

A hand-drawn illustration of three people in a supportive circle. At the top, a person with blonde hair, wearing a blue jacket and yellow pants, is being held up by two other people. Below them, a person with brown hair, wearing a white shirt and yellow pants, is being held up by a third person. At the bottom, a person with brown hair, wearing a pink shirt, is being held up by the person in the white shirt. The background is a simple landscape with a yellow ground and a white sky. The illustration is signed 'Duckman 2010' in the bottom left corner.

SIGNIFICANT OTHERS MANUAL

A self help manual for the families and loved ones of drug users.

Is someone in your family using drugs? If so, this manual includes tools and supportive advice to help you and your loved one.



Kaleidoscope

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DISCOVERY

ACCEPTANCE

Discovering that your loved one is using drugs may come as a bit of a shock. However, if you have 'suspected' their drug use for a while – it may be a more gradual process.

You may even have confronted them, and been told 'not to be so stupid', or 'It's not really a problem'. Whatever process your discovery took, it is likely to kick-start a long journey for you. You may find this journey full of ups and downs. Don't despair – ups and downs are a natural part of the process. The important thing is how you will proceed from 'discovery' to the next stages of your journey with your loved one.

Unless you take the difficult decision of distancing yourself completely from your loved one ; their journey towards life without drugs will inevitably become your journey too. You will find yourself going through a wide range of emotions – some of which you might not have felt for a long time. Like your loved one – you will have good days and bad days.

Some of the emotions you may be going through include :

- Frustration
- Anger
- Guilt
- Hopelessness
- Resentment
- Loneliness

After the initial shock of discovery, you may well move on to feeling shame, blame and guilt. You may blame your loved one for being 'weak' for continuing to use drugs, but even more probable – you may blame yourself. You might experience thoughts such as : 'If I had been a better Mother she wouldn't be using drugs', or 'Maybe my Husband is still using because I'm not being a very good wife' . These thoughts are all very natural, and all part of the post discovery process.

There may come a point after trying to deal with all the emotions after discovery that you feel like you have reached rock-bottom, and feelings of hopelessness and despair start setting in. However, there is a positive at this stage, and that is that you may well start accepting your loved one's problem. You might start realising that simply pleading with them to stop just isn't going to work. Acceptance doesn't mean that you just have to sit there and take it, it just means that you can now look objectively at what is going on around you, and start looking at the best ways to deal with it. You may also realise that the journey you are about to embark on might be a long one – Rome wasn't built in a day, as they say. It is at this point you will need to summon up all the inner strength you can muster, so that you can start the journey with your loved one to recovery.

Just as your loved one might relapse into old behaviour from time-to-time, you probably will too – and go back to placing blame, and denying there is a problem. However, as long as you re-think and re-group when you realise you have gone back to your old behaviour, you will be able to get yourself out of it.



CHANGING YOUR BEHAVIOUR

As your loved one is taught to start changing their drug using behaviour – you might have to start changing yours too. Basically, you should try to start changing the way you react to their behaviour. For example, if your loved one comes home, and you immediately suspect they have relapsed and used again, shouting and accusing isn't really going to have any effect at all. Behaving like a prison guard, and taking all their money and freedom away will probably have the opposite effect to the one you wanted. On the other hand, trying to help too much can enable them to use more. Basically, you are trying to develop a middle ground approach, and we will explain later in this manual how to try to communicate with your loved one in a positive way.



BASIC DRUGS AWARENESS

To better prepare yourself for the journey ahead, getting a good grasp of drugs and their effects will empower you, and might also make it easier for your loved one to talk to you if they feel you understand why they are using drugs.

Although there are many different drugs out there, here is a brief description of the most commonly used illicit drugs and their effects :

AMPHETAMINES

(Also known as base, speed, billy, whizz, phet)

DESCRIPTION :

Class B drug, off-white powder – usually sold in paper wraps. Amphetamine is a man-made stimulant. It can be injected, and then becomes a class A drug. However, most users prefer to 'bomb' it – the term given to wrapping it up in a rizla and swallowing it. It can also be sorted up the nose with a rolled up bank note – or simply dabbed onto the gums.

COST : ABOUT £5 PER GRAM

EFFECTS :

(Positive) : Euphoria, hyper-activity, increased energy levels, suppresses appetite.

(Negative) : After the effects wear off, the user finds it hard to relax and sleep, and experiences increased restlessness.



METHAMPHETAMINE

(Also known as ice, glass, meth, crystal meth)

DESCRIPTION :

Methamphetamine is a relatively new stimulant drug, similar to but purer than Amphetamine. Methamphetamine can easily be made in 'makeshift' laboratories, and as such is becoming more and more accessible. Methamphetamine can be taken orally (bombing), snorted, smoked or injected. The effects of this drug are extremely potent, and it is highly addictive.

COST: ABOUT £45-50 PER GRAM

EFFECTS:

(Positive) : Euphoria, Increased wakefulness, hyper-activity, reduced appetite.

(Negative) : Obsessive behaviour around cleaning and hand washing, rapid heart beat, irregular heartbeat and increased respiration. After the effects have worn off, the user can feel irritable and depressed.



COCAINE

(Also known as: snow, Charlie, white, coke)

DESCRIPTION:

Derived from the leaves of the coca plant, it comes as a fine white powder, usually taken by snorting up the nose with a rolled-up bank note. It can be injected by itself, or together with Heroin (speedball), but snorting is the most usual method of use. The user is likely to talk incessantly, seem restless and hyper-active, and keep rubbing their nose. They will also disappear to the toilet to keep snorting more lines, as the effects wear off quite quickly (about 20-30 mins)

COST: ABOUT £45-50 PER GRAM

EFFECTS:

(Positive): Euphoria, hyper-activity, a feeling of 'immortality', chatting animatedly, increased energy levels, sense of wellbeing and power.
(Negative): Paranoia, anxiety, restlessness, depression when the effects wear off, leading to a 'crash', or 'come down'



CANNABIS

(Also known as : grass, green, skunk, weed, draw, dope, ganja, joint)

DESCRIPTION :

Class B drug, derived from the flowering tops of the plant cannabis sativa, it can also be used in a concentrated resin form called Hashish. Usually kept in cling film, or empty bank bags. Both types are most commonly smoked in a joint mixed with tobacco, although bongos of various types can also be used to heighten the effects. Bongos are smoking pipe-like instruments that can be bought in certain shops. Alternatively, they can be made at home using buckets and plastic bottles. Cannabis can also be eaten in cakes (spacecakes), or drunk in a kind of tea. Skunk weed, a certain strain of cannabis is becoming more popular, and there have been controversial studies recently claiming that prolonged use can lead to serious mental health issues.

COST: ABOUT £5 PER GRAM

EFFECTS:

(Positive) : Euphoria, relaxation, feeling of well-being, decreased stress levels, appreciation of humour (giggling fits), increased hunger (the munchies), and loss of inhibition.

(Negative) : Paranoia, short term memory loss, demotivation, lethargy, and possible mental health concerns. Although few users develop dependence, some do.



CRACK COCAINE

(Also known as rocks, stones, white)

DESCRIPTION:

Crack is the product, or residue left after converting powdered Cocaine into its base state. The powdered cocaine changes texture and becomes more like a small rock or stone. The effects of Crack are much more intense than with powdered Cocaine, and it is therefore highly addictive. As with Cocaine, the effects are short-lived (about 15-20 mins), and so the user becomes obsessed with chasing the effect again and again. Crack is most commonly smoked with a 'pipe'. Pipes can be made from small glass tubes with metal filters in the top, or with crudely made plastic bottles or empty tin cans. Unlike Cocaine, the crack user is not seen with a running itchy nose, but rather a chesty, hacking cough, caused by the smoking process. Some users become paranoid, restless, and many start 'skin-picking' on their faces, arms and legs.

COST: £20 PER 'ROCK'

EFFECTS:

(Positive): Intense Euphoria, a feeling of immortality and power, increased energy, hyper-active, chatty.
(Negative): Acute paranoia and auditory hallucinations, restlessness, irritability, complete loss of self-control, and an obsession with having another 'hit'. As with Cocaine, users will feel a powerful, uncomfortable 'come down'



ECSTASY

(Also known as MDMA, disco biscuits)

DESCRIPTION :

Ecstasy is a man-made drug, often brightly coloured – they are often named or branded (eg: Mercedes, D&G.), and some have pictures stamped on them, like smiling faces, hands, dollar signs etc. The main ingredient in Ecstasy is MDMA – which can also be taken by itself and comes as a crystallised powder. In tablet form, they are popularly taken before and during clubbing. Some users take several pills in one go, as their tolerance increases.

COST: ABOUT £2 PER PILL

EFFECTS:

(Positive): Enhanced physical sensations, increased positivity about life and themselves, close emotional bonding with other people (hence the name 'love drug'), increased sexual feeling, decreased inhibition, and increased energy levels (clubbers will dance for hours after taking ecstasy).

(Negative): Dehydration, 'gurning' (pulling faces and grinding teeth), increased heart rate. Depression and fatigue hits as the effects wear off.



MDMA

(also known as Mandy)

DESCRIPTION :

Class A drug. Off-white can be a very light brown powder, sometimes crystalline. Sold in paper wraps or plastic bags. Most commonly bombed because of very bitter taste but can be snorted or rubbed on gums. MDMA is ecstasy that has not been chemically changed to make it into solid pill form. It is, however, still cut with contaminants to maximise dealer profit.

COST: £30-£40 A GRAM

EFFECTS:

(Positive): Euphoria, sense of self acceptance, diminished anxiety and aggression, empathy, increased physical sensation, alertness.

(Negative): diminished appetite, hallucinations due to sleep deprivation, fatigue, acute depression during comedown.



HEROIN

(Also known as brown, smack, gear, brown sugar)

DESCRIPTION:

Heroin is found as a brown, off-white or white powder, depending on what it's been mixed with, and the purity of the source ingredient. It comes as wraps or 'bags' – usually tiny plastic bags burned at one end to keep it closed. Heroin is processed from Morphine – which is a naturally occurring substance extracted from the Asian poppy plant (opium poppies). It is categorized as a depressant, as opposed to a stimulant – as it has a sedating rather than a stimulating effect. It is extremely addictive, both physically and mentally. It is usually the fear of the physical 'withdrawal' that will lead users to continue using. Heroin can be snorted, smoked in a joint, smoked on tin foil (Chasing), or injected. Some Ecstasy users will take heroin as a way of combating the come down after a night clubbing.

COST: £10 PER BAG

EFFECTS:

(Positive): Intense euphoria, a warm feeling in the skin and around the body. Heroin negates all emotions, so the user will immediately feel good and forget any problems they might have. Heroin relaxes the body and the mind, and the user feels like they are in a 'bubble' of happiness. (Negative): Intense urges to use the drug again, uncomfortable physical come down (constipation, depression), High risk of overdose if injected, nodding off (gouging out) – where the user is so sedated they just keep nodding off in mid-sentence.

WITHDRAWAL:

By far the most physically addictive drug, the withdrawal from long-term Heroin use is often so severe; the user must take a substitute drug like Methadone to wean themselves off heroin. Without substitution, the user will feel physical symptoms for up to 3 months after stopping use. These include: Total insomnia, hallucinations, sweating, vomiting, restlessness, diarrhoea, and rapid heartbeat, temperature fluctuations, running nose and eyes and excessive yawning. Psychological symptoms include: Intense craving, anxiety, irritability and severe depression.



KETAMINE

Also known as: K, Special K, Ket, Wonky.

DESCRIPTION :

Class C drug. A liquid in its purest form and is used in both human and veterinary medicine. When used illicitly it is most commonly a white powder, sometimes crystalline. Sold in paper wraps or plastic bags. It can be sniffed, bombed or injected.

COST: ABOUT £10-20 A GRAM

EFFECTS:

(positive): Feeling of well being, pleasant numbness, relaxation.

(negative): Impaired sight, balance, sense of time, nausea, memory loss



NAPHYRONE, MDPV, FLEPHEDRONE

Also known as: NRG1, NRG, MTV

DESCRIPTION:

Class B drugs. Powder form, varying from white to light brown in colour. All synthetic stimulants, these substances can be bombed or sniffed. Bottles or packages labelled NRG or NRG1 can be bought in some headshops (a shop that sells drug paraphernalia) in the UK but these do not necessarily contain the substances listed above, they are more than likely caffeine or glucose powder. Naphyrone can be bought online as 'pond cleaner'. MDPV and Flephedrone can also be purchased online on sites that sell researchchemicals.

COST: £5-£10 A GRAM

EFFECTS:

(positive): Increased energy, empathy, increased libido

(negative): Increased heart rate, light-headedness, anxiety, difficulty breathing. High doses can cause panic attacks.



MEPHEDRONE

Also known as: M-kat, meow meow, drone, MMC

DESCRIPTION :

Class B drug. White powder or crystals, sometimes yellowish due to contaminants. Usually sold in small plastic bag or paper wraps. Mephedrone is a synthetic stimulant that is usually sniffed, but can be swallowed in a bomb (wrapped in a cigarette paper) or injected. Until April 7th 2010 Mephedrone was freely available on the internet (under the guise of plant food) and was legal to sell, buy and possess. Mephedrone has become increasingly popular in recent years because it produces similar effects to cocaine at a much reduced price.

COST: ABOUT £10-15 A GRAM

EFFECTS:

(positive): Feeling of well being, pleasant numbness, relaxation.

(negative): Impaired sight, balance, sense of time, nausea, memory loss



METHADONE

(also known as 'green' or 'juice')

DESCRIPTION:

Methadone is a synthetic opiate drug which is used as a substitute medication for people coming off heroin. It usually comes in liquid form and can be green or blue in colour. It is usually taken orally. Used properly, it can take away withdrawal symptoms experienced by coming off heroin and can help people to start living a functional, productive life. However, methadone can be misused and is sometimes sold illicitly on the street. When sold on the street, it usually costs about £10 per 100mg. When taken illicitly, people can overdose on methadone. As with all opioid, methadone is highly addictive and users can experience unpleasant withdrawal symptoms when attempting to stop using this drug.

COST: AROUND £10 PER 100MG



BUPRENORPHINE

also known as subutex or 'subbies'

DESCRIPTION :

Buprenorphine, like methadone is used in treatment settings as a detox drug for people coming off heroin. It is usually seen in tablet form and is taken orally. It is not a full opiate like methadone and is often used as the next step for people who wish to come off methadone .Because it also has opiate blocking effects, people who take subutex and use heroin 'on top' can start feeling very ill. Like methadone, subutex can be addictive and users can feel the effects of withdrawal when stopping use. Subutex can be sold illicitly on the street with tablets changing hands for as little as £5. In prisons, snorting subutex up the nose has become increasingly popular as it is said to give an intense 'rush'. Because of this, subutex can change hands in prison settings for £10 per tablet.

COST: ABOUT £5-10 PER TABLET



HOW CAN I TALK TO MY LOVED ONES?

It is daunting for both you and your loved one to eventually broach the subject of their drug use and to talk about it openly. You might initially have more of a need to talk about it than they do – as you will want to find out exactly what they are using, how much etc.....

Be prepared for the possibility of them not opening up to start with. They might be suspicious of why you want to know, and might also feel that talking about it would give too much away. On the other hand, your loved one might be contemplating giving up, and suddenly start asking for help. If they are reluctant to talk openly, try to be patient, and assure them that you will be there to support them should they need to talk.



"Mother, are you sure your marijuana use is purely medicinal?"



"Dear Andy: How have you been?
Your mother and I are fine. We miss you.
Please sign off your computer and come
downstairs for something to eat. Love, Dad."

ONCE YOU HAVE STARTED TALKING, TRY TO USE THE FOLLOWING GUIDELINES:

- Gain all the information you can about the drugs your loved one is using. You will have a better understanding of why they are using them if you understand the effects of the drugs. Also, if your loved one thinks you know about the drugs they are using, they might listen better. Telling them that you understand the benefits of their drug use will make them more receptive to listening to the drawbacks.
- Try as hard as you can to remain calm throughout your discussion. Heated shouting matches are a waste of time for both of you and will get you nowhere. If you feel yourself losing your temper, walk away again try to discuss it again another time.
- Try not to make threatening statements. Tell them specifically which parts of their drug use are affecting you and the rest of your family the most.
- Look at the wider picture. Discuss with them the other aspects of their life, and try to ascertain whether any of these are contributing to their drug use.
- Do not bottle up all your emotions and keep them to yourself. If you simply cannot make progress talking to your loved one – then you must talk your feelings through with someone else. Later on in this manual, we will cover this in the chapter ‘Looking after yourself.’
- Try to communicate assertively. Decide what it is you need from your loved one, and then clearly state your feelings and opinions. Request directly the changes you would like them to make.
- Try to use the word ‘I’ instead of ‘you’. Using the word you can be construed as aggressive communication. Using the word I is more assertive
- Speak in a clear, firm voice and make direct eye contact.
- Suggest alternatives.
- Don’t feel guilty while you are telling your loved one how you are feeling.

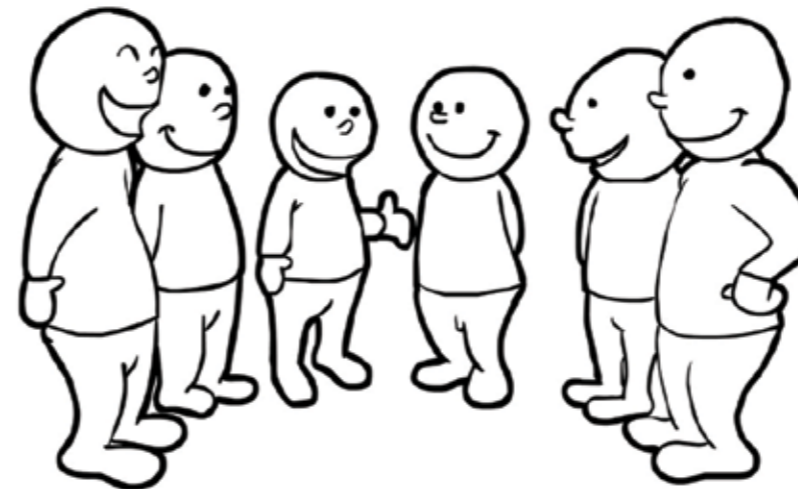
AGGRESSIVE:

Mother: ‘You are breaking this family up – you don’t care about our feelings and how your drug use is affecting the family’

ASSERTIVE:

Mother: ‘I feel that your drug use is putting a lot of strain on the rest of us. We sometimes feel that you don’t realise the effect that it is having. Instead of focusing on what your loved one is doing to you – focus instead on your own reactions to that behaviour.’

Try to follow these 3 steps when trying to communicate your needs to your loved one:



1. **DESCRIBE THE BEHAVIOUR YOU DON'T LIKE. EXPLAIN CALMLY WHICH BEHAVIOUR YOU ARE TALKING ABOUT. MAKE SURE YOU STICK TO TALKING ABOUT THEIR BEHAVIOUR, AND DON'T RESORT TO NAME CALLING.**
2. **DESCRIBE YOUR FEELINGS AND REACTIONS TO THAT BEHAVIOUR. EXPLAIN HOW IT AFFECTS YOU.**
3. **DESCRIBE WHAT YOU WANT TO SEE HAPPEN. EXPLAIN DIRECTLY AND CLEARLY WHAT YOU WOULD LIKE TO SEE THEM CHANGE OR DO.**

PROBLEM SOLVING

People make decisions frequently throughout the day. Life with a drug user can pose constant problems that need resolving in a way that is best for everyone concerned. You might find that more often than not, you are in a state of charged emotion. Because of this, you may sometimes make rash decisions that are a direct result of your emotional state. There are 2 types of rash, emotional decisions:

- **Hot decisions** – These are usually made at a time when you feel under a lot of pressure. They are also called ‘panic’ decisions, and are unlikely to bear a reasonable result. For example: ‘Right, that’s it. I’m selling the car tomorrow so that she won’t keep using it to go and find drugs with’
- **Blaming decisions** – These can affect other members of your family, as you try to place the blame for the loved ones use onto someone else in the family. Or, you make a decision based on the fact that you blame yourself for the problem. For example ‘I’m going to take fewer shifts at work so that I can be at home and keep an eye on him and stop him using.’

Effective problem solving starts with finding the best possible solution to the problem. Use the following steps as a guideline when problem solving:

- 1 Hard as it is, try to think positively about solving the problem, and do not rush yourself into making quick, unrealistic solutions.
- 2 Have a long think about the problem, and then break it up into smaller, more manageable pieces.
- 3 Focus on thinking about as many possible solutions as you can. Involve the rest of the family, and ask them for alternatives.
- 4 Look at the pros and cons of the alternatives you have come up with, and start with the one that stands out the most.
- 5 Keep looking at the results of your solution, and whether it is bearing positive results. If not, go back to the problem and start again.

PROBLEM: MY PARTNER STEVE GOES OUT WITH HIS 'USING FRIENDS' COMES HOME AT 2 OR 3 A.M. AND MAKES SO MUCH NOISE, HE WAKES UP THE REST OF THE HOUSE.

PROBLEM:

Use the problem solving charts below to find appropriate solutions and alternatives for any 2 burning issues that you have at the moment as a result of your loved ones' drug use:

POSSIBLE SOLUTION	POSITIVE CONSEQUENCES (PROS)	NEGATIVE CONSEQUENCES (CONS)
Lock the front door so Steve can't come in at 2 am and wake the house up	<ol style="list-style-type: none"> 1. The rest of the family will get the rest they need 2. Steve will know it is no longer an option 3. I won't worry that he might set fire to the house 	<ol style="list-style-type: none"> 1.He might go somewhere else, and get arrested 2. I won't know where he is.
Ask Steve nicely not to come in after 11 p.m.	<ol style="list-style-type: none"> 1.I will know he is safe at home 2.The rest of the family will get the rest they need 	<ol style="list-style-type: none"> 1. He will still make a racket downstairs, so we will still be kept awake. 2. He will stick to it for a few days, and then go back to coming in at 2 a.m. 3. He will start negotiating the time, whereas if I lock the door at 10 p.m. there is no negotiation.

POSSIBLE SOLUTION	POSITIVE CONSEQUENCES (PROS)	NEGATIVE CONSEQUENCES (CONS)

PROBLEM:

PROBLEM LISTING

POSSIBLE SOLUTION POSITIVE	CONSEQUENCES (PROS)	NEGATIVE CONSEQUENCES (CONS)

To clear your head of mounting problems, it is a good idea to write a problem listing form, rating the severity of each problem – so that it becomes clear which problem might need tackling first. This will stop you thinking that you can't see the wood for the trees:

Example of a Problem Listing Form:

PROBLEM : I FIND MYSELF OBSESSING EVERY MINUTE OF THE DAY WHETHER SARAH IS OUT USING DRUGS OR NOT

SEVERITY RATING

NOT SEVERE 1 2 3 4 5 6 7 8 **9** 10 VERY SEVERE



Now list your problems on the scales below, and decide which one needs to be tackled first:

PROBLEM 1

SEVERITY RATING

NOT SEVERE 1 2 3 4 5 6 7 8 9 10 VERY SEVERE

DON'T DWELL ON A PROBLEM AND GET STRESSED OUT. THINK IT THROUGH AND WORK ON THE BEST SOLUTION.

GOAL SETTING

PROBLEM 2

SEVERITY RATING

NOT SEVERE 1 2 3 4 5 6 7 8 9 10 VERY SEVERE

PROBLEM 3

SEVERITY RATING

NOT SEVERE 1 2 3 4 5 6 7 8 9 10 VERY SEVERE

In order to keep focused, and to improve other areas of your life, you should think about setting yourself a few small, short-term goals week-by-week.

For example, to improve your self-esteem and fitness, you might want to think about joining a gym. If you find yourself obsessing too much on your loved one, you might want to think about incorporating daily meditation and relaxation sessions into your routine.. The important thing is to break these longer-term goals up into more achievable goals. Making your goals more achievable is more likely to bring about success, instead of ending in failure, and resulting in negative feelings about yourself.

Goals should also follow these 3 guidelines :

- Brief : Keep them as brief as possible, to avoid confusion.
- Positive : Try to focus on goals that you are going to do, as opposed to not going to do.
- Measurable : Only use measurable, specific goals. They should be specific descriptions of behaviour, which can be clearly achieved when looked back on.

FOR EXAMPLE

Instead of : 'I really should start going to NA meetings'

Use this : 'find my nearest Nar-anon meeting and go along to the next one'

Instead of : 'I've got to stop obsessing about Nick all day – it's driving me mad'

Use this : 'I will start doing 10 minutes 30 minutes relaxation exercise every day at 5 p.m. – which is the worst time for me'

Instead of : 'I really need to join a gym and start getting back in shape'

Use this : 'Go to the Leisure Centre and join the Gym on Friday afternoon'

Using the examples above as a reference, fill in your goals in the table overleaf . Tick off the boxes marked Brief/Positive/Measurable to check your goals are on the right track.

GOAL	BRIEF?	POSITIVE?	MESEURABLE?

AFTER IDENTIFYING SOME OF YOUR GOALS YOU MIGHT WANT TO CHOOSE THE MOST RELEVANT ONE, AND USE A GOAL PLAN LIKE THE ONE BELOW TO PLAN HOW TO IMPLEMENT THIS GOAL

GOAL PLAN

My biggest problem at the moment is

- I feel exhausted all the time thinking about Steve and his drug use, and am at the end of my tether.

My goal for helping to change this

- I am going to start thinking of myself more so I can deal with the problem in a healthier way.

What steps I plan to take

- I am going to spend 2 hours a day doing something to de-stress, like going to the gym or having a swim. I will do this Mon-Sat from 4p.m.-6p.m.
- I am going to spend Wednesday nights out of the house doing something sociable and distracting, like meeting my friends for dinner or a drink.

What can get in the way

- Having to look after the children.
- Not having enough money.

Who can help?

- My Mum and my friend Sue can help look after the children.
- I can give my Mum the money at the start of the week, so I don't spend it on less important things.

NOW FILL IN YOUR OWN GOAL PLAN
WITH YOUR MOST RELEVANT GOAL:

GOAL PLAN

My biggest problem at the moment is:

My goal for helping to change this:

What steps I plan to take:

What can get in the way:

Who can help?

REWARDING YOURSELF

It is important, once you have formulated some goals and stuck to them, that you reward yourself when goals have been completed, to reinforce your new behaviour. Rewards can be anything you like, but there are a few things to bear in mind when choosing a material reward :

- It should be something that can be given fairly soon after your success. The sooner you get the reward, the more effective it will be in supporting your new behaviour.
- It should be something that you can easily get or afford.
- It should be something over and above the normal pleasures of life – something which you regard as a luxury.
- It should be something which is a pleasure for you.

Some examples of rewards are : CD's, books, magazines, games, clothes, luxury food items, going out to a restaurant, going to the cinema or theatre, going bowling etc Write down in the space below, 5 things that could serve as material rewards for you :

MY REWARDS	
1	PRICE £
2	PRICE £
3	PRICE £
4	PRICE £
5	PRICE £

TAKING CARE OF YOURSELF

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Once you have established good communication with your loved one, it is possible that you can work together, and you can help them with their problem solving and goal setting.

If you have been supportive towards them throughout their drug problem, they will probably list you on their goal setting form under 'who can help'

For example, you could suggest that they talk any cravings through with you. Or they might ask you to take care of their money to reduce the likelihood of lapse. Try to remember that if they lapse, it is not necessarily going back to step one. Lapses are a natural part of the recovery process, and the important thing is that they analyze what happened before, during and after the lapse, so that they can prevent it happening again. It's easy to say, but try not to get too despondent if a lapse occurs, and try to work through it together.

It is likely that most of the time, your thoughts are spent on your loved one's drug problem. It is important to remember not to neglect yourself, as you will need to be in the best health possible to support your loved one through their journey to recovery. Spending too much time thinking about the problem isn't going to make it disappear. By thinking too much, you are only exhausting yourself. Your thoughts are not going to change your loved one's behaviour, or stop them using drugs. They will only stop using drugs when they are ready, and they have made a decision to change. Your role, is to support them through this change process. Your goal is to try to balance your life, and to include as many of the following as you can :

EXERCISE

Exercise is a great way to de-stress, and to let out any pent up anger. Swimming is a very relaxing form of exercise, and is a cheap option if you go to the local leisure centre. Walking is free of charge, and is a good way of releasing your thoughts outside of your house. Aerobic exercise is good for tiring yourself out in a healthy way – and as such is good for your loved one too. There are gyms in most leisure centres.

SOCIAL AND RECREATIONAL

You might find that something you used to enjoy doing has been put on hold recently, as you have tried to come to terms with your loved one's drug use. It is important that you start doing these things again – and try to carry on life as normal. Your friends are important people to have around you at this point, and if you have neglected them recently due to your loved one's problems, then try to set a certain day in the week to meet them and have a meal, or a drink, or go to the cinema or bowling etc.

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MANAGING STRESS AND ANXIETY

TALKING IT THROUGH – EXTRA SUPPORT

It is vital that you talk through your feelings to someone you know will not be judgemental, and who will be a supportive shoulder to cry on. Some significant others find it very helpful to go to support groups, where they can meet other parents, sisters, brothers, children and partners of people using drugs. (See support group list below.) When you listen to other people talk about their life with their loved one using drugs, it makes you feel less alone, and relieved that there are other people going through the same as you. You can also talk to your friends, and don't feel guilty that you are 'burdening' them with your problems – if they are good friends they will be supportive and understand what you are going through.

THE REST OF THE FAMILY

You might find that you have neglected the rest of your family whilst dealing with your loved one's drug problems. Brothers, sisters and children can grow a little resentful of constantly hearing about your loved one's behaviour and problems. Try as hard as you can to give them some normal, quality time. Go out together as a family once a week and agree that the loved one will not be discussed at all.

SUPPORT GROUPS

DAFS alcohol and family support – **01495 244 623 / 01495 240 824**
- Provides support for family members affected by substance misuse.

Nar-anon is the sister group of Narcotics Anonymous – and provides support to the families of drug users. Their website is : **www.nar-anon.org**

Jigsaw – Piecing parenting together. Parenting groups and workshops, one-to-one support, telephone support and Information for parents with substance misuse issues. **01633 254 987 / 07967 586 903**

Living life with a loved one using drugs can bring untold strain and emotional and financial stress on the rest of the family. It is easy to get yourself worked up about your situation, and you might even feel yourself losing control and going into complete panic. It is very important that you remain as focused as you can, and if you feel yourself getting stressed, try to follow the following exercises :

1 CONTROLLED BREATHING

- Find somewhere you can sit down
- Place your hands on your stomach
- Close your eyes
- Breathe in slowly and deeply through your nose, hold the breath for a moment and then breathe out slowly through your mouth. Breathe in from your diaphragm. Concentrate on your breathing until you start to feel calmer.

This controlled breathing exercise has a dual function – the controlled breathing regulates your heartbeat, the hand on your stomach helps to ground you in here and now.

2 VISUALISATION TECHNIQUE

- Find somewhere to sit down and close your eyes
- Think of, and visualise a place or time when you were really happy - a very strong, positive memory
- Concentrate on focusing on the small details of your memory – for example, if your memory is of a favourite seaside place, picture in your mind how the sunlight glints on the water, the sound of the wind as you're standing on the beach, the patterns and texture of the sand, the smell of the seaweed, the sound of the seagulls etc – whatever is appropriate to your own experience. Visualise as many details as possible – sights, sounds & smells.

- Remember how good you felt at that time, how happy and relaxed you felt. Stay with that feeling.
- If you don't have a happy memory that is appropriate to this technique, then try to visualise a place that you would like to be in the future, where you imagine you would be safe and happy.
- When your panic attacks starts, concentrate on your visualised happy memory. Step mentally out of the panic attack and into a happy visualised place.
- Concentrate on the small details and how good you felt in that place, until you start to relax and your panic attack starts to subside.

This technique may take some practice but persevere – it really can help in a number of ways. It can physically calm you down as your thoughts shift away from ones of panic and anxiety to more positive, happy thoughts . It can also make you feel more in control of your ability to cope with your anxiety/panic as you find that you have a tool to enable you to manage your feelings effectively.

GENERAL EXERCISE

3

Taking regular and energetic exercise is one of the best ways of keeping your system in balance and working off anxiety and stress. It uses up all your frustrated energy and makes you feel happy and calm.

Monitoring your anxiety

It is a good idea to monitor your anxiety levels, so that you can be aware of when and why you feel most anxious or stressed out.

KEEP A RECORD OF THESE ON A MONITORING TABLE :

DAY	ANXIETY LEVEL (1-10)	WHAT TRIGGERED THE ATTACK	HOW DID YOU COPE?	SUCCESS RATE (1-10)
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

SETTING NEW BOUNDARIES

The purpose of having boundaries in our lives, is to be able to tell people when they are acting in ways that are not acceptable to us. It is likely that your loved one using drugs will be acting in ways which you don't agree with. You must protect yourself, and start to think about setting clear boundaries around yourself and the rest of your family.

It is impossible to start changing the relationship you have with your loved one, if you don't first learn to respect yourself.

There are basically 3 parts to a boundary. The first 2 are setting the boundary – the third is what you will do to defend that boundary.

PART ONE : IF YOU...

This is the description of the behaviour you find unacceptable (being as descriptive as possible)

PART TWO: I WILL...

This is a description of what action you will take to protect and take care of yourself in the event the other person violates the boundary.

PART THREE : IF YOU CONTINUE THAT BEHAVIOUR I WILL...

This is a description of what steps you will take to protect the boundary that you have set.

AN EXAMPLE OF THESE 3 PARTS WOULD BE :

“If you ever threaten me again, I will call the police and press charges. I will ask you to leave this house. If you continue to threaten me, I will get a restraining order and prepare to defend myself in whatever manner is necessary”

OR :

“If you ever come in the house again after midnight, I will lock the door and you won't be able to get back in until the next day. If you continue to try to get in after midnight, I will call the police and put in a complaint”

It is not enough just to set the boundary. It is necessary to be willing to do whatever it takes to enforce them. You need to be willing to go to any length, to do whatever it takes to protect yourself.

It is also important to set consequences that you are willing and able to enforce. If you are setting boundaries in a relationship, and you are not yet at a point where you are ready to leave the relationship – then don't say that you will leave. You can say that you will start considering all your options, including leaving, but don't say you are going to do something that you are not ready to do.

REMEMBER : IF YOU SET BOUNDARIES AND DO NOT ENFORCE THEM, IT GIVES THE OTHER PERSON AN EXCUSE TO CONTINUE WITH THE SAME OLD BEHAVIOUR.

- Setting a boundary is not making a threat – it is communicating clearly what the consequences will be if the other person continues to treat us in an unacceptable manner. It is a consequence of the other person's behaviour.
- Setting a boundary is not an attempt to control the other person – it is defining yourself, and trying to take what control you can of how you allow others to treat you.
- Setting a boundary is not a way of manipulating the other person. The difference between setting a boundary and manipulating is this:

WHEN YOU SET A BOUNDARY YOU LET GO OF THE OUTCOME

Here are some more tips on setting boundaries :

- When you feel the need to set a boundary or a limit with someone, do it clearly, preferably without anger, and in as few a words as possible.
- You cannot set a boundary with your loved one, and take care of their feelings at the same time. They may be angry, hurt and disappointed with you.
- When you first begin to set boundaries, expect to feel ashamed and afraid.
- A support system is helpful in setting boundaries. You might want to involve the rest of your family in the new boundaries.
- There is a satisfying side to setting boundaries : it feels good, and can be quite liberating.
- **Expect the situation to get worse before it gets better !!!!**

WHEN TO TERMINATE THE RELATIONSHIP

You might come to a point in your journey with your loved one, where you feel like you just can't cope anymore, and you have no more energy left to fight. You should try to understand that things do change, and you should never give up hope that your loved one will overcome their problems around drugs. However, if your relationship has come to a point where you think yourself or your family have lost control and can no longer continue to be involved, then you might want to think about the following :

- Are you really helping matters by continuing to be involved?
- Is their presence in the house having too much of a bad effect on the rest of the family?
- Are you jeopardising your own health or sanity by continuing to offer them your time, or a place to stay?
- Can you see a better future without that person in your life?

If you feel that it has come to a point of no return, then do not feel guilty asking them to leave, or telling them you no longer want to be involved.

If you do decide to terminate the relationship, remember that it can be a temporary measure, and that it also might 'kick start' them into the next stage of their journey to recovery. It is worth mentioning, that if your loved one is a child under the age of 18, then you need to contact social services if you want them to leave.

IN AN EMERGENCY OVERDOSE

Living with a loved one using drugs often conjures up images of 'overdose', and one of the first thoughts you might have when you discover their use is of them causing themselves serious harm.

If, in the unfortunate event - you find your loved one in serious physical danger and under the influence of drugs, follow the following guidelines :

IF THEY ARE UNCONSCIOUS :

- Phone an ambulance straight away.
- Put them in the recovery position (on their side with one knee bent)

IF THEY ARE CONSCIOUS BUT VERY DROWSY :

- Phone an ambulance straight away
- Remain calm and reassure them
- Try to find out what they have been taking, without being accusing
- Keep them awake, and put them in the recovery position

IF YOU ARE IN ANY DOUBT ABOUT YOUR LOVED ONE'S SAFETY - CALL AN AMBULANCE

NALOXONE - THE LIFE-SAVING DRUG

Naloxone is a life-saving drug that temporarily reverses the effects of an opiate overdose. For the families and partners of heroin users, learning about Naloxone has obvious benefits. If your loved one is a heroin user, they can attend a training session on Naloxone and be given a dose of it to take home. Attend the training with them if you can.

**FOR DETAILS CONTACT
KALEIDOSCOPE ON
01633 245890, OR
CONTACT YOUR NEAREST
COMMUNITY DRUGS
TEAM.**



DOMESTIC ABUSE



The power and control wheel to the left is an example of some of the tactics or behaviours that abusive, controlling partners might exhibit towards their loved one. See if you can relate to any of these and then compare your partner's behaviour to the equality wheel below. The equality wheel is an example of the behaviour and status quo of a healthy, thriving relationship.



Sometimes, drug misuse can make domestic abuse worse. Domestic abuse comes in several forms : Physical, Emotional, Mental (psychological), sexual and Verbal. It is most commonly carried out by men on women – but not always. More and more men are also coming forward as victims of domestic abuse.

Because of the range of emotions that are heightened whilst using and coming down off drugs, the user can sometimes behave abusively towards other members of the family. They might try to put you on a guilt trip – and blame you for their using. They might shout at you in a threatening way, and call you names. They might start vandalising the home, or worse still – try to physically attack you or someone else in your family. None of these are acceptable. You must set yourself boundaries, and agree with all the family that if any of the above starts occurring, then it's time to start cutting ties. Also remember, that the situation will probably become worse before it gets better.

If you think you are suffering from domestic abuse from a loved one, have a look through the following exercises and guidelines, designed to maximise your safety :

ANALYSING YOUR LOVED ONE'S BEHAVIOUR

Have a think back to previous instances where your loved one might have been abusive towards you, and then use this example in the following table. Underneath the example, write your own interpretation of a recent incident of abuse within the home :

DOMESTIC ABUSE

EXTERNAL TRIGGERS	THOUGHTS	FEELINGS	BEHAVIOUR	SHORT TERM POSITIVE CONSEQUENCES	LONG TERM NEGATIVE CONSEQUENCES
<p>He is most likely to shout at me when he is coming down off drugs</p>	<p>He was probably thinking about how to get money out of me, and my voice is getting on his nerves</p>	<p>He is usually feeling depressed and stressed and aggressive</p>	<p>Threatens to punch me and blocks the doorway so I can't get out</p>	<p>He gets money to use He lets out his aggression and anger at me</p>	<p>I feel worthless and helpless I am left with little money for the week</p>

WHAT CAN I DO WITH THIS EXERCISE

Firstly, have a look at the external triggers column, to look closely at what triggers your loved one's abuse. In the example above, where 'he is most likely to shout at me when he is coming down off drugs' – you could then work out an avoidance plan for this particular trigger. For example, you could leave the house before your loved one wakes up, thus avoiding his bad 'come down' mood.

Then look at the Thoughts column. In the example above, the wife suggests that her voice makes her husband more aggressive. If she is caught in the house when he wakes up, she can do things to minimise this. She can declare before he asks her, that she has no money in the house – and then get on with something else – so as not to engage in conversation.

In looking at the Feelings column, just being aware of how her husband is feeling can reduce the risk of abuse. Knowing that he will be feeling aggressive can highlight the need to avoid all confrontation with him in this mood. For example, it is not a good idea to start verbalising the effects of his use on the family at such a time.

In the Behaviour column, use his behaviour as 'early warning signs' that you can recognise as signs of his rising aggression, so that you can adapt to the situation.

In the Short Term Positive Consequences column, try to pinpoint what he gets out of being abusive to you. Is there something else that he could do to that that could release his anger in a more constructive way? You could suggest, for example, that he starts going to the gym, or goes for a walk when he starts feeling aggressive.

In the Long Term Negative Consequences, you can highlight what consequences his abusive behaviour has on both of you. For example, does it have an effect on your children, and is this worth the effort of staying and trying to get through it?

EARLYWARNING SIGNALS AND AVOIDANCE PLAN

After filling in the table above, you can now fill in an 'earlywarning signs' table, to prepare you if the abuse escalates, and will encourage you to look at 'avoiding' the confrontation before it begins. Have a look at the table below, which shows an avoidance plan for a woman who is being abused by her partner, Mick

AVOIDANCE PLAN

List all the high risk people that you need to avoid at this time

- Mick's friends John and Mark – try to avoid them if they come to the house – as they encourage Mick to become abusive
- My mother – as she starts on him the minute he wakes up, and then he starts boiling inside and takes it out on me when she leaves

List the high risk places that I need to avoid

- Going into pubs with Mick – when he drinks he gets worse
- Going to John's house, as then he wants to stay, and if I want to leave he gets aggressive

List high risk things that I need to avoid

- Make sure the living room is clear of anything he could hit me with, as this is where it usually erupts
- Having too much cash, as he will then go and use more and get abusive
- Having alcohol in the house, as he will drink and get worse

What are some safe activities that I can get involved in now?

- Going to swim before he gets up, when he is in his worst mood
- Suggest I go and visit my Mum at her house, instead of her coming here

Where can I seek support?

- My Mother
- My friend Claire

NOW FILL IN YOUR OWN AVOIDANCE PLAN :

AVOIDANCE PLAN

List all the high risk people that I need to avoid at this time

List the high risk places that I need to avoid

List high risk things that I need to avoid

What are some safe activities that I can get involved in now ?

Where can I seek support ?

It is extremely important that you start to learn, and keep a note of, the changes in behaviour and body language of your loved one. This can help you to know that is time to implement your avoidance plan and try to leave the situation. **Keep a note of any changes in behaviour or body language that your loved one might display that could indicate that they are becoming aggressive :**

CHANGES IN BEHAVIOUR	CHANGES IN BODY LANGUAGE
Eg : When he hasn't managed to score drugs, he comes home and the abuse starts.	Eg : He starts following me round the house with his eyes when he is sat in the chair in the living room.
After my Mum has visited, he then starts repeating everything she has said to me, and asking if there is any need for it.	He starts muttering under his breath, and I know it's coming He starts clenching his fists

NOW USE THE EXAMPLE
TO FILL IN YOUR OWN TABLE :

MY ESCAPE PLAN

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CHANGES IN BEHAVIOUR	CHANGES IN BODY LANGUAGE

It is essential that you have a prepared escape plan that you can use when the situation escalates and becomes unbearable. However, if you feel the abuse is going to start and be quite violent, give your loved one what they want and then escape. It is not a good idea, at that moment, to try to stand up for yourself and confront your loved one. You might end up worse for it.

Your escape plan should include the name of a person that you could ring for support in extreme circumstances. If you do not have a family member or friend available to do this – then it is wise to go and start getting to know the staff at a local refuge or hostel, so will know exactly who you are when you ring up in crisis.

You should also include a ‘safe house’ where you can go and seek refuge. Again, if this is not available to you – a refuge or hostel may be your only hope.

Another thing you could do to facilitate your escape if you need to, is to keep a small bag packed with essentials, stored somewhere out of view, that you can grab on your way out.

**ABOVE ALL ELSE, KEEP YOURSELF SAFE,
GIVE THEM WHAT THEY WANT AND
DON'T FIGHT BACK**

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BELOW IS A LIST OF NUMBERS THAT YOU CAN CALL IF YOU ARE CONCERNED ABOUT ANY ASPECT OF DOMESTIC ABUSE:

NSPCC Helpline

Tel: 0808 800 5000

Email: Helpline@nspcc.org.uk

NSPCC Asian Helpline

Lines are open 11am - 7pm,

Monday to Friday.

Bengali 0800 096 7714

Gujurati 0800 096 7715

Hindi 0800 096 7716

Punjabi 0800 096 7717

Urdu 0800 096 7718

Asian/English 0800 096 7719

If you need help outside these hours, please call the 24-hour Helpline on 0808 800 5000 (English service only)

Cymru/Wales Child Protection Helpline

Free phone 0808 100 2524

Email: helplinecymru@nspcc.org.uk

in English or Welsh.

Text phone: Free phone 0808 100 1033.

This is for people with hearing difficulties.

Fax: 01248 361085

National Domestic Violence Helpline

Helpline: 0808 2000 247

A 24-hour free phone number which provides access to emergency refuge accommodation, as well as an information service. It joins together the Women's Aid Federation helpline and the Refuge National Crisis Line in a single service.

Women's Aid

Helpline: 0808 2000 247

www.womensaid.org.uk

Advocates on behalf of abused women and children and provides services and support including refuge accommodation.

The Hideout

www.thehideout.org.uk

The Hideout is the first national website to support children and young people living with domestic violence, or to those who may want to help a friend. The site informs children and young people about domestic violence and helps them identify whether it is happening in their home.

This is an interactive website designed to help the partners and families of drug users.
www.alcoholdrugsandfamilies.nhs.uk

Refuge

Helpline: 0808 2000 247

www.refuge.org.uk

Refuge is the UK's largest single provider of safe accommodation and support to women and children escaping domestic violence.

Welsh Women's Aid / Cymorth I Fenywod

Helpline: 08 08 80 10 800

www.welshwomensaid.org

Information about Welsh local support groups and refuge services.

M.A.L.E (Men's Advice Line Enquiries)

Helpline: 0845 064 6800

A helpline service for men experiencing domestic violence. Open 10 am - 9 pm on Mondays, 10 am - 5pm from Tuesday to Thursday. A confidential 24 hour answer phone service is available at all other times.

“Your family and your love must be cultivated like a garden. Time, effort, and imagination must be summoned constantly to keep any relationship flourishing and growing.”

Jim Rohn

“Call it a clan, call it a network, call it a tribe, call it a family: Whatever you call it, whoever you are, you need one.”

Jane Howard

“Families are the compass that guide us. They give us inspiration to reach great heights, and our comfort when we occasionally falter.”

William Drayton

“A man travels the world over in search of what he needs, and returns home to find it.”

George Moore

The Family - “That dear octopus from whose tentacles we never quite escape, nor, in our inmost hearts, ever quite wish to.”

Brad Henry

“Nobody’s family can hang out the sign, “Nothing the matter here.”

Chinese Proverb

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