

# Journeys

Living with a partner using  
drugs or alcohol



Adfam

Families, drugs and alcohol

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*Throughout this resource, when we use the term partner, we are referring to a person of any gender or sexual orientation who has a close couple relationship with a drug or alcohol user.*



# WHAT YOUR PARTNER IS GOING THROUGH

*Many of those who live with people with a drug or alcohol problem often get frustrated that their partners seem unable to communicate what is going on. They need to know 'how?' and 'when?' and most importantly, they want to know 'why?'. While your partner is struggling with their problem they are unlikely to be able to give satisfactory answers, and as they begin to reduce or manage their use, their energies may be elsewhere.*

*But it is important, particularly when you are trying to help your partner, to find a way to see the world the way they see it, to be in their shoes.*

*There is no simple and single story to be told. Every drug or alcohol user's experience is different. Their reasons for starting, continuing and wishing to stop will be different, and their feelings will be unique. With that said, our experience at Adfam tells us that your partner's journey may follow a particular route and if you know a little about it, you are more likely to be able to manage your own journey.*

## WHAT YOU ARE GOING THROUGH

The journey towards life without drugs or alcohol is your journey too. Unless you take the difficult decision to leave your partner you will be with them on their journey, but you will also be on your own. You will have your own symptoms and setbacks, feelings and fears. Like your partner you will have successes and moments of despair. And like your partner's journey, yours will have key moments and stages.

## DISCOVERY

Regarding drugs the first key moment is often not the discovery of the drug use. Chances are you may have known about it for some time. You may even have shared the experiment stage. The real first step for you is the realisation that what had been a small or social part of your lives and relationship has become a major part of your partner's life and a problem for them, for you and your relationship.

This is likely to be a shock. It not only goes to the heart of the way you see your partner, but also the way you see your relationship and yourself. You may start off in denial. Like your partner, you may refuse to see a 'problem' or locate the problem somewhere else – money, sex, relationships, work or something else. But that shock and denial is an important first step towards acceptance and moving forward.

With alcohol it's a little different – being so commonly consumed and easily purchased people can sometimes develop alcohol problems 'in plain sight'. The challenge can be understanding when someone has a problem.

## HOW DO I KNOW IF MY PARTNER HAS A PROBLEM?

You probably know that your partner uses drugs or alcohol but how do you know when this becomes problematic use? With both legal and illegal drugs, many people may manage their use in a way that causes themselves and those around them little or no harm, but in some cases there can be a fine line between 'recreational' and problematic use.

You may see obvious warnings signs:

- // Money going missing or being spent with no clear evidence of what has been bought
- // Lying or secretive behaviour
- // Aggression
- // Obvious intoxication at inappropriate times

But knowing your partner well, you may spot other more subtle signs that their drug use is getting out of control:

- // Sudden or regular mood changes
- // Drowsiness
- // Loss of appetite or interest in work or friends

Of course these changes in your partner's personality may not be connected to drugs or alcohol. Problems with work, finances and relationships could affect your partner in similar ways. Drug or alcohol use does not happen in isolation. Just because your partner uses drugs or alcohol does not mean they do not have other problems.

But if what was perhaps a minor, social part of your partner's life seems to be taking over, and they are becoming more and more obsessed with their drug or alcohol use, this would be a clear sign that drugs or alcohol are becoming a problem.

## WHY IS MY PARTNER TAKING SUBSTANCES?

This is a question every partner or parent asks themselves – often undeservedly going on to blame themselves. There is no one single answer. It may be as simple as 'to have fun'. Many users do get pleasure from drugs and alcohol, in the early stages. They can be enjoyable, and make your partner feel happy, relaxed, sociable or full of energy.

Your partner may be in a situation where drugs are commonly used, or are even the norm - it's not just teenagers who suffer from peer pressure. Your partner may simply be curious or wanting to feel something different. These could perhaps be seen as 'positive' choices they make, active decisions to take drugs or alcohol. The other range of possible causes is more 'negative', where your partner is using drugs or alcohol to get away from something. This may be to escape pressure at work or at home, to cope with depression, anxiety, stress or negative situations or changes in their lives, or simply to escape from boredom. And of course your partner's reason for using drugs or alcohol may be a mixture of 'positive' and 'negative' reasons.

There is no denying that the relationship between you may be one factor that influences the situation, but it is important to remember that you are not the cause of the problem. Try getting a piece of paper and writing out as many reasons as you can think of for your partner's drug or alcohol use.

Don't ignore the 'positive'. This could help you – and your partner – work out what they may need support with when they decide to stop or change their drug or alcohol use, and when the support or escape drugs provide is gone.



“  
The kids had to act as  
parents.”

## GARY'S STORY

*Gary used drugs and so did his partner. He had to cope with her, and his sons spent their childhood looking after them both.*

Gary is a self-assured and confident 44 year old father of two. But he admits it's not always been like this. For years Gary had felt far from comfortable with himself, and rather than looking after his kids, they'd been looking after him.

“Once I drove my car into the back of another car,” he says. “We weren't hurt, just shocked. The car owners took me and the kids into their house for a cup of tea. The first thing I did was to go into the toilet and jack up.” Gary can see it now. As a drug user, his needs came first, his children's later. “The kids had to undertake a parenting role,” he admits.

And for Gary's kids it wasn't just their dad they had to look after, their mother had a drug problem too.

It's been a long journey for Gary and for his sons, Alex, now 14 and Luka, 12. “I first went into treatment 17 years ago,” Gary says, realising that his sons have spent all their lives watching him try, fail and try again to manage his addiction.

Gary believes his sons always knew he loved them, but he knows what the lack of stability has meant to them. Often Gary and his partner weren't there, being either in treatment, prison or psychiatric institutions. But having both parents putting drugs first meant that even when they were around, Gary knows they weren't really engaged with their children.

Alex and Luka are now settled into school and have friends. Gary is clean and proudly says he's working hard in two part-time jobs. He says he's making up for lost time. He did parenting courses and now trains others to teach parenting skills to other drug and alcohol users. He laughs about how he got so wrapped up in the business of parenting that he constantly asked his sons how they were doing until his younger son said: “For God's sake, dad, stop asking me how I feel!”

It's been a long journey with many setbacks for him and his family. It was the thought of his family which pulled him slowly round. “I remember one nurse at a methadone clinic,” Gary says. “I remember her asking me about how my kids were. That was a real turn around.”

But Gary knows that stopping using drugs was only one step on that journey – a journey he's still on. “I used to think, if you stop using you are OK,” he says. “It is only now that I'm learning to build a relationship again that isn't based around drugs – you almost have to relearn how to do it.”



## COPING WITH CONFLICT

Disagreement frequently arises in families where there is substance use, because the user wants different things than other family members. For example, a substance user may want to spend household money on drugs/alcohol which other family members need to spend on food, rent and bills. However, conflict is created by both people with each influencing and being influenced by the other.

Remember that understanding how people create conflict together is not about assigning blame.

### THE FOLLOWING TIPS MAY HELP YOU COPE WITH CONFLICT:

- // Reflect upon what happens in the conflicts you have with the family member who uses substances. To help, ask yourself -
- // What are the triggers to conflict starting? Does it have to even start?
- // What are the fixed patterns to how conflict happens?
- // What are the roles people adopt?

- // What are the benefits people get for playing that role? What are the downsides?
- // What is my responsibility, because this is the bit I can change?
- // Am I being assertive, or aggressive?
- // Develop a dialogue by:
  - // Choosing your moment (not when someone is using obviously!)
  - // Taking your time
  - // Listening
  - // Being open and honest
  - // Respecting the other person – you do not have to like or respect some aspects of someone’s behaviour. Respecting someone is recognising that anyone is more than some of their behaviour and is worthy of respect as another human being. We are all different and we are all equal.
  - // Accepting and understanding the other person’s point of view, even when you don’t agree – Two people can experience the same thing differently.
  - // Starting your statements with ‘I’ so it’s clear you acknowledge your own feelings
  - // Recognising your part of the responsibility for what has happened

- // Recognising that others are responsible for the choices they make and their behaviour
- // Expressing feelings appropriately
- // Recognising the need for all to exercise both rights and responsibilities
- // Collaborating rather than confronting
- // Commenting on what someone does rather than what they say, such as ‘I note you say again you won’t use drugs in the house and in the past you always have’

## NEGOTIATING: A KEY COMPONENT OF COPING WITH CONFLICT

- // Start softly and finish strongly, ratcheting up the toughness of your response only as necessary.
- // Collaborate; be flexible and willing to compromise to reach an agreement, but...
- // Hold out for what is most important and compromise on lesser things.
- // Assess the likely risks to people’s health of the consequences of any negotiation.
- // Aim for everyone to feel they have gained something – ‘win-win’, as opposed to ‘win-lose’ or ‘lose-lose’.

- // Help people to save face, rather than humiliating them or being triumphalist.
- // Agree the terms of the resolution, such as when it will start, when you will talk about it again, the consequences of any boundary being broken, etc.
- // Make a clear agreement.

## SEEKING SUPPORT

- // Contact organisations that can help, such as Refuge for domestic violence, mediation services, counselling, family support groups, etc.
- // Accept the support of people you know, either to talk about the difficulties of the conflicts you have, or as a diversion away from those difficulties.
- // Let yourself have a break from conflict/ have a place of sanctuary to go to.

Remember to see conflicts as opportunities. Though conflicts are frequently seen as a crisis, they may be an opportunity for positive change.

# HOW CAN I TALK TO MY PARTNER ABOUT DRUGS?

It may be a cliché to say that you need to talk, but that doesn't make it any less true. You need to talk so you can find out what is going on but also so that you can talk about your needs, fears and feelings.

The question is, though, how do you best talk to your partner about drugs. It may be that your partner wants to talk and you are used to talking about issues or problems in your relationship. But for most of us, talking about something as big as a drug or alcohol problem is difficult. Here are some tips:

- // Be specific. Don't make sweeping statements. Talk about the specific aspects of your relationship or the drug or alcohol use that you think are a problem.
- // Be direct. Talk about how their behaviour affects you or the rest of the family.
- // Be calm. Easier said than done of course, but try not to shout or let the discussion become an argument. Better to leave it and return to it later.
- // Be open. Listen to what your partner has to say. Write it down if it helps and consider it later.
- // Keep it broad. Don't just focus on the drug or alcohol use or your partner's behaviour, if appropriate look at the wider context and your list of possible reasons for your partner's drug use.
- // And... remember yourself. You are important in this situation too.

If you're not ready for a face-to-face conversation, write your feelings down in a message. Let your partner read it and respond while you're there or when they're ready. It's a long process. You can't expect to get everything sorted in one conversation, but it's a start.

Acknowledging what the problems are is the first step towards solving them.

## FROM EXPERIMENTATION TO PROBLEM

Your partner's situation is not unusual. Like many people they will have experimented with drugs and at some stage this experimentation will have become regular use. More than likely your partner drifted into this and the moment when they realise they have a 'problem' will come as a shock to them.

This moment is a key milestone on their journey. It may be traumatic and become mixed with feelings of shock and guilt, probably blame and, undoubtedly, denial. Realising you have a problem can seem like admitting you are out of control, unable to cope or weak. And when mixed with the stigma and myths associated with drugs and alcohol, this can be a very frightening time.

## ACCEPTANCE AND DECISIONS

It is impossible to say how long that stage of the journey will continue. One thing that can be said however is that it is a stage. Things will change for your partner. They will come to terms with their 'problem' and, hopefully, make a decision to move on. It is important to note that it is their decision. You can't make it for them. They will only continue their journey when they are ready.

The decision to stop or cut down their drug use and the decision to seek help (from you or others) are big steps. Your partner knows the road ahead is not easy and they are being very brave in attempting to follow it. It may be a crisis that precipitates this next step or a more gradual process, but at this stage your partner is preparing for what lies ahead, whether that is detox, withdrawal, or life entirely free from drugs or alcohol. Your partner may be scared, insecure and sure that they will fail – their self-confidence could be very low.

## BLAME

Denial can only last so long. People living with people with a drug or alcohol problem often know the truth and can see the problem. The next stage of the journey is when you move on to dealing with the drug use. A common first step is to look for reasons and to let that search become blame. Some blame their partners for a weakness or failing but many more blame themselves. Sometimes it seems that thoughts like: "it's my fault...", "I could have been a better partner...", or "I've let them down..." allows you to see the matter clearly and possibly see a way forward: "If I could be better...", "If I don't...", "If I can...". But of course there are no simple answers and no simple ways forward. At this stage of your journey, it is natural to hold onto these answers, even if that means blaming yourself.

## ACCEPTANCE

By this stage your emotions may be tumbling, in a cycle of blame and you may well feel at rock bottom. It is at this stage that you reach another key moment – although, as with all these stages, it may not be quite as simple as a single moment. At some stage you will accept there is a problem, that drugs or alcohol are your partner's problem, and that your problem is dealing with their impact on him or her, you and your family. Acceptance is not a passive thing. It is not resigning yourself to the current situation. It is seeing what is there and looking at the next stages in the journey. This is a very difficult moment for you because it involves accepting the problem but also accepting that the journey is a long one. Here you will need – and find – real inner strength, particularly if you are coping with the rest of the family too. As with your partner's journey, you may well relapse too, retreating into blame or even denial.

## WITHDRAWAL AND DETOX

There are many myths and stereotypes around drugs and alcohol. These form a cultural background that you may unconsciously use to understand your partner and they use to understand themselves. And when it comes to withdrawal, the myths are powerful and very frightening. This is not to underestimate the unpleasant and difficult realities of getting drugs or alcohol out of your body and life, or that detoxing from some substances can be dangerous and require very close medical supervision, but the physical and emotional symptoms vary depending on the person, the sort of substances that were used and the length of the use.

In some ways it is easier to see what your partner is going through on this stage of the journey in terms of physical symptoms.

What is more difficult is seeing the emotional symptoms. It is at this stage that your partner begins to really deal with the idea of living without drugs or alcohol. It is hard for a non-user to appreciate how difficult and overwhelming this idea could be. The setbacks and relapses that can happen at this stage of the journey are often caused by that frightening vista opening up before your partner, far more than the nausea.

## MOVING ON

Journeys are about moving forward and your journey alongside your partner will move forward. It may also move back and will probably move at different paces to your partner's, but just as you moved beyond blame, so you will move on. Depending on whether your partner is giving up drugs or alcohol totally, or seeking to manage their use and minimise their harm, you will move towards adapting to that situation and his or her journey through detox and beyond.

This adaptation is about management. Just as your partner will be looking to manage his or her feelings and new life, so you will too. You may need to look at redefining your relationship or your own life to help your partner, or to protect yourself and your family. You may need to be adapting work, social relations and finances to enable your partner to keep going.

### WHAT CAN I DO ABOUT MONEY?

Drug and alcohol use is not cheap, and problematic drug use in particular can be very expensive. One of the signs that your partner's drug or alcohol use is becoming a problem may be that money seems to be going out of the house or the bank faster than normal, or with no sign of it having been spent on anything. At its worst money or goods may be being stolen.

Again, there is no easy solution. If your partner is the main money earner or the main recipient of benefits, you may have to think about earning your own money or talking to the local Citizen's Advice Bureau about making changes to your benefits claims. As part of your communications with your partner you need to make clear that this money is for the home, the family or even for you.

It is tempting to let your partner spend money or even ensure they have enough. You may be frightened they will end up committing crime if they can't get money for their drugs or alcohol any other way. It's difficult to accept, but this may not be the best way forward. Sometimes users need to see or experience the consequences of their behaviour before they can make any move towards change. By funding their habit, you may just be postponing that moment. If it has reached the stage where you and your family are running up

debts, you need expert advice. Talk to a debt counsellor and your landlord or mortgage company sooner rather than later. Many will be helpful and sympathetic – you do not need to mention drugs or alcohol, many people have money problems. And if your partner, you or your family is being threatened by people your partner owes money to, your best move – difficult as it is – will be to talk to the police.



## STAYING SAFE

### DOMESTIC ABUSE

In cases of domestic violence the responsibility for the abuse or violence always lies with the perpetrator and never with the person who is their victim. The relationship between substance use and domestic violence can be extremely complicated. Some who perpetrate domestic abuse may use drugs or alcohol at the same time – and some victims may use substances as a coping mechanism. There are no excuses, and drug or alcohol use cannot be used to explain away or justify violence. Sometimes victims of domestic abuse might not realise that what they experience is abuse.

The UK Government defines domestic abuse as:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- // psychological
- // physical
- // sexual
- // financial
- // emotional

**Controlling behaviour** is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape, and regulating their everyday behaviour.

**Coercive behaviour** is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

Victims of domestic violence may respond in a variety of ways depending on the emotional, mental and social resources, with many victims benefiting from specialist support. If you are, or someone you know is, a victim of domestic violence, please call the national 24 hour, free helpline at 0808 2000 247 for advice and signposting. If you are, or someone else is, ever in immediate danger, call the police on 999.

### POLICE

The police should be called whenever you feel the behaviour of your loved one is a direct threat to you, themselves or a third party. It is the job of the police to protect everyone, so the fact that the situation you are concerned with involves illegal drugs should not make a difference.

### OVERDOSE

Some types of drugs, such as opioids (including heroin, methadone, morphine and codeine), benzodiazepines (such as diazepam / Valium) and alcohol bring an elevated risk of overdose. Harm Reduction Works list the signs of depressant and stimulant overdoses, and what to do if you witness an overdose:

**Overdose signs: depressants** (heroin, methadone, benzos, alcohol)

**Moderate:** uncontrollable nodding, can't focus eyes, slurred speech, pale skin

**Serious:** awake but can't talk

**Severe:** snoring, erratic or shallow breathing, vomiting, turning blue, problems breathing, not breathing, choking or gurgling.

**Overdose signs: stimulants** (crack, coke, speed):

**Moderate:** paranoia, pale skin, clammy skin, clenched jaws, aggression, the shakes, very fast pulse

**Serious:** blurred vision, sweating, diarrhoea, pressure or tightness in the chest, dizziness, difficulty with talking or walking, becoming violent

**Severe:** chest pain, fitting, collapse

## SIGNS OF OVERDOSE

You need to know if they are unconscious.

You find out by rubbing your knuckles on their sternum – the centre of their rib cage.

If you can't wake them or they are showing other signs of unconsciousness such as: snoring deeply; turning blue; or not breathing;

Don't panic.

### WHAT YOU NEED TO DO

1. Put them in the recovery position.
2. Dial 999 and ask for an ambulance.
3. Stay with them until the ambulance arrives.

### THE RECOVERY POSITION

If someone is unconscious and breathing, put them in the recovery position.

1. Open their airway by tilting the head back and lifting the chin.
2. Straighten the legs.
3. Place the arm nearest to you at right angles to their body.
4. Pull the arm furthest from you across their chest and place the back of their hand against the cheek nearest to you.
5. Get hold of the far leg, just above the knee, and pull it up, keeping the foot flat on the ground.
6. Keep their hand pressed against the cheek and pull on the upper leg to roll them towards you, and onto their side.
7. Tilt the head back to make sure they can breathe easily.
8. Make sure that both the hip and the knee of the upper leg are bent at right angles.

Dial 999 and ask for an ambulance. Stay with them until the ambulance arrives.”

(Source: Harm Reduction Works; Staying Alive)

## CHILD SAFEGUARDING

Taken from the NSPCC website:

“Safeguarding is the action that is taken to promote the welfare of children and protect them from harm. Safeguarding means:

- // protecting children from abuse and maltreatment
- // preventing harm to children's health or development
- // ensuring children grow up with the provision of safe and effective care
- // taking action to enable all children and young people to have the best outcomes.

Safeguarding children and child protection guidance and legislation applies to all children up to the age of 18.”

Most parents with drug or alcohol issues are just like everyone else in wanting the best for their kids. However, sometimes the substance use might get in the way of their parenting and mean the children aren't getting the love and support they deserve. If you are ever worried that a child you know is being neglected or at risk of harm call the NSPCC's helpline on **0808 800 5000**.

Children and young people can call Childline if they are worried about anything, on **0800 1111**.



“  
It isn't a thing you ask on a  
third date. ”

## TANYA'S STORY

*When she discovered his problem, Tanya wanted to help her partner, but she soon had to choose between helping him and protecting herself.*

When Tanya's partner, Dominic, finally admitted that he was using heroin, the first thing she felt was relief that he had managed to open up to her.

Since their first date two years before she had been trying to put her finger on his odd behaviour. Her cousin had told her he thought he was a 'skaghead', but Tanya didn't know.

"I didn't know how to broach it. I thought he was on something, but it isn't the kind of thing you ask when you are out on a third date," she said. The way he finally told her was by taking her to the chemists where he had to pick up his prescription.

Tanya's flat is neat and tidy with squares of paint testers on the walls: bright strong colours. She sits on the carpet as she tells her story, looking younger than her 32 years and full of energy.

She looks at the pictures of her daughter as she recalls how, as well as feeling relief that Dominic had finally told her, she also felt angry that her new partner might have put her six year-old daughter's safety in jeopardy by having drugs and needles in the house.

Her feelings were very confused, indeed they still are. "He was such a lovely person," she says, "so kind-hearted and quite sentimental really, for a bloke."

Most, but not all, of her friends were supportive when she told them about Dominic's drug use. Tanya didn't dare tell her mum until much later. As an only child with the only granddaughter, she feared her mum's feelings might not be as ambivalent as her own.

Tanya offered to go with him to the rehabilitation centre and he was surprised and pleased that she was willing to.

But Tanya's journey took a turn for the worst when Dominic became increasingly paranoid during withdrawal. Tanya's mum began to come to the house less and less, complaining that Dominic made her feel uncomfortable. In turn Dominic didn't like Tanya's friends coming over – men or women. Then the violence started.

Having already survived a relationship like that, Tanya feared the worst. "He'd be sorry. But I've heard all that before," Tanya recalls.

His outbursts and the arguments began to affect Tanya's daughter and she began to have grave doubts about the relationship.

Throughout Dominic held down a job, drove a car and in many ways lived a normal life. "They're like physicians, addicts," explains Tanya, "they know exactly how much they can take and when."

But Tanya's journey soon took another turn. Dominic gave up going to the treatment centre. He decided to try and come off heroin on his own. And he asked Tanya if he could do it at her flat where they were both now living.

Tanya agreed, sent her daughter off to her mother's for a week, and, helped by

Dominic's brother and a friend, went through the painful process of attempting a home detox,

keeping Dominic in the flat for a week with no drugs. Detoxing from drug and alcohol can be dangerous and should never be undertaken without first speaking to a qualified medical professional. Although they got through the week successfully, within a few days, Dominic was back on heroin.

Tanya knew she just couldn't go on with the relationship. It wasn't easy, she still 'had feelings' for him. But she says, "reality was saying, 'you cannot go on living like this'."

Now they live apart. Tanya still has his number on her mobile phone. She often thinks about calling him.

## DUAL DIAGNOSIS

*Dual diagnosis is a term used to describe a condition which affects someone with both a substance misuse problem and a mental health problem. You may hear it referred to as 'complex needs'. It is common, estimated to affect between 30 and 70 per cent of people who find themselves in health and social care settings. This may be a primary diagnosis of major mental illness with a subsequent diagnosis of substance use which affects mental health adversely, such as cannabis use on top of schizophrenia. Conversely, there may be primary diagnosis of drug dependence which leads to mental illness, such as is found with chronic use of stimulants like amphetamine or cocaine.*

You may have a loved one with a dual diagnosis in your family, making the task and stress of caring for them doubly difficult. You may well find that their problems have to be treated separately, by separate services, and this can increase your frustration.

Unfortunately, drug/alcohol and mental health services are neither equipped nor mandated (i.e. commissioned and resourced) to provide tailored support for families with mental health problems, or relationship problems. You may also find that you are viewed as an intrusion rather than a positive agent for supporting your 'loved one's' recovery.

You may well find yourself acting as an advocate for your family member with complex needs – fighting their case with several agencies, including mental health and drug/alcohol treatment services.

## MENTAL CAPACITY ACT 2005

Some substance users who have a mental illness or other psychological difficulty are unable to make decisions for themselves. This Act encourages an attitude of 'is this person capable at this time of making this particular decision?' and allows a range of people, including carers, to make decisions on behalf of someone else if they are deemed incapable of making those decisions. There is a presumption that someone has capacity unless it has been established that they don't. For the first time, this Act formalises and gives guidelines for when and how a carer can make decisions on behalf of the cared for person.

'Not feeling heard and not being acknowledged as a person with value can be the biggest frustration when you have a loved one with multiple needs, and an enormous factor in family members becoming depressed themselves.' (Family member)

## DRUGS – LEARNING MORE

Below you can find information on different types of drugs. Getting as much information as you can about drugs and drug use can help you feel better informed, more able to understand your loved one and regain some feeling of control. However, the type of drug is less of an issue than the behaviours and consequences that come out of the drug use. Many people use drugs recreationally without suffering any long-term negative consequences, while for others it is more difficult to control or stop drug use. Some people may be using drugs to cope with other problems, like low self-esteem, social isolation or mental health problems such as anxiety and depression.

### ALCOHOL

People can forget alcohol is a drug, because it is often associated with feeling happier and more confident, but alcohol is an addictive and psychoactive drug, and can cause

serious harms. It slows down parts of the brain, including those that control inhibition, thought, perception, judgment, coordination, memory and sleep – and the more you drink, the worse the effects. Alcohol also makes it harder to regulate emotion, meaning people can become aggressive or emotional.

People can also act recklessly after drinking, making accidents and injuries more likely. If the alcohol concentration level in your blood is high enough, you might feel woozy or pass out. If a person does pass out, it's possible they can choke on their own vomit.

Alcohol dependence – or alcoholism – is more common than people think. If someone is alcohol dependent, they often cannot control their use of alcohol, despite negative consequences to their lives, and will suffer withdrawal effects if they don't drink. People who are strongly dependent should seek professional help if they try and stop: withdrawal from severe dependence can be fatal. Not everyone who drinks is at risk of becoming dependent. Long-term heavy alcohol use increases the risk of a number of diseases, including cancer and damage to the heart, brain, liver, pancreas and other organs.



## CANNABIS

Cannabis is the most commonly used drug in this country. The main active chemical is THC, which causes the feelings associated with cannabis, like feeling 'chilled out,' happy and relaxed. THC can make you hallucinate, so you might see, hear or feel things differently to normal. Cannabis can cause harmful effects: it affects how your brain works, and can cause anxiety or paranoia, make concentration difficult and your memory worse. It has also been linked in some people to serious, long-term mental health problems.

Cannabis can be smoked, eaten/drunk or ingested using a vaporizer (where the chemicals evaporate and can be inhaled). There is no possibility of dangerously overdosing on cannabis when used in the common ways. It can, however, like alcohol, increase the chance of accidents, and cause feelings of dizziness, sickness or fainting. Cannabis can be addictive, with users gradually needing more to feel good, and feeling bad if they don't use it. In these cases, it can be difficult to stop.

In the past few years, we've seen a rise in novel psychoactive substance use ('legal highs'), many of which mimic the effects of cannabis, such as 'Spice.' There have been reports that these synthetic cannabinoids have caused serious harms to some people who've used them.

## NPS

Over the past several years, there's been a rise in the use of novel psychoactive substances (NPS), often misleadingly called 'legal highs'. This term describes a new group of drugs that mimic the effects of drugs like cocaine, LSD and cannabis, designed specifically to get around the laws banning these drugs. Some of these were legal in the past but have since been banned. Many have not been tested, and they can be more dangerous than their illegal counterparts. There is

little evidence about the potency, effects and safety of these drugs, or their effects when used in combination with other drugs.

This might sound scary, but it should be remembered that they are similar to existing drugs, falling into the same categories, such as stimulants (amphetamine), depressants (diazepam), psychedelics (LSD), dissociatives (ketamine) and cannabinoids (cannabis). So, be reassured that there are tried and tested options for treating people who come forward with NPS problems.

NPS are sold in different forms, such as powders, pills, smoking mixtures, liquids, capsules or perforated tabs, and vary in size, colour and shape. Packaging is usually eye-catching with bright colours.

## HEROIN/CRACK

Heroin and crack cocaine are associated with some of the most serious drug-related harms. Heroin comes from morphine, which is extracted from the opium poppy. Like most opiates, heroin is an effective painkiller, and gives the user a feeling of warmth and wellbeing. Bigger doses can make you sleepy and relaxed. It is highly addictive and people can quickly become dependent. Withdrawal is extremely unpleasant, making it more difficult to stop.

Crack cocaine is a powerful stimulant with short-lived effects. While all types of cocaine are addictive, crack tends to have stronger effects and be more addictive than powder cocaine. It is most commonly smoked but can be injected, and makes people feel confident, alert and awake. Injecting and sharing injecting equipment can be very risky, as it runs the risk of spreading viruses like HIV or Hepatitis C. and overdose.

## CLUB DRUGS

Club drugs tend to be used in bars and clubs, concerts and parties. The term includes drugs like ketamine, MDMA, ecstasy, GHB/GBL, methamphetamine and LSD. People have been combining drugs with music and social gatherings for a long time, but the combination of drugs being used seems to be changing, for example: using methamphetamine and GBL, or the use of these drugs at 'chemsex' parties. Chemsex' is a term used to describe parties usually attended by gay men, where they engage in sex and use drugs like GBL or methamphetamine.

Drugs like ketamine are also relatively new to the scene, and only now are we starting to discover the associated long-term health problems like bladder issues, or coma associated with GBL. Some NPS mimic the effects of these drugs.

## PRESCRIPTION DRUGS

Most people use prescription drugs for the purpose they are intended, but some people, if taken over a long period, can become dependent. Many prescription drugs are vulnerable to misuse; most commonly opiates, often prescribed to treat pain; antihistamines; stimulants e.g. to treat ADHD; central nervous system depressants e.g. barbiturates, prescribed for sleep disorders and anxiety and antidepressants.

Prescription drugs can cause sedation or an altered state of consciousness, depressed respiration, a lack of coordination, changes in appetite and nausea. They can cause dependence if taken over a long period of time, and damage to the liver, kidneys and digestive system. Withdrawal symptoms might include anxiety, depression, insomnia or seizures.

## STEROIDS/IED

Steroids and image enhancing drugs (IEDs) mimic natural hormones in the body that regulate and control how the body works. Anabolic steroids are the type most likely to be misused: some people take them to help build muscles, because they are similar to the male hormone testosterone. They can make some people feel aggressive, paranoid, irritable or violent, and cause dramatic mood swings.

Taking steroids and IEDs can cause a number of health harms, including high blood pressure and liver damage. Injecting any drug can damage veins and cause ulcers and gangrene, particularly with dirty needles or a poor injecting technique, and sharing equipment can spread blood borne viruses like Hep C and HIV.

## POLY-DRUG USE

When using drugs in combination, including alcohol, risks can be increased. People might use more than one type of drug to balance out the effects, or to enhance the feeling of both drugs. Different substances react in different ways, which can sometimes be dangerous.

The most common type of poly-drug use involves alcohol and other substances. Alcohol is a depressant, and when taken with other depressant drugs (opiates, benzodiazepines), the effect is multiplied, risking a person passing out, choking on their own vomit or stopping breathing. Prescribed medications can also react badly in combination with alcohol. Many NPS have not been tested and we don't know their effects when combined with each other, or other substances.

## WHAT ABOUT OUR KIDS?

*If you have children you may be worried about the effect your partner's drug use will have on them.*

If your partner is managing their drug use the effects could be slight. But if your partner's use is becoming a problem, you may have real concerns. Your partner may leave his or her drugs or equipment where the children can get them. They may take drugs in front of the children. As with so many problems, you need to talk honestly with your partner and ask – or demand – that they keep their use private and their drugs and any drug taking equipment safe.

You may hope to keep your partner's use a secret, but you are unlikely to be able to do so for long. If possible it is better to be honest with your children. If the children are old enough you may want to talk to them about it. Simply talking about your partner 'not being well' can give even young children a way of understanding what is going on. As children get older you may want to look at more in-depth counselling for them.

Do not assume that if you seek help the children will be taken into care. If you ask for help early on and are seen to be acting responsibly with your children's best interests at heart, the authorities are likely to support you. Drug or alcohol use in itself is not sufficient reason for a child to be removed from a family, it will depend on a much wider overall assessment of the risk of harm to the child. If you need any advice or information about social services' involvement with your children, please call Family Rights Group on 0808 801 0366 or talk to your local Citizens Advice Bureau.

If your partner's drug use or drinking has become a problem, more of the everyday childcare is likely to fall on you. Indeed, you may not feel comfortable letting your partner look after the children. If so, you need to try and get some support from a family member or friend. You have a lot to

deal with and no matter how much you love your kids, you need time for yourself.

## WHAT'S HAPPENING TO OUR SEX LIFE?

Drug or alcohol use can affect relationships in many ways. Your partner's sexual appetite may increase or decrease, and their behaviour or the stress you are living with may affect your own interest in sex.

Once again, you need to be honest with your partner and allow them to be honest with you. You need to try and work out how much of the problem is down to the drugs or alcohol and how much to other factors.

Above all you need to be clear with your partner about what you want and what you are willing to take. If the situation has become one where you are being forced or pressured into having sex, you need to get support. The Women's Aid Helpline (0808 2000 247) or Men's Advice Line (0808 801 0327) can help. Most importantly you need to practice safe sex, i.e. use a condom. If your partner is injecting drugs and possibly sharing equipment, they and you are at risk of HIV and hepatitis.

As with many of these questions, you need to remember yourself, your needs and your life.



## SETTING AND KEEPING BOUNDARIES

One way you can support your own needs when coping with a loved one's substance misuse is to set boundaries. This means that you limit the behaviour of the user to what is considered reasonable. Boundaries assert the needs or rights of families so they feel secure and respected. For example:

Emma has been a heroin user for nine months. She initially funded her use by borrowing money from her family and then later by stealing from the family home. Her parents were unaware of this until she was arrested for possession of a Class A drug and then spoke to her about her drug use.

Emma's parents don't want her to steal from the family again and don't want to lend her money for drugs. They need to set two boundaries: For Emma not to steal from the family and to not lend Emma money for drugs.

### SETTING BOUNDARIES CAN HELP BECAUSE:

- // They invite the user to be more responsible for their behaviour
- // They model a healthier and safer way of relating between people
- // They help families to reduce the impact of substance use and its associated behaviour on their lives
- // They help the whole family to break down the roles that members can get stuck in, such as the user being dependent or a parent being a carer.

Remember that you can't change someone else. What you can change is your response to a situation. This change may in turn invite a change from the other person. Setting boundaries is about negotiation with the user and it involves the whole family; it is not about you imposing rules on others.

### THIS CHECKLIST WILL HELP YOU DEFINE A BOUNDARY WHICH WORKS FOR YOU:

- // What is the issue that you want the boundary to deal with? Be precise.
- // What do you need to achieve?

- // What is your real motive for setting this boundary? Does it come from your anger, frustration, stress, worry or something else... or all of these things?
- // Would you accept this behaviour from someone who didn't use substances? Is it necessary to treat the user differently just because they happen to use?
- // Define the boundary about the user's behaviour and not them as a person. For example, a boundary about their drug use in the house could be phrased as 'I don't want you to use in our home' rather than 'I don't want you in the home when you're using'.
- // Does the boundary encourage the user to be responsible for their life, their behaviour and the choices they make?
- // What are the risks of the boundary for both the user and other family members? For example, if someone uses outside the home, family members may be less at risk from paraphernalia, but will the user be at more risk?
- // Set clear consequences for what will happen if the boundary is broken. How will you know if the boundary has been kept?
- // How long is the boundary to be held for? Set a timescale and a time to review it.
- // Can you be flexible if there are changes in circumstances – if the user is in treatment, or moves away, for example.
- // Try to get agreement with other family members to prevent 'divide and rule' by the user.
- // Is the boundary realistic?
- // Do you have enough support, both from within yourself and from others, to be able to set and then keep this boundary? Consider how you will deal with the difficult and painful feelings that might arise.
- // Recognise that the choice of boundary may well be a compromise rather than the ideal you may want.
- // Is it appropriate to reward the user if they keep the boundary?
- // Prepare for the likely response the user will have to the boundary being set. It might help to imagine their reaction to you setting a boundary and any subsequent conversation you might have. Plan ways to counter what they might say. Prepare how to cope with possible manipulation.
- // Tell yourself that your needs are equal to those of others.





## SETTING A BOUNDARY

THE CHECKLIST BELOW WILL HELP

- // Listen to each other.
- // Be open and honest with your feelings.
- // Respect the other person, which is not the same as saying that you like and respect all their behaviour.
- // Accept and understand the other person's point of view, even when you don't agree. Sometimes two people can experience the same thing differently.
- // Start what you say with 'I...' so it's clear it's your opinion and feelings you are talking about.
- // Take responsibility for your part of what has happened, and don't take responsibility for others' behaviour and their choices.
- // Acknowledge how the other person feels.
- // Appropriately express feelings, such as saying you feel angry rather than being angrily abusive.
- // Recognise the need for all to exercise both rights and responsibilities.
- // Try to promote collaboration rather than confrontation. This will build trust.

If dialogue and negotiation doesn't work, you may want to impose the boundary. You could do this verbally and/or by letter. Below is an example:

*'I notice that whenever I try to discuss your drug use in the house that you seem unwilling to talk about it. When you do this I feel angry and frustrated with your behaviour. I ask again that you don't use drugs in our home. This is because I am breaking the law by knowing it happens and not reporting you to the Police. I believe it is also a risk to the health and the safety of us all. If you choose to continue to use drugs in our home and not discuss this I will assume that you have withdrawn your co-operation. I will then withdraw my co-operation by not buying food and preparing meals for you. I regret it has come to this and I would prefer that we talk about your drug use and its impact upon the rest of the family. I want to end by saying that I still love and want to know you.'*

## KEEPING A BOUNDARY AND HOW TO RESPOND IF A BOUNDARY IS BROKEN

Boundaries are often broken by substance users, especially at first. They can often be unwilling to change themselves, and hope the family member will feel unable to enforce a boundary.

- // Acknowledge to yourself that it has happened. Take your time to choose your response rather than reacting hastily.
- // Tell the user that the agreed boundary has been broken and say how you feel. The formula below might help:
- // Explain exactly what the unreasonable behaviour amounts to.
- // Explain how that behaviour makes you feel – try to focus on the behaviour, not the person.
- // Explain what you want to happen and restate the boundary. For example: 'When you break our agreement not to use drugs in our home I feel so angry and exasperated with your behaviour. I ask again that you honour what we agreed.'

- // Outline what will happen if the boundary is broken; repeat what you want and don't let yourself be deflected.
- // Comment on the user's behaviour and how that is different from what they say they'll do. For example: 'I notice that every time this happens you say sorry and then carry on as if we hadn't agreed otherwise.'
- // Ask for things to be put right, to be paid for, for an apology (but see below).
- // Be consistent.

## THE FUTURE

It may take more than one attempt to get to this stage of the journey, but when your partner gets past withdrawal, he or she has to deal with their new life. This new life may have lots more time in it and possibly better health, but also the same emotional, work or money problems. The only difference is that now your partner doesn't have drugs or alcohol to help then hide or escape. Many would like to congratulate their partner on having stopped using, but chances are your partner is feeling more inadequate than heroic, more insecure than confident and certainly more frightened. It is little wonder that many relapse. But small steps can bring new confidence. Challenges met without drugs or alcohol – whether work, home or even just physical challenges – can help your partner rebuild their self-worth and give them the strength to move on.

Needless to say, this stage of the journey is the longest. Some say it never ends. But like the rest of the journey it is a stage. If your partner can see the whole journey – and you can help them here – they are more likely to be able to deal with each step.

Whatever the very real things you are having to cope with, you will also be coping with your feelings. Such real management pressures are likely to be stressful and it is not unusual to feel real resentment or anger at the situation, or even at your partner. You may for instance need to rethink your attitude towards drugs or alcohol if you have always thought that 'just say no' was the only way forward.

As with your partner, this stage is the longest and in some ways the most difficult. Your journey has put a lot of strain on you and your relationship, but it is here where you can look back and see how far you have come and the resources you have mobilised. As you adapt to the new situation, it is these resources that will help you.



## WHERE CAN I GO FOR HELP?

### ADFAM

Information and advice for families affected by drugs and alcohol including an online database of local support groups

Tel: 020 3817 9410

[www.adfam.org.uk](http://www.adfam.org.uk)

### CHILDLINE

Helpline for young people

Tel: 0800 1111 (free, 24 hours)

[www.childline.org.uk](http://www.childline.org.uk)

### DRUGSCIENCE

Objective information on drugs and drug harms

[www.drugscience.org.uk](http://www.drugscience.org.uk)

### DRUGWISE

UK centre of expertise on drugs

[www.drugwise.org.uk](http://www.drugwise.org.uk)

### FRANK

Advice and information for anyone concerned about drugs

Helpline: 0300 123 6600 (24 hours)

[www.talktofrank.com](http://www.talktofrank.com)

### HIT

Information on drugs, especially drug-related harm

Tel: 0844 412 0972

[www.hit.org.uk](http://www.hit.org.uk)

### RETHINK

Information and advice on mental health including 'dual diagnosis' of mental health problems and substance misuse

Tel: 0300 5000 927 (10am-2pm Mon-Fri)

[www.rethink.org](http://www.rethink.org)

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Home Office

THE CLOTHWORKERS' FOUNDATION



**Adfam**

Families, drugs and alcohol

We want anyone affected by someone else's drug or alcohol use to have the chance to benefit from healthy relationships, be part of a loving and supportive family and enjoy mental and physical wellbeing. If you require further help and information our website ([www.adfam.org.uk](http://www.adfam.org.uk)) also provides a database where you can access information about local support.

**Adfam**

the voice of families  
affected by someone  
else's drug or  
alcohol use

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