

# Journeys

When brothers and sisters  
use drugs



**Adfam**

Families, drugs and alcohol

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## WHAT ARE DRUGS?

The word 'drug' is used to refer to any substance that affects how we think or feel. This includes alcohol, tobacco and caffeine and 'novel psychoactive substances' a blanket term used to cover a range of new drugs, some of which have been called 'legal highs' but which are now legally controlled under the Psychoactive Substances Act 2016. It is also used to refer to a range of legal substances that people can misuse, such as prescription medicines. In this booklet, when we use the term 'drugs' we are referring to

illegal drugs – such as cannabis, ecstasy and heroin – and look at problematic drug use as well as recreational drug use. For more information on drugs please see the box on page 25.

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

In the UK around 1 in 12 (8.4%) adults aged 16 to 59 had taken a drug in the last year. This equated to around 2.7 million people. This level of drug use was similar to the 2014/15 survey (8.6%), but is statistically significantly lower than a decade ago (10.5% in the 2005/06 survey). In last year drug use among 16 to 59 year olds has been flat for 7 years, since the 2009/10 survey.

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

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

For information and publications on drugs and related issues, contact Adfam at [www.adfam.org.uk](http://www.adfam.org.uk) or ring the FRANK helpline on 0300 123 6600.

This resource aims to help people whose brothers or sisters may be experiencing problems with drugs and provides useful practical and emotional advice about what to do and where to turn. Whatever stage you are at – whether you are a teenager, a young adult, a mature adult or now with a family of your own – this magazine may reflect some of the issues that you and your family are facing.

# WELCOME

Family relationships can be complex. Not all families live together. Some are extended or single-parented. Some involve step-mums and step-dads, half-brothers and half-sisters. Some simply don't get on. But whatever the situation, when it comes to drugs and alcohol, families and family relationships can really feel the strain. Often the first port of call for help and support, family members have their own feelings to deal with and, sometimes, are trying to find the best way forward for themselves and those around them.

Having a brother or sister with a drug or alcohol problem can be especially difficult. You may find yourself facing a whole new range of practical and emotional issues, whether you are trying to support, speak honestly to, or, in some cases, distance yourself from them. You may know or suspect they have a drug problem, but you may feel unable to discuss it or ill-equipped to handle it.

This magazine explores some of these issues, and provides suggestions on how to deal with them. We look at relationships between other family members; at some of the reasons for taking drugs; at the difference between recreational and problematic drug use; at issues of secrecy and confidentiality, and at what to do in a drug-related emergency. We also discuss issues such as boundaries and trust, and ways in which you and your family can get support.

We hope this magazine helps you see that you don't have to face your situation alone. If you feel you cannot share your feelings with your family, there are other people who you can talk to and organisations who can help with information and advice (see page 33).

We cannot change a drug user but we can change the way we cope with their drug use and their lifestyle. There are things that we can do to help stop their drug use dominating our own lives and help us to regain control. However, every day people who have problems with drugs can become recovering drug users and start to leave their old life behind. We hope this booklet will help steer you towards finding the support you need for you, your brother or sister and the rest of your family, to help you cope with your situation.

In the stories featured, some names have been changed and models have been used in some instances to protect people's identities.





“ I think he’ll be here with my mum, his only worry being where he’s going to get his next fix from. ”

## ERIC’S STORY

*Eric feels his brother’s drug problems stem from his father. While Eric was disgusted by his dad’s drug use, Jack went the other way. At first their parents turned a blind eye to Jack’s cannabis use, it was just what he did.*

*Jack is four years younger than Eric. He was 17 when the family found out he was using heroin. “He pinched his young brother’s friend’s bike. We had been laughing at him – we couldn’t believe what he was doing – but underneath I was seething with anger towards him. I’ve beaten him up, sat and cried with him and pleaded with him. If it was anyone else doing these things, I would have killed them.”*

Eric’s mum tried to reason with Jack and to analyse him in an attempt to understand him. His drug use spiralled and he started stealing then robbery. Eric was the one who took him to the police station. “He was shouting and swearing at me.” Jack was sentenced to five years in prison but came out after two.

“While he was inside, we planned how it would be when he came out. We were so confident that two years in jail would bring him to his senses.”

Shortly after he came out, Jack was at home with their mother. “I came in and I could see all the signs again. I was so angry and started shouting at him but my mum just told me to leave him alone. I was sickened and frustrated to see how he manipulated her.”

A couple of days later Jack stole all her jewellery so Eric took him back to the police station. He is now back in prison. “Sometimes when I see my mum crying I just wish he’d overdose and end it all. It just tears me apart what he’s doing to our family.”

Eric blames Jack for the break up of his marriage. “I’d just bottle up all the hurt and frustration. I couldn’t talk about it with my wife and we drifted apart.” Their mother and her second husband split up over him too. “He’d see Jack as a thief but my mum would always try to understand him.”

Now Eric says he has washed his hands of Jack. “I still love him but, until I can see he’s come through it, I want nothing to do with him. When he comes out of prison I’d like to think he’ll be somewhere else, but I think he’ll be here with my mum – his only worry being where he’s going to get his next fix.

“I’ve become more able to accept what I can and can’t do. With my present girlfriend, I can talk about it and accept my own feelings. Before, I was trying to protect everyone.”

# WHAT YOU MAY BE GOING THROUGH

*If your brother or sister uses drugs or alcohol, you may be experiencing a wide range of emotions yourself. You may feel angry, worried, frustrated, ashamed or helpless. Or you may feel a sense of sadness at the loss of the person your brother or sister used to be. Maybe you worry that they will come to harm or feel guilty because you know what's happening and your parents and the rest of the family don't.*

*Maybe you suspect that drugs are a problem – but don't know for sure – and feel confused about how to handle things. You might either want to try to help them or be so tired of the situation that you don't want to get involved at all. These are all natural feelings experienced by many people who find themselves faced with the problems arising from someone else's drug use.*

*Sometimes people with brothers or sisters who take drugs feel curious and are tempted to join in too, to share the experience with them.*

You may have already used drugs yourself at some point and so feel uneasy talking about your concerns. You may find yourself acting as the bridge between your brother or sister and other members of your family, or in a position where your brother or sister has sworn you to secrecy about their drug use.

## FACING THE SITUATION

There is no easy way of knowing that someone has developed a drug or alcohol problem, but signs may include some or all of a number of symptoms. Mood swings, aggression, loss of appetite, lack of concern for personal hygiene and appearance, anxiety, a sudden change of friends, or loss of interest in former pastimes are some of the more common. However, it is important to remember that many of these can be normal signs of growing up or part of a period of change for someone. You may also have noticed money or possessions going missing, or unusual 'equipment' such as burnt tin foil or empty aerosol cans lying around. Whether or not you decide to talk to them directly about their drug use, facing the situation should not only revolve around your brother or sister's needs or those of other members of your family. It is also important for you to be able to look at the situation in terms of how it affects you and your life.

If you think your brother or sister has a problem with drugs, you may be thinking of how to ask them if it's true. Talking to someone about their drug use can be very difficult. If you feel able to, perhaps you could start by letting them know that you've noticed changes in their behaviour that concern you, and asking them if there's anything they'd like to talk to you about. It can help make the conversation easier if you think about what you want to say in advance. Try to ask questions about how, when and where their drug use began rather than asking directly why it began – even they may not know the answer to that. Pick a time when you are calm and try not to get caught up in blaming.

## LOYALTY, SECRETS AND TRUST

Despite your feelings, you may also feel a sense of loyalty to your brother or sister. This may prevent you from telling anyone and make you feel that you must keep the situation secret. Perhaps you are the only person who knows and you feel you'd be breaking their trust by bringing in other family members or outside help. This can cause anxiety and lead you to feel isolated from the rest of the family.

If the rest of your family already knows, there may be an added pressure to keep the 'secret' just within the family. Again, this can make individual family members feel isolated and cut off from other people.

Research has shown that support from other family members can often be a great help in situations where someone in the family has a problem with drugs. When you decide whether or not to talk about it to other members of your family, think about people or organisations who could help you make the right choice for you. It can also be helpful to think about whether or not you should tell your brother or sister of your decision before you go ahead. Whatever you decide, it is your choice.

Whether or not you can talk to the rest of your family, it is important not to isolate yourself and to find someone you can talk to. Getting someone else's views can help you put things into perspective. If you can't talk to your family or a friend, there are counsellors, drug workers, support groups and confidential helplines who may be able to help (see 'Where can I go for help?' page 33).

## FEELING RESPONSIBLE

Whether or not it is a close relationship, there is often a bond between brothers and sisters

along with some sense of responsibility. Some may decide not to get involved, while others feel they would like to try to help or feel that they should 'make' their brother or sister stop using drugs. Whether you decide to get involved or not, it is important to remember that you are not responsible for your brother or sister using drugs. Neither are you responsible for making them stop – they are.

The guilt and shame experienced by families of drug users can often lead family members to take on roles which try to control the problem and ones which actually stop the drug user taking responsibility for themselves. This could include always giving them money or bailing them out if they get into trouble.

Sometimes, trying to help can enable the drug user to bury their head in the sand and avoid their problem. People who have stopped taking drugs often say that their brother or sister's 'help' was well intentioned at the time but not necessarily helpful in the long run.

## WHEN YOU ARE DECIDING WHAT YOU ARE GOING TO DO, REMEMBER:

- // You are not responsible for your brother or sister's drug use – they are.
- // You are not responsible for making them stop – they are.
- // Sometimes, the help you give can discourage your brother or sister from taking responsibility for themselves.
- // Life does not revolve around your brother or sister's needs. You need support too.
- // There are professionals, support groups and helplines who you can talk to in confidence.

## FAMILY RELATIONSHIPS

Having a brother or sister with problematic drug or alcohol use can be practically and emotionally demanding. Sometimes people can feel under pressure – especially if they themselves do not use drugs – by being considered the ‘good’ son or daughter compared with their ‘bad’ brother or sister. Feelings of resentment can sometimes arise as all the attention seems focused on the drug user, leaving little time for other people in the family. Moments of significance in other family members’ lives, such as exams, moving home or having children, may go unnoticed. It can be easy to feel cheated.

## PARENTAL INVOLVEMENT

No matter how old you are, talking to your parents about drugs might not be easy. If you are a teenager or young adult, the thought of discussing your brother’s or sister’s drug use may seem out of the question. Even for adults the prospect may be daunting. You never know how people will react to the issue of drug use – especially when it’s their son or daughter – but your parents’ reaction might not be as bad as you might think. Consider if coping with drug use would be easier if your family dealt with it together.

Your parents may already know about your brother or sister’s drug problem. They may want you to give them information about drugs, advice on what to do, and for you to keep them up-to-date on how your brother or sister is coping. You may find you are able to bridge the ‘culture gap’ between generations – older members of your family might not be able to talk openly about drugs. They may become resentful and reject your brother or sister.

You may decide not to talk to your parents about the drug use. Indeed, your brother or sister may be trusting you not to say anything. In these circumstances, it could help to talk things through with a local drug treatment service or a helpline. Adfam has an online database of support groups who may be able to help.

If you have decided to discuss the problem with your family, encouraging everyone to learn about drugs, the risks (and ways to reduce them) and the treatments available can help everyone be better informed.

## ADOPTED, HALF AND STEP RELATIONSHIPS

If your brother or sister is adopted or there is a half or step relationship, there may be extra tensions. No family is conflict-free and, as the brother or sister dealing with drug or alcohol dependency in a family with potentially complicated relationships, you may well bear the brunt of the tension. You may feel jealous, resentful and angry, and your loyalties may become divided.

## LIMITS TO SUPPORT

It is important that you support at a level you can healthily maintain for yourself. Make sure you get the information and support you need to help you cope better and take regular breaks. You will be of less help to anyone if you burn out or become stressed. At times you may need to significantly reduce the support you can give. Remember that the support you offer needs to enable your brother or sister to take responsibility for themselves and be adult, rather than your treating them as if they were a child or unable to cope (even if they seem like that!)





“  
You have to set boundaries  
around how you let people  
treat you, and to let them  
know what you will or  
won't tolerate.”

## JANET'S STORY

*When Janet was growing up, she and older brother David were close – almost like twins. But, when David was 14, he started taking drugs and drifting away from his family, leaving Janet with the responsibility of being his main link with home.*

*Ten years ago, Janet realised that her brother's drug taking was serious. Her family had split up and David had gone to live above their father's shop. One day he called her and said he wanted to talk. “We hadn't been in touch for a while. We met and went for a walk, and he told me he was hooked on crack. It sounds awful but I thought: ‘that's another thing you've messed up’.”*

At this time, Janet was coming to terms with the fact that their older sister Sally had been diagnosed with cancer. When she told David, he seemed unmoved – a reaction Janet put down to the possibility he'd felt 'trumped' by Sally's news. After this, David disappeared for several years.

One of the main issues for Janet has been David's unreliability, especially when his promises to attend family occasions are often broken. “I told him once that, unless he was going to start behaving like an adult, I didn't want to hear from him or see him again.”

Their father died in 1998 and their mother rang David to tell him. David and Janet met up before the funeral and she asked him if he was clean. “He said he was off crack but he doubted that he would ever be clean. I have decided not to keep his secrets any more or to keep the rest of the family informed of what he was up to. I don't want to be his mouthpiece – a role I've chosen to play so often before.”

Janet has heard nothing from David for almost a year. Sally is now seriously ill, and Janet would like nothing more than for David to contact their sister – not for his sake, but for Sally's. “Just a card or a letter would make such a difference – she needs support like he did.”

Looking into the future, Janet wonders if things will change with David if Sally dies, although her gut reaction is that he will have even less contact with her. “I guess I have to keep an open mind but I have no expectations of him changing.”



## DEALING WITH CONFLICT IN FAMILIES WHERE THERE IS SUBSTANCE USE

Disagreement frequently arises in families where there is substance use, because the user wants different things than other family members. For example, a substance user may want to spend household money on drugs/alcohol which other family members need to spend on food, rent and bills. However, conflict is created by both people who create what happens, because each influences the other and each is affected by the other.

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

### THE FOLLOWING TIPS MAY HELP YOU COPE WITH CONFLICT:

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

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

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

### NEGOTIATING: A KEY COMPONENT OF COPING WITH CONFLICT

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

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

### SEEKING SUPPORT

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

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



“ I am open about the fact that I have a sister who is a drug user and an alcoholic. ”

## MARK'S STORY

*Mark's early memories of Sophie are of the ideal older sister – bright, caring and funny and always ready to play games or teach him to read. But that was 20 years ago, before drugs and alcohol took over her life and pushed them apart.*

*In her mid-teens, Sophie started smoking cannabis. At first it was only occasionally, but it progressed to more serious substances in her twenties and to crack cocaine and heroin by her thirties. She dropped out of university and all the usual activities of a young adult. “Her daily routine of red wine and a few joints remained fairly stable until she met a boyfriend at a rehab clinic a few years ago. They dropped out of the clinic before they had finished their courses, and talk of ‘getting clean together’ was soon more accurately seen as ‘getting high together’.”*

Mark didn't know about the heroin until just over a year ago, when Sophie came over from her home in America for Christmas. “Her behaviour was out of the ordinary, even by her standards. She left a day or two early in a state of irrational panic and almost frenzied paranoia. A few days later, we discovered that she had been using methadone while over in the UK in an attempt to come off heroin.”

Over the years, Mark's relationship with Sophie has deteriorated. “In my youth she was the ideal older sister, keen to play games and teach me to read. But because of her anti-social behaviour, I found myself wanting to be around her less and less. If the family was getting together, I opted not to be involved. My brother has little more contact with her than I do and my parents' torment has been ongoing and heart-breaking for years. They blame themselves for how she has turned out, though I think they are wrong to do so.”

After New Year 2003, when Sophie seemed to be at an all-time low, Mark and his parents tried to persuade her to stay in the UK and get treatment. “We considered taking away her passport but then we realised that we couldn't make her stop using drugs if she didn't want to herself. I firmly believe that someone can only be helped if they want to be helped. But it's good to try to spot the warning signs early. The longer things are allowed to fester and escalate, the harder it becomes for a drug user to want rehabilitation.

“I've learnt that it's best to try not to let it ruin or dominate your own life. People make their own choices and you can sometimes help them but, if you can't, don't chastise yourself. And don't believe everything an addict tells you. Even if you think there is a sacred line of honest communication, it is not as sacred to the addict as the addiction.”

# WHAT YOU MAY BE GOING THROUGH

## WHY PEOPLE TAKE DRUGS

Drugs change the way we feel and people take them for lots of different reasons. People are often offered them by trusted friends who are already taking them. Initially this can make people feel part of a group. There can also be an element of excitement and rebellion. Many people take drugs recreationally, or simply because they enjoy it and see it as the norm.

Drug or alcohol use becomes a problem when it starts to affect the drug user and their relationships with friends and family, or their education or work. As the problem becomes more serious, the drug user may become dependent, turning their back on non-drug using friends and family. They may start lying or stealing to finance their drug use and may eventually get into trouble with the law. The help of brothers and sisters may or may not be welcome. People often give those closest to them the hardest time when things get rough. They may be experiencing feelings of denial, self-loathing, shame, anger, sadness, guilt and powerlessness to change their situation, as well as a distorted sense of reality as a result of the effects of the drugs.

## SECRECY AND PEER INFLUENCE

People who take drugs sometimes confide in their brother or sister. They might feel they'll understand their situation better – or judge them less – than parents or authority figures and be less likely to try to stop them using drugs. Sometimes, they may try to enlist their secret support and approval.

Guilt about drug taking, and the paranoia that can sometimes be caused by the drugs themselves, can make drug users

withdrawn and mistrustful and so, if trust is placed in a brother or sister, it is often a huge investment. However, this can place pressure on their brother or sister to keep the 'secret'.

## SUPPORT

People who use drugs or alcohol can become trapped in a spiral of dependency, not just on the drugs themselves, but also on the financial and practical help of family and friends. The support they expect can be huge. This could include calling on brothers and sisters to look after children, pay bills, provide accommodation or pay rent. While this can be a great support to them in the short-term, there can be drawbacks in the long-term. Meeting this dependency may not only provide money and opportunity to fuel the drug use, it can also reduce their motivation to be responsible, face reality and deal with their situation.

If you have decided to offer your support, it is important to realise that the decisions you will face along the way can be complex and there is no guarantee of a happy ending. Other family members may be angry at the situation and may not approve of you getting involved, and this can be an added pressure for you. The information in this booklet gives an overview of some of the main issues, but talking to other people who have been in similar situations, for example through a local support group, could help give a broader picture of what's available and what to expect. Many support groups tend to focus on the needs of parents, but family support groups and counsellors should be able to help you as a brother or sister of someone who takes drugs. (See 'Where can I go for help?' page 33.)

## FACING REALITY

People who have stopped using drugs or alcohol often say that the way for friends and family to help a drug user is to support them in ways that encourage them to take responsibility for themselves – not to cover up for them or constantly bail them out. You may need to ask for help in doing this. If they wish to get out of their situation, your brother or sister will need to face their drug use, usually with the help of trained professionals and/or a self-help recovery programme. There are ways that you can support them in this if you decide to get involved with their treatment.

## RELATIONSHIPS WITH FAMILY AND FRIENDS

People with drug or alcohol problems often feel withdrawn, anxious and can be self-centred. Relationships with family and long-term friends can suffer in many ways. They may feel angry and frustrated and think that their family and friends don't understand. This can lead to them feeling more isolated. They may also want their family to help them but, at the same time, resent them for any support they give.

Within the family, feelings can become complicated as each individual member of the family handles the situation in their own way. This can often lead to conflict when people are in disagreement as to how other members of the family support (or don't support) the drug user. In addition, your brother or sister may have certain expectations that family and friends feel unable to meet.

For some people, the thought of the rest of their family finding out that they have a drug problem can be scary. Your brother or sister might worry about letting them down or bringing a sense of disappointment

or 'shame'. Or they may fear rejection or being in trouble. It is common to think that parents won't understand. The culture gap between parents and their sons and daughters is often seen as impossible to bridge – yet this view often turns out not to be true.

They may feel guilty at the grief they are causing their brothers and sisters, but feel they can't do anything about it, and this can make communication difficult. They may seem to not even care what they are doing to their family, and see them just as a source of help to enable them to continue their drug use. Blaming, lecturing or moralising can sometimes make the situation worse.

Sometimes, brothers and sisters try to solve the situation themselves by hiding drugs, by making the drug user promise to give up, or by covering up for them. They may promise that they will give up drugs – but be aware that these promises are rarely kept until they really want to give up.

## ADOPTED, HALF AND STEP RELATIONSHIPS

If your brother or sister is adopted, or there is a half or step relationship, their drug or alcohol use may be wrapped up in issues related to lack of attention, or anger at feeling like an outsider. Perhaps they feel their mum or dad has been 'taken away' from them and they are having to 'share' them. Taking drugs can sometimes be a way to reclaim some attention, escape from emotional difficulties, or vent feelings they feel unable to express within the family, particularly if they feel that they have had no say in family decision-making.



“  
The people in the pub  
said ‘get your druggy  
sister out of here’. It was  
horrible.”

## KATIE'S STORY

*Katie's sister Emma had everything to live for until she got involved in drugs. Unable to break free of her addiction, she started stealing to buy drugs and was jailed. Emma died in 2002 through her heroin and alcohol use.*

*“It all started when I was pregnant and Emma had just had her daughter, Chelsey. I found out that her boyfriend was using drugs and she said she was helping him to come off them.”*

By the time Chelsey was about eight months old, Emma admitted that she too was taking drugs. Her neighbours got to know she was a drug user and started to throw things at her windows. She lost her home, spent three months in a hostel for mothers and children and then went to stay with Katie. Eventually, she went to live in a mobile home.

“She was always out – shoplifting as it turned out – and I used to look after Chelsey. One day I called into the pub near the mobile home park to look for her and the people in the pub said ‘get your druggy sister out of here’. She couldn’t understand what it was doing to her and she often used to say, ‘I won’t have any more’. She was pretty naïve about how hard it is to give up.”

After a break with an aunt in Scotland and a brief, drug-free period, Emma returned home. “She came straight back to my house. When I was cleaning up her bedroom I found over 100 needles. I threw her out, but she was back within two days.”

Emma moved in with a friend and her mum looked after Chelsey. She started stealing from the family, signing cheques from her dad’s cheque book and she stole presents Katie had bought for her own daughter’s new bedroom. “Things kept getting worse and she ended up in prison for four weeks. We went to see her regularly. When she came out, she was re-arrested for supplying.”

Emma was released from prison in August 2002 but soon started mixing in the same circles again. She moved into a flat and was drinking and using heroin again. Five weeks later she was found dead. Someone had stolen her clothes and money, and she was alone.

“Mum and dad used to give her money and everything she asked for. I suppose I felt jealous somehow – I was working really hard to support myself and Danielle, and Emma was getting anything she wanted.”

Witnessing the cycle that Emma had become trapped in made Katie decide to do a counselling course on drugs and alcohol. “I never gave up supporting her. There’s a reason why people take drugs.”

## STAYING SAFE

### DOMESTIC ABUSE

In cases of domestic violence the responsibility for the abuse or violence always lies with the perpetrator and never with the person who is their victim. The relationship between substance use and domestic violence can be extremely complicated. Some who perpetrate domestic abuse may use drugs or alcohol at the same time – and some victims may use substances as a coping mechanism. There are no excuses, and drug or alcohol use cannot be used to explain away or justify violence. Sometimes victims of domestic abuse might not realise that what they experience is abuse.

The UK Government defines domestic abuse as:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- // psychological
- // physical
- // sexual
- // financial
- // emotional

**Controlling behaviour is:** a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape, and regulating their everyday behaviour.

**Coercive behaviour is:** an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

Victims of domestic violence may respond in a variety of ways depending on the emotional, mental and social resources, with many victims benefiting from specialist support. If you are, or someone you know is, a victim of domestic violence, please call the national 24 hour, free helpline at 0808 2000 247 for advice and signposting. If you are, or someone else is, ever in immediate danger, call the police on 999.

### POLICE

The police should be called whenever you feel the behaviour of your loved one is a direct threat to you, themselves or a third party. It is the job of the police to protect everyone, so the fact that the situation you are concerned with involves illegal drugs should not make a difference.

### OVERDOSE

Some types of drugs, such as opioids (including heroin, methadone, morphine and codeine), benzodiazepines (such as diazepam / Valium) and alcohol bring an elevated risk of overdose. Harm Reduction Works list the signs of depressant and stimulant overdoses, and what to do if you witness an overdose:

“**Overdose signs: depressants** (heroin, methadone, benzos, alcohol)

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

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

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

**Overdose signs: stimulants** (crack, coke, speed):

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

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

**Severe:** chest pain, fitting, collapse

## SIGNS OF OVERDOSE

You need to know if they are unconscious. You find out by rubbing your knuckles on their sternum – the centre of their rib cage.

If you can't wake them or they are showing other signs of unconsciousness such as: snoring deeply; turning blue; or not breathing;

Don't panic.

### WHAT YOU NEED TO DO

- 1 Put them in the recovery position.
- 2 Dial 999 and ask for an ambulance.
- 3 Stay with them until the ambulance arrives.

### THE RECOVERY POSITION

If someone is unconscious and breathing, put them in the recovery position.

- 1 Open their airway by tilting the head back and lifting the chin.
- 2 Straighten the legs.
- 3 Place the arm nearest to you at right angles to their body.
- 4 Pull the arm furthest from you across their chest and place the back of their hand against the cheek nearest to you.
- 5 Get hold of the far leg, just above the knee, and pull it up, keeping the foot flat on the ground.
- 6 Keep their hand pressed against the cheek and pull on the upper leg to roll them towards you, and onto their side.
- 7 Tilt the head back to make sure they can breathe easily.
- 8 Make sure that both the hip and the knee of the upper leg are bent at right angles.

Dial 999 and ask for an ambulance. Stay with them until the ambulance arrives.”

(Source: Harm Reduction Works; Staying Alive)

Please note that in some areas there is increasing focus on Naloxone, a life-saving antidote to opiate overdose. Naloxone should be administered in all cases of suspected opiate overdose.

## CHILD SAFEGUARDING

Taken from the NSPCC website:

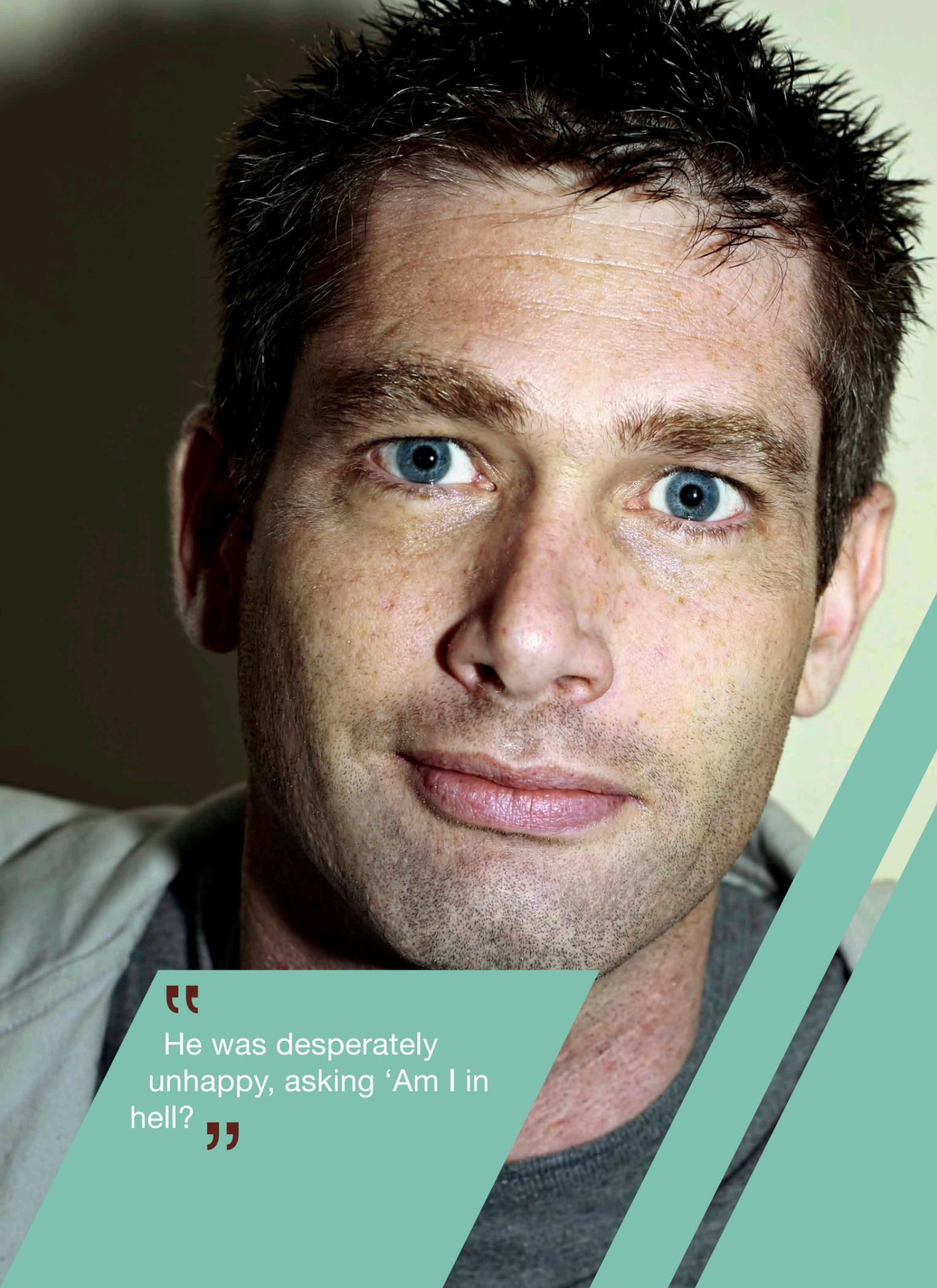
“Safeguarding is the action that is taken to promote the welfare of children and protect them from harm. Safeguarding means:

- // protecting children from abuse and maltreatment
- // preventing harm to children's health or development
- // ensuring children grow up with the provision of safe and effective care
- // taking action to enable all children and young people to have the best outcomes.

Safeguarding children and child protection guidance and legislation applies to all children up to the age of 18.”

Most parents with drug or alcohol issues are just like everyone else in wanting the best for their kids. However, sometimes the substance use might get in the way of their parenting and mean the children aren't getting the love and support they deserve. If you are ever worried that a child you know is being neglected or at risk of harm call the NSPCC's helpline on **0808 800 5000**.

Children and young people can call Childline if they are worried about anything, on **0800 1111**.



## JOHN'S STORY

*Sam began using drugs when he was 13. Alcohol gave way to cannabis, LSD, magic mushrooms and amphetamines. By the time he was 17, he was heavily into ecstasy.*

*When Sam was 18 he was picked up by the police in the middle of a roundabout. He was suffering from drug-induced psychosis after using LSD and ecstasy, and was sectioned and released after treatment.*

*“We went to collect him and he stayed with me, my mum and my sister. I stayed up most of one school night with him, as he couldn't sleep. It was then that I saw how unwell he had become. He would jump up out of his skin in sheer terror every time he started to become drowsy, despite being exhausted. He was desperately unhappy, and had begun to focus on existential issues in a big way, asking: ‘Why are we here?’; ‘Is there a God?’ and ‘Am I in hell?’”*

Sam went into a rehab clinic once, but was asked to leave for being disruptive and not co-operating. He lived in bedsits for years and started to use heroin and crack cocaine. To Sam, heroin seemed to make his living hell more bearable, while crack appeared to give glimmers of pleasure. While he continued to use crack and heroin, his underlying problems became worse, leading eventually to suicide attempts and an ever more chaotic lifestyle of shoplifting to fund his drug use.

“I knew before anyone else in my family that he was using heroin and crack. Along with expecting him to die at any time, this was the aspect of our relationship that I found hardest to cope with. He would confide in me details that I did not – or felt I could not – tell my parents. Sometimes it would be scrapes that he had; other times the levels of desperation he had reached. Telling my parents might have left them too worried, and I worried they might not be able to keep their reaction hidden. If he knew I'd broken his trust he might not speak to anyone any more.

“He was homeless in Bristol for a few months after being released from prison, which was hugely worrying. It sounds clichéd, but I used to run through a scene in my head to prepare myself – where the police would turn up on the doorstep and tell us he had been found dead. I know others in my family had similar thoughts.”

Like other brothers or sisters of drug users, John faced the dilemma of lending Sam money, knowing it may not help in the long run.

After years of falsely raised hopes, John has become sceptical of his brother's promise to change. “I have had to resign myself to powerlessness over others who are seemingly bent on self-destruction through being so very ill that they are unable to take what help there is.”

“  
He was desperately unhappy, asking ‘Am I in hell?’  
”

# GETTING HELP

If your brother or sister wants to resolve their drug or alcohol problem, they will need to understand the issues surrounding drug use. This often means getting outside professional help and treatment. Contrary to popular belief, people can recover well from serious drug use and change their lives (See 'Where can I go for help?' page 33 for contact details).

## GETTING TREATMENT

If your brother or sister has taken the decision to stop using drugs and you have decided to support them, there are many organisations that can give advice and information. Local community substance misuse services offer support, counselling, needle exchange, access to detox programmes and residential rehab. Most services offer 'drop-in' options so you don't always need an appointment.

Your brother or sister may not be ready to stop taking drugs immediately, but might want to take measures to reduce the harm the drugs are doing and stop the problem getting worse. If your brother or sister injects drugs, using clean injecting equipment – such as needles and spoons – each time they use, can help reduce the risks of contracting diseases such as HIV and hepatitis. Some substitute drugs can help your brother or sister stop taking drugs altogether, or at least reduce their dependence. Your local community substance misuse service can advise you. They may also be able to help with the problems that often surround drug use, such as debt or housing needs.

Your brother or sister may need to detoxify as a first step to coming off drugs. Depending on a number of factors related to the length and severity of substance dependence and wider health considerations detox can be done in a residential setting or at home, but it is essential to seek medical advice and

guidance through your GP or substance misuse service first. Attempting to detox without the appropriate guidance and support can be dangerous. Detox can be accessed as part of a residential rehabilitation programme that also includes individual and group support from peers and trained staff.

Giving up drugs can be hard especially if your brother or sister is unhappy at home, in poor accommodation, or unable to cope with their own children and day-to-day living, in this case residential rehab may be the best option. These programmes often last from two to six months and help to give the practical, emotional and psychological skills needed to build a drug-free life. Funding is often required and there may be a waiting list but don't let this put you off, speak to your local substance misuse service for advice. Private clinics and treatments are also available, these will have to be paid for. In some cases it may be possible to draw on private health insurance.

Alternative or complementary therapies, such as acupuncture and shiatsu massage, have been known to help some people feel better as they come off drugs. They may help reduce cravings and are sometimes available through your GP or local substance misuse service. Ask for advice.

Professional drug workers and counsellors can help you see the situation more clearly. In some areas, they may also be able to put you in touch with an 'advocate'. An advocate can accompany you to meetings, for example with Social Services, should you need some additional support when trying to sort out practical help for you, your family or your brother or sister. In addition, some organisations recruit volunteers from the local community to be 'befrienders' or 'peer or family mentors'. A befriender or mentor is a person who is trained to give support to those who are experiencing difficulties in the family by providing support and activities.

## CONFIDENTIALITY ISSUES

Confidentiality is an important issue. Your brother or sister (and the rest of your family and you yourself) may not wish the details of their drug or alcohol use to be public knowledge, and there are safeguards in place for this.

Local Social Services are bound by the 1998 Data Protection Act. Subject to a limited number of exceptions, any person has a right to see any personal information about them held by a Social Services authority. This includes factual information, expressions of opinion and what the authority intends to do.

A parent, brother or sister does not have the automatic right to know what is recorded about another family member without their consent, except in special circumstances.

A parent can apply to see the records if it is felt that their child doesn't have the 'capacity' themselves to do so. However, the authority needs to be satisfied that this is the case and that the request is in the child's interests. If it is thought that granting access to the records is likely to result in serious harm to anyone (including the child), access may be refused.

GPs work confidentially and will not disclose information without their patient's consent. Local drug agencies are also bound by the confidentiality agreements that they make with their clients.

There are confidential helplines that ensure anonymity for drug users or their families seeking support. These include national services – such as FRANK on 0300 123 6600 – and local services that drug agencies can tell you about. For others, see 'Where can I go for help?' or page x

## FROM DEPENDENCY TO RECOVERY

The dependence your brother or sister has is two-fold, especially if their problem is a long-term one. They are dependent on the drugs or alcohol, and also on the support of those around them to help them maintain a drug-free lifestyle. While they may know this situation is a one-way street and that their demands are great, they can often be powerless to change it on their own and may resent this.

Their need for financial and practical day-to-day help can place a strain on those supporting them. If you try to meet all of their needs, your brother or sister may have less need to support themselves so could find it easier to continue using drugs. Ex-drug users often say that, the more people try to soften the consequences of drug misuse and solve the drug user's problems for them, the greater the dependence can become.

Your brother or sister may find it beneficial to talk to a drugs worker, psychologist or counsellor, or people who have been on a self-help programme and are themselves recovering. Until they are ready, you need to decide how much, if any, support you are willing and able to provide.

## DUAL DIAGNOSIS

*Dual diagnosis is a term used to describe a condition which affects someone with both a substance misuse problem and a mental health problem. You may hear it referred to as 'complex needs'. It is common, estimated to affect between 30 and 70 per cent of people who find themselves in health and social care settings. This may be a primary diagnosis of major mental illness with a subsequent diagnosis of substance use which affects mental health adversely, such as cannabis use on top of schizophrenia. Conversely, there may be primary diagnosis of drug dependence which leads to mental illness, such as is found with chronic use of stimulants like amphetamine or cocaine.*

You may have a loved one with a dual diagnosis in your family, making the task and stress of caring for them doubly difficult. You may well find that their problems have to be treated separately, by separate services, and this can increase your frustration.

Unfortunately, drug/alcohol and mental health services are neither equipped nor mandated (i.e. commissioned and resourced) to provide tailored support for families with mental health problems, or relationship problems. You may also find that you are viewed as an intrusion rather than a positive agent for supporting your 'loved one's' recovery.

You may well find yourself acting as an advocate for your family member with complex needs – fighting their case with several agencies, including mental health and drug/alcohol treatment services.

## MENTAL CAPACITY ACT 2005

Some substance users who have a mental illness or other psychological difficulty are unable to make decisions for themselves. This Act encourages an attitude of 'is this person capable at this time of making this particular decision?' and allows a range of people, including carers, to make decisions on behalf of someone else if they are deemed incapable of making those decisions. There is a presumption that someone has capacity unless it has been established that they don't. For the first time, this Act formalises and gives guidelines for when and how a carer can make decisions on behalf of the cared for person.

'Not feeling heard and not being acknowledged as a person with value can be the biggest frustration when you have a loved one with multiple needs, and an enormous factor in family members becoming depressed themselves.' (Family member)

## DRUGS – LEARNING MORE

Below you can find information on different types of drugs. Getting as much information as you can about drugs and drug use can help you feel better informed, more able to understand your loved one and regain some feeling of control. However, the type of drug is less of an issue than the behaviours and consequences that come out of the drug use. Many people use drugs recreationally without suffering any long-term negative consequences, while for others it is more difficult to control or stop drug use. Some people may be using drugs to cope with other problems, like low self-esteem, social isolation or mental health problems such as anxiety and depression.

### ALCOHOL

People can forget alcohol is a drug, because it is often associated with feeling happier and more confident, but alcohol is an addictive and psychoactive drug, and can cause

serious harms. It slows down parts of the brain, including those that control inhibition, thought, perception, judgment, coordination, memory and sleep – and the more you drink, the worse the effects. Alcohol also makes it harder to regulate emotion, meaning people can become aggressive or emotional.

People can also act recklessly after drinking, making accidents and injuries more likely. If the alcohol concentration level in your blood is high enough, you might feel woozy or pass out. If a person does pass out, it's possible they can choke on their own vomit.

Alcohol dependence – or alcoholism – is more common than people think. If someone is alcohol dependent, they often cannot control their use of alcohol, despite negative consequences to their lives, and will suffer withdrawal effects if they don't drink. People who are strongly dependent should seek professional help if they try and stop: withdrawal from severe dependence can be fatal. Not everyone who drinks is at risk of becoming dependent. Long-term heavy alcohol use increases the risk of a number of diseases, including cancer and damage to the heart, brain, liver, pancreas and other organs.



## CANNABIS

Cannabis is the most commonly used drug in this country. The main active chemical is THC, which causes the feelings associated with cannabis, like feeling 'chilled out,' happy and relaxed. THC can make you hallucinate, so you might see, hear or feel things differently to normal. Cannabis can cause harmful effects: it affects how your brain works, and can cause anxiety or paranoia, make concentration difficult and your memory worse. It has also been linked in some people to serious, long-term mental health problems.

Cannabis can be smoked, eaten/drunk or ingested using a vaporizer (where the chemicals evaporate and can be inhaled). There is no possibility of dangerously overdosing on cannabis when used in the common ways. It can, however, like alcohol, increase the chance of accidents, and cause feelings of dizziness, sickness or fainting. Cannabis can be addictive, with users gradually needing more to feel good, and feeling bad if they don't use it. In these cases, it can be difficult to stop.

In the past few years, we've seen a rise in novel psychoactive substance use ('legal highs'), many of which mimic the effects of cannabis, such as 'Spice.' There have been reports that these synthetic cannabinoids have caused serious harms to some people who've used them.

## NPS

Over the past several years, there's been a rise in the use of novel psychoactive substances (NPS), often misleadingly called 'legal highs'. This term describes a new group of drugs that mimic the effects of drugs like cocaine, LSD and cannabis, designed specifically to get around the laws banning these drugs. Some of these were legal in the past but have since been banned. Many have not been tested, and they can be more dangerous than their illegal counterparts. There is

little evidence about the potency, effects and safety of these drugs, or their effects when used in combination with other drugs.

This might sound scary, but it should be remembered that they are similar to existing drugs, falling into the same categories, such as stimulants (amphetamine), depressants (diazepam), psychedelics (LSD), dissociatives (ketamine) and cannabinoids (cannabis). So, be reassured that there are tried and tested options for treating people who come forward with NPS problems.

NPS are sold in different forms, such as powders, pills, smoking mixtures, liquids, capsules or perforated tabs, and vary in size, colour and shape. Packaging is usually eye-catching with bright colours.

## HEROIN/CRACK

Heroin and crack cocaine are associated with some of the most serious drug-related harms. Heroin comes from morphine, which is extracted from the opium poppy. Like most opiates, heroin is an effective painkiller, and gives the user a feeling of warmth and wellbeing. Bigger doses can make you sleepy and relaxed. It is highly addictive and people can quickly become dependent. Withdrawal is extremely unpleasant, making it more difficult to stop.

Crack cocaine is a powerful stimulant with short-lived effects. While all types of cocaine are addictive, crack tends to have stronger effects and be more addictive than powder cocaine. It is most commonly smoked but can be injected, and makes people feel confident, alert and awake. Injecting and sharing injecting equipment can be very risky, as it runs the risk of spreading viruses like HIV or Hepatitis C. and overdose.

## CLUB DRUGS

Club drugs tend to be used in bars and clubs, concerts and parties. The term includes drugs like ketamine, MDMA, ecstasy, GHB/GBL, methamphetamine and LSD. People have been combining drugs with music and social gatherings for a long time, but the combination of drugs being used seems to be changing, for example: using methamphetamine and GBL, or the use of these drugs at 'chemsex' parties. 'Chemsex' is a term used to describe parties usually attended by gay men, where they engage in sex and use drugs like GBL or methamphetamine.

Drugs like ketamine are also relatively new to the scene, and only now are we starting to discover the associated long-term health problems like bladder issues, or coma associated with GBL. Some NPS mimic the effects of these drugs.

## PRESCRIPTION DRUGS

Most people use prescription drugs for the purpose they are intended, but some people, if taken over a long period, can become dependent. Many prescription drugs are vulnerable to misuse; most commonly opiates, often prescribed to treat pain; antihistamines; stimulants e.g. to treat ADHD; central nervous system depressants e.g. barbiturates, prescribed for sleep disorders and anxiety and antidepressants.

Prescription drugs can cause sedation or an altered state of consciousness, depressed respiration, a lack of coordination, changes in appetite and nausea. They can cause dependence if taken over a long period of time, and damage to the liver, kidneys and digestive system. Withdrawal symptoms might include anxiety, depression, insomnia or seizures.

## STEROIDS/IED

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

Taking steroids and IEDs can cause a number of health harms, including high blood pressure and liver damage. Injecting any drug can damage veins and cause ulcers and gangrene, particularly with dirty needles or a poor injecting technique, and sharing equipment can spread blood borne viruses like Hep C and HIV.

## POLY-DRUG USE

When using drugs in combination, including alcohol, risks can be increased. People might use more than one type of drug to balance out the effects, or to enhance the feeling of both drugs. Different substances react in different ways, which can sometimes be dangerous.

The most common type of poly-drug use involves alcohol and other substances. Alcohol is a depressant, and when taken with other depressant drugs (opiates, benzodiazepines), the effect is multiplied, risking a person passing out, choking on their own vomit or stopping breathing. Prescribed medications can also react badly in combination with alcohol. Many NPS have not been tested and we don't know their effects when combined with each other, or other substances.



## SETTING AND KEEPING BOUNDARIES

One way you can support your own needs when coping with a loved one's substance misuse is to set boundaries. This means that you limit the behaviour of the user to what is considered reasonable. Boundaries assert the needs or rights of families so they feel secure and respected. For example:

Emma has been a heroin user for nine months. She initially funded her use by borrowing money from her family and then later by stealing from the family home. Her parents were unaware of this until she was arrested for possession of a Class A drug and then spoke to her about her drug use.

Emma's parents don't want her to steal from the family again and don't want to lend her money for drugs. They need to set two boundaries: For Emma not to steal from the family and to not lend Emma money for drugs.

### SETTING BOUNDARIES CAN HELP BECAUSE:

- // They invite the user to be more responsible for their behaviour
- // They model a healthier and safer way of relating between people
- // They help families to reduce the impact of substance use and its associated behaviour on their lives
- // They help the whole family to break down the roles that members can get stuck in, such as the user being dependent or a parent being a carer.

Remember that you can't change someone else. What you can change is your response to a situation. This change may in turn invite a change from the other person. Setting boundaries is about negotiation with the user and it involves the whole family; it is not about you imposing rules on others.

### THIS CHECKLIST WILL HELP YOU DEFINE A BOUNDARY WHICH WORKS FOR YOU:

- // What is the issue that you want the boundary to deal with? Be precise.
- // What do you need to achieve?

- // What is your real motive for setting this boundary? Does it come from your anger, frustration, stress, worry or something else... or all of these things?
- // Would you accept this behaviour from someone who didn't use substances? Is it necessary to treat the user differently just because they happen to use?
- // Define the boundary about the user's behaviour and not them as a person. For example, a boundary about their drug use in the house could be phrased as 'I don't want you to use in our home' rather than 'I don't want you in the home when you're using'.
- // Does the boundary encourage the user to be responsible for their life, their behaviour and the choices they make?
- // What are the risks of the boundary for both the user and other family members? For example, if someone uses outside the home, family members may be less at risk from paraphernalia, but will the user be at more risk?
- // Set clear consequences for what will happen if the boundary is broken. How will you know if the boundary has been kept?

- // How long is the boundary to be held for? Set a timescale and a time to review it.
- // Can you be flexible if there are changes in circumstances? If the user is in treatment, or moves away, for example?
- // Try to get agreement with other family members to prevent 'divide and rule' by the user.
- // Is the boundary realistic?
- // Do you have enough support, both from within yourself and from others, to be able to set and then keep this boundary? Consider how you will deal with the difficult and painful feelings that might arise.
- // Recognise that the choice of boundary may well be a compromise rather than the ideal you may want.
- // Is it appropriate to reward the user if they keep the boundary?
- // Prepare for the likely response the user will have to the boundary being set. It might help to imagine their reaction to you setting a boundary and any subsequent conversation you might have. Plan ways to counter what they might say. Prepare how to cope with possible manipulation.
- // Tell yourself that your needs are equal to those of others.

## SETTING A BOUNDARY

The checklist below will help:

- // Listen to each other.
- // Be open and honest with your feelings.
- // Respect the other person, which is not the same as saying that you like and respect all their behaviour.
- // Accept and understand the other person's point of view, even when you don't agree. Sometimes two people can experience the same thing differently.
- // Start what you say with 'I...' so it's clear it's your opinion and feelings you are talking about.
- // Take responsibility for your part of what has happened, and don't take responsibility for others' behaviour and their choices.
- // Acknowledge how the other person feels.
- // Appropriately express feelings, such as saying you feel angry rather than being angrily abusive.
- // Recognise the need for all to exercise both rights and responsibilities.
- // Try to promote collaboration rather than confrontation. This will build trust.

If dialogue and negotiation doesn't work, you may want to impose the boundary. You could do this verbally and/or by letter. Below is an example:

*'I notice that whenever I try to discuss your drug use in the house that you seem unwilling to talk about it. When you do this I feel angry and frustrated with your behaviour. I ask again that you don't use drugs in our home. This is because I am breaking the law by knowing it happens and not reporting you to the Police. I believe it is also a risk to the health and the safety of us all. If you choose to continue to use drugs in our home and not discuss this I will assume that you have withdrawn your co-operation. I will then withdraw my co-operation by not buying food and preparing meals for you. I regret it has come to this and I would prefer that we talk about your drug use and its impact upon the rest of the family. I want to end by saying that I still love and want to know you.'*

## KEEPING A BOUNDARY AND HOW TO RESPOND IF A BOUNDARY IS BROKEN

Boundaries are often broken by substance users, especially at first. They can often be unwilling to change themselves, and hope the family member will feel unable to enforce a boundary if a boundary is broken.

- // Acknowledge to yourself that it has happened. Take your time to choose your response rather than reacting hastily.
- // Tell the user that the agreed boundary has been broken and say how you feel. The formula below might help:
  - // Explain exactly what the unreasonable behaviour amounts to.
  - // Explain how that behaviour makes you feel – try to focus on the behaviour, not the person.
  - // Explain what you want to happen and restate the boundary. For example: 'When you break our agreement not to use drugs in our home I feel so angry and exasperated with your behaviour. I ask again that you honour what we agreed.'
- // Outline what will happen if the boundary is broken; repeat what you want and don't let yourself be deflected.

// Comment on the user's behaviour and how that is different from what they say they'll do. For example: 'I notice that every time this happens you say sorry and then carry on as if we hadn't agreed otherwise.'

// Ask for things to be put right, to be paid for, for an apology.

// Be consistent.

## SEEKING SUPPORT

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



## MOVING THROUGH YOUR JOURNEY

If your brother or sister has made the journey from acknowledging their problem to seeking help and working through treatment, they may be starting to think about their future. They may want to remain in touch with a counsellor, or to join a self-help group of people who've had similar experiences. Strong bonds and positive friendships can develop in such groups.

Sometimes, ex-drug users and their families feel too ashamed to tell their friends about what they have experienced and, if your brother or sister lives with you, this can affect your freedom to invite people to your home. Living in secrecy can be hard, especially if there is a fear of stigma if people learn the truth.

### MOVING AWAY

Family support has been shown to significantly help a drug or alcohol user rebuild their life. However, in some cases, it may help if they move away from the location where their drug problem began so they are not exposed to the same influences again, or painful memories. Your local Social Services department or local drug agencies may be able to help with housing issues or help your brother or sister to look for a job. Involvement in work has been found to greatly improve the chances of recovery from drug use being a success.

### REBUILDING FAMILY RELATIONSHIPS

If there are children involved, you might (if it is appropriate) be able to help with the adjustment to the new situation where their mum or dad is no longer using drugs or alcohol. You may be able to help them understand what happened and be on hand if they have questions they feel they can't ask their parent. Where drugs have been an issue in the family, talking openly about them is

seen to reduce the risk of the next generation getting involved with them.

The most successful drug self-help programmes tend to support the user in becoming involved in society again and improving family and personal relationships. Your brother or sister may feel the need to rebuild relationships with other family members. Family involvement can significantly boost a former drug user's chances of remaining free from drugs.

### MEETING YOUR NEEDS

It's important to remember that, as a confidante or someone offering help, you may also need support because of the practical and emotional demands upon you. If you feel the need to talk or to give yourself a break, try not to feel guilty about this.

You might like to attend a support group yourself to talk to other people who have been affected by drug or alcohol use. If other members of your family are also interested in accessing this type of support, decide whether you want to attend the same or different sessions. It can help if you are able to speak freely about how you feel without worrying if it might be hurtful to others in your family. Many organisations offer support and information, not only to parents but also to other family members, and can help you connect with other people who understand your situation.

Try to remember that you are not alone. There are others in your situation, and, while each case is unique, sharing experiences can help you through. With professional guidance, you, your brother or sister, and your wider family, can overcome what may seem like insurmountable problems.

## WHERE CAN I GO FOR HELP?

### ADFAM

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

Tel: 020 3817 9410  
[www.adfam.org.uk](http://www.adfam.org.uk)

### CHILDLINE

Helpline for young people

Tel: 0800 1111 (free, 24 hours)  
[www.childline.org.uk](http://www.childline.org.uk)

### DRUGSCIENCE

Objective information on drugs and drug harms

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

### DRUGWISE

UK centre of expertise on drugs

[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)

### HIT

Information on drugs, especially drug-related harm

Tel: 0844 412 0972  
[www.hit.org.uk](http://www.hit.org.uk)

### RETHINK

Information and advice on mental health including 'dual diagnosis' of mental health problems and substance misuse

Tel: 0300 5000 927 (10am-2pm Mon-Fri)  
[www.rethink.org](http://www.rethink.org)

### USEFUL PUBLICATIONS

A variety of useful publications are available from [www.exchangesupplies.org](http://www.exchangesupplies.org) and [www.hit.org.uk](http://www.hit.org.uk), including handbooks on rehab, detox and methadone.

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

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

### SPECIAL THANKS TO:

// Colin Grant and Kay Duffie of the Addictive Behaviour Service

// Marina Barnard of Glasgow University  
Sarah Wilson of Edinburgh University

// The Helen Project, Redcar

// And to Eric, Janet, Mark, Katie and John who told their stories.

This project has been made possible by the support of both the Home Office and The Clothworkers' Foundation.





**Adfam**

Families, drugs and alcohol

We want anyone affected by someone else's drug or alcohol use to have the chance to benefit from healthy relationships, be part of a loving and supportive family and enjoy mental and physical wellbeing. If you require further help and information our website ([www.adfam.org.uk](http://www.adfam.org.uk)) also provides a database where you can access information about local support.

**Adfam**

the voice of families  
affected by someone  
else's drug or  
alcohol use

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