

Alcohol, Drugs, the Family and YOU: A Self-Help Handbook for Family Members

Living with
someone who
misuses alcohol
or drugs can be
very stressful



This handbook
might help my
family,
including my
relative who is
drinking or
...

The stress can make
me and my family
physically and
psychologically ill

My needs are just
as important as the
needs of my
relative who is
drinking or taking

If I read this
handbook, then I
may be able to
make things
better for myself

This handbook is based on work undertaken by AFINet-UK (formerly the UK Alcohol, Drugs and the Family [ADF] Research Group). The core members of this group are:

- * Jim Orford (Professor, University of Birmingham).
- * Richard Velleman (Professor, University of Bath, UK & Sangath Community NGO, Goa, India).
- * Lorna Templeton (Independent Research Consultant).
- * Gill Velleman (Freelance Management Consultant)

This version of the self-help handbook is based on the original handbook which was authored by Alex Copello, Jim Orford, Lorna Templeton and Richard Velleman. The self-help handbook is for families who are affected by the problem alcohol or drug use of a relative. It is based on the 5-Step Method, a counselling intervention developed by us and based on extensive practice and research which we have undertaken over many years. The handbook is therefore the result of many years of research in the course of which data (using both questionnaires and interviews) have been collected from many hundreds of family members whose lives have been affected by living with close relatives experiencing alcohol or drug problems. This handbook, and the 5-Step Method of counselling which it describes, have been employed and successfully evaluated in a series of research studies carried out in both primary care and specialist addiction services within the UK. Similar studies of the 5-Step Method have been carried out in other countries including Mexico, Italy, India and New Zealand. This self-help handbook was developed particularly to support family members who may not be able to access the 5-Step Method in a face-to-face counselling format, or who may prefer self-help support to working with a professional. If you want to find out more about our programme of work then see the end of this self-help handbook.

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Over the years there are many people who have contributed to versions of this handbook and to the 5-Step Method programme of work. We cannot list everyone here but we would like in particular to acknowledge and thank Alex Copello, Eva Copello, Sarah Galvani, Akanidomo Ibanga, Mya Krishnan, Jan Larkin, Majid Mahmood, and Ed Sipler. All the images in this handbook are from the Microsoft Office Images website.



To find out more about AFINet go to www.afinetwork.info

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Introduction

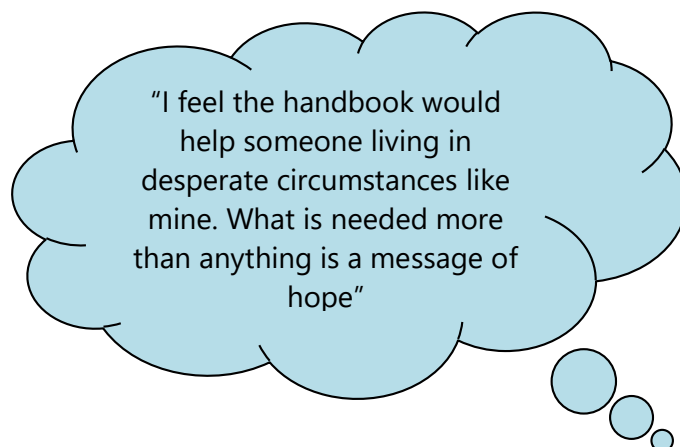
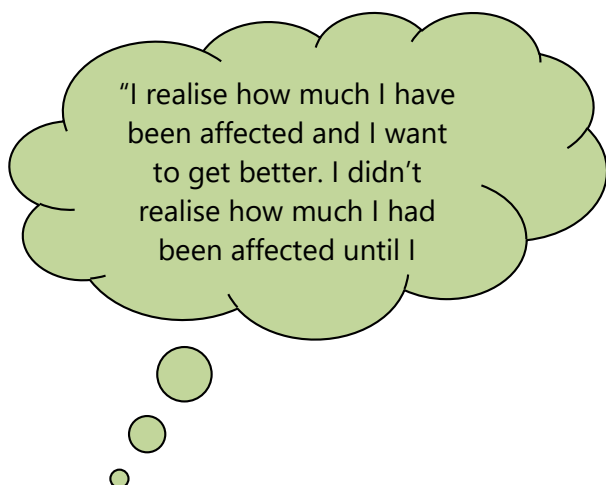


Why am I reading this handbook?

There are a number of reasons why you might be reading this handbook. Have a look at the list below and see how many apply to the situation you are in at the moment.

- ☐ I have a close relative who is misusing alcohol or drugs
- ☐ I don't know how to cope with this situation
- ☐ The situation is making me feel ill
- ☐ I feel abused and frightened
- ☐ I feel very alone and unhappy
- ☐ I worry about the effect on my children
- ☐ I worry about the effects on others in my family
- ☐ I am looking for something to help me deal with my situation
- ☐ I feel ashamed and confused and don't know which way to turn

You may have ticked one or more of the boxes in the above list. This handbook has been written to help you. Below are some things that people who have read it have said.



What is the handbook about?

We have written this handbook to help you deal with the impact of the alcohol or drug problem of someone else in your family. We will talk about this person as **your relative**. When someone has an alcohol or drug problem, services usually focus their help on the person with the problem. You may feel that the only thing that you want is for your relative to stop drinking or taking drugs, and that this is the only way in which things can change. However, we want this handbook to help YOU by focusing on you and your needs. This can improve things for you and may also help your relative or other members of your family. We hope that you, and others in your family (including children if you have them), will feel happier, healthier and safer as a result of using this handbook.

Much of the information in this handbook has been developed from our own programme of work with family members who have a relative with an alcohol or drug problem. We know that families all over the world can be affected in very similar ways by the problematic alcohol or drug use of a relative. We realise that some family members reading this handbook will have been knowingly living with their relatives' problem alcohol or drug use for months or years, whilst others will only just have found out about the problem. We have written this handbook to help all family members, whatever their circumstances. However, if you read something that you think is not relevant to your situation, try to remember that it may help someone else who is in slightly different circumstances to you.

How can this handbook help me?

The handbook aims to help you:

- Realise that you are not alone.
- Feel better informed about the problems you are facing.
- Feel more confident in responding to your situation.
- Explore how you respond to your situation.
- Explore what help is available to you.

How do I work through the handbook?

The handbook is written as a practical guide to help you. We have tried to keep it easy to read and straightforward to follow. Below are some helpful hints to keep in mind when you are working through the handbook.

- There are five Steps to working through the handbook. We have found that it is helpful to tackle one Step at a time in the suggested order. You may want to read the handbook all in one go or you may want to focus more on certain sections. You can take as long as you need to read each section.
- You can read this handbook on your own or as part of a group that you are attending.
- You may want to work through the handbook when you have the time and can be alone, somewhere quiet with no distractions.
- If you find you become upset you could take a break from reading the handbook and come back to it.
- If you are experiencing domestic abuse, then it is important that you consider your safety when using this handbook. You may want to keep the handbook at work or with another relative or friend.

There are a large number of organisations, websites and other resources which will be able to give you and your family further help in relation to the issues covered in this handbook. If you are in the United Kingdom, the sections at the end of the handbook provide details of some of the key agencies across the UK which may be able to offer you further help and information, as well as other resources which you may find helpful. If you are living outside the UK then the ideas given for the UK could guide you to think of similar organisations and other resources in your country where you could find out more or get help.

What are the Exercises and Case Studies?

There are some exercises with each Step that you might like to try. If you find that there is not enough room in the handbook to write everything down, then use other paper and keep it with the handbook. You do not have to try the exercises but they might help you to:

- Think about what you have been reading.
- Sort out your own ideas and feelings.
- Record your progress.

If you are experiencing domestic abuse then think carefully about writing in the handbook as it may not be safe for you to do so. You could think about the exercises rather than writing things down, or you could keep the handbook somewhere else and complete the exercises in a safe place – for example, at work, or at a friend's house or a cafe.

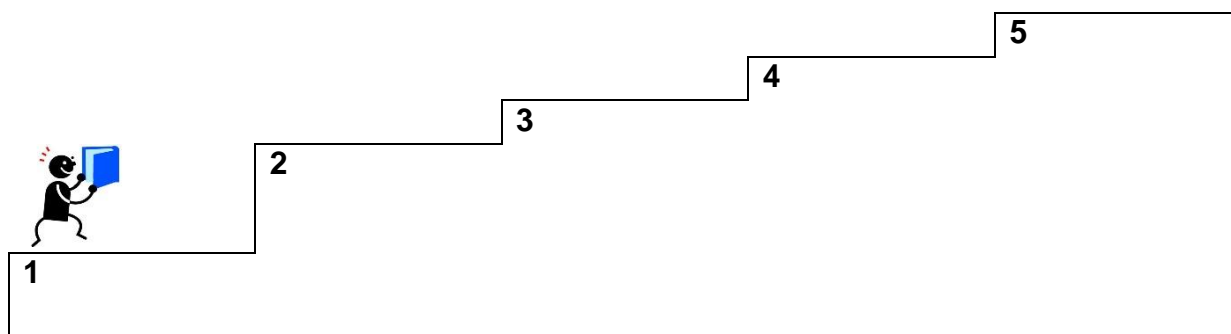


The Exercises appear whenever you see this symbol

There are four case studies at the end of the handbook. These outline typical situations, and how this handbook might be able to help. If you want, you could read these case studies first, before you read Step One.

The next section summarises the 5 Steps which are the focus of this handbook.

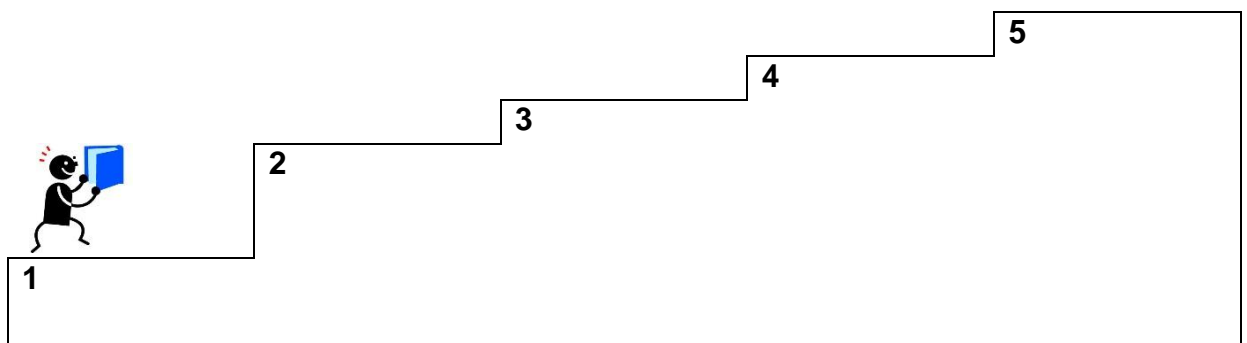
Overview of the 5 Steps



Each Step has its own aims:

Step One	How the problem affects you and your family To look at how the excessive alcohol or drug use of someone in your family is affecting you.
Step Two	Getting Information To give you the information that will help you most. This information should increase your knowledge and address some of the fears and misunderstandings that you may have.
Step Three	Responding To look at how you deal with the situation. To look at advantages and disadvantages of how you currently respond and whether you could respond any differently.
Step Four	Support To look at the support that you get from other people. To see if there are any new forms of support that could be more helpful to you.
Step Five	Further Help To see if there is any more help that you could get. This might be for you or other members of your family, including your relative with the alcohol or drug problem.

**Step One:
About You and the Problems
You are Having**



**The aim of this Step is to understand and think about
how your relative's behaviour is affecting you and your
family.**

By picking up this handbook you have just taken a very important step to helping yourself. It may have been very difficult for you to take this step. This may be the first time you have got help for the problems that you are experiencing. On the other hand, you may have already tried to talk to others without success and you may be left feeling very confused. Lots of other family members like you have experienced the same thing. You are not alone.

There are three things to remember at this stage:

Focus on yourself

- I will focus on myself and the problems I am having
- The handbook will help me understand the problems I am having
- I can make choices for myself
- There is always help available for me

And your emotions

- Thinking about my problems may be upsetting. It is normal for this to happen
- I may feel embarrassed, ashamed, guilty, frightened or hopeless
- It will help me to understand these emotions and respect that I have them
- If I get upset I could have a break
- I am not responsible for my relative's behaviour

Set realistic goals for yourself

- Things can improve for me, my family and my relative
- Even if my relative's behaviour doesn't change straightaway, I can make positive changes for myself

An important part of this first step is to think about what life has been like for you and your family. This can help you to get a better understanding of your situation and your relative's behaviour. There are two main areas that you could think about – Stresses and Strains, and the Impact on Your Health. The next sections of the handbook look at these two areas in turn.

Stresses and Strains

Living with your relative who is drinking or taking drugs can lead to many different forms of stress. The table below lists some examples of behaviours that can lead to stress.

If you are a partner of a drinker or a drug user	If you are a parent of a drinker or a drug user
<ul style="list-style-type: none"> • My partner can be irritable and moody • I worry about the impact on my children • I don't trust him/her as much as I used to • My partner doesn't join in family activities and occasions • My partner has damaged our property • My partner doesn't look after him/herself • My partner borrows and steals • My partner is possessive and jealous • There are threats and rows, and my partner can be violent and abusive • I worry about what will happen to my partner 	<ul style="list-style-type: none"> • My child is manipulative and often lies • My child borrows and steals • My child is unpredictable and can go missing • My child is lethargic and doesn't look after him/herself • My child can be threatening and violent • I worry about what will happen to my child
If you are a child of a drinker or drug user	If you are a grandparent, a sister/brother, a close friend, or another close relative
<ul style="list-style-type: none"> • My parents row and fight • My parent is moody and critical • My parent is foolish and embarrassing • My parent spoils special occasions • We don't go out very much as a family • My parent can be violent and abusive • I worry about what will happen to my parent 	<ul style="list-style-type: none"> • My relative is manipulative and often lies • My relative borrows and steals • My relative is unpredictable and can go missing • My relative doesn't look after him/herself • My relative can be threatening • I worry about what will happen to my relative

The experiences of different family members may be very similar. You may be able to identify with some of the comments below.

I am concerned about my relative's health or performance

There are harmful effects on the family as a whole

I find my relative unpleasant or difficult to live with


There are major incidents and crises

I/we have financial difficulties

I sometimes feel frightened of my relative

**I feel:
anxious / worried
helpless / despairing
low / depressed**

I have poor health and/or specific physical symptoms

 Exercise One Think about how the behaviour of your relative affects you and your family. Think carefully about problems that are related to your relative's drinking or drug use and how this affects you. Use the table below to write down some of these problems and the impact on you and your family.		
Stressful behaviour of my relative	How I feel about this	How I think my family feel about this
e.g. My partner does not spend time with us in the evenings e.g. My daughter steals money to fund her drug use	Angry and upset I feel that I have to give her money so that she won't steal and get caught	Neglected and abandoned Angry with her for putting me in this position, and with myself for giving her the money

Family Health

Family members experience a lot of health problems. Here are some examples.

Tired / not sleeping

Drinking more / smoking more / needing more medication

Feeling anxious or depressed

Back pain / headache

Loss of appetite

High blood pressure or anaemia

Feeling fearful or afraid



Exercise Two

Think about how the behaviour of your relative affects your health and that of your family. Use the table below to write down some of these health problems and the impact on you and your family.

Health Problems that I or my family have	How I feel about this	How I think my family feel about this
<p>e.g. I cannot sleep at night</p> <p>e.g. I have a lot of aches and pains and I'm not sure why</p>	<p>Exhausted; and I lose my temper easily</p> <p>I feel confused and miserable and it's hard to do what I need to do every day</p>	<p>My children don't understand why I lose my temper so much</p> <p>I can't do as much as I want to with my grandchildren</p>

Well done – you have completed Step 1!

Hopefully, Step 1 has helped you to:

- Think more about your situation and the problems that you are having.
- Identify stresses and strains relevant to your situation and your family.
- Identify any health problems that you have.

You may feel some relief from having thought about some of these things, perhaps for the first time. It is also possible that you may feel upset and overwhelmed after looking at Step One. It is understandable to feel like this - other people have told us they often feel like this. You may feel that the only solution to your situation is for your relative to stop drinking or taking drugs. Your relative will seek help when the time is right for him/her but in the meantime this handbook can help you to deal with the problems that you are having.

You can read Step 1 again if you would like, but if you feel ready then you can move on to Step 2.

Step 2 will help me increase my knowledge and understanding

Page 12

Step 3 will look at how I respond to my situation

Page 20

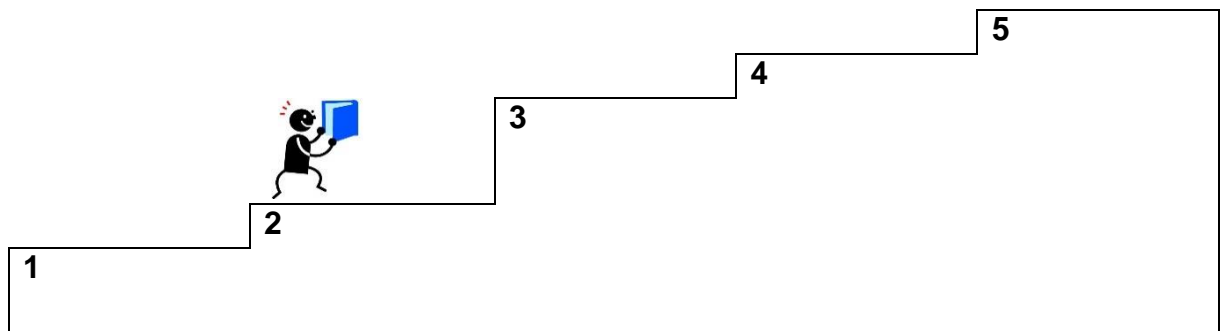
Step 4 will look at how other people could help me

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Step 5 will look at how I can get further help

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Step Two: Increasing Your Knowledge and Understanding



The aim of this Step is to increase your knowledge and confidence by finding out more information. Knowledge and understanding can significantly reduce stress. The information should help you to clarify any fears and misunderstandings that you may have.

Stress is often caused by a lack of knowledge and understanding about things that are going on in our lives. This could be about alcohol or drug misuse, why your relative is behaving in certain ways, or how these things can affect families. Information about these things is therefore important. Too much information may be overwhelming and increase your stress and anxiety. Too little information may lead to further fears based on unknown facts or incorrect knowledge. The information in this section will cover:

- The effects of different types of drugs, including alcohol.
- How people can become dependent on alcohol or drugs.
- How you can find out more about these and other issues.

You may not want to read all of this section, just those parts that you want to know about, or which are most relevant to your situation. The information here will not cover everything, so at the end of the handbook there is more information. There may be other areas where you have questions or want information (e.g. financial problems, looking for work, or relationship difficulties) and some ideas for how you might get information is given later in this section and also later in the handbook. The Internet is an excellent resource for finding out much of the information that may be helpful to you.



Exercise Three

Think about what questions you might have that would help you increase your knowledge and understanding about what is going on. You could look back over Step 1 to help you think more about what additional information you might need. If you want to, write your questions in the space below.

The effects of different types of drugs and drink



There are many types of drugs, including alcohol, all of which affect people in very different ways. Drugs are generally grouped into broad categories, according to the main ways in which they affect people. For example, some drugs such as alcohol and opiates (like heroin) depress brain activity, which is why people are sometimes disinhibited or fall asleep. Other drugs, such as amphetamines and cocaine, are what are called stimulants which increase brain activity and can make people more lively and alert. The box below gives some of the broad effects that may occur when someone drinks too much or takes drugs. However, everyone can react differently and the way in which people can be affected may vary according to a range of factors. For example, age, what drug is taken, how much is taken, how the drug is taken (for example, drinking alcohol or smoking or injecting drugs), how long the person has been taking drugs for, and whether different types of drugs are mixed (e.g. a combination of opiates and depressants, or any illicit drug and alcohol). What is important to remember is that people who drink or take drugs are still responsible for their own behaviour; alcohol and drugs cannot be held accountable for, or be used as an excuse for, violence or abuse.

The broad effect of drugs

- * Depression, mood swings and personality changes
- * Reduced inhibitions
- * Lack of concentration and co-ordination
- * Dilated pupils, change in heart rate and blood pressure
- * Decrease in sexual performance
- * Sickness, unconsciousness, loss of memory
- * Loss of appetite or excessive appetite
- * Tiredness and/or excessive sleeping
- * Hallucinations

In terms of illegal drugs, injecting them can be particularly risky. In addition, many drugs that are available on the street are illegally made and sold and so it can be difficult to know what is in a product and how strong it is. In terms of alcohol, different drinks have different amounts of alcohol in them and so alcohol can also affect different people in different ways. Particular issues, such as having other health problems or being pregnant, can also affect someone who is drinking or taking drugs.

How people can become dependent on alcohol or drugs.

When substances are used over time, people can become increasingly reliant on them. There are different words that are used to describe someone who becomes reliant, for example 'dependent', 'addict', 'alcoholic', 'misuser', 'problem-user'. Whichever word is used, they all refer to a form of behaviour which has become a habit, and for some people it can be difficult to change their behaviour despite the harm it is causing. This can happen because alcohol and many other substances can be potentially addictive. We believe this is because they share the ability to rapidly and powerfully change people's mood; either enhancing mood positively, or relieving negative feelings such as pain, depression, anxiety, painful memories or trauma. Neuroscientists have shown that most addictive substances have a powerful effect on part of the brain, known as the mid-brain, which is thought to act as a 'pleasure' or 'reward' centre.

If someone stops drinking or taking drugs suddenly, or after they have been using for a long time, they may experience what is commonly known as withdrawal. Withdrawal happens when the body has become used to having a certain amount of the drug in order to function normally. There are symptoms of withdrawal which can be unpleasant and may include shakes, sweating, feeling very frightened and depressed, or having hallucinations. Often the way in which those using substances attempt to deal with withdrawal is by consuming more of the substance. This cycle can be very difficult to break.

Addiction, of one degree or another, is very common and overcoming it is a struggle. Many people who have not experienced substance dependence will have experienced the difficulty of giving up smoking or dieting.

There is some more information about alcohol and drugs later on in this handbook.

How do I find out more?



There are several other places where you could go to find out much more detailed information about alcohol and drugs, and how they affect both those who take them and other people such as family members. The list below summarises some of the places where you could go to get more information. If you do not have a computer at home then maybe you could ask a friend or go to the local Library or somewhere else where you can access the Internet. There are also more details later on in the handbook of how you could find out more.

There are a number of excellent websites which provide information and advice on alcohol and drugs. The main ones are:

- Adfam: www.adfam.org.uk/find_a_local_support_group A list of useful organisations to help families.
- Alcohol Concern: www.alcoholconcern.org.uk The national charity working to reduce alcohol harm in the UK. *(due to merge with Alcohol Research UK in April 2017)*
- Drinkaware: www.drinkaware.co.uk Independent alcohol advice, information and tools to help people make better choices about their drinking.
- Drugwise: www.drugwise.org Providing evidence based information on drugs, alcohol and tobacco.
- Frank: www.talktofrank.com A to Z list of substances explains appearance and use, effects, chances of getting hooked, health risks and UK law.
- NHS Choices: www.nhs.choices.co.uk The UK's biggest health website.

If you are worried about someone else seeing what websites you visit then there is information which can help you 'cover your tracks'. You can find this information on key websites for victims of domestic abuse, such as Women's Aid (www.womensaid.org.uk and follow the link at the top of the page) or ManKind (go to www.mankind.org.uk and follow the link at the top of the page). You could also use a computer at the local library, a friend's house or at work. You can also enter emergency numbers or numbers of support agencies in your mobile phone under a different name, e.g. a domestic violence helpline number could be entered as 'Tracey'. You can also delete numbers from the call list or call log on most landline or mobile phones.

How do I found out about other issues?

- Unfortunately, it is quite common for violence and abuse to occur in families affected by someone's alcohol or drug problems. Although it is women who are much more likely to experience domestic abuse when a close relative has an alcohol or drug problem, male relatives may also experience aggressive and threatening behaviour which can be very unpleasant and frightening. The types of abuse can be physical, but they can also be financial, emotional and psychological. You can read more about domestic abuse at the end of the handbook. If you or someone else in your family (for example, a child) are worried about or experiencing violence and abuse at home, then it is important that you get some support and find out how best to keep yourselves safe. Refuge, Women's Aid and ManKind are the main national organisations for adults and children experiencing domestic abuse which can help you. Further organisations which can help children when there is violence or abuse are ChildLine, the NSPCC or The Hideout (which is a website for children affected by violence and abuse)
- Some of the information you want may not be directly related to alcohol and drug use. For example, you may need to contact Social Services, the Housing Department, the Citizens Advice Bureau or the Family Rights Group. You could look on the Internet, look in the Yellow Pages, or go to the Library or the Citizens Advice Bureau (details in Yellow Pages, telephone directory or on the Internet). There is some information later on these and other national services that might be able to help you.
- If you have a legal query or problem then you may be entitled to some initial, free legal advice. For further information on this you could contact the Citizens Advice Bureau or telephone around some local law firms (details in the Yellow Pages, telephone directory or on the Internet) and ask what their policy is for providing free legal advice.



Exercise Four

This exercise can help you summarise the information that you have found out, and how helpful this has been. If you find it useful, look back at the questions you wrote down in Exercise Three and see if they have been answered.

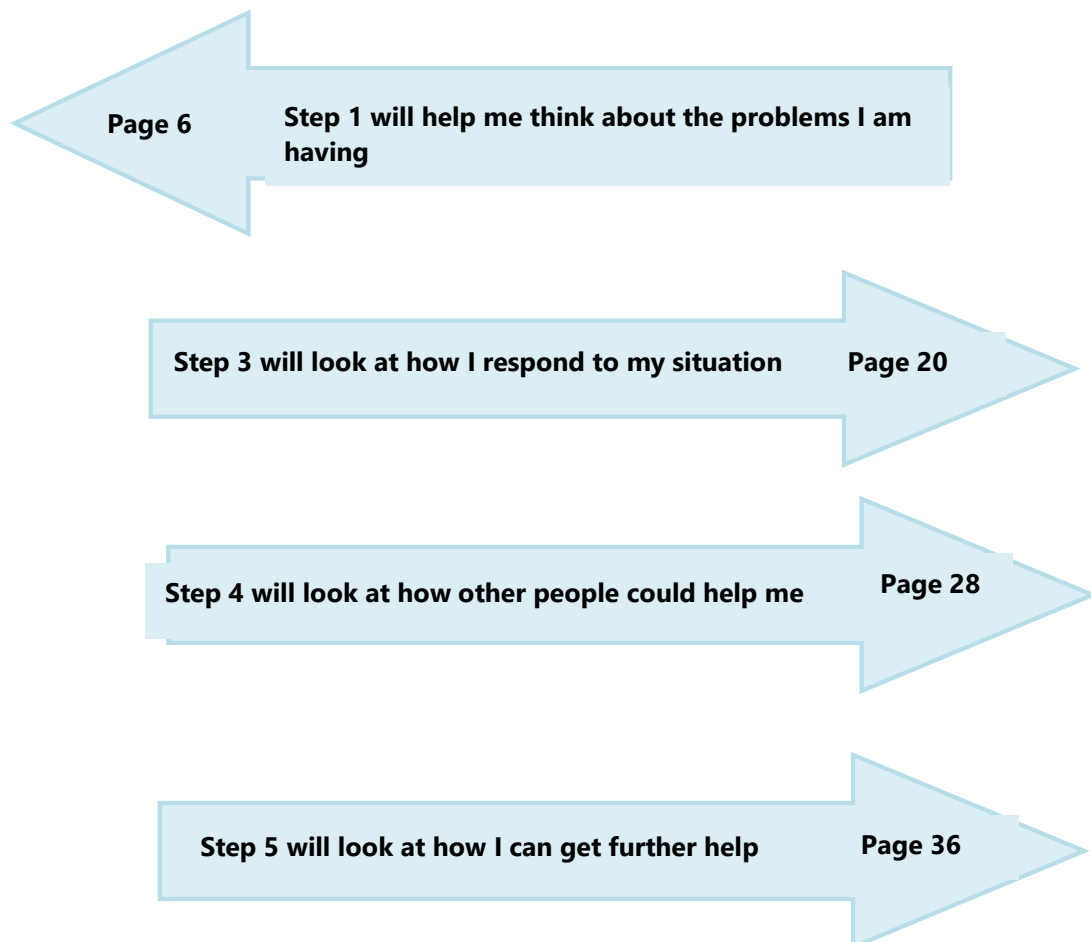
1. What have I learned?
2. Is there any information that I still need to get? How am I going to go about getting this?
3. Have I increased my knowledge and understanding?
4. How do I feel about this?
5. What did I find particularly helpful and unhelpful?
6. Do I still have some questions that I need answers to?

Well done, you have completed Step 2!

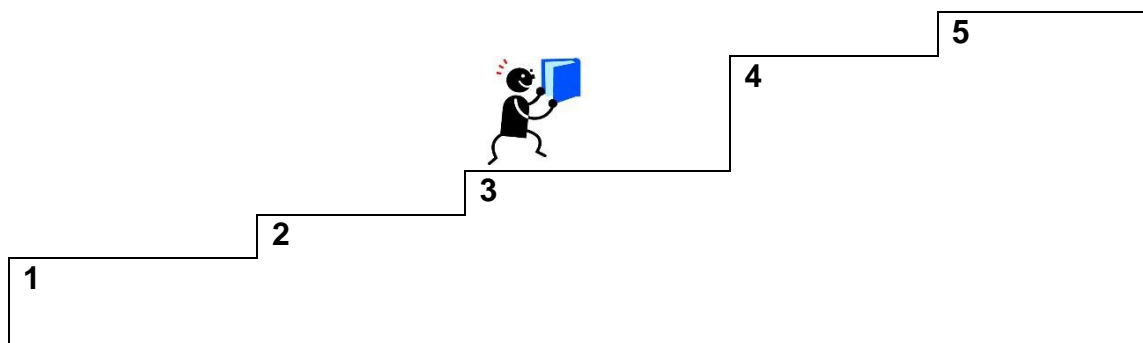
Hopefully, Step 2 has helped you to:

- Think about what additional information you need to increase your knowledge and understanding about addiction and how it affects your relative, you and your family.
- Find out how to get hold of the information that you need.
- Feel less stressed and upset because you have more information.

You can read Step 2 again if you like, but if you feel ready then you can move on to Step 3.




Step Three: Ways of Responding



The aim of this Step is to look at how you respond to and cope with your relative's behaviour. It will look at the advantages and disadvantages of how you respond. This Step will help you to identify ways of responding and coping that are best for you and your situation. This may be the same as what you are doing at the moment, or it might be something different.

You will have found your own way of responding to and coping with the problems that arise from living with your relative. There is no 'right' or 'wrong' way of responding. Many people find they tend to respond in the same way all the time, while others respond in different ways at different times. There are pros and cons to each way of responding so it's helpful to know what your options are so you make the best choice for you. This Step will summarise what we know about how family members respond to drinking or drug use, and will help you think about how you respond. It may help you to decide whether there are other ways to respond that might make things better and safer for you (and also for the rest of your family).

	Exercise Five This exercise will help you look at how you currently respond to your relative's behaviour and the alcohol or drug misuse. Think about some difficult situations that you have experienced recently and write about how you responded, and how you feel about this.		
	Example of a difficult situation	How I responded	How I feel about this
e.g. I knew my daughter wanted to get some drugs e.g. My partner comes home drunk	I took money from her purse so that she couldn't buy drugs I help him/her wash and get ready for bed	Relieved and guilty but worried that she would steal from someone else I am glad my partner is home safe but I feel cross and put upon, and I am exhausted the next day	

1. Did you find that you either tend to respond in the same kind of way all the time or that you respond in different ways at different times?
2. Are you very unsure about how to respond? Have you have tried lots of different ways of responding over the last few months/years and are unsure about what is the best thing to do?
3. Do you feel as if you are standing at a crossroads, wondering what to do next; whether to respond the same way the next time something happens, or to try another way of responding to the situation?

Ways of Responding

There are three broad ways that you may respond to your relative's drinking or drug use, and their behaviour as a result of it. These are:

1. Trying to get involved in changing my relative's drinking or drug use, or reducing its impact on myself and others in the family. (Sometimes referred to as "standing up" to or "engaged" responding.)
2. Putting up with my relative's drinking or drug use. (Sometimes referred to as "tolerant" responding.)
3. Trying to distance myself from the relative's drinking or drug use. (Sometimes referred to as "withdrawal" responding.)

There are different elements to each way of responding. Each has advantages and disadvantages. You may feel that some of the examples are less relevant to your situation, but they are all examples that other people have told us about. Each way of responding will be described in the following pages in a bit more detail, with some examples.

As you are reading the following pages think about whether you recognise any of the ways of responding as things you have done yourself to try and cope with your relative's drinking or drug use. They are all very common ways of responding, but everyone's circumstances are different so there are almost certainly situations you have faced and things you have done which do not appear in the lists you have just read.

Exercise Six will then help you think a bit more about how you respond to a range of situations associated with your relative's drinking or drug-taking. There may be some situations when you feel that you could try a different approach and Exercise Six will also help you to think about what you could do differently. When weighing up the pros and cons of how you respond, and whether there is anything you could change, it is important that you consider your own safety and well-being, and that of others in the family.

I try to get involved in trying to change my relative's drinking or drug-taking by.....

Trying to control my relative's behaviour	<p>I have made my relative promise not to drink or take drugs.</p> <p>I do not allow my relative to have money so they don't spend it on alcohol or drugs.</p> <p>I threaten to call social services or the police and report my relative.</p>
Being emotional	<p>I confront my relative and argue with them to tell them how I feel to try and stop the drinking or drug-taking.</p> <p>I make ultimatums that I know I won't keep.</p> <p>I make threats to leave or hurt myself.</p>
Being assertive	<p>I try to talk to my relative calmly and openly about their behaviour and how I feel about it.</p> <p>Being tough is the best way to try and help my relative. My relative should know exactly how I feel.</p>
Being supportive	<p>I love my relative so much, I never want to give up hope that they will stop drinking or taking drugs, and that things will go back to how they used to be.</p> <p>I stand up for my relative when they are criticised by others.</p> <p>I believe my relative when he/she says that things will change.</p>
Getting on with life by taking control of the household	<p>I have had to take control of the family finances to make sure that we can afford the food and bills etc.</p> <p>We have our meals at regular times, so if my relative is late then we don't wait.</p>

Advantages	Disadvantages
<p>I feel that I am doing something for my relative, and this gives me hope.</p> <p>Expressing how I feel makes me feel a lot better and much less stressed.</p> <p>Confronting my relative gives my family hope – I feel that we cannot give up trying to change things.</p> <p>My family feel that we are not rejecting our relative or being disloyal to them.</p> <p>I feel I am at least looking after myself and keeping my family safe.</p>	<p>Trying to control my relative's behaviour is very stressful and upsetting. My relative does not like to feel controlled.</p> <p>Sometimes my relative can be violent and abusive and so I am worried about how they might react.</p> <p>It worries me that directly confronting my relative may result in them leaving the family and then we will be left with nothing.</p> <p>My relative gets angry because he/she thinks I do not trust him/her.</p> <p>If I concentrate on protecting myself and the family, I feel bad that my relative may think I am rejecting him/her.</p>

I try to put up with my relative's drinking or drug-taking by.....

Not doing anything or minimising the impact of my relative's behaviour	<p>I don't know what to do so I think it is better to do nothing at all.</p> <p>I'm scared to do anything because my relative has a temper and I don't want to make it worse for all of us.</p> <p>I minimise my relative's negative, and sometimes abusive, actions when they are high or intoxicated to avoid the hassles it will cause us all.</p>
Putting my relative's needs before my own	<p>I clear up the mess my relative makes when they have been drinking or taking drugs.</p> <p>I give money to my relative, even though I know it will be spent on alcohol or drugs.</p> <p>I cover up for my relative, or take the blame myself for things that they have done.</p>

Advantages	Disadvantages
<p>Doing nothing makes me feel more independent and I suffer less from my relative's behaviour.</p> <p>There seems to be less tension and conflict, but often this only lasts for short periods of time.</p>	<p>Doing nothing makes me frustrated because nothing changes.</p> <p>Putting my relative's needs first makes me feel that I am being taken advantage of and that the situation is not changing.</p>

I try to distance myself from my relative's drinking or drug-taking by.....

Avoiding my relative	<p>I feel that it is for the best if we spend as little time together as possible. I make no effort to change or cover up for him/her.</p> <p>If my relative is very drunk or high I go to the home of a friend who has said I can come whenever I need to.</p>
Being independent	<p>I have my own life to lead and don't want to drag myself down with my relative.</p> <p>I take some time to myself e.g. to go to the gym or an evening class, see my friends, enjoy a hobby or relax.</p>

Advantages	Disadvantages
<p>Avoiding my relative means that there is less tension. It makes me feel more in control of the situation.</p> <p>Avoiding my relative makes me feel detached from the situation and I can hide a lot of what I really feel.</p>	<p>Doing nothing makes my relative feel rejected and unloved. This can make the situation worse.</p> <p>My relative complains if I try to be more independent.</p>



Exercise Six

This exercise will help you look at how you respond to your relative's behaviour and whether you are happy with your actions. Think of some recent situations and write down how you reacted. Think about what was helpful and unhelpful about your response. Are you happy with how you responded to the situation, or is there something else that you could do? If you feel that there is something else you could try next time, then write this down in the final column.

The situation	How I responded	What was helpful	What was unhelpful	What I could do next time this happens
e.g. My son hangs around with people I don't like – I know they are taking drugs e.g. My partner becomes nasty and aggressive when drunk	I try to make my son promise not to take drugs or hang around with this group of people I make sure the house is clean and I am careful what I say to my partner	I feel that I am doing something to help my son I sometimes succeed in keeping the peace until my partner falls asleep	My son resents me for interfering and I resent him for taking drugs I know it's only a temporary fix, not a longer term solution	Rather than order my son around I will talk to him about my fears and concerns I could seek advice about what to do in these situations.

Well done, you have completed Step 3!

Hopefully, Step 3 has helped you to:

- Think about how you respond to and cope with your relative and their behaviour.
- Understand that there is no right or wrong way of coping.

You may feel that:

- You don't need to change the way you respond, or that there is only one little thing that you could do to change your response.
- You are still unsure about how best to respond to your situation.

You can read Step 3 again if you like, but if you feel ready then you can move on to Step 4.

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Step 1 will help me think about the problems I am having

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Step 2 will help me increase my knowledge and understanding

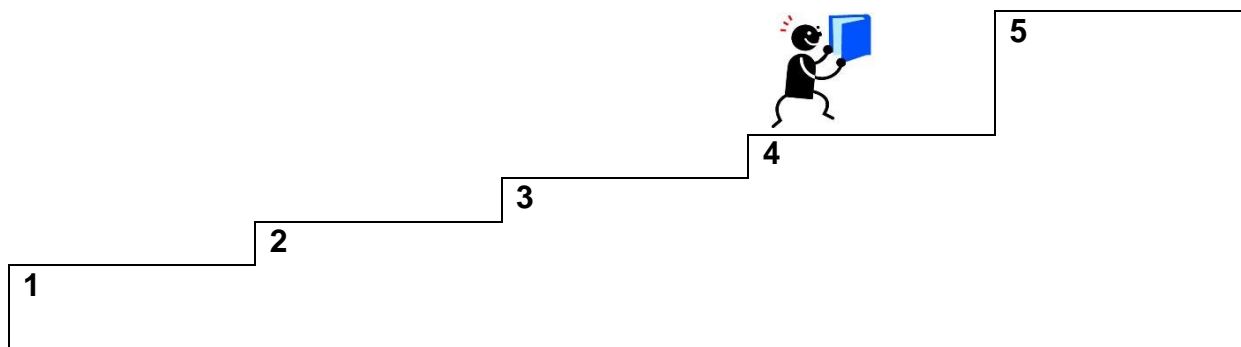
Step 4 will look at how other people could help me

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Step 5 will look at how I can get further help

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Step Four: Getting Help from Other People



The aim of this Step is to look at who could help you and your family so that you are better able to deal with your relative's behaviour.

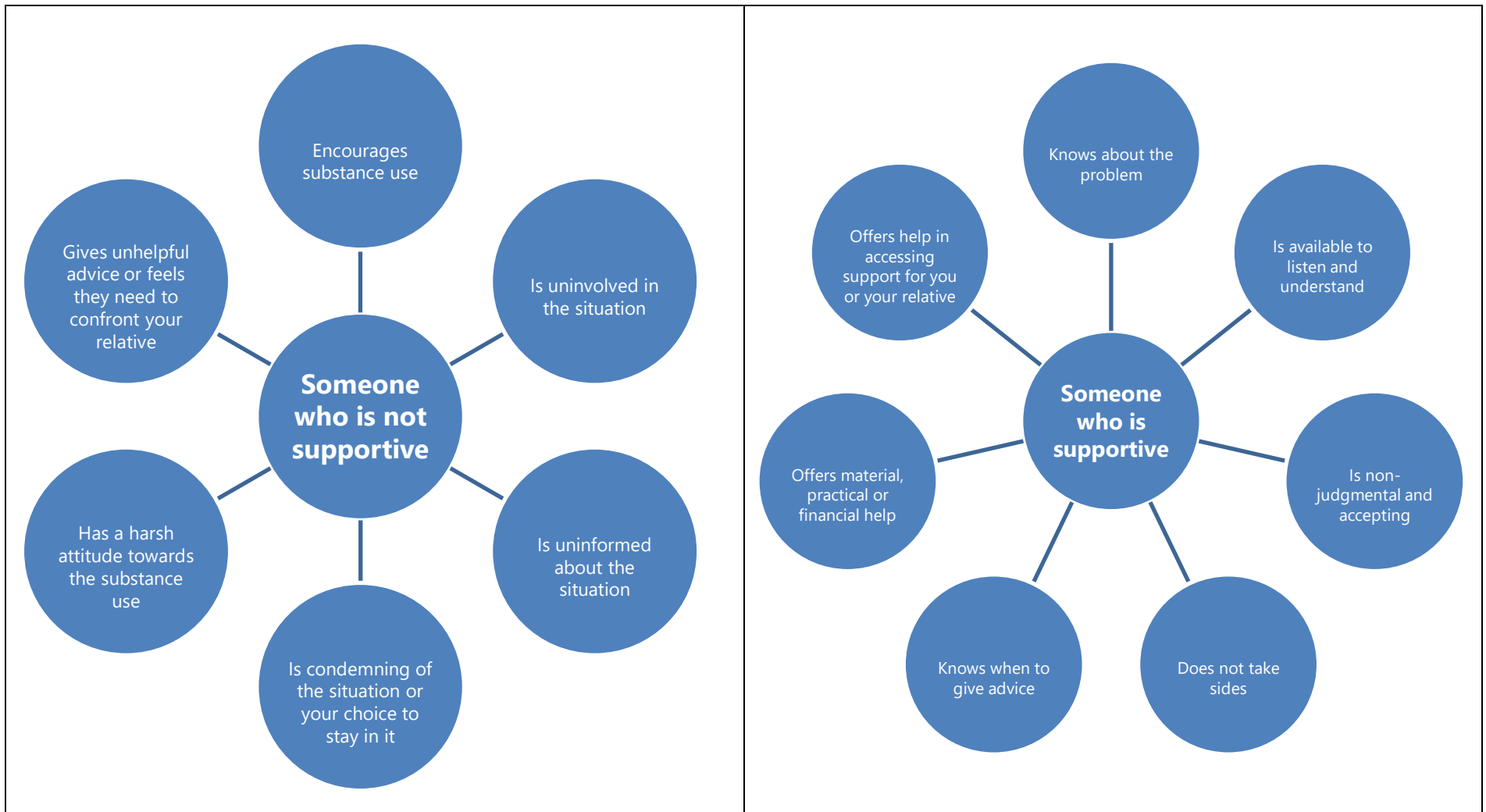
Family members affected by their relatives' drinking or drug use often say that they feel very isolated, as if they are carrying the problem on their shoulders alone. This section of the handbook is devoted to increasing the quality of the social support you get for yourself. There are several reasons for highlighting your social support needs. For one thing, support can act as a 'buffer' against the stress you are experiencing and can be an important factor in preventing you getting ill or depressed under the stress of what you are experiencing. Family members often say that talking things over with other people can lighten the burden even though they didn't want to talk about it at first. It can also help get things in perspective and help family members make good decisions about what to do to help themselves, their relatives and others in the family who may be affected.

There are many different ways in which family members can get support for themselves. There are at least three different kinds of social support that can help people who are facing stressful circumstances.

Type of Support	What this means
Emotional	Someone who shows care and concern for you by listening to what you have to say about what you are experiencing, and who accepts what you have to say. Such a person, like a good friend, generally supports your position and what you are doing, but may also help you think of other options for ways of coping.
Practical	A person who offers this sort of support can be supportive by helping you find useful information such as things to read, sources of information on the Internet, or other people and places to go to for help and advice.
Material	A person who gives this kind of support is able to offer some practical help such as an offer of emergency accommodation for you or your relative or can provide transport if necessary, or childcare or some other form of useful practical help.

People can therefore be supportive in a variety of different ways. Offering a sympathetic listening ear is one way of being supportive, but other people may be equally helpful by offering something different. The amount of help you get can have a big impact on how you respond to your relative's behaviour and the amount of stress that you experience. Having good social support in place can also help you (and others, such as children) stay safe. This Step will help you to think about people around you who could give you support. You need to find the support that helps you most. This is not always easy. You may prefer to get help from some people rather than others. It's good to think about who it will be best to speak to. You may also find that certain activities also help you e.g. exercise, yoga, going to a support group, religious groups, attending a support group.

We have already seen that there are both helpful and unhelpful forms of support. Some people are not supportive, and this could be for a number of reasons. They might not be aware that they are not being supportive. They may not fully understand your problems and the impact that they have on you and your family. They may feel upset or angry that your relative is treating you in this way and they may think it is supportive if they take your side.



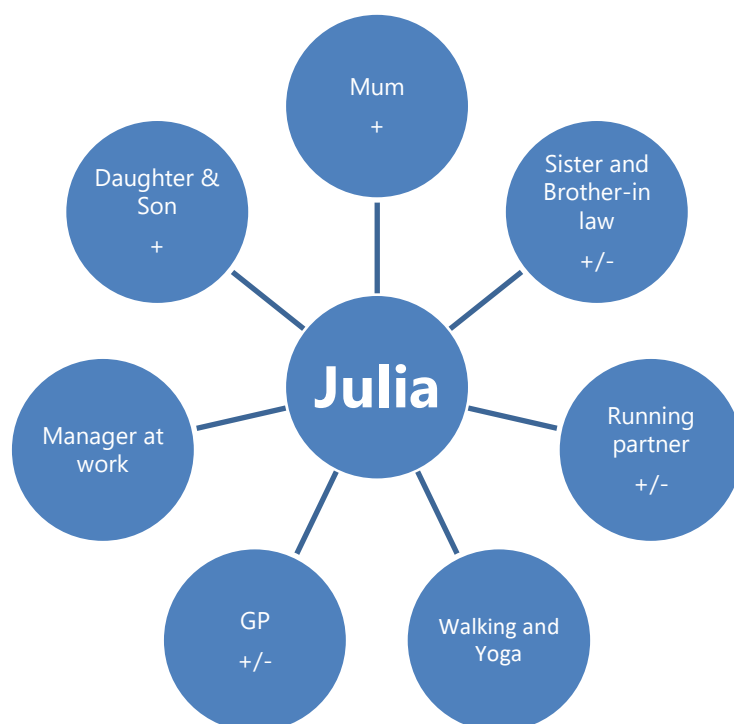


Exercise Seven

This exercise will help you to look at people around you who are both helpful and unhelpful by helping you draw a diagram of your support network.

One helpful way of thinking about social support is to draw a diagram. An example of a network diagram for Julia, whose husband has an alcohol problem, is given below.

Julia's support network diagram



Use the following guidelines to draw your support network diagram.

- * Write your name in the middle of a piece of paper.
- * Write the names of people who are in your support network around your name on the paper. There may be a range of people who you could include. You could think about your family, your workplace, your friendship networks, the community (for example, a sports club or Church) and local services you may be engaged with (for example, your GP). You can also add in activities that you find helpful.
- * You can draw lines between yourself and each person in your network. You could put people who are more supportive closer to you and those who are less helpful, or who you don't turn to for help, further away. You could also use + or – signs to help you think about who is helpful or not.

Now, in the next exercise, look at each person who appears on your diagram, and think about what type of support you get from them, whether you find this helpful or unhelpful, and how you could increase the positive social support that is available to you. Some examples from Julia's network are given below. The table on the next page could help you think about your support a bit more.

Thinking about Julia's support

Person	What they do	What I find helpful or unhelpful	How I could increase my social support
Mum	We meet up quite regularly for coffee or lunch and she is a real shoulder to cry on.	Mum is really supportive and knows that my husband is a good man, but she can be a bit pushy in suggesting that I get help, perhaps by trying Al-anon or another group for families.	I feel really embarrassed about going to a support group, but I could try one meeting to see what it's like. It would be good to talk to other people like me.
Daughter & Son	They both live away from home but keep in touch a lot and try to look out for me and make sure I'm ok.	It's great to know they are there but they don't want very much to do with their father and I don't know how to handle this; I don't tell them very much about what is going on.	Maybe I could talk to them and be a bit more honest about what is going on. I could also talk to them about whether they would find it helpful to go to a group or talk to someone about their father.
Sister and Brother-in-law	I stay with them every now and again when I need a break. My brother-in-law takes my husband to the pub after they've played football.	They are really kind when I stay with them but it's hard when my husband comes home drunk after football; we usually argue and I have to look after him.	Perhaps I could talk to my sister and brother-in-law, and suggest the four of us meet up for dinner after football; then they might not drink so much.
GP	Prescribed me anti-depressants.	I do feel a bit better but I don't want to be stuck on the pills, but what else can I do?	I could explain what is going on to my GP and see if there is anything else she could do.
Running partner	Encourages me to go running even if I don't want to.	It is good to do something for myself and I can talk to my friend about what is going on but she can be critical of my husband.	I want to keep up my running, but I need to talk to my friend to explain how I feel when she is critical of my husband.

You can use the table below to help you think about each person in your network, what they do, and what you find helpful and unhelpful.

Thinking about my social network

Person	What they do	What I find helpful or unhelpful	How I could increase my social support

Sometimes it is helpful if you can tell other people how they can best help or support you. Some specialist agencies may seem inaccessible but they will usually be helpful and supportive, and will respect your confidentiality unless they think that you or someone else is in danger. You may feel it is daunting to approach others for help. Lots of people find it difficult and upsetting to seek help and support for their problems. You might find it useful to think about or write down what you could say to someone before you approach them for help.



Exercise Eight

This exercise will help you think about whether you need any more support to help you deal with your problems. Using your responses to Exercise Seven, think about what you could do to increase your support.

1. Who is helpful to me at the moment and what do they do that I find helpful? What could I do to get more help from this person?

2. Who is unhelpful to me at the moment and what do they do that I find unhelpful? Is there anything I could do to change this?

3. Who else do I need support from? What am I going to do to try and get help from them? Give examples.

4. Do I need some more positive support? Where can I go to find more people who could help me?

Well done, you have completed Step 4!

Hopefully, Step 4 has helped you to:

- Think about the current support that you have available to you.
- Think about whether there are other people who you could talk to or approach for help.

You may feel lonely and upset after reading this section, but thinking about this has made you realise that there are people who you can turn to for help or support.

You can read Step 4 again if you like, but if you feel ready then you can move on to Step 5.

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Step 1 will help me think about the problems I am having

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Step 2 will help me increase my knowledge and understanding

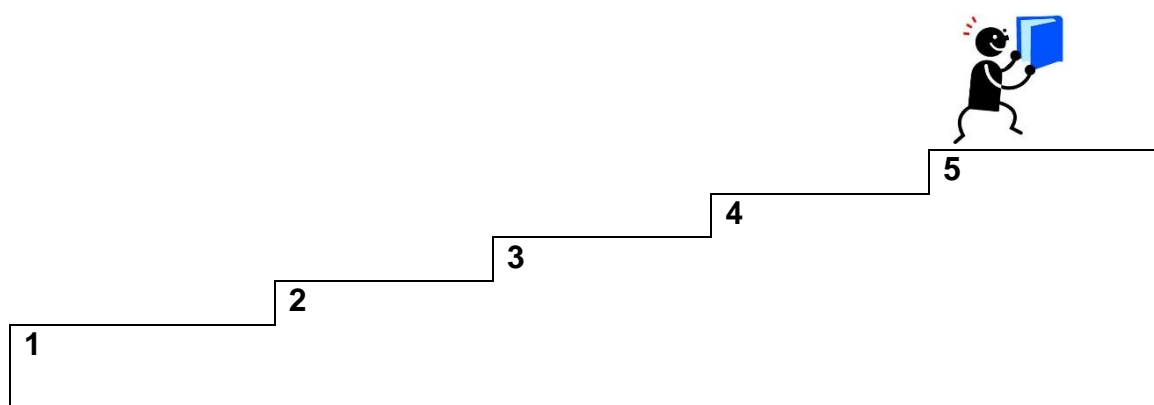
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Step 3 will help me look at how I respond

Step 5 will look at how I can get further help

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Step Five: Getting Further Help



The aim of this Step is to identify whether you need further help for you and your family. If your relative wants help, there is also information in this section which may be helpful.

For many people reading and using this handbook will have been sufficient for them. You may not feel that you or your family need any further help at the moment and that it has been enough to:

- Think about the issues raised in the handbook.
- Think about the problems that you experience with your relative's behaviour and his/her use of alcohol or drugs.
- Gain more knowledge and information about the drug taking or drinking and how your relative behaves as a result.
- Look at how you respond.
- Look at your support needs.

However, you may feel that you would like the opportunity to talk to someone else about your relative's drinking or drug use and the problems it is causing for you and your family. You may feel that you, your family or your relative want to get some form of further help. You may want to think about this and whether this could be of most help to you. There is a list of organisations later in the handbook – you can either contact them directly for help or contact them to find out about a range of services in your local area.

In addition, there are some specific issues which you might want to consider getting further help about. The most common ones are:

1. Supporting children.
2. Dealing with domestic violence and abuse.
3. Supporting relatives if they wish to access treatment services.
4. Getting help for other issues.

Each of these issues is discussed in some more detail below.

The impact on children

You may be reading this handbook as the son or daughter of someone who is an alcohol or drug misuser, or you may be worried about the impact of someone else's drinking or drug misuse on your own children. Children of any age can have particular issues to deal with if this is the case and you may feel that you need to get more information about this, or make further contact with additional support agencies that could be of help to children (see end of handbook for more information).

If you are an adult who is the child of someone with an alcohol or drug problem, you may wonder if you are more at risk of developing a similar problem with alcohol or drugs. The answer is that yes, you are more at risk, but this is certainly not a foregone conclusion. People who have a parent with an alcohol or drug problem are at greater risk of developing similar problems, for example, because they have grown up to see this as 'normal behaviour'; but they are also much more likely to be completely abstinent from alcohol or drugs. Many people who have grown up as the child of someone with an alcohol or drug problem are more 'resilient': having lived through a difficult childhood, they

are more able to deal with life's problems as adults. Some people in these circumstances are more likely to be able to reflect on their own behaviour, see if they are developing problems, and consider taking action or getting help at an earlier stage. But, being more at risk means you need to be more careful.

If you are an adult and you are worried about the impact on your children (or grandchildren) of a relative's drinking or drug use, then there is lots that you can do to keep them safe. Children with a parent with an alcohol or drug problem CAN be harmed by the experiences that they see or hear. Sometimes parents with alcohol or drug problems do not pay enough attention to their children. Sometimes they get argumentative or angry, and even aggressive or violent. All of these can have a negative impact on family life generally, and all can be harmful for children, even if the anger and aggression is not directed at the child directly. Your priority in these situations is to make sure that your children remain as safe as possible and this mean ensuring that you are safe too.

Some parents think that they have hidden their alcohol or drug use from their children, but this is very rarely the case – most children DO know that there is something wrong with their parent and how they are behaving.

Other adults (the other parent, or grandparents, or other family members) can protect children from most of the harm. They can help the child to become 'resilient' so that they do well in life, even though they have had bad experiences. The most important thing for a child is to know that there is someone who loves and values them. So, the key things that an adult can do to help a child in these situations become resilient are to provide security and affection and attention for the child: attachment and security are the key elements that lead to resilience.

It is also important to create the conditions which allow children to talk about their worries and concerns. Alcohol or drug problems are often 'secret' within families, with children knowing that this is a subject that cannot be talked about. So, other adults need to ensure that the children know that they can raise these issues, in safety, and discuss their concerns with a caring adult who will not react negatively.

Dealing with violence and abuse

It can be very difficult living with someone who has an alcohol or other drug problem. There will often be conflict because the drinking and/or drug use is likely to cause tensions and problems at home. Conflict is different from domestic abuse though. First, let's be clear what domestic abuse is. People automatically think about physical violence. This can be part of it but many people suffer domestic abuse without physical violence. Domestic abuse is about a pattern of controlling and abusive behaviour in which the victims (usually, but not always, women and children) may experience mental and emotional abuse, financial abuse and sometimes sexual and physical abuse. Examples include being put down all the time, being made to feel useless, unattractive and stupid, being threatened, or forced to do things you don't want to do, usually to keep the peace or to try to prevent the abuse from getting worse. It can end up feeling like you're walking on

eggshells and often living in fear of when things will flare up again. Sometimes victims of abuse will use alcohol or drugs themselves to try to cope with how they're feeling. Often the abuse is perpetrated by a partner but parents also report experiencing abuse at the hands of older children who use substances including their adult children.

While the use of alcohol and other drugs doesn't cause someone to suddenly become violent and abusive, we do know that substance use can make domestic abuse worse. It might happen more often and can be more serious than when your relative is not drinking or using. It should also not be assumed that if someone who is violent or abusive seeks treatment for their alcohol or drug problem, then the violence or abuse will stop. This may not be the case and it is important that you continue to think about your own safety and well-being and that of others in the family.

Nobody likes to think they suffer domestic abuse – like alcohol and drug problems, these things happen to other people don't they? But more often than not, when there is a relative with an alcohol or drug problem, there is also likely to be domestic abuse. If this is the case for you, you are not alone. The good news is you can get advice and support for yourself, the children and your abusive partner if he is willing to seek help.

Your priority is to keep yourselves as safe as possible. It is important to think about how to do that when you aren't in the middle of it. Planning ahead so you know what your options are if it does happen is most important. In the heat of it all you will probably feel too frightened and confused to think clearly. You can talk to someone about 'safety planning', or find out more on the Internet, and then choose what suits you.

Some people can feel disloyal for seeking help. It doesn't mean you don't love your relative or have given up on them. What it does mean is that you are not going to let the person continue abusing you. It means you are taking back some control of your life and getting the support you need and, importantly, what the children need as they can't usually do it for themselves. There are organisations that can help you and your children, either on the phone, Internet or in person, including Women's Aid, ManKind, Refuge or the Samaritans. For people who are behaving abusively and violently there are also places to go for help. A good place to start is the Respect helpline - 0808 802 4040.

What can I do if my relative wants help?

If your relative thinks that now is a good time to start to tackle his or her alcohol or drug problems, then that is great. It may be helpful to know that, although sometimes people do manage to deal with their alcohol or drug problems the first time that they try, for many people, stopping problematic drinking or drug use is a long process, with relapses being quite common on the way. One outcome of going through this handbook is that you may have talked to your relative about it and how it has helped you. The handbook may have helped you think about how you could broach a conversation with your relative about his or her drinking or drug use and how it is affecting you (and maybe also others in the family). You may even have shown this handbook to your relative. However, everyone's circumstances are different and you should make sure that it is safe for you to talk to your relative in this way.

If your relative wants to get help, you could tell him or her about one or more of the agencies listed at the back of this handbook. It is best if relatives make this contact themselves, but you could help them to do that, if they wanted. Remember the decision needs to be theirs; you need to look after yourself and any children first and foremost. Recent research evidence suggests that a high percentage of alcohol or drug users enter treatment as a result of a suggestion by someone else in their family. Importantly, many more services also offer specific support to the children and families of those with alcohol or drug problems. Some of the reading materials and other websites may also be helpful to your relative.

Getting help for other issues

There are many other difficulties that people experience when a loved one has a drug or alcohol problem and which you may feel that you would like to find out more about. There are just too many to consider in detail in this handbook but some are listed below:

1. Debt or other financial advice.
2. Family planning or contraception advice.
3. Marital or couples counselling.
4. Family Therapy¹.
5. Legal advice².
6. Specific health problems.
7. Getting help and support if your relative is in prison.
8. Support because of bereavement.

We have listed some of the organisations later in this handbook that would be able to offer some help with these problems, or make suggestions as to who else you could contact. Other sources of help to deal with some of these problems could include your GP or surgery, the Citizens Advice Bureau, the Library or other community resources, and the Yellow Pages or the Internet.

Finally, reading this handbook may have helped you to think about other things in your life which you wish to address. This could be wanting to go to college/university to gain a new qualification or take up a new interest, wanting to work as a volunteer or get involved in the community in some other way, engage in sport or other activities, or gain advice about particular issues such as family planning or your finances. Some of the organisations listed later may provide some information on these issues, but you will be able to find out much more on the Internet or by accessing local resources such as the Library or the National Council for Voluntary Organisations.

¹ Where there is recent/ongoing domestic abuse this is not recommended for safety reasons.

² As above.



Exercise Nine

This exercise will help you think about whether you or your family need any further help. If you want to, you could look back over previous exercises and see if there are any issues that you still feel are unresolved and how you could get help to deal with them.

1. What further help do you think you still need?

2. What can you do to try and get this help?

3. Does my relative want any help? What am I going to do about this?

4. What kind of help would other members of my family benefit from? What am I going to do about this?

Well done, you have completed Step 5!

Hopefully, Step 5 has helped you to:

- Think about any further help that you or your family might need.
- Think about what you might do if your relative wants help.

It is important that you remember that:

- The focus of this handbook is on you.
- You may feel relieved that your relative wants help but you should still put your own needs (and those of others in your family) and safety first.
- Your relative's behaviour may not change overnight.

There may be sections of the handbook that you want to read again, or for the first time. There may be further information that you would like, in which case the next section may help you further.

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Step 4 will look at how other people could help me

What have I gained from reading the handbook?

There are a number of things that you may have gained from reading and using this handbook. Look at the list below and tick any that apply to you.

- ☐ I understand more about how my relative's problems have affected me and my family.
- ☐ I have spoken to a friend/relative who didn't know about the problem.
- ☐ I have looked up some more information on the Internet.
- ☐ I have changed how I respond to my relative when he or she behaves in a particular way when they have been drinking or taking drugs.
- ☐ I know a bit more about domestic abuse and who to contact if I want to talk or get some support.
- ☐ I have contacted a local service about getting some more help for myself and my children (or other family members).
- ☐ I have considered my own needs as well as thinking about my relative.

There may be other ways in which you have found this handbook helpful, or you may want to write some very specific ways in which the handbook has helped you and your family. Use the space below to write some of these things down if you want.

- 1.
- 2.
- 3.
- 4.
- 5.

Additional Information and Getting Help



The aim of this final section of the handbook is to provide some additional information which may be helpful to you and your family. This includes some information on alcohol and drugs, case studies, and details of organisations and other resources. The different parts of this section are not exhaustive but aim to point you in the right direction for getting further help and information to support your use of this handbook.

Information about alcohol and other drugs

This section will summarise some of the basic information which it is useful to know about alcohol and other drugs. It is not possible to cover everything in this section; if you want to find out more than you could look at Step 2, or at the Resources section later in this handbook.

Different types of drink and drugs

Different drugs and alcohol affect people in different ways, and they are grouped according to their broad effects. The table below summarises the main types of drugs and what they are commonly called³. The table is not exhaustive; you can find out how to get more information when you work through Step 2, and by looking at the Resources section later in this handbook.

Drug group	Slang names	Scientific names
Alcohol	booze, drink	ethanol, ethyl alcohol
Benzodiazepines and minor tranquillisers	Benzos or Tranx - a range of slang and brand names e.g. eggs or jellies Valium Librium Ativan	temazepam diazepam chlordiazepoxide orazepam
Solvents & gases	Glue Lighter fuel Aerosols Cleaning fluid	acetone butane fluorocarbons trichloroethylene
Opiates, opiodes & narcotic analgesics	junk, slag, smack Diamorphine Temgesic, Subutex Tramadol	diacetylmorphine heroin buprenorphine tramadol pethidine, methadone, opium, morphine, codeine
Amphetamines	uppers, speed, whizz, ice, crystal meth Ritalin Reductil	amphetamines, dexamphetamine, metamphetamine methylphenidate sibutramine
Cocaine	coke, snow crack, freebase, base, stone	cocaine hydrochloride cocaine freebase
Caffeine	coffee, tea, cocoa, chocolate, soft drink, analgesic pills	caffeine
Tobacco	tobacco, cigarettes, fags, rollies, snuff	e.g. nicotiana tabacum
Anabolic steroids	e.g. Nadrolene, Stanozolol, Dianabol	anabolic steroids

³ The information in this table has been taken from Drugscope's publication 'The Essential Guide to Drugs and Alcohol' (2010, 14th Edition, particularly pages 152-161).

Drug group	Slang names	Scientific names
Alkyl nitrates	poppers rush	Amyl nitrate Butyl nitrate
Hallucinogenic amphetamines	ecstasy, E	methylenedioxyamphetamine, MDA, MDMA
Khat	Kat, Khat, Qat, Quaadka	cathinone, Catha edulis
Legal highs or novel psychoactive substances (NPS)	Multiple	Multiple
Methcathinone	Mcat, Miaow	mephedrone, methedrone, methyllone
LSD	acid, tabs, trips	lysergic acid diethylamine, lysergide
Cannabis	pot, dope, blow, draw, smoke, puff grass, ganja, weed, skunk hash, hashish	cannabis sativa herbal cannabis cannabis resin cannabis oil
Ketamine	Ketamine, special K	Ketamine, Ketalar

Alcohol

There are many different types and strengths of alcohol. Alcohol is commonly measured in units. A unit is a measure of the volume of pure alcohol (or ethanol) which is in an alcoholic drink (this is 10ml or 8g of ethanol). A standard drink contains one unit of alcohol, so different drinks have different numbers of units in them. One unit of alcohol is roughly equivalent to half a pint of ordinary strength beer, or one pub measure of sherry, port or spirits. The table below gives you some idea of the strengths of different drinks⁴. There are ways in which you can calculate how much you or someone else drinks. Keeping a drink diary or using a unit calculator are common methods which are used. For example, you could look on the Drinkaware website to find out more (see <http://www.drinkaware.co.uk>).

Type of alcohol	Examples	Units
Beer 4% pint	Carling, Guinness	2.3
Beer 5% pint	Stella Artois, Kronenbourg	2.8
Beer 5% bottle	Budweiser	1.7
Cider 4.5% pint	Strongbow, Magners	2.6
Alcopops 4% bottle	Bacardi Breezer, Smirnoff Ice, WKD	1.1
Clear spirits 37.% 25ml measure	Gordon's gin or Smirnoff vodka	0.9
Dark spirits 40% single 25ml measure	Bell's whisky, Captain Morgan rum	1.0
Wine 13% 175ml glass		2.3

⁴ The information in this table has been taken from Drugscope's publication 'The Essential Guide to Drugs and Alcohol (2010, 14th Edition, page 62).

Type of alcohol	Examples	Units
Wine 13% 750ml bottle		9.8
Champagne 12% 125ml glass		1.5
Cream liqueur 17% 50ml glass	Bailey's	0.9

The advice from the UK's Chief Medical Officer (January 2016) recommends that:

- * Men and women should not drink more than 14 units of alcohol in a week.
- * 14 units is roughly (depending on the strength of the alcohol) equal to 6 medium (175ml) glasses of wine, 6 pints of lager/ale 5 pints of cider, or 14 standard (25ml) glasses of spirits.
- * Alcohol consumption up to 14 units should be spread out across the week, to avoid 'binge drinking'.
- * Women who are pregnant or trying to conceive should avoid drinking alcohol.

There are three broad categories of alcohol misuse. These are:

1. **Hazardous:** Drinking in excess of the recommended level of units, or binge-drinking. A hazardous drinker may not experience problems but is at increased risk of health and other problems such as accidents.
2. **Harmful:** Drinking in excess of the recommended level of units, and experiencing a range of health and/or other problems. It can be difficult to recognise when someone is a harmful drinker because some of the symptoms of the health problems may take a while to show.
3. **Dependent:** Being physically and/or psychologically addicted to alcohol. A dependent drinker feels that they cannot function without alcohol, they may experience moderate or severe withdrawal if they stop drinking, and they will probably have a range of health or other problems as a result of their excessive drinking.

Other definitions of such problems use different language and terminology, such as alcoholism and alcoholic. However, although many find such term helpful we use the terms used and recognised by the World Health Organisation and other major health organisations.

Drugs and the Law⁵

The Misuse of Drugs Act 1971 is an Act of Parliament, which groups controlled drugs into three classes; A, B and C. Each class is enforced by a set of penalties for illegal and/or unlicensed supply and/or possession, with Class B substances enforced by stronger penalties than Class C, and Class A substances enforced by stronger penalties than Class B. A penalty can include a monetary fine or a prison sentence.

⁵ Information taken from <http://www.drugwise.org.uk/what-are-the-uk-drug-laws/> - more detail is available at this page.

1. Class A includes: heroin, cocaine, crack, ecstasy, metamphetamine and LSD.
2. Class B includes: amphetamine, cannabis, codeine and methylphenidate.
3. Class C includes: GHB, ketamine, diazepam, anabolic steroids and a range of tranquillisers and benzodiazepines.

Novel Psychoactive Substances (NPS)⁶- ‘Legal Highs’

This is the correct term for a group of substances which are more commonly called ‘legal highs’. They are synthetic drugs which are manufactured to replicate the effects of illegal substances. There are four main categories of NPS – cannabinoids, stimulants, tranquillisers and hallucinogens. NPS are usually bought online or in ‘headshops’. They emerged on to the UK drug scene in around 2008-2009 and since then have become increasingly popular but also associated with a range of problems, usually because people simply do not know what they are taking.

It has been incredibly hard for UK law (particularly the Misuse of Drugs Act) to keep up with this new group of drugs. No sooner were new substances added to the Act than a minor tweak to the chemical formula resulted in the manufacture of a new substance which was not illegal. To respond to this problem, and the growing prevalence of NPS, the Psychoactive Substances Act came in to effect in January 2016. So, it is now a criminal offence (maximum penalty of 7 years in prison) to produce, supply, possess, import or export any substance (with some exclusions such as legitimate substances like food, alcohol, tobacco, nicotine, caffeine and medical products) which produces a psychoactive effect.

Using Drugs

Of course, it is best not to use illegal drugs at all. However, if someone is going to use drugs then, there are some guidelines to minimise some of the risks associated with taking illegal drugs.

- * **Mixing drugs:** It is always more risky to mix different drugs. If a person does mix drugs, it is less harmful to mix drugs from within the same group (e.g. a combination of opiates or a combination of depressants). However, taking too many drugs within the same group can be extremely dangerous, for example taking too many depressants can lead to the heart stopping or cause unconsciousness.
- * **Injecting drugs:** This is a particularly risky way to take drugs. Injecting can lead to serious illnesses and conditions including blood clots, blockages at the injecting site and blood-borne viruses. Hepatitis C can be transmitted by sharing injecting equipment such as needles, water, spoons and filters. The drug reaches the brain much quicker when smoked but injecting means that all the drug is taken at once and this is far more dangerous. If a person continues to inject, tell them to get clean needles and syringes free from a needle and syringe exchange (found in most pharmacies). They will need to use their own clean water, spoons and filters.

⁶ For more detail, and to keep up-to-date with this area, see www.drugwise.org.uk

- * **Hepatitis C and HIV:** These are particular problems associated with injecting illegal drugs and some of the risky behaviours associated with this, such as sharing injecting equipment or having unprotected sex. People who inject drugs should not give blood or breastfeed because of the disease risks. The local hospital or Genito Urinal Medicine (GUM) Clinic will test for these and other diseases.

Naloxone

Naloxone is a drug which is a licensed medicine and which, if administered quickly to someone who has overdosed from heroin can temporarily reverse the effects and stop that person from dying (although other measures must still be taken such as putting the person in to the recovery position and calling the emergency services). There is growing evidence of the effectiveness of naloxone in reversing overdoses and hence reducing mortality in this group of drug users. As a result, as of 2016, there are take home naloxone programmes in Scotland, Wales and Northern Ireland. In England in 2014 the Department of Health accepted recommendations made by the Advisory Council on the Misuse of Drugs that naloxone should be made more widely available, and legislative change in 2015 now means that naloxone is being made more readily available across England (for example, it does not require a prescription). Guidelines are also available from, for example Public Health England (PHE) and the World Health Organisation (WHO) to support such initiatives.

Families and carers are one of the groups who can have access to naloxone (and associated training in how to administer it and respond to someone who has overdosed). If you are interested in finding out more then make contact with your local treatment service. There are a range of places where you can find out more about naloxone, and also to check that the information summarised here is up-to-date. For example, Drugwise, the Naloxone Action Group (<https://nagengland.wordpress.com>), and the Scottish Drugs Forum (www.naloxone.org.uk).

Case Studies

To help you see how the handbook can be of help to people who are in similar situations as you, here are four case studies for you to read.

Case Study One: Malcolm and Sylvia

Malcolm is 52 and married to Lynn. They have an 18 year old daughter called Sylvia. Over the last 2 years, Malcolm has witnessed the unfolding story of his daughter's drug use. At first Sylvia's moods were becoming increasingly difficult but Malcolm thought that it was all part of growing up and that it would sort itself out. But then Malcolm saw marks on Sylvia's arms and hands and he realised that she was injecting drugs. He has also found needles in the house. Malcolm is unsure what drugs Sylvia is using although he is certain that she has used heroin in the past. Malcolm feels rather desperate and has recently experienced a great deal of difficulty sleeping.

Malcolm has confronted Sylvia a few times but they just argue and it doesn't seem to help. It just makes Malcolm feel guilty, anxious and frightened about what might happen. Sylvia is very difficult to live with, her moods are very changeable and she is often rude and irritable. At other times, she gets very low. Deep down Malcolm wonders what he has done wrong as a father.

Malcolm has not discussed this with anyone at work as he feels it might create problems. Lynn, Malcolm's wife, is also very worried but she deals with the situation in a different way and this causes tension between Malcolm and Lynn. At times, Malcolm and Lynn have had disagreements as to how to deal with Sylvia. Both of them are very careful to avoid talking to anyone about the situation as they feel a great deal of shame. Malcolm doesn't want to burden his friends and he feels generally really isolated.

In the last 6 months Sylvia has been arrested on a number of occasions through her shoplifting. Malcolm thinks that this is related to her need for money to continue using drugs. Malcolm is finding it increasingly difficult to concentrate at work. He doesn't know what to do for the best. He is becoming increasingly concerned about Sylvia's safety and feels more relaxed when he knows that Sylvia is home with them.

Once Sylvia came off the drugs and Malcolm felt as if they had recovered their daughter. She came off heroin with the help of the doctor who prescribed some medication and something to stop her feeling sick. It was a time of hell for everyone at home. But then, it took just one party for the situation to revert and the shutters came down again. Today Malcolm feels desperate. Recently he has broken down at work. He does not know where to turn.

How this handbook could help Malcolm

Step 1: Malcolm thought about the problems and how they affected him	<p>My daughter's moody. She shoplifts and I'm worried about her safety.</p> <p>I feel alone, I don't sleep well and I'm anxious.</p> <p>I'm struggling at work and my wife and I don't get on as well.</p> <p>I feel ashamed and wonder if I've done something wrong as a father. She's only 18 and I don't want her to ruin her life.</p>
Step 2: Malcolm wanted more information about injecting drugs	<p>I'm not sure what drugs Sylvia is taking and I don't know much about drug use.</p> <p>I know that Sylvia is injecting and it was helpful to read more about this and how it might be affecting her and her behaviour.</p>
Step 3: Malcolm thought about how he responded and what he could do differently	<p>I've tried to talk to Sylvia many times but we just end up arguing. I just feel guilty and like I'm making things worse.</p> <p>Maybe I could talk to her again now that I know more about what she is doing. I need to be calmer and tell her how I feel. I also understand that I can't stop her taking drugs – only she can make that choice.</p>
Step 4: Malcolm thought about support and who else he could turn to for help	<p>I understand that my wife and I deal with the situation very differently. It may be helpful for us to talk about this.</p> <p>I plan to talk to my boss and some other friends at work. I think they will be supportive and it's important for my boss to understand as I've been struggling at work.</p> <p>I found it helpful to draw the network diagram and think about who else I could maybe talk to.</p>
Step 5: Malcolm thought about what other help there could be	<p>It's really hard for me to talk about things but I'm now thinking about going to a support group and meeting other parents.</p> <p>I'm going to talk to my wife and see if we could access some help together.</p>
Three months later	<p>Malcolm is feeling better and more hopeful. He is sleeping better and his performance at work has improved.</p> <p>Sylvia still takes drugs but Malcolm has been able to talk to Sylvia about this. The information he got helped him do this. They still argue but Sylvia understands that her father wants to help her and is upset by her behaviour.</p> <p>Malcolm and his wife have been to a local carer support group for families affected by drug misuse and found it very helpful.</p>

Case Study Two: Wendy and Paul

Wendy is in her early 40s and married to Paul who is in his late 40s. They have two teenage children, Sam (16) and Mark (14). Paul's drinking has been heavy for about 10 years. Recently, it has been causing friction at home and his job is at risk. Paul's boss has warned Paul that he may lose his job and Wendy is unsure how they will make ends meet. He has been in a detoxification unit once about a year ago but was not able to stop drinking.

Wendy feels desperate and has been to see her GP for depression; she has been signed off from work for a while now. She worries about Paul, his health and the future of the family. Wendy is really worried about how the children are affected. They hardly talk to each other or do things as a family. Mark is always arguing with his father. Wendy finds him more difficult to control and worries because he spends more time away from home. Mark feels that Paul is not a good father and he keeps telling her that he is "bad news" and to "get rid of him". Sam is responsible and older than her years. She appears calm and collected but deep down feels a sense of fear about what might happen to her father and the family.

Initially, Wendy thought that she could do more to deal with the problem. She used to talk to Paul about the situation but found it difficult not to cry or become angry. All that happened was that Paul drank more and more and she would just clear up after him. Now, she avoids him a lot and leaves him alone, especially if he has been drinking. She finds it difficult to come to terms with how she responds to the problem. She feels very angry with Paul but also cares for him and is worried about the future.

Wendy's mum lives close by. They get on well but she is now in poor physical health and Wendy does not want to trouble her with her problems even though her mum knows that something is wrong. Paul is close to his mum; they see her a lot but Wendy and her do not get on. She is always criticising Wendy and telling her how to run the family. Paul's father lives further away; he tries to be supportive but Wendy feels too ashamed to talk to him.

Wendy has tried going to Al-Anon but found the meetings really upsetting and felt like she was being disloyal to Paul. Today, Wendy is becoming more and more desperate and lonely. She feels hopeless and takes medication for her depression. She can't afford to be off sick from work for too much longer. She used to feel that she wanted to fight for her marriage but now has little hope that anything will change.

How this handbook could help Wendy

Step 1: Wendy thought about the problems and how they affected her and her two children	<p>I thought about the friction at home and about the impact of his drinking on the family's finances.</p> <p>I am worried about Mark and Sam and how their father's drinking affects them.</p> <p>I have been getting more and more depressed. The whole situation feels hopeless and I feel so alone.</p>
Step 2: Wendy wanted to understand more about drinking problems	<p>I read some leaflets about alcohol and how it can affect people, and found some really useful information on the Internet. It's been helpful to learn more and sort out things that I didn't really understand.</p>
Step 3: Wendy thought about how she responded and what she could do differently	<p>I've tried all sorts of things to respond to Paul's drinking and it was helpful to think about the pros and cons of all of that. I think having a bit more distance is better as I worry less but I feel I'm rejecting Paul and that he will think that I don't love him.</p> <p>I think I need to talk to Paul about how his drinking affects me and the kids. I can support him but need to put me and the kids first.</p> <p>I really want to go back to work and want to think about what needs to happen for this be possible.</p>
Step 4: Wendy thought about support and who she could turn to for help	<p>I'm worried about my mum as her health isn't so good and I don't want to trouble her but perhaps I could talk to Paul's father when he next comes to visit us.</p> <p>I'm thinking about going back to Al-Anon. I'd also like to find out about what other local services there might be</p> <p>I don't think I can talk to Paul's mum; this needs to be something Paul and I do together but this isn't possible at the moment.</p>
Step 5: Wendy thought about further help for her and her children	<p>I've made some telephone calls to find out about what services there are locally where I could get help, and where my children could talk to someone as well.</p> <p>I've been thinking about how I could talk to Paul again about his drinking and whether he could go back to the alcohol service he went to before.</p>
Three months later	<p>Things have improved for Wendy and she has gone back to work. She was able to talk to Paul who was shocked to hear how the family felt and with Wendy's help they approached a local alcohol service. Paul has had an alcohol detoxification at home and now goes to regular counselling sessions.</p> <p>Paul has been more honest with his mother and this has been helpful to both Paul and Wendy. Jean is happy to keep an eye on the children and the dog when Wendy and Paul have counselling appointments for example.</p> <p>Wendy goes to regular Al-Anon meetings and talks to people on the phone.</p>

Case Study Three: Sunil and Rekha

Sunil (53) lives with his wife, Rekha (46). They have two children, Ashok (19) and Usha (21), who are at University and only home during holiday time. Sunil's father, Ramesh, lives with them since a recent fall left him unable to look after himself. Ramesh's wife died about a year ago. Ramesh is an independent person and is quite resentful of having to be 'looked after' by his son and daughter-in-law. He also has 'traditional' notions of women's roles in the home and has never approved of Rekha's professional career.

Since living in their home Sunil and Rekha are now aware that Ramesh is drinking quite a lot. The hospital implied that the fall was caused because Ramesh was drunk but as Ramesh denied this Sunil and Rekha believed him. They are beginning to realise that Ramesh may have been drinking heavily for some time. Sunil and Rekha are really feeling the strain of having Ramesh living with them. As Ramesh is not mobile and cannot get out of the house unaided, they have to run around after him, including buying alcohol for him. Sunil has tried talking to Ramesh about how much he is drinking and tried to 'cut down' the amount that his father drinks by buying less but Ramesh was quite verbally abusive when Sunil tried to do this. Sunil was upset and hurt and is trying to make allowances for the fact that his father does not like being looked after. However Ramesh's drinking and behaviour is also causing rows between Sunil and Rekha.

Rekha is feeling the strain of looking after her father-in-law, who is very demanding. She has very little space to herself as he is constantly calling for her before she goes to work and as soon as she gets home. She is feeling tired and rundown and has begun to suffer frequent headaches. Ramesh has also become increasingly aggressive towards her. Recently, on helping him prepare for bed, she tried to tell him that she was getting looks when they went to buy his alcohol in the local shops. She told him she had heard people whispering that it was Sunil that was drinking too much. Ramesh was verbally abusive to Rekha, and then slapped her causing her to fall over and hit her head on the bedside table. On finding out, Sunil had words with his father and told Rekha that he was sure his father didn't mean it and she shouldn't have raised his drinking again after last time.

Rekha's injuries resulted in a black eye and she had to take a few days off work because of her injuries. The neighbours have commented on it and on the rows that have happened in the house. Rekha is angry with Sunil for his lack of support and their relationship has started to deteriorate. When they talk together about the problem, they end up rowing. Rekha is starting to stay later at work and is trying to be out of the house as much as possible after dinner. She has been able to talk to Usha on the phone but she feels disloyal doing so. She has decided to have as little to do with her father-in-law as possible but she believes that he will never leave and the problem will never get any better.

Sunil is torn between helping his father and asking him to leave because of the impact it is having on his relationship and home life. He believes his father isn't trying to be awkward but that he just doesn't realise the impact his behaviour is having on everyone. Sunil doesn't feel able to talk about what is happening to anyone. Sunil and Rekha have tried to talk to Ramesh, to get him to see how the whole community is talking about them but he

says that if he wasn't living with them and having to cope with the humiliation of being looked after, he would not need to drink.

How this handbook could help Sunil and Rekha

<p>Step 1: How the family is affected by my relative's substance use</p> <p>Sunil and Rekha thought about how Ramesh's drinking was affecting them and their relationship</p>	<p>Sunil</p> <ul style="list-style-type: none"> • I am worried about my father's drinking and I don't know what to do. • I can see how the tensions it is creating are affecting my relationship with Rekha. • I am angry with my father for his abusive behaviour towards me and Rekha. • I need to be more supportive of Rekha. • I need to work out a way to make things better. <p>Rekha</p> <ul style="list-style-type: none"> • I am angry about the way Ramesh is treating me and Sunil. • I am hurt that Sunil is defending his father's bad behaviour rather than supporting me. • I feel embarrassed by having to buy alcohol for Ramesh. • I feel let down and ashamed about the whole situation. • I am frustrated at Sunil and the way he is handling the situation. • If Sunil doesn't do something I'm afraid things are only going to get worse between us.
<p>Step 2: Getting information</p> <p>Sunil found out about safer drinking limits and thought of other information that he wanted</p> <p>Rekha found some useful information about alcohol's impact on behaviour and support for family members</p>	<p>Sunil</p> <ul style="list-style-type: none"> • I know a bit more about how much my father should be drinking. • I still need to get some advice from the doctor on the kind of painkillers he is getting for his injury and how these react with the alcohol. • I feel better knowing that people will often drink to cope with feelings of loss. • I understand that I can't force him to stop or cut down his drinking. <p>Rekha</p> <ul style="list-style-type: none"> • I read a good leaflet on drink and the family and it was really helpful. • I found a leaflet on domestic violence and alcohol and drugs and I understand things a little better. • It feels good to know I'm not alone in experiencing these problems.

<p>Step 3: Responding</p> <p>Sunil thought about how he responded and how he could improve the situation</p> <p>Rekha thought about how she could respond differently to the situation</p>	<p>Sunil</p> <ul style="list-style-type: none"> • I think that making excuses to Rekha for my father may not be helping. • When I buy alcohol for him, I feel that I am making matters worse. • I think I could have been more supportive to Rekha after my father hit her. • I should listen to what Rekha has to say more and not argue with her. <p>Rekha</p> <ul style="list-style-type: none"> • I need to make time to talk with Sunil about how we feel and what we think could be done. • I need to let Sunil know about how angry I am that he did not support me when his father hit me and how that makes me feel. • I think we are giving Ramesh mixed messages about what is acceptable and I need to talk to Sunil about that. • I need to tackle this problem rather than avoid it through work. • Ramesh is struggling too – we need to look at alternative arrangements that will increase his independence and give us some time alone.
<p>Step 4: Support</p> <p>Sunil and Rekha thought about talking more to each other and about what other support could be available</p>	<p>Sunil</p> <ul style="list-style-type: none"> • If Rekha and I could sit down together and share ideas on what to do, things may be a bit better. • I will contact other family members and ask them for their help in supporting my father. • I want someone to listen to me rather than tell me what to do. I think I might use one of the numbers from the back of the handbook, to see what they have to say. <p>Rekha</p> <ul style="list-style-type: none"> • Sunil has always been a good support to me before. We must work together to find a way around this. • I will give my sister a call as she is usually good with family problems. • I want to tell the children the truth about what is going on. • I want to speak to my boss about this. I know she'll be supportive and that will help at work.

<p>Step 5: Further help</p> <p>Sunil and Rekha thought about further help and other people they could turn to</p>	<p>Sunil</p> <ul style="list-style-type: none"> • I will get in touch with Age UK about their service for Asian Elders to find out if they can help my father. • It may be worth talking to someone high up in our Community about what to do. It might also help stop gossip about us. <p>Rekha</p> <ul style="list-style-type: none"> • I need to get some support about Ramesh's violent and abusive behaviour and how to handle it and I want Sunil to learn too. • I could contact adult services to see whether my father could get supported housing nearby and what that would cost.
<p>Three months later</p>	<ul style="list-style-type: none"> • Sunil's dad stopped drinking but has recently relapsed. Sunil hopes that he will be able to stop again and is refusing to buy him alcohol like he would have done in the past. • Sunil and Rekha spend more time together and talk more about the situation and how they can work together to deal with it as a couple. • Family members visit once a week to give Sunil and Rekha a night off. • Rekha is still angry and frightened of her father-in-law after he hit her but she has received some counselling for this. • Rekha and Sunil have given Ramesh a clear message that if he is violent and abusive again, drinking or not, he will have to leave. • There has been a referral to social services who have recently conducted an assessment to see what support they can offer the family.

Case Study Four: Maureen

Maureen is 59 and married to Seymour. They have three children; Jermaine (23) is their youngest son. Jermaine has been a drug user for a number of years, which has led to tension in the family home and caused divisions, particularly between him and his older brothers. His drug use has become a constant worry for Maureen. She was unaware of the extent of her son's drug use, until it became apparent that he was involved in crime which resulted in a long prison sentence which he has just completed.

Jermaine's drug misuse over the years has had a detrimental effect on his mental health and contributed to bouts of paranoid and unpredictable behaviour. Maureen found this particularly difficult to cope with. She started to feel that she did not know her son any longer and was embarrassed when friends said that they had seen him and hardly recognised him. Jermaine is still using drugs and Maureen feels completely powerless to do anything about it. She also blames herself for not recognising the problem earlier and wonders if it is her fault for putting pressure on Jermaine to be as successful as his older brothers.

On Jermaine's release from prison, and against the advice of her husband and sons, Maureen made the decision to support him financially in an attempt to stop his return to crime and rebuild their relationship. However, this decision has placed a great amount of strain on her marriage, as Seymour did not wish for Jermaine to return to the family home or for their finances to be further strained by Jermaine's drug use. After much debate and tears Seymour reluctantly agreed for Jermaine to be allowed back home. But he did not agree to give him money. Maureen chose to keep the fact that she continues to give Jermaine money a secret from both her husband and her sons. However, Maureen now feels unable to speak to her husband about how the whole problem is affecting her without it resulting in an argument. Maureen feels incredibly guilty for lying to her husband but she also feels helpless to discourage her son's drug use and crime. She lives in constant fear that her husband or sons will find out and that Jermaine would no longer be permitted to live in the family home and that she would lose him forever.

This constant worrying has had a detrimental effect on her health. She sleeps very little, listening all the while to see if Jermaine will be coming home that night. Friends at church and family comment on how tired she looks. However, Maureen is reluctant to discuss the issue with them as she fears that they might be critical of her choices and may even tell her husband. She is also sceptical of involving outside agencies for support as she fears they will try to persuade her not to support her son. Her doctor has increased her medication for her hypertension and advised her not to put herself under any unnecessary stress. However, she feels unable to speak to her GP about the cause of her stress as she fears he might be judgemental of her choice to fund her son and may even report her son to the authorities. She feels she is being forced to choose between Jermaine and the rest of her family and is feeling very alone in her attempt to "save her son".

How this handbook could help Maureen

Step 1: Maureen thought about the problems and how they affected the family	<p>I don't know my son anymore. Perhaps I was too hard on him – it's my fault.</p> <p>No one understands why I am helping him. Seymour will be so angry with me if he ever finds out how I am helping our son. I have to do this my way, and on my own because no one understands.</p> <p>I can't sleep. I don't know where he goes or what he does. I'm not even sure what he is taking anymore.</p> <p>I dread the police turning up at my door again.</p> <p>I'm ashamed and embarrassed.</p>
Step 2: Maureen wanted more information on drugs and on legal issues associated with drug misuse	<p>Could I be prosecuted for giving him money?</p> <p>If I tell, for example, my GP what I know about my son, will he have to report him?</p> <p>I wish I knew more about the drugs he is taking, maybe then I would understand why he acts the way he does.</p>
Step 3: Maureen thought about how she responded and what she could do differently	<p>I still treat him as the baby of the family. I can't stand to see him throwing his life away.</p> <p>I'm desperately trying to keep him close but actually feel like I'm making things worse.</p> <p>Maybe I could talk to Jermaine and tell him how I feel.</p>
Step 4: Maureen thought about support and who she could turn to for help	<p>Maybe I should confess to my husband, as I don't think I can cope with this alone any longer. But I have to find a way to do this without it resulting in the usual fight.</p> <p>Perhaps I could share it with friends at church or even my Pastor.</p>
Step 5: Maureen thought about what other help there could be for her	<p>Perhaps there is somewhere where Seymour and I can get some help - it might also be useful to talk to other parents in a similar situation.</p>
Three months later	<p>Jermaine still takes drugs but Maureen has been able to talk to him about the effect it is having on her and the rest of the family. She has been able to confide in her husband and some close friends at our Church. This was a real relief and she no longer feels like she's carrying the whole burden on her own.</p> <p>Maureen has been to a support group and it's been really helpful for her to meet other parents. She's also starting to realise that the problems aren't her fault and that Jermaine has to take more responsibility.</p>

Organisations offering further help and information

There are a large number of organisations, websites and other resources which will be able to give you and your family further help in relation to the issues covered in this handbook. If you are in the UK, the following pages provide details of some of the key information sites and agencies across the United Kingdom which may be able to offer you further help. The majority of the organisations listed are national. Some of the websites and organisations will give details of how you can find them on social networking sites such as Facebook or Twitter. If you are living outside the UK then the following pages could help you think of similar resources in your country that would be in a position to provide similar services.

These are some excellent websites which provide information and advice on alcohol and drugs. Some of the main ones are:

- Adfam: www.adfam.org.uk/find_a_local_support_group A list of useful organisations to help families.
- Alcohol Concern: www.alcoholconcern.org.uk The national charity working to reduce alcohol harm in the UK. *(due to merge with Alcohol Research UK in April 2017)*
- Drinkaware: www.drinkaware.co.uk Independent alcohol advice, information and tools to help people make better choices about their drinking.
- Drugwise: www.drugwise.org Providing evidence based information on drugs, alcohol and tobacco.
- Frank: www.talktofrank.com A to Z list of substances explains appearance and use, effects, chances of getting hooked, health risks and UK law.
- NHS Choices: www.nhs.choices.co.uk The UK's biggest health website.

Remember, that if you are worried about someone else seeing what websites you visit then there is information which can help you cover your tracks on the Women's Aid website.

Help for Family Members, Carers and Relatives with Problem Use

Organisation	Description	Contact
Services in England/UK		
Addaction	A UK-wide treatment agency that helps individuals, families and communities to manage the effects of drug and alcohol misuse.	http://www.addaction.org.uk/ Tel: 020 7251 5860
Adfam	National organisation working in a range of ways to support families. Includes details of groups and services for families across England.	http://www.adfam.org.uk Tel: 020 7553 7640
Al-Anon Family Groups	International organisation which supports families dealing with alcohol misuse. Runs support groups across the UK.	http://www.al-anonuk.org.uk Tel: 020 7403 0888
Carers Trust	National organisation which aims to offer action, advice and support for carers across the UK.	http://www.carers.org Tel: 0844 800 4361
Carers UK	National organisation which supports carers – run by carers for carers.	http://www.carersuk.org Tel: 020 7378 4999
Cruse Bereavement Care (also in Scotland)	Leading national charity for bereaved people in England, Wales and Northern Ireland. There is a page on their website about bereavement through alcohol/drugs. See also www.bath.ac.uk/cdas	http://www.cruse.org.uk Tel: 0808 808 1677 http://www.crusescotland.org.uk Tel: 0845 600 2227
Drinkline	The national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline, in complete confidence.	Tel: 0300 123 1110 (weekdays 9am – 8pm, weekends 11am – 4pm).
DrugFam	National organisation supporting families and others affected by drug misuse. Includes a range of support for those bereaved through substance use.	http://www.drugfam.co.uk Tel: 0300 888 3853
Families Anonymous	International organisation which supports families dealing with drug misuse. Runs support groups across the country.	http://www.famanon.org.uk Tel: 0845 1200 660 (helpline)
Family Lives	A national charity which offers helps and support about all aspects of family life. Action for Prisoners and Offenders' Families is now part of Family Lives.	http://www.familylives.org.uk Tel: 0808 800 2222 (helpline) Tel: 0808 808 2003 (National Offenders' Families Helpline)
Grandparents Plus (now incorporates the Grandparents Association)	National organisation which support grandparents and the wider family, including when they take on the care of grandchildren.	http://www.grandparentsplus.org.uk Tel: 0300 123 7015
Icarus Trust	A range of supports across the UK for families affected by addiction. Includes a network of Family Friends who are trained to provide support.	http://www.icarustrust.co.uk
Relate	The UK's largest provider of relationship support.	http://www.relate.org.uk Tel: 0300 100 1234
SMART	Helps people recover from addictive behaviour and lead meaningful and satisfying lives. The approach is secular and science based; using motivational, behavioural and cognitive methods. Run a network of self help meetings and also partner with care professionals.	https://www.smartrecovery.org.uk/ 0845 603 9830

Organisation	Description	Contact
Services in Northern Ireland		
ASCERT	Provides services across Northern Ireland for those affected by alcohol/drug problems, including families, young people and children.	http://www.ascert.biz Tel: 028 9260 4422 or 0800 2545 (Head Office)
Services in Scotland		
SFAD (Scottish Families Affected by Drugs)	National organisation working in a range of ways to support families. Website includes details of other services across Scotland.	http://www.sfad.org.uk Tel: 0808 010 1011
Parentline Scotland	A free helpline, and other resources, for parents in Scotland who are concerned about children.	http://www.children1st.org.uk/parentline-scotland Tel: 08000 28 22 33

Help for Children and Young People

Organisation	Description	Contact
Alateen	Part of Al-anon- a national organisation which supports teenage relatives (12-17yrs old) & friends of those with alcohol problems.	http://www.al-anonuk.org.uk/public/what-alateen Tel: 020 7403 0888
Carers Trust – support for young carers	Offers a range of advice and information to young carers about all sorts of issues. Helps young people find out about young carers projects in their area.	https://carers.org/about-us/about-young-carers
ChildLine	Free & confidential helpline for children & young adults in the UK. Also runs other forms of online support.	http://www.childline.org.uk Tel: 0800 1111
COAP (Children of Addicted Parents and People). Now part of Nacoa	Website for young people. Includes online forums, message boards and online counselling.	http://www.coap.org.uk
NACOA	National Association for the Children of Alcoholics. Provides information, advice & support for anyone affected by parental drinking.	http://www.nacoa.org.uk Tel: 0800 358 3456
Ormiston Trust	National charity to support the lives of children and young people.	http://www.ormistontrust.org
Steps to Cope	An adapted version of the adult 5-Step Method for children and young people. Primarily available in Northern Ireland but keep an eye on the website for developments.	http://www.stepstocope.co.uk

Help about Domestic Violence and Abuse Issues

Organisation	Description	Contact
Against Violence and Abuse (AVA) Project	Leading UK charity which aims to end violence to women and girls.	http://www.avaproject.org.uk
National Centre for Domestic Violence	Emergency injunction support for anyone regardless of financial circumstances, race, gender or sexual orientation.	http://www.ncdv.org.uk Tel: 0800 970 2070
NSPCC	Offers advice and information on domestic abuse and taking care of children.	http://www.nspcc.org.uk
Refuge	For women & children affected by domestic violence, Refuge runs a network of safe houses for those who need emergency accommodation.	http://www.refuge.org.uk Tel: 0808 2000 247
Respect	A UK organisation which runs perpetrator programmes and other services and also support for the male victims of violence and abuse.	http://www.respect.uk.net Respect phoneline: 0808 802 4040 Men's advice line: 0808 801 0327
The Hideout	Website developed by Women's Aid for young people living with domestic abuse.	http://www.thehideout.org.uk
The Samaritans	Confidential emotional support for people who are experiencing feelings of distress or despair including those which may lead to suicide. Includes free 24 hr helpline.	http://www.samaritans.org Tel: 116 123 (UK)
Women's Aid	Main national organisation supporting victims of domestic violence. Provides a wide range of information and services. Includes free 24hr confidential DV helpline and services for children.	http://www.womensaid.org.uk Tel: 0808 2000 247

Help about Problem Gambling

Organisation	Description	Contact
GamCare	National UK charity offering telephone counselling and face-to-face counselling in a number of locations around the country, including help for affected family members; as well as advice for professionals.	http://www.gamcare.org.uk Tel: 0808 8020 133
National Problem Gambling Clinic, London	A specialist NHS clinic serving the whole of the UK, including help for affected family members.	http://www.cnwl.nhs.uk/cnwl-national-problem-gambling-clinic Tel: 020 7381 7722

Further Reading

There are a lot of reading materials on the subject of addiction, and on the ways in which families can be affected. It is not possible to give a comprehensive list here, but details are given in the following pages of things that you might find most helpful, most of which should be quite widely available. Bookshops, libraries or online retailers such as Amazon (<http://www.amazon.co.uk>) should be able to give you more details of these and other reading materials.

How alcohol and drug misuse can affect families

This list contains both academic texts and books which have been written by family members as a result of their experiences.

1. Barnard M (2007). *Drug Addiction and Families*. Jessica Kingsley.
2. Burton-Phillips E (2007). *Mum, can you lend me twenty quid*. Portrait Books.
3. Gorin S (2004). *Understanding what children say: children's experiences of domestic violence, parental substance misuse and parental health problems*. NSPCC and National Children's Bureau.
4. Harris P (2010). *The Concerned Other: How to Change Problematic Drug and Alcohol Users Through Their Family Members: A Complete Manual*. Russell House Publishing Ltd. (note that Part 1 of this manual, which covers the academic literature, is available separately).
5. Kroll B & Taylor A (2003). *Parental Substance Misuse and Child Welfare*. Jessica Kingsley Publishers.
6. Lawson S (1995). *Everything Parents Should Know About Drugs*. Sheldon Press.
7. Mullender A et al. (2002). *Children's Perspectives on Domestic Violence*. Sage Publications.
8. Orford J (2011). *Addiction Dilemmas: Family Experiences from Literature and Research and Their Lessons for Practice*. Wiley Blackwell.
9. Orford J et al. (2005). *Coping with Alcohol and Drug Problems: The Experiences of Family Members in Three Contrasting Cultures*. Routledge.
10. Trimmingham T (2009). *Not My Family, Never My Child: What do to if someone you love is a drug user*. Allen & Unwin.
11. Velleman R, Copello A & Maslin J (1998, reissued 2007). *Living with Drink: Women who live with problem drinkers*. Longman.
12. Velleman R & Orford J (1999). *Risk and Resilience: Adults who were the Children of Problem Drinkers*. Harwood Academic.
13. Ward M (2003, 2nd Edition). *Caring for someone with an alcohol problem*. Age Concern Books.
14. Yelland D (2010). *The Truth About Leo*. Penguin Books.

Addiction

1. Barber J (2002, 2nd Edition). *Social Work with Addictions*. Palgrave Macmillan (Practical Social Work Series).
2. Barry K, Oslin D & Blow F (2001). *Alcohol Problems in Older Adults: Prevention and Management*. Springer.
3. Booth Davies J (1997, 2nd Edition). *The Myth of Addiction*. Harwood Academic.
4. Bowden-Jones O (2016). *The Drug Conversation: How to talk to your children about drugs*. Royal College of Psychiatrists.
5. Chick J (2006, 2nd Edition). *Understanding Alcohol and Drinking Problems*. Family Doctor Publications Ltd.
6. Galvani S (2011). *Supporting People with Alcohol and Drug Problems: Making a Difference (Social Work in Practice)*. Policy Press.
7. Gossop M (2007, 6th Edition). *Living with Drugs*. Ashgate Publishing Limited.

8. Heather N & Robertson I (1997, 3rd Edition). *Problem Drinking: the New Approach*. Oxford University Press.
9. Heyman G (2009). *Addiction: A Disorder of Choice*. Harvard University Press.
10. Orford J (2001, 2nd Edition). *Excessive Appetites: A Psychological View of Addictions*. John Wiley & Sons.
11. Orford J (2013). *Power, Powerlessness and Addiction*. Cambridge University Press.
12. Petersen T & McBride A (2002). *Working with Substance Misusers: A Guide to Theory and Practice*. Routledge.
13. Shapiro H (2010, 14th Edition). *The Essential Guide to Drugs and Alcohol*. Drugscope.
14. Spada M (2006). *Overcoming Problem Drinking*. Robinson Publishing.
15. Stewart T (1996). *Heroin Users*. Pandora.
16. Tirbutt E & Tirbutt H (2008). *Beat the Booze: A Comprehensive Guide to Combating Drink Problems in All Walks of Life*. Harriman House Publishing.
17. Velleman R (2011, 3rd Edition). *Counselling for Alcohol Problems. (Counselling in Practice Series)*. Sage Publications Limited.
18. West R (2006). *Theory of Addiction*. Addiction Press (Blackwell Publishing).
19. Tyler A (1995, 2nd Edition). *Street Drugs: The facts explained, The myths exploded*. Coronet.

The 5-Step Method

All of the published material about the 5-Step Method is in academic papers, in books or journals. These publications are less widely available, but they should be accessible via many public or academic libraries (e.g. at colleges or Universities). You could also ask the person who gave you this self-help handbook if you are interested in finding out more. The list below summarises some of the main publications about the 5-Step Method.

1. ADF Group: Copello A, Ibanga A, Orford J, Templeton L & Velleman R (2010). The 5-Step Method: A Research Based Programme of Work to Help Family Members Affected by a Relative's Alcohol or Drug Misuse. A Special Supplement of the academic Journal *Drugs: Education, Prevention and Policy*, Volume 17, Supplement 1, pages 1-210.

This special supplement was issued at the end of 2010, given over entirely to the stress-strain-coping-support model and the 5-Step method. The papers in it provide a good overview of the 5-Step Method and its research background.

In addition, there are the following publications

1. Copello A, Templeton L, Orford J, Velleman R, Patel A, Moore L, MacLeod J & Godfrey C (2009). The relative efficacy of two levels of a primary care intervention for family members affected by the addiction problem of a close relative: a randomised trial. *Addiction*, 104(1), 49-58.
2. Orford J, Velleman R, Natera G, Templeton L & Copello A (2013). Addiction in the family is a major but neglected contributor to the global burden of adult ill-health. *Social Science & Medicine*, 78, 70-77.
3. Orford J, Templeton L, Copello A, Velleman R, Ibanga A & Binnie C (2009). Increasing the involvement of family members in alcohol and drug treatment services: the results of an action research project in two specialist agencies. *Drugs: Education, Prevention and Policy*, 16(5), 379-408.
4. Orford J, Templeton L, Patel A, Copello A & Velleman R (2007). Qualitative study of a controlled family intervention trial in primary care: I The views of family members. *Drugs: Education, Prevention and Policy*, 14(1), 29-47.
5. Orford J, Templeton L, Patel A, Velleman R & Copello A (2007). Qualitative study of a controlled family intervention trial in primary care: II The views of primary health care professionals. *Drugs: Education, Prevention and Policy*, 14(2), 117-135.
6. Templeton L & Sipler E (2014). Helping children with the Steps to Cope intervention. *Drugs and Alcohol Today*, 14(3), 126-136.

7. Templeton L, Zohhadi S & Velleman R (2007). Working with Family Members in Specialist Drug and Alcohol Services: Findings from a Feasibility Study. *Drugs: Education, Prevention and Policy*, 14(2), 137-150.
8. Velleman R, Orford J, Templeton L, Copello A, Patel A, Moore L, Macleod J & Godfrey C (2011). 12-month follow-up after brief interventions in primary care for family members affected by the substance misuse problem of a close relative. *Addiction Research & Theory*, 19(4), 362-374.

How gambling can affect families

This list again contains both academic texts and books which have been written by family members as a result of their experiences.

1. Velleman R, Cousins J & Orford J (2015). Effects of gambling on the family. In: H Bowden-Jones & S George (eds.), *A Clinician's Guide to Working with Problem Gamblers*, London: Routledge, 90-103.
2. George S & and Bowden-Jones H (2015) Family interventions in gambling. In: H Bowden-Jones & S George (eds.), *A Clinician's Guide to Working with Problem Gamblers*, London: Routledge, 163-171.
3. Krishnan M & Orford J (2002) Gambling and the family from the stress-coping-support perspective. *International Gambling Studies*, 2, 61–83.
4. Suomi A, Jackson A, Dowling N, Lavis T, Patford J, Thomas S, Harvey P, Abbott M, Bellringer M, Koziol-McLain J & Cockman S (2013) Problem gambling and family violence: family member reports of prevalence, family impacts and family coping. *Asian Journal of Gambling Issues and Public Health* 3 (13), 1-15.
5. Dowling N, Suomi A, Jackson A, Lavis T, Patford J, Cockman S, Thomas S, Bellringer M, Koziol-McLain J, Battersby M, Harvey P & Abbott M (2016) Problem gambling and intimate partner violence - a systematic review and meta-analysis. *Trauma, Violence, Abuse*, 17 (1), 43-61

Domestic Abuse

The following list summarises some materials which are freely available to access and download via the Internet. The resources section of the AVA (Against Violence and Abuse) Project may also be of relevance.

1. Living with domestic violence and substance use. Written by Sarah Galvani (2010). Available through Adfam. http://www.adfam.org.uk/docs/livingwith_dv.pdf
2. The Survivor's Handbook (available in many languages) <https://www.womensaid.org.uk/the-survivors-handbook/>