

Journeys

Helping your grandchild

What to do if their parents use drugs



Adfam

Families, drugs and alcohol

CONTENTS

- 2 What you are going through
- 4 Julie's Story
- 6 What they are going through
- 8 Patricia's Story
- 10 Dealing with conflict in families where there is substance use
- 12 Maureen's Story
- 14 Staying Safe
- 16 Dual Diagnosis
- 17 Drugs - Learning More
- 20 John's Story
- 22 Setting and Keeping Boundaries
- 26 Getting help
- 28 Checklist
- 30 Useful Organisations



WELCOME

Becoming a grandmother or grandfather can be a special experience. But when your grandchild's parent develops a drug or alcohol problem, the grandparent's role can become complex – full of highs and lows, joys and disappointments.

You may find yourself tempted to be, or actually in the position of, full-time carer for your grandchild. In some communities, it is the norm for grandparents to look after their grandchildren, and, whilst many do this willingly, some may find it difficult.

Whatever the circumstances, it is important for grandparents to find the information they need to inform and support their decisions. You may find it difficult to discuss your feelings about drugs and how they are affecting your family. You may also find it difficult to find out what support is available to you. This guide aims to point you in the right direction to get the information and help you need.

We explore some of the impacts of problematic drug use – legal, financial and social – on your relationship with your grandchild and the rest of your family. There are true stories of other grandparents who have had to cope with difficult situations because of drugs. Some names have been changed, and models have been used in some instances to protect people's identities. We also look at how you can help your grandchild through the journey of coming to terms with the impact of their parent's drug use.

The issues surrounding problematic drug use can be complex. This resource highlights some of the situations you may face. See page 30 for details of useful publications and organisations that can help you explore the issues in greater depth.



WHAT YOU ARE GOING THROUGH

YOU AND YOUR WAY OF LIFE

You may have expected to be taking things easy now, especially if you are retired. But, if your son or daughter has a drug or alcohol problem, you may find yourself in the position of having to decide whether or not you are able to take on the role of carer for your grandchildren. Whatever decision you make, you may feel angry or resentful towards your son or daughter. This is completely understandable.

If you have decided to look after your grandchild or grandchildren, it can take its toll on you physically, emotionally and financially. You could also face changes to your way of life. You may have to make some adjustments to accommodate caring for your grandchild or grandchildren, including changes to your relationships with the rest of your family. But it is important for your sake that you also try to maintain contact with friends and outside interests. Some areas have local support groups especially for grandparents whose families are affected by drugs.

Children will not necessarily display behavioural problems because of their parent's drug use, but some may have problems as a result of disruption in their lives. If you find that your grandchild is having some difficulties, there is help available to you. Your GP can advise on specific issues and whether your grandchild needs referring to a specialist agency for emotional or behavioural problems. There are local child and adolescent mental health services available which can be accessed through your GP. Your grandchild will also be assessed at school for special educational needs if he or she is having problems. This also includes support for emotional and behavioural problems.

You will also have your own needs and you must not neglect your own health. If you need extra support with practical issues such as

mobility or respite care, contact your local Social Services department for help and advice.

Crucially, bringing up children has financial implications which may drain your resources. However, you may be able to access benefits normally available to parents, and you should investigate your entitlements to these. You can also get further information from your local Citizen's Advice Bureau.

There are many challenges, but, despite these, bringing up your grandchild can be a very rewarding and enjoyable experience for both of you.

YOUR PARTNER AND THE REST OF YOUR FAMILY

Whether you are a grandmother or grandfather, if you have a partner it is important to involve them in any decisions you make regarding your grandchild. If they are the step-grandparent they may also need time to get to know your grandchild. If issues are not addressed and talked through, a partner may feel isolated or pushed out, which in turn puts an extra burden on you as the main carer.

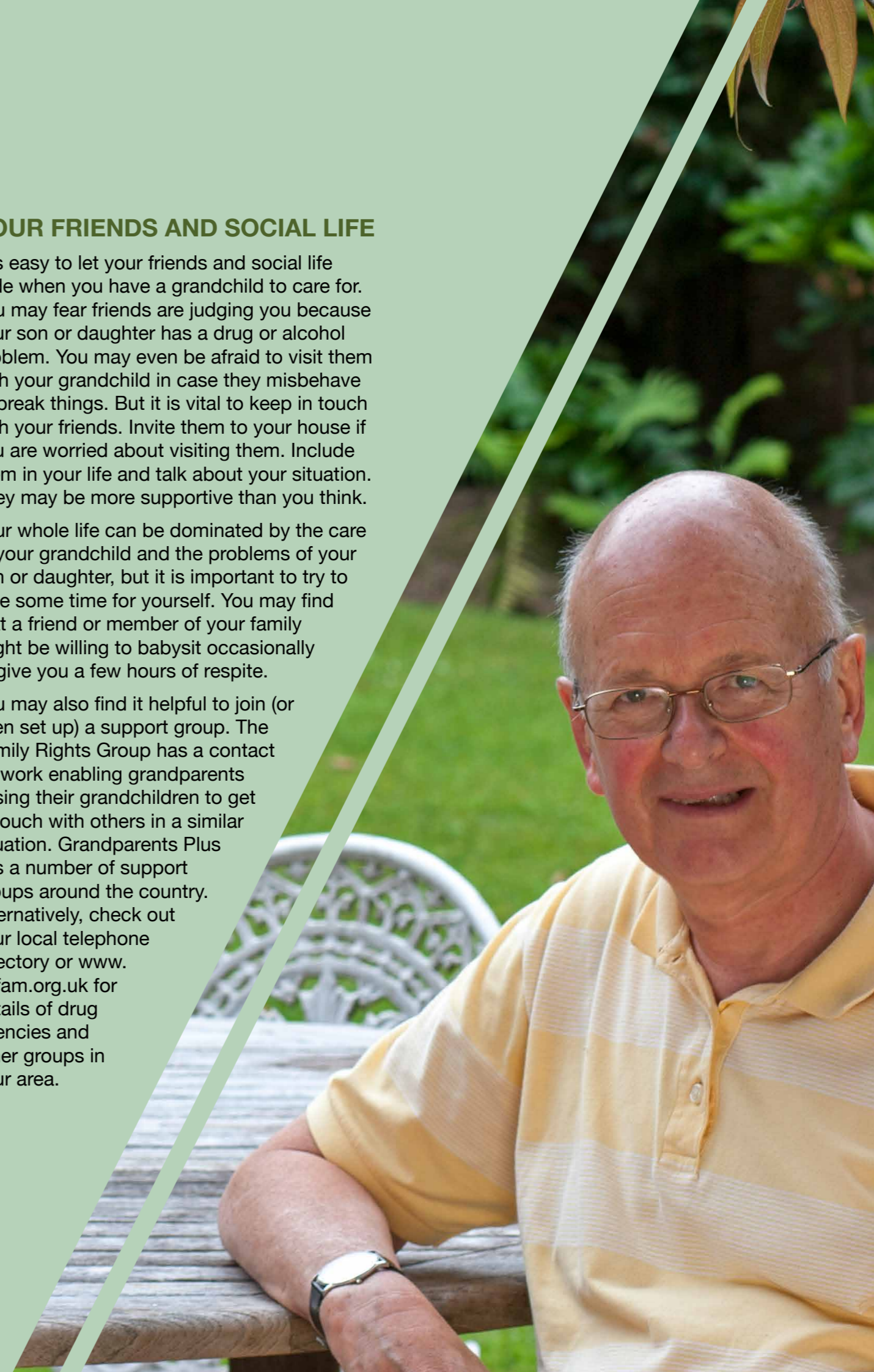
The new arrangements can affect relationships with other members of your family. If you have other children, they may feel resentful towards their brother or sister who has put you in this position. They may feel very protective towards you and see the extra demands of bringing up your grandchild as a burden you should not have. You may also find that, if you have other grandchildren, they may feel jealous of the extra time you spend with their cousins. This can be difficult for you, especially on family occasions. But it can also be the case that your family will rally round and offer you a great deal of support. Try to be as open as possible with them to help them understand the new situation.

YOUR FRIENDS AND SOCIAL LIFE

It is easy to let your friends and social life slide when you have a grandchild to care for. You may fear friends are judging you because your son or daughter has a drug or alcohol problem. You may even be afraid to visit them with your grandchild in case they misbehave or break things. But it is vital to keep in touch with your friends. Invite them to your house if you are worried about visiting them. Include them in your life and talk about your situation. They may be more supportive than you think.

Your whole life can be dominated by the care of your grandchild and the problems of your son or daughter, but it is important to try to take some time for yourself. You may find that a friend or member of your family might be willing to babysit occasionally to give you a few hours of respite.

You may also find it helpful to join (or even set up) a support group. The Family Rights Group has a contact network enabling grandparents raising their grandchildren to get in touch with others in a similar situation. Grandparents Plus has a number of support groups around the country. Alternatively, check out your local telephone directory or www.adfam.org.uk for details of drug agencies and other groups in your area.





“
Mummy takes drugs that
are bad.”

JULIE'S STORY

Julie is in her forties and went straight from looking after her children to becoming a full-time carer for her grandchild. But she had to apply to the courts to look after Jacob, even though her daughter agreed to it. Now, Jacob's mother is clean and living back at home, but Julie knows they have to take things one day at a time.

Julie had the information from her local support group for relatives of drug users for eight months before she did anything. But she says that reading that information was so important: “It was a real eye-opener hearing other people's stories, it made me realise how much in denial I was.”

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With some good advice from a social worker, Julie applied for a Residence Order to look after her grandson Jacob. Her daughter was a drug user and agreed to let Julie look after her child, which made it easier, but even so they had to go to court. “I felt awful – it looked as though we were fighting each other.”

Living together, Julie and Jacob have grown very close. Key to the relationship is Julie's decision to answer his questions honestly. “I decided not to lie when Jacob asks me things. I would rather he hears it from me: ‘Some drugs are good, and some are bad. Mummy takes drugs that are bad’.”

Now Julie has a very positive, open relationship with her daughter, who is recovering from her drug addiction and is living at home with Julie and Jacob. But Julie is taking things one day at a time: “We are just starting out, we don't know how long the journey will be.”

WHAT THEY ARE GOING THROUGH

TALKING TO YOUR GRANDCHILD

Grandparents who have a close relationship with their grandchildren may have a great advantage over other carers. To your grandchild you are their family. You represent their roots and provide a secure base for them, as well as an ongoing and secure relationship.

Whether your grandchild is coming to live with you or just visits occasionally, you should be open and relaxed with them. This means not keeping secrets from them. As they get older they will need more details about their situation and parents. They may not always ask if they think it is a sensitive issue. So you should use your initiative to judge when is the best time to give them more information. Be reassuring when you do so.

Even if you want to protect your grandchild from painful things, it will be harder for them to deal with if they find out unexpectedly without your support or after your death. It may be hard to speak about their parents' problems, especially the drug or alcohol use that may have led to criminal behaviour, but your grandchild has the right to know about it.

A helpful way of introducing the subject is to keep items and letters from their parents for them. It is part of their inheritance and they may treasure these things in years to come. As a teenager they should also be allowed access to their birth certificate.

It can be heartbreaking for grandparents who become their grandchild's primary carers when their grandchild wants to call them mum or dad. Much as they may want to, it is better to keep your family roles clear from the start. It's much harder if your grandchild thinks you are their parents and only discovers later that this is not the case. You can still find other affectionate terms they can call you by, such as nan and pop, or whatever you feel comfortable with.

'Second Time Around – a guide for grandparents raising their grandchildren' is available from the Family Rights Group. It gives useful advice on relationship issues for grandparents and their grandchildren.

TAKING OVER THE PARENTING ROLE FROM YOUR SON OR DAUGHTER

If you become the grandchild's primary carer, it's important to have some ground rules about how you are going to handle things. If the parent is still going to be involved, try to get them to agree to a plan and stick to it. This may include rules about the regularity of their visits or giving gifts.

Your grandchild will need to build security and trust in their relationships, both with you and their parents. It is important that they know who is in charge and who is making decisions for them regarding schooling, contact and whether one day they may return to their parent(s).

This means you must prioritise their needs, even over those of their parents. This may be difficult for you, even though your son or daughter is now an adult, as you will have a long-established parental role with them. It may strain loyalties within the family. But it is a test of the commitment you are making to your grandchild. Be clear where your priorities lie, and establish boundaries around the involvement of your grandchild's non-resident parent(s).

YOU AND YOUR GRANDCHILD

At some point, your grandchild will have to face the reality of you not being their parents and having a 'different' family arrangement. Whilst some may not display behavioural or emotional problems or experience difficulties in adjusting, others may bring with them the traumas they have suffered.

For them, it may feel like going into care, only with the advantage of a sense of belonging to you. If they have had bad experiences, they may have behaviour problems and could resist forming new attachments. This requires patience. It can help if you try to show that you accept your grandchild despite their behaviour. But if their problems are extreme, you may well need expert help and you should talk to your GP and Social Services, especially if you are a foster carer. You should also contact the education welfare staff at your grandchild's school.

It can be a difficult path to tread, but be encouraged that children brought up by their grandparents can be well-adjusted and do just as well as those brought up by their parents, and often better than those in care. The security, love and protection that you give them really can make a difference.





PATRICIA'S STORY

Patricia tried everything she could think of to help her daughter stay away from drugs. She even bought her a house to get her away from the pushers. Then she was told her grandchildren were going to be adopted. She felt that the bottom had fallen out of her world.

Patricia would do anything for her children. That's why she finds it so hard to understand why her daughter takes heroin. And she doesn't doubt that her daughter loves her own children, so why can't she just give up taking drugs?

At first, Patricia kept the details of her daughter's drug problem from her husband so he wouldn't be angry, but now values his strength and support. She often gave money to her daughter to help out but, when she discovered that the TV had been sold to pay for drugs, she started to realise there was a problem. "But," she says, "when your daughter asks you to pay for nappies and electricity, what can you do?"

As a last resort, she began to mark the things she bought for her daughter and grandchildren, so they couldn't be returned to the shop for cash.

Her daughter still doesn't know it was Patricia who called Social Services. But Patricia felt she was left no choice as she felt it would be the only way to get help. And then there was the agonising period when the decision was being made about whether the children should be put up for adoption or put in the care of the grandparents. As much as they would have liked to, Patricia and her husband felt that it just wasn't practical for them to look after them full time. So, the children went to live with their other grandparents, but they still come to stay sometimes. As Patricia says, "You have to think what is best for the grandchildren."

“
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grandchildren.”



DEALING WITH CONFLICT IN FAMILIES WHERE THERE IS SUBSTANCE USE

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 who create what happens, because each influences the other and each is affected 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.



“
I feel robbed of my normal
grandparent role.”

MAUREEN'S STORY

Maureen is nearly 60 and has been looking after her two young grandchildren since they were babies. Although she feels that being around them helps to keep her young, she worries about what the future would hold if she became ill. She longs for a couple of nights off now and again, but is concerned that the children might be fostered if she asks for respite care.

Like so many parents of drug users, Maureen tried to do everything to help her daughter Louise. She gave up her job to look after her. She moved house to get Louise away from the drug pushers. She even went on a counselling course.

She found Louise a place on a sports and health programme designed to help users combat their drug use. However, instead of returning home clean, Louise came back with a drug-using boyfriend. Maureen refused to let them stay and six months later her daughter fell pregnant. Again, Maureen stepped in to help her daughter and kept her clean through the pregnancy by constantly watching her.

Maureen has helped care for Louis, now aged seven and a half, since birth and has had residency since he was three years old. She has also looked after Alysha, aged four, since she was 2 years old. “They asked me if they could call me mum, I said no, because they know I’m not their mum. They need to have someone to call mum.”

Now she is getting older, Maureen is increasingly worried about what will happen to her two young grandchildren. “If something happens to me, they will go into care and could get lost in the system. Then, I don’t think Louise would ever get them back.”

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**.

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

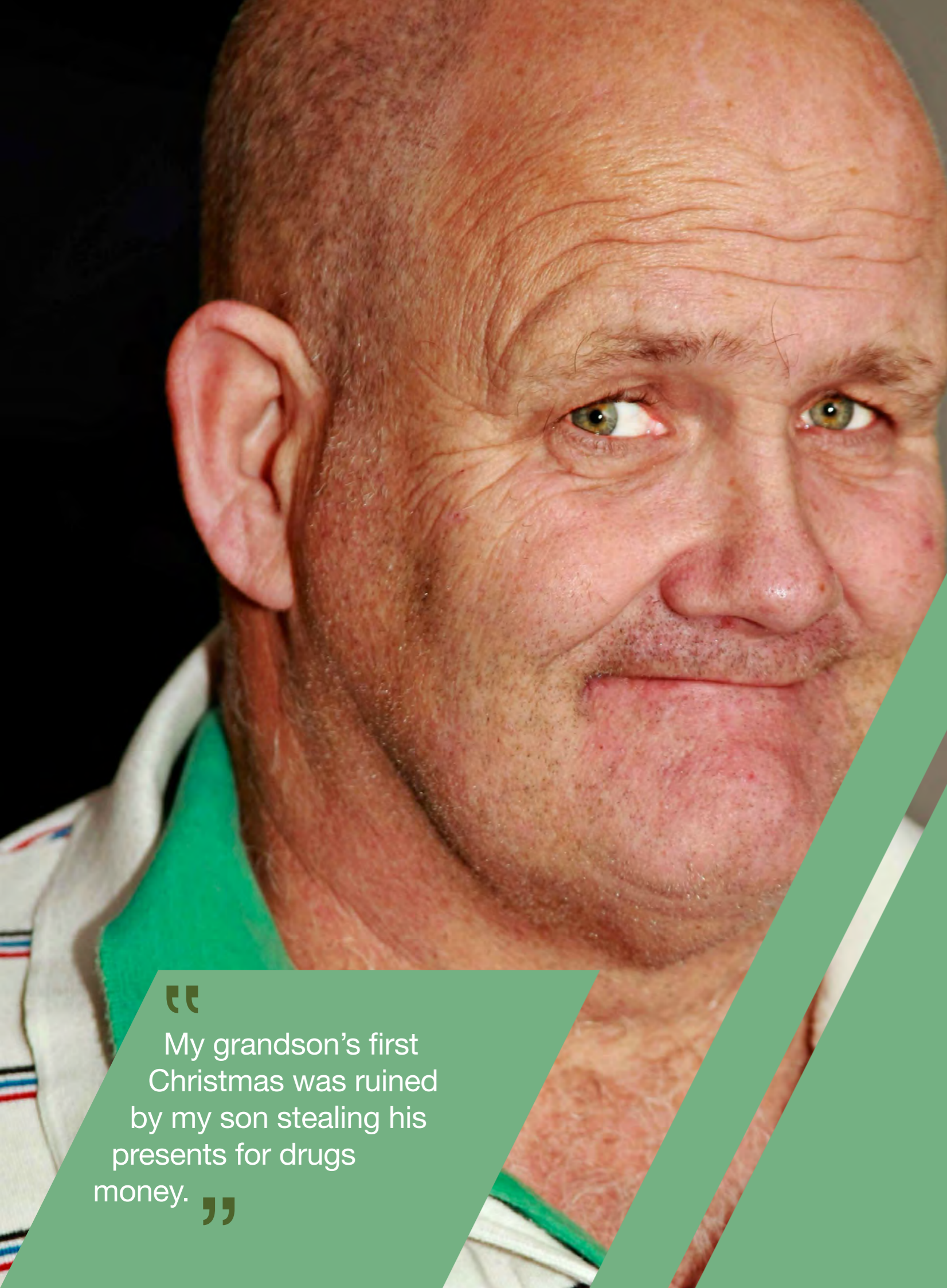
Steroids and image enhancing drugs (IEDs) mimic natural hormones in the body that regulate and control how the body works. Anabolic steroids are the type most likely to be misused: some people take them to help build muscles, because they are similar to the male hormone testosterone. They can make some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



“
My grandson’s first
Christmas was ruined
by my son stealing his
presents for drugs
money.”

JOHN’S STORY

John thought that becoming a father would turn his son’s life around and he wouldn’t need drugs any more. His grandson’s first Christmas should have been one of the happiest days of his life. But before the Christmas pudding had been served, his son had disappeared with his baby’s presents in search of a hit.

John won’t let his son live with him anymore. Not since he stole everything – his money, food from the freezer, even the boiler off the wall. That was the final straw, when they returned to find the boiler gone and the gas leaking. He had put his sister’s life at risk and John couldn’t take any more. He will always press charges now.

When his son was in the Youth Offenders Institute, his baby was due to be born. John was convinced that having his own child would give him such a high he wouldn’t need heroin. He even wrote to the judge to tell him so. He couldn’t have been more mistaken: “How wrong I was. My son stole his own child’s Christmas presents to get money for drugs.”

John feels he has to stay involved now for the sake of his grandson, Toby. “I am closer to Toby’s mother than my son, actually. I have tried to get her to leave him. But, she says she loves him. I know how she feels because I love him too. I always will – I’m his father.”

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:

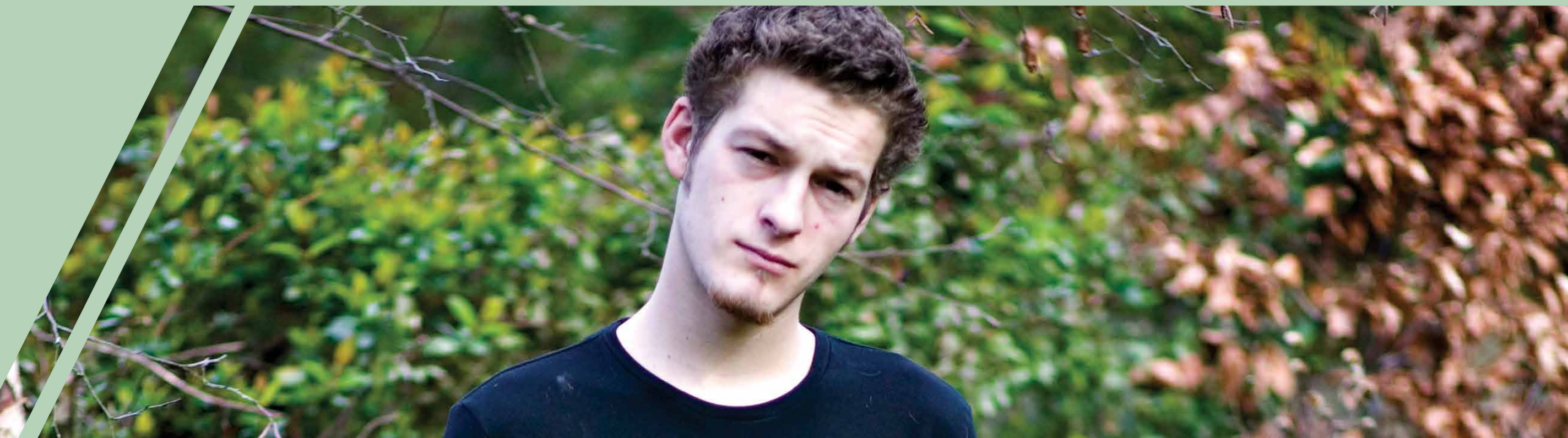
- // They invite the user to be more responsible for their behaviour
- // They model a healthier and safer way of relating between people
- // They help families to reduce the impact of substance use and its associated behaviour on their lives
- // They help the whole family to break down the roles that 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.

SEEKING SUPPORT

Setting boundaries and changing your relationship with a user is difficult for most people. It can be especially hard if you feel isolated and unsupported. It can be beneficial to find individuals or organisations that will support and help you as you try to address the conflict that may be happening in your relationships. You can search for local services which support families affected by substance use on the Adfam website www.adfam.org.uk. It also has a list of national support and information agencies which may be able to help you with the specific problems you face.

GETTING HELP

LEGAL RIGHTS AND ADVICE

Understanding some basic legal facts could help you choose the best way forward for you and your family.

PARENTAL RESPONSIBILITY, RESIDENCE ORDERS AND GUARDIANSHIP

To gain parental responsibility of your grandchild you must apply to the courts for a Residence Order or become the child's guardian.

A grandparent is only likely to be appointed guardian following the death of the child's parents. If you will be caring for your grandchild for the foreseeable future it is more usual to seek a Residence Order. Without this you could have difficulties giving consent for medical treatments, passports or school trips.

FOSTERING RIGHTS

If your grandchild is in care, the local authority has parental responsibility even if you are the foster carers. You will be granted certain rights to make day-to-day decisions, but it may still be advisable to apply for a Residence Order.

ADOPTION

You can apply to adopt your grandchild but, as this would distort existing family relationships, it is highly unlikely to be granted except in special circumstances. You may wish to enquire about Special Guardianship. This gives more parental responsibility than a Residence Order but is not as final as adoption.

SEEKING LEGAL ADVICE

If you are considering any of the above you should seek legal advice. The solicitor you choose should preferably be a member of the Law Society's Children's Panel or the Solicitor's Family Law Association. The Family Rights Group and the Grandparents Association both have helpline staff who can give advice on status issues.

BENEFITS

Currently there is no specific financial benefit or allowance for grandparents bringing up their grandchildren. However, you may be eligible for:

- // Child Benefit
- // Working Tax Credit
- // Pension Credit
- // Personal Independence Payment

You may also be entitled to extra benefits and payments such as Income Support, Support for Mortgage Interest, Council Tax Reduction, Housing Benefit, Additional State Pension, Guardian's Allowance, and Child Maintenance.

SOCIAL SERVICES PAYMENTS

Your local Social Services department may, in some circumstances, grant extra payments although these can sometimes affect your other benefits. Payments include Residence Order allowance, Section 17 payments, and foster care allowance.

THE SOCIAL FUND

You can apply to the Social Fund for a budgeting loan (currently up to £1,500) in exceptional circumstances.

WORRIED ABOUT YOUR PENSION?

If you have had to give up work in order to care for your grandchild, and you think your pension is going to suffer as a result, you may be eligible for National Insurance credits. If you were a foster carer for a complete tax year before April 2010, you may be entitled to Home Responsibilities Protection.

CHECK YOUR ENTITLEMENTS

You can check your entitlements and get detailed advice from your local Citizen's Advice Bureau. You can claim benefits from your local benefit office and ask your local Social Services department if you qualify for any discretionary payments.

GETTING HELP AT HOME

As well as Social Services, some charities and government schemes may be able to help. The charity Homestart organises flexible family visits in the home where the volunteer and family decide how the time will be spent. You could also visit your nearest Sure Start centre for help with childcare.

TALKING TO THE SCHOOL

It's essential to keep your grandchild's school informed. They will need to know if you have been granted parental responsibility and of any court orders or injunctions regarding parental contact. The school should keep you informed of any developments, even if you do not have parental responsibility but are caring for your grandchild. The local authority may be able to help with school transport, uniforms and meals, but arrangements vary locally.

TALKING TO PROFESSIONALS

At times you may need to speak to a solicitor, council department or other professional. Don't be afraid to ask for what you need.

The conversation will be easier if you are clear about the points you want to make. You may find it helpful to make some notes beforehand or take a friend or advocate along to any meetings. Keep records of any arrangements you make for your grandchild as it will help you to sort out any problems more quickly. Always make a note of the date and the name of the person you are speaking to. Photocopy any letters you send and keep all information and correspondence in a file, so you always know where they are. Don't be afraid to challenge a decision you think is wrong or query information you are given.

CHECKLIST

HAVE YOU CHECKED OUT YOUR LEGAL SITUATION?

- // You can get free advice from your local Citizens Advice Bureau.
- // You may qualify for legal aid if you need a solicitor.
- // Grandparents Plus published a useful booklet called 'The Children Act – What's in it for Grandparents?' and have an advice line. They can also put you in touch with a solicitor who specialises in family law.
- // The Family Rights Group provides advice and support for families whose children are involved with Social Services. Their 'Second Time Around' publications are very helpful and they also have an advice line (see list below).

DO YOU KNOW WHICH BENEFITS YOU ARE ENTITLED TO?

You can get detailed advice tailored to your needs from your local Citizens Advice Bureau (call 03444 111 444 [England] or 03444 77 20 20 [Wales] for details of your local branch), or seek help from the sources below:

- // www.gov.uk/disability-benefits-helpline
- // Pensions advisory service – 0300 123 1047
- // www.direct.gov.uk
- // www.citizensadvice.org.uk and www.adviceguide.org.uk
- // Your grandchild's school, for example with free school meals, uniforms or transport
- // The organisations listed below

ARE YOU AWARE OF YOUR RIGHTS AND STATUS WITH RESPECT TO YOUR GRANDCHILD?

- // Find out who has parental responsibility for your grandchild.
- // If you feel you need to be assigned parental responsibility for your grandchild, you need to apply for a Residence Order through the courts. The courts can help you fill out the forms or you can access a DIY guide from the Family Rights Group website.
- // If the parents of your grandchild have died, you may have been named as guardian in their wills, or you may wish to apply for guardianship through the courts.
- // If your grandchild is in care, the local authority will have parental responsibility, even if you are the foster carers, but you could still apply for a Residence Order to gain this right.
- // A suitably qualified solicitor will be able to advise you on issues of parental responsibility and contact. You could also get in touch with CoramBAAF Adoption & Fostering Academy for further advice.



USEFUL ORGANISATIONS

ADFAM

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

Tel: 0203 817 9410
www.adfam.org.uk

CARERS UK

Help and advice on caring

Advice line: 0808 808 7777
www.carersuk.org

CHILDLINE

Helpline for young people

Tel: 0800 1111 (free, 24 hours)
www.childline.org.uk

CORAMBAAF ADOPTION & FOSTERING ACADEMY

Membership organisation improving outcomes for children and young people in care

Tel: 0300 222 5775
www.corambaaf.org.uk

DRUGSCIENCE

Objective information on drugs and drug harms

www.drugscience.org.uk

DRUGWISE

UK centre of expertise on drugs

www.drugwise.org.uk

FAMILY LIVES

Parenting advice and family support on all aspects of family life

Helpline: 0808 800 2222
www.familylives.org.uk

FAMILY RIGHTS GROUP

Free legal and practical advice to families

Helpline: 0808 801 0366
www.frg.org.uk

FRANK

Advice and information for anyone concerned about drugs

Helpline: 0300 123 6600 (24 hours)
www.talktofrank.com

GINGERBREAD

Support organisation for lone parent families

Helpline: 0808 802 0925
www.gingerbread.org.uk

GRANDPARENTS PLUS

Information and support for grandparents on their grandchildren

Advice line: 0300 123 7015
www.grandparentsplus.org.uk

HIT

Information on drugs, especially drug-related harm

Tel: 0844 412 0972
www.hit.org.uk

NATIONAL ASSOCIATION OF CITIZENS ADVICE BUREAUX

Free advice to everyone on their rights and responsibilities

Tel: 0344 411 1444 (England)
or 0344 477 2020 (Wales)
www.citizensadvice.org.uk

RESOLUTION

National organisation of family lawyers

Tel: 0168 982 0272
www.resolution.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

SINGLE PARENT ACTION NETWORK (SPAN)

Representing the diversity of one parent families across the UK

Tel: 0117 955 0860
www.spanuk.org.uk

THE CHILDREN'S SOCIETY

National charity supporting young people

Tel: 0300 303 7000
www.childrenssociety.org.uk

SPECIAL THANKS TO:

- // Group Awareness and Support for Parents Encountering Drugs (GASPED)
- // Addictive Behaviour Service
- // Family Rights Group
- // Family Law Association
- // The Grandparents' Association
- // Grandparents and their grandchildren who told their stories

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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) 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

www.adfam.org.uk