

For parents



# Living with a drug user



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## **Introduction**

If you have found out that your child is using drugs, or if you are concerned they might be, then this booklet is for you. It's been written to help you cope with the situation and also to help you think of positive ways to support your child.

Even though most people who use drugs come to little harm, it's often very frightening for parents to realise that their child has even tried an illegal substance, let alone that they might be taking something regularly. This booklet deals with the key concerns of parents relating to drugs and suggests some positive ways forward.

### **What do we mean by children and parents of drug users?**

This booklet has been written for anyone with parental responsibilities for a child/children, be they a biological parent, step-parent, foster carer or guardian. We also understand that parents don't just stop worrying about their children once they are 'grown up' so, when we use the term 'child', we're referring to people of all ages, whether child, teenager or adult.

#### **About Adfam**

Adfam is the national umbrella organisation working to improve the quality of life for families affected by drug and alcohol use.

For more information on Adfam's publications please email [publications@adfam.org.uk](mailto:publications@adfam.org.uk).

## **1 Using drugs**

Understanding drug use is about much more than knowing about individual substances and their effects. We all have opinions about drug use: these can be influenced by personal experiences, stories in the media, or what others say. This booklet aims to give a balanced view of drug use based on facts and Adfam's experience of working with and for the families and friends of drug users.

Drugs have been around for hundreds – and in some cases thousands – of years, and many drugs which are now illegal, including cannabis and cocaine, were legal in this country until the last century. The word 'drug' itself can be confusing – some people use this term to describe all substances which change the way a person thinks, feels or behaves, which would include illegal drugs, medicines, alcohol, tobacco and caffeine; others might use this term to refer specifically to illegal substances. In this booklet we will be discussing illegal drugs.

### **Why do people take drugs?**

Drug use is a complex problem for our society to face. Many people have to take drugs to control illness or pain, and many of us will take a painkiller occasionally if we have a headache. Some people will take illegal drugs because they make them feel good or just able to cope with their lives more easily. It is a fact that we live in a world where drug use, of one form or another, is part of everyday life for many people.

There are a number of different reasons people choose to take drugs. These include:

- To have fun
- A desire to experiment with new experiences and sensations
- Because they're bored and there's nothing better to do
- To escape from a bad situation or cope emotionally
- To join in with a crowd
- Out of curiosity
- To do something risky for the excitement of it
- Because many drugs are easily available and friends are using them.

### **Is it something I've done?**

Many family members – and especially parents – ask themselves if something they have done has caused drug use, and feelings of guilt are

extremely common. Many regret past actions or reactions. However, it is vital to remember that the user is responsible for the choices that they make and for their behaviour, including whether they use drugs. Only they can decide to use drugs, and only they can make the decision to stop.

However, you are responsible for your own behaviour in the same way. This booklet should help give you some ideas on how to be strong, helpful, resolute or supportive as and when required, and find ways to improve your relationship with your child.

### **Different levels of drug use**

There are several levels of drug taking – but it is not always easy to distinguish between them.

#### ***Experimenting***

Most people, usually when they are teenagers or young adults, experiment with substances such as tobacco and alcohol. A significant number go further and experiment with drugs such as cannabis. Such behaviour is typical of young people both experimenting with the adult world and rebelling against authority. There is a risk with experimentation, although most young people come to little harm and are often more aware of the need to keep safe than parents give them credit for.

#### ***Recreational and coping***

Of those who experiment, some will use drugs on a regular basis – which increases the risks. However, at this level, drug use does not usually have a significant impact upon other aspects of life such as work, studies, or relationships with others.

‘Recreational’ drug use can become a habitual method someone uses to help them cope, have fun or relax. This applies to many substances – from a cup of coffee to wake us up in the morning; to a glass of wine to relax; a cigarette when feeling stressed; or taking ecstasy or speed to feel sociable and keep going whilst enjoying a night out.

#### ***Dependency***

A few of those who use drugs regularly will go on to develop signs of dependency, or become addicted. The person in this situation uses substances to cope or feel normal every day. It usually creeps up on someone without them noticing it has happened; in fact when initially challenged, many dependent drug users often still think that they are using recreationally. People don’t usually set out to become dependent on drugs,

no matter how risky a particular drug is or how frequently other people become addicted to it.

Dependency has many adverse consequences on lives, such as an impact on relationships with other people and health problems. People who become dependent on drugs can find that their whole lifestyle, and the people they associate with, typically revolves around drug use and getting money to buy drugs.

## **How do you know if someone is taking drugs?**

Most of the parents who contact Adfam feel that they don't know very much about drugs. Even parents who have taken drugs in the past worry that their child might not stay safe or move on the way they did. Many parents worry that their teenager's changes in appearance, mood or behaviour towards them might indicate that they're taking something.

It's understandable that when your child is secretive or wanting privacy, you might think they're doing something they shouldn't, especially if they've shared everything with you in the past. It's not a rejection of you – even if it feels that way. It's often simply the way they choose to have a life that is becoming separate from you and of trying out what it's like to be an adult. When this happens many parents may assume it's because they have something to hide.

Remember that many of the signs of drug use are similar to normal adolescent behaviour: young people's personalities and interests change as they reach their teens. Don't you remember losing interest in sports activities or other things which you'd been really keen on in your own teens? These changes are normal and aren't necessarily a sign that your child is taking drugs.

Be reassured – many possible signs of drug taking are just like the normal signs of growing up. So try not to be overly suspicious! However, some signs could include:

- Sudden or regular changes of mood
- Unusual aggression
- Loss of appetite
- Gradual loss of interest in school, work, friends etc.
- Unusual drowsiness or tiredness
- Lying and secretive behaviour
- Having a 'drunken' appearance
- Money being spent with no visible evidence of what it's being spent on.

**Evidence of drugs and drug paraphernalia**

The previous examples can all be associated with normal behaviours, especially in adolescents. However there are some more definite signs of drug use associated with the equipment people use to take them, including:

- Small, clear sealable bags – like those for holding buttons or safety pins – which are used to store drugs. They might contain powders, tablets/pills or a plant-like substance
- Cigarettes with the tobacco emptied out, leaving just the filter
- Small, rolled pieces of cardboard – these are used as makeshift filters in cannabis cigarettes
- Improvised pipes, plastic bottles, tubes and cans that have been tampered with e.g. holes punched in them, the bottom cut off, or foil added to the top
- Rolled up banknotes, razor blades and credit cards for cutting up powder drugs, sometimes on mirrors
- Rectangular, folded ‘wraps’ of card used to store powders
- Silver foil, syringes and burnt spoons – these can be used to prepare heroin.

**Purity**

Having legally produced drugs (medicines) prescribed by a doctor or buying them from a chemist helps to reduce the risks associated with them: they have gone through clinical trials and are given to people who have a medical need for them, though they can still be dangerous if used inappropriately. Illegal drugs are not covered by controlled production, which checks for contaminants and purity levels, so using illegal drugs increases risk. Illegal drugs are often ‘cut’ with other substances (for example caffeine or paracetamol) to bulk them out and increase profit margins for dealers, but many scare stories in the media about drugs being mixed with substances like rat poison are exaggerations.

## **Being realistic about the world we live in**

Most of us hope that young people will avoid taking drugs altogether, but drugs are now widely available everywhere in towns, cities and the countryside. Most of the press coverage about drugs is sensationalised and focuses on the worst possible situations. They often don't give all the facts.

As with legal drugs such as alcohol, people can use some illegal drugs without coming to harm.

It's understandable that we all want to prevent our children from coming to harm and that we should try to protect them, but it's important to realise that we can never keep them away from danger altogether. In the case of drugs, it can be more helpful to think about how we can help our children protect themselves; and, if they are getting into difficulty with drug use, how we can get help for them and ourselves.



## 2 Talking drugs

Many of the challenges voiced by parents who want to talk to their children about drugs stem from the breakdown of communication channels between their child and themselves. It is important to look at how to keep the talking going, so that when faced with worrying signs of possible drug use, there are opportunities to break through the barriers and find out more about what's happening by listening and talking to your child.

### Talking to your teenager and young adult

As our children start to grow up, communication can become tricky. In their drive for independence young people can push you away, which can be very painful. As parents, this sudden change in our relationship with our children can be confusing and some parents talk about these changes as being similar to loss or bereavement.

Parents are losing their nurturing role and feel they are on the outside looking in, with little or no influence on their children's lives. But remember that children often want to learn and talk about what they are facing as they grow into adults, and their anger, rudeness or silence hides uncertainty and fear of the independence that they are trying to embrace. It is useful to think about what you were like as a teenager and remember that the transition period between childhood and adulthood can happen at different ages and can be a difficult time for many. Try not to be too hard on yourself or your child.

**Mary said of her son, David:** *for wanting to know 'his business'. He didn't understand that I was worried about the drugs. He just felt that I wanted to feel in control of his every move. "*

*“When things did all come out in the open, David said that he'd lied because he didn't want to get into trouble and also because he was raging at me*

### Talking with teenagers – what helps

- Try to keep things in perspective. Decide what is important and what is less important and expect to be challenged
- Your relationship with your child is changing. They are becoming young adults. Try to speak to them as young adults rather than 'children'

- Try to listen to your children's views. Be prepared to give your children the chance to talk without interrupting them
- Communicate your feelings about their views in a way which doesn't judge or criticise them
- Try not to overreact if they use bad language or call you names. This is most likely because they are trying to distract you from a particular issue or are frustrated with the direction of the conversation. Ask them not to use such language and try to return to the original discussion calmly
- If they ask for your advice, try to help them decide what to do for themselves by asking them questions about what they think their options are
- Try to give your children positive feedback wherever possible by praising their achievements. This helps to increase their self-esteem and confidence
- To give negative feedback, try using "I" statements e.g. "I feel worried when you don't come back" instead of "you're so irresponsible not coming home when you say you will and not letting me know where you are"
- Teenagers need freedom so they can learn to take responsibility for themselves, but they still need boundaries which show them that you care.

**Kevin said of his son, Ryan:**

*“ Things were really impossible between us. He was out with his mates all the time and would come home tired and irritable. His manner had really been getting to me and it seemed like every time we spoke we just ended up screaming and shouting. I realised that at some level I was disappointed in my son. When I looked at how conversations with him would go, I realised that I was*

*completely focused on what he was doing wrong and that it had been a very long time since I had said anything positive to him. Ryan was upset enough with himself that he hadn't done as well as he could at school and my going on about the drugs as well must just have made him feel worse. We certainly never got to the stage of being able to talk about how he could sort himself out. ”*

## Talking about drugs

The first base is to ensure your children are informed about drugs and their potential dangers and that they understand that you can talk to them about this. Despite drugs education in schools, some young people may end up getting misleading or wrong information elsewhere – including from their friends. Moreover, if your children have any worries about drugs or they are using them, the fact that they are not a taboo subject will make it much more likely that they will confide in you or seek your support if they need it.

### Information on drugs

This booklet concentrates on practical and emotional support for families, rather than listing different drugs and their effects. This information is easy to obtain from Adfam and elsewhere, for example:

*'Do your children know more than you?'* drugs information leaflet, available from Adfam

Website and printed resources from [www.talktofrank.com](http://www.talktofrank.com)

## What to consider and what helps

- Horror stories about drug use are rarely helpful. To someone who has used drugs and enjoyed them, or who knows someone who has done so without coming to any harm, these stories will not ring true. If you tell your child that taking ecstasy will kill them and they know of someone who's taken it and is still alive, they aren't going to believe what you're saying or they may just think it won't happen to them.
- Be prepared to talk about the possible benefits of drug use as well as the risks. It won't be helpful just telling someone that drugs are bad for us, even when we know the risks. If we expect young people to make sensible choices about their actions, we need to be prepared to help them to look at both the pros and cons of such behaviour. This is where being able to talk about your own experiences openly and calmly could be especially useful.
- You may feel that your child is 'in with the wrong crowd' when it comes to drug taking. Rather than trying to steer your child away from such friendships, it could be more constructive to be honest about your fears and concerns. Perhaps you can encourage them by suggesting other activities for them and their friends to get involved in.

- Be ready to explain your views – e.g. do you see the use of cigarettes or alcohol in the same way as you see the use of other drugs? What about the use of drugs such as cannabis, ecstasy and heroin? What are these differences based on?
- Think about your own behaviour and examples you set for your children. Despite being aware of the potential dangers of alcohol it doesn't stop most of us having a drink, and sometimes overdoing it. Many young people learn from example, so you need to be prepared to talk about your own behaviour and discuss what you do to make sure it doesn't get out of hand.
- If you have taken illegal drugs, you could tell your children about your experiences, how you avoided dangers and if it led to problems, why and how you stopped. You could also talk about the risks you took and how you feel about this now; was it worth it? This could help to encourage a more open and in-depth discussion between you.
- If you or adult friends of yours currently use illegal drugs, it's extremely important to think about how you will handle this with your children. Even if you are discreet about your use, there are potential negative consequences involved in breaking the law and unexpected health problems that it is important for you to discuss with your children.
- If you are worried that your own drug use is affecting your ability to look after your children, don't avoid getting help, because asking for help rather than waiting until things get out of control will be seen as positive, not negative, action by those you ask for help. Drug treatment facilities are available in all areas of the country (see [www.talktofrank.com](http://www.talktofrank.com) for a directory of treatment services).

***A family support worker says of Louise, a concerned parent:***

*“She'd tried to talk to her daughter about her cannabis smoking and she'd responded by saying 'Well you smoke and that's dangerous, so why shouldn't I smoke cannabis?'*

*Louise felt at a loss and didn't know how to respond. At a support group, Louise was able to talk through her feelings about the differences in her behaviour and her daughter's and to think about how she could approach the issue with her daughter. ”*

## Talking consequences

This section gives you the tools and knowledge to talk about what could happen if your child carries on taking drugs. This can make a powerful case.

### **Mark's dad was very worried that Mark was in danger of dropping out of university:**

*“Mark didn't do as well as he'd hoped in his 'A' Levels and he had to go for his third choice of university. I know he wasn't really happy with the subject he was studying and things soon started to go wrong. He got in with a crowd that were always out partying or staying up all night. He really started to look unwell. He stopped coming home for weekends and we hardly saw him. He kept ringing up and asking for more money. My daughter finally told me he was taking drugs and I hit the roof. He told me to mind my own business and we didn't see him for ages.*

*I started attending a support group, and I was asked why I thought he was taking drugs. At first, I was very angry, I didn't really care why – I just wanted him to stop. My wife was always telling me that she thought Mark wasn't very happy and we argued a lot because I thought she was being soft on him. But one day I decided I'd ask him why. At first he kept saying there wasn't a reason, that he was just enjoying himself. Then we received a letter from his university saying they were worried about his non-attendance. For once I didn't mention the drugs – I just asked him why he wasn't going to lessons and it all came out.*

*He was finding the course very hard and he just wasn't interested in the subject. He mentioned the drugs himself then and said that, at first, he'd tried them to see what all the fuss was about. He'd taken them occasionally for a while but that then he somehow got into the habit of taking something every weekend and he'd got behind with his course work. I was so hell-bent on getting him to university that I couldn't see how unhappy he was. Getting drunk and taking drugs became the only things he was looking forward to and he just kept taking drugs to make himself feel better. It was such a relief that we were finally able to talk with each other more openly. He'd been too scared to tell me and couldn't see a way out of the situation. He's come home now and is taking a year out to think about what he really wants to do, and he seems to be in much better form. He says he's not taking drugs right*

*now. We've talked several times about what he's going to do and he's accepted that he will have to find a way of earning his keep for the time being. At least he's not taking something to cheer himself up now. 11*

## **The Law**

- People may get into trouble with the law through taking drugs. However, young people may not be fully aware of the consequences of receiving a caution or a fine for possession of drugs – such as being banned from travelling to the USA or it being raised later when they apply for a job.
- You'll need to make it very clear what your actions will be if they choose to break the rules. It's very important that you follow through with these actions otherwise your children might come to think that you don't really mean what you say. It may be alright to pay a fine for them if you're convinced that they understand you're giving them a second chance, but that you won't always sweep up after them – otherwise they might just continue to get into trouble and expect you to get them out of it.
- Young people also need to be aware that buying drugs to share with their friends or buying drugs for their friends is considered 'dealing' in the eyes of the law, even where no money is involved. If they are caught in these circumstances, they could be charged with 'possession with intent to supply', which carries harsher sentences than if a person is caught in possession with an amount deemed to be for personal use. There have been instances of people receiving prison sentences for possession of as little as 13 ecstasy tablets. It is therefore important to make young people aware of this.

## **Health**

- Talk about the short and long term risks to health associated with drug use. From a young person's point of view, there may appear to be very few negative consequences of using illegal drugs in the short term. It's therefore important not to simply focus on the possible immediate dangers involved in drug use, but to mention some of the consequences of using in the longer term. School-based drug education courses and leaflets from Frank ([www.talktofrank.com](http://www.talktofrank.com)) will give you examples to discuss with your child.
- Emphasise the link between drugs and mental health. Some people who have used drugs, particularly in their younger years, have developed health problems such as depression or psychosis.

- For people who are not generally very content in their lives, drugs may offer them periods of elation and happiness. But in the longer term, they may find it even more difficult to feel content without the assistance of drugs, which could cause them to become dependent on their use.

### **School, college and work**

- People who take drugs can also get into trouble in other ways. Many schools have policies of expulsion if someone is found in possession of drugs.
- Some colleges have attendance rates which students must conform to or assignments which must be completed, both of which may be difficult for your child to achieve if they use drugs regularly.
- Some companies now have a policy of random drug testing for all employees; this is also true of the armed forces. Those who use cannabis are particularly at risk of having a positive drug test in these instances because cannabis can stay in the body for some time.
- Having a criminal record or being unreliable or unpunctual can limit a person's chances of getting or keeping a job.
- If your child isn't employed or isn't attending school or college, they'll have a lot of time on their hands. Being unoccupied might lead your child into more drug taking as a way of passing the time as much as anything else.
- Even amateur sports men and women can have to sign a contract agreeing to abstain from drugs and accepting random drug testing. Even a little drug use can be found out and can ruin someone's hopes of a sporting lifestyle.

#### ***Safia went to a support group about her son:***

*“Imran left school the first chance he got and took to smoking cannabis all the time. When I tried to talk to him about getting a job he just said that he didn't fancy working in a supermarket. Those were the only sorts of jobs available round here. At first I felt sorry for him but then I got mad and we had a big argument. He just expected me to give him money when he wanted it and I knew he was spending it all on drugs. I realised that I was going to have to put my foot down. It was very hard – he just expected me to continue providing for him. I said I'd continue to give him his bed and board but that he had to find a way of earning his own living. We didn't speak for weeks but one day he came in and said that he'd really like to learn to drive a motorbike because*

*then he could become a courier. I agreed to pay him for doing some jobs around the house and he finally saw the point in getting a job stacking shelves to get some money together for the driving lessons. I still worry about him taking drugs but he's not doing it so often now and at least I know he's trying to do something with his life now too. The drugs used to be the only things he was interested in. ”*

### **The future**

- If your child doesn't seem to care about school or work, talking to them about consequences may not make a difference. However, talking to them about their dreams for the future and the kind of life they want to live may have a bigger impact. Getting them to think about these things may help them to have an incentive to get on with studying or keep their job.
- It's hard for all of us to juggle all the things we want and have to do in our life, but this is one of the lessons of growing up. However a person chooses to lead their life, they'll have to have some means of providing for themselves.

### **Consistent messages**

If you have a partner it's very important to discuss your approach with them, with all the above issues in mind. There's little point in trying to talk to your child about drugs in a particular way if you find out later that your partner addressed the issue very differently. Good communication is important throughout the family, so make sure you can discuss things properly. If you are a single parent or carer, make sure you've given yourself time to think, confide in a friend to get a different angle on the situation, and see the list of helplines (page 39) if you want to. Even if you are separated or divorced, if possible you can approach the topic with your ex-partner in a reasonable way, since both of you have a stake in your child's welfare.

### **What if you're not able to talk with each other?**

Sometimes parents are the last people children would want to talk to about an issue like drugs. Would they talk with someone else? Is there an older sister or brother, or someone that your child admires or has listened to in the past, that you could ask to talk with them about drugs? Before doing this, make sure you are in agreement with the other person's views about drugs and drug use – otherwise you could be giving your child conflicting messages.



### **3 Living with a drug user**

A great many people in the world lead productive lives whilst still regularly using drugs. Although it is understandable that we would prefer those we care about not to put themselves at risk, there is no formula which can be applied to make someone stop using drugs. You can express your feelings about their behaviour and you may be able to set up deterrents which encourage your child to limit their drug use. Our society has also established ways of trying to curtail the actions of people who behave antisocially, but in the end most people only give up drugs because they want to.

If your child is determined to continue taking drugs, you will need to think about how you are going to cope. It could be more helpful to put your energy into trying to make your living situation more bearable rather than wearing yourself out trying to achieve what might be impossible, at least for now.

This could involve asking for changes in how they behave towards you and others in the household, an agreement to pull their weight around the house or proof that they're getting on with sorting out other things in their lives, such as studying for exams or getting a job, in return for your continued support.

#### **Setting boundaries about living at home**

If you are to continue living with each other it will be important to establish some rules about what is acceptable behaviour. However, there is no point laying down the law and just expecting rules to be followed. It will be necessary to sit down with your child and get some agreement about these rules if there is to be any chance that they will stick to them. Making compromises means everyone can agree, which can be very valuable to the living situation and to your child's development.

It is a natural part of the process of growing up for people to question the authority of parents and others in order to identify their status in the world. When they challenge authority by behaving in a way which can be risky, it is tough for parents not to insist on trying to control their behaviour, especially if you come from a culture where challenging the authority of elders is frowned upon.

However, you are not going to be there for every minute of your child's life to influence their every act, so it will be essential to help your child work out how to have some self control for themselves. It's obviously very

frightening to think about your child behaving in a dangerous way but it will not be possible to control everything your child does, even when it's with the best of intentions. You can, however, be very clear about what is and isn't acceptable behaviour and what the consequences of behaving unacceptably will be.

We have spoken to many parents who, out of desperation, have threatened their child with having to leave home if they don't stop using drugs. However, you need to be very careful about issuing ultimatums that you will find difficult to carry out, and be sure that the consequences for your child are appropriate otherwise it can simply become a battle of wills. For example, you could say that it is unacceptable for them to smoke or take other drugs in your home and that if they do so you will stop giving them pocket money. Or, if they come home drunk, they won't be able to go out for a while.

If they continue to behave unacceptably you will need to think about what other consequences there could be, such as less practical support from you. If you are having difficulty establishing boundaries with your child it could be helpful to get some outside support or advice as early as possible. If you have access to the internet, there is some useful information on setting and keeping boundaries available from Adfam's website at [www.adfam.org.uk](http://www.adfam.org.uk).

Whatever you say or do, many young people will not stop using drugs. It could therefore be helpful to consider setting up an agreement with your child which could limit the extent of their drug use.

**Carol said of her son:**

*“Nathan used to keep telling me he could look after himself, that I wasn't to worry about him, that he was grown up now and should be able to come and go as he liked. I was like his own personal housemaid doing all his washing, making his dinner and everything, but I kept thinking that if I didn't he would get ill. Jobs are hard to get*

*around this area and I felt sorry for him being unemployed. I knew every penny he got was going on drugs. He'd come in looking so desperate. I didn't want him to leave home but I began to worry that he'd never learn to take care of himself. In the end I realised that he wasn't ever having to because I was doing it all for him.”*

**What could you ask of your child that would make home life more bearable for the entire household?**

- You could promise to respect your child's privacy in return for their agreement to take dirty dishes from their room back to the kitchen and to keep the house tidy
- You might be able to encourage them to restrict their drug use to the weekends if they are allowed some other freedom e.g. staying out later one night a week
- Could you ask them to have a meal with you and/or the rest of the family from time to time?
- You could insist that drugs are not brought into your home – you could be at risk of prosecution if drugs are found on your premises, so this is something you have a right to protect yourself from
- You could also ask for their agreement to make some effort to get on with school work/finding work etc. in return for their bed and board or pocket money.

It may seem frustrating that you have to make bargains with your child, but there is going to have to be some compromise if any of you are to get any contentment out of your current living situation. If there no longer seems to be any room for compromise then perhaps you need to consider why you are still living together.

Asking your child to leave the family home may have to be contemplated, but only when other possibilities are exhausted. Asking them to leave before this stage may be seen as a threat that you don't follow through, or an indication that you don't care about them. For young people, living outside the family home is likely to be difficult and may lead to greater problems.

**What you can do to help reduce the risks**

It might be hard for you to accept that your child is putting themselves at any risk by taking drugs: the only way to avoid all of these dangers is, of course, not to take drugs at all. However, the following information may help to lessen the risks your user is exposed to if they are determined to continue using.

We understand that, as a parent, it may be very difficult to give your child this information because it may feel as if you're condoning their drug use but, if your child is determined to continue using drugs, there are several courses of action aimed at minimising harm.

Here are some suggestions:

- Encouraging your child to make sure they're not on their own if they're going to take anything, that someone is around who can look out for them – preferably someone who is not also planning to take drugs at this time
- Making sure that they are in a safe place – not in disused buildings or near water
- Taking smaller amounts of a drug
- Not mixing drugs, or not taking alcohol with drugs
- Having breaks between using can help your body recover and reduce the need to take more drugs for the same effect
- Encouraging them to carry condoms so that they can practise safe sex. Drug use lowers inhibitions so they could be more likely to have sex
- Encouraging them to think very carefully about the way that they take drugs and choose the safest method. Examples include smoking rather than injecting, snorting cocaine powder rather than smoking crack, and not mixing drugs.

You could also perhaps leave a leaflet in their room if you find this discussion too difficult to have or if conversation is impossible between you for the time being.

***John was worried about his 18 year old daughter, who was taking amphetamines:***

*“She just told me I didn't know what I was talking about when I tried to talk to her about drugs. She was right in the end – I didn't know the whole story. I always thought all drug use is wrong and it's not that I've changed my mind about that, but I've realised that not everyone who takes drugs becomes a junkie and that I*

*can't stop her doing something just because I disapprove. It's been very hard to come to terms with the fact that she takes drugs but we've made an agreement with each other that she won't take drugs during the week. At least now we're able to talk about things more honestly and she's even listened to me when I've talked about being careful. I also know that at least she's also getting on with her life – not just taking drugs all the time.”*

## Looking after yourself

You might be experiencing a whole range of feelings about your situation – anger, depression, guilt, stress, isolation, hopelessness – all of which can be overwhelming and make it very difficult for you to cope with your situation. It could be very helpful for you to have some support for yourself.

You could consider having some counselling, phoning a helpline, or attending a family support group (you can visit [www.adfam.org.uk](http://www.adfam.org.uk) to see what's available in your area). Your concerns for your son or daughter may be so overwhelming that it's hard to think about anything else, but your quality of life matters too! It's very important that you allow some time for yourself. Family life can be so disrupted by the presence of drugs that you can't stop talking or thinking about anything else. But your sanity and your ability to recharge your batteries are very important. In fact if you don't think about your own needs, the presence of drugs in the family could make you unwell.

Think about what you would find helpful in reducing your stress and anxiety levels. For instance, is there someone else who can take over things, or can things look after themselves for a short while? Make sure your time off helps reduce stress levels – even locking the bathroom door and having a long soak in the bath can help. Are there any activities that you used to enjoy but have let slip because of the current situation e.g. going for walks, or taking evening classes that you can work back into your life, even just occasionally?

If your child is determined to live a certain lifestyle it shouldn't mean that you have to allow their actions to destroy your life. In fact, putting some space between you and them may allow you to have more strength to offer constructive support to them.

**Angela told us:**

*“It was such a relief to talk to someone who was sympathetic to my situation and who didn't judge me for having the*

*feelings I had. Talking to someone about how I was feeling gave me the strength to cope with things better.”*

## What about other family members' needs?

Often everyone's attention can be so focused on the person using drugs that this can cause problems for other family members.

**Latisha told us:**

*“ My brother's been using drugs for a couple of years. My dad and my brother don't talk to each other. Mum and dad never seem to talk about anything else or they row about how to deal*

*with him and I can't remember the last time anyone asked me how I was. I'm worried about all of them, especially mum, but sometimes the only way I can get to talk about me is if I start shouting! ”*

It is obviously very difficult to juggle the needs of all family members, but life at home can be more bearable if everyone has some time to talk about themselves and some attention. It can also be a relief to get on with everyday living and spend time focusing on things other than problems in the family. Doing something fun as a family – with or without the user – can help to lighten the pressure you are all feeling.

Sometimes, however, your child's behaviour may cause problems that cannot be ignored because they have a direct impact on you and/or other family members.

## Coping with violence

Many people think of domestic violence as only occurring between partners, but other family members can be affected too. Sadly, many of the people we work with are concerned about their child's violent or destructive behaviour. Many people made allowances for such behaviour because they see it as a result of the child's suffering or being ill. However, if your child's behaviour is threatening you or other family members' safety or your home, then it is vital that you find a way of showing that this is unacceptable. You and your family have rights too, especially the right to be safe in your own home.

If such behaviour continues, you must put your and other family members' safety first – and this may mean having to put the user out of the home. If asking them to leave has not worked or you are frightened about how they

will react to being asked to leave, then you must get help. This could be from another family member, a friend, a family support service or even the police or Social Services. Putting your safety and the safety of other family members first must be your priority, even if you are worried about the consequences of your child not living at home.

If your child has been violent in the past and you have accepted such behaviour, you run the risk of them being violent every time you behave in a way they don't want you to, which won't be any good for you or them in the long run. You also run the risk of being worn out by the situation and being seriously hurt.

For information and advice on domestic violence, keeping yourself and your family safe and details of local services, you can contact 0808 200 247, the freephone 24hr domestic violence helpline, run in partnership between Women's Aid and Refuge. There is also a men's advice line (0808 801 0327) offering support, information and practical advice to men experiencing domestic violence (open weekdays).

## **Coping with theft**

You may be in a situation where money or property is going missing from your home. Some families feel it's better for their property to go missing rather than other people's but, if your child's behaviour has got to the stage where they're stealing to finance their lifestyle, the fact is they may use up all your resources and then move on to other people's anyway. If you replace things, only to have them stolen again, what message are you sending to your child? It's important that you find a way of making it clear that you won't accept this behaviour, even if it means getting outside help involved.

## **Coping with debt**

Many people who use drugs can get into debt through trying to finance their drug use. Sometimes they can end up owing large sums of money to drug dealers and pressure can be put on you to pay these debts. You may feel it is acceptable for you to help out but, if you choose to do so, it's important to show the user that this is a one-off offer; otherwise they may just end up running up these debts again.

Remember, it is possible that the time will come when you won't be able to afford to pay and you would have to find the strength to say no anyway.

This situation can be especially difficult if threats are made to harm the user or you and your family but, unfortunately, there are no easy answers in this situation. If you are being threatened, then it will be important to inform the police. It might be possible for the user to arrange to pay their debts back in instalments as the person owed money will prefer to get some back rather than none at all. No matter how hard this might be, it's important to remember that this is another example of a person having to face up to the consequences of their actions. If you bail them out, then you are preventing them from facing these consequences for themselves.

### **Should your child still be living at home with you?**

If your child's behaviour has become totally out of control and you and other family members are not able to ask for some consideration of your needs, then perhaps you should consider whether they should still be living with you. Many family members have reached this stage but are worried about what will happen to their child when they leave home.

These concerns are understandable, but you and other family members matter too. If your child is determined to live a certain lifestyle it doesn't mean that you have to let their actions destroy your life too. Remember that it is often only when the negative consequences of using drugs affect someone more than the benefits that they consider making changes to their behaviour.

In some cases, having to leave home can be just such a turning point. We don't underestimate how difficult it is for you to consider asking your child to leave, especially when they have concerns about their ability to cope, but there will come a time when they have to stand on their own. It can be better for them to have to face such a reality when you are still around to offer some limited support than none at all.

If your child is under 18, you have legal responsibility for their care. If you are no longer able to look after them then you should contact Social Services. You can do this by contacting your local town hall and asking for the Social Services Department or you could ring the NSPCC Child Protection helpline (0808 800 5000). We know that this is a difficult step to consider taking, but if things have got out of hand, you need help to cope with your situation. Homelessness departments in local authorities may offer mediation services to under 18s that can help you work out your difficulties and stay living together; it may be worth a try.



If your child is over 18, then they are considered to be an adult so they will be expected to look after themselves. You could point them in the direction of their local homelessness service, who may be able to help them find accommodation or sort out benefits, but there is no legal obligation for your child to be automatically offered accommodation. As it is their behaviour that has driven them from the home, they could be deemed 'intentionally homeless'; in addition many housing agencies won't accept drug use on their premises either, which means that they may be on their own trying to find accommodation.

Some parents have considered setting their child up with accommodation and helping with the rent but not everyone is in a position to do this. You will also need to consider if your child will be able to keep to tenancy agreement terms and conditions. However, if your child's behaviour has made it impossible for them to live at home you shouldn't feel that you have to put up with their living at home just because there is no easy alternative.

Coping with the pressures of life is tough but these pressures have to be faced by all of us sooner or later, and allowing them to continue living at home may prevent them from really facing up to the consequences of their behaviour. Remember, even if you've asked them to leave home, that doesn't mean you can't continue to provide them with some form of support. This could be through meeting up with them, providing a listening ear and perhaps the odd meal but it will be better if this is done away from home in order to reinforce the message that it is up to them to sort themselves out now. If you do let them come back into your house, it could be very difficult not to let things slide back to the way they were before. That is not to say that people should not be offered another chance if they are genuinely going to behave differently.

## **4 Understanding treatment**

There is lots of evidence that treatment works but it needs to be based on an individual assessment of someone's needs. Different types of treatment work better for some people than others, and what type of treatment works best may change over time too. Your child's care may include a number of different forms of treatment at the same time – for example someone may be receiving counselling as well as medication. It may involve a sequence of treatments – for example a stay in hospital as an inpatient followed by a residential rehabilitation service for a period of time to help them to adjust to a substance-free lifestyle, or one-to-one sessions followed by group work. Community-based treatments without any stays in hospital or at residential services are the most common forms of treatment.

### **Accessing treatment**

Most drug and alcohol treatment is provided free, either from the NHS, local authority or a charitable organisation, which your local authority or NHS funds to provide services. In some areas there is more than one treatment centre. Treatment tends to be split into services for adults and services for young people aged 19 years or under. You can find local services listed in telephone directories and on the Talk To Frank website ([www.talktofrank.com](http://www.talktofrank.com)).

- If your child has committed a criminal offence it may help you to know that the Probation Service can help offenders access drug and alcohol treatment, as can the Youth Offending Team or Service for those under 18. The Prison Service provides a range of treatment options to offenders in prison.
- Private sector organisations run treatment services which are paid for directly by the person using those services. These tend to be in-patient detoxification services or residential services, which can also be accessed via NHS or local authority funding if your child is assessed as requiring this type of treatment (and if local budgets can meet the expense). Before you decide to spend your money on such services you can seek guidance from local free treatment services to help determine if they think this kind of treatment is necessary.

## **What services could be offered**

There are a range of treatments that agencies can provide. Some offer a 'one stop shop' model, providing access to a range of services in one venue; others may refer your child to other services for specific interventions that it does not provide.

### **Advice and information**

Advice and information services provide accurate, appropriate and factual information. This may include face-to-face discussions, telephone helplines, written materials etc. They can provide advice on:

- the effects of drug and alcohol use
- how to reduce the harms associated with substance use (e.g. sharing needles can lead to the transmission of blood-borne diseases)
- how to get help and treatment locally
- referral to other agencies for different types of treatment or to help with other problems such as housing or benefit advice.

### **Needle exchange services**

Drug treatment is not all about stopping using drugs. Some people may not want or be able to stop using drugs completely, but there are still services that can promote better health for these people. Needle exchange facilities will provide access to clean injecting equipment, advice on how to inject more safely, how to reduce the risk of overdose, and access to vaccination against and treatment for blood-borne viruses such as hepatitis.

### **Family work**

Increasing numbers of services, especially those for young people, are offering family-based treatment interventions. These may include advice and information for family members, parenting support, family counselling and information about family support groups. None of these services are about attributing blame on families; rather they encourage positive change within the family environment as well as in the individual taking drugs. It is aimed at repairing the damage that drug use has done to the family, improving communication and respect for boundaries. There is a lot of evidence that family-based treatment is very effective and benefits both the individual taking drugs and other family members.

## **Counselling**

Counselling is generally provided on a one-to-one basis, with the drug user working towards achieving clearly defined treatment plans and goals that they have helped to set. Many different techniques are used in counselling, such as motivational interviewing or cognitive behavioural therapy. Counselling can be provided by counsellors, therapists, psychologists, nurses, social workers or key workers.

## **Structured day programmes**

Structured day programmes provide intensive community-based support and treatment rehabilitation. These programmes generally last between 10 and 16 weeks and require clients to attend four or five days a week. The content of programmes varies between services but may include:

- Counselling, group work and support
- Advice and information
- Complementary therapies
- Links with primary healthcare and prescribing services
- Education e.g. links to literacy courses
- Training e.g. links with formal vocational training organisations
- Employment e.g. support for careers advisory services and work placement schemes
- Housing support e.g. from housing associations and local authorities.

## **Community prescribing**

Doctors prescribe substitute medication (such as methadone or buprenorphine) for the treatment of heroin use, either on a short or long term basis, and other medication to treat alcohol or other drug use.

Prescribing services can help substance users to:

- stabilise their use through substitute drugs so that they do not have withdrawal symptoms
- maintain their use on substitute drugs so that they no longer use illicit drugs
- reduce their use of all substances – prescribed and illicit – until they can live a substance-free life
- manage detoxification from drugs and alcohol to reduce risks and discomfort
- access additional treatment services
- prevent relapses.

**Inpatient treatment**

Inpatient treatment in specialised units is offered within general medical hospitals, prisons, general psychiatric facilities and independent sector units. They provide medically supervised assessment, stabilisation and withdrawal, with 24-hour medical cover. Relatively few people need this intensity of treatment; community treatment facilities usually recommend this treatment if it is required.

**Residential rehabilitation**

These provide drug users with support in a controlled residential setting. People have usually completed another form of treatment before admission. Most residential services require the client to be drug-free when they enter the programme. Most are run by voluntary sector or independent sector organisations and are usually paid for by access to Community Care Funding which is granted, following an assessment, by a local authority. This type of treatment is very expensive and funding may be difficult to obtain, so alternative community-based treatment options should also be explored.

The type of programme varies depending on the organisation running it. If this type of treatment is suggested to your child, care should be taken in choosing the right programme for them. Programmes usually run from the point when the client has detoxified (i.e. come off drugs completely), and run for between 12 weeks and 12 months. Residential services generally share the following features:

- Maintaining abstinence from illicit drugs
- Communal living with other substance users in recovery
- Group counselling
- Relapse prevention counselling and support
- Support with education, training and vocational experience
- Daily living skills
- Housing advocacy and resettlement work
- Aftercare and support.

**Aftercare**

Following any treatment programme, aftercare can be important to help people keep to their goals and maintain their achievements. Some services offer follow-up support with workers to check things are going as planned;

others offer facilitated peer support groups so people can help each other. In most areas there are also self-help groups both as part of the Alcoholics/Narcotics Anonymous network and other independent groups. Un-facilitated self-help groups are not recommended for young people as those involved in organising them will not have been subject to vetting procedures for safety.

## **Relapse**

Lapses and relapses to drug use after and during treatment are common occurrences. Although it might be hard not to lose heart and feel like everything is lost, these lapses do not always lead to the previous level of drug use. Many people try to stop several times before finally succeeding. Remember, each time they try again they usually have a little more resolve to succeed and will usually have learnt some lessons about what they need to work on to make success more likely the next time around. In the meantime, you could encourage your child to consider the following steps until they are ready to try again:

- Not taking the same amounts as before – this is very important for people using drugs such as heroin and methadone as their tolerance for the drug may have dropped and they could overdose accidentally
- Reducing or stopping injecting drugs and trying a safer method of use (like smoking) or injecting more safely (not sharing needles etc.)
- Avoiding using dangerous combinations of drugs like heroin and alcohol or alcohol and tranquillisers on the same day
- Cutting down their use
- Spending time looking at the reasons they didn't succeed this time and resolving to try and sort out other difficulties in their lives.

## **Confidentiality and drug treatment**

Confidentiality rules exist to protect people's right to privacy and sensitive information about them, for example their medical records; people have a right to a safe place where they can discuss personal issues within safe and known parameters. However, parents are often frustrated by the lack of information they are given by the treatment service which is helping their child. Family members may want to help with the treatment; they sometimes want to offer information that they feel may improve treatment, since they know their family best; or they may just want to know whether their child has been accessing the service.

The support and cooperation of the family can be a huge asset to treatment. However, this must be done appropriately and with consent of all parties: mutually agreed rules and boundaries should be set up and reviewed regularly before and during treatment. You can talk to the treatment provider about their confidentiality policies and agreements and, if your son or daughter gives their agreement, how you can help or get information on how their treatment is going. Try not to be hostile if you are told that they cannot give you any information about your son or daughter, but perhaps ask how often this is reviewed and talk to your child about being involved in their treatment.

And remember – it is a user’s own decision to stop using drugs and enter into treatment, and they might want to take this personal journey alone.

**Remember – it’s not just about drugs**

You need to be realistic about what you want treatment to achieve. As is explained in more detail later, drug use can be as much a symptom of some problems in life as it can be the cause of others. Families can be disappointed to find relationship difficulties persisting whether the user is on drugs or off them. It can be easy for families to concentrate on drugs as the only problem, but this isn’t always the case.

Successfully completing an episode of treatment is often just one step to making positive changes – other issues like housing, employment and meaningful and sustainable relationships all contribute to a more positive life.

## **5 How to help your child**

This section focuses on what sort of support services are available, as well as how you might support someone who is using drugs. If you feel that you're not in a position to do this, you do have the right to protect yourself and to consider your own quality of life.

Before they actually start making a change in their drug use, it could be very helpful for your child to think about the following and for you to understand the reasons for their behaviour.

What are their reasons for using drugs? It could be helpful to list them to help to reveal what your child is getting from drug use: this could help them work out how they can meet these needs in other ways. It might also help them to identify other issues in their lives which they might need support to deal with.

What are their reasons for stopping/cutting down at this time? For some people a particular crisis or realisation is what propels them to consider changing their drug use. For others it may be that they find themselves with no other option, perhaps because there is difficulty in getting a supply of drugs, or they're not well enough to go and find a supply. These can all be positive triggers to change, but it's important to remember that all of us have to be very motivated to maintain changed behaviour. Think about dieting or stopping smoking; for many people it takes a tremendous effort not to fall back into old bad habits.

The danger for all of us is that, if we haven't fully prepared ourselves for the struggle, it can become a vicious circle of trying, giving in and then feeling hopeless about trying again because we think we're doomed to failure. We are much more likely to succeed if we have fully prepared ourselves for the process and made plans for how we are going to cope and where we can get support.

If your child is considering cutting down rather than stopping they will need to think especially carefully about how they're going to achieve and maintain this. It is often easier in the long run to cut something out altogether than to try and be controlled about it, even if this is harder to achieve in the short term. How they tackle the change in their behaviour must, however, be their choice wherever possible as this will make them more likely to succeed.



Many people have fixed ideas on what help they need to start changing their behaviour, but what they are hoping for may not be available, so it is especially important that they have a realistic picture of what is on offer and how they might cope if the support they feel they need will not be available. It can be helpful to approach a drug treatment service at this point to discuss the treatment options. Specialist drug treatment for young people (under 19s) and adults are available in every area of the country and offer a range of interventions. Try not to be put off if you have had a previously poor experience at a drug service. They are frequently changing management and style so the service you approached six months ago may now be very different. Staff changes and changes in your child's attitude can also make a big difference to the experience. Remember that if you or your child are still not happy, you can ask to make an official complaint to the service.

### **Withdrawing /detoxification**

Depending on the extent of a person's drug use, they may face some tough obstacles in trying to change their behaviour and maintain these changes. Unless a person has only been using drugs occasionally, they may experience a lot of unpleasant physical and emotional symptoms as their body learns to do without the presence of drugs (or adjusts to the presence of less drugs) in the system.

Depending on which drugs they're using, and how much, they may experience some or all of the following:

<i>Extreme tiredness</i>	<i>Wanting to sleep but not being able to</i>
<i>Fever</i>	<i>Heavy sweating</i>
<i>Shaking</i>	<i>No appetite/huge appetite</i>
<i>Depression</i>	<i>Severe flu-like symptoms</i>
<i>Severe aches and pains</i>	<i>Paranoia</i>
<i>Hallucinations</i>	<i>Diarrhoea</i>
<i>Nausea</i>	<i>Extreme mood swings</i>
<i>Panic Attacks</i>	<i>Anxiety</i>

It can be very useful for you and your child to talk with a drug worker about what to expect and to consider what can be put in place to help them cope with the symptoms of withdrawing before they start the process. Some drugs will cause a lot of physical discomfort, whereas with other drugs it is the emotional symptoms that make it most difficult for a user to persevere.

Withdrawing from some drugs (e.g. heavy alcohol use or use of benzodiazepines) can be dangerous so we would really recommend that you encourage your user to get some advice. Many users may have heard horrendous stories about withdrawal so it can be helpful for them to be properly prepared for what is to come and, for those who have tried before but failed to keep going, having this preparation time can make the next attempt more likely to succeed.

### **What can you do to help?**

This will depend on which drugs your child has been using. The following may be helpful if they are withdrawing from a drug that they have been physically dependent on:

- Can a room be made available where your user can have peace and quiet?
- Are there magazines/TV programmes/music or other things that your user can get involved with, especially if they're unable to sleep?
- Can you or someone else be available for company if they're feeling desperate?
- Are there any foods you can stock up on that might tempt them to eat, especially if they're not feeling at all hungry?
- Drinking non-alcoholic drinks and eating are really important if they have any diarrhoea or sickness.

Painkillers may not make any difference to how they're feeling and it may be inadvisable to encourage them to take any medicines, unless prescribed by a doctor. Advice about this should be sought from a drugs worker or doctor rather than relying on cures from other drug users. Some people find having a hot water bottle helps ease stomach pains or at least provides some comfort.

There may be some herbal remedies and treatments, including detox teas and acupuncture, which could help with the process of withdrawal. A drug worker may be able to make some suggestions or refer the user to someone who can provide such treatments.

**Remember the following:**

- Sleep patterns may be very disturbed so let them set their own timetable for when they do anything. They may not be able to do much at all. If they do get to sleep try to let them do so. It can be several weeks before normal sleep patterns return.
- They may have no energy to talk with you and be very bad tempered or upset. If they do need to talk then listening, rather than making suggestions about what they should do, will be the most helpful thing you can do at this time. Try to reassure them that the painful feelings will pass.
- Their body temperature may fluctuate so they may need the heating up high or not on at all.
- Check out with them whether they want you to stay with them at all times or if it would be more helpful to be nearby instead.
- Different drugs will cause withdrawal symptoms for different periods of time. Physical withdrawal symptoms will generally disappear after two weeks with the most severe symptoms fading after the first four to six days. In the case of withdrawal from methadone, this can take longer because it is a long-acting drug. The emotional symptoms may last for much longer.

Even if your child manages to stop or reduce their drug intake without suffering too many unpleasant physical symptoms, they may still struggle to deal with the psychological impact of not using or using less drugs. Some people may have got so used to using drugs that they feel unable to enjoy themselves, or even just feel normal, without the drug. It may only be when we try to do without things that we realise how much we have come to depend on them as part of our everyday life. The same may be so for your child in that they may stop using drugs relatively easily but find it very difficult to stay this way.

**Staying off/maintaining reduced drug use**

The first couple of weeks after stopping or cutting down will be hard in themselves, but your child may still struggle after this as they may suddenly have long periods of time to fill which were previously taken up with obtaining or using drugs. It may also be a time when being around friends who are users, or in places they associate with using drugs, could be risky as the temptation to use again could be very strong. This could mean that they feel very isolated. Helping your child to think of other things to do with

their time, people they could be with, or plan things to look forward to could be very helpful. If someone has been using drugs for a long time, they may have forgotten how to enjoy anything without drugs. Don't underestimate how difficult it will be for them not to meet up with friends or to maintain a changed lifestyle.

**Brian said about his son Mike:**

*“I took a week off work to stay with him while he withdrew from heroin, then I went back to work. He was on his own all day and it just got too much for him. The next time around we*

*worked out in advance what sort of things he could do to pass the time on his own and who he could go to if he felt desperate during the day. He also arranged to attend a support group at his local drug service.”*

## What to do in an emergency

If you come across someone in an intoxicated state and you believe they may be seriously ill, do not hesitate to dial 999 and call an ambulance. It's always better to be safe than sorry. Then try to stay calm and don't panic.

### ***If the person is very drowsy:***

- Be reassuring and calming
- Try to find out what they have taken but don't be accusing
- Try to keep them awake/make sure they don't lose consciousness
- Put them in the recovery position (on their side with their upper knee bent), check there is nothing blocking their airways and loosen clothing around their neck
- Check regularly that they are still breathing and that you can feel a pulse.

Even if they recover fairly quickly, they may still need to be treated for shock. Keep them in the recovery position and keep them warm. If they ask for a drink give them lukewarm water – not tea, coffee or alcohol – and do not give them any food. It's normal for a person in shock to retch or vomit.

***If the person is unconscious:***

- Call an ambulance straightaway
- Put them in the recovery position (see previous instructions)
- Check that they are breathing regularly and that there is nothing blocking the airway. If they are not breathing, find someone who can perform mouth to mouth resuscitation immediately
- Keep the person warm but not too hot (unless the person has taken ecstasy and you're worried that they may have overheated, in which case keep them in a cool area)
- If the person has taken a lot of alcohol, don't leave them to sleep it off on their own in case they vomit and choke.

***If the person is tense and panicky:***

- Be calm and reassuring, even if you're not feeling at all calm yourself
- Talk quietly and explain that the feelings will pass
- If possible put them in a quiet, dimmed room and stay with them to be reassuring
- If they're breathing very quickly, encourage them to take long slow breaths instead of short shallow ones. If they can't do this easily can they re-breathe air (breathe in and out of a paper bag)?

Some organisations provide training in recognising and responding to overdose for families: ask at local drug services if this is available. If not then a course in general first aid and resuscitation may be useful and can give you some peace of mind.

**What if they won't accept help?**

Sometimes people refuse help because they don't see themselves as needing it. If your child refuses to get help for their drug use, it could be because they don't see themselves as having a drug problem. Your child may be quite happy with their life as it is, even if you are not.

- What, apart from their drug use, is telling you that they may be troubled? What behaviour indicates to you that they are in any difficulty?
- What other issues might they be facing that might be contributing to their use of drugs?

Many of us may not always recognise it, but some of our behaviour can be a method of coping with issues we're finding difficult. As mentioned before, drug use can be as much a symptom of some problems as it can be the cause of others. Young people may not even be fully aware that they may be taking drugs to help them cope with difficult issues in their lives. Below are some difficulties that many of us face which can be particularly tough to cope with when we're growing up, and which could be contributing to your child's use:

***Do they lack confidence?***

Many of us go through stages of not feeling terribly sure of ourselves. Many drugs (especially stimulants such as amphetamines or cocaine) have the effect of making a person feel very confident. If your child has low self-esteem they could lean on drugs as a confidence boost. If you have any understanding of the reasons for your child's lack of confidence, can you help them to feel better about themselves generally? Reassurance and praise from our parents can have a big part to play in how we feel about ourselves.

***Relationship difficulties***

Some of us have tremendous difficulties in forming relationships with people or making friends. Forming relationships can be particularly difficult in adolescence, when we often don't feel very sure of ourselves. Some people can use drugs to feel confident enough to escape these difficulties and end up becoming even more isolated. Talking with your child about how they feel meeting new people, giving them feedback about what you see are their good points as well as talking about ways to deal with shyness and starting conversations with people could really help.

***Boredom or loneliness***

Boredom and loneliness are very common reasons for drug taking. Being at a loose end, having time on your hands or feeling alone doesn't feel very good. Taking drugs can be a reasonably quick way of feeling better and, if you can't think of anything else to do, this can become your way of not being bored or taking away the pain of being alone. If boredom or loneliness are reasons for your child's drug taking, you'll need to help them find other ways of occupying their time enjoyably, help them to make friends or keep them company yourself, so they don't just turn to drugs at these times.

Like all of us, young people are pleasure seekers. The changes in our body during adolescence, both physical and emotional, may give us the strength and courage to grasp the things which life can offer us. But they can also make us become bored quickly, especially with things we might previously have enjoyed doing, and compel us to rush out and have as many new experiences as we can. This can be very exciting but it can also be problematic. Sometimes the experiences young people seem to be interested in may not always be within their grasp, because there are cost implications or, they may be risky.

You will need to consider whether their suggestions are better or worse than their being involved with drugs. Giving your children some freedom to take risks, albeit as safely as possible, gives them the message that you believe in their ability to take care of themselves. They may then be more likely to accept some of your suggestions of things to do or be more willing to accept your rules about activities which are not acceptable to you. Helping them to have other things to do may not stop them using drugs altogether, but each time they do something else is one less time that they take drugs.

Being young is also about wanting everything now and not having to wait. So you might have to work hard at helping them to find something they can do now and frequently, as well as helping them to think about things they may have to wait for. Are you in the position of agreeing to help them save for something? Perhaps you can make a bargain that if they do work around the house you'll put something towards their chosen activity – whether it is going clubbing, go-karting or skydiving, learning to drive or saving to go to Australia! At the same time as helping them achieve their goal, you're also encouraging the idea that they have to do something to get something they want.

## **Conclusion**

At Adfam we understand how distressing it is coping with these situations. We know that it is not easy to cope with having someone close to you using drugs or to stand by when someone you care about is suffering. We hope we have been able to give you some ideas about how to cope and how to look after yourself. There are no easy solutions to the problems you and your child are facing, but don't do this alone – you need and deserve support on this journey.

*We have tried to make sure that the information contained in this booklet is current before going to print. If you discover any mistakes, please let us know so that we can correct them in future editions.*



## 6 Useful organisations

These organisations have specific areas of expertise and may also be able to help you.

### **Action for Prisoners' Families**

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

The national voice of organisations supporting families of prisoners.

National prisoners' families helpline: 0808 808 2003

### **Adfam**

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

The national umbrella organisation working to improve the quality of life for families affected by drug and alcohol use.

### **Alcohol Concern**

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

Centre of expertise on alcohol issues. Website includes a directory of alcohol treatment services nationwide.

### **BACP (British Association for Counselling and Psychotherapy)**

[www.bacp.co.uk](http://www.bacp.co.uk)

Includes a 'find a therapist' function for those looking for professional help.

A similar service is available from [www.counselling-directory.org.uk](http://www.counselling-directory.org.uk).

### **DrugScope**

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

National membership organisation for the drug sector. Website includes detailed information on drugs and drug policy.

### **Families Anonymous**

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

National helpline and local groups all over the country for families. There is also an online forum where families can 'meet' virtually.

National helpline: 0845 1200 660

### **National Treatment Agency for Substance Misuse**

[www.nta.nhs.uk](http://www.nta.nhs.uk)

The NTA is a health authority set up to improve the availability and effectiveness of drug treatment. Its website contains a wealth of information on drug treatment, and a directory of residential rehab services is available through its sister site [www.rehab-online.org.uk](http://www.rehab-online.org.uk).

### **Parentline Plus**

<http://www.parentlineplus.co.uk/>

Support to anyone parenting a child – the child's parents, stepparents, grandparents and foster parents.

National helpline: 0808 800 2222

### **Parents Against Drug Abuse (PADA)**

<http://www.pada.org.uk/>

An organisation set up to support parents of drug users. A large percentage of helpline workers have experienced drug use within their own families.

National helpline: 08457 023 867

### **Pace**

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

The Family Support Service offers free counselling support and advice to all families regardless of their sexual orientation. Based in London.

### **Talk to Frank**

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

The national drugs information line covering aspects of drug education including their effects, appearance and legality. Publications are also available to order.

National information line: 0800 776600

### **Adfam *Journeys* booklets**

Adfam have produced a series of *Journeys* booklets that explore the specific needs and problems faced by different family members in different situations.

- When brothers and sisters use drugs
- Living with a child coming off drugs
- Living with a child using drugs
- Men affected by someone else's drug /alcohol use
- When your LGBT child or partner uses drugs and/or alcohol
- When parents take drugs
- Living with a partner using drugs
- Living with drug-related bereavement
- Helping your grandchild: what to do if their parents use drugs

To order any of these booklets please visit Adfam's website [www.adfam.org.uk](http://www.adfam.org.uk) or email [publications@adfam.org.uk](mailto:publications@adfam.org.uk)

**Adfam** is the national umbrella organisation working to improve the quality of life for families affected by drug and alcohol use

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