

Journeys

**Men affected by someone else's
drug/alcohol use**

based on true stories from a father, a brother, a grandfather and partners



Adfam

Families, drugs and alcohol

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Men are just as likely as women to be affected by someone else's drug and alcohol use but are perhaps less encouraged or feel less comfortable seeking support. Men can also struggle with what they may perceive as their apparent inability to 'sort out' and 'fix' the problem user; they might suffer ill health and stress as a result but are less likely to access drug and alcohol family support services for help and advice. This booklet is written with men in mind with stories that illustrate men's experiences, their journeys, how they cope and where they can go for help.

SUBSTANCE MISUSE

Drugs and alcohol

The word 'substance' is used to refer to anything that we take that affects how we think, feel or behave – this can include alcohol and tobacco, and also refers to a range of legal substances that people can misuse, such as prescription medicines. For the purposes of this booklet we will be talking about drugs and alcohol and when we use the term 'drugs' we are referring to illegal drugs – such as cannabis, ecstasy, heroin and crack cocaine. Whether you know a lot about drugs and alcohol or not, when someone's drug and/or alcohol use becomes a problem it can be an alarming, confusing and often devastating experience. Understanding and learning about drug and alcohol use is a good place to start, but don't expect that this knowledge by itself will put you in a position to control or 'fix' someone else's use or behaviour: you might find yourself caught up in their cycle of lapse, relapse and recovery and it might be necessary to start thinking of ways to cope and develop resilience for yourself.

So it is important to know that you are not alone – in fact, there will be a lot of people at this very moment trying to cope with the repercussions of drug and alcohol use within their family and dealing with its effects on their relationships. According to the 2015/16 British Crime Survey under 1 in 20 (4.3%) adults aged 16 to 59 had taken a drug in the last month with over one-third (35.0%) of adults aged 16 to 59 who had taken drugs at some point during their lifetime. This is an increase from 30.4 per cent in the 1996 survey, but similar to more recent figures, such as 35.1 per cent a decade ago in the 2005/06 survey. Use of illegal drugs in a person's lifetime is likely to be affected by generational effects. However, only a small number of people who experiment with drugs go on to develop a problematic use: the Government estimates there are 332,000 problem drug users (those taking heroin and crack cocaine) with the National Alcohol Strategy 2007 stating there are around 1.1 million dependent alcohol users. The NHS Statistics on Alcohol (2015) highlights the prevalence of alcohol dependence is around 5.9 per cent (8.7 per cent of men, 3.3 per cent of women).

For men, the highest levels of dependence were identified in those between the ages of 25 and 34 (16.8 per cent), for women in those between the ages of 16 and 24 (9.8 per cent). Most recorded dependence was categorised as mild (5.4 per cent), with relatively few adults reporting symptoms of moderate or severe dependence (0.4 per cent and 0.1 per cent respectively).

For information and publications on families drugs and alcohol, contact Adfam at www.adfam.org.uk and Talk to Frank at www.talktofrank.com

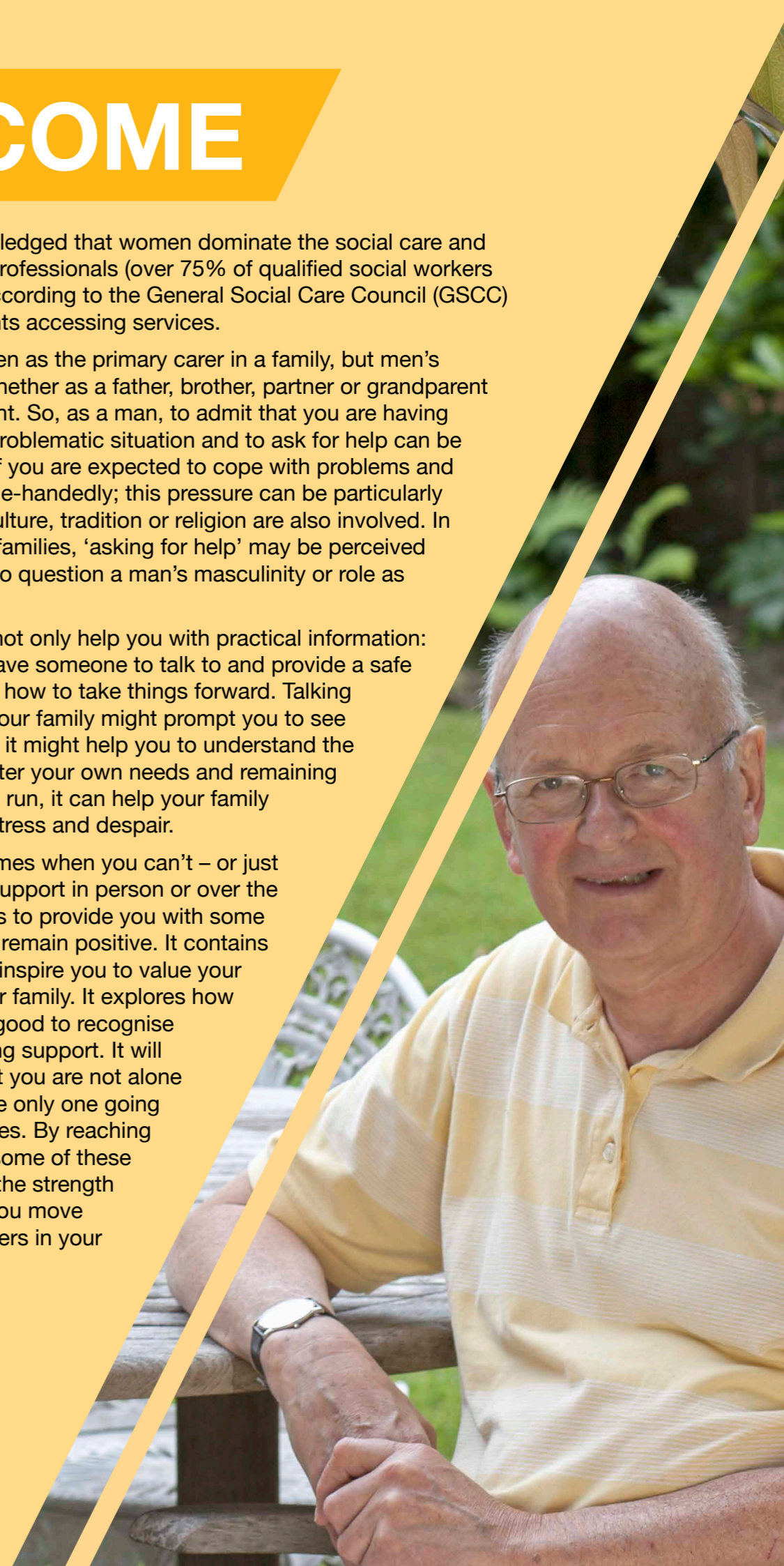
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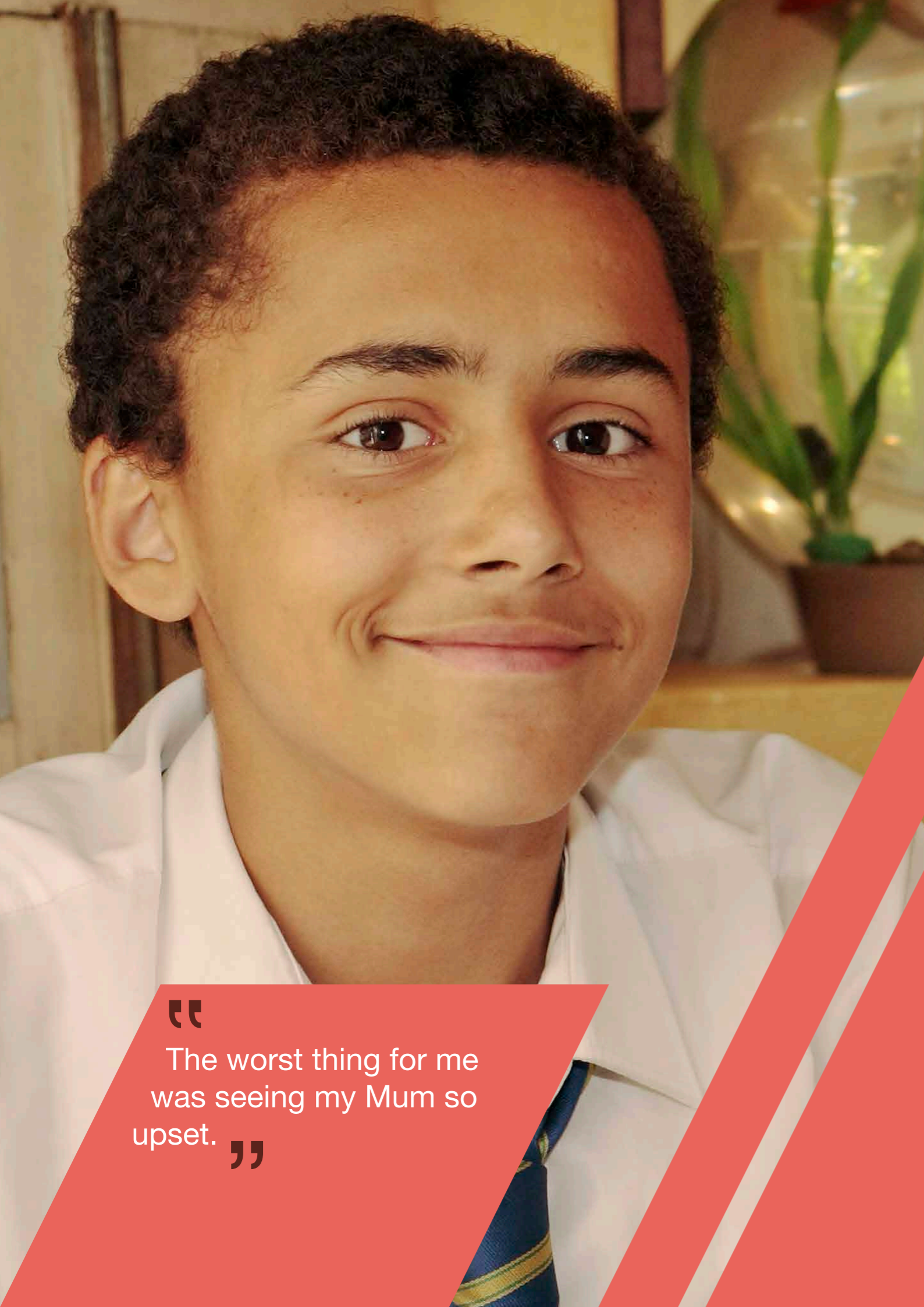
It has long been acknowledged that women dominate the social care and support fields, both as professionals (over 75% of qualified social workers in England are female according to the General Social Care Council (GSCC) figures) and also as clients accessing services.

Women are still often seen as the primary carer in a family, but men's roles and influences – whether as a father, brother, partner or grandparent – can be just as important. So, as a man, to admit that you are having difficulty coping with a problematic situation and to ask for help can be hard. You might feel as if you are expected to cope with problems and support your family single-handedly; this pressure can be particularly strong when issues of culture, tradition or religion are also involved. In some communities and families, 'asking for help' may be perceived as negating or calling into question a man's masculinity or role as provider.

Accessing support can not only help you with practical information: it can also help you to have someone to talk to and provide a safe space for you to explore how to take things forward. Talking to someone outside of your family might prompt you to see things in a different way; it might help you to understand the importance of looking after your own needs and remaining positive; and, in the long run, it can help your family overcome moments of stress and despair.

However, there will be times when you can't – or just don't want to – access support in person or over the phone. This booklet aims to provide you with some comfort and help you to remain positive. It contains real stories from men to inspire you to value your role and influence in your family. It explores how men cope and why it is good to recognise the importance of seeking support. It will also help you realise that you are not alone and your family is not the only one going through these experiences. By reaching out – or simply reading some of these stories – you might find the strength and motivation to help you move forward and support others in your family.





NAZ: A BROTHER'S STORY

My brother Sohail is 34 years old. There is a big age gap between me and my brothers – I'm only 22 – but we are a very close family, me, my two brothers and my parents.

We are a traditional Asian family, brought up with a religious background and good morals.

When my brothers left school they started working full-time. Although they had steady wages they chose to stay at home and live with the family, and saved up and bought their own cars. They were homely, hardly ever went out and used to come home after work to spend time with the family. Four years ago Sohail didn't come home one night; he texted us to say a friend was in trouble and needed help. The next day he explained he met a girl who had been raped and needed his support. From then on he regularly disappeared, didn't get in touch and was secretive and moody.

We found out the girl was addicted to heroin and instead of helping her out of the seedy world of drugs, he was sucked in. He used our house

like a hotel, coming and going as he pleased, not telling us what he was doing, where he was going, lying and cheating his way through life. Gradually he lost his job, his car and all his savings. One day, he made mum give him her life savings of £3,000, which just disappeared. He even 'borrowed' £250 of my student loan. The worst thing for me was seeing my mum so upset.

Life continued this way for some time and started to cause splits in the family; my mum and brother wanted to stick by him and dad and I wanted to kick him out. Mum started to lose weight rapidly and lost contact with the rest of her family for fear of them finding out about Sohail. She was ashamed when people mentioned they'd seen him with 'undesirables' and she began to pray day and night, and cut herself off from the rest of us.

Things went from bad to worse. He started to steal things from the house and from extended family members. One day he went mad in a fit of rage, kicking and punching. Luckily my dad, my brother and I were home and we controlled him, but it ended up looking like we'd given him a beating. The police took him away and my dad disowned him. We were distraught that we had had to hit him, chuck him out and involve the police.

He soon wheedled his way back, always with some excuse, some lie, and some story. We always wanted to believe him so this happened time and again in between his stays in prison until, one day out of the blue, he disappeared with no clothing, no explanation and didn't come back for a year. Finally, we could focus on ourselves: mum began to recover and relationships in the family improved, but there was always sadness in our hearts about Sohail.

We never got any support – we weren't aware of any services for families. Even if we did know about services we probably wouldn't have felt comfortable using them as they might not understand our culture and anyway, my mum's English isn't that great. Now Sohail is back in touch with us but lives in his own flat. He is in recovery and seems to be doing well; it feels like I have my old brother back. Even though he is making lots of progress we still cannot trust him 100 per cent – this will take time.

“
The worst thing for me was seeing my Mum so upset.
”

A BROTHER'S JOURNEY

WHAT YOU MIGHT BE GOING THROUGH

Having a brother or sister with a drug or alcohol problem can be especially difficult. You may find yourself facing a whole new range of practical and emotional issues. Whether you are trying to support them, speak honestly to them or, in some cases, distance yourself from them, you may feel unable to discuss the situation or ill-equipped to handle it. You may also feel angry, worried, frustrated, ashamed or helpless. You may feel a sense of sadness at the loss of the person your brother or sister used to be. If you were the first one to find out about their use you might be feeling under pressure to hide it from your parents or other relatives, or you might feel the secrecy is too much to bear and fear being disloyal to them. You might also be worried that your brother or sister may come to harm, or you might feel guilty because you know what's happening and the rest of the family doesn't.

Sometimes if your brother or sister is taking drugs you might feel curious and tempted to join in too, to share the experience with them. Worse still, you might have been the one who introduced drugs to your brother or sister and now feel responsible for their

use getting out of control and feel uneasy talking about your concerns. You could find yourself acting as the bridge between your sibling and your parents or other members of your family and being in the middle is taking its toll on your health and well-being.

Maybe you suspect that drugs are a problem but don't know for sure and feel confused about how to handle things. Maybe the problem is alcohol and you notice that their drinking is getting out of control and they are getting into problems with it. You might want to try to help them, or be so tired of the situation that you don't want to get involved at all. You might also feel extremely angry at the stress this is causing your family; maybe your relationship with your parents has suffered and you feel resentful at their lack of attention.

These are all natural feelings faced by others in the same situation as you and sometimes it can be useful at this stage to make the decision to seek help by looking for information online, calling a helpline, grabbing some information leaflets or accessing a self-help group or peer support group – this does not mean you are not strong or able to cope, it just means you are keen to learn more and move forward.

FAMILY RELATIONSHIPS

If your brother or sister uses drugs you might feel caught in the middle. It is never an easy position for anyone to be in, and not one that you will have planned to be in at all. You might feel that you have to sort things out for your family – indeed you might feel that is what is expected of you, especially if your father is not around.

Seeing your mother upset and potentially being manipulated by the user is hard and can provoke strong, protective feelings

towards her and animosity towards the user. The pressure of the situation might cause rows within the family and between your parents, or you might decide you have had enough and prepare to move out and/or cut yourself off from the rest of the family.

At times you might feel that you cannot support your brother or sister with their drug and/or alcohol use and you might feel that you need to detach from them or build some barriers between you – sometimes called 'tough love'. This is not at all uncommon and sometimes helps you to move forward with your life. You might still want to access some help though, especially if you have feelings of guilt or selfishness.

ADDRESSING THE SITUATION

Whether or not you decide to talk to them directly about their drug or alcohol use, addressing the situation should not only revolve around your brother or sister's needs or those of other members of your family. It is also important to look at the situation in terms of how it affects you and your life.

Culture, tradition and religion

Conversations about drug and alcohol use might be even more difficult when issues of culture, tradition or religion are involved. For example, alcohol is prohibited in many Asian cultures so admitting to a problem is quite a big thing for families who may have to deal with additional stigma, fear and isolation. You might feel your family's reputation is at stake and your family will be marginalised in their community. You might also feel there is no help out there for you and see language as a barrier to accessing reliable information. If your relative is accessing treatment, not understanding or believing the confidentiality policy offered by services might further deter you from accessing help. As a man, you might also feel it will be more difficult to access support and open up about your experiences; you might feel that you just have to put on a brave face, get on with life,

and hide your emotions from others. If you are struggling don't let those things put you off: there are a number of agencies you can contact for support or to point you in the right direction (see page 30).

TALKING IT THROUGH

If you decide to talk to your brother or sister about their drug use:

// Gather your thoughts

Think about what you want to say in advance. It can help make the conversation easier.

// Choose the right moment

Pick a time when you are calm, try not to get caught up in attributing blame and don't patronize.

// Invite them to respond

You could start by letting them know that you've noticed some changes in their behaviour that concern you, and asking them if there is anything they'd like to talk to you about.

// Be concrete and specific

Try to ask questions about how, when and where their drug use began rather than asking directly why it began – even they may not know the answer to that.

Remember that there are no quick fixes. It is important not to isolate yourself: find someone you can talk to like a close friend or family member, a colleague or teacher, a workmate, someone in your local place of worship or community group, your GP or perhaps some other professional. If you or your family have experienced violence in the home, it is good to know that a number of agencies including the police can help (see page 30) and that you do not have to suffer in silence.

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.

DRUGS AND THE LAW

You might get drawn into illegal activity and placed in risky situations sometimes without even realising it e.g. allowing drug use/activity in your premises, drugs found in your vehicle. If you think you are involved in illegal activity or risk being involved in it contact Release, Tel: 0845 4500 215, www.release.org.uk

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**.



“ I am taking things one day at a time, still keeping in touch with my children and trying to be a good role model for them. ”

TONY: A PARTNER'S STORY

I'm facing the most agonizing decision of my life – leaving my partner Sharon, the mother of my children, as I cannot cope with her drinking.

My past is not perfect – I used to be a drug user and drank more than I should have. I have now been clean for 16 years. I still attend Narcotics Anonymous (NA) and sometimes worry one day I'll relapse. That thought, I suppose, is always inside my head.

Being affected by someone's drug or alcohol use is much harder than I thought it would be. During my drug taking years I worried for no one: the only thing I had to worry about was how and where to score the gear. But, as a family member you worry about your partner, your children and yourself, wondering how you are going to cope from one day to another.

Sharon had been drinking for a number of years and eventually Social Services became involved. I got annoyed that she could not see

what she was doing and frustrated that the kids seemed to be always worried for her, as I could see it affecting them. I never got any help from Social Services and my needs were always ignored – they never gave me any information or support. They never considered me and kept me to the side, despite me being the father of the children and living with them. Alcohol treatment services were the same: if I wanted to know if she kept to her appointments they always told me it was confidential, but all I wanted was to keep a track of how she was doing. At times I got quite upset and I suppose angry and verbal with them. I'd arrange to pick Sharon up from her appointment but they could not tell me if she was even there. This was really frustrating and caused friction and distrust in the relationship; I hated not being in control.

I now attend a family support service: I go to group meetings and find them really helpful. At first I was a bit apprehensive – the group was mainly women but they made a huge effort to make me feel welcome.

It has been so important to hear from other family members and relate to what they are saying; only now have I started to think long and hard about the impact my own use had on my mother and father.

If I could change drug and alcohol treatment services it would be to make them more family friendly, to make sure they listen to family members that pick up the pieces on a daily basis and take into account the needs of children. I felt that my role as father was not recognised by the treatment services and that left me feeling bad in myself. Maybe that is because of my history as a user but I have been clean for 16 years.

Sharon is making slow progress; I am not too sure if she'll stop drinking but at least she is accessing treatment. Me, I am taking things one day at a time; still keeping in touch with my children and trying to be a good role model for them; still attending the family support group; and now telling my story in the hope it encourages other men to come forward for help.

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)





“ I was isolated and, knowingly or not, Barry preyed on that. ”

ROBERT: A PARTNER'S STORY

I first met Barry in a bar; he seemed really nice and we got on well from the start. I didn't know anything about drugs and I certainly didn't know that Barry was a heavy user, but it didn't take long before he told me his story.

Although gay, he told me he used to be married, perhaps to conform to his family's wishes; he had children from two different relationships, but most worryingly he told me he used drugs. He said crack was his drug of choice but that sometimes he smoked cannabis too. In spite of this, our relationship progressed and soon enough he started coming round to my house and borrowing money. He always had some excuse and promised he would pay me back later.

Eventually, his life started disintegrating and he was chucked out of the hostel where he was living. His sister put him up but not for long, and gradually he started spending more and more time at mine until he was practically living

in my house with me. I am older than Barry and I never used to go out a lot or have a very active social life. I hadn't had a relationship for a while so it was good to have the company. Gradually, I became aware that Barry's life was really messy; his ex brought charges against him for violence and I became aware of just how much his life revolved around crack cocaine. He used to get paranoid and aggressive, and was 'borrowing' a lot of money from me, buying crack and taking it in my house.

I was totally caught up in Barry's world and was taking him everywhere and attending to all his needs. He often stole from me – possessions, money and credit cards – and although I never took any drugs myself I often found myself taking him to score at crack houses. I even went in a couple of times myself. Looking back on it now, I know I lived his lifestyle but I just didn't use drugs.

I had bottled things up for so long, not talking to anyone – not to my family, not even to my friends – that it was beginning to affect my health. I was isolated and, knowingly or not, Barry preyed on that. Eventually after many ups and downs Barry found a place in rehab and got offered a council place, and at the same time I started getting help from a family support group.

We still saw each other regularly and he used to come round to mine and stay the odd night until one day he stayed on for a whole week. I found out he had not been paying rent on his place and had been evicted. I couldn't believe I had been sucked in again, but I didn't want to be responsible for chucking him out on the streets. Very reluctantly I agreed to pay for his arrears under the condition that I would never ever see him again – I could not physically put up with it anymore. I was so revolted with myself but paying his arrears gave me the strength to say 'no more!' Needless to say, I am still a regular at the family group – it gives me the strength to carry on. Sadly, I found out that Barry recently passed away. Despite attending the funeral I still don't know much about why or how he died. I feel sad about Barry but very blessed I was able to get support for myself to move on with my 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.

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.



A PARTNER'S JOURNEY

WHAT YOU MIGHT BE GOING THROUGH

It is really tough to find out your partner is using drugs and/or alcohol, and even tougher if they go on to develop problematic drug or alcohol use. It can be even more difficult when children are involved and when those children are still at home.

You might have to come to terms with the fact that you may never find out why and when they started taking drugs or alcohol, and never know whether you could have done anything to prevent it. You will probably find yourself thinking of ways to help your partner; you might even try to control their drug or alcohol intake and find yourself watching their everyday movements and routine.

Perhaps you are enabling their use: buying drugs or alcohol for them; taking them to dealers; giving them money; hiding their use from other family members or employers and paying their debts. You might resent being asked to do things that you would not normally do and crossing boundaries that you never thought you would; you might have succumbed to being manipulated and now worry if you have made things worse.

THINGS YOU MIGHT FIND HELPFUL:

// Share the responsibility

You may feel the situation is your fault but you are probably coping as well as anyone could

// Consider if you are inadvertently helping your partner's continuing use

Think before you give them money or shelter, or cover for their mistakes

// Make a list of the things that are important to you, like values, morals and principles

And try not to do things that go against them – it will drag you down otherwise

// Agree rules and boundaries

For example, not using drugs/alcohol at home or in front of the children, not bringing dealers in to the house, not being intoxicated and in charge of the children

// Say NO when you have to

Think about what you are being asked to do and of its consequences.

PARENTING

Your role as a father

Parenting is hard work: it is challenging but ultimately it can also be incredibly rewarding. Whether you're doing it single-handedly, with a partner or with the involvement of extended family, you'll always question if you're doing things right. The presence of drugs and alcohol in a family is yet another layer adding to difficulties parents might face. Watching your children worry about your partner's use cannot be easy, especially if your partner is ignoring their needs – you might worry about the kind of example that is being set for them if they are being exposed to drug/alcohol use at home. It will be natural for you to worry about your children's safety and the possible impact of drug and alcohol use on them.

If you decide your relationship with your partner is coming to an end, it is important to realize that this should not mean you stop being a father to your children. It might be tough that you have had to step away from your relationship to protect yourself or make a fresh start, but your role as father is still just as important and one that can support and influence your children's future for the better. There is a significant body of evidence that suggests parents have a role in developing their children's resilience (how well they are able to cope with adversity) and the father's role is just as important as the mother's. Developing an honest dialogue with your children, so that they feel safe talking to you about their anxieties, can be useful in the prevention of drug and alcohol use. Offering adequate supervision and support, being consistent in your approaches to different situations and having clear boundaries and clear expectations can all have positive effects on children.

Should I stay or should I go?

No one can tell you or decide for you whether or not to stay with your partner. This is a decision that you have to make yourself, but it might help to talk this over with close family and friends, or seek professional help (see page 30). To help you decide, consider:

// Am I doing my partner any good by staying?

// Am I helping the rest of my family if I stay?

// Am I doing myself any good by staying?

// Who should the children stay with?

// Who could better provide for their needs?

// If I leave will they be safe?

Remember: Leaving, or asking your partner to leave, does not have to be forever. A temporary break might lead to the next step in you and your partner's journey.

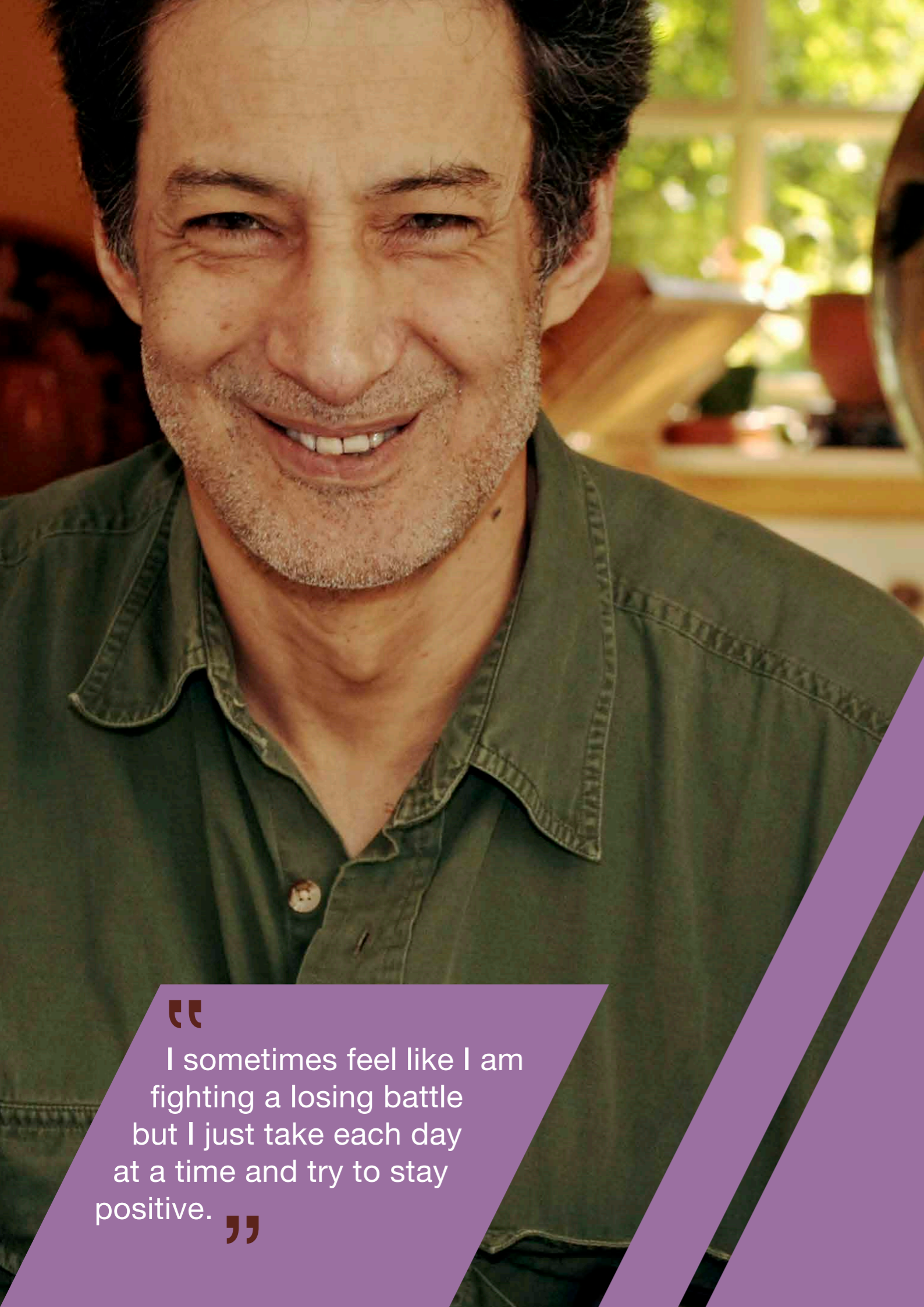
TREATMENT

What it means for families

Accepting that they have a problem and seeking treatment is a big step for anyone with a drug or alcohol problem. It is not an easy decision to take and the thought of withdrawing or living a life with no drink or drugs is sometimes hard to contemplate. Furthermore, successful recovery involves not only accessing treatment but a lot of other components as well – such as improved health, accommodation, access to work or education and positive relationships.

A loved one being in treatment does not mean you and your children stop worrying; many partners find it difficult when they discover that they might not be closely involved in their partner's treatment and feel left out and unsupported. Equally, coming home after treatment is a daunting prospect for the user as well as for the family. You might have a new role within your family – making decisions alone, taking on extra responsibilities – and resent or resist changes. On their return from treatment they might feel out of place.

The recovery of the family is not a parallel process with that of the user: it often takes longer and relies on building up trust in relationships. Pinning your hopes on the success of treatment can be devastating at the onset of any perceived failure: for many people, recovery takes them on a long ride of lapses and relapses. For families this can be a distressful pattern, and keeping a sense of reality is important along with understanding that recovery is a long, winding road. Retaining some hope and reining in cynicism is a difficult balance to achieve for all families trying to support someone else's recovery.



“ I sometimes feel like I am fighting a losing battle but I just take each day at a time and try to stay positive. ”

PETER: A FATHER'S STORY

My daughter Louise, who is twenty five years old, started using crack and heroin when she was only seventeen. I believe the breakdown in her relationship with her first boyfriend was the starting point and then it slowly escalated from there.

Her drug use has had a terrible impact on the whole family, pulling us all in various different directions, and it is particularly hard when she ends up in prison. Her brothers and sister have been affected by her drug use in a big way. It has always been a constant worry for them as not only do they worry for her, but they also have their own lives to think about.

It has been extremely stressful for us as a family, and as a father I feel absolutely helpless! I feel like I have lost my little girl and can't seem to get her back; I try and give her advice but it's like I am talking to a different person. She has got so many different personalities now I don't know who I am talking to anymore. She is manipulative, deviant and insensitive but also sometimes fun, loving and caring – but unfortunately we only see that side of her very rarely now.

I am very close to my other daughter and without her to speak to I don't know how I would cope, and I just have to keep myself busy by working full-time. I sometimes feel like I am fighting a losing battle but I just take each day at a time and try to stay positive.

The only person that I have had any help from is a lady at the prison visitors' centre who helps families affected by drugs and alcohol with information and liaises between me and my daughter. This kind of mediation is especially important near the time of release, when I speak to her over the phone and attend meetings with her. I found this to be really worthwhile.

Someone once asked me what I would say to a father going through the same journey as me. I would probably say, first and foremost, stay positive and take things one day at a time. When Louise is in prison sometimes I feel so relieved, I don't have to worry about her – she has a roof over her head, can access some support, and has three meals a day. Her stay in prison provides me with the respite I need so much, and I know where she is, that she is safe and that she is getting help. The CARAT (Counselling, Advice, Referral, Assessment and Throughcare) team is excellent and so is the help I get from the family support worker, although unfortunately only a few prisons have this facility.

I also think that staying close to your family is important: my family is my rock through trying times, so it is important that you are able to speak to them and share the problem rather than bottling it all inside. But despite all our ups and down my love for my daughter has never changed and I don't think it ever will.

A FATHER'S JOURNEY

WHAT YOU MIGHT BE GOING THROUGH

As a father you might feel that it is your role and responsibility to protect your home and your family and feel pressured to resolve the situation.

You might feel at odds with what the rest of the family want and what they feel needs to be done. You might feel particularly worried about the way the problematic user is dominating the situation at home and you might be concerned that you are not devoting enough attention to your other children, who can feel neglected and think that their positive behaviour is not getting the notice it deserves. This could in turn drive them to behave badly to receive attention. You may also be turning to your children to support you and fail to see or address the impact on them.

SUBSTANCE USE

Why do young people take drugs/alcohol?

There are many reasons why young people might start to take drugs or use alcohol:

- // To fit in
- // To help them cope with life
- // To experiment and to rebel against the status quo
- // Because they are bored
- // Because they're easily available
- // Because of peer pressure
- // Out of curiosity
- // To do something risky for the sake of it
- // To have fun

None of these reasons mean that a young person will necessarily go on to use drugs or alcohol regularly or problematically, or that they will get into trouble because of it. There will be a proportion of young people who go on to use drugs or alcohol quite regularly but in a controlled and recreational way.

There will be an even smaller proportion of young people that go on to develop problematic drug/alcohol use. They will depend on those drugs or alcohol to help them cope with life rather than just using them for fun; or it's possible that what started as recreational use got out of control. When problematic use sets in, drugs and/or alcohol will provide the focus to the user's life, dominate their existence or become the reason to get out of bed each day.

The reality is that problematic use affects not only users' lives, but the lives of those around them too. It is almost certain that you or other family members have been upset as a result of their use. They might:

- // Have lied to you
- // Have stolen from you or the family home
- // Have been abusive or violent towards you or other family members
- // Not respect you or your family values
- // Not respect rules, curfews, boundaries or rituals you observe in your family home
- // Have used drugs in the home
- // Have come home under the influence of drugs/alcohol
- // Be dealing drugs from your home
- // Be causing problems and creating barriers between you and other family members and driving you apart.

Whatever it is you are going through, it might help to see or talk to someone – or even just pick up a leaflet or surf the web for some information. (See page 30 for contact details of useful organisations.)

ALCOHOL

Most of us hope that young children will avoid taking drugs altogether and although alcohol is all around us, we also hope they will be able to drink sensibly. Alcohol binges are just as harmful as everyday drinking and seriously affect a number of young people, who are not prepared or able to deal with the effects of alcohol. It is natural to want to protect them from harm, but it is also natural that you might find it hard to talk to them about alcohol; and as a father you might find your children's inability to communicate frustrating.

TALKING IT THROUGH

Some issues to consider when discussing drugs and alcohol:

- // **As a father**, think about your role and influence in the family
- // **Think about the way you communicate with your children.** Are you approachable and honest with them?
- // **Think about the examples you set for your children.** Young people learn from example so you should be prepared to talk about your own behaviour
- // **Think about the boundaries you set** in your home and how you enforce them
- // **Discuss things with your partner.** A united front is better than both parents disagreeing on how to move forward, which also leaves you prone to manipulation

Get yourself informed and up-to-date with facts about drugs and alcohol, for example through the Talk to Frank, Drinkaware and Alcohol Concern websites. For information on the classifications of different drugs, their legal status and the implications of having them in your house visit Talk to Frank and Release websites. (See page 30 for contact details.)

CRIMINAL JUSTICE

Most, if not all, parents hope their children never get into drugs or alcohol, or into anything that could result in them going to prison. Naturally, the first time in prison can be a terrifying experience for families and for offenders, particularly if they are very young. For some though, their child being sent to prison is actually a relief – particularly if they have been finding themselves stressing about their child's whereabouts and personal safety. Sometimes problematic drug/alcohol use takes people on a journey of self-neglect and self-abuse, with parents and others close to them having to pick up the pieces. This is the time when most parents find that prison might provide some sort of respite and they no longer have to worry about their children's safety – they know they will have a roof, a meal, access to treatment and hopefully a break in their drug/alcohol use. Nevertheless, imprisonment may also mean that you might be asked to send money, clothes and other personal belongings. You might be asked to visit, or you might be asked to look after your children's children. You might be put under pressure to provide them with somewhere to live when they come out.

Whatever you decide to do, remember that prisons have strict sets of rules and regulations affecting prisoners' daily routine and visiting but, most importantly, prisons do offer opportunities for prisoners to engage in treatment – this might be the very first time your son or daughter has been offered a chance to change their lives. While you are supporting someone in prison remember to think about your own needs too. Being caring is not about agreeing to all their demands: it is about being supportive, encouraging positive change, knowing your limits and saying no when you feel unable or unwilling to help or give in to their demands.

Adfam produces publications that cover: visiting prisons; security; drug treatment in prison; and preparing for release. To download copies of other Journeys please see www.adfam.org.uk.



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.



JOHN: A GRAND- FATHER'S STORY

Unfortunately, both my son Tom and estranged daughter Susan have had problems with drug and alcohol use for what seems a long time.

My late wife and I have looked after Ella (Susan's daughter) since she was born, as Susan could not really cope.

The past few years have been a nightmare and at times it was all extremely stressful for us. We had to fight to get a residency order for Ella and then to get special guardianship to allow us to have more of a say in her life. Unfortunately, my wife was also battling with cancer and I had to look after her as well as needing to find the energy to support my drug using son.

With Tom what really annoys me is that I didn't see it coming. He was always a great son – did well at school, got a job, had a good life and a home; he was popular with his mates and everyone kept saying what a great guy he was! And then, five or six years ago, the problems started when he met this girl and they moved in together. I'm not saying that it was her fault

or anything like that, but it just seems that things went wrong for him very suddenly; I knew he had always been a drinker but I think this is when he started dabbling with crack. His relationship was terrible, with violence from both sides, and just as quickly as it had started it also ended. He was left in pieces, turned from alcohol to crack and then to heroin, lost his job and then his flat and next thing he is robbing and stealing to get money for his drugs. If this was not already enough to contend with, he had also developed mental health issues and ended up in prison. It was just devastating for us – my wife was not well at the time and this was something else to worry about. We felt helpless and guilty; we reproached ourselves but also knew we had always done our best to support him through his attempts to recover.

My wife was always the softer one and Tom preyed on that to a certain degree, coming home and asking for money and to kip when I was not there. But one of the conditions for us getting a residential order for my granddaughter was that Tom was not allowed to live with us; he could visit but could not stay overnight. I still remember his probation officer calling us one day to ask if Tom could stay with us just for a couple of nights – I couldn't believe they even asked that from us! They knew the situation with Ella so I told them they should check with Social Services first. They made some pathetic excuse and 10 minutes later they called back saying they had found him a place to stay! The professionals don't seem to be talking with one another and they never offer us any help either. Anyway, it was not long after he had been released from prison that he broke his parole and was sent back. At this stage my wife was getting worse but at least he was allowed to visit her in hospital before she died and that made her happy.

He is now in residential treatment and I don't know what the future holds. I have to concentrate on Ella's welfare, she is too precious to lose and as a grandfather carer I know she has gone through a lot and I can't change that, but at least I can make sure she is loved, looked after and that she gets support when she needs it.

“

I have to concentrate on Ella's welfare, she is too precious to lose and as a grandfather carer I know she has gone through a lot ...

”

A GRANDFATHER'S JOURNEY

WHAT YOU MIGHT BE GOING THROUGH

As a grandparent you might have expected to be taking things easy now, and no one could blame you for that – especially if you are retired.

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. You may have been put under pressure from other family members to provide the care or you may have happily taken on the challenge, but you might worry that it will become a permanent arrangement – this is completely understandable.

You might feel extremely let down and ashamed of your drug/alcohol using children, but this doesn't mean you don't worry and care for them nevertheless.

You might also get frustrated that Social Services will only provide you with help in your role as a grandparent caring for your grandchildren, and not recognize that you're also the parent of a problematic drug or alcohol user. However, you must expect and anticipate the involvement of

Social Services in your role as carer for your grandchild as ultimately they will have your grandchild's welfare as their priority and they should take account of your own needs too. In fact you probably need other support as well, like information and assistance to help you cope and understand your child's use, how to sustain honest communication between them and the children you are looking after, and how to help your child in their own parenting role.

It might be immensely hard to understand how your child has prioritised their use above their own children. You might question if the way they are is anything to do with the way you brought them up; you might doubt your own parenting skills, and it could put you in an even more stressful situation if you think you could make the same mistakes again with your grandchild. Any parent that has been on this journey knows that there are moments when you really feel you can't go on, but the important thing is to remember that things do change and you can get help for yourself.

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 in your way of life because of having to make adjustments to accommodate caring for your grandchildren, and your relationships with other family members may change. But it is important for your sake that you also try to maintain contact with friends and outside interests: this means looking after your own needs too. Some areas have local support groups especially for grandparents whose families are affected by drug or alcohol use and who are looking after their grandchildren. See details for some of these groups at www.adfam.org.uk.

YOUR GRANDCHILDREN

What they might be going through

It must be hard for children when they get separated from their parents. Depending on when and how the separation happens, the trauma can be more or less pronounced. Children might start playing up at home or at school, or they may isolate themselves and bottle things up. You might worry your grandchildren will follow in their parents' footsteps and question your ability to influence their choices. You cannot predict their decisions or their paths in life but you can demonstrate good, responsible behaviour, facilitate honest discussions, and provide them with a positive role model.

Children will not necessarily display behavioural problems because of their parents' drug or alcohol 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 any specific physical and mental health issues and whether your grandchild might need referring to a specialist agency for emotional or behavioural support; there are also 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 and sometimes they will have access to help with emotional and behavioural problems.

Remember that you have your own needs and you shouldn't neglect your own health, so 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, you will be bringing up children literally second time around and might worry that you can't do the parenting all over again. You may well feel detached from youth culture – young people's language, fashion and even how to relate or talk to them.

You might want to visit the Grandparents Plus website at <http://www.grandparentsplus.org.uk>.

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 safe 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, honest and relaxed with them. This means that sensitive conversations might arise without warning and you should use your own initiative to judge when the best time is to give them more information. Be reassuring when you do so.

It can be heartbreaking for grandparents when their grandchild wants to call them mum or dad. It is important to think about the benefits of keeping your family roles clear from the start. It is much harder if your grandchild thinks you are their parent only to discover later that this is not the case; you can try to find other affectionate terms they can call you by and that you both feel comfortable with.

For information on residency orders, special guardianship and other legal matters visit the Family Rights Group website www.frg.org.uk or call their advice line on 0800 731696.

JOURNEYS FOR GRANDPARENTS

A booklet with information about how to help your grandchildren if their parents use drugs is available from Adfam.

See Journeys: Helping your grandchild from Adfam at www.adfam.org.uk



USEFUL RESOURCES

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

CHILDLINE

Helpline for young people

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

FRANK

Advice and information for anyone concerned about drugs

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

HIT

Information on drugs, especially drug-related harm

Tel: 0844 412 0972
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

USEFUL PUBLICATIONS

A variety of useful publications are available from www.exchangesupplies.org and www.hit.org.uk, including handbooks on rehab, detox and methadone.

Adfam has more publications and videos that give help and information, an online database of support groups, training courses and messageboards for families to talk to others in the same situation. The journey can be harder if you face it alone.

www.adfam.org.uk

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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) 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