

**When a child  
uses drugs or  
alcohol**

## SUMMARY



[Living with a child](#) who uses drugs or alcohol can be a challenging experience. “[Drug](#)” refers to substances affecting thoughts or feelings. Every drug user’s experience is unique, with different reasons for starting, continuing, and stopping.

[Conflict](#) often arises when a child’s priorities shift towards drugs or alcohol. This can strain family relationships and lead to financial difficulties. Safety is paramount for both [yourself](#) and the [child](#).

[Open communication](#) is essential but can be difficult. [Setting boundaries](#) is crucial when dealing with substance misuse

[Kinship care](#) is anyone who looks after the child of a family member or friend and this resource provides information for those who are carers.

In addition to practical tips, this guide also [shares the stories](#) of others who have faced similar losses. You will find narratives from a mother and a father, offering insight into their journeys of their children taking drugs or alcohol. These stories serve as a source of comfort and understanding, reminding you that while your pain is unique, there are others who have walked a similar path and found ways to cope.

For additional resources and details on various organisations please refer to [Where can I go for more help?](#)

## KEY TERMS

### **Kinship**

an umbrella term for anyone who looks after the child of a family member or friend

### **Conflict**

a serious disagreement or argument

### **Domestic abuse**

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 years or over who are or have been intimate partners or family members regardless of gender or sexuality

### **Withdrawal**

The effects when a person stops taking drugs

### **Co-occurring needs**

a term used to describe a condition which affects someone with both substance misuse and a mental health condition

### **Dependence**

a situation where you feel like you need something or someone all the time

### **Safeguarding**

The action that is taken to promote the welfare of children and protect them from harm

### **Harm minimisation**

Policies and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop

# What are drugs?

Most people who experiment with drugs do not use them regularly, and many do so in a controlled, recreational manner.

Only a small proportion develop problems. If you know what drugs your child is using, it's helpful to understand their effects and risks.

**This resource offers practical and emotional advice for anyone with parental responsibilities dealing with a child's drug issues.**

## DEFINITION OF DRUGS

**"Drug" refers to substances affecting thoughts or feelings, including alcohol, tobacco, and illegal drugs like cannabis, ecstasy, and heroin.**

It covers both legal substances that can be misused, and "legal highs" controlled under the Psychoactive Substances Act 2016.

Understanding drugs is crucial, especially when someone's drug use becomes a problem, but knowledge alone won't enable you to control or manage your child's drug use and behaviour.

For learning more about the types of drugs see Adfam's 'All about alcohol and drugs resource'.

In England and Wales, 18% children reported that they have taken drugs before.



**In 2021, 2 in 5 children aged between 11 and 15 years said they had ever had an alcoholic drink**

Source: [NHS Digital](#)

# What the child is going through

Living with a child who uses drugs or alcohol can be frustrating, especially when they struggle to communicate. Parents often want to know:

**"how?", "when?", "why?"**

Children, particularly adolescents, may not have clear answers. It's essential to try to see the world from their perspective.

**Every drug user's experience is unique, with different reasons for starting, continuing, and stopping.**

Understanding this, along with the emotional turbulence of adolescence, can help you navigate your own journey as you support your child.



## FROM EXPERIMENTATION TO PROBLEM

Your child is **not alone in experimenting** with drugs and alcohol.

Many young people start this way, and some transition into regular use without realising it has become a problem. The moment they recognise this can be **shocking**, bringing feelings of **guilt, denial, and fear** due to the stigma surrounding drug use.

Living and supporting someone with a major problem can be **extremely taxing** with relationships affected in major ways.

## ACCEPTANCE AND DECISIONS

**Recognising a problem** is a critical step, but your child must decide when to seek help or reduce their use.

This decision is **brave but challenging**, often sparked by a crisis or gradual awareness.

It's crucial to remember that this choice **must come from them**.

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.

Withdrawal is **tough, both physically and emotionally**. Your child isn't just giving up drugs—they're also distancing themselves from friends and familiar environments.

They may worry about fitting back into their old culture, **feeling guilty** about their past behaviour, and be frightened by the idea of life without drugs.

This fear makes the detox stage especially challenging.

## THE FUTURE

Recovery is a long, **ongoing journey**.

Even after withdrawal, your child must rebuild their life and face insecurities without drugs. Your child may feel **inadequate and frightened after quitting** drugs, which can lead to relapse.

However, facing and overcoming challenges can help rebuild their confidence and self-worth.

While this stage is **difficult and the longest**, small victories can help them regain confidence. Your support in helping **them see the bigger picture** is essential.

# Dealing with conflict in families where there is substance use

Disagreement frequently arises in families where there is substance use, because the user may want different things to other family members.

For example, a substance user may want to spend household money on drugs/alcohol that other family members need to spend on food, rent, and bills.

However, conflict is created by both people because each person influences the other and each is affected by the other.

## TIPS TO HELP YOU COPE WITH CONFLICT

### Reflect by asking:



- How does the conflict start?
- Are there patterns?
- What are the roles people adopt?
- What are the benefits and downsides of playing that role?
- What is my responsibility – what can I change?
- Am I being assertive or aggressive?

### Develop dialogue by:



- Choosing your moment carefully
- Listening
- Being open and honest, and respecting the other person
- Accepting and understanding the other person's point of view
- Start statements with 'I' so its clear that you acknowledge your own feelings and actions
- Collaborating rather than confronting

## NEGOTIATING

Negotiating is a key aspect of coping with conflict when developing dialogue:

- Start softly and finish strongly
- Be **flexible** and willing to **compromise** to reach an agreement
- Assess the likely risks to people's health because of any negotiation
- Aim for everyone to feel like they have gained something – '**win-win**'
- Help people to **save face** rather than humiliating them
- Make a **clear agreement**
- 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**

## SEEKING SUPPORT

- Contact organisations that can help such as:
  - ⇒ Refuge for domestic violence
  - ⇒ Mediation services
  - ⇒ Counselling
  - ⇒ Family support and carers groups
- **Accept the support** of people you know
- Let yourself **have a break** from the conflict
- Though conflict is frequently seen as a **crisis**, it is often an **opportunity for positive change**



# What you may be going through

## DISCOVERY

The first major step is **discovering** your child's drug use, which can be shocking and lead to denial, guilt, and blame. Many young people **experiment with drugs**, but when it becomes a major part of their life, it affects 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

After the **initial shock**, you may search for reasons and end up blaming yourself or your child.

It's easy to blame oneself in a culture that **misunderstands drug use**. Thoughts like, "It's my fault... I could have been a better parent... I've let them down..." might seem to offer clarity and a path forward.

This is natural, but it's important to understand there are **no simple answers or solutions**.



## ACCEPTANCE

As your journey progresses, emotions **may hit rock bottom** in a cycle of blame.

**Acceptance** is a crucial but challenging step, where you **recognise** that drugs are your child's problem, and your challenge is managing their impact on your family.

**Acceptance isn't passive**; it's about acknowledging the issue and preparing for a long journey ahead. This requires inner strength, especially when setbacks occur, like feeling rejected if your child seeks help elsewhere

Remember, your **emotions are normal**, and while they may fluctuate, both situations and feelings will eventually change.



## MOVING ON

Journeys are about **moving forward**, and so will yours alongside your child. All the emotions may leave you feeling **exhausted**.

But you won't remain stuck—you'll transition from **acceptance to adaptation**.

Whether your child quits drugs or manages use, you'll adapt too, managing your own life and relationships.

This phase is **challenging** and may bring **stress, resentment, or anger**.

However, it's also when you can reflect on how far you've come and use the resources you've built to continue moving forward.



# Keeping yourself and others safe

## DOMESTIC ABUSE

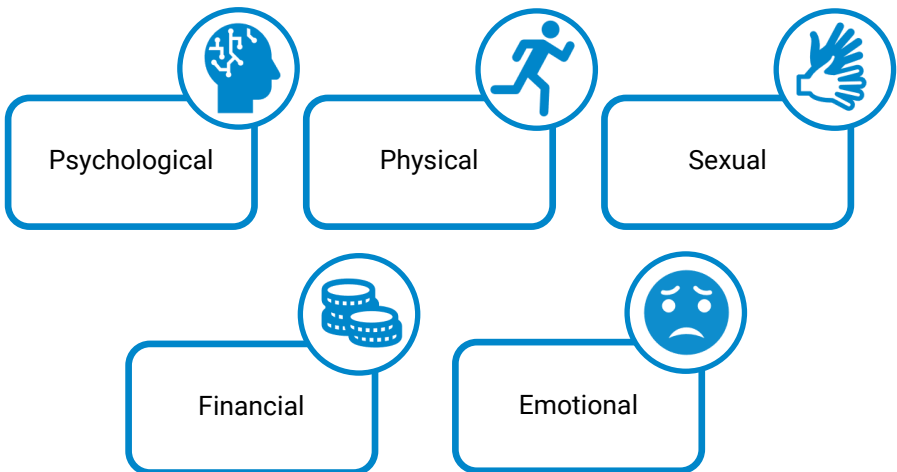
In cases of domestic violence, **the responsibility never lies with the victim**. The relationship between substance use and domestic violence can be **extremely complicated**. Some who carry out domestic abuse may use drugs or alcohol at the same time – and some victims may use substances as a coping 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.”*

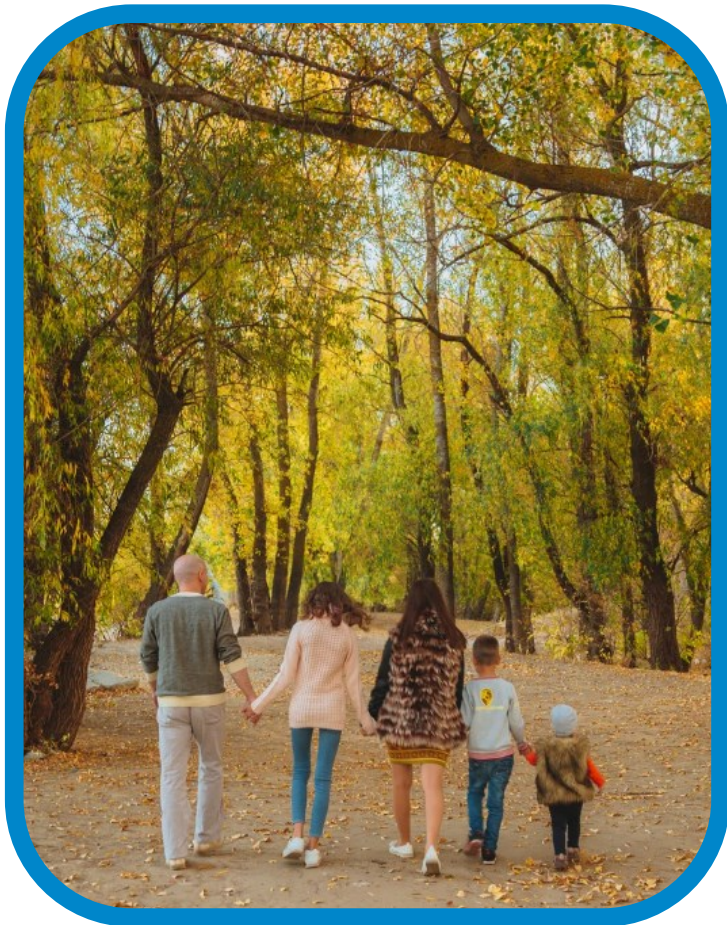
This can include **but is not limited to** the following types of abuse:



## CHILD-PARENT VIOLENCE

Child and adolescent to parent violence and abuse refers to a **pattern of harmful, and in some case, controlling behaviour** by children or adolescents towards parents or caregivers.

Abusive behaviour can be intentionally harmful, and controlling and/or unintentionally harmful functioning to communicate distress, anxiety, or trauma.



## TYPES OF BEHAVIOURS

### Controlling behaviour

A range of acts designed to make a person feel inferior and/or dependent by:

- isolating them from sources of support
- exploiting their resources and capacities for personal gain
- depriving them from the means needed for independence
- regulating their everyday behaviour

### Coercive behaviour

An act or pattern of acts of assault, threats, humiliation, and intimidation or other abuse that is used to harm, punish, or frightened someone.

## POLICE

The police should be called whenever you feel that the behaviour of a loved one is a direct threat to **you, themselves, or someone else**.

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**.



If you are, or someone you know is a victim of domestic abuse, **please call the [national 24-hour, free helpline at 0808 2000 247](#) for advice or signposting.**

# Keeping your child safe

## CHILD SAFEGUARDING

Child safeguarding is “**the action that is taken to promote the welfare of children and protect them from harm.**” ~NSPCC website

“**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

## OVERDOSE

Some types of drugs bring an **elevated risk of overdose** such as:

### Opioids

(i.e. heroin, methadone, and codeine)

### Benzodiazepines

(i.e. diazepam and valium)

Alcohol

[Harm Reduction Works](#) list the **signs** of depressant and stimulant overdoses and **what to do** if you witness an overdose.

Naloxone is a medicine which can temporarily reverse the effects of an overdose caused by opiates and opioids. It blocks this effect thereby reversing the breathing difficulties. For more information visit [DrugWise](#).

## SIGNS OF OVERDOSE

### DEPRESSANTS

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

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

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

### STIMULANTS

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

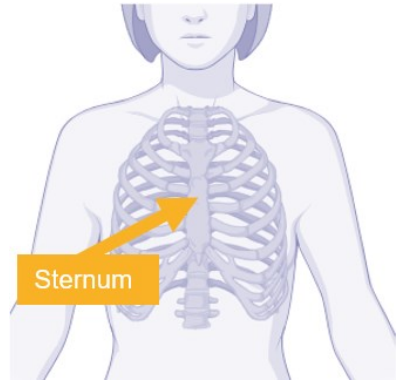
**Serious:** blurred vision, sweating, diarrhoea, pressure or tightness in the chest, dizziness, difficulty with talking or walking, becoming violent

### CHECKLIST FOR OVERDOSE:

**Are they unconscious?** - you can find out by rubbing your knuckles on their sternum (the centre of their rib cage)

**Can you not wake them up?**

**Are they showing other signs of overdose?** (as detailed above)



## 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

If someone is **unconscious and not breathing**, put them in the recovery position.

**How to put someone in the recovery position:** See: [Harm Reduction Works; Staying Alive](#)



# Getting help: Kinship care

Kinship care is an umbrella term for anyone who looks after the child of a family member or friend.

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

## TYPES OF KINSHIP CARE

Kinship carers are usually grandparents, aunts or uncles, brothers or sisters, a step-parent, stepbrother or stepsister, or someone who isn't related **but knows the child well**.

Different types of kinship care include:

Informal kinship care

Kinship foster care

Private foster care

Special guardianship

Child arrangement orders

Testamentary guardianship

Adoption

For **additional details** on kinship care refer to the [Kinship website](#).



## LEGAL RIGHTS AND ADVICE

### **Parental responsibility, residence orders, and guardianship**

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

### **Fostering rights**

If the child is in care, the local authority has parental responsibility even if you are the foster carers. It is advisable to apply for a Residence Order.

### **Adoption**

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

## SEEKING LEGAL ADVICE

If you are considering any of the above you should seek legal advice. The solicitor you choose should preferably be a member of the Law Society's Children's Panel or the Solicitor's Family Law Association.



# Supporting the child

## HOW DO I KNOW THE CHILD HAS A PROBLEM?

**Parental concern** can easily turn into suspicion, leading to **mistrust or accusations**.

You might notice warning signs like **missing money, suspicious substances, lying, secretive behaviour, or aggression**.

More subtle signs of drug or alcohol issues could include **mood swings, drowsiness, or loss of appetite and interest in school or friends**. However, these changes may simply be part of adolescence.

Before assuming drugs are involved, consider why you think this.

While drug testing kits might seem like a solution, they can miss substances and may lead to resentment without changing behaviour.

The best approach is to **talk to your child**, even though it can be challenging with teenagers.

## WHY ARE THEY TAKING DRUGS?

Parents often question and blame themselves when their child uses drugs, but there's **no single answer**.

Sometimes, it's simply for fun—drugs can make a child feel **relaxed, sociable, and energised**, especially in environments where drug use is common.

These might be seen as "positive" reasons or active decisions. On the other hand, a child might use drugs to **escape stress, pressure, or boredom**, which are "negative" reasons. Often, it's a mix of both.

Remember, **adolescence is turbulent**, and experimenting with drugs is increasingly common.

You're not to blame, and your child may not continue using drugs or develop a problem.

## HOW CAN I TALK TO THE CHILD?

Talking about drugs and alcohol with your child is crucial but challenging. Open communication is key, not just to understand what's happening but to share your concerns as well.

**Here are some tips:**

- **Be informed:** Learn the facts about drugs so your child knows you understand.
- **Be specific:** Focus on particular concerns about their drug use
- **Be direct:** Explain how their behaviour impacts you and the family
- **Stay calm:** Avoid shouting or arguing; it's okay to pause and return to the conversation later
- **Be open:** Listen without immediate judgment and consider their perspective
- **Keep it broad:** Discuss the wider context, not just the drug use

If a face-to-face talk feels too difficult, consider involving a trusted teacher or friend, but ensure your child doesn't see this as a betrayal.



Provide children with resources like websites and helpline numbers is important (these can be found here: [Where can I go for help?](#))

## HOW CAN I TALK TO THE REST OF THE FAMILY?

While it's natural to focus on a child struggling with drugs or alcohol, it's important to remember that the **rest of your family—and you—are equally important**.

Make sure to **invest time and effort** in other family members to prevent resentment and to show that drug use isn't the centre of your family.

As your child begins to change, encourage them to **reconnect with the family**, helping them reorient their life and priorities.

Drug use can strain family relationships, so it's crucial to **take care of yourself**.

**Take time for yourself**, focus on non-drug-related activities, and enjoy moments with loved ones away from the stress. This will help you **stay refreshed** and better able to support your child.

## HOW CAN I HELP THE REST OF THE FAMILY?

Various support services are available for both you and your child. These include:

- **Drug Services:** Offer prescriptions, methadone programs, counselling, detox support, and advice on housing and benefits.
- **Counselling Services:** Provide professional support and guidance.
- **Self-Help Groups:** Offer peer support and practical advice.

Services might face limitations, such as long wait times or lack of specialisation in certain drugs. They often **focus on the user rather than the family** and may not discuss your child's treatment with you.



Supporting yourself is crucial. Organisations like Adfam can offer valuable assistance and support for families affected by drug issues. For more information, visit Adfam's website at [www.adfam.org.uk](http://www.adfam.org.uk).

## WHAT HAPPENS IF THE CHILD CANNOT KICK THE DRUGS?

Dealing with drugs and alcohol is **complex**. As mentioned earlier, many people live normal lives while using drugs.

Many people live with "**harm minimisation**" which is crucial both **physically and emotionally**. It represents progress, even if the steps are small. Encourage your child to:

- Avoid using drugs alone
- Not mix drugs
- Take breaks to allow recovery
- Practice safe sex
- If injecting drugs use clean needles and do not share injecting equipment

These actions not only reduce harm but also **gradually guide them** towards more controlled behaviour.

## WHAT CAN I DO ABOUT THE MONEY?

Drug use can **strain finances**, and you might notice money disappearing or items being stolen.

Supporting your child's habit financially can **delay their recognition of the consequences**.

If debts are piling up, seek advice from a **debt counsellor** and contact your **landlord or mortgage company** without mentioning drugs.

If threats from creditors arise, involve the police.

When feeling overwhelmed, remember that **change is possible**, though it may be slow.

If things at home become **unmanageable**, consider if your child's presence is beneficial.

Asking them to leave might be a **necessary step** and doesn't have to be permanent.

# Other considerations

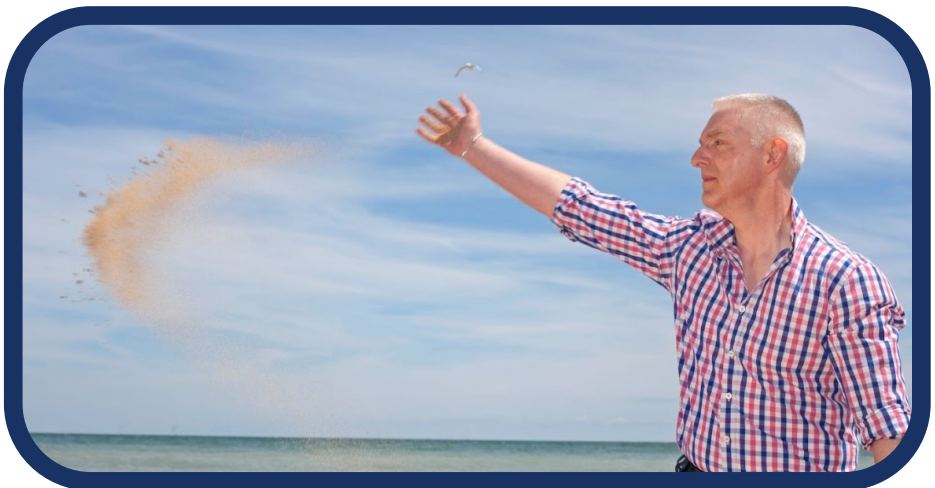
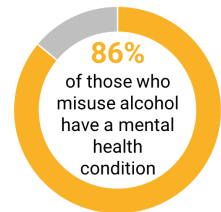
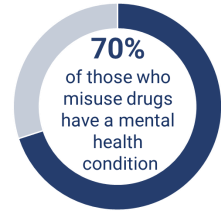
## CO-OCCURRING NEEDS

Co-occurring needs (also known as 'complex needs') is a term used to describe a condition which affects someone with **both substance misuse and a mental health condition**.

Research shows that **mental health conditions** are experienced by the majority of **drug** and **alcohol** users in community substance misuse treatment.

This may be a **primary diagnosis of major mental illness** with a subsequent diagnosis of substance use that negatively impacts mental health. For example, cannabis use on top of schizophrenia.

Or there may be **primary diagnosis of drug or alcohol dependence** which leads to mental health conditions. For example, following chronic use of stimulants like amphetamine or cocaine.



## CARING FOR A LOVED ONE WITH CO-OCCURRING NEEDS

You may have a loved one with co-occurring needs making the task and stress of caring for them **doubly difficult**.

You may well find that their problems have to be **treated separately**, by **different services**, and this can increase your frustration.

Unfortunately, drug/alcohol and mental health services are **neither equipped nor resourced to provide tailored support for families with mental health problems**, or relationship problems.

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.

Refer to Adfam's toolkit for those affected by someone else's mental ill health and substance [here](#).

## 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?'**

It 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**.

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**.'* (Quote from a family member)

# 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 can help you **assert your needs** and rights so that you 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, therefore they need to set two boundaries:

**For Emma not to steal from the family**

**To not lend Emma money for drugs**

## SETTING BOUNDARIES CAN HELP BY:

- Encouraging the user to **take responsibility** for their actions.
- Modelling **healthier and safer** relationships.
- **Reducing the impact of substance use** and its associated behaviour on you and the family.
- **Breaking 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 others**, only 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.



## CHECKLIST TO HELP YOU SET A BOUNDARY

1. **Identify the Issue:** Clearly define the specific behaviour or situation you want to address.
2. **Set Your Goal:** Determine what you need to achieve by setting this boundary.
3. **Examine Your Motive:** Reflect on your reasons—are they rooted in anger, frustration, stress, or concern?
4. **Focus on Behaviour:** Frame the boundary around the specific behaviour, not the person.
5. **Promote Responsibility:** Ensure the boundary encourages the user to take responsibility for their actions and choices.
6. **Assess the Risks:** Consider the potential risks of this boundary for both the user and other family members.
7. **Set Consequences:** Clearly outline what will happen if the boundary is violated. Determine how you will monitor whether the boundary is being respected.
8. **Establish a Timeline:** Decide how long the boundary will be in place and set a time to review its effectiveness.
9. **Be Flexible:** Be open to adjusting the boundary if circumstances change, such as if the user enters treatment or moves away.
10. **Seek Agreement:** Try to get other family members on board to prevent the user from playing one person against another.
11. **Prepare for Challenges:** Anticipate difficult emotions that may arise and plan how to handle possible manipulation by the user.
12. **Accept Compromise:** Recognise that the boundary may not be ideal and could require compromise.
13. **Consider Rewards:** Determine if it's appropriate to offer positive reinforcement if the user respects the boundary.
14. **Prepare for the User's Response:** Think about how the user might react and plan your responses to maintain the boundary effectively.



**Example of how to set a boundary  
(using tips to help you cope with conflict):**

*'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.*

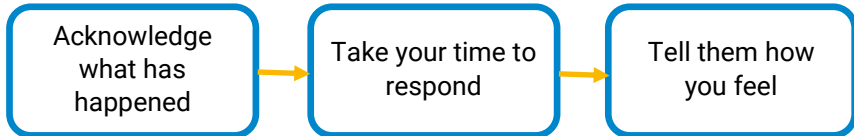
*If you choose to continue to use drugs in our home and not discuss this, I will assume that you have withdrawn your co-operation.*

*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.*

## HOW TO RESPOND WHEN 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.



### The formula below might help:

1. **Identify the behaviour:** Explain the behaviour that you feel is unreasonable
2. **Express your feelings:** Focus on the behaviour, not the person
3. **Restate the boundary:** For example you may say “*When you break our agreement not to use drugs in our home, I feel so angry with your behaviour. I ask again that you honour what we agreed*”
4. **Outline consequences:** Explain what will happen if the boundary is broken again and stay firm
5. **Address inconsistency:** Point out the difference between their actions and words. For example you can say “**I notice** that every time this happens you say sorry and then carry on as if we hadn’t agreed otherwise”
6. **Request amends:** Ask for things to be set right, whether that’s repay-

**Finally, consistency is key—stick to your boundaries.**



Setting boundaries and changing your relationship with a substance user can be challenging, especially if you feel isolated. Finding support is crucial. For more details on where to find support see: [Where can I go for help?](#)

# Where can I go for help?

## Further Adfam resources

Visit the resources page for further [Adfam resources](#)

Adfam offers information and advice for families affected by drugs and alcohol including an online database of support groups



## Useful Organisations

### Addiction Family Support

- Support for those affected or bereaved by a loved one's addiction
- Helpline: 0300 888 3853
- [www.addictionfamilysupport.org.uk](http://www.addictionfamilysupport.org.uk)

### Al-Anon

- Support groups for those affected by someone else's drinking
- Helpline: 0800 0086 811
- <https://al-anonuk.org.uk>

### DRUG SCIENCE

- Objective information on drugs and drug harms
- [www.drugscience.org.uk](http://www.drugscience.org.uk)

### DRUG WISE

- Evidence based information on drugs, alcohol and tobacco
- [www.drugwise.org.uk](http://www.drugwise.org.uk)

## FRANK

- Advice and information for anyone concerned about drugs
- Helpline: 0300 123 6600 (24 hours)
- [www.talktofrank.com](http://www.talktofrank.com)

## RETHINK MENTAL ILLNESS

- Information and advice on mental health including 'co-occurring needs of mental health conditions and substance misuse
- Helpline: 0300 5000 927
- [www.rethink.org](http://www.rethink.org)



# Journeys

## Sharon's Journey (Story of a mother)



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

Sharon initially blamed herself for her daughter's drug use, feeling guilty for being too lenient after her marriage broke down. When her daughter started using cannabis and heroin, Sharon struggled with guilt and self-blame, compounded by her family's lack of support. However, she found comfort in her friends, who helped her search for her daughter when she was at her lowest.

Despite the emotional and financial toll, Sharon always tried to stay connected with her daughter, even when her daughter alternated between needing her and pushing her away. Sharon set boundaries, like forbidding drugs in the house, but knew her daughter was still using. The situation reached a critical point when her daughter, severely underweight and desperate for help, was nearly lost to addiction.

Determined to save her daughter, Sharon intervened, demanding immediate help from a rehabilitation project. Her persistence paid off, and her daughter has now been clean for a year. Sharon is proud of her daughter and has learned that only the individual can decide to seek treatment. Despite the challenges, Sharon's relationship with her daughter has grown stronger through their shared journey.

## Dave's Journey (Story of a father)

***"I tried everything, and none of it made a difference – nothing worked."***



Dave's children, Stephen (32) and Jenny (29), struggled with substance abuse following their grandmother's suicide and their parents' divorce. After moving back to England to live with Davey, Stephen's behaviour became particularly challenging, leading to psychotic episodes and imprisonment for theft.

Feeling isolated and unsupported by traditional treatment centres that focused solely on the addicts, Davey found solace through a family support service. This support empowered him to change his approach, which in turn influenced his children.

Both Jenny and Stephen have now been in recovery for two years, with Stephen even starting a homeless outreach service in Ireland. Reflecting on his journey, Davey emphasises that parents cannot control or cure their children's addictions and should not blame themselves.

He worked as a group facilitator, helping other families navigate similar challenges.

# About this resource:

The content in this booklet has been developed under advisement of specialist organisations and professionals.

This resource has been updated by **Nexus Values**, a specialist value strategy consultancy passionate about supporting the communication of value in healthcare, as part of a pro bono collaboration through **Passion Partnership**.







**Adfam**

**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 please visit our website ([www.adfam.org.uk](http://www.adfam.org.uk))**