

helping someone who has a problem with drugs

We all have opinions about drugs, and we may have differing attitudes.

Our opinions may be influenced by whether they are legal, our attitudes to risk, what we have used ourselves and what we have read and seen on television. It is important to think about those attitudes before talking about them with relatives. It can be very difficult to start a conversation about something that may be causing a lot of distress and tension. It is helpful to realise that understanding drug use is more than knowing what the different drugs are and their effects.

Unfortunately drug use among young people is very common: in one study of 14 to 16 year olds over half had tried an illicit drug; cannabis and amphetamines were the most common. Most by the age of 16 had been offered an illicit drug at some time. It may be considered more normal in some peer groups to use drugs, than not. It is not only younger people that struggle with peer pressure.

People who use drugs are often unable to communicate what is happening to them and why. When they are struggling with the problem, they are unlikely to give satisfactory answers or explanations about what is going on. For people living with, or caring for someone using drugs it can be very frustrating, as you can see the harm that the drugs do, but are unable to help the person to realise it for themselves.

When trying to help, it is important to find a way to see the world the way they see it, to understand their journey. This journey towards managed use or a life without drugs is one that you will all have to undertake. You will have your own symptoms and setbacks, feelings and fears. It is OK to have feelings of denial, blame, anger, despair and hopefully acceptance and moving on. Acceptance is not resigning yourself to the situation, but seeing what is there, what help is available and looking at the next stage. Like the person you care for the journey may move forwards and back, you may relapse also. Your relationships may change, you may need to change your own life to help your relative, or to protect yourself and your family.

Understanding this will help you manage your own journey too.

So why do people take drugs?

This is a common question that parents and partners ask - usually before blaming themselves! There is no one answer. However, here are some reasons that have been given, that are easy to relate to:

- To have fun and relax
- Because they were easily available
- To join in with the crowd

These may be viewed as 'positive' choices that people decide to make.

However, there may be negative reasons also:

- Trying to get away from something, escaping difficult or painful feelings or situations
- Because they are bored and there is nothing better to do
- To help 'self medicate' an underlying illness or condition; cannabis may reduce anxiety, or amphetamines may help a low mood.
- To replace prescribed medication, because of the unwanted side effects that the anti-psychotic medication may produce, e.g loss of libido or weight increase.
- To have a social network and be identified as a 'drug user'; this has more street credibility and often more friends than someone with a 'mental illness'.

Drug use and mental health

The relationship between the effects of the drug and someone's mental health is complex and it is often difficult to get a clear understanding. Everyone is different and there is no simple answer.

Here are some common questions:

Do drugs cause mental illness?

No. But they may make symptoms worse for people who are vulnerable to mental illness. To make things more complicated, some aspects of drug use will make people feel better also, such as reducing anxiety.

What do you treat first, the drugs or the mental illness?

Research has shown that you need to treat both together, this is called integrated treatment. It is a four stage process:

- Engaging with the patient to fully understand their problems.
- Developing the patient's awareness to the problems and increasing motivation.
- Active treatment to reduce or stop drug use.
- Relapse prevention to maintain the progress that has been made.

Other important parts of the treatment include:

- Stabilisation of their mental illness
- Appropriate and monitored medication
- Social support
- Something to do with real meaning

Research has also shown that people do better in treatment when carers play an active part in their programme.

How can I talk to someone about drugs?

- Talking about something as big and new as 'drugs' is difficult. Here are some tips:
- Be specific. Don't make sweeping statements. Talk about the actual aspects of your relationship that you think are a problem.
- Be direct. Talk about how the behaviour affects you or the rest of the family.
- Be calm. This is easier said than done but try not to shout or let the discussion become an argument. Better to leave it and return to it later.
- Be open. Listen to what your relative has to say. Write it down and consider it later.
- Try to look at the wider context. Think about everyone who might be affected.

But it is important that you look after yourself as well. You may need someone else to sit in with you or you may need to write things in a letter at first. Do try to keep talking. Many young people find it difficult to stop altogether, even if there are big negative consequences such as relapsing into a psychotic illness. Try to look at ways of reducing the harm that drugs may cause by setting agreed goals and then seeing if they reduce problems. Some examples:

- Reduce the strength of cannabis, e.g. no skunk (high active ingredient).
- Only smoke cannabis in the evenings or at weekends.
- Do not mix different drugs; it can increase the risk of overdose.
- If injecting, ensure only clean 'works' e.g. clean needles are used.

Commonly used drugs

Cannabis is the most commonly used drug (puff, weed, dope, blow, pot, grass, hash, ganja, marijuana).

- Commonly as light to dark brown block, like a stock cube or dried herbs, more rarely as an oil.
- It can be smoked in a pipe or cigarette by itself or with tobacco.
- It can be eaten or made into a tea and drunk.
- There is evidence for psychological and some physical dependence.
- Effects: In small amounts, it can make people relaxed, in larger amounts drunk/sleepy.
- Risks: In the short term it affects your ability to concentrate or drive a car.
- Longer term use, like tobacco, may lead to breathing problems or cancer.
- 1 in 4 will experience psychological problems, ranging from temporary confusion and paranoia to a worsening of mental health problems, such as a full psychotic relapse. It doesn't cause mental illness, but, for those that are vulnerable to mental illness, it can exacerbate it.

Other drugs that are used include: amphetamines, ecstasy, benzodiazepines (prescribed for anxiety or sleep problems e.g.'s valium or temazepam), 'crack', cocaine and heroin.

Useful contacts

For more detailed information, ask ward staff, community staff, or telephone the National Drugs Helpline, FRANK, 0800 77 66 00

If you require further help and support as a carer, ADFAM produces a range of supportive information. These are available by calling on 020 7928 8898 or visiting the ADFAM website at www.adfam.org.uk.

Further information, support and access to local self help groups can be accessed by Families Anonymous, they can be contacted on 0845 1200 660. All information correct at time of going to press. October 2005