

Journeys

Living with a child using
drugs or alcohol



Adfam

Families, drugs and alcohol

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WHAT ARE DRUGS?

The word 'drug' is used to refer to any substance that affects how we think or feel. That includes alcohol, tobacco and caffeine and 'novel psychoactive substances' a blanket term used to cover a range of new drugs, some of which have been called 'legal highs' but which are legally controlled under the Psychoactive Substances Act 2016. It is also used to refer to a range of legal substances that people can misuse, such as prescription medicines. In this booklet, when we use the term 'drugs' we are referring to illegal drugs – such as cannabis, ecstasy and heroin – and look at problematic drug use as well as recreational drug use. For more information on drugs please see the box on page 23.

Whether you know a lot or very little about drugs, when someone's drug use becomes a problem, things can be confusing. So it is important to know that you are not alone – there are others like you who are caught up in the repercussions of drug use within their family and dealing with its effects on their relationships. Understanding and learning about drugs can be a good place to start. However, don't expect that this knowledge will put you in a position to control or manage your child's drug use and behaviour.

In the UK around 1 in 12 (8.4%) adults aged 16 to 59 had taken a drug in the last year. This equated to around 2.7 million people. This level of drug use was similar to the 2014/15 survey (8.6%), but is statistically significantly lower than a decade ago (10.5% in the 2005/06 survey). In 2014, 38% of 11 to 15 year olds in England had tried alcohol at least once; this figure has been declining each year since it reached 62% in 2003. In 2014 15% of 11-15 year olds had taken drugs, down from 30% in 2003.

However, only a small number of people who experiment with drugs go on to use them regularly and many of these do so in a fairly controlled, recreational way. A smaller proportion of people develop a problem or come to harm.

If you know what drugs your child is using, you may find it helpful to find out more about them, their likely effects on behaviour and what the risks and side-effects might be.

This resource aims to help anyone with parental responsibilities for a child/children, be they a biological parent, step-parent, foster carer or guardian, that may be experiencing problems with drugs, and provides useful, practical and emotional advice about what to do and where to turn.



WHAT YOUR CHILD IS GOING THROUGH

Many of those who live with drug or alcohol users often get frustrated that their children seem unable to communicate what is going on. They need to know 'how?' and 'when?' and most importantly, they want to know 'why?' Being a child – maybe dealing with adolescence as well as everything else – they are unlikely to be able to give satisfactory answers, and as they begin to reduce or manage their use, their energies may be elsewhere.

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

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

Of course, if your child is a teenager, then any discussion of their feelings has to take into account the massive changes that all children go through in adolescence. Rejection of parental attitudes and values, pushing boundaries, desire for risk, anger and the full gamut of emotions are at work as well as the effects of drugs. So don't worry if you can't figure out what is going on!

FROM EXPERIMENTATION TO PROBLEM

Your child is not unusual. Like many young people he or she will experiment with drugs and alcohol and at some stage this experimentation will have become regular use. More than likely your child drifted into this and the moment when they realise they have a 'problem' will come as a shock to them.

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

It's important to realise that the period of drug use, and dependence, differs greatly with different individuals and families – there is no one pathway. Some people may use drug or alcohol problematically for a relatively short period of time and naturally 'grow out of it' as they get older and the priorities in their lives changes. For others drug or alcohol use can take over their lives and cause immense problems. Living and supporting someone with a major problem can be extremely taxing with relationships affected in major ways and

ACCEPTANCE AND DECISIONS

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

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

WITHDRAWAL AND DETOX

There are many myths and stereotypes around drugs and alcohol. These form a cultural background that you use to understand your child and that they use to understand themselves. And when it comes to withdrawal, the myths are powerful and very frightening. This is not to underestimate the unpleasant and difficult realities of getting drugs out of your body and life, but the physical and emotional symptoms vary depending on the person, the sort of drugs that were used, and the length of use.

In some ways it is easier to see what your child is going through on this stage of the journey in terms of the physical symptoms. What is more difficult is seeing the emotional symptoms. It is at this stage that your child begins to really deal with the idea of living without drugs and alcohol. It is hard for a non-user to appreciate how difficult and overwhelming this idea could be. The setbacks and relapses that can happen at this stage of the journey are often caused by that frightening vista opening up before your child, far more than the nausea.

Your child is not just rejecting drug use. They are also potentially rejecting their friends and their sub-culture. They know they will be going back into the same culture and may

wonder how they will ever fit in, be accepted or achieve any status. On the other side they might also feel guilty or embarrassed that they let their use 'get out of hand'. Whatever the dynamics, the thought of a life without drugs is frightening, and this makes the detox stage of their journey all the more difficult.

THE FUTURE

It may take more than one attempt to get to this stage of the journey, but when your child gets past withdrawal, he or she has to deal with their new life. This new life may have lots more time in it and possibly better health - but also the same emotional, relationship or peer group problems. The only difference is that now your child doesn't have drugs and alcohol to help them hide or escape.

Those fears and insecurities they had about their 'new life' without or managing drugs are now all too clear, and they probably feel very much on their own in coping with it. It probably doesn't help that people think it's all over.

Many would like to congratulate your child on having stopped using, but chances are that she or he is feeling more inadequate than heroic, more insecure than confident, and certainly more frightened. It is little wonder that many relapse. But small steps can bring new confidence. Challenges met without drugs – whether work, home or even just physical challenges – can help your child rebuild their self-worth and give them the strength to move on.

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



“
No parent can ever persuade their child to go into treatment. It's got to be their decision.”

SHARON'S STORY

Sharon blamed herself for being too soft on her daughter.

But she believes their journeys to a life free of drugs may actually have strengthened their relationship. Sharon's living room is full of photographs of her family and friends. The chairs face each other rather than the TV. She wants you to drink tea and eat cake and feel comfortable in her home.

Sharon likes people to feel happy, but she is learning not to feel responsible for what happened to her daughter. At first, she says, she blamed herself. Her marriage had broken down and, anxious for her children to stay with her, she had let her daughter and her two older sons do what they liked. When she found out that her daughter was using cannabis, then heroin, she blamed herself for being a weak parent.

When she told her own brothers and sisters about her daughter, they had little sympathy, "My family, they sort of let me down," she says. But Sharon found great understanding and support from her friends. One of them even trailed round squats with her looking for Sharon's daughter – then at her lowest – who had left home and wasn't in frequent contact.

It's been a long journey for Sharon. She's always tried to stay in touch, sending letters and trying to see her daughter. At one stage she paid for her daughter to attend a training programme, but her daughter was soon back using drugs. Another time she helped her through her first longer rehabilitation programme when she stayed clean for eight months.

And the journey took its emotional as well as financial toll. Her daughter alternated between telling her mum how much she needed her and pushing her away.

For a long time Sharon had said that her daughter wasn't allowed to bring drugs into the house. It was the only thing she had been tough on. But in her heart Sharon knew her daughter wasn't obeying. "She used to go into the bathroom and spend ages – I knew there was something up – I took the lock off so that I could look through the key hole". But if her daughter wasn't at home, then Sharon feared she would be living in a squat or a tent.

Just before her daughter went into her third treatment programme, Sharon realised she was close to losing her. By now her daughter was down to five stone and had been pleading in vain with the judge at her last court hearing for shoplifting to let her go to prison so she could get help with her drug problem.

Sharon and her daughter's journeys were increasingly intertwined. On one occasion, Sharon drove her daughter to the place she did her shoplifting and then to her dealer.

Finally, she went to the rehabilitation project and said; "You have to help my daughter. They said there was an eight-week wait – I said, 'Eight weeks – you will have blood on your hands if you make her wait that long...' They put her down for the following week."

Her daughter has been clean for a year now and Sharon is proud of her. Her daughter sent her a letter recently telling her what a great mum she is and how she shouldn't feel guilty about the way she brought her up. Sharon says she has learned that "no parent can ever persuade their child to go into treatment. It's got to be their decision."



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 with each influencing and being influenced by the other.

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

THE FOLLOWING TIPS MAY HELP YOU COPE WITH CONFLICT:

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

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

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

NEGOTIATING: A KEY COMPONENT OF COPING WITH CONFLICT

- // Start softly and finish strongly, ratcheting up the toughness of your response only as necessary.
- // Collaborate; be flexible and willing to compromise to reach an agreement, but...
- / Hold out for what is most important and compromise on lesser things.
- / Assess the likely risks to people’s health of the consequences of any negotiation.

- / Aim for everyone to feel they have gained something – ‘win-win’, as opposed to ‘win-lose’ or ‘lose-lose’.
- / Help people to save face, rather than humiliating them or being triumphalist.
- / Agree the terms of the resolution, such as when it will start, when you will talk about it again, the consequences of any boundary being broken, etc.
- / Make a clear agreement.

SEEKING SUPPORT

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

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

WHAT YOU ARE GOING THROUGH

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

DISCOVERY

The first key moment is the discovery of drug or alcohol use. You may discover evidence or gradually put the pieces together, but chances are you will face a time when your child admits to using drugs even if they deny they have a problem.

It is important to note that many young people experiment with drugs and then reject them, or keep them as a minor and controlled part of their lives. But some do not. Whatever the reality, your discovery of your child's drug use will come as a shock, and to try and assess whether it is a problem or not under such circumstances is difficult. Our focus here is on young people whose drug use has moved from being a small, social part of their lives to being a major part of their life and a problem for them, you and your relationship.

It is that moment of realisation that is your first major step on the journey. From shock and perhaps denial you are likely to quickly move on towards guilt and blame.

BLAME

Shock can only last so long. The next stage of the journey is when you move on to dealing with the drug use. A common first step is to look for reasons and for that search to lead to blame. Some parents blame their children for a weakness or failing, but many more blame themselves.

It's an easy target, and in a culture where drugs and drug use are misunderstood, it's inevitable that you will look for simple answers. Saying: "it's my fault... I could have been a better parent... I've let her down..." allows you to see the matter clearly and possibly see a way forward: "If I could be better... if I don't... if I can..." But of course there are no simple answers and no simple ways forward. At this stage of your journey, it is natural to hold onto your answers, even if that means blaming yourself.

ACCEPTANCE

If we were to look at your journey as a graph, emotional shares are tumbling by this point. The line is heading down in a cycle of blame and you may well feel at rock bottom. It is at this stage that you reach another key moment – although, as with all these stages, it may not be quite as simple as a single moment. At some stage you will accept there is a problem, that drugs are your child's problem, and that your problem is dealing with their impact on him or her, you and your family. Acceptance is not a passive thing. It is not resigning yourself to the current situation. It is seeing what is there and looking at the next stages in the journey. This is a very difficult moment for you because it involves accepting the problem but also accepting that the journey is a long one.

Here you will need – and our experience says you will find – real inner strength, particularly if you are coping with the rest of the family too. As with your child's journey, you may well relapse too, retreating into blame or even denial.

Even positive movements in your child's journey may feel negative. If your child decides to seek help and it isn't from you, you're likely to feel rejected and relapse once more into blame. This is not a surprise, and even though intellectually you might know your child has made a positive step, emotionally, it's a different story.

It is important to remember in these difficult early stages of your journey alongside your child that your feelings are perfectly normal, indeed healthy. Dealing with adolescence is hard enough for a family, and dealing with adolescence plus drugs and alcohol is doubly hard. Your feelings are part of a journey that does move on. It may also move back, but situations will change and so will feelings.

MOVING ON

Journeys are about moving forward, and your journey alongside your child will move forward. From shock and denial down the slope of blame, your feelings and emotions change. When you eventually reach the stage where you accept the situation and the way your child is going to get through it, you have been on a rollercoaster and you are likely to feel burned out and tired, particularly if the journey has had its setbacks.

But nothing stands still, and you will move on from acceptance to adaptation. Depending on whether your child is giving up drugs totally, or seeking to manage their use and minimise their harm, you will

move towards adapting to that situation and his or her journey through detox and beyond.

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

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

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



SUZANNA'S STORY

Suzanna had to accept that she couldn't make her daughter come off drugs and that looking after her grandson was the best thing she could do.

Suzanna has spent 49 of her 52 years living and working in the same town. She has a strong circle of friends, a long-term partner and a job working in the community, a job she has had for many years.

About 10 years ago her daughter, Beth, started experimenting with heroin – her boyfriend was an addict and as their relationship continued she began to use it more and more.

After a year or so Beth told her mother what she was doing. Their relationship had always been open and Suzanna says she took it in her stride. There had been a time in her own life when she had been a heavy drinker, she admits. She'd even smoked cannabis. But her experimentation had never become a problem.

However, Beth's drug use was different, and Suzanna's journey as the parent of a drug user was becoming more and more difficult.

Soon she realised that heroin had taken over her daughter's life. She says she nagged her of course about what she was doing to herself. But Suzanna realised that this was not helping things between them, and that her own anxiety and pessimism were damaging her relationship with her own partner.

As Beth became increasingly dependent on her addiction, Suzanna realised that her daughter was becoming less capable of looking after the young son born to her and her now ex-boyfriend.

Before long Beth was no longer able to work and soon her son was missing school because his mum couldn't always get him there. At this point Suzanna suggested she take her grandson during the week. Soon he was living full time with Suzanna. As Suzanna took on caring for her six year-old grandson, she felt herself move away from the anxiety and depression she had been feeling.

She says she has to be strong for him. "I'm optimistic for my grandson's life. You can't go around being glum. You would be a dark cloud in everyone's life," she says. She works at night and then takes her grandson to school in the morning.

But Suzanna's journey still has its ups and downs. A few months ago, her daughter was taken into hospital with blood clots on her heart. She survived but she was lucky. Suzanna was hopeful that the scare might help her stick to her treatment programme, but she doesn't think that is happening and she sees her daughter slipping back.

Suzanna sees her daughter when she can but says she sometimes disappears for weeks on end. "And whenever we talk I tell her I love her. She's 31. I can't make her stop. She'll either live or die," she says.

That's a very harsh reality for Suzanna, her daughter and grandson to face. Beth's ex-boyfriend, Suzanna's grandson's father, died of a heroin overdose three years ago.

“ I'm optimistic for my grandson's life. You can't go around being glum. You would be a dark cloud in everyone's life. ”

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**.

SUPPORTING YOUR CHILD

HOW DO I KNOW IF MY CHILD HAS A PROBLEM?

It is very easy to become paranoid. Normal parental concern can become suspicion which can lead to accusations or mistrust.

You may see obvious warning signs:

- // Money going missing or being spent with no clear evidence of what has been bought
- // Suspicious substances or equipment
- // Lying or secretive behaviour
- // Aggression

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

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

Of course, these changes in your child's personality may not be connected to drugs. After all, she or he is growing up and adolescence is as powerful a force as many drugs!

Ask yourself: What makes me think drugs are involved?

Children often talk about drugs. Drugs as an issue is raised in schools and youth clubs. It is in the media. You may be tempted to resort to a drug testing kit – think this through carefully. Many drugs pass out of the system very quickly and so will not be detected. Even if you find out the truth, it is unlikely to change your child's behaviour and may cause so much resentment that any help you offer will be rejected.

The best way to find out and the best way to help is to talk to them – of course this is easier said than done, particularly when it comes to teenagers!

WHY ARE THEY TAKING DRUGS?

This is a question every parent asks themselves – usually going on to blame themselves! There is no one single answer. It may be as simple as 'to have fun'.

Many users do get pleasure from drugs, at least in the early stages. They can make your child feel relaxed, sociable and full of energy. He or she may be in a situation where drugs are commonly used, even the norm. Your child may simply be curious or wanting to try something risky. These could perhaps be seen as 'positive' choices she or he makes, active decisions to take drugs.

The other range of possible causes is more 'negative', where your child is using drugs to get away from something. This may be trying to escape pressure at school or at home, cope with stressful situations or changes in their lives, or simply escaping from boredom. And of course your child's reason for using drugs may be a mixture of 'positive' and 'negative' reasons. As you no doubt remember, adolescence is a turbulent time and even those children who do not try drugs often rebel or have problems with their parents.

This is normal. And increasingly, trying drugs is the norm. Remember you are not to blame, your child may well not continue to use drugs, and even if they do, they may not develop a problem.

If it helps, try getting a piece of paper and writing out as many reasons as you can think of for your child's drug use. Don't ignore the 'positive'. This could help you – and your child – work out what they may need support with when they decide to stop or change their drug use and when the support or escape drugs provide is gone.

HOW CAN I TALK TO MY CHILD?

This is a question that goes well beyond talking about drugs and alcohol! It may be a cliché to say that you need to talk, but that doesn't make it any less true. You need to talk so you can find out what is going on, but also so that you can talk about your fears and feelings. Some may be used to talking about issues or problems with their child, whilst others may not. Particularly, it is difficult talking about something as emotive – and illegal – as 'drugs'. Here are some tips:

- // Be prepared. Find out about drugs – the facts not the myths. Your child is more likely to listen – and talk – if she or he thinks you know what you are talking about. Don't be caught out by your child saying things like "but you smoke Mum/Dad, and that's much worse!" Make sure you know and are happy to agree the benefits of drug use.
- // Be specific. Don't make sweeping statements. Talk about the specific aspects of their drug use that you think are a problem
- // Be direct. Talk about how their behaviour affects you or the rest of the family.
- // Be calm. Easier said than done of course, but try not to shout or let the discussion become an argument. Better to leave it and return to it later.
- // Be open. Listen to what your child has to say. Write it down if it helps and consider it later. Don't react to bad language or shocking stories.
- // Keep it broad. Don't just focus on the drug use or your child's behaviour, look at the wider context and your list of possible reasons your child is using drugs.
- // And... remember yourself. You are important in this situation too.

If you're not ready for a face-to-face conversation, maybe a trusted teacher or friend could help. But be careful that your child would not see this as a betrayal or as opting out. Make sure your child also has access to all the facts, that they know the relevant website addresses, phone numbers of helplines etc. Collect some leaflets for them if you think that they will accept information that way.

It's a long process. You can't expect to get everything sorted in one conversation, but it's a start. Acknowledging what the issues are is the first step towards solving them.

WHAT IF MY CHILD WON'T ACCEPT MY HELP?

In short, there's very little you can do. Like the old joke about how many psychiatrists it takes to change a lightbulb (only one, but the bulb must really want to change), the only person who can do it is your child by him or herself. As with all aspects of their lives, you can offer emotional, physical or intellectual support, but that doesn't mean it will be taken. Any parent of a teenager – drug user or not – knows that their child is an independent human being who can, indeed must, make their own life decisions.

It's difficult to accept, but your child may reject your well-meaning and carefully thought-out help with their drug or alcohol problem. But remember, though they may reject it now, they may well return to it later in their journey.

WHAT IS WITHDRAWAL AND HOW DO I COPE/HELP?

Withdrawal is what happens when someone who is dependent on drugs or alcohol suddenly stops or dramatically reduces their intake. Once your child has made the decision to stop or reduce their use, they are in for a difficult time, and to be honest, so are you.

There are physical effects that occur when stopping or changing drug use. These may include:

- // Tiredness
- // Depression
- // Panic attacks and paranoia
- // Severe aches and pains
- // Nausea and diarrhoea

These physical symptoms will generally disappear after two weeks, with the most serious lasting up to six days. Preparing your child and yourself for this period is important. In concrete terms you could:

- // Prepare a room with magazines, TV etc. for your child to use if they cannot rest
- // Find foods that your child might want
- // Explore complimentary therapies that might help with the symptoms
- // Ensure you can turn the heating up or down
- // Reorganise your work so that you can be available to support them

But you need to be emotionally prepared too. No one likes to see their child suffer, and your child is likely to be very dependent on you for the strength to get through this period. You are probably used to being very strong for your child. This may be even more difficult. If you are part of a support group, you may like to talk to others about their experience and even ask for help. Remember, you are important too and you need help.

WHAT IF MY CHILD RELAPSES?

When your child has made the decision to change and go through the period of withdrawal they, and you, have come a long way, but often that is not the end of the story. Many drug users, even those who stop altogether, fall back. This can be very dispiriting for you and, as earlier in the story, it is tempting to blame yourself when you feel that you are back at the beginning again. It is not your fault. As noted earlier, the reasons are complex and you may need to revisit them with your child, or just for yourself.

One of the key issues is often the big hole left in your child's life. Where before time was filled up looking for drugs or looking for the money for drugs, now time hangs heavily. Can you help fill that time? Similarly, and particularly if your child is looking at maintaining a reduced level of consumption, your child may be in situations where drugs are still used. Can you work with them to find ways to deal with that?

It is not just you who will be dispirited. Your child may lose heart too. Offer him or her support by seeing if they can:

- // cut back on their use until they are ready to try again
- // stop injecting drugs and start taking them in safer ways
- // explore the range of problems or issues they have that form the background to their drug use

IF MY CHILD CAN'T KICK DRUGS, IS THERE ANY OTHER WAY?

Dealing with drugs and alcohol is not a simple issue. As we mentioned at the beginning of this journey, many people live productive and normal lives while continuing to use drugs. Increasingly, the emphasis in drug services is on 'harm minimisation', enabling users to bring their drug use back under control and removing the particularly dangerous aspects of their use. This can involve cutting down on the amount of drugs used, the types used and the ways of taking them. You may find that getting your child to stop injecting drugs is a real step forward, which could then move onto cutting back on their intake and maybe moving towards other drugs. These are issues that you and your child can discuss with drug services or counsellors.

Harm minimisation is important at the physical level. It can be a lifesaver and a real healthy option. But it is also important at an emotional level. Your journey is a difficult one and the important thing is that you and your child see such moves as real successes. You and your child need to hold onto progress, particularly when you or they feel things are slipping back.

These steps can be quite small. If you can get your child to:

- // Make sure they're not alone when they use drugs
- // Not mix their drugs
- // Take breaks to allow their body to recover
- // Carry and use condoms

You are not only minimising harm, but you are making small but real steps towards changing behaviour and getting their drug use back under control.

HOW CAN I HELP THE REST OF THE FAMILY?

It is tempting to place the child who is using drugs or alcohol at the centre of the family but even if you do not have other children, the rest of your family are important too... and so are you. You need to make sure you are investing time and effort in them and yourself – not only so that they do not begin to resent the 'problem' in the family, but also so that the child who is using drugs knows that their drug use is not at the centre of the family. As your child begins to change their behaviour, you may want to enable them to become more involved in the family again as a way of filling in the time but also as a way of re-orientating their lives and priorities.

Of course, not every family can be supportive. Drugs can devastate family relationships. Again, it is important that you look after yourself as well as the rest of the family. You may cook everyone's food but you wouldn't forget to cook something for yourself. You need to do the same when it comes to emotional nourishment. Take time out for yourself and get the rest of the family to do the same. If you can, forget about drugs. Talk to your best friend about something else. Go out for a meal with your partner and discuss the weather, the news, cricket!... anything to enable you to take a break. You are more likely to feel fresher and able to offer support to your child when you return.

WHO CAN I GO TO FOR HELP?

It may seem like it a lot of the time, but you're not on your own. There are support services available for your child... and for you.

Drug Services, Counselling Services and Self Help Groups offer support to your child at any stage whether or not they are ready to change their behaviour.

Depending on the drug, Drug Services can provide:

- // Prescription
- // Methadone programmes
- // Counselling
- // Help with withdrawal or detox
- // Complimentary therapies such as acupuncture
- // Advice on housing, benefits, education and training
- // Some may also work with support groups or provide day programmes, drop-in sessions etc

There is no point in pretending that these services can do everything, or even that they are always easy to access or that the workers specialise in working with young people. There may be a long waiting list, and if your child has tried a treatment programme and it has not worked, she or he may well be at the bottom.

Similarly, if your child has specific problems, your local drug service may not be equipped to deal with it and may have to refer you on. Often they do not deal with cannabis or ecstasy use, two of the drugs your child is most likely to have tried.

Furthermore, these services are often aimed at the user rather than the carer. They may not be willing to discuss your child's treatment with you and most will be unable to devote resources to helping you.

But you are important. You can help your child best if you help yourself. Adfam is not alone in seeking to provide support for families affected by drugs and alcohol. There are many self-help groups, run

by people just like you who are maybe further down the road than you. A full list is available on our website (www.adfam.org.uk) or you can call the FRANK helpline (0800 77 66 00).

WHAT CAN I DO ABOUT MONEY?

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

It is tempting to let your child spend money or even ensure they have enough. You may be frightened they will end up committing crime if they can't get money for their drugs any other way. It's difficult to accept, but this may not be the best way forward.

Sometimes users need to see or experience the consequences of their behaviour before they can make any move towards change. By funding their habit, you may just be postponing that moment. If it has reached the stage where you and your family are running up debts, you need expert advice. Talk to a debt counsellor and your landlord or mortgage company sooner rather than later. Most will be helpful and sympathetic. You do not need to mention drugs – many people have money problems.

If your child, you or your family are being threatened by people your child owes money to, your best move – difficult as it is – will be to talk to the police.

End of the line – what if I can't cope?

Any parent who has been on this journey knows that there are moments when you really feel you can't go on. The important thing to remember is that things do change, not always for the better and not always as quickly as you would like, but your child and you are on a journey. Hopefully it will lead to your child coming off or managing their drug or alcohol use.

The stories in this magazine show that others have been on that journey and that some are still on it with you.

With that said, your relationship with your child may reach a stage where things have got out of control and you need to consider whether it would be best for the family if your child no longer lived with you. Some things you may like to think through as you consider this question include:

- // Am I doing my child any good by allowing them to stay?
- // Is his or her presence helping the rest of the family?
- // Am I doing myself any good, or harm, by continuing to support them at home?

You are part of this relationship too. You have your own life and you must not let your child's actions destroy your life. Remember, asking your child to leave does not have to be permanent. Such a break may be the trigger that leads to the next step in you and your child's journey.

Remember, if your child is under 18, you have a legal responsibility for their care. If you feel they should leave, you need to talk to Social Services.





SALLY'S STORY

Sally wanted to help her son. But with little support and his behaviour becoming more difficult to handle, she realised her own limits.

Sally knew something was going on. Her husband was drinking heavily and seemed depressed and anxious.

Her eldest son Joe, then 31, kept asking her for money in an insistent and forceful way. Eventually she exclaimed, "You're just like a drug addict!" At this, Sally's husband broke down and confessed he had been funding Joe's drug habit. He had been unwilling to tell Sally the bad news.

Sally's first reaction was to get Joe some professional help, through a GP and then a treatment centre. But Sally was disappointed in the level of care that was on offer. "I felt very, very angry," she explains. "They promised everything and delivered nothing." Joe couldn't get a place in a suitable treatment centre which meant he had to come off heroin at home, Sally's home.

If Joe found it difficult to get help, Sally's journey too was a lonely one. Sally's husband coped by not talking about it. Sally said she needed to talk. When she asked the psychiatric nurse who came out to see Joe if she could talk to her too, the nurse simply said no. Sally felt alone, often in despair as if no one was listening.

Previously her younger son had experimented with drugs, particularly cannabis. At that time Sally had had some counselling, which was helpful. "I just rabbited away and felt much better." But this time she was much more isolated. She turned to her friends and is grateful to them. "They just listened really. They haven't shut the door on me."

In the meantime Joe's behaviour was getting worse. He did stay at his parents' house for six weeks while he was coming off heroin. Sally describes it as "six weeks of hell." Joe smashed furniture and needed constant supervision so that he didn't hide his tablets and then take them all at once. Eventually he moved back to his own house and seemed to be doing OK. Sally wanted to continue to support her son. She said he only had to phone and they would be there for him. But then he came round to see them asking for a large sum of money. He wanted to move house. Sally told him they couldn't afford it and after a violent outburst, Joe left the house. Later that evening he put a suicide note through the door and said he'd be down at the local hospital.

Sally's journey had reached a crucial point. "We could continue to be manipulated or we could stand back," she said. "It wasn't easy to decide but we stayed away from the hospital."

Joe came up to his parents a few times after that for food. "He looked so ill," Sally remembers. "I felt dreadful." Shortly after that Joe moved away to work on a farm, further north. Sally knows where he is and writes to him to keep in touch, but he doesn't reply. And if she and her husband ever give their other son any money they put the same amount to one side for Joe.

“

We could continue to be manipulated or we could stand back. We stayed away from the hospital.”

”

LEGAL

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.



“
I tried everything, and none
of it made a difference –
nothing worked.”

DAVEY'S STORY

*Two of Davey's children are
in recovery. Stephen is 32 and
Jenny 29.*

Davey first became aware of the problems when his marriage broke down and his ex-wife went to live in Ireland with their children. The children's grandmother – who had had drug issues of her own – committed suicide and they were devastated; Stephen started smoking cannabis. Davey's ex-wife was aware that Jenny had developed an alcohol problem, but she confided in her dad that she was also smoking crack cocaine.

The problems became more intense when the children came back to England to live with Davey – first Jenny, then later Stephen. “Stephen was trouble from day one”, says Davey. “He took over my life – I had to change my shift patterns at work and my relationship was breaking down. My partner at the time told me I had to choose between her and Stephen, and obviously I chose my son.”

Jenny went to rehab, and Stephen was hospitalised as a result of a psychotic episode. He was also in and out of prison for stealing, including from people that Davey knew. His mental health problems were worsening, and at one point he called the police to say his father had assaulted him.

Davey felt cut off from a support network, and that others couldn't relate to his experiences: “I couldn't sit there with other people and discuss last night's police raid – it's outside their comfort zone. I wouldn't have known where to begin”.

Davey said the biggest challenge was trying to help Stephen, to no avail: “I tried everything, and none of it made a difference – nothing worked. He didn't care. I was doing things to make myself feel better, like going to A&E with him; but I stopped all that and learned to let go.” Support from the GP and drug treatment centres was “all for the addict and nothing for me”, he says. “I took Stephen to rehab in Scotland and never once did anyone say, ‘we'll point you in the right direction’”. But before their break-up, Davey's partner had given him a leaflet about DrugFAM, a family support service based locally: “they gave me the tools I needed and I began getting stronger. When I changed, it forced a change in my son too”.

Both Jenny and Stephen have benefited from rehab and have been in recovery for two years: “this is the first year without a crisis”. Davey feels they're slowly getting better; Stephen has even started a homeless outreach service in Ireland.

Over the course of his experiences, Davey says “what I learnt is that you can't control it. I didn't cause it and can't cure it.” He feels that other parents in his position should know that “there's no shame. It's not your fault, it's their wrongdoing. Disassociate yourself from failure and carry on.” He is now happily married to his partner, Ann, and works as a facilitator for DrugFAM: “I can help people not to go down the road I went down”.

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.



WHERE CAN I GO FOR HELP?

ADFAM

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

Tel: 020 3817 9410
www.adfam.org.uk

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

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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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