

Journeys

When LGBT people
and their families are affected
by drugs and alcohol



Adfam

Families, drugs and alcohol

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FAMILIES, DRUGS AND ALCOHOL

Families are diverse, different and complex but all should be equally valued and celebrated. It is therefore important that all types of families are acknowledged and their needs provided for by services. Families can be nuclear or extended and can be made up of straight and LGBT individuals. Some families have children, foster children or adopted children and some don't have any children at all. Some children have a father and/or a mother, some have same sex parents, some have grandparents as parents and some have no contact with their parents at all. Drug and alcohol use can affect any or all of these families. It can bring stress, shame, fear, worry and uncertainty – testing the bonds of families and their ability to cope.

Adfam is the national umbrella organisation working with and for families affected by drugs and alcohol. Adfam's mission is that every family member should be able to access the help and support that they need in their own right.

We would like to thank all those involved and those who have shared these stories with us. Please note that names and some details have been changed to protect people's identities, and all photography has been posed by models.

WELCOME

Trying to deal with the substance use of your partner, or someone you care about, can be a challenge. If you are lesbian, gay, bisexual or transgender you might also find yourself struggling with prejudice and discrimination – real or perceived – and this can be a particularly difficult time for you and your family.

It is not really clear whether drug and alcohol use is a bigger issue for LGBT people. Certainly stress factors associated with homophobia, the 'coming out' process, isolation and secrecy might lead to people using drugs or alcohol to help them cope or reduce tension. Mainstream support services often operate with an unconscious assumption that everyone is heterosexual. In addition, we know that family support services often apply a narrow definition of family and this means that you might feel excluded from accessing services.

Being caught up in someone else's addiction to drugs and/or alcohol might mean that you feel incredibly lonely and don't know where to turn for help. We hope that this booklet, based on real stories from LGBT people affected by someone else's drug and/or alcohol use, will be a helpful resource for you; both in terms of highlighting what other families are going through and also listing useful services for you to access.

PARENTS OF LGBT PEOPLE

As a parent we don't ever stop worrying about our children and can find it difficult when the choices they make are not necessarily the same as those we had hoped for them.

Parenting is often challenging and difficult, especially when we don't feel equipped to deal with some of the situations that are thrown at us.

You might be filled with dread at the prospect of your child questioning their sexuality or 'coming out' as a lesbian, gay, bisexual or transgender person. It can be a daunting experience and you might struggle to understand their feelings and how to relate to them. You may be asked questions you don't know how to answer or be asked to discuss issues you are not comfortable with.

Part of growing up is to experience new things, push boundaries, make mistakes and learn from them. However, problematic drug and alcohol use is something you don't ever wish your children to go through and it is important you find a balanced view to provide support where a problem occurs.

This booklet aims to help you cope and find out a bit more about the 'coming out' process; to challenge some of the myths relating to LGBT people, and to enable you to start an honest dialogue with your children in relation to their sexual or gender identity and their drug and alcohol use.

WHAT YOU MIGHT BE GOING THROUGH

Coping with someone else's problematic drug or alcohol use is never easy and often it spoils what should be a special relationship.

A SIBLING'S JOURNEY

Having a brother or sister with problematic drug or alcohol use is never easy and often it spoils what should be a special relationship.

You might feel particularly annoyed if they have all the attention at home. You might worry where it will all end up or you might feel guilty that you are not being supportive of their efforts. You may even worry that you will end up like them. It must be particularly upsetting if you have already seen another family member go through the same downward spiral. Problem use invariably affects not only the user but also the whole of the family and can ruin relationships. But remember that life does not revolve around your brother or sister's needs. Your needs are just as important and you need support too.

Not having the attention of your parents can be difficult, especially when you are growing up and need their support. You might want to talk to your parents but feel they are too busy or worried about your brother or sister's use to listen to you. If you ever feel annoyed, angry or frustrated, or that your needs are being neglected, it might help you to know that these feelings are common. It is important you seek help for yourself.

You might also notice that drug and alcohol use in the family impacts on your relationship with others, even if the use has been successfully addressed and is no longer present. Sometimes family recovery takes a lot longer and any new relationships that you

make might suffer as a result. It might be that your new partner does not know how to help you or can't bear to see you suffering. Some people exposed to drug and alcohol use go on to develop co-dependency issues (see info box on opposite page).

Having the support of your partner is important for you to be able to recover from the hurt you have suffered in the past. Don't shut them out – invite them to access help too, as this will enable them to understand what you are going through and support you with it. Drug and alcohol family support services should be able to help you and your partner even if the user is not in treatment.

DRUG AND ALCOHOL TREATMENT – FROM DEPENDENCY TO A DRUG/ALCOHOL FREE LIFE

Accessing drug and alcohol services can be an anxious time for all families. You will probably feel elated that your brother or sister is finally seeking support and, if the treatment is in a residential setting, it might also provide welcome respite for you and the rest of the family. But the journey to recovery is often one with periods of lapses and relapses and this can take a toll on the family. Try to remember that you and your family needn't be alone. There are others in the same situation as yours and while each case is unique, sharing experiences or reading about them can help you through.

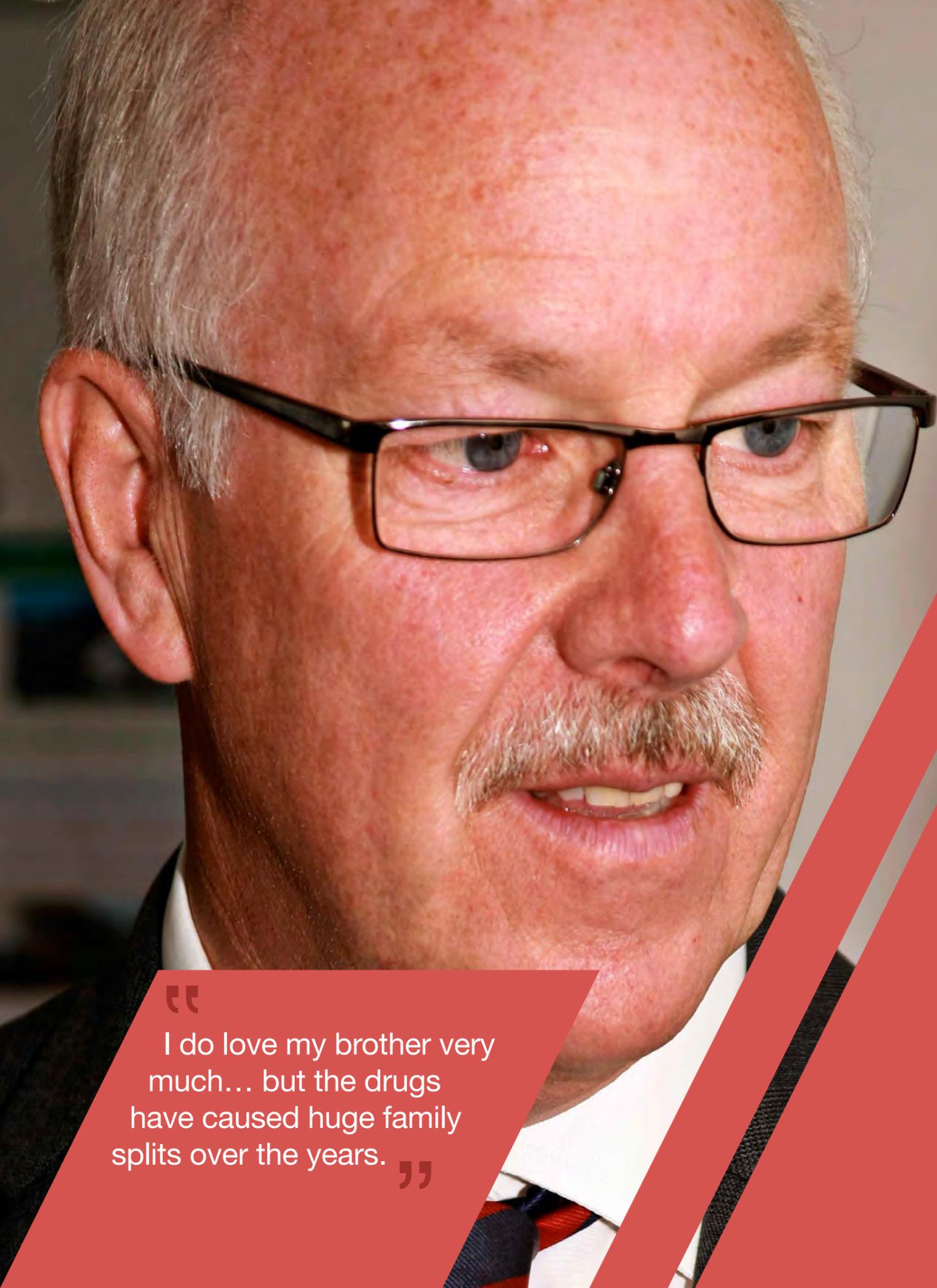
The important thing is to know that there is help out there for your family, with

organisations offering a range of services like information and advice, support groups and family therapy interventions. With professional guidance, you, your brother or sister and your wider family can overcome what may seem like insurmountable problems.

DEFINITION OF RECOVERY

Recovery has sometimes been equated with abstinence (free of drugs/alcohol and substitute prescription). More recently, however, a new kind of recovery-based approach has been developed. It acknowledges that different people will need different kinds of services at different times. It shifts the focus to achieving the outcomes that matter to people and their families and friends – such as improved health, a place at college or a job, somewhere decent to live, leisure activities and positive relationships with others.





JASON: A BROTHER'S STORY

My whole family has been affected by drugs and alcohol and this also played a part in the breakdown of my long-term relationship.

I needed to get support as my family's issues were affecting my relationship with my boyfriend. Unfortunately I left it too late and we are no longer together.

My brother Roy, who is much older than me, has been taking drugs for most of his life. He started with cannabis, alcohol, and solvent abuse but soon 'graduated' to heroin and crack. Eventually, he got into a steady relationship and had two kids but he and his partner split up and his family fell apart when he was sent to prison for robbery.

When I heard my brother had completed a detoxification programme in prison I was so happy, but was devastated to find out that he had pretty much gone straight back on drugs on his release. His health is failing now and he seems powerless to do anything in his life. Roy seems intent on destroying himself and his life just as our dad did before him. I do love

my brother very much, and I believe that he loves me, but the drugs have dominated our relationship for so long and have caused huge family splits over the years, so the whole family suffers. I am seven years younger than Roy and have been on this roller coaster for the majority of my life, and I don't even take drugs myself!

It all started to go wrong for me when I was around twelve and trying to deal, badly, with my sexuality. My mum has always tried to support my brother, doing the best she could for him. In later years, she even looked after his children for a while, but as a result I often ended up feeling like she never had any time for me. My relationship with my mother suffered because of this. I felt distant from her, and like she cared more for him than she did for me. She didn't understand what was going on in my life and couldn't accept that I was gay.

As an adult, I feel that my family's past has destroyed my life. It took a toll on my own relationship with my boyfriend, David. He used to get worried and angry to see me so down and so hurt by my family's actions. He urged me to seek support and look for help so I did – I started to go to a support group. After a while, David said he wanted to come too but I kept putting him off. I never felt I could take him with me because I hadn't told the group that I was gay. I was scared that they would start treating me differently.

If I had known, for sure, that they would have been OK with me as a gay man, then I would have taken David with me. After all, he also needed help and support to be able to support me. But the majority of those who were there were older women, just like my Mum, dealing with their children's behaviour. I guess maybe because of the way my relationship with my Mum turned out when I came out, I was scared to tell the women at the support group.

Perhaps if I had, and if I knew the group would respond well and the service would continue to be comfortable dealing with me, then maybe David and I would still be together now. As it is, he left me, saying he could no longer cope with the dramas in my family and with me worrying and talking about it all the time. I've not seen David now for over a year. The last thing I heard was that he had met someone else.

“ I do love my brother very much... but the drugs have caused huge family splits over the years. ”

SETTING AND KEEPING BOUNDARIES

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

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

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

SETTING BOUNDARIES CAN HELP BECAUSE:

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

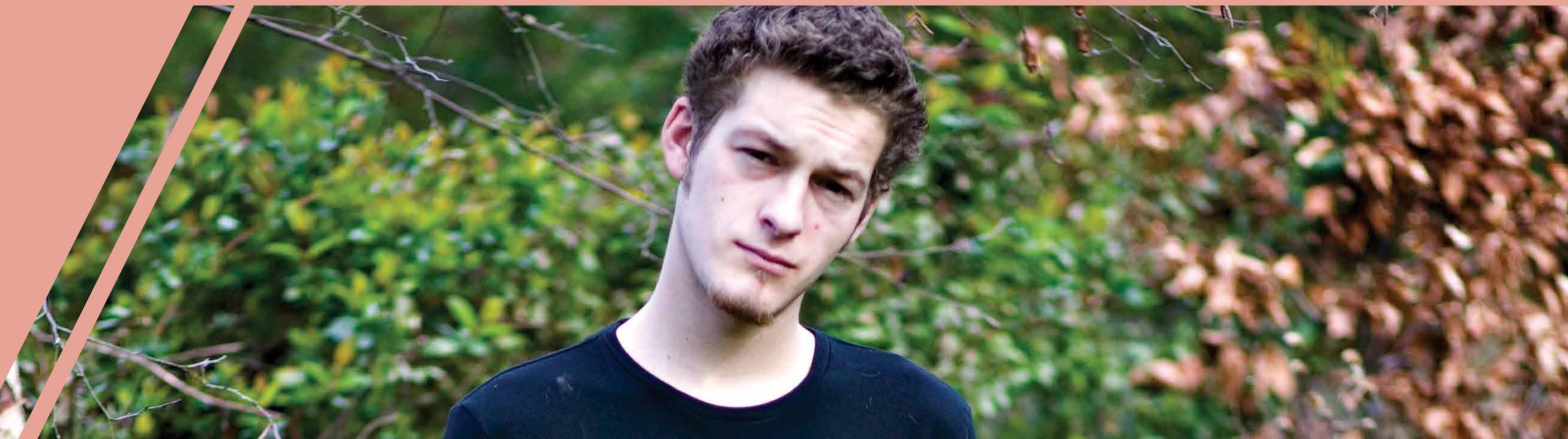
Remember that you can't change someone else. What you can change is your response to a situation. This change may in turn invite a change from the other person. Setting boundaries is about negotiation with the user and it involves the whole family; it is not about you imposing rules on others.

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

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

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

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





SETTING A BOUNDARY

The checklist below will help:

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

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

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

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

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

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

// Outline what will happen if the boundary is broken; repeat what you want and don't let yourself be deflected.

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

// Ask for things to be put right, to be paid for, for an apology (but see below).

// Be consistent.

SEEKING SUPPORT

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

A PARTNER'S JOURNEY

THE 'COMING OUT' PROCESS

'Coming out' is hard and you probably know that better than anyone else. 'Coming out' to your nearest and dearest can be even harder and it does not stop being hard just because you are an adult or have already left the family home or have 'come out' to your friends. It can also be hard for you witnessing your loved one being torn apart by having to disclose your relationship to their family. 'Coming out' to people with strong religious and cultural beliefs, or when you predict a negative response, is a daunting prospect.

You might have already gone through that process yourself with your family but feel

powerless to help with what your partner is going through. Watching your partner trying to fit in or meet other people's expectations is hard, especially if you are going through that process as well.

For some, when this pressure is too much they turn to drugs and alcohol to help them cope. It might be that you hope your partner is honest with their loved ones and you want to encourage them to 'come out' but are also nervous about possible reactions and how that will affect your relationship. Ultimately, you have to accept that it is their decision to take and you cannot force them to do it – frustrating as that might be for you, and as negatively as their decision impacts on your relationship.

DRUGS AND ALCOHOL

Some people might rely on drugs and alcohol to see them through difficult times in their lives. However, resorting to drugs or alcohol to cope with difficult situations can come with a heavy price tag. There is some research suggesting LGBT people might use drugs and alcohol to help them cope with homophobia and bullying, whether in the family or outside of it. It will be a traumatic experience to see your partner's use escalating and not being able to help. But even if they are not ready

to tackle their use, you can still think of getting help for yourself.

DRUG AND ALCOHOL USE AND PERSONAL SAFETY

Having your safety or the safety of the one you love compromised by drug and alcohol use is a serious issue but, unfortunately, not an uncommon one. Using drugs and alcohol impairs your judgment and can place you in vulnerable situations, taking chances that you would not normally take or may later regret e.g. unprotected sex, risk of accidents, overdoses, and possible domestic abuse or street violence.





Heavy drinking can lead to problems with work, family, and social life, which in turn can lead to isolation and depression. People who drink heavily and on a daily basis can start suffering from withdrawal symptoms like nervousness, tremors and palpitations which resemble anxiety and may even cause phobias, such as fear of going out or panic attacks.

It might be that your life is taken over by your loved one's use and you are losing control of your own life. You might feel like their problems are the only thing that you think about and have difficulties getting away from it and enjoying a healthy life. It might also be that you feel unable to make new friends or start new relationships and you blame that on your partner.

DRUG AND ALCOHOL TREATMENT AND HEALTHCARE

You may be concerned that healthcare, drug workers or other health specialists may refuse or limit your visiting rights to your partner or refuse to involve you in discussions about their care because you are LGBT. Sometimes workers in the care field might believe that the next of kin or family member might have to be someone that is a married partner or a blood relative – but this is just not the case. The Civil Partnership Act 2005 extends next of kin rights to same-sex couples who register their partnership. If your partner is seeking drug and/or alcohol treatment, you can encourage them to appoint you as a person to whom information on their treatment should be given.

CO-DEPENDENCY

Co-dependency can affect a partner, parent, sibling or close friend of a person affected by drugs or alcohol. Below are some of the characteristics of a co-dependent person:

- // Exaggerated sense of responsibility for the actions of others
- // A tendency to confuse love and pity – and a need to rescue
- // A tendency to do more than their share
- // A tendency to become hurt if others don't recognise their efforts
- // An unhealthy dependence on relationships
- // A sense of guilt when asserting themselves
- // A compelling need to control others

If you feel stuck in a co-dependent relationship, you could access help in the form of counselling. When contacting counselling services, please check that they are BACP or UKCP accredited. Also, remember that a relationship with a counsellor is a personal thing and it might be beneficial to try several services until you find one you are happy with.

It can be tough facing up to difficult problems on your own. Above we discussed and talked about a range of different issues. See page 32 for organisations and resources available to help you.



“
After trying out different
counsellors we are
now well on the road to
recovery.”

JULIE: A PARTNER'S STORY

*I have been with my partner
now for about 10 years. Mel
is Asian and comes from a
very tight-knit family.*

When her brother got married and moved abroad Mel felt compelled to take responsibility for her mother, who has some mental health problems. That meant we had to move closer to her mother. At the time I did not object to it at all, but I failed to realise just how much that decision would affect our lives.

We moved closer and Mel and I started spending more and more time at her mother's, but she hid the fact that she was a lesbian and in a relationship with me. Meanwhile, her brother was having a fantastic life abroad and I guess that we both started to resent the fact that we were full time carers for her mother but yet could not be ourselves when we were there. Mel, in the meantime, plucked up the courage to tell her brother about us, and to our surprise he was incredibly supportive.

However, she still felt that to tell her mother would be a different kettle of fish – being Asian, with very strong religious views, of the older generation, and her mental health issues were all considerations to be taken into account.

I guess Mel's problems with alcohol started around the time her brother had a child and invited her to become the godmother, but told us I would not be welcome to be part of that event. We felt hurt, betrayed and resentful. At the same time Mel was having problems at work and so her drinking really escalated. Meanwhile, looking after her mother was starting to take its toll and preventing us from having a relationship and a social life.

A couple of years ago, around New Year's time, I took the plunge and decided to propose to her. She accepted but told me that if we were to get married then she would have to confront her demons and admitted to me her alcohol was getting out of control. I could see she was drinking more and more frequently so I was not surprised, but I was worried what that meant. We immediately started looking round for services but couldn't find anything for lesbian women with an alcohol problem.

Eventually, on one of her brother's trips to the UK, she decided to come out to her mother and told them both that we were planning our 'civil partnership'. Mel's mother reacted badly and Mel carried on drinking to block out this and other things. One day I got a call from her saying she had been mugged and that was, I guess, the rock bottom.

Now we have done what we should have done a while ago – moved house and started therapy. After trying out different counsellors we are now well on the road to recovery. Mel's mother has also softened a bit and things are getting easier too.

My advice is to seek professional help for yourself, even if your partner is not ready yet – because without knowing it you could be perpetuating the problem. Some of the things I did and said were actually not good and made her feel worse than she already did. If you get help, your partner may follow afterwards.



DEALING WITH CONFLICT IN FAMILIES WHERE THERE IS SUBSTANCE USE

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

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

THE FOLLOWING TIPS MAY HELP YOU COPE WITH CONFLICT:

- // Reflect upon what happens in the conflicts you have with the family member who uses substances. To help, ask yourself:

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

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

NEGOTIATING: A KEY COMPONENT OF COPING WITH CONFLICT

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

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

SEEKING SUPPORT

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

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

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 FACTFILE

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

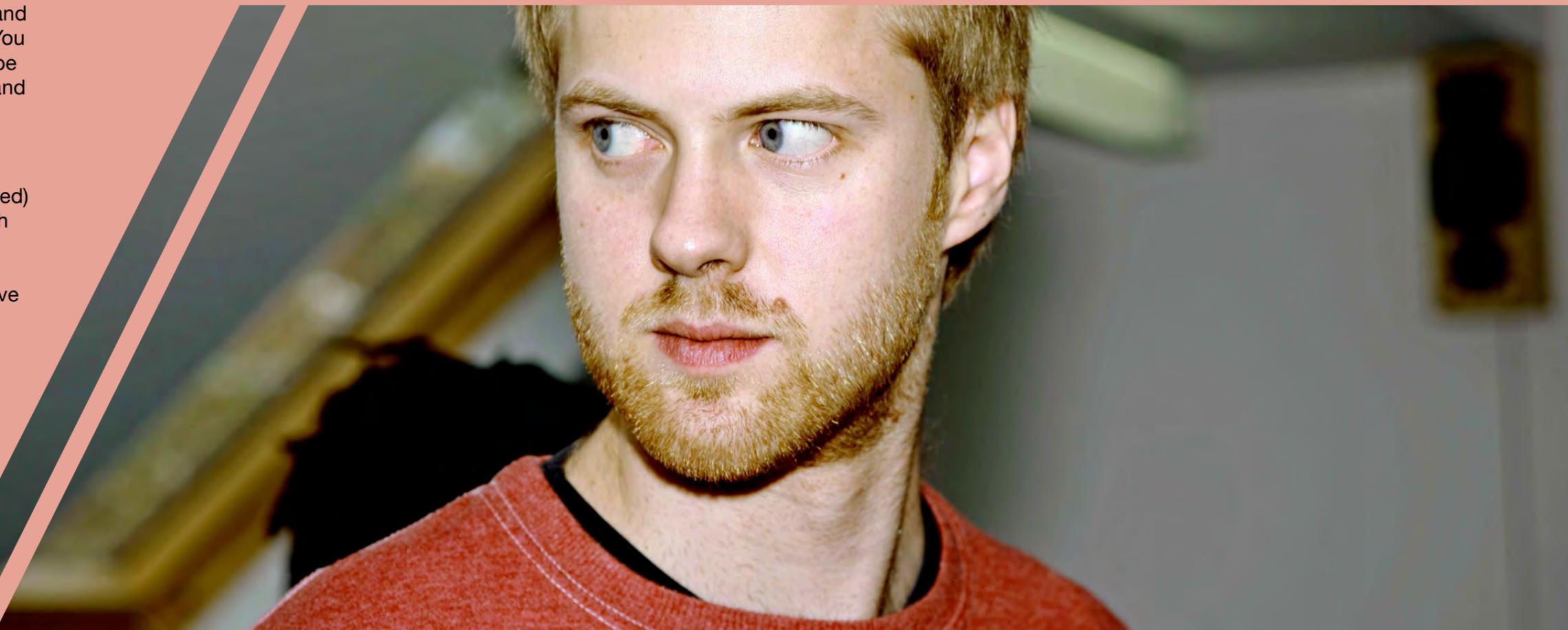
People can forget alcohol is a drug, because it is often associated with feeling happier and more confident, but alcohol is an addictive and psychoactive drug, and can cause serious harms. It slows down parts of the brain, including those that control

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.

A PARENT'S JOURNEY

THE 'COMING OUT' PROCESS

What you might be going through

As a parent you might feel angry, confused, ashamed, embarrassed or guilty if your child 'comes out' as LGBT. You might be worried for your child's safety or about how others might perceive them, and even how you might be treated by your community and your family.

Learning that your child is LGBT or questioning their sexuality or gender identity may not be a concern for some parents. For others, it can be a traumatic experience that can impact heavily on the child and the rest of the family. The disclosure can throw up many issues and questions and it can be an emotional process. If you are not prepared for it at all you might be shocked and not know where to turn for help, advice and support, either for your child or for yourself. As a parent you might also be upset or disappointed that your child might not have the chance to have their own children and, in turn, that you will 'miss out' on being grandparents.

It might be that you would like to be supportive of your child, or that you are on the verge of not wanting to have anything more to do with them. You might find yourself feeling isolated and worry about how other people will treat you and your child. Or it might be that you worry they will be bullied at school or at work and may be ostracised by their community. You might fear the sort of pressure this would put them under and worry they could resort to drugs and/or alcohol to cope. You might also fear for your child's safety or health e.g. concerns over homophobia and violence, or HIV/AIDS and other blood-borne viruses.

But remember your child most probably feels relieved if they are able to 'come out'. For them it means they don't have to hide and lie about themselves and you have the opportunity to support them and find appropriate information to enable you to do so.

The perceived pressure to keep your child's LGBT status secret often increases the level of isolation you and your family may feel. Perhaps you worry if your child is going out a lot and socialising through the night – you might be concerned about the level of alcohol they are drinking, their exposure to drugs, and whether or not they will be safe on their way home. You might also worry they will take risks when drunk or on drugs that they wouldn't otherwise take. It is important to remember that, as part of growing up, children push boundaries and experiment, so try to encourage your children to tell you where they are, who they are with and what they are up to so that you can help them find information on how they can protect themselves. As parents we want to make sure we do our best to secure their safety.

Of course the most important thing to remember is that if you are able to support them and encourage open dialogue, the chances are that if they are in trouble they will be more encouraged to seek help from those closest to them – and that is you!

"When he 'came out' to me I was not prepared. I felt I was to blame, I was angry with him; the impact on the whole family was immense and caused major rifts between us. Later on, my worry was not his sexuality but his lifestyle; he was out all night and clearly coming home in a bad shape."

Anon

What your child might be going through

'Coming out' as LGBT is not easy for anyone, regardless of what age they choose to do it. Your son or daughter might be feeling scared, perhaps confused and isolated and might be extremely stressed or nervous about it.

It is often the case that children don't want to let their parents down and don't want you to worry about them. Your children might not have the courage or confidence to tell you about their sexuality but know that sooner or later you may hear it from someone else. It might be that they think you already know but don't know how to confirm it. They may fear that you will disapprove and throw them out of the family home. They might have heard you make negative comments about LGBT people in the press or television and now feel ashamed and embarrassed by it.

'Coming out' is not always a difficult experience for all families, but for some it is and being able to talk is important. 'Coming out' to family members, especially parents, can often be the most difficult – by the time your son or daughter tells you about it they have probably already spent a long time worrying about your reaction. You, on the other hand, might have been totally caught by surprise. Your child might be scared of your reaction, fear being rejected by you or, worse still, they might fear being subjected to violence from those that are closest to them.

Social acceptance of LGBT people is increasing, but there are still a significant number of individuals or sectors of society that are intolerant. This can be particularly true of communities with entrenched religious and cultural views on sexuality and LGBT lifestyles.

It is important to understand that it can sometimes take a long time for someone to feel secure and comfortable about his or her own sexual orientation or gender identity. So be patient with your child – it might take some time for them to be comfortable in their own skin. It might be that they are not immediately sure themselves about what their feelings are, and may secretly hope they will go away. They might be filled with self-doubt and internally disapprove of the way they feel. Therefore, 'coming out' often takes time.

It is important for you to consider that your child's 'coming out' process continues throughout their lives: 'coming out' to friends, to family, at school, at work, at the GP, at social gatherings. Sometimes they can 'come out' to one particular group of people and not to others, and that is fine too. It is important to realise that who, when, how and indeed whether to 'come out' must be your child's decision – not yours. Family and friends must respect that and not 'out' someone against their wishes.

"So life is supposed to be about boy-meets-girl, then marriage and kids? And we're all supposed to be the same? Yeah, right!"

NHS, Health First publication, 2004



SUSAN: A MOTHER'S STORY

Unaware my daughter was bisexual, I had failed to realise why she had become so self-conscious and withdrawn. By putting her change in mood down to adolescence, it did not occur to me that it was my child's sexuality that was causing her so much stress and unhappiness.

Perhaps ignorantly, I had assumed Holly would grow up heterosexual. Because of this, I believe, she found it difficult to talk to her father or me. It was only much more recently that we have openly started to talk. I know kids sometimes experiment with drugs and alcohol but it saddens me that I was not there to support her and had I been, who knows, maybe she would not have got into drugs and alcohol so heavily.

When we did finally begin to talk, she told me that she started to become aware of her sexuality at secondary school when she realised everyone around her was becoming interested in the opposite sex, yet she liked both!

At the time Holly thought she was in love with her best friend and hung on to her every word. She said 'when we were drunk one time, we kissed and things progressed further, but only in secret and when we were drunk.' The fact that they only got close when drunk and in secret confused her and she felt she had to hide it from everyone – including her family.

She began going out all the time, looking increasingly depressed and refused to talk to us. She was spending a lot of time with the friend from school and her mood would alter dramatically after being with her. We were sure she was taking drugs but whenever we tried to ask her about it she would deny it and tell us to leave her alone. As parents, we racked our brains trying to think what had made her like this.

Holly has since explained: 'Initially I was interested in boys as well as girls, I just ignored the girl side and hid it away.' She said that she deliberately distanced herself from her dad and me and that she and her new friends were smoking increasing amounts of cannabis. She told me that the cannabis helped her to ignore the bisexuality completely. Her use escalated and before long her smoking was no longer confined to the weekend and she began to use other drugs as well. According to her, she became enveloped in a 'hazy cloud of denial'.

Holly became withdrawn at school and one day her tutor called me in to see her. She asked if I knew of anything that was on Holly's mind and if I was aware whether she might be taking drugs. I was shocked and broke down in her office but felt relief to share my concerns with someone and to be told there were support services that could help my family.

Nowadays Holly is accessing counselling for her drug and alcohol use. She is a much happier person but I still blame myself for letting her down. Had I been there for her, her journey might not have been so painful. She is now twenty-two, back to her usual self and rarely suffers feelings of self-doubt. I know occasionally she smokes the odd joint, but only socially and, although I would prefer her not to, I accept she has made vast progress. She is happy with who she is and knows that her family loves her unconditionally, regardless of her sexuality or lifestyle choices.

“
As parents we racked our brains trying to think what had made her like this.
”

FOR PARENTS: LGBT PEOPLE AND DRUG / ALCOHOL USE

FACT AND FICTION

Challenging some of the myths relating to LGBT people can help you open an honest dialogue with your child in relation to their sexuality and gender identity and also their drug and/or alcohol use.

COPING WITH DISCRIMINATION

Lesbian, gay, bisexual and transgender people may face significant discrimination during their lives. There is research that suggests this discrimination leads to low self-esteem and has a significant impact on the likelihood of LGBT people using drugs and alcohol as a means of coping. Often the realisation they are lesbian, gay, bisexual or transgender may be extremely difficult for your child to come to terms with. They may be upset, confused or scared. They may be angry or resentful and you may bear the brunt of some of this anger. They might want to talk about it or they might prefer to withdraw and stay quiet. The main thing is that you should make yourself available and ready to talk if they wish. It is important to ask questions, not to be judgmental and be ready to listen and be open.

At school

Your child might find it hard to be fully themselves at school. Or it might be that they are the butt of jokes or even subjected to violence and bullying from other children. This could well impact on their ability to perform at school, to form friendships and build relationships with friends and peers. At the same time, young people are exposed to drugs and alcohol in all sorts of environments and school is certainly one of them. This doesn't always mean they are directly exposed to it at school (although some are) but certainly conversations about

drugs, attitudes towards and pressure to take drugs and alcohol are all part of the school environment. It is important that you are able to explore these issues with your child and liaise with the school; particularly if there are any incidents of bullying going on. Perhaps you can contact the school and find out about their bullying policy and whether this covers sexual orientation. For information and help, contact Schools Out at www.schools-out.org.uk

As an adult

Sometimes, your son/daughter might try and deny their feelings and follow what they see as a 'normal' heterosexual lifestyle. He or she may engage in heterosexual relationships and even get married and/or have children in an attempt to deny or stifle any feelings they may have towards the same sex. Often, drugs or alcohol will provide an avenue of escape and a way to cope with anxiety. They may help your son/daughter to relax or forget about their problems, escape from their internal conflicts and to help them deal with internalised homophobia and oppression. This may be especially true if they have nowhere else to turn for help or support. There are a number of agencies that help and support LGBT people either face to face or via the telephone. For information on services contact switchboard.lgbt

LIFESTYLE ISSUES

While, in some instances, someone's drug/alcohol use may be directly or indirectly related to their sexuality (e.g. to help them deal with homophobia), this is not always the case. In many instances, the use of drugs or alcohol will have no relationship whatsoever to their sexual orientation or gender identity and it is important you don't make assumptions or generalise. Some young

people may use drugs or alcohol to help them 'fit in' with new friends or new contacts that they make when they 'come out'. They may be trying to blend in to a new social scene and may feel that the only way to do that is by taking drugs or using alcohol with their new friends.

Clubbing

As a parent you might worry about media portrayals of gay lives revolving around a hedonistic and often sex/drug/alcohol fuelled nightlife or social scene. Whilst this may be true for some LGBT people, especially in some of the bigger cities in the UK, it is quite simply not a fair or accurate representation of how the majority of LGBT individuals live their lives.

Large numbers of LGBT people do not frequent the 'gay scene', do not consume excessive quantities of alcohol or participate in recreational drug use. Don't assume that just because your child is gay they will be partaking in excessive alcohol consumption or drug use.

Sex and drugs

The media has also highlighted the role of drugs and alcohol in sexual activity and possible health risks taken under the influence. As a parent you might feel anxious that your children may be taking risks with their health and worry about the possible long-term consequences. There is some evidence to suggest that the use of some drugs, particularly stimulants such as cocaine or methamphetamine, is becoming increasingly associated with high-risk sexual activities, particularly amongst gay men. These drugs often act as a disinhibitor and may lead to people taking

risks with their sexual health that they might have not otherwise taken e.g. the use of drugs/alcohol may go hand in hand with a reduction in condom use. You might wish you had the courage to talk to your children about issues like these and you might feel you could do with some guidance. It is natural to feel this way. In fact the majority of parents would prefer to avoid such conversations, but there is plenty of information available and professionals out there willing to give you advice – see pages 32.





GARY: A FATHER'S STORY

My daughter, Sharon, is a long term alcoholic with mental health issues. Her behaviour has had a great impact on the family and, in fact, it still does. We are looking after her young son and I dread to think what the long-term impact on him will be.

I guess the worst thing for us is the fact that she lives close by to us and her behaviour is quite destructive and unpredictable. Neighbours, local shops, and the GP surgery – they all know her and what she gets up to. She kicks around the area with a bunch of local alcoholics and is often homeless and sleeping on the streets. She gets into all sorts of trouble as well as regularly making a fool of herself in public places – it is really dreadful. We find her behaviour embarrassing and it has had a terrible impact on us all, especially her younger brothers and sisters.

Sharon was always a violent and a difficult child and we did try to get help for her but she never really wanted to talk. Looking back now I think it all had to do with her sexuality. She struggled with her sexual orientation and I guess she probably had lesbian tendencies since she was very young but she never openly talked to us about it and we never really felt comfortable to talk to her either.

I have never even talked about it with my wife. I guess we both share a veil of discomfort and possibly an underlying feeling of guilt. Maybe, as parents we did something wrong, maybe we were to blame. What would the neighbours say and how could we explain it to the rest of the family? Nowadays, I suppose she lives her life as a gay woman and she is quite open about it but I think she still carries a lot of hang ups and I guess that is why she started drinking so much. Being gay was something that, in those days, you did not talk about and certainly she always tried to hide it and suppress it. I know that she was bullied at school and I wonder now if I could have done more to help – I wish I'd been more supportive. I have a sinking feeling that while she was struggling with her identity, alcohol was her only friend and she used it as a coping mechanism.

Now, she has spent much of her life in and out of prison. Her son (from a one-night stand) lives with us but I know that he really worries about his mum. Although Sharon sometimes wants to keep in contact with him, she is unreliable and keeps on making promises she doesn't keep: she makes contact while drunk and that is really upsetting for us all. We have had to create some distance between her and us. I guess that is called 'tough love', and that is how it feels, but we need to ensure our grandson is best looked after.

I hope children 'coming out' nowadays have more support from their parents than Sharon did. I also hope that parents get support if they feel unable to talk to their children about their sexuality. I always wonder whether alcohol might not have become a problem for Sharon had we been able to talk more as a family.

“ I have a sinking feeling that while she was struggling with her identity, alcohol was her only friend... ”

STAYING SAFE

DOMESTIC ABUSE

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

The UK Government defines domestic abuse as:

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

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

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

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

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

POLICE

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

OVERDOSE

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

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

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

Serious: awake but can't talk

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

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

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

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

Severe: chest pain, fitting, collapse

SIGNS OF OVERDOSE

You need to know if they are unconscious.

You find out by rubbing your knuckles on their sternum – the centre of their rib cage.

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

Don't panic.

WHAT YOU NEED TO DO

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

THE RECOVERY POSITION

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

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

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

(Source: Harm Reduction Works; Staying Alive)

CHILD SAFEGUARDING

Taken from the NSPCC website:

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

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

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

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

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

USEFUL ORGANISATIONS

ADFAM

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

020 3817 9410
www.adfam.org.uk

ANTIDOTE: LGBT DRUG AND ALCOHOL SUPPORT

Antidote offers information and support exclusively to people around drugs and alcohol.

020 7833 1674 (10am-6pm Mon-Fri)
www.londonfriend.org.uk/get-support/drugsandalcohol

CHILDLINE

Helpline for young people.

0800 1111 (free, 24 hours)
www.childline.org.uk

DRUGSCIENCE

Objective information on drugs and drug harms.

www.drugscience.org.uk

DRUGWISE

UK centre of expertise on drugs.

www.drugwise.org.uk

ELOP EAST LONDON OUT PROJECT

Counselling and support for LGBT people on a range of issues.

020 8509 3898
www.elop.org

FFLAG – FAMILIES & FRIENDS OF LESBIANS AND GAYS

Supports families and friends of lesbian, gay and bisexual people providing resources and information.

0845 652 0311
www.fflag.org.uk

FRANK

Advice and information for anyone concerned about drugs.

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

GALOP

Support for LGBT people experiencing violence, including the National LGBT Domestic Abuse Helpline.

National LGBT Domestic Abuse Helpline:
0800 999 5428
www.galop.org.uk

HIT

Information on drugs, especially drug-related harm.

0844 412 0972
www.hit.org.uk

METRO CENTRE

Provides a range of services for LGBT people in the South East and London and promotes their physical and emotional well-being.

020 8305 5000
www.metrocentreonline.org

NAZ PROJECT LONDON

A service for people living with HIV and providing sexual health promotion in BME communities.

020 8741 1879
www.naz.org.uk

RETHINK

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

0300 5000 927 (9:30am-4pm Mon-Fri)
www.rethink.org

STONEWALL

Stonewall works to achieve equality and justice for lesbians, gay men and bisexual people and their information service provides details about a number of different topics and local support groups, activities and services for lesbian gay and bisexual people.

08000 50 20 20
www.stonewall.org.uk

SWITCHBOARD LGBT+

Provides a range of services for the LGBT+ community. These begin with our award-winning telephone helpline which provides much needed support and information.

0300 330 0630
www.switchboard.lgbt

TERRENCE HIGGINS TRUST – THT

THT is the leading HIV and AIDS charity in the UK providing information, advice and support. They are a gateway to services within THT and services provided by other organisations.

Tel: 0808 802 1221
www.tht.org.uk



Adfam

Families, drugs and alcohol

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

Adfam

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

www.adfam.org.uk