

# Family Resource Booklet



**Anglicare's Alcohol and Other Drugs Service**

Our service is voluntary, confidential and free.

1800 243 232  
[anglicare-tas.org.au](http://anglicare-tas.org.au)



**Anglicare**TAS

*Choice, support and hope*

Anglicare provides a voluntary confidential and free service for anyone with ongoing issues with drug and/or alcohol use.

This booklet is designed as a support resource for family members, loved ones or friends of people with alcohol and drug issues.

Anglicare does not endorse the use of drugs. Rather we acknowledge that drug use exists and so will endeavour to support people to get the right help when asked.

To speak with someone, or get more information, you can call Anglicare's alcohol and other drug helpline on **1800 161 266**.

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# Emotions and feelings

There's a range of common emotions and feelings that you may feel when someone close to you has ongoing issues with using alcohol or other drugs.



While these feelings can be overwhelming, it's important to learn to recognise these feelings. You can find ways of sitting with these feelings, rather than acting on them or avoiding them.

### **Some of the most common emotions include:**

**Fear:** 'Is he/she going to overdose or die' or 'the Police are going to knock on my door'.

**Anger:** 'How can you do this to us', 'why after everything we've done for you?' and 'why can't you stop?'.

**Panic and powerlessness:** It can be overwhelming and anxiety-inducing leaving you with a sensation of fear and helplessness.

**Shame:** you may feel like you need to keep the situation a secret and that you cannot tell other people, even your extended family.

**Sadness and grief:** This can be a result of a sense of loss of the dreams and hopes you had for your loved one. Often people say 'I want the old Kevin/Natalie back' or 'I want our family back the way it used to be'.

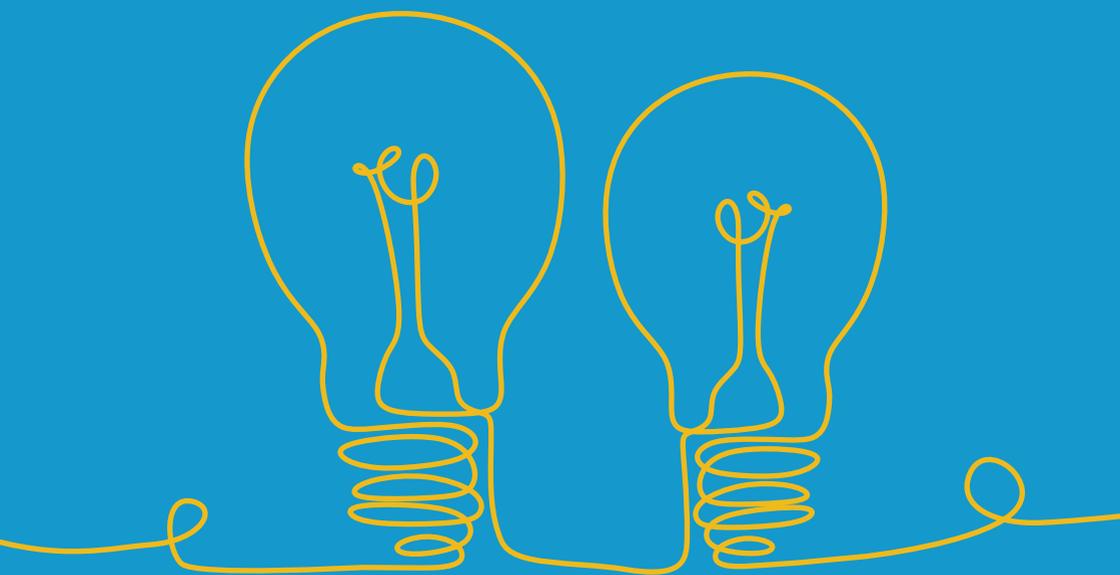
**Denial:** You may try to rationalise, or excuse behaviour in one way or another, believing that there must be a mistake. Thoughts may include 'they are looking after them for someone else' or 'my child wouldn't use drugs'.

**Blame and guilt:** It's common to blame yourself and unfortunately, it's also common for members of the public to blame the family saying things like 'makes you wonder what the parents are like?'

### **The truth is:**

- parents cannot influence every aspect of their children's behaviour,
- parents can only do their best with the knowledge that they have at the time,
- it is up to the child to choose to use or not,
- remember, it's not the family member you are angry at, but their behaviour.





# Tips for parents and families

It's never too late to help the person. You cannot control or change a person's alcohol or drug use. Only the person can change their behaviour. However, you can learn to support and encourage them.

It's common for a person to relapse many times before they reduce or stop their use altogether. There may be underlying reasons why the person is using drugs that will need to be addressed first.

'Drug use' does not always equate to a 'drug problem'. Many people, especially young people, will experiment or use drugs recreationally because they like the feeling they provide. This does not mean they are dependent on alcohol or other drugs or that their usage is a problem. It is crucial that you don't over-react.

## Communication

One of the best tools in combating alcohol and drug use is communication.

As a rule, a person with a drug problem won't want to talk much about their drug use, nor their problems or feelings.

It is therefore important to think about the time and place, the way you speak to them, and the words that you use.

### It is best to:

- avoid times when the person is under the influence of alcohol or drugs,
- discuss the issue in private,
- be aware of your emotions at that time and,
- take up any offers to talk from the person even if it's an inconvenient time for you.

### When talking to them you should:

- Stay calm and patient, listen, and don't interrupt.
- Make the person feel as though you understand them.
- Express your concern in a non-confrontational way.
- Tell them that you love them often.
- Don't react in a way that will cut off further discussion.
- Ask questions and be willing to listen to what they say.
- Avoid using threatening language.



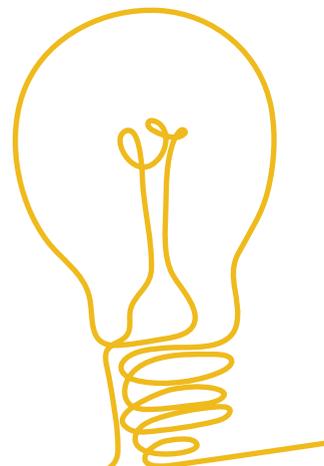
- Stop and think about what you need to say and the best way to say it.
- Avoid giving lectures or judging them.
- Avoid putting the person on the defensive.
- Try using 'I' statements instead of 'You' eg 'I'm really worried about' rather than 'you make me feel'.
- Stick to the point and avoid entering into arguments. Walk away if this proves difficult.
- Allow them to finish full sentences without interruption, even if you don't like what is being said. This will show the person that you care about what they have to say and make them feel they are being heard and respected.
- Repeat back what you think the person has said to check that you have heard them correctly. Also, be sure to acknowledge their feelings. For example 'it sounds like you are angry with me because...' This will show the person that you are listening. Allow them a chance to explain any misunderstandings.
- Be positive by praising them for even the little things. This can help to make them feel good about themselves and assist in bringing about change.

## Be informed

### Learn about the drug/s including:

- it's street name,
- what it looks like,
- how to use it,
- the effects and,
- any short and long-term consequences of using it.

This will help you to better understand the person, what they're going through and how to support them. It will also improve your confidence, maintain some credibility and show that you have a genuine interest.



## Talk about safer drug use

While you may prefer them to stop using alcohol or other drugs completely, the reality is that it is their choice. If they do choose to keep using it's better if they know how they can use it in a safer way.

Never presume that they know how to use a drug safely as often they have received the wrong information.

### You can:

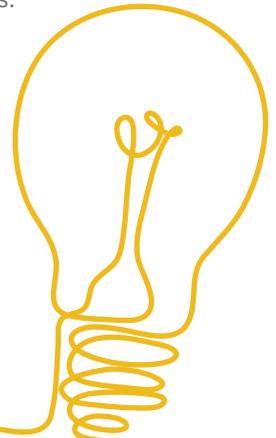
- encourage them to not use drugs alone,
- ensure they are aware of the risks
- know the signs of overdose and,
- know what to do if an overdose occurs.

There are many Needle and Syringe Programs (NSPs) located across the state where people can access clean equipment. NSPs often carry stock of the Naloxone nasal spray which reverses the effects of overdose on opioids.

If you would like more information on where to find your closest NSP, you can call Anglicare on **1800 243 232** or visit **[dhhs.tas.gov.au](http://dhhs.tas.gov.au)**.

If they inject, or you suspect they might talk to them about the need to use their own clean equipment rather than sharing. The highest risk for contracting hepatitis C comes from sharing needles and syringes with other people.

This includes spoons, filters, water, tourniquets and swabs. Even tiny amounts of blood that cannot be seen by the naked eye can contain the virus.



## Set boundaries and limits

It is important to set realistic and achievable rules about what is and isn't acceptable behaviour in your home.

### **They may be:**

- not using alcohol or other drugs in the home,
- not coming home under the influence of alcohol or other drugs and,
- only using alcohol or other drugs in the home as long as someone is around to make sure they are okay.

You also need to be clear about what the consequence is for breaking the rule. It is equally important to go through with the consequence if the rule is broken.

Depending on the age of the person, the rules and their involvement in setting boundaries with you will vary. If the person is older, it may be more respectful to make and negotiate the rules and consequences together.

When a rule is broken the first step is to acknowledge that the rule has been broken. Before doing so ensure that you have thought about how you are going to respond. You need to be calm and collected, don't act on frustration or anger.

### **Some ways you could respond include:**

- 'I believe our agreed boundary about ... has been broken',
- 'I feel ... about this', or
- you could discuss what the agreed consequence is.

You need to focus on the behaviour that has been broken and not the person.



## Learn to say 'No'

At times you may need to say 'No'. If you have difficulty saying 'No', give yourself some time to think before responding. You can always say 'I will let you know later on' or 'by the end of the day'.

Be sure to speak in a calm, but firm tone and look at the person when turning down their request.

Be very specific in stating what you will and will not do. For example, 'I can't give you money, but I can take you to the shop and buy something for you.'

In some instances they may play on your guilt to get other things from you or to change your mind. Be aware of this, don't impulsively offer to do something else out of guilt for turning them down.

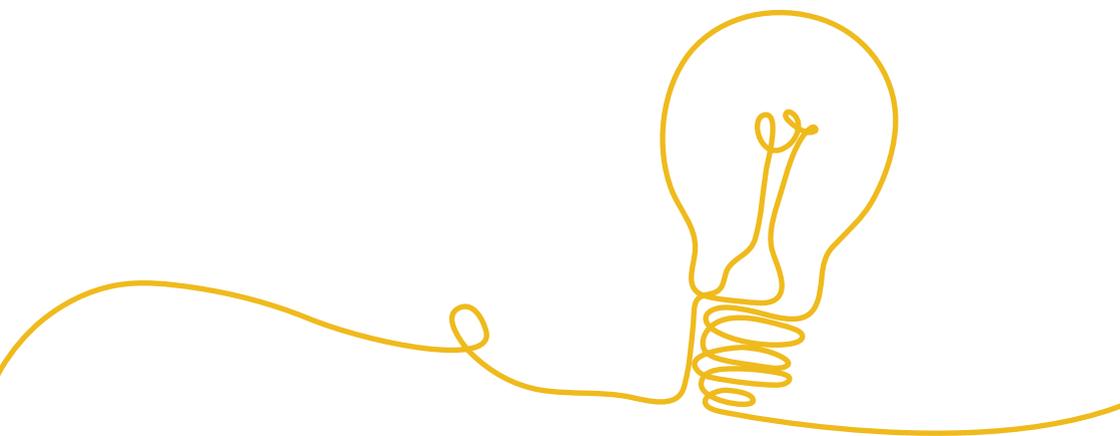
### Use this 3 step process when saying 'No':

- acknowledge the other person's request by repeating it,
- explain your reason for declining then,
- say 'No'.

### Two examples using this process:

I know that you would like me to give you a lift to your friend's house [acknowledgement], but I am unable to do so now [explanation], so I won't give you a lift [No].

I know that you would like me to give you \$10 [acknowledgement], but I have already given you a lot of money in the last week [explanation], so I can't give you any more [No].



## Look after yourself

You are often so busy trying to keep everything under control, or keeping the peace, that you overlook yourself and the needs of other family members.

Take some time to do things that you would like to do and get away from the situation for a while. Have a health check if you haven't been to your doctor for some time and make time to do things that you enjoy.

By doing something you enjoy will reduce the stress you are experiencing and enable you to cope better with the problems that your loved one has.

### Some ideas include:

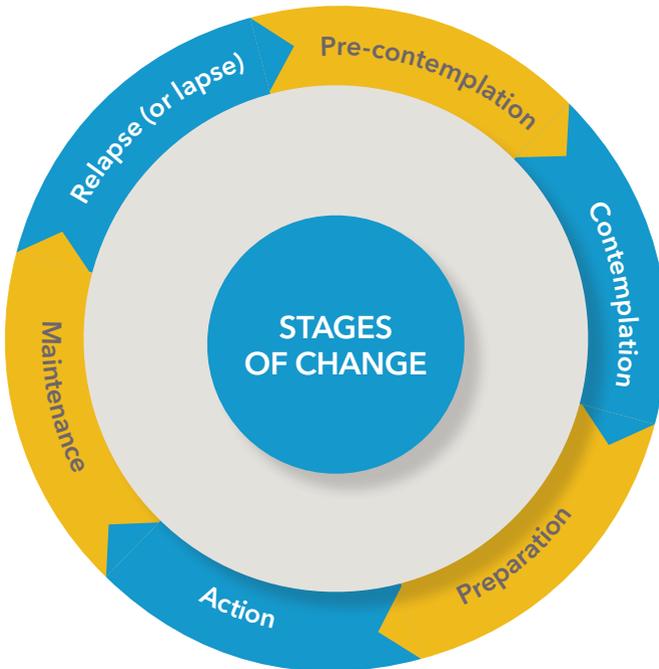
- Sitting and relaxing.
- Spending time with a pet.
- Reading.
- Listening to your favourite music.
- Going for a walk.
- Engaging in some form of physical exercise.



# 6 Stages of Change

By identifying where someone who uses alcohol or other drugs is on the '6 Stages of Change' cycle can help you to understand how to respond to them.

Each person may go through the stages of change differently. There is no specific right or wrong order. A person may go backwards and forwards at any time.



## Stage 1: Pre-contemplation or 'The Happy User'

The Pre-contemplation stage is when the person is not interested in changing at all. They appear unconcerned about their alcohol or drug use and tend to ignore other people's concern.

They enjoy using alcohol or other drugs and believe they can stop anytime they want. For them the positives, or benefits, appear to outweigh any costs or adverse consequences.

### **Things you can do at this stage:**

- Let go of the need to 'try and make them see'. Try not to react to everything they do that you don't agree with. This will only lead to frustration and stress.
- Nagging or making threats will have no effect. Stopping these negative behaviours can lead to an improvement in your relationship with the person.
- You need to describe how their use is affecting you personally.
- Keep communication open by genuinely being interested in their lives and listening to what they have to say. Don't talk about change as this will push them away and close communication.

## **Stage 2: Contemplation**

This stage is when the person is thinking about change and may start talking about seeking help. They might still find their drug use enjoyable, exciting and pleasurable, but as they experience negative consequences or side effects, they may also begin to feel uncertain.

'I'm enjoying my drugs and having fun, but I should cut down because...'

### **Things you can do at this stage:**

- Provide factual information in a casual way.
- Don't lecture or advise; just offer support. Try not to express your preferences, instead help them to explore their thoughts.
- Say, 'I feel' rather than 'you make me feel'.
- Don't take responsibility for their behavior.
- Acknowledge that thinking about change is a positive step.
- Provide the person with information and support. Allow them to weigh up the costs and benefits of using drugs.
- Walk away if an argument develops.



## Stage 3: Preparation

In this stage, they are seriously considering change. They have decided the costs associated with their drug use outweighs the benefits.

Often their line of thought is 'I really should cut down' or 'I really should stop and get more in control'. This is a time to focus on the 'how'.

### Things you can do at this stage:

- Let them know that you are there to help them.
- Acknowledge that it may be difficult for them to change.
- Let them know that there are services and trained people that can help.
- Support them to contact services and get information.
- Help them to set up some realistic and achievable goals and plans.

## Stage 4: Action

This state is when they carry out their plan and actively do something about changing. They have made a resolve to change and a commitment to that process.

This often involves small achievable steps like a reduction in drug use, starting treatment or changing their environment. 'I've worked out what to do and I'm going to do it.' It is important to note that action may not mean abstinence.

### Things you can do at this stage:

- Acknowledge any changes the person has made no matter how small.
- Focus on these positive changes with encouragement and praise.
- Plan family activities together.
- If they relapse, don't focus on the negatives.
- Let them know that you believe they can change.



## Stage 5: Maintenance

This stage is when they have acted, done the work, made the appropriate changes and maintained the changes for a long enough to feel relatively stable.

They then have to work to maintain the changes they have made. This is a very difficult stage and they can have the occasional lapse or relapse (see Stage 6).

They will need to learn alternative coping and problem-solving strategies. Identify emotional triggers and plan for them.

Even after a long period of maintenance the person may stop being physically and emotionally attached to their former drug use.

### **Things you can do at this stage:**

- Support them in the maintenance process.
- Believe that they can manage and be in control.
- Anticipate problems arising and troubleshoot if necessary.
- Keep up regular contact with support people.
- Let them know that a lapse or relapse is common and not seen as a failure.

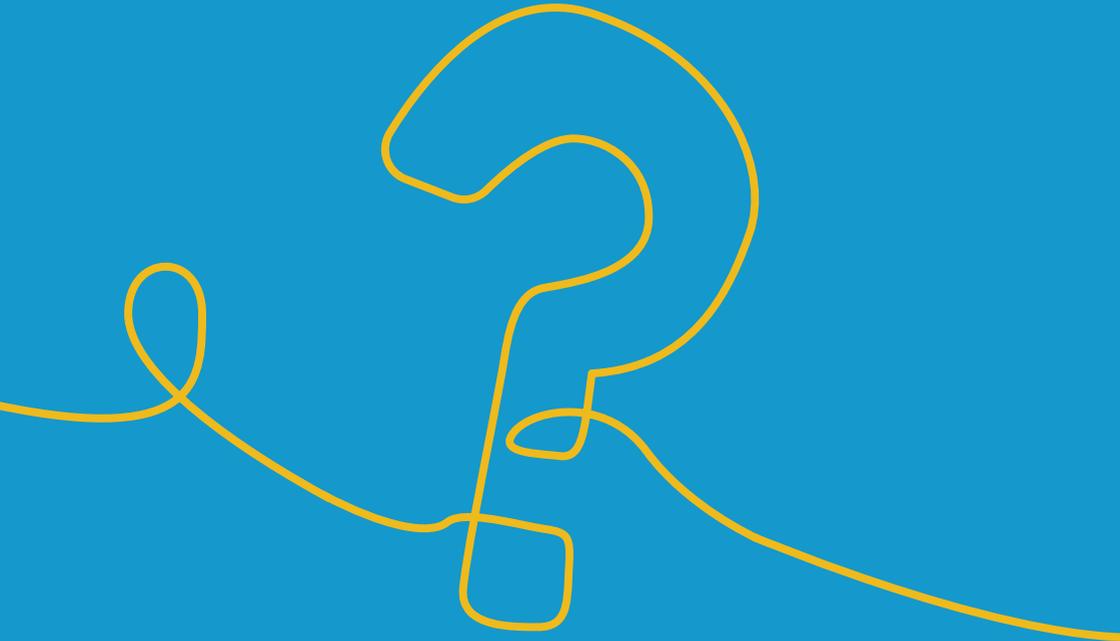
## Stage 6: Lapse or Relapse

This is a stage involving a lapse or relapse. A lapse is a one-off return to drug use or a weekend binge. It does not lead the person to return to the same level of use that they previously had. A relapse is when the person returns to the previous pattern of drug use. People in this stage often feel hopeless and miserable and need encouragement.

### **Things you can do at this stage:**

- Let them know that a lapse or relapse is common and not seen as a failure.
- Think of the lapse or relapse as short term.
- Praise them for doing so well so far.
- Support them as before.





# Common questions

# Why do people take drugs?

## People take drugs for many reasons:

- To have fun
- To escape from problems
- To experiment, particularly in the case of young people
- To rebel and to take risks
- To relax and relieve stress
- To gain confidence
- To socialise and feel like one of the group
- To relieve pain and self-medicate for physical conditions
- To remove personal responsibilities for decisions (i.e., 'I was stoned so it doesn't matter')
- Boredom
- Peer pressure

Experimentation and taking risks is a normal part of growing up. Some people may still have this tendency even when older, such as skydivers and mountain climbers.

## What is dependence?

Dependence means that a person relies on a drug in order to function. There are degrees of dependency, from mild to compulsive drug use. Compulsive drug use is often referred to as addiction.

Dependence can be psychological, physical or both. People who are psychologically dependent find that using drugs becomes more important than other activities in their life. Physical dependence is when the person's body adapts and becomes used to functioning with the drug present.



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It is impossible to say how long or how often a person must take a drug before they start to become dependent.



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The Australian Drug Foundation



## What does tolerance mean?

Tolerance refers to the physiological need to have more of the drug in order to achieve the original effect.

When a person first uses a drug they will have less tolerance and are likely to feel the effects more strongly. The more often they use the drug, the less intense the effect will be. The person will need to take more and more for the same effect because their tolerance has built up.

## What is withdrawal?

Withdrawal occurs when a physically dependent person stops or reduces the amount of drugs they take. As a result, they may experience physical symptoms as their body readjusts to functioning without the drugs.

## How do I know if someone has overdosed?

Overdose is the biggest fear for parents or other family members but it is not as common as you may think.

Overdose means that more drugs are in the person's system than the body is used to. The drugs act like a sedative and can make the person lose consciousness, which may lead to death. Some drugs are easier to overdose on than others.

If you believe your child or family member may be in danger of an overdose, it is important that you know the basic signs to look for and have a good knowledge of first aid and cardiopulmonary resuscitation (CPR).



### **The person may display the following symptoms:**

- loss of consciousness or unresponsiveness
- eyes rolled back in the head or are blank
- abnormal pulse
- are complaining of heart palpitations
- skin is pale
- breathing difficulties such as wheezing or shortness of breath
- convulsions/fits
- are complaining of a severe headache
- are complaining of blurred vision

### **What do I do if someone overdoses?**

- 1 Ring an ambulance on **000**.
- 2 Give the person Naloxone if you have some available. Spray half up each nostril. Repeat after 2-5 minutes if the person is still not conscious.
- 3 Try to wake the person if they are unconscious.
- 4 If they are unconscious, but still breathing, lay them on their side and pull their head back slightly to stretch the neck and to keep the airway clear.
- 5 If they are not breathing, start mouth-to-mouth.
- 6 If there is no pulse, start CPR. CPR involves chest compressions and mouth-to-mouth (rescue breaths) that help circulate blood and oxygen in the body. This can help keep the brain and vital organs alive.
- 7 Stay with the person and monitor them until the ambulance arrives.
- 8 Provide the paramedics with as much information as possible, like what the person has taken, the amount, and when and how the drug was taken. Overdose risk increases when drugs are injected because they act more quickly and with greater effect.

Ambulance personnel do not call the police to attend unless there is violence involved.



# Treatment options

There are a variety of treatment options available for people when they decide to cut down or give up their drug use.



**Some of the choices are:**

## **Detoxification Unit**

A detoxification unit is a public inpatient substance withdrawal management unit. Generally, withdrawal involves a 5 to 10 day admission. The individual can be either self-referred or service referred via GP or other healthcare professional.

## **Residential Rehabilitation Centres**

Residential rehabilitation centres are live-in programs available for people who have already detoxed and are attempting to live without using drugs.

They provide a regulated, supportive environment where people can adjust to a new life and build their skills and self-confidence before returning home. No drug use is permitted.

## **Counselling**

Counselling can be provided in either a residential program or with other health services on a regular basis. Some services provide free drug and alcohol counselling.

## **Opioid Replacement Therapy**

Opioid Replacement Therapy (ORT) is for people who are dependent on opiates such as heroin, oxycodone and morphine. A prescription drug, such as methadone, is then prescribed by a doctor to replace the opioid substance.

The replacement drug is less harmful to the body and allows the individual to stabilize. The person can then live in the community with less stress and issues surrounding drug use.

ORT is administered in a pharmacy or other health setting. For further information on this please contact the Tasmanian Alcohol and Drug Service on [1300 139 641](tel:1300139641).



## Peer Education and Self-Help Groups

Self-help groups include Alcoholics Anonymous (AA) and Narcotic Anonymous (NA). These groups provide a safe, supportive space for people to come together, discuss their experiences, and learn and support each other to stay drug free.

### Where can I go for support?

#### **Talk to a trusted friend or family member**

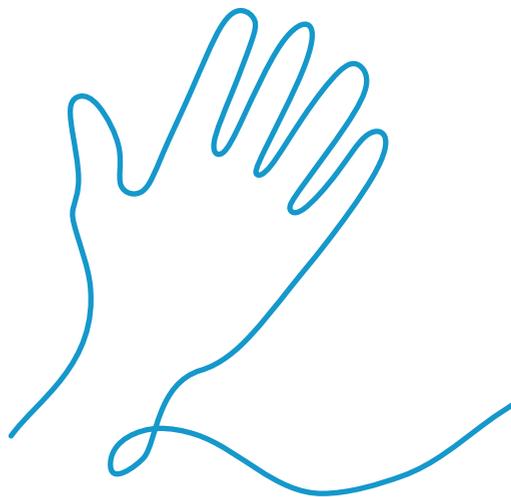
Talking about the situation and how you feel may help to clarify your thoughts and work out what you're going to do.

#### **Talk to a professional**

It takes courage to seek support. Talking to someone outside of your daily life, such as a counsellor or family support worker, can be very useful. It can also be helpful in gaining a different perspective on the situation.

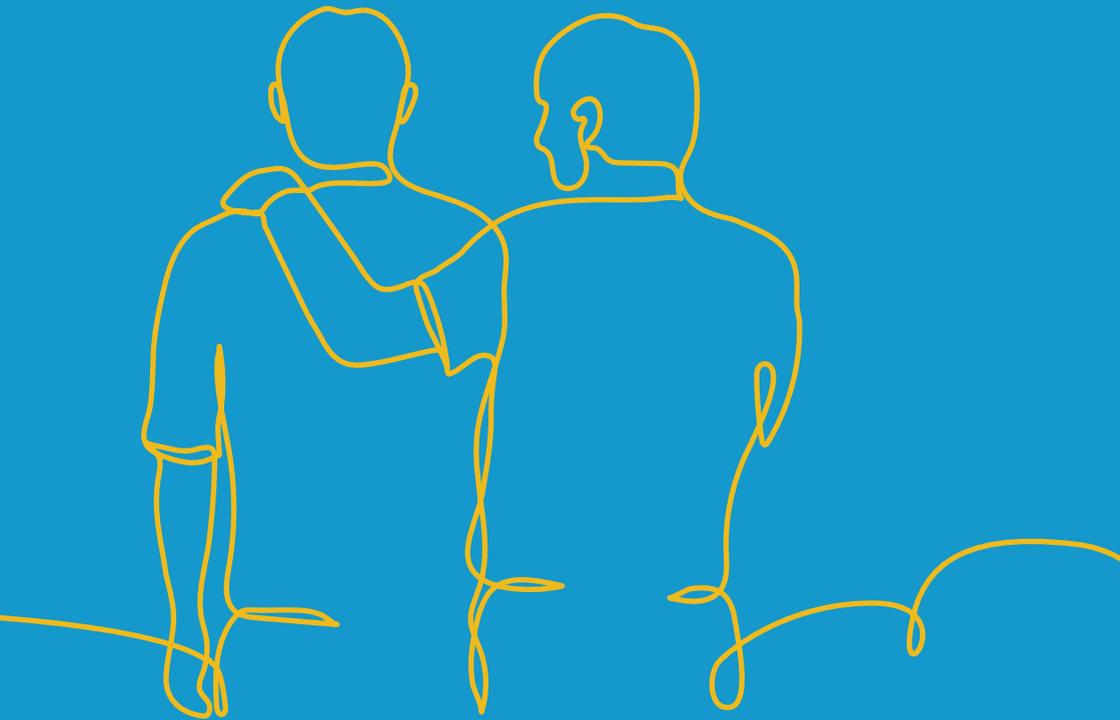
A counsellor or support worker can help you find a way to deal and cope with the situation that works for you. You know your family and your situation best and you will not be forced into something that feels wrong for you.

You also need to feel comfortable with the worker you talk to. If you don't feel like you 'click' then the worker will not be offended if you want to talk to someone else.



# Support groups

Family support groups can provide an opportunity to share your thoughts and feelings with people who have lived experience.



## They can teach you:

- new coping strategies,
- how to set clear and realistic boundaries,
- ways to communicate more effectively and,
- how to gain a feeling of control.

Anglicare offers face to face support to families affected by significant alcohol or other drug use in the North and North West of Tasmania. For further information on this please contact Anglicare on [1800 243 232](tel:1800243232).

## Anglicare's Alcohol and other Drug (AOD) Helpline

If you are looking for information about alcohol or other drugs, Anglicare's AOD Helpline can help. This free and confidential service can answer your questions and provide advice on practical 'next steps'.

### The AOD Helpline offers:

- experienced counsellors,
- no waiting times and,
- no referrals necessary.

We know it can be hard to ask for support, take the first small step today and call the AOD Helpline on [1800 161 266](tel:1800161266).



## Anglicare's Drug and Alcohol Treatment Service (ADATS)

This is a free service that involves professional allied health workers working with you to identify an individual's suitable treatment approach.

### Treatment options include:

- Screening and brief intervention - a one-time session where you will receive information and advice to help motivate you to make changes to your alcohol or drug use.
- Counselling - a counsellor will support you to develop a greater understanding of yourself and the role alcohol and drugs play in your life.
- Case management - a collaborative process to help you engage with a range of support services to help improve your quality of life.
- Aftercare - a support treatment to help minimise the likelihood of lapses and relapses through vocational, financial and other social support services.

To make an appointment, call Anglicare on [1800 243 232](tel:1800243232).



# Emergency contacts

If you are concerned about the person you are supporting:

Call **000** and ask for an ambulance. Stay on the line, speak clearly, and be ready to answer the operator's questions.

Visit your local hospital's emergency department

If you need to talk to someone at any time of the day or night, we recommend the following services:

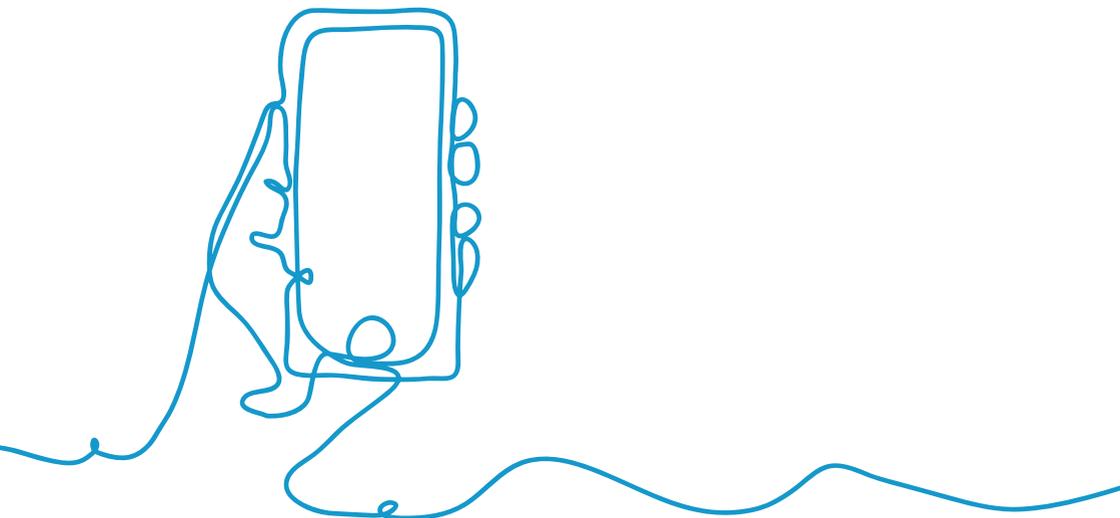
**Lifeline** [13 11 14](tel:131114)

**Suicide Call Back Service** [1300 659 467](tel:1300659467)

**Kids Helpline** [1800 55 1800](tel:1800551800)

**Mental Health Services Helpline** [1800 332 388](tel:1800332388)

**Beyond Blue** [1300 22 4636](tel:1300224636)





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