; Numbness; Sadness; Grief; Feelings of abandonment or vulnerability; Loss of hope, meaning, or empathy.

Physical and behavioural symptoms often present as: Appetite changes; Gastrointestinal upset; Sleep disturbances; Chronic fatigue; Sweating; Headaches; Rapid heartbeat;

Hyperventilation; Nightmares; Difficulty making decisions; Impaired concentration; Isolation and withdrawal; Avoidance behaviours; Trust issues; Resentment; Anger; Violence; Agitation; Hyperarousal; Hypervigilance; Nervousness and Increased risk of substance use.

These symptoms can disrupt personal functioning and family dynamics, families coping with substance misuse or community violence often experience compounded trauma without access to timely, coordinated support services (HSE, 2022).

Traumatology and Professional Exposure

Trauma effects extend beyond direct victims to those supporting them. Professionals including counsellors, peer supporter workers, social workers, and volunteers are at risk of secondary traumatic stress and vicarious trauma (Australian Psychological Society (APS, n.d.).

The DSM-5-TR formally recognises that PTSD can result from “repeated or extreme exposure to aversive details of a traumatic event as part of professional duties” (APA, 2022) and exhaustion from empathic engagement (British Medical Association (BMA, 2024). Secondary Traumatic Stress (STS) include symptoms mirroring PTSD and caused by repeated engagement with others’ trauma. Vicarious Trauma result in cognitive changes and an altered worldview from sustained exposure may result in burnout, emotional exhaustion, cynicism, and reduced professional efficacy (BMA, 2024). Unchecked, these impacts compromise both the worker’s well being and service effectiveness for those in need. Positive resilience factors include supervision, organisational supports, and witnessing client recovery (APS, n.d.).

Service providers' feedback highlighted that practitioners felt improvements could be made by their organisations and the State to support them.

Need for Trauma Informed Systems

Given the profound effects of trauma on individuals, families, and professionals, embedding trauma informed approaches across all systems is essential. A trauma informed approach realises the widespread impact of trauma, recognises signs and symptoms, responds appropriately, and mitigates re-traumatisation (SAMHSA, 2014). Core principles include: Safety; Trustworthiness; Peer Support; Collaboration; Empowerment and Cultural Responsiveness (SAMHSA, 2014).
Services that fail to understand trauma risk reinforcing harm, retraumatising survivors, and contributing to professional burnout. Conversely, trauma informed approaches improve outcomes across health, education, justice, and community services (HSE, 2022). As Ireland moves to develop new national strategies on substance misuse, mental health, and community recovery, the adoption of trauma informed systems is a critical foundation for healing, resilience, and social justice.

Conference Speakers

Christopher Mangan
Former Chief Superintendent of An Garda Síochána and Chairperson of the Family Addiction Support Network (FASN). Opened proceedings on behalf of the conference team.

Jackie McKenna
Coordinator and Co-founder of the Family Addiction Support Network (FASN), Founder of The Voice of Families, and member of the National Family Support Steering Group/Conference.
Website: https://fasn.ie/

Vivian Geiran
Adjunct Assistant Professor at Trinity College Dublin, Registered Social Worker, and Former Director of the Probation Services.
Report: https://droghedaimplementationboard.ie/wp-content/uploads/2022/02/Scoping-Report.pdf

Aileen Malone
Family member and participant in the National Family Support Steering Group/Conference.
Testimony Video: https://youtu.be/8PAzqLmiGd0?feature=shared

Gwen McKenna
Co-founder of the Family Addiction Support Network (FASN), Founder of Family Voices, and member of the National Family Support Steering Group/Conference.
Website: https://fasn.ie/
Conference Video: https://vimeo.com/999090788/00232a535e

“Alice” (Pseudonym)
Mother and family member affected by drug debt intimidation. Written statement presented.
Video Link: https://www.rte.ie/news/primetime/2024/0912/1469605-theyll-shoot-you-family-forced-to-flee-over-sons-drug-debts/

Jim O’Dwyer
Development Officer, Southeast Region Drug and Alcohol Task Force (SERDATF); contributor to the Trauma Informed Care eLearning Pilot Project and Southeast Trauma Informed Care Collective.
Website: https://serdatf.ie/

Anna Quigley
Coordinator, CityWide Drugs Crisis Campaign, presenting on the community role in whole family recovery.
Website: https://www.citywide.ie/

Lisa
Founder and CEO 'Escapeline UK' – Tackling the Exploitation of Young People.
Escapeline is a charity committed to the prevention of the criminal and sexual exploitation of young people by gangs across South West England.
Website: https://www.escapeline.org.uk/

Dr Jane Mulcahy
Research Fellow, University of Limerick; Research Evidence into Policy, Programmes and Practice (REPPP) Project.
Project Website: https://www.ul.ie/research/greentown-reducing-the-influence-of-criminal-networks-over-children-and-families

Siobhan Maher
Coordinator of the Drug Related Intimidation and Violence Engagement (DRIVE) Programme.
Website: https://driveproject.ie/

Breda Fell
Community Worker, Southeast Region; National Drug Strategic Implementation Committee member; Southeast Region Family Support Network and National Family Support Steering Group/Conference.
Website: https://www.peerfamilysupport.org/

Ed Sipler
Health Development Specialist at Southeastern Health and Social Care Trust, Northern Ireland.
Resource: https://www.ascert.biz/self-compassion

World Café 1

Question 1: What kinds of trauma are experienced, and in what way?

Mental and Emotional Trauma

Mental health and emotional trauma were identified as widespread experiences among both family members and service providers.

Family members described cycles of fear, anxiety, stigma, shame, exclusion, and isolation, closely linked to the unpredictable behaviours associated with addiction.

Mental & Emotional Trauma:
Family Members: 83%
Service Providers: 45%

Participants highlighted the mental and emotional toll:

- Violent outbursts
- Garda involvement
- Overdose threats
- Drug debt intimidation
- For some, this resulted in persistent fear, hypervigilance, and suicidal ideation

Service providers reported experiencing high levels of:

- Compassion fatigue
- Secondary traumatic stress
- Vicarious trauma
- Professional burnout

As a result of their work with traumatised families (BMA, 2024; APS, n.d.).

Service Providers explained that emotional pain often mirrored the trauma carried by families, impacting staff wellbeing and diminishing their long term capacity to deliver effective support.

Both family members and service providers highlighted:

- Funding shortfalls
- Resource scarcity
- Insufficient staffing
- Lack of Trauma Informed Training

These issues heighten stress across services, service providers identified the urgent need for trauma informed clinical supervision, structured support, and training to manage the professional impact of vicarious trauma and burnout (HSE, 2022; HSE, n.d.).

Drug Debt and Financial Stress

Financial stress was identified as a major secondary trauma factor affecting families and service providers.

Financial Stress:
Family Members: 66%
Service Providers: 32%

Family members described the significant financial burdens arising from addiction, including:

- Drug debt accumulation
- Loss of household income
- Legal fees
- Treatment costs

The financial pressures often forced families to:

- Take out loans
- Live without basic necessities (e.g., heating, food, medical care)

Family members and service providers agreed that financial strain amplified:

- Chronic stress
- Anxiety
- Family dysfunction

Service providers also highlighted that persistent financial insecurity increases the risk of:

- Health deterioration
- Homelessness
- Further social exclusion.

They noted that financial assistance services and advocacy supports are urgently needed to address this often hidden but devastating aspect of addiction related trauma.

Family Members:

- *"Drug debts mean no money for utilities or food. Everything goes to paying off debts."*
- *"We had to pay fines, provide transport, and face court appearances due to the actions of loved ones."*
- *"Financial strain doesn't just hurt us; it forces the whole family to live without what they need."*

Service Providers:

- *"Financial problems quickly compound other issues, leading families deeper into despair."*
- *"Drug debt intimidation is one of the worst parts for families; they live in constant fear for their safety and finances."*

- *“The cost of addiction impacts basic needs, creating a cycle of dependency that families struggle to escape.”*

Relationship and Family Breakdown

Relational strain and family breakdown were widely reported by both family members and service providers.

Relationship and Family Breakdown reported:
Family Members: 56%
Service Providers: 22%

Family members described withdrawal as a coping mechanism in response to the emotional toll of:

- Mistrust
- Resentment
- Feeling unsupported and isolated

These dynamics often led to grief and a sense of emotional loss, not only of the relative struggling with addiction but also of the broader family unit. Both groups highlighted that family fragmentation intensified emotional distress, worsened isolation, and made recovery journeys more difficult.

Service providers observed that relational strain contributed to:

- Family systems breakdown
- Breakdown in communication in the wider community
- Weakened caregiving networks

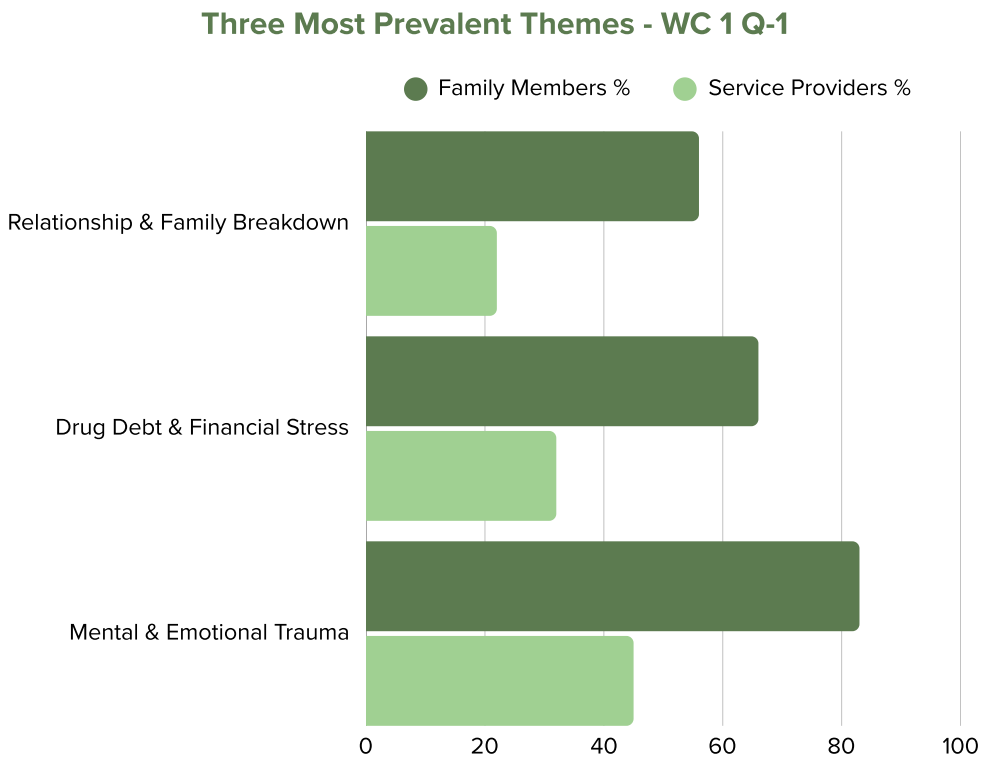
Family Members:

- *“Broken families and relationships, addiction destroys bonds that are hard to rebuild.”*
- *“Watching my family member self-destruct caused unbearable grief and isolation.”*
- *“Addiction has affected my whole family; even siblings won’t engage with parents because they can’t bear it.”*

Service Providers:

- *“Family breakdown is frequent, with siblings and parents distancing themselves to avoid the pain.”*
- *“The trauma of addiction not only affects individuals but tears entire families apart.”*
- *“Lack of services to mediate family relationships compounds the trauma families face.”*

QUESTION 1: What kinds of trauma are experienced, and in what way?



World Café 1

Question 2: How do these traumas affect individuals, families, and communities?

Mental Health Challenges and Emotional Stress

Mental health challenges and emotional stress were identified as major impacts of addiction related trauma among family members and service providers.

Mental Health Challenges and Emotional Stress:
Family Members: 26%
Service Providers: 38%

Family members described emotional distress associated with living alongside addiction, including:

- Stress; Anxiety; Shame; Depression and Suicidal ideation.

Traumatic experiences, such as exposure to drug related crime, overdoses, and family instability, were consistently linked to deteriorating mental health.

Service providers highlighted an increasing incidence of:

- Post-Traumatic Stress Disorder (PTSD)
- Stress related disorders
- Isolation
- Self-harming behaviours.

Service providers noted that untreated emotional trauma often led to further withdrawal, compounding the isolation of affected family members.

Family Members:

- *"Trauma, suicide, thoughts of, mental health concerns."*
- *"Emotional trauma, grief, anxiety, depression, hiding things from family."*
- *"Stress and worry are constant; mental health is always impacted."*

Service Provides:

- *"Mental health and behavioural difficulties are seen frequently, with high levels of stress and depression."*
- *"Families are overwhelmed emotionally, feeling helpless in the face of addiction's impact."*
- *"Suicidal thoughts, burnout, PTSD, all consequences of enduring the trauma repeatedly."*

Stigma and Shame

Family members expressed feelings of embarrassment, shame, stigma and judgment, that often leads to social exclusion, withdrawal and isolation. Service providers highlighted that stigma complicates their efforts to reach families as individuals may avoid engaging with support services due to fear of social repercussions. Stigma and shame associated with addiction were identified as pervasive issues that often prevent families from openly discussing their experiences or seeking help.

Stigma and Shame:
Family Members 36%
Service Providers 21%

Family Members:

- *"Stigma and shame prevent us from reaching out; it's as if we're at fault."*
- *"Being judged for having someone in addiction—it isolates us even more."*
- *"The shame of it all; people don't understand what we're going through."*

Service Providers:

- *"Families are experts in their trauma but face stigma that keeps them silent."*
- *"Stigma not only isolates families but also discourages them from seeking help."*
- *"The shame associated with addiction is a major barrier to accessing support."*

Relationship Breakdown and Social Isolation

Relationship breakdown and social isolation were widely reported impacts of addiction related trauma.

Relationship Breakdown and Social Isolation:
Family Members: 28%
Service Providers: 24%

Family members described the loss of relationships within the family and across social networks, leading to:

- Emotional stress
- Withdrawal from others
- Isolation beyond the immediate family systems

Many family members reported feeling:

- Judged; Misunderstood; Marginalised; Excluded and Shamed.

These experiences were felt acrosss the whole family because of a loved one's addiction, further reinforcing patterns of withdrawal, disengagement from community and social life.

Service providers highlighted a visible deterioration in community engagement among affected families. They emphasised that rebuilding relationships following addiction related trauma was extremely challenging without targeted, community based supports (HSE, 2022; Social Justice Ireland, 2023).

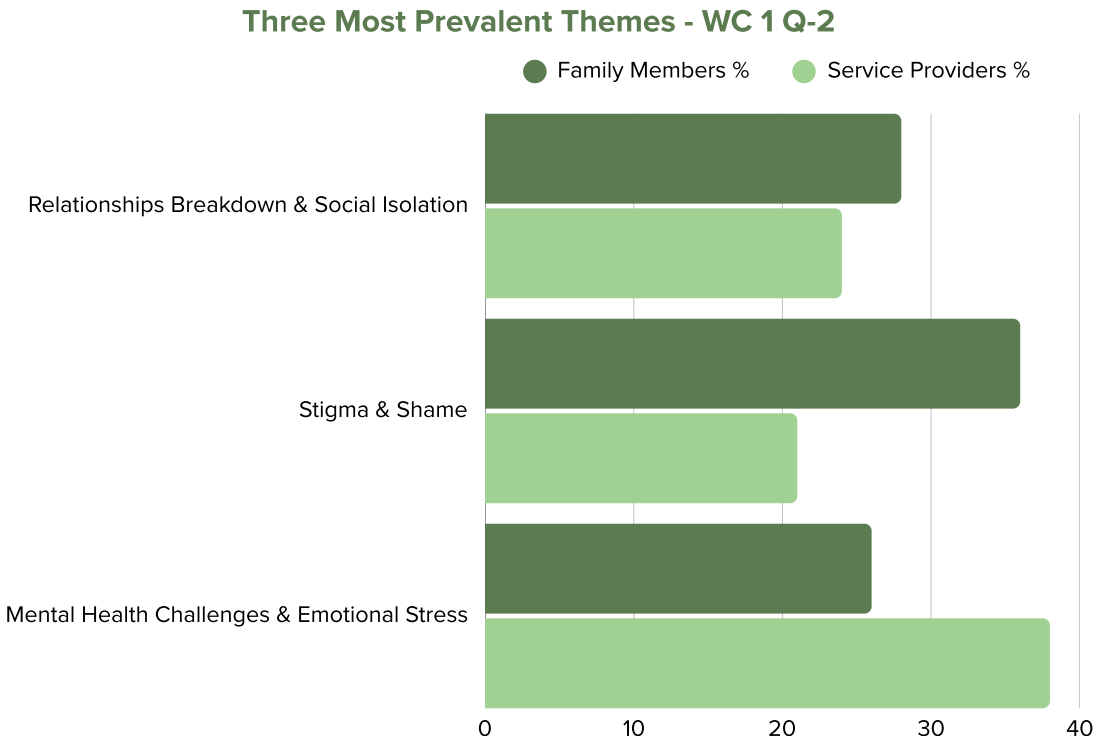
Family Members:

- *“Isolation from non-affected families, trust is lost, and anxiety takes over.”*
- *“Family relationships under stress and break down.”*
- *“Lost friends because of the stress attached to having someone in addiction.”*

Service Providers:

- *“Breakdown of family relationships is common; the entire network is affected.”*
- *“Isolation creates barriers to seeking help, increasing feelings of isolation.”*
- *“Lack of support structures exacerbates trauma; communities that once offered refuge are now weakened.”*

QUESTION 2: How do these traumas affect individuals, families, and communities?



World Café 1

Question 3: What supports can help better manage trauma?

Accessible Mental Health and Psychosocial Support

Family members and service providers strongly emphasised the need for more accessible, trauma informed mental health services tailored to the specific challenges faced by families affected by addiction.

Accessible Mental Health and Psychosocial Support:
Family Members: 23%
Service Providers: 25%

Family members highlighted major barriers to support, including:

- Lack of affordable trauma informed counselling
- Absence of specialised services for addiction related trauma
- Scarcity of appropriate options in rural areas.

Service providers reinforced these concerns, emphasising the urgent need for:

- Increased funding allocations.
- Greater access to trained and accredited trauma informed counsellors.
- Consistent provision of psychosocial support services (HSE, 2022; SAMHSA, 2014).

Providers stressed that without sustainable funding and specialist expertise, families remain vulnerable to untreated trauma, isolation, and declining mental health.

Family Members:

- *"Counselling needs to be available, not just medication."*
- *"We need mental health services that understand addiction trauma."*
- *"Accessible, free community counselling could help us manage the emotional toll."*

Service Provider:

- *"More counselling for families, with early intervention to help reduce long-term impacts."*
- *"Mental health support is essential, but it must be tailored to addiction related trauma."*
- *"Having licensed therapists who understand addiction and trauma is crucial."*

Trauma Informed Care (TIC) Training for Service Providers and Families

Trauma Informed Care (TIC) training was consistently highlighted as a crucial support need by family members and service providers.

Trauma Informed Care (TIC) Training for Service Providers and Families:
Family Members: 26%
Service Providers: 21%

Family members described negative experiences when engaging with services that lacked trauma sensitivity, including:

- Feeling misunderstood
- Feeling dismissed or judged
- Lack of emotional safety.

Service providers acknowledged that consistent, high quality TIC training could significantly improve service delivery.

Service providers recommended that:

- TIC training be embedded across all community services
- TIC principles be extended to school and other public services
- All staff working with affected families receive accredited TIC education (HSE, 2022; 2024;SAMHSA, 2014).

Both groups agreed that a comprehensive trauma informed framework could enhance resilience, trust, and recovery outcomes for families and communities.

Family Members:

- *"Training for services in trauma is needed; some staff don't understand what we're going through."*
- *"Families need trauma informed training to understand what's happening to us."*
- *"Understanding trauma would allow everyone, from police to counsellors, to help better."*

Service Providers:

- *"Trauma informed practice can change power dynamics in care and build trust."*
- *"More TIC training across all services, including government and healthcare."*
- *"Trauma informed training can help services engage families more compassionately."*

Peer Support Community-Led Groups

Peer support groups were highly valued by family members and service providers as a critical tool for managing addiction related trauma.

Peer Support Community-Led Groups:
Family Members: 28%
Service Providers: 18%

Family members described peer support groups as:

- A vital space for sharing lived experiences
- A source of empathy and understanding
- A foundation for emotional resilience.

Many highlighted that connection with others facing similar challenges provided emotional safety, validation, and coping strength.

Service providers endorsed peer-led groups as effective interventions that:

- Reduce isolation
- Build resilience and empathy
- Offer sustainable community-based supports (HSE, 2022; SAMSHA, 2014; CityWide. 2023; APS, n.d).

Providers emphasised the importance of recognising and resourcing peer-led initiatives as an integral part of trauma informed, recovery focused care.

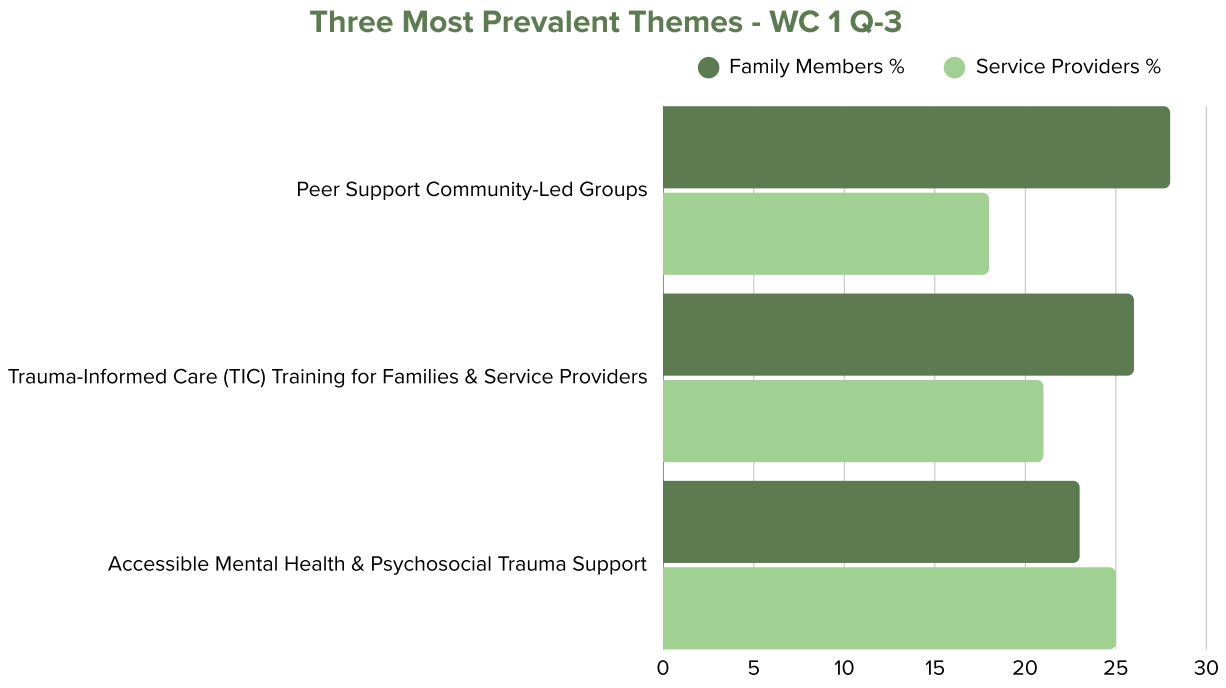
Family Members:

- *"The power is in the room, sharing experiences with others who understand."*
- *"Safe, confidential spaces with people who have gone through the same things."*
- *"I'd be lost without my support group; it's a place to feel accepted."*

Service Provider:

- *"Peer support is an excellent model, families need to feel heard, seen, and believed."*
- *"Support networks, especially peer-led, are essential to helping families open up."*
- *"Safe spaces within communities where people can speak openly about trauma are needed."*

QUESTION 3: What supports can help better manage trauma?



World Café 1

Cross Comparison Analysis from Responses to Questions 1, 2 & 3

Psychological and Emotional Trauma

The cross comparison analysis reviewed all responses from family members and service providers across the three World Café 1 questions.

By combining data from each question session, four themes were identified, reflecting the most prevalent trauma issues experienced by families and service providers related to addiction.

Psychological and Emotional Trauma:
Family Members 83%
Service Providers 75%

Psychological and emotional trauma was the most consistently reported theme across all World Café sessions.

Responses highlighted severe impacts on emotional health, including symptoms such as:

- Anxiety; Depression; Fear; Helplessness; Hopelessness; Shame; Grief and loss; Stigma; Isolation; Vicarious trauma; Secondary traumatic stress; Burnout; Emotional exhaustion.

Family members described struggling with ongoing stress, despair, and helplessness as they witnessed the deterioration of a loved one due to addiction (SAMSHA, 2014).

Service providers similarly reported high levels of:

- Compassion fatigue; Vicarious trauma; Secondary traumatic stress; Burnout, linked to sustained exposure to the trauma narratives of the families they support.
- The lack of consistent organisational supports, such as clinical supervision and trauma training, further compounded these psychological impacts across both groups (HSE, 2022; 2024; n.d.).

Family Members:

- *“Watching my loved one self-destruct is a daily battle with grief and hopelessness.”*
- *“Depression, stress, shame it takes over your life and impacts every part of you.”*
- *“Isolation amplifies everything. You’re mentally exhausted, feeling alone and helpless.”*

Service Providers:

- *“Vicarious trauma is constant; we absorb their grief and hopelessness.”*
- *“Burnout is inevitable when witnessing so much emotional suffering with limited resources to help.”*
- *“Supporting them through loss and trauma leads to personal mental strain and grief.”*

Safety

Safety concerns emerged as a critical theme across family member and service provider responses.

Safety Issues:
Family Members 73%
Service Providers 70%

Participants described fears associated with:

- Addiction related violence
- Intimidation and drug debts
- Financial exploitation
- Grooming and criminality
- Unpredictable behaviours and direct threats toward non-drug using family members.

Specific incidents included:

- Attacks on homes; Damage to property; Harm to pets; Threats against extended family members.

These experiences generated pervasive fear, hypervigilance, emotional exhaustion, and chronic anxiety within family systems (HSE, 2022).

Family members consistently identified fear as a shared trauma response, exacerbated by the volatility surrounding addiction and related criminal networks.

Service providers also reported direct and indirect safety risks, highlighting experiences of:

- Personal threats from volatile clients
- Exposure to secondary trauma while supporting affected families
- Stress in both professional and personal contexts.

The cumulative effects of violence, intimidation, and fear profoundly impact the health and resilience of families and workers. (Connolly & Buckley 2016; BMA, 2024).

Family Members:

- *"I live in fear of the unknown, of what might happen if he relapses or worse."*
- *"Receiving calls from the police or hospital is heart-stopping; you're always waiting for the worst."*
- *"Violence and intimidation became part of everyday life, with threats looming over us."*

Service Providers:

- *"Fear for personal safety is heightened, especially when dealing with violent or unstable clients."*
- *"Our safety is compromised due to drug debt intimidation and the threat of violence."*
- *"Fear of harm extends to our families because of the nature of the work we do."*

Relationship and Family Breakdown

The breakdown of family systems, community connections, and social inclusion was a major theme identified across responses.

Relationship and Family Breakdown:
Family Members 68%
Service Providers 63%

Families and service providers reported that trauma led to:

- Disintegration of family structures
- Loss of community ties and relationships
- Heightened social isolation

Key factors contributing to relational breakdown included:

- Shame; Stigma; Fear; Judgment; Safety concerns; Mistrust; Secrecy; Threats; Exclusion; Chronic loneliness

Family members described how shame and secrecy often prevented reconnection with wider society, reinforcing cycles of withdrawal and isolation.

Service providers highlighted challenges in maintaining emotional boundaries due to the complexity of the family traumas they were supporting. Sustained exposure to highly distressed families often strained professional resilience and emotional wellbeing (Aps, n.d.; CityWide, 2023).

The cumulative impacts of relational breakdown were seen as central to the trauma narratives experienced by families living with addiction.

Family Members:

- *“Isolation is constant. Watching them suffer pulls you away from everyone else.”*
- *“Our family broke down; my siblings and I don’t talk anymore because of the shame and secrecy.”*
- *“Relationships fall apart as addiction takes over; we’re left with nothing but pain and silence.”*

Service Providers:

- “*The impact on family relationships is profound; the social isolation they feel is immense.”*
- *“We see families torn apart, unable to support one another due to the stigma an strain.”*
- *“Clients’ social isolation reflects on us; it’s a shared experience of being emotionally distanced.”*

Drug Debt and Financial Stress

Financial pressures and economic insecurity were consistently identified as core trauma experiences for families living with addiction.

Financial Stress and Drug Debt:
Family Members 59%
Service Providers 53%

Financial Impact:

- Drug related debt.
- Chronic financial instability.
- Food and fuel poverty.

Financial stress emerged as a recurring theme, significantly impacting:

- Sense of physical security
- Emotional wellbeing
- Psychological health
- Physical health

Service providers highlighted that consistent financial instability heightened trauma and complicated recovery efforts.

Observed of economic hardship:

- Limited families' ability to access supports
- Increases the prevalence of fuel and food poverty
- Increased the risk of homelessness
- Heightened vulnerability to exploitation (Social Justice Ireland, 2023).

Families highlighted that the devastating cost of addiction extended beyond financial strain, leading to severe mental health breakdowns, physical illness, and intergenerational trauma. Both groups agreed that financial insecurity remains one of the least adequately addressed areas of addiction related trauma.

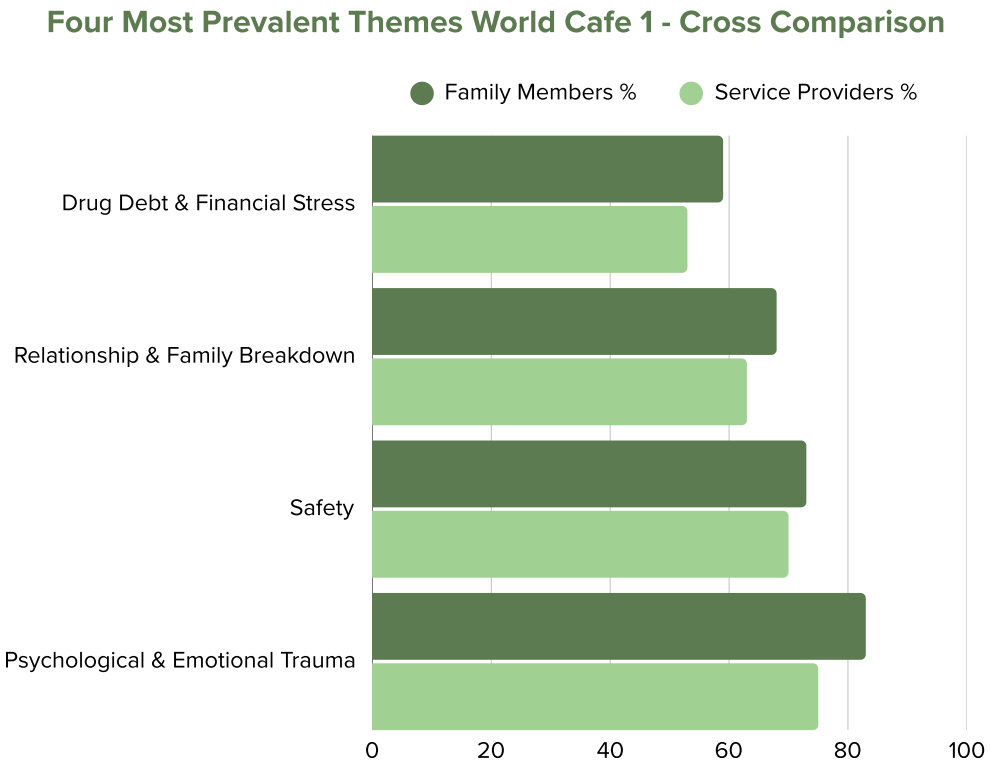
Family Members:

- *"Financially, it drains us, paying off their debts, no money for anything else."*
- *"Drug debt intimidations have cost us everything, even our sense of stability."*
- *"Money goes to survival, paying debts, and dealing with the financial ruin addiction brings."*

Service Providers:

- "Families are financially devastated by drug debt, leaving them vulnerable and insecure."
- "The economic burden on families and communities from addiction is enormous and persistent."
- "Debt stress bleeds into every aspect of support, hindering recovery and stability."

Cross Comparison WC 1 Analysis from Responses to Questions 1, 2 & 3.



World Café 2

Question 1: Describe your experience of Family Support services that you or someone you know have engaged in?

Positive Impact of Peer Family Support

Family members consistently highlighted the profound positive impact of peer-led support provided through family support organisations.

The Positive Impact of Peer Family Support:
Family Members 76%
Service Providers 31%

Peer-led groups were valued for creating:

- Safe, empathetic environments
- Non-judgemental spaces for sharing lived experiences
- Emotional solidarity and healing

Family members reported that participation in peer-led networks helped them feel:

- Heard; validated and supported in their emotional recovery journey.

Service providers recognised the unique "human approach" embedded in peer-led models. They also acknowledged the added value of structured peer-driven supports delivered by trained therapists and counsellors through a co-production approach, blending lived experience with professional practice.

Families and service providers emphasised that peer-led initiatives offer critical relational and emotional support not always found in formal statutory services.

Family Members:

- *"Because it was peer-led, I felt for the first time I was heard and understood, not judged."*
- *"Family support and FASN in Northeast saved me. Little did I know I was the one needing help; it was the first time I felt heard, they really understood."*
- *"Peer Support meetings provided more support than I ever found elsewhere, I didn't feel alone anymore."*

Service Providers:

- *"Peer family support has more of a human approach."*
- *"The group works because we all come from a place of love for the addict."*
- *"Family support comes from 'a heart space'; statutory family support can be very different."*

Lack of Coordinated, Whole Family Approach by Services

The absence of a coordinated, holistic approach across addiction, psychological, and family addiction support services was identified as a barrier to trauma recovery.

Families reported that disjointed Lack of Coordinated, Whole Family Approach by Services.

Lack of Coordinated, Whole Family Approach by Services:
Family Members 38%
Service Providers 34%

Key difficulties highlighted by families included:

- Creates significant support gaps requiring them to retell traumatic experiences across multiple organisations, leads to re-traumatisation.
- Lack of service engagement between addiction focused and family focused organisations.
- Difficulty accessing integrated, family inclusive care pathways.

Service providers confirmed that better integration is urgently needed across statutory and voluntary services, including organisations such as:

- Family Addiction Support Network (FASN)
- Southeast Region Family Support Network (SERFSN)
- National Family Support Steering Group (NFSSG)
- DRIVE Programme
- Drug and Alcohol Task Forces (DATFs)
- Escapeline UK
- Greentown Limerick
- Youth and Community Services

Providers also referenced Irish research-based initiatives, including:

- Greentown Project and its extensions Bluetown and Redtown, developed by the University of Limerick and the Department of Justice (Greentown Project) and Escapeline UK country lines approach.

These models were seen as valuable in disrupting the grooming and recruitment of vulnerable young people into criminal networks.

Service providers strongly endorsed the need for:

- National rollout of the Greentown type initiatives
- Memorandums of Understanding (MoUs)
- Joint working protocols

Promote a whole family, holistic continuum of support, streamline service pathways, reduce duplication, and minimise emotional stress for families.

Family Members:

- *"No connection between addict & family service. Families have repeated their story, which can re-traumatise."*
- *"Families are often the forgotten victims."*
- *"With DRIVE and Escapeline (UK), there's finally hope, but connecting everything is still missing."*

Service Providers:

- "*When services work together, everything is easier for everyone."*
- *"Not holistic in approach."*
- *"Joint working protocols, review cases with family support workers from FASN or DRIVE creates better outcomes."*

Stigma and Social Exclusion

Stigma and social exclusion were consistently identified as a barrier for families affected by addiction.

Stigma and Social Exclusion Experiences:
Family Members 39%
Service Providers 37%

Families described frequent experiences of:

- Social judgment
- Marginalisation
- Internalised shame
- These experiences often discouraged families from:
- Seeking help
- Engaging with available services
- Building social connections

Family members noted that peer-led organisations such as the Family Addiction Support Network (FASN) and the Southeast Region Family Support Network (SERFSN) provided critical judgment free, safe supportive environments that helped rebuild trust and community engagement.

Service providers emphasised that:

- Stigma reduction strategies are essential.
- Compassionate, inclusive approaches are key to improving family service engagement and emotional safety.
- Both groups agreed that addressing stigma is fundamental to developing a truly trauma informed national service response.

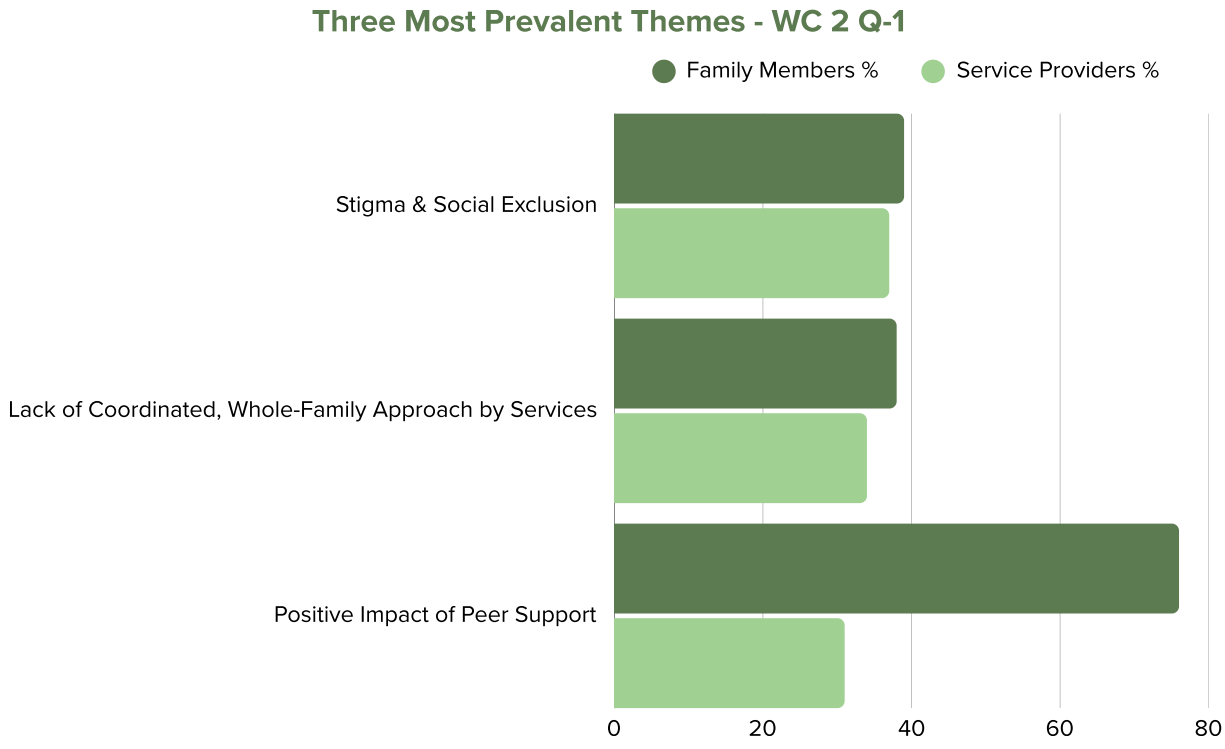
Family Members:

- *“Stigma for families is real, and families are often made to feel blamed for the situation.”*
- *“Shame associated with addiction in the family.”*
- *“Family Support meetings helped break down that stigma, but it’s still a barrier.”*

Service Providers:

- *“Family support is from the heart and peer led support is integral.”*
- *“Families are experts, but they face stigma.”*
- *“A lack of understanding and empathy worsens the experience.”*

QUESTION 1: Describe your experience of Family Support services that you or someone you know have engaged in?



World Café 2

QUESTION 2: How can we as individuals, families and services address the current situation and create change?

National Awareness and Education

Family members and service providers highlighted the urgent need for a national campaign to raise public awareness about the realities faced by families living with addiction.

Need for a National Awareness and Education Campaign:
Family Members 32%
Service Providers 21%

Families identified key priorities:

- National events
- National Annual Family Support Day
- Visual public campaigns
- Storytelling initiatives utilising lived experiences

To educate the public and society about Family Support:

- The emotional, financial, and social struggles of families
- The stigma and isolation faced by affected families
- Services available

Service providers recommended developing a comprehensive national resource guide that:

- Maps available supports
- Outlines how to access services
- Reduces fragmentation of information and service entry points.

Both groups emphasised that increased public understanding could reduce stigma, enhance empathy, and improve support engagement at community and national levels.

Family Members:

- *"More education in society; it's not a family problem, it's everywhere."*
- *"We need more events like this."*
- *"Take to the streets a powerful visual is needed to grab the attention of the public."*

Service Providers:

- *"Create awareness of family support, advertise services."*
- *"Gardai need training, to show respect, compassion, and empathy."*
- *"Need to challenge the stigma and rhetoric and influence politicians."*

Consistent Funding and Resources

Families and service providers identified unreliable funding as a barrier undermining the sustainability and effectiveness of family addiction support services.

Consistent Funding and Resources Ringfenced:
Family Members 23%
Service Providers 46%

Key issues highlighted included:

- Disruptions to service delivery
- Inability to maintain trauma informed training for peers and staff
- Lack of funding for essential costs, including voluntary worker expenses were recommended by service providers.
- Government-backed sustainable financial support for family-led organisations such as FASN, SERFSN, NFSSG, and broader community and voluntary sector partners.

Participants emphasised that without stable funding, services remain vulnerable to:

- Budget cuts
- Project discontinuation
- Loss of vital peer-led and trauma informed resources

Sustainable investment was seen as essential to protect vulnerable families and ensure consistent, quality service provision.

Family Members:

- *"Long-term funding for projects is needed."*
- *"Pay workers and not rely on volunteers."*
- *"Pay expenses to volunteers."*

Service Providers:

- *"Funding is short-term, and just when the project is going well, we have to reapply."*
- *"More government funding so services can work without fear of resources being lost."*
- *"Voice for families to change responses."*

Community Collaboration and Collective Voice

Families and service providers strongly emphasised the power of community collaboration to drive systemic change.

Community Collaboration and Collective Voice of families:
Family Members 35%
Service Providers: 24%

Responses highlighted the importance of:

- Collective advocacy
- Shared expertise
- Unified approaches between addiction family support groups, service providers, and government agencies

Family members expressed a clear desire to:

- Be recognised as partners in decision making
- Participate actively in policy development and service planning

Service providers recognised that stronger collaboration could:

- More effectively meet family needs
- Strengthen trauma informed care delivery.

Initiatives such as FASN, SERFSN, NFSSG, DRIVE, Escapeline UK and Greentown were cited as successful models.

Respondents noted that these programs would benefit further from:

- Sustainable funding
- Formalised partnerships
- Collective, national level roll out of the Greentown Project in partnership with established youth services already working with young people using drugs, prevention programs and early interventions.

Building a collective voice was seen as critical to advancing recovery oriented, family inclusive policy and practice.

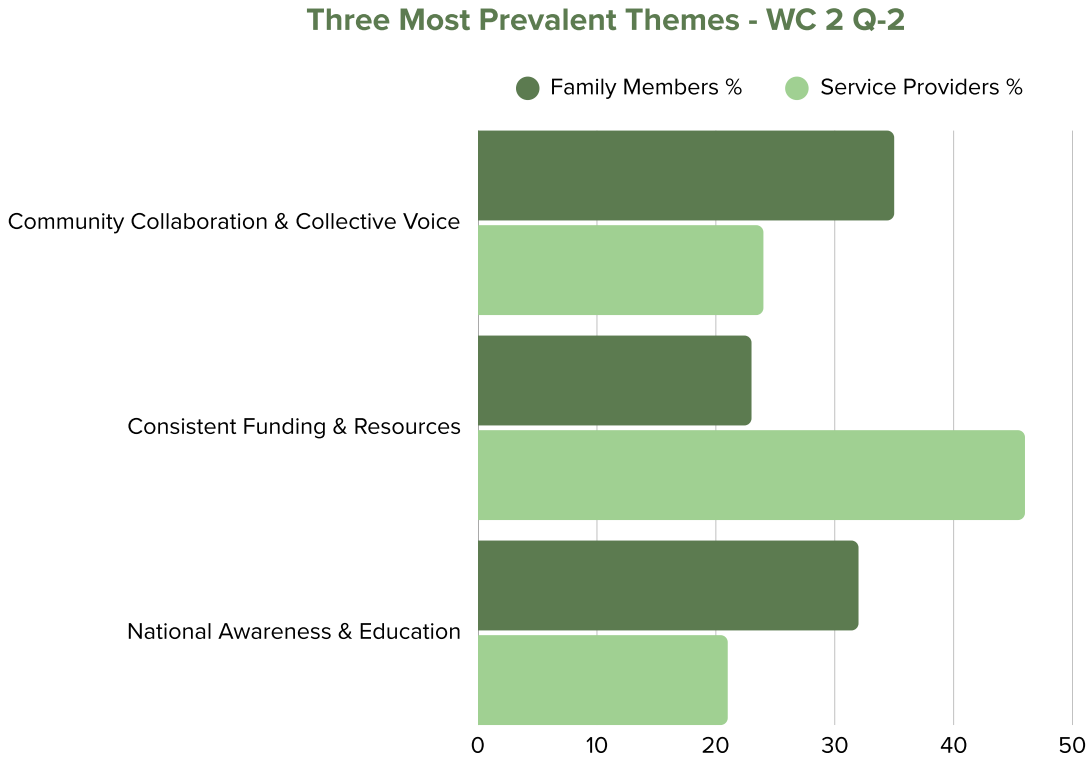
Family Members

- *"That's what we're doing here. I didn't know we were creating change."*
- *"We need to be a collective voice."*
- *"Take to the streets – a powerful visual is needed."*

Service Providers:

- *"Join up FASN, NFSSG, SERFSN, DRIVE & Greentown."*
- *"Influence decision-makers around the importance of peer support."*
- *"Be more open to work with other services in different areas and sectors without judgment."*

QUESTION 2: How can we as individuals, families and services address the current situation and create change?



QUESTION 3: What is the best way to get family support for those affected by drug/alcohol related harm?

National Policy Representation

Families and service providers consistently highlighted the urgent need for national policy change to address the systemic issues facing families affected by addiction.

National Policy Representation and Inclusion:
Family Members 36%
Service Providers 29%

Family members expressed:

- Frustration at being excluded from policymaking
- A strong desire to have their lived experience shape service design and policy frameworks

Service providers reinforced the importance of:

- Embedding family voices at all levels of decision making
- Including families in national and regional strategy development

Both groups advocated for:

- Establishing a national family support organisation
- Forming a formal representative body
- Creating a direct advocacy channel to statutory bodies and government departments

Representation was seen as vital to ensure that the real needs of families are reflected in national drug and alcohol strategies, funding priorities, and service delivery reforms.

Family Members:

- *"We have voiced our opinions over and over, not seen any change, not being heard."*
- *"Task forces & HSE need to listen to families."*
- *"Need a national family support organisation, training, and advocacy for members."*

Service Providers:

- "*National policy change, embedding co-design, co-production, and capacity building."*
- *"Citizens' assembly, family support task force and budget to match."*
- *"Family members – representative body funded by Drug and Alcohol Task Force (DATF)."*

Media Campaigns and Increased Visibility

Families and service providers highlighted the importance of media campaigns to improve public awareness and visibility of addiction related family issues.

Media Campaigns, Increased Visibility and De-stigmatisation:
Family Members 35%
Service Providers 39%

Family members identified the need for:

- Campaigns to reduce stigma
- Initiatives that encourage open conversations about addiction's impact on families
- Increased public knowledge of available support services.

Service providers reiterated the importance of:

- Strategic media and outreach events
- Community level visibility
- Broad public education to normalise help seeking behaviours.

Both groups agreed that improved media visibility is essential to breaking down stigma and promoting family recovery pathways.

Family Members:

- *"Reduce stigma associated with substance use so all talk about experience for policymakers."*

- *“Campaign and target all public reps, counsellors to highlight family support issues.*
- *“Advertisement; tree of life.”*

Service Providers:
- *“Shout loudly – family members.”*
- *“Advertising the impact of drug use on communities.”*
- *“Signposting through local media.”*

Community Development and Resilience Building

Building resilience within communities was identified as critical to facilitating long term addiction recovery and trauma response efforts.

Community Development and Resilience Building:
Family Members 35%
Service Providers 28%

Family members advocated for:
- Empowering communities through co-production approaches
- Shared resource development
- Community education on resilience building
- Increased leadership by individuals with lived experience in shaping policy and program design

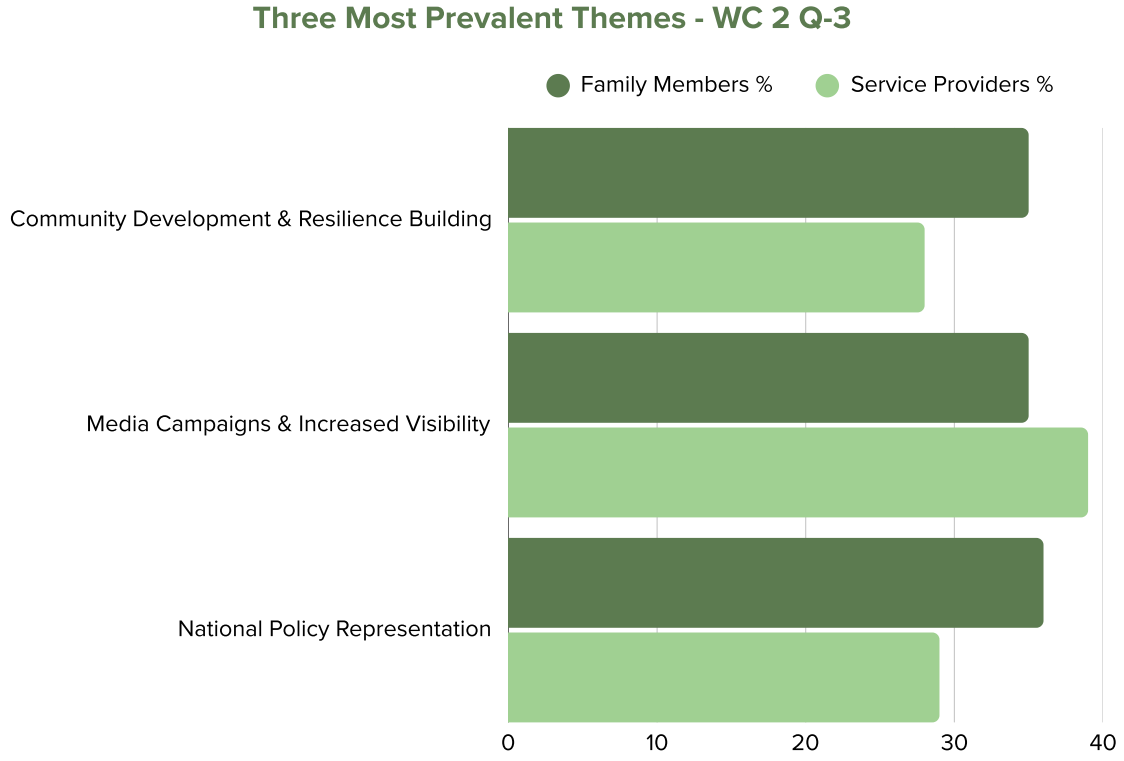
Service providers reinforced the need for:
- Collective, collaborative action.
- Locally led initiatives that build responsive, sustainable supports.
- Stronger community ownership of addiction related interventions.

Both groups agreed that resilient, empowered communities are essential to addressing addiction challenges in a sustainable, inclusive way, centred on lived experience and local expertise.

Family Members:
- *“People need to speak out more and get family & community to speak out.”*
- *“Community development, heard and empowered.”*
- *“Groups, people coming together is powerful.”*

Service Providers:
- *“Community resilience and able to say no.”*
- *“By families coming forward and communicating to highlight what’s happening out there.”*
- *“Build peer support model.”*

QUESTION 3: What is the best way to get family support for those affected by drug/alcohol related harm?



Cross Comparison Analysis from Responses to Questions 1, 2 & 3

Peer and Family Support Networks

Peer and family support networks were consistently emphasised as invaluable resources for emotional healing and trauma recovery.

Peer and Family Support Networks:
Family Members 80%
Service Providers 38%

Family Members Valued:

- Peer-led organisations such as the Family Addiction Support Network (FASN), Southeast Region Family Support Network (SERFSN), National Family Support Steering Group (NFSSG) and others.
- Safe, empathetic environments that allowed them to share experiences without judgment.
- Opportunities to foster solidarity and reduce feelings of isolation.

Service Providers Recognised:

- Peer-led models as providing a “uniquely human” approach has advantages over more structured, statutory peer-driven services.

Both groups advocated for the protection, expansion, and formal recognition of peer-led networks as critical components of trauma informed and recovery oriented support systems.

Family Members:

- *"Because it was peer-led, I felt for the first time I was heard and understood, not judged."*
- *"Family support and FASN in Northeast saved me. Little did I know I was the one needing help; it was the first time I felt heard, they really understood."*
- *"Peer Support meetings provided more support than I ever found elsewhere, I didn't feel alone anymore."*

Service Providers:

- *"Peer family support has more of a human approach."*
- *"The group works because we all come from a place of love for the addict."*
- *"Family support comes from 'a heart space'; statutory family support can be very different."*

Emotional and Mental Health

Families identified a wide range of emotional and mental health issues linked to the trauma of living with addiction, including.

Emotional and Mental Health Impact:
Family Members 98%
Service Providers 53%

Families Highlighted:

- Stress; Anxiety; Fear; Shame; Stigma; Grief; Hypervigilance; Shock; Worry; Helplessness; Suicidal ideation, Depression and isolation.

Service Providers Highlighted:

- Compassion fatigue; Vicarious trauma; Secondary traumatic stress; Burnout among staff (APS, n.d.).

Isolation and exclusion due to societal stigma further compounded the trauma for families and professionals.

Service providers noted that emotional exhaustion and persistent burnout significantly impacted their capacity to deliver consistent, effective care to affected families.

These findings highlighted the urgent need for systemic emotional and mental health supports embedded within addiction and family support services.

Family Members:

- *“Stress, depression, anxiety, suicidal thoughts, worry and shame.”*
- *“Isolation from community and extended family.”*
- *“The crisis in families leads to breakdowns and no support.”*

Service Providers:

- *“Impact of vicarious trauma, burnout and physical illness.”*
- *“High stress environment due to underfunding.”*
- *“Trying to navigate support processes is overwhelming.”*

Service Delivery Gaps and Funding

Limited funding, service gaps during critical times, and bureaucratic barriers undermine family support services. Stable, government backed investment and flexible, trauma informed service models are urgently needed to meet the real world needs of families impacted by addiction.

Service Delivery Impact and Funding:
Family Members 46%
Service Providers 41%

Family members and service providers highlighted significant service challenges arising from:

- Limited funding
- Inconsistent service availability during critical times (e.g., evenings, weekends)
- Bureaucratic obstacles impeding access to supports

Families reported that lack of availability during periods of crisis increased distress, isolation, and risk.

Service providers voiced the urgent need for:

- Stable, government backed financial support
- Long term investment to ensure consistent, accessible, and effective service delivery (Social Justice Ireland, 2023).

Without reliable funding streams, essential family support services risk interruptions, undermining trauma recovery and community resilience efforts.

Both groups strongly agreed that secure, consistent service provision is critical for meeting the complex needs of families affected by addiction.

Family Members:

- *“Couldn’t have done without it (family support) as no one would help me.”*
- *“Professional services end at 5 pm, not open weekends and evenings.”*
- *“Escapeline programs could be helpful if funding was made available.”*

Service Providers:

- *“Lack of funding, bureaucracy, and geography (urban/rural) are major barriers.”*
- *“More funding for Family Support groups, like FASN.”*
- *“Politics in services restrict growth.”*

Family Relationships & Whole Family Approach

Respondents highlighted the significant breakdown of communication, trust, and cohesion across family units impacted by addiction trauma.

Family Relationships & Whole Family Approach:
Family Members 31%
Service Providers 29%

Families reported that:

- Relationships deteriorated across generations
- Children, especially siblings, often received less attention and emotional support
- Emotional distress and family detachment became common.

Service providers identified:

- Intergenerational trauma as a frequent presenting issue
- Persistent emotional and behavioural impacts on younger family members.
- The complex needs of families were described across multiple domains:
- Physical; Mental; Emotional; Spiritual; Social; Financial; Developmental.
- Families and providers stressed the importance of a whole family, trauma informed approach in addiction service responses to address these intersecting challenges comprehensively.

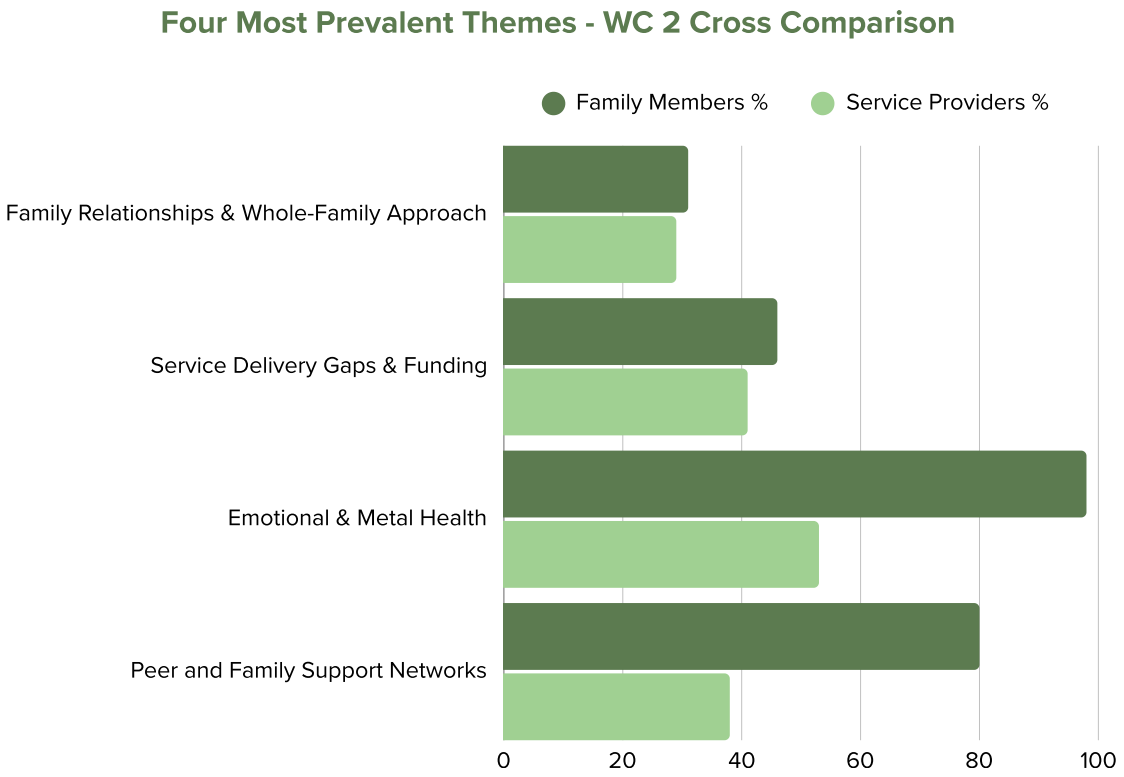
Family Members:

- *“Families are often the forgotten victims.”*
- *“Loss of relationships, some friends drift away because of stigma.”*
- *“Need more support for siblings; they are often forgotten.”*

Service Providers:

- *“Breakdown in family relationships leads to further social disengagement.”*
- *“Whole family affected, leading to intergenerational trauma.”*
- *“Programs need to target all family members for better outcomes.”*

Cross Comparison WC 2 Analysis from Responses to Questions 1, 2 & 3.



World Café 3 Findings

Question 1: Do you feel we need a national voice/system for families affected by drug/alcohol related harm? Yes/No?

'YES'

There was agreement from families and service providers for the creation of a national voice for families affected by addiction.

Respondents Endorsed the Need for a National Voice for Families:
Family Members 45%
Service Providers 39%

Respondents consistently emphasised the need for:

- A coordinated national system
- Structured promotion of family voices
- Direct representation of family interests in decision making processes

Family members and service providers stated a unified, coordinated voice would lead to:

- Stronger representation at policy and service design levels
- Strategic Dialogue

- Strategic interventions more accurately reflecting lived experiences
- Policy frameworks informed by the realities faced by families dealing with addiction trauma

The consensus was clear that national advocacy structures would strengthen the impact of recovery oriented, family inclusive services and ensure family's needs and insights are formally embedded in all aspects of addiction policy development.

Family Members:

- *"Families need to feel that they are being supported at a higher level and are being treated as individuals as opposed to being generalised."*
- *"Yes! Yes! Yes! Family voice/representation is completely lacking, need to be listened to and acted on."*
- *"The community of family support disappeared when the NFSN went."*

Service Providers:

- *"Yes, we need a national voice as a collective."*
- *"Provide a stronger voice of the impact drugs/addiction has on all service providers."*
- *"Policies are being made without families at the table."*

Collaborative and Coordinated Approach

Families and service providers strongly supported the need for a multi-interagency, collaborative approach to addressing addiction related family trauma.

Collaborative and Coordinated Approach through Co-production:
Family Members 32%
Service Providers 28%

Respondents emphasised that:

- Inclusion of family voices
- Collective effort between government agencies and family support organisations
- Stronger service integration

Co-production approaches would significantly improve outcomes for families impacted by addiction.

Participants agreed that a coordinated, partnership driven model would:

- Ensure holistic responses
- Streamline supports
- Enhance emotional and practical recovery opportunities.

Building coordinated systems around families, rather than fragmented agency led models, was seen as essential to delivering meaningful, trauma informed change.

Family Members:

- *"Yes, family representation is vital, and families need a voice for community healing to happen."*
- *"Strategic change to amplify family voices and support."*
- *"A big yes, we need all the supports from the national voice."*

Service Providers:

- *"The collaboration of statutory bodies in a family support-led network is necessary to achieve a shared sense of purpose."*
- *"Every community/town/city has this problem, and nobody is listening until it comes to their door."*
- *"Need family members connected to groups of family support on the National Strategy group."*

Inclusion and Recognition of Family Experiences

The need for inclusive strategies that acknowledge the profound impact of addiction on families was strongly identified by families and service providers.

Inclusion and Recognition of Families Lived Experiences:
Family Members 25%
Service Providers 28%

Respondents highlighted that:

- Families are often overlooked in policy and service discussions
- There is a need to recognise families not merely as bystanders, but as active participants with critical expertise

Family members and service providers agreed that:

- Family expertise should be formally acknowledged
- Families should be empowered as significant agents in addiction recovery

Participants advocated for policies that:

- Utilise family strengths
- Involve families at all stages of addiction response planning
- Promote family driven support approaches as standard practice across national and local systems.

Recognition of family contributions was universally seen as essential to advancing trauma informed, recovery-oriented practice.

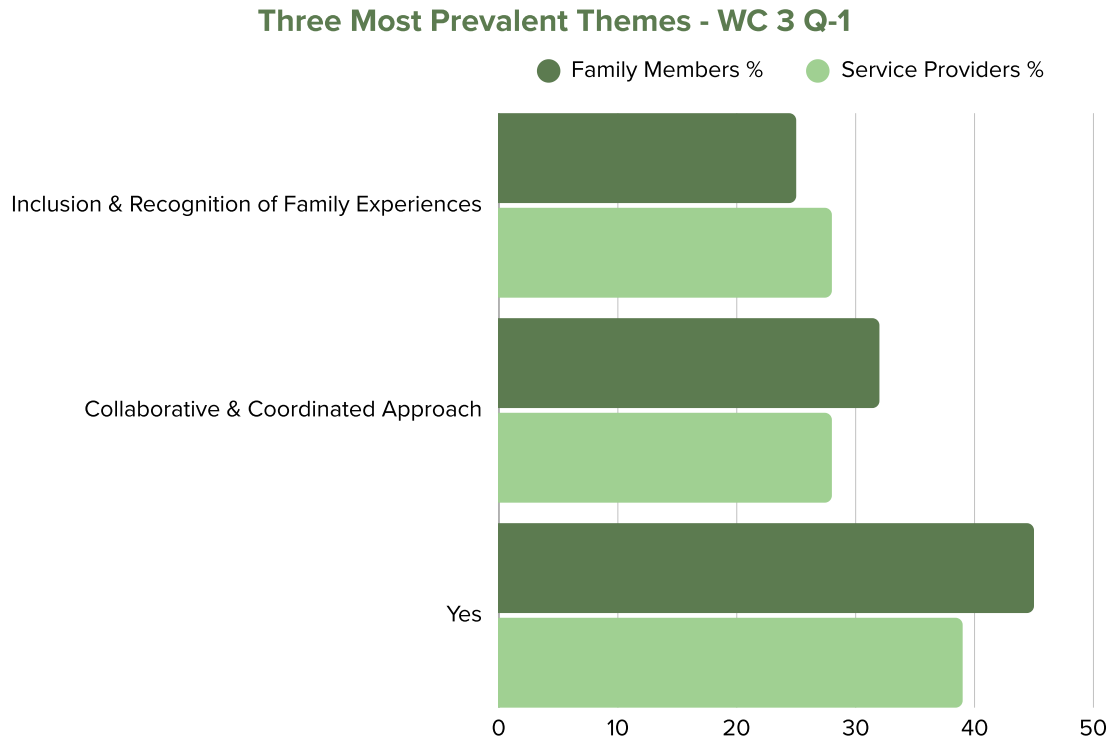
Family Members:

- *“Policies are being made without families at the table.”*
- *“Addiction is one of the biggest threats to society today. Needs to be addressed at every level to avoid dysfunctionality.”*
- *“Yes, Yes and yes. 6 of my 7 kids have been on drugs. I want to be a voice for those who can’t speak for themselves.”*

Service Providers:

- *“Yes. Substance misuse affects more than just the individual with the addiction.”*
- *“Highlight family experiences and learn from family.”*
- *“A consistent approach rather than fragmented and scattershot issues is needed.”*

QUESTION 1: Do you feel we need a national voice /system for families affected by drug/alcohol related harm? Yes / No?



QUESTION 2: If yes, what would a national voice / system for families look like?

Peer Led and Co-production Services

Families and service providers emphasised the importance of peer-led, collaborative family support networks to reduce isolation. Integrating peer leadership into service delivery and program development was seen as essential for building trust, accessibility, and family empowerment.

Peer Led and Co-production Led Services:
Family Members 38%
Service Providers 27%

Families consistently highlighted the importance of peer-led family support systems in reducing isolation and enhancing coping mechanisms.

Key Priorities Identified:

- Develop peer-led collaborative structures to ensure accessible family supports nationwide.
- Integrate peer support into service delivery to build trust and enhance communication.
- Include family voices and lived experience in programme development and service planning.

Family Members:

- *"Family Support Peer Led should grow & be available in all areas."*
- *"The collective saved lives; Dublin supported Drogheda, and they learned from each other. There's power in the people."*
- *"We need support to be able to say what we need to say."*

Service Providers:

- *"One stop shop with services for all family members under one roof; family members found the frustration in being passed around."*
- *"Family support collective properly resourced. Volunteers are taking on too much of the burden."*
- *"A family representative committee including agencies in each county should lead into the national committee."*

Accessible Centralised Family Support Services

Families and service providers advocated for easy to navigate, centralised support hubs to consolidate access to mental health, addiction, and community services. Out of hours availability was seen as critical to reducing re-traumatisation and strengthening family recovery pathways.

Accessible Centralised Family Support Services Nationally:
Family Members 34%
Service Providers 29%

Key Priorities Identified:

- Create centralised hubs combining mental health, addiction, and family supports.

Peer Led and Co-production Led Services:
Family Members 38%
Service Providers 27%

Families consistently highlighted the importance of peer-led family support systems in reducing isolation and enhancing coping mechanisms.

Key Priorities Identified:

- Develop peer-led collaborative structures to ensure accessible family supports nationwide.
- Integrate peer support into service delivery to build trust and enhance communication.
- Include family voices and lived experience in programme development and service planning.

Family Members:

- *"Family Support Peer Led should grow & be available in all areas."*
- *"The collective saved lives; Dublin supported Drogheda, and they learned from each other. There's power in the people."*
- *"We need support to be able to say what we need to say."*

Service Providers:

- *"One stop shop with services for all family members under one roof; family members found the frustration in being passed around."*
- *"Family support collective properly resourced. Volunteers are taking on too much of the burden."*
- *"A family representative committee including agencies in each county should lead into the national committee."*

Accessible Centralised Family Support Services

Families and service providers advocated for easy to navigate, centralised support hubs to consolidate access to mental health, addiction, and community services. Out of hours availability was seen as critical to reducing re-traumatisation and strengthening family recovery pathways.

Accessible Centralised Family Support Services Nationally:
Family Members 34%
Service Providers 29%

Key Priorities Identified:

- Create centralised hubs combining mental health, addiction, and family supports.
- Provide a designated contact person in each area to avoid retraumatisation.
- Offer 24-hour national helpline services for families.

- Ensure services are accessible, trauma informed, and built on a wraparound “Meitheal” model, 5-Step program and the Strengthening Families Programme.

Family Members:
- *“National 24-hour helpline for everyone.”*
- *“Specific/designated person in each area not having to retell your story multiple times.”*
- *“Having a national voice: resilient families at the national level.”*

Service Providers:
- *“Hub Meitheal Style (wraparound approach), one in each area.”*
- *“Having all the services under one umbrella, a centralised system with one collective voice for families.”*
- *“More trained, qualified staff to facilitate family therapy, shifting the focus from just the loved one.”*

Trauma Informed Care and Emotional Support

Families and service providers identified vicarious trauma, secondary trauma, PTSD, and burnout as key impacts of addiction. Both groups stressed the urgent need for trauma informed care models and continuous emotional support for families and workers.

Trauma Informed Care and Therapeutic Emotional Supports:
Family Members 28%
Service Providers 25%

Family members and service providers consistently throughout highlighted the emotional and psychological toll of addiction Service providers identified vicarious trauma, secondary trauma, burnout, and PTSD as critical issues.

Service providers and family’s consistency emphasised the necessity of continuous emotional support and widespread adoption of trauma informed care practices (APS, n.d.).

Key Priorities Identified:
- Address emotional and psychological trauma comprehensively across family units.
- Embed trauma informed care (TIC) principles into all services.
- Expand access to emotional supports, retreats, and professional training initiatives (SAMHSA, 2014).

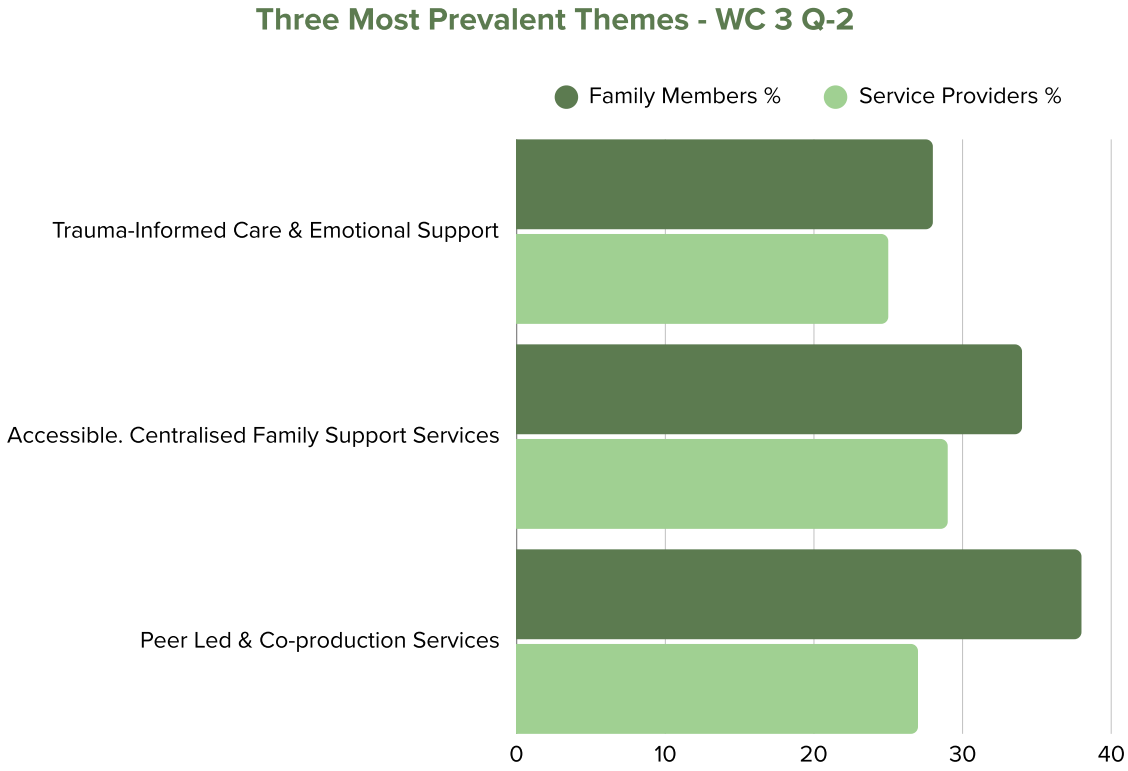
Family Members:
- *“Witnessing violence, neglect, loss, bereavement, grief, death, these are all part of our experience.”*
- *“Overcoming trauma, physical symptoms, stress, anxiety, managing emotional distress.”*

- *“Retraumatising: families need trauma-informed care that looks at the whole family.”*

Service Providers:

- *“Dual diagnosis: looking at the whole family.”*
- *“More retreats for families and service users. This experience was priceless.”*
- *“Professional training for those working in service, using models similar to ‘UISCE.’”*

QUESTION 2: If yes, what would a national voice / system for families look like?



QUESTION 3: How would we organise at Local, Regional and National level?

Policy Development Network

Families and service providers strongly supported the need for a multi-interagency, collaborative approach to addressing addiction related family trauma and needs.

Policy Development Network and Inclusion:
Family Members 52%
Service Providers 42%

Respondents identified that:

- Inclusion of family voices
- Collective effort between government agencies and family support organisations.
- Stronger service integration.

Collaboration would significantly improve outcomes for families impacted by addiction.

Participants endorsed a coordinated, partnership driven model would:

- Ensure holistic responses.
- Streamline supports.
- Enhance emotional and practical recovery opportunities.

Building coordinated systems around families, rather than fragmented agency led models, was seen as essential to delivering meaningful, trauma informed change.

Family Members:

- *"Family members should be represented as their voices carry the most truth."*
- *"Buy in from services, buy in from locals using evidence-based information to inform politicians of families lived experience."*
- *"Bring together those already there (services), utilise Drug Task Forces to build on what is there at local, regional and national level."*

Service Providers:

- *"Engage family members in task forces to ensure they have decision-making power."*
- *"Set up coordinators specifically to organise Family Support."*
- *"A national service with oversight throughout the provinces to manage the local services and provide tailored supports to families based on their needs and circumstances."*

Centralised Services and Information

Disjointed service provision remains a significant barrier for those seeking support. The development of accessible, centralised hubs offering integrated mental health, addiction, and family services would simplify navigation, reduce re-traumatisation, and strengthen trauma-informed recovery systems through co-production.

Centralised Services and Information (Information and Service Hubs / One Stop Shops):
Family Members 47%
Service Providers 36%

Integrated Service Agreements: Formal collaboration between mental health, addiction, and family services.

Secure Long-Term Funding: Government backed investment for evening, weekend, and crisis access.

Family Co-Production: Peer-led design and evaluation of services based on lived experience.

National Online Access Portal: Single platform mapping services, supports, and referrals: update HRB online map to include all family support groups.

Mandatory Trauma Informed Training: Accredited TIC training for all hub staff.

Independent Monitoring: Regular external evaluations to ensure quality assurance and trauma standards.

Family Members:

- *"Having a hub where people can turn to, to find out what services are around them."*
- *"24 hr. National Helplines available when other services are closed."*
- *"Small groups in local communities to share experiences and provide support."*

Service Providers:

- *"The importance of the continuum of care having counsellors and caseworkers working together."*
- *"Consistent approach to service delivery across the island, overseen by the National Team who have a voice/representative at state level to include grassroots (family support members) to inform and oversee policy reform."*
- *"Promote joined-up approaches to address service gaps and reduce duplication."*

Multidisciplinary Collaboration and Co-production

Respondents identified the need for a wraparound, whole family recovery approach through multidisciplinary co-production. Standardised assessments, joint protocols, and strategic dialogue were highlighted to streamline services, optimise resources, and deliver coordinated supports at local, regional, and national levels.

Multidisciplinary Collaboration, Co-production and Shared Resources:
Family Members 44%
Service Providers 38%

Whole Family Recovery Approach: Develop interagency wraparound services for families.

Local, Regional, and National Coordination: Coordinate structured care across all service levels.

Standardised Assessments and Protocols: Use shared assessments and joint protocols through memorandums of understanding (MoUs and Joint Working Protocols).

Strategic Interagency Dialogue:

- Resource Optimisation
- Streamline services to cut duplication and improve family access.

Strategic Dialogue to Enable regular service engagement to align service provision responses:

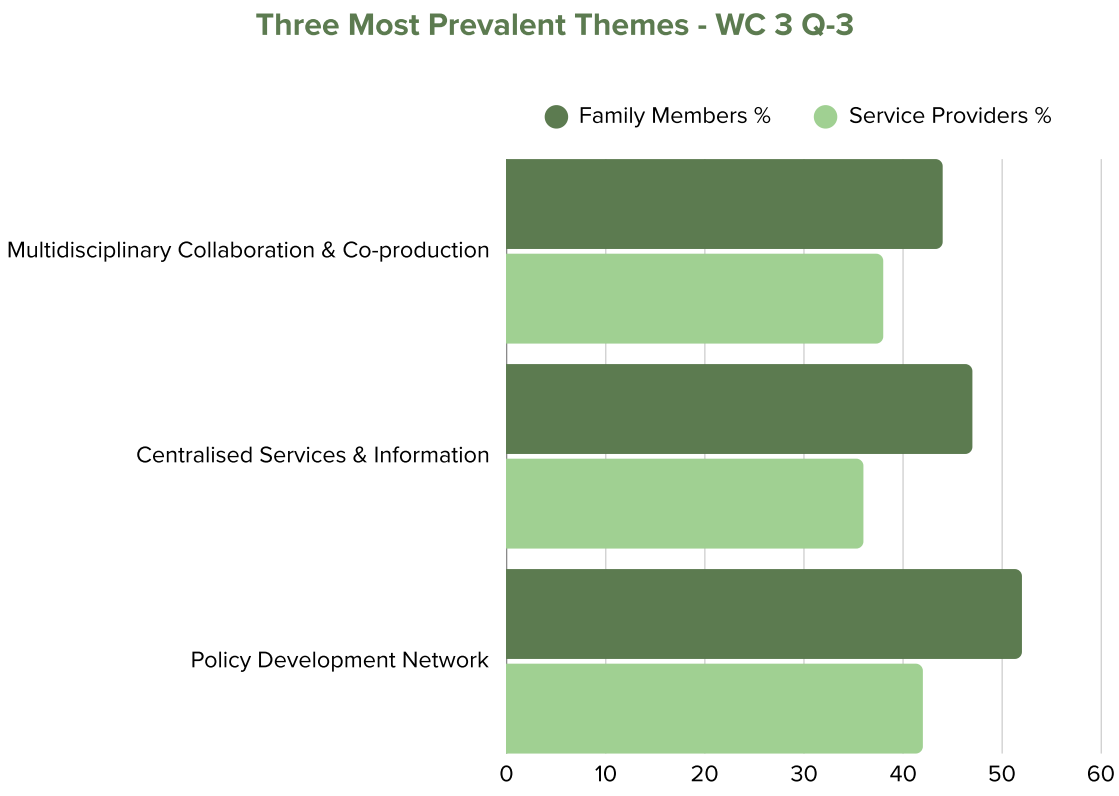
Family Members:

- *"More communication between services – a joined-up approach is essential."*
- *"Collectively together- locally procreative voice, community development, feeding into policy."*
- *"Go out to all groups and ask how they can affiliate and collaborate."*

Service Providers:

- *"Standardise service delivery across the island to reduce inconsistencies."*
- *"Encourage Treatment & Rehabilitation subgroups (e.g. DATFs) to collaborate more effectively on service provision."*
- *"Standardised Planning, all coordinators meet regularly re family issues with involvement of family support representatives on HSE and Task Forces (DATF) service user's forums."*

QUESTION 3: How would we organise at Local, Regional and National level?



QUESTION 4: What would we name this voice /system?

Family Trauma Network

Family members highlighted the emotional strain of trauma and hoped for a better life. Service providers highlighted the prevalence of vicarious trauma and burnout resulting from their work with families experiencing trauma. The responses highlight a link between trauma and high levels of emotional distress leading to long term impacts on families, peers and staff.

Family Trauma Network and National Support Structure:
Family Members 37%
Service Providers 45%

Expand Trauma Informed Care (TIC) Training: Mandatory TIC training for all service providers supporting families (SAMHSA, 2014). Include models addressing whole family trauma and dual diagnosis.

Establish Accessible Emotional Support Services:

- Develop community based psychological support hubs for families and service providers (APS, n.d.).
- Ensure emotional supports are available during crisis periods, not only during office hours.

Formalise Peer-Led Emotional Support Networks:

- Support the creation of peer-led emotional support groups within family networks to foster resilience and reduce isolation.
- Strengthen Collaborative Service Planning: Involve families in the design and evaluation of emotional support and trauma services to ensure relevance and effectiveness.

Family Members:

- *“Shout, Scream, Help, Stop, Burnout, Stop the heartache, No More.”*
- *“Hope for better life, Light.”*
- *“The Family Trauma Collective, the voice heard always.”*

Service Providers:

- “*Trauma-informed support network.”*
- *“Transparent – what it is for, i.e., addiction.”*
- *“Vicarious Trauma - Physical & Mental Exhaustion - Grief loss, hopelessness, burnout, neglecting oneself and physical needs.”*

FARI

Family – Addiction – Recovery – Ireland – Support – Network – Whole – United – Group – Countrywide – National – Substance.....
Families and service providers stressed the need for national family focused recovery networks. Respondents proposed names featuring terms like Family, Support, Recovery, and National, reflecting the collective desire for a visible, united network to advocate for families impacted by addiction. Families and service providers agreed there was a need for families to have a national and international identity. Some potential names were generated based on the words provided by participants.

National and International Identity:
Family Members 33%
Service Providers 37%

Examples generated from suggested network names combining only words provided:

- Family Addiction Recovery Ireland
- Whole Family Addiction Support Ireland
- Family Addiction Support National Network
- Ireland Family Support Addiction
- National Family Recovery Support
- United Families Network (UFN)
- All Ireland Substance Use Family Support

Family Members:

- "*Whole Family Recovery Ireland.*"
- *"Countrywide Substance Family Support Network."*
- *"National whole Family Drug / Addiction Supports."*

Service Providers:

- "*National Whole Family Addiction Supports.*"
- *"National Whole Family Recovery Substance Use Network."*
- *"All Ireland Substance Abuse Support Group."*

Family Community Network

Community and peer-led supports were identified as essential to family recovery. Respondents called for lived experience networks, collaborative trauma informed service delivery, and improved access to supports. Strong community networks were seen as key to fostering resilience and strengthening national recovery pathways.

Family Community Network and Community and Peer-led supports were seen as critical to family recovery:
Family Members 32%
Service Provider 29%

Recommendations Included:

- Create networks based on lived experience, Community and Peer Support Promote collaborative, trauma informed service delivery.
- Build accessible supports meeting family needs.

Benefits of Strong Community Networks:

- Foster resilience.
- Improve access to services.
- Strengthen recovery pathways nationally.

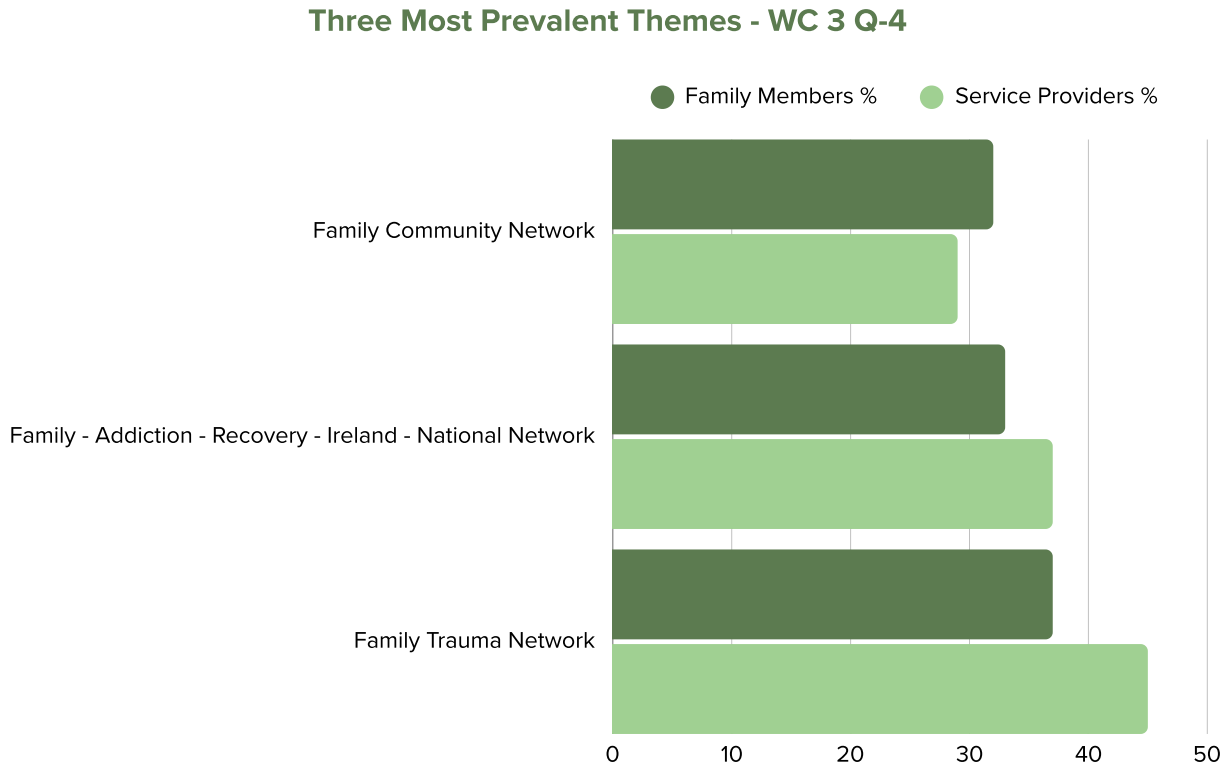
Family Members:

- *"Empowered Voices, United Voices."*
- *"Hope, Connection and Belonging."*
- *"Heart of family support. Family Vocal Voice."*

Service Providers:

- *"Together we hear and grow."*
- *"Being heard one & all."*
- *"Voice for all families."*

QUESTION 4: What would we name this voice /system?



Mental Health and Emotional Supports

Community and peer-led supports were identified as essential for family recovery. Respondents highlighted the need for lived experience networks, trauma informed collaborative services, and accessible supports to foster resilience and strengthen recovery pathways across Ireland.

Community and Peer Support Recovery Pathways:
Family Members 42%
Service Providers 47%

Community and peer support essential to promoting family recovery and resilience.

Key Areas Identified:

- Create lived experience-based community networks
- Deliver trauma informed, collaborative services
- Build accessible, responsive family supports

Benefits Identified Included:

- Promote resilience and empowerment
- Improve access to services across regions
- Strengthen trauma informed family recovery pathways

Family Members:

- *"We're angry! The government needs to see our pain and our vulnerability."*
- *"Get the family members who are experiencing trauma the support and help they need."*
- *"They say they understand, but they don't know anything, and they don't care. Walk a day in my shoes!"*

Service Providers:

- *"Services need to change. There's no consistency of care."*
- *"GP's are still telling people their mental health issues are 'all in your head'."*
- *"Wrap-around supports during and post-addiction treatment are needed for the addict and the family."*

Family Dynamics and Relationship Breakdown Support

Addiction related trauma contributes to relationship breakdown, emotional disconnection, and isolation across family systems. Respondents highlighted the need for kinship support, holistic service models, and improved collaboration to strengthen family resilience (Duggan, 2007).

Family Dynamics and Relationship Breakdown Supports:
Family Members 37%
Service Providers 33%

Key Impacts highlighted:

- Formal Recognition of Kinship Carers: Extend the same rights and supports to kinship carers as provided to foster carers (Duggan, 2007).
- Continuous Family Support: Ensure services and supports do not end at crisis points but are sustained throughout the family's recovery journey.
- Strengthen Interagency Communication: Improve communication between statutory, voluntary, and community agencies to ensure family needs guide service planning.
- Family Centred Service Design: Co-design programmes with families based on lived experience rather than assumptions.

Family Members:

- *"The carer of the child should have the same rights and supports as foster carers."*
- *"Support and services shouldn't stop. Communication between agencies and family's needs to improve."*
- *"Encourage more families to come forward. Information out to the community is key."*

Service Providers:

- *"Meaningful programmes should be what families need and want, not what we think they need."*
- *"Treat the cause, not the symptom. A holistic approach to family support is necessary."*
- *"Collaborative pieces are needed, with information brought back to the government for actual change."*

Awareness Raising - Stigma and Social Exclusion

Stigma and systemic failures deepen isolation for families affected by addiction. Respondents called for national awareness campaigns and education initiatives to promote inclusion and support family led recovery advocacy.

National Awareness Raising re Stigma and Social Exclusion:
Family Members 62%
Service Providers 58%

Impact of Stigma: Negative perceptions and systemic failures worsen.
Priority Actions: National awareness campaigns and education to promote inclusion (CityWide, 2018; O'Reilly 2014).

Feedback Highlights

- Families call for reinvestment in communities and unified advocacy.
- Providers stressed that by humanising social media campaigns and leadership from families can be an effective approach.

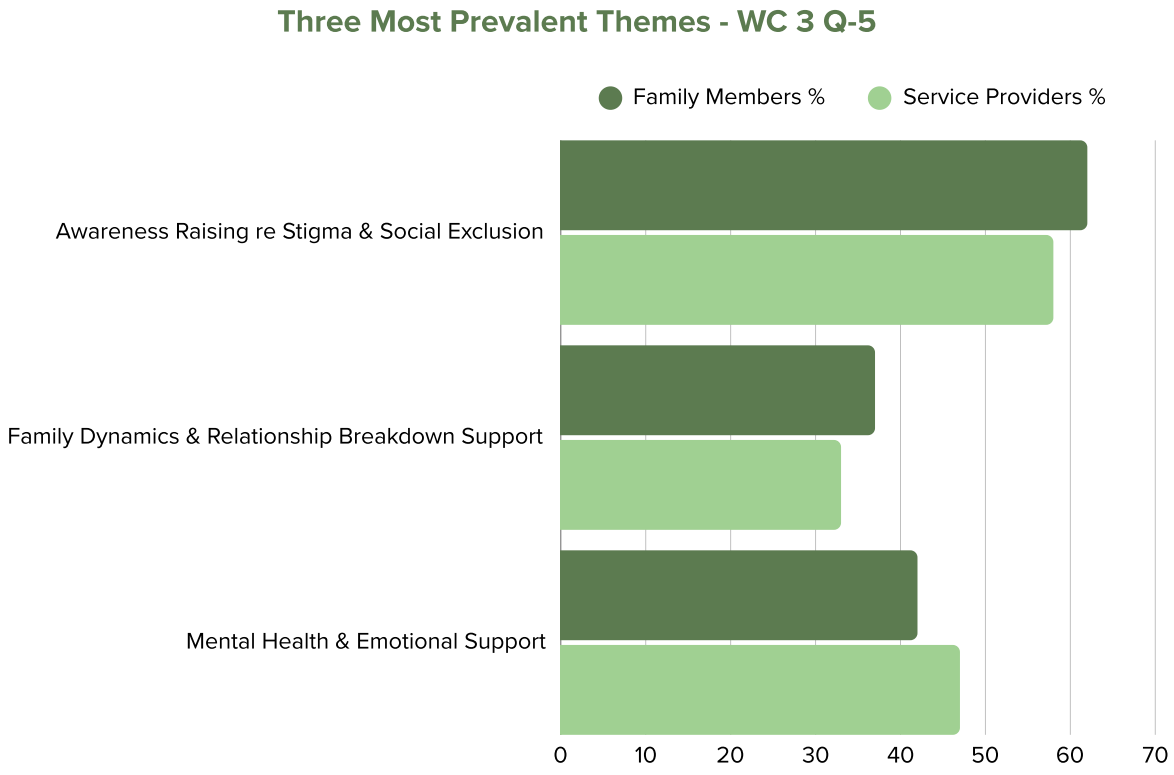
Family Members:

- *“Boasting about millions coming from CAB. That money should be reinvested into communities and families whose lives have been destroyed.”*
- *“We lobby for a unified response and want our message heard until society changes its views.”*
- *“If government ministers can walk past homeless people on their way to work, what hope do we have?”*

Service Providers:

- *“Social media campaigns need to think outside the box to raise awareness and humanise the issue.”*
- *“We need a dedicated minister for Drugs & Alcohol to push this agenda.”*
- *“Families must be at the forefront to communicate their lived experiences and needs.”*

QUESTION 5: What should the next steps be?



World Café 3

Cross Comparison Analysis from Responses to Questions 1, 2, 3, 4 & 5

National Family Support Body and Advocate

The need for a coordinated National Family Support Body was strongly highlighted by families and service providers. Respondents emphasised advocacy structures that embed family voices into policymaking, program design, and national strategies to address addiction related trauma effectively.

National Family Support Body and Advocate to Represent the Voice of Families:
Family Members 88%
Service Providers 64%

Responses highlighted the pressing need for a coordinated national support network, building on models like FASN, SERFSN, and NFSSG.

Need for Advocacy and Structural Reform:

- Strong advocacy structures are needed to ensure family voices shape policy and program design.
- Service providers stressed the importance of a collaborative, unified, evidence-based system to meet family support needs and address addiction related trauma effectively.

Family Members:

- *"I want to be a voice for those who can't speak for themselves; we need more involvement."*
- *"The government must include us in discussions to ensure our real experiences inform policies.*
- *"We need an advocate who understands the struggles of families and can represent us at policy levels."*

Service Providers:

- *"A national collective network will create a unified front for advocating for resources and support."*
- *"Families need to be part of the conversation to highlight the full impact of addiction."*
- *"We need structured pathways where family voices are included in national strategies."*

Emotional and Mental Health Impact

Emotional and psychological trauma was consistently reported among families and service providers affected by addiction. Respondents identified urgent needs for trauma informed care, psychological counselling, and systemic reforms to address secondary trauma and burnout (APS, n.d.) .

Emotional and Psychological Trauma:
Family Members 92%
Service Providers 55%

Key Impacts Identified:

- Stress, anxiety, depression, stigma, fear, and PTSD, consistent with WHO (2022) and APA (2022) diagnostic criteria.
- Secondary trauma, vicarious trauma, and burnout among service providers (APS, 2025; n.d.).

Immediate Needs Highlighted:

- Implement Trauma Informed Care (TIC) training following SAMHSA guidelines (SAMSHA, 2014).
- Expand access to psychological counselling for families and staff, aligned with WHO (2022) and APA (2022) standards for trauma care.

Family Members:

- *"I felt alone, I felt overwhelmed, afraid, anxious, shut down."*
- *"Living in constant worry, it impacts my physical and emotional health."*
- *"The mental toll from dealing with addiction is relentless; we need more mental health resources.*

Service Providers:

- *"We are not given enough support to handle the psychological impact of the work we do."*
- *"Training in trauma-informed care is essential for both our well-being and for helping families effectively."*
- *"The constant exposure to traumatic stories leads to emotional fatigue among providers."*

Family Dynamics and Relationship Breakdown

Addiction related trauma contributes to family breakdown, emotional disconnection, and intergenerational harm. Respondents stressed the need for family focused, trauma informed supports to address trust erosion and rebuild relationships.

Family Dynamics, Relationship Breakdown and Cycles of Trauma:
Family Members 64%
Service Providers 49%

Family members and service providers have consistently highlighted the impact of addiction related trauma on family relationships.

Key Concerns included:

- Relationship breakdown across generations
- Loss of trust within family units
- Worsening patterns of intergenerational trauma.

Service providers emphasised the need for:

- Trauma informed family interventions
- Strategies aimed at repairing relational fractures and restoring trust.
- Without family centred supports, emotional breakdown and disconnection may continue across future generations.

Family Members:

- *"Addiction broke our family apart, and rebuilding trust feels impossible."*
- *"Family ties are stretched thin when everyone is just trying to survive the day-to-day trauma."*
- *"Siblings distance themselves because they can't handle the stress."*

Service Providers:

- *"Children often suffer the most; they internalise the trauma, and it shows in their behaviour."*
- *"Supporting parents without considering the sibling impact leaves a gap in services."*
- *"Family dynamics often shift towards survival mode, weakening relationships further."*

Isolation and Stigma

Family members and service providers consistently identified stigma as a barrier, leading to social isolation and community exclusion.

Isolation and Stigma in the Community:
Family Members 74%
Service Providers 42%

Experiences Identified:

- Pressure to conceal struggles to avoid shame and public judgment.
- Stigma causes social exclusion and emotional isolation.
- Families feel judged, blamed, and unsupported.
- Statutory responses remain inadequate and disconnected from lived experiences.
- Fear of stigma reinforcing emotional isolation and vulnerability.

Solutions Proposed:

- National Public Awareness Campaigns: Launch campaigns to challenge stigma and humanise addiction (O'Reilly 2014; CityWide, 2018).
- Reinvestment into Communities: Redirect CAB funds into community rebuilding and family recovery supports.

- Government Leadership: Appoint a Minister for Drugs and Alcohol to prioritise family issues.
- Lived Experience Advocacy: Centre families directly impacted by addiction in advocacy and policy development.

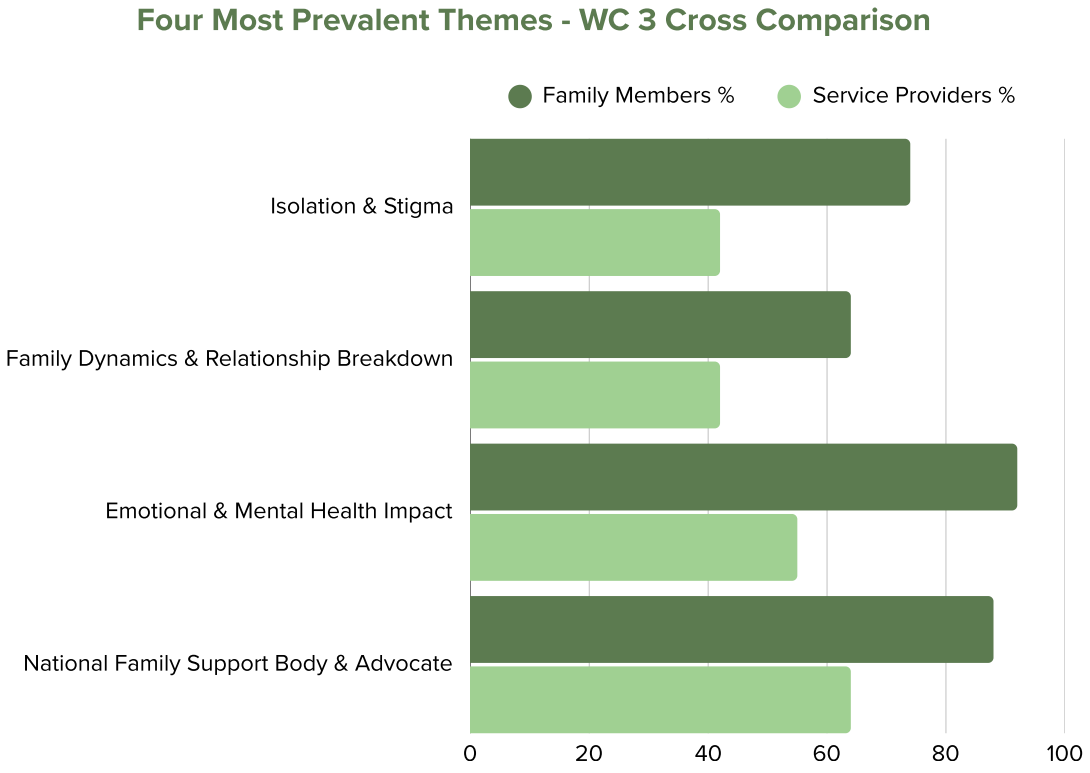
Family Members:

- *"It's like you're trapped; the community doesn't see the real struggle."*
- *"I couldn't reach out for help because of what people would think."*
- *"Hiding everything meant we suffered in silence."*

Service Providers:

- *"Fear of judgment keeps people from even considering services."*
- *"Breaking the cycle of isolation requires community-wide education efforts."*
- *"Families must feel safe to come forward without fear of social consequences."*

Cross Comparison WC 3 Analysis from Responses to Questions 1, 2, 3, 4 and 5.



Thematic Synthesis of Findings Across World Café 1, 2 and 3

Following a cross comparison of all data combined, the final findings and recommendations across all three World Café sessions were developed. Quantitative data was combined with qualitative data from evaluations in a mixed method approach.

Five key themes emerged and were consistently identified by family members and service providers throughout. The identification of clear priorities for trauma informed, recovery-oriented policy and service reform has been presented by the conference attendees.

1. The Need for a National Family Support Body
Findings: A strong consensus emerged supporting the establishment of a coordinated, national family led body to represent the lived experience of families in addiction policymaking, service design, and funding frameworks.

Recommendation: Establish a National Family Support Body with formal representation at national, regional, and local decision-making levels.

2. Mental and Emotional Health Support
Findings: Families and service providers consistently reported severe emotional impacts including stress, anxiety, PTSD, depression, vicarious trauma, and burnout (APS, 2025).

Recommendation: Expand trauma informed mental health services, including specialised psychological counselling and resilience building supports for families and workers.

3. Family Relationship Breakdown
Findings: Addiction related trauma caused widespread relational breakdown, mistrust, and intergenerational trauma cycles among families (CityWide, 2014).

Recommendation: Integrate family-based interventions focused on relational repair and kinship support into all recovery services. Prioritise the recognition and resourcing of kinship carers (Duggan, 2007).

4. Financial Support
Findings: Financial instability, debt, poverty, and the precarious funding of family support services were highlighted as major barriers to recovery in all contexts, not just addiction (Social Justice Ireland, 2023).

Recommendation: Develop comprehensive financial protection measures for affected families. Secure long term, government backed funding streams for voluntary, peer-led family support services.

5. Peer-led Service Provision and Co-Production
Findings: Peer-led support networks were consistently identified as critical for emotional healing, solidarity, and resilience building.

Recommendation: Expand, fund, and embed peer-led, co-produced service models across Ireland. Recognise peer experience leadership as central to trauma informed, recovery focused service design and delivery.

Conference Report Methodology

Invitations
The NFSSG extended over 800 email invitations to public, private, political, statutory, voluntary, and community services across the whole of Ireland to ensure comprehensive stakeholder representation.
(Social Justice Ireland, 2023).

Participant Demographics

Representation included 85 services from 32 counties across the whole of Ireland.
Age range: 15-72 years.
Total participants: 250 (195 females, 55 males).
Family support members: 75 females, 31 males.
Service providers: 120 females, 24 males.
Attendance: 250 on day one and 123 on day two.

Purpose
To gather insights from the diverse range of stakeholders on the realities of addiction trauma, desired outcomes, and actionable steps to effectively address the issues.

Identify Issues, Desired Outcome and Process to Achieve Desired Outcome (Community Development and Co-production Approach Ethos).
Identify the types of traumas experienced by attendees.
Identify the personal and professional challenges related to addiction trauma.
Identify the collective desired outcome to effectively address emerging issues.
Propose solutions to enhance family support and trauma-informed care effective service provision.

Research Review Design
The World Café questions: Evaluations (Days 1 & 2) and Likert Scale were developed exclusively by the NFSSG steering committee with no input from the author.

The conference focused on inclusivity with representation from stakeholders across relevant sectors. Attendees came from both rural and urban areas to enable the examination of addiction-related trauma for families and service providers throughout Ireland (Social Justice Ireland, 2023)

Data Collection
World Café Sessions - 25 tables per session for 10 participants per table.

Data collected through verbal discussions, and written colour-coded post-it notes (pink for family members, green for service providers). Raw data from discussions was collated by experienced facilitators and provided to the researcher.

Data Collection Methods:

Method	Purpose	Philosophical Justification
Roundtable discussions	Gather lived experiences & emotional responses	Interpretivism (subjective knowledge)
Written feedback	Capture detailed narratives and recommendations	Critical Realism (contextual reality)
Two quantitative evaluations	Measure trauma impact & service effectiveness	Positivism (objective measurement)

Coding Parameters

A structured process of organising and categorising the data to uncover themes, patterns, and relationships within the datasets was used. The qualitative and quantitative data approach supported a narrative analysis (patterns, themes and meaning) and was specific to Addiction Family Support Trauma and provided a framework to interpret participant feedback and identify recurring
themes.

Key words were used from the criteria developed through the 11th Revision of the International Classification of Diseases (ICD-11, Codes: 6B40 & 6B41), (WHO, 2022), the Diagnostic and Statistical Manual 5th Edition (DSM-5-TR) developed by the American Psychiatric Association (APA, 2022), van der Kolk (2014), Australian Psychological Society (APS, 2015; 2021; 2025; n.d.), British Association of Counselling and Psychotherapy (BACP, 2014), British Medical Counsel (2024), Canadian Medical Association (2024), Health Service Executive (HSE, 2022; 2024; n.d.), Office of Veteran Affairs (OVA, n.d), the Substance Abuse and Mental Health Administration (SAMHSA, 2023) and Irish Association for Counselling & Psychotherapy (IACP,
2015).

The HSE only identify Five-Principles in their ‘Enhancing Mental Health Engagement with Seldom-heard Groups (undated)’ and ‘Mental Health Engagement 2024-2028, Policy and Practice Alignment, however they do not recognise ‘Cultural, Historical, and Gender Issues.’ Internationally universal best practice identifies that there are Six-Principles of Trauma Informed Care (CDC, 2022; SAMSHA 2014). Although the Minster for Health stated in 2017 that inclusion was a value of the NDS 2017-2025 stating, diversity is valued and the needs of groups are accommodated and wide-ranging participation is promoted, the national health service (HSE) do not recognise the sixth principle of trauma informed care in their approach. However, ‘Cultural, Historical, and Gender Issues’ was included as the author felt it is inextricably linked to Ireland, historically i.e. women and currently i.e. cultural diversity.

The ‘Whole Person Model’ was the framework applied to explore the impact i.e., physical; mental; emotional; spiritual; social; familial; financial; work; education. The whole person approach is universally acknowledged as an evidence based holistic intervention that explore key areas for support that meet the needs of the individual and family. The six guiding principles of trauma informed care were used, i.e. safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice and choice; cultural, historical and gender issues (CDC, 2022).

Identifying Themes

Each of the World Café question were analysed, creating three themes with three testimonies related to each theme provided from family members and service providers. The cross-comparison analysis of each World Café session was based on analysing all responses (raw data) to the questions in the context of the conference theme ‘Trauma in the Community.’ Each WC sessions data was then combined to identify the four most prevalent themes overall for each WC. The three WC’s data and two evaluations were combined and five most prevalent themes across the whole conference (WC’s 1, 2 & 3 / evaluations combined) to identify the five most prevalent themes from the conference; the need for a National Body and National Voice (Policy and Advocacy); Mental and Emotional Health Support (Families and Service Providers); Financial Issues; Family Relationship Breakdown; Peer-led Service Provision and Co-Production.

Data Analysis Method

Data analysis followed Braun and Clarke (2006), six-phase thematic framework: familiarisation with data, generating initial codes, searching for themes, reviewing themes, defining themes, and producing a report. SPSS software was used to support the examination of both qualitative and quantitative data (IBM, n.d.)

Data Type	Analysis Technique	Rationale
Qualitative *(WC 1, 2 & 3)*	Thematic Analysis	Identifies Recurring Patterns in Trauma Narratives
Quantitative *(Evaluations)*	Descriptive and Inferential Statistics	Measures Trends in Trauma impact and Intervention Effectiveness
Mixed Data Integrating	Concurrent Nested Triangulation	Ensures Robust Conclusions both Data Sources

Key Themes Identified
The five most prevalent themes across the conference provided a Social Analysis Data Gathering Approach, i.e. Current Reality, Desired Outcome and Processes to Achieve the desired outcome.

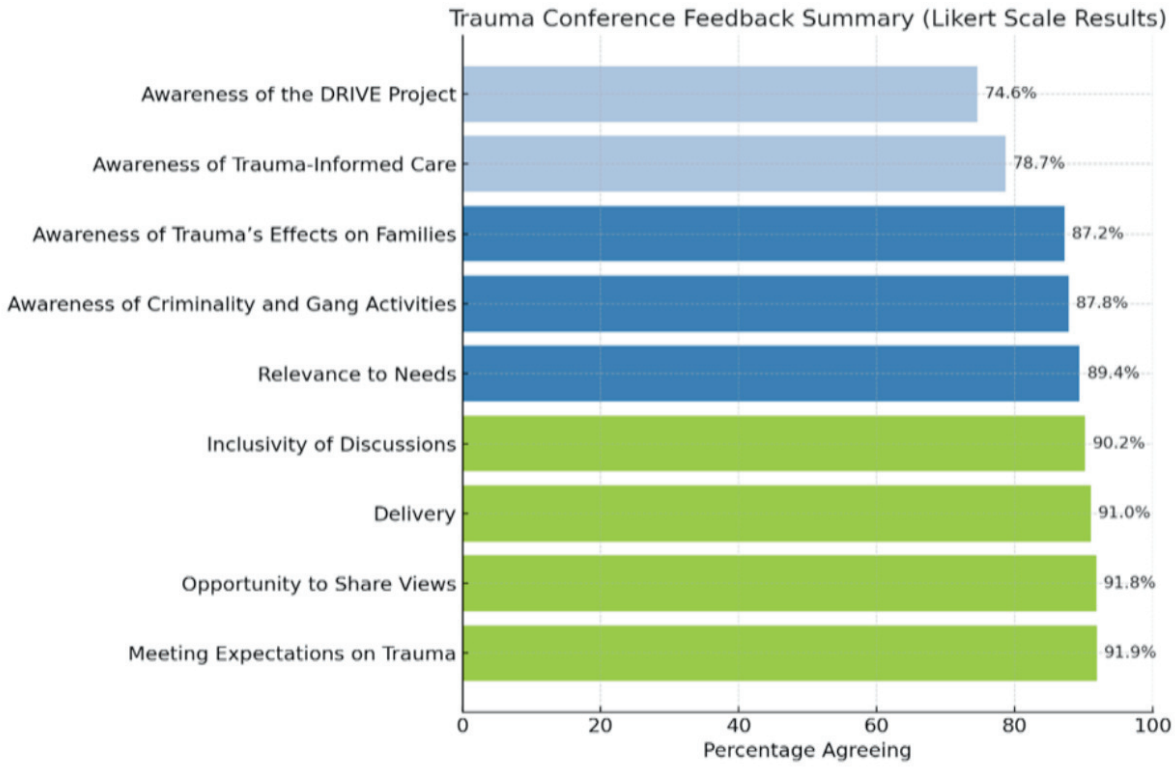
Assessment of Needs & Next Steps
Identify the types of traumas experienced by participants.
Understand personal and professional challenges related to addiction trauma.
Identify the collective desired outcome to effectively address emerging issues through co-production.
Propose solutions to enhance family support and trauma-informed care.

Participants Desired Outcomes:
Establish a collective voice for family support groups and a National Body.
Secure inclusion in policy and program development.
Influence and facilitate systemic change to improve psychological, financial, familial support structures, inclusion, recognition and peer- led support.
Collaborate through a co-production approach to develop an effective continuum of care.

Limitations
Lack of clarity regarding role distinctions for participants who hold dual roles i.e. family support members who also work in the sector (peer and paid roles).
The scope related to those who are engaged with family support, service providers and interested others.
Attendees could provide as much feedback as they wished.
Potential barriers with web link accessibility due to subscription requirements and pages being removed by providers.
The author has access to broad range of evidence-based data including subscription-based resources (websites) and university libraries, including Trinity College and the Irish College of Humanities & Applied Sciences.

Appendix 1: Quantitative Findings and Likert Survey Summary

Likert Scale Survey Findings



Likert Scale Survey Findings
The Likert Survey results indicate a positive experience by conference attendees. A significant majority expressed strong agreement or agreement across all questions.

Relevance to Attendees' Needs: 89.4% either agreed or strongly agreed, highlighting that the event content aligned with participants' expectations.

Meeting Expectations on Trauma in the Community: 91.9% of respondents found the discussions valuable and met their expectations.

Awareness of Trauma's Effects on Families: 87.2% of attendees agreed or strongly agreed, demonstrating the conferences success in raising awareness.

Awareness of Trauma-Informed Care: 78.7% agreed or strongly agreed, 15.6% were neutral, suggesting room for improvement in conveying the importance of awareness raising the application of trauma-informed care.

Awareness of Criminality and Gang Activities: 87.8% of respondents agreed or strongly agreed, emphasising the need to address the issue.

Awareness of the DRIVE Project: While 74.6% agreed or strongly agreed, 14.3% were neutral, indicating potential gaps necessitating more information about the project to develop more understanding.

Opportunity to Share Views: 91.8% of respondents appreciated the inclusivity and opportunity to contribute their perspectives.

Inclusivity of Discussions: With 90.2% in agreement, the discussions were perceived as inclusive and engaging.

Delivery: 91% of participants agreed or strongly agreed that the delivery was effective, highlighting the speakers' professionalism, inclusivity, clarity, and strong communication skills.

The responses and sentiments of attendees highlighted the success of the conference through its engagement with attendees on key topics and the provision of inclusive discussions. Some areas, such as trauma-informed care awareness and the DRIVE Project require additional focus to ensure greater clarity, understanding and broader national awareness.

Likert Scale

Trauma in the Community Conference Satisfaction Survey and Evaluation

Questions	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	No Answer
This conference was relevant to me and my needs.	3	0	7	49	61	3 =123
This Conference met my expectations in terms of Trauma in the Community.	2	1	5	61	52	2 =123
This conference increased my awareness of trauma and how it affects families.	2	1	12	49	60	1 = 125
This conference increased my awareness of Trauma Informed Care & how it can support families.	2	5	19	52	44	0 =122
This conference increased my awareness of how criminality & gang related activities can impact families and communities.	3	1	10	36	72	1 =123
This conference increased my understanding of the DRIVE project to support family members impacted by drug related intimidation.	4	6	18	51	43	4 =126
This conference gave me the opportunity to share my views	2	3	3	53	59	2 =122
This conference was inclusive as it gave opportunity to all to participate in discussions.	2	1	6	44	66	3 =122
This conference was delivered in a professional, inclusive and easy to understand manner.	2	0	6	43	68	3 =122

‘Trauma in the Community Conference 2024’ Speakers and Key Messages’

Christopher Mangan former Chief Superintendent, An Garda Síochána, Louth Division and Family Addiction Support Network advisory member, opened the proceeding on behalf of conference team.

Jackie McKenna is the co-ordinator and co-founder of the Family Addiction Support Network (FASN) and a member of the National Family Support Steering Group/Conference. “The National Family Support Network’s abrupt closure has silenced this national voice of families impacted by a relative’s substance misuse, leaving families throughout Ireland without representation at the national policy level. It also deprived the government of direct access to families who have first-hand experience of the challenges for families associated with a relative’s substance misuse and the ripple effect it has on communities.

Research evidences the harms caused to affected family members. There has also been recognition in previous strategies that ‘Families are the Key to Rehabilitation’ and more recently within the recommendations from the Citizens Assembly Report 2024. FASN has developed a model of best practice for Peer Led Family Support through the inclusion, participation and empowerment of families impacted by a relative’s substance misuse through Trauma Informed Growth. These people are the lifeblood of the organization, creating caring communities and building social capital and resilience within communities.

In 2023, the Social Return on Investment (SROI)* for FASN’s volunteer-led services, provided by individuals with lived experience, amounted to €1,537,965. However, this project cannot rely solely on volunteer efforts and will require adequate, sustainable funding to continue delivering essential services to families and communities in the North East. This best practice model offers the government a cost-effective, peer-led approach to family support, fostering more caring, safer communities. It empowers communities to address local drug issues, which will help break the cycle of addiction and criminality within families and communities, ultimately ensuring everyone’s safety.” https://fasn.ie/

“Valuing Family Support” - National Family Support Network
https://www.drugsandalcohol.ie/28385/1/Valuing-Family-Support-National-Family-Support-Network-SROI-.pdf

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Vivian Geiran is an Adjunct Assistant Professor Trinity College Dublin – Registered Social Worker and Former Director of Probation Services.

“Drogheda: Creating a Bridge to a Better Future.” Vivian presented on the background and some outcomes to the scoping report he completed for the Minister and Department of Justice in 2021 – “Drogheda: Creating a Bridge to a Better Future.” The presentation emphasised the importance of the community, ’the village,’ and the importance of local

involvement in community safety and wellbeing. This means the community must not only be consulted and heard but also supported in making their contribution to wider wellbeing in society. The Drogheda report was born out of significant trauma in the community and also rooted in the belief that the response should not just be about policing and criminal justice interventions. The seventy-three recommendations in the report reflect the breadth of required response, as well as the clear views of local stakeholders. The Government response to the report, specifically through the work of the Drogheda Implementation Board, has been positive, focusing on increasing interagency cooperation and coordination and implementing the recommendations systematically. Vivian concluded that the long-term benefits for the local community in and around Drogheda will be in how positive change is embedded and sustained into the future. That will only be achieved by continuing to recognise, resource and harness the local resource and power for change in the community.
https://droghedaimplementationboard.ie/wp-content/uploads/2022/02/Scoping-Report.pdf

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Aileen Malone provided an insight into the 'Hidden Grief' that families face due to addiction by Dr Sharon Lambert from the School of Applied Psychology, University College Cork (UCC).

"Hidden Grief," *"Video message from families about their lived experiences. The death of someone in drug dependence is an additional trauma on family, friends and community. Drug Related Deaths cause complicated grief due to the many factors surrounding them. These are stigma and shame from criminality and the legal system and from society's prejudices and misconceptions around addiction. Stigma and shame and the silence around them add an extra layer to the grief and make it harder to process. The relationship with the person who used drugs may have been strained before the death leading to regret and guilt in the bereaved.*

The lack of addiction and mental health services also can lead to guilt and regret of the family and friends as they feel an enormous failure that they could not keep their loved one alive. We need to reduce stigma and to improve family support, addiction and mental health services to provide better support, harm reduction and healthcare that will reduce the burden on the community.

Specialised bereavement counselling and groups provide care and help the bereaved move through their grief and come to terms with their frequently sudden and traumatic loss. Ireland has the highest rate of Drug Related Deaths (DRDs) in the EU. The number of deaths has increased by 82% from 431 in 2004 to 806 in 2020. There were 409 poisoning and 397 non-poisoning, hanging being most common. Ireland has 97 deaths per million people compared to the EU average of 22.5 per million"

https://youtu.be/8PAzqLmiGd0?feature=shared

Gwen McKenna is the co-founder and director of the Family Addiction Support Network. The key message from the video "Hidden Voices" is that when family members are given the right environment i.e., correct information, education, support for their needs, a warm, safe and non-judgemental space, then they grow in their own self-development and gain a quality of life. This has been documented in the 7 Stages which came from the research by Dr Carmel Duggan 2007 into "The Experiences of Families Seeking Support in Coping with Heroin Use". The 7th Stage is about giving back and that is what these brave and courageous families have done. They have given a piece of themselves so that other families can learn from them. It builds social capital and resilience within communities creating a more caring environment." Video link: https://youtu.be/N-i1EuoCTrM

RTE Prime Time Interviewee 'Alice' (pseudonym, due to the live threat on the family). Alice provided a written message to the conference from the mother and family facing intimidation for drug debts (aired 12/09/2024) about the family's experience of drug debt intimidation.

Video Link: https://www.rte.ie/news/primetime/2024/0912/1469605-theyll-shoot-you-family-forced-to-flee-over-sons-drug-debts/

"Just wanted to wish you all well at the conference, I wish I could be there to support you all.

I hope you were pleased with the Prime-Time episode. I was happy with it and thought the contributors made some very valid points. But I was LIVID with the comments made by the minister who claimed there are plenty resources for families if they ask for help. The only help + support I ever received was from yourselves, and I begged for help. We were left sitting in a secluded car park for hours waiting for the Gardai to come and offer assistance, and no one turned up. Social services and social workers were unable to offer any help. I know that FASN + groups like yourselves are constantly battling to secure funds + services for families, and for the minister to claim funds are readily available is an insult (sorry for the rant!). I truly hope the conference + Prime Time help you in the battle to secure help + support for families. You all do amazing work and myself, and my family will be forever grateful".

Jim O'Dwyer from the Southeast Region Drug and Alcohol Task Force (SERDATF) Development Officer, Trauma Informed Care eLearning Pilot Project and the Southeast Trauma Informed Care Collective – National Family Support Steering Group/Conference.

"Co-production and Trauma Informed Care (TIC)." *"Co-production plays a crucial role in implementing Trauma-Informed Care (TIC) by fostering collaboration, respect, and mutual learning, while holding our shared experiences as "evidence." This is essential for both implementing and practicing the principles of TIC. It emphasises the importance of creating a safe, empowering, and inclusive environment where everyone's experiences are valued, and where we become co-learners in services, supports, organisations, and systems. Co-production ensures that both those receiving and delivering support are actively involved*

in the process, promoting reciprocity and shared responsibility. This approach highlights the significance of relationships, were change stems not just from adherence to policies but from meaningful connections and valued relationships. By blurring the lines between service providers and recipients, co-production encourages dialogue, deep listening, and collaborative learning, which are essential to addressing trauma effectively"
https://serdatf.ie/

Anna Quigley from Citywide Drug Crisis Campaign – The Community Role in Whole Family Recovery.

"A Community Development Approach to Drugs." A Community Development Approach to Drugs includes all of our Families. We are all part of the one community - People who use Drugs, the Families and the Wider Community. We share our Community Expertise, the knowledge and understanding that people have of the impact of drugs in their own life, on the lives of family members and loved ones and on wider community life.

We work together in Solidarity to improve life for everyone in our community...and we learn from each other's experience. The issues that matter to families also matter to us!
A Voice for Families'

- A Community Development Approach to Drugs means we have to make sure that the voices of communities, families and people who use drugs are heard in relation to policies and decisions that affect them.
- Families and their representatives are an essential part of community engagement on the drugs issue and are entitled to representation in their own right.

Reps of People who use drugs (UISCE) and Community reps (Citywide) are part of the National Oversight Committee for the NDS. We support and campaign for the right of families to be represented on the NOC through the NFSN Steering Group.

We also support the inclusion of Family Reps as members of the Local and Regional Drug and Alcohol Task Forces https://www.citywide.ie/

Lisa founder and CEO Escapeline UK – Tackling the Exploitation of Young People.
If adults who work with children don't understand that drug gangs/county lines are a form of abuse, they may see children involved in county lines activity as criminals rather than as victims of criminal exploitation, "County lines and child criminal exploitation" (Children's Society, 2019). This can lead to children not getting the safeguarding support and protection they need. This is a national problem, and it is hidden in plain sight.

"I believe these problems are a national threat to our country's prosperity and security, a threat which is ruining lives and scarring communities."

"*This epidemic of county lines, criminal exploitation and serious violence is not only limited to the most deprived parts. Over the last year, I have heard countless examples of children from suburban, middle-class England being groomed by criminals who have spotted a vulnerability and moved in with clinical ruthlessness"* https://www.escapeline.org.uk/

Dr Jane Mulcahy Research Fellow with the Research Evidence into Policy Programmes and Practice Project at the University of Limerick.

Dr Mulcahy spoke about the Greentown Programme worked on and implemented in Greentown, Redtown and Bluetown in partnership with the Department of Justice. The programme established to develop an evidence-informed programme capable of dealing with child grooming for crime by coercive criminalised adults.
https://www.ul.ie/research/greentown-reducing-the-influence-of-criminal-networks-over-children-and-families

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Siobhan Maher Coordinator of the Drug Related Intimidation and Violence Engagement Program (DRIVE).

DRIVE project is a data-driven intervention model to respond effectively to drug-related intimidation and violence in communities in Ireland. It is an interagency project which outlines systems and structures to respond to drug related intimidation and associated violence with victim support and interagency working being the key components to its success.

Drug related intimidation (DRI) is a serious and insidious problem affecting individual's families and communities across the country. It is a very complex issue that manifests in different ways in different parts of the country. Communities, families, and individuals throughout the country are living in fear, with high levels of stress and anxiety not knowing that they can access help and support. It can be difficult to ask for help and shame and stigma can often prevent people from accessing support. It is a way of exerting control over individuals and communities and also a means of recruiting others into criminal activities People who use drugs and family members can sometimes be intimidated by drug dealers who demand money with menace. This may be to repay money perceived to be owed for drugs and/or opportunistic extortion. Forms of intimidation can take many forms and can be an incredibly frightening and relentless experience which can pose a serious risk to victims who often live in fear and feel powerless. The evidence shows that there are a number of key elements that when working parallel to each other can help respond to this really devastating problem for families and communities. Through DRIVE if you are a victim of intimidation there is a pathway for you. Most importantly we ensure that anyone who is a victim of intimidation can receive non-judgemental, safe and confidential support and can access services and supports in their local area. People experiencing drug related intimidation need to know where to get help, be confident that it is confidential, that they will not be judged and most importantly that it is safe for them and their families.\https://driveproject.ie/

Breda Fell Community Worker Southeast Region – National Drug Strategic Implementation Committee – Southeast Region Family Support Network - National Family Support Steering Group/Conference.

“Our Collective Voice,” Why we held the Trauma in the Community Conference. The conference organising group is made up of family members, frontline workers, volunteers and coordinators of family and community services. They have lived experience, expertise and track record of working with people most affected by problem substance use in our communities across Ireland. In their experience, families and communities often feel the stigma associated with substance use and feel unable to speak out.

The supporting role families play is immense and can go unsupported. The invaluable work that family support groups do in communities goes unsupported. Families and communities can be traumatised by the impact of problem substance use and drug related intimidation and feel they do not have a voice in decisions that affect them.

Families and their communities deserve to have a quality of life and to live in safer communities. The voice of families and communities are not included in the planning, commissioning, implementation and evaluation of service that impacts their lives and loved ones. As a voluntary group the conference organisers believe that family members and communities must have access to the right support, be valued and be heard. That’s why we held the conference so that family members, volunteers, frontline workers and service providers could be a collective voice to influence for positive change.
https://www.peerfamilysupport.org/

Ed Sipler, Health Development Specialist at South-eastern Health and Trust Northern Ireland. “Self-care - What are we doing to look after ourselves and each other?”

Having someone in your life struggling with addiction creates stress and strain on anyone. The evidence is stark on the impact of family members, yet family members so often put off seeking support for a range of reasons. Looking after yourself is vital not a luxury and the ideas we presented at the conference do work. As we are all different, it is not a one size fits all, so finding what supports your well-being and helps you cope is vital. What is most important is you choosing what will work for you and it is my hope that we put ideas that are helpful for you.

The 2024 Addiction and the Family International network (AFINet) conference had a speaker from Greece talk about the importance of self-forgiveness and self-compassion for family members and a question was how do we build that in our communities? What I presented at the conference may point to toward an answer to that question. In the evaluations from my presentation and 100% said self-compassion was very important for family members and 100% said they heard something that would support their own well-being. Having an online resource on self-compassion sparked a lot of interest. So, if bringing this resource to family members was one outcome of the conference, I am

absolutely delighted to have played a part. Thanks for having me.
https://www.ascert.biz/self-compassion

Appendix 2 - Conference Attendance and Demographic

Organisations, Services and Individual Attendees

- Addiction Service Drug Liaison Midwife
- Alcohol Forum Ireland
- Armagh Banbridge Craigavon Council (PCSP)
- Armagh City, Banbridge & Craigavon Borough Council
- Ballyfermot Advance Project
- Ballyfermot Local Drug and Alcohol Task Force
- Bespoke Counselling Services
- Bray Community Addiction Team
- Ballyfermot Star
- Bespoke Counselling Services
- Bray Community Addiction Team
- Bray Women's Refuge
- C&F Training
- Canal Communities Local Drug & Alcohol Task Force
- CASP
- CCRAS - Canal Communities Regional Addiction Services
- Children in Northern Ireland
- Circle Voluntary Housing Association
- Citizens Assembly
- CKU- Centre for Counselling and Therapy
- Clarecare
- CMETB - St. Mogues College, Bawnboy, Co. Cavan
- Co-Anon
- Crinan Youth Project
- CSMT - Community Substance Misuse Team
- CYPSP: Children & Young People's Strategic Partnership
- Davinas Ark
- DOH - Not service provider
- Doras Bui
- Drogheda Implementation Board
- East Coast Family Resource Centre
- Elected Rep - Louth County Council
- FamiliBase Ballyfermot
- Family Addiction Support Network
- Feed Our Homeless
- Footsteps Project - Connect Family Resource Centre
- Foroige
- Garda Leinster
- Happy World Adventures
- Healthy Louth, Louth County Council
- HSCNI – Health and Social Care Northern Ireland
- HSE (Counselling and Advisory Service Tralee and HSE)
- Drug & Alcohol Helpline (1800 459 459)
- HUGGS – Suicide Support Peer-led Service
- Inner City Organisations Network
- Irish Prison Service
- Kells Family Resource Centre
- Little Sunflower
- LLDC - Louth Local Development Company
- Local County Council
- Louth ABC
- Louth Local Development

Organisations, Services and Individual Attendees

- Macyss - Monaghan & Cavan Youth Substance Service
- Meath community drug and alcohol response
- Merchants Quay Ireland
- Newry Mourne and Down District Council
- North East Regional Drug and Alcohol Task Force
- Our Lady Immaculate College
- Pavee Point
- PBNI – Policing Board Northern Ireland
- PIPS – Suicide Prevention Charity Northern Ireland
- Probation Service
- PSNI – Police Service of Northern Ireland
- Public Health Agency (Researcher in Drugs and Alcohol)
- Rialto Community Drug Team
- Saoirse Domestic Violence Services
- School Completion Programme Dun Dealgan
- SDCC – South Dublin City Council
- SHSCT – Southern Health Service Community Trust
- Smarmore Castle
- Sosad Navan
- South Dublin County Partnership
- Southeast Regional Family Support Network
- Southern Trust
- Southwestern Regional Drug and Alcohol Task Force
- Start360
- Sure Start South Armagh
- Teach Oscail Family Resource Centre
- Tuath Housing
- Turas Counselling
- Turas Training
- Tusla
- Warrenpoint Women's Group
- Waynedenner.com
- Western Region Drug & Alcohol Task Force
- Youth Work Ireland - Louth

Acknowledgements

We would like to extend our deepest appreciation to everyone who contributed to this report and its launch, ensuring its success:

1. Department of Justice: As the main funder, along with all those who contributed through grant aid, donations, and sponsorship, your unwavering support has been pivotal in driving this important work forward and sustaining the advocacy for families and communities affected by substance misuse.

2. FASN Project & Staff: Thank you for your dedication, leadership, administration, and for so eloquently giving a voice to the human impact of substance misuse on families and communities.

3. Anna Quigley and Citywide: Thank you for your steadfast leadership and collaboration, which have significantly advanced the recovery agenda and family support structures in Ireland.

4. World Café Round Table Volunteer Facilitators: Your skill and dedication in guiding discussions have been invaluable in amplifying the voices of families, workers, and volunteers.

5. Holistic Therapists: A huge thank you to the holistic therapists for generously donating their time and skills at the national conference. Your contribution not only enriches the event but also offers invaluable support to everyone who benefits from your care and dedication.

6. Ballyfermot Advance Project Staff and Venue Support: We extend our heartfelt gratitude for your generosity in providing the meeting venue free of charge throughout this two-year project. Your warm hospitality, along with the catering support, created a welcoming and inclusive space that fostered meaningful dialogue and collaboration.

7. Greg Christodoulu, Researcher and Report Writer: Your contributions have been pivotal in documenting the lived experiences and gathering evidence that forms the foundation of the report's findings and recommendations. What began as a report has evolved into an indispensable research resource, capturing the trauma, the harms, and the potential solutions for establishing trauma-informed care services. This report holds immense value not only for individuals affected by a relative's substance use but also for the service providers supporting them. Your work is deeply appreciated!

8. Pat Byrne, Dundalk FM: A special acknowledgement to Pat Byrne of Dundalk FM Radio for his generous donation of time and expertise in providing media coverage for the Trauma in the Community Conference. Your professionalism and dedication have played a vital role in amplifying the voices of those affected, spreading awareness, and highlighting the importance of addressing trauma within our communities.

9. Family Members and Volunteers: Your courage, openness, and contributions have been the cornerstone of this report, showcasing the invaluable role families play in Ireland's recovery agenda.

10. Hidden Voices Video: A heartfelt acknowledgement to the courageous family members who shared their deeply personal and heartbreaking experiences to support others. Your bravery in stepping forward not only provides comfort to those navigating similar challenges but also serves as a powerful force for change. A special thank you as well to the video team who approached this sensitive work with care and dignity, ensuring the stories were captured respectfully to influence government policy and enhance family support services in Ireland. Your collective efforts are invaluable and truly inspiring.

11. Government Representatives: A special thanks to the TDs, Ministers, and policymakers who have engaged with us and supported the development of this report's recommendations.

12. Community Leaders and Advocates: Thank you for championing the recovery agenda, raising awareness, and amplifying the voices of families and affected communities.

13. Participants and Stakeholders: To everyone who attended the conference and engaged in meaningful dialogue, your input will help shape the path forward.

14. Conference Organisers: This event would not have been possible without the incredible effort and coordination of the organizing team, who brought stakeholders together to spotlight this important cause.

This report is a reflection of the collective effort, passion, and resilience of all those involved. Together, we are shaping a future of hope and recovery for families and communities across Ireland.

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