

## Strong Bonds Fact Sheet: Understanding the Problem : Drug Use

Drug use is common in Australia. The teenage years are when many people begin to experiment with drugs. Most substance use will not become a problem, but some young people will go on to develop problems or even long-term dependence.

Excessive use of drugs can lead to serious difficulties for the drug user. These may include physical and mental health problems, damage to relationships, issues with work or study, or financial and legal problems.

Families of young people with serious drug use issues often suffer enormously from the strain of trying to deal with their child's behaviour. Families can benefit a great deal from the support of professionals who can help them to understand and cope with the impact of drug use on their child and the rest of the family. Drug-users themselves also benefit when families are better equipped to deal with the issues.

The information in this help sheet will help you understand the effects of drug use, why your young person may be using drugs and how to help them.

### 1. Tell Me About Drugs

A 'drug' is "...any substance, with the exception of food and water, which, when taken into the body, alters its function physically and/or psychologically"<sup>1</sup>.

#### Drugs are also called substances

Psychoactive drugs are the ones people are generally concerned about. These work on the central nervous system and influence people's emotions, thinking and behaviour.

#### Legal and Illegal Drugs

There are legal and illegal (or illicit) psychoactive drugs.

Legal drugs include alcohol and cigarettes, and prescribed medications such as the tranquilliser Benzodiazepine (e.g. valium, serepax, rohypnol).

Illegal drugs include marijuana, amphetamines (speed), heroin, cocaine and ecstasy.

Interestingly, it is the legal and socially acceptable drugs of tobacco and alcohol that account for most deaths and health problems in Australia. They also account for many social problems, such as violence and car accidents. Any drug can be harmful if not taken according to medical advice or at a safe level.

The illegal status of certain drugs mean they may cost more and therefore tend to be associated with criminal behaviour, in particular heroin use. The ingredients may be less certain and therefore the strength and safety of the drug unknown. It also means there is a greater risk of legal consequences if someone is found using or selling the drug.

### Drugs and their effects

Drugs are further classified according to the effect they have on a person.

Stimulants speed up the central nervous system and result in an increased heart rate and alertness. These include coffee, amphetamines (speed), cigarettes (which also have muscle relaxant in them) and cocaine.

Depressants slow down the central nervous system and reduce heart rate and increase relaxation. These include alcohol, heroin (H, smack, dope), inhalants (chroming, glue or paint sniffing) and marijuana (cannabis, dope, weed). Marijuana also has hallucinogen qualities.

Hallucinogens distort one's sense of reality, for example, they may lead you to see, feel or hear things which are not there. Hallucinogens include LSD, acid trips, magic mushrooms and ecstasy. Ecstasy also has some stimulant or speed in it.

It is worth noting that in most categories, there are legal and illegal drugs.

For information about specific substances, call **9338 3008** or try the Australian Drug Foundation website: [www.druginfo.adf.org.au](http://www.druginfo.adf.org.au) (click on 'Alcohol & Drug Info' > 'Drug Info' > 'Browse by Drug' OR 'Drug Facts' OR 'About Drugs').

### Physical Dependence and Withdrawal

Drug dependence can be physical or psychological or both. There are also degrees or levels of dependence.

#### Physical Dependence

If a person has been using a drug for a period of time, has developed an increased tolerance of the drug and needs the drug in order to function, then they are said to have developed a physical dependence. It's impossible to say how much one person needs to use to develop dependence.

Physical dependence, or addiction, means the person's body has adapted to having the drug in their system.

#### Withdrawal or Detoxification

If a person reduces or stops using a drug, they are likely to go into 'withdrawal' or to experience withdrawal symptoms. Withdrawal is the body getting used to functioning without the drug in its system. When a person has completely withdrawn or stopped using drugs and there are no drugs left in their system, they are said to have 'detoxed'. This process of withdrawal or detoxification can take up to three weeks and sometimes longer depending on the type of drug that was being used and the quantity. Levels of drugs present in a body are shown through urine and blood tests.

#### Withdrawal Symptoms

Withdrawal, or 'detox', symptoms vary in their nature and intensity, depending on the amount and type of drug taken, and on the characteristics of the person. Withdrawal symptoms may include: irritability, nausea, shakiness, cramps, depression or sleeplessness.

It is normal for people to want to avoid going through withdrawal and the discomfort and pain this may involve. Out of a desire to avoid withdrawal, people can feel a desperate need, and go to desperate measures, to get more of the drug they were using.

If a person has a physical dependence and then suddenly stops using, they will most likely go into withdrawal. Going from using a lot to not using at all is also called 'going cold turkey'. This can be dangerous particularly if a person has been using benzodiazepines. It is very important that people planning to withdraw from drugs get some medical supervision or advice.

People often have a preferred or primary drug that they use. If they go into withdrawal, they might use another drug to try to self-medicate their withdrawal symptoms or until they relapse and take more of their preferred drug again. For example, some people use marijuana or valium to cope with heroin withdrawals until they are able to get more heroin.

#### Withdrawal Services

Withdrawal or 'Detox' Programs provide the following services under professional supervision:

- suitable medication to relieve withdrawal symptoms
- emotional support and strategies
- information for suitable support beyond the detox
- some provide alternative therapies (such as massage, naturopathy and acupuncture to assist with withdrawal symptoms).

These services may be Residential (live-in for a week or two), Outpatient (person goes to appointments at a clinic during the withdrawal period) or Home-Based (worker visits the persons home to provide support during the withdrawal period).

#### Dangers of Withdrawal

Note: Stopping heavy substance use suddenly (for example, alcohol or Benzodiazepines) can be dangerous.

Prior to reducing or stopping use of these substances, a person needs to consult a doctor and consider engaging with a Withdrawal Service. They can then undertake changes in a planned, professionally supervised and supported way.

### Psychological Dependence and Cravings

A person may be psychologically dependent or addicted to a substance even though they may not be physically dependent anymore. For example, they may 'detox' or withdraw from the substance (and have none of the drug present in their body), yet still have cravings or a strong desire or yearning to use the drug, which can seem hard to resist. This is a sign of psychological dependence. Physical withdrawal can also trigger, or lead to, cravings.

In order to make changes to their drug use, people need to be able to handle urges or cravings to use. There are strategies that can be used to deal with cravings (See pg 14: Alcohol and Other Drug Services for Families).

In order to address their psychological dependence, people may have to make other substantial changes in their lives, for example changes to:

- the purpose or meaning they have in their lives
- what they see as most important in their lives
- how they spend their time and who they mix with
- their thinking patterns
- the way they handle emotions and stress
- the way they handle relationships

When drug use has been used as a method of coping, it is hard to give this up and try new ways of handling things. Various treatments aim to address both the physical and the psychological aspects of drug use (See pg 14: Alcohol and Other Drug Services for Families).

## Drug Tolerance, Intoxication and Overdose

### Tolerance

Tolerance is when the body adapts to having a drug in the body, and the person gradually needs more of the drug to get the same feeling they were after.

If a person who has been using drugs regularly reduces or stops using, and goes through withdrawal, their tolerance drops. If they use again, they are likely to be more sensitive to the effects of the drug. They will require less of the drug to get the same effect that they are after; for example, they may feel more stoned on marijuana or heroin, or more drunk on alcohol.

### Intoxication

When people suddenly increase their drug or alcohol use again after a period of reduction or abstinence, there is a much higher likelihood of intoxication (being highly substance affected) or overdoses (where a person may become unconscious or die). If a person has been imprisoned or in a drug withdrawal unit they will usually come out with a reduced tolerance of drugs. They are at risk of overdosing if they use the same quantity of drugs that they were using prior to entering prison or a withdrawal program.

People leaving withdrawal services or prison should be made aware of the risk of overdose.

### Overdose

Overdose is a particular concern for heroin users for the following reasons:

- The purity or amount of heroin in the substance injected is unknown, therefore, it is not possible to predict how much will result in overdose. (Some users may think they know the purity level as they are using the same dealer or source etc).
- Heroin is usually injected, so the drug hits the system quickly.
- Heroin is a depressant or sedative drug which means that it slows the heart rate and breathing. High doses may cause breathing to stop altogether.
- If other depressants or sedatives such as benzodiazepines (e.g. valium), alcohol or methadone are used with heroin there is a cumulative (or added) effect which is hard to predict.
- Everyone is different, and the same amount of a certain drug will affect people differently at different times.

You should always call '000' if you are concerned about someone's physical state, for example if they are having trouble breathing, or collapse or are unconscious. You should consider learning first aid for dealing with overdoses if you are very concerned about your young person.

## Harm Minimisation

Harm minimisation is the approach that the Australian government has adopted to deal with drug problems in our community.

Harm minimisation acknowledges that drug use has always occurred in societies, and is likely to always occur and that some people will choose to use drugs. It attempts to:

- Prevent people from starting to use drugs.
- Reduce the quantity of illegal drugs available to people through police and law enforcement.
- Reduce and minimise the harm associated with drug use by promoting strategies for safe drug use.
- Provide support to assist people to control, reduce and stop using drugs via Alcohol and Other Drug Treatment Services.

Harm minimisation focuses on people's right to make choices in their lives and moves away from blaming and judgement of people who use drugs. Blame and judgement is seen as generally unhelpful to people trying to make positive changes in their lives.

Importantly, this approach maximises the safety and wellbeing of people who do use drugs. For example, the free needle and syringe program provided for people in Australia has kept the number of drug users with HIV and AIDS down to low numbers compared to other countries.

The harm minimisation approach supports the provision of full information about the effects of drugs and ways to reduce harms related to using drugs.

Giving information on safer or less harmful ways to use a drug to someone who is continuing to use drugs and is not interested, ready or able to stop their use achieves many things:

- It increases the likelihood the person will survive.
- It may avoid preventable long-term side effects.
- It communicates concern while leaving the decision to stop with the person.

There are different strategies and information for different drugs. For example, heroin and injecting drug use, marijuana, and party drugs. Literature on harm minimisation strategies for heroin users emphasises the importance of not sharing needles and provides information to users on how to clean syringes properly. Harm reduction strategies for marijuana use include such things as using a glass rather than a plastic bottle for a 'bong' when smoking marijuana so less fumes are inhaled.

Education about how to inject drugs in the safest way possible helps to prevent the spread of blood-borne viruses, such as Hepatitis C. This disease is very prevalent within the injecting-drug using community, currently occurring at rates of approximately 80% of injecting drug users.

For more information on Harm Reduction strategies, see pg 14: Alcohol and other Drug Services for Families.

### Substitution Therapies

Substitution therapies, or pharmacotherapies, are a medical treatment for drug dependence. They aim to deal with both the physical and psychological aspects of drug dependence. They are intended to reduce the cravings for the drug while also minimising the harmful effects of drug dependence on a person's life.

Examples of pharmacotherapies are Methadone, Buprenorphine, Naltrexone and Campral.



### Tips from this Section

- Psychoactive drugs influence people's emotions, thinking and behaviour. They may be legal (e.g. alcohol) or illegal (e.g. heroin).
- Drug dependence can be physical, psychological or both.
- Sudden withdrawal from a drug can be dangerous. Before stopping use, a person should consult a doctor.
- When a young person has used drugs in order to cope with problems and difficulties, it is hard to give this up and try new ways of handling things.
- The use of two or more drugs at one time increases the risk of overdose.
- The harm minimisation approach supports the provision of full information about the effects of drugs and ways to reduce harm from drug use.



### Useful Resources

- Australian Drug Foundation  
Ph: **9328 3008**  
**[www.adf.org.au](http://www.adf.org.au)**  
Click on 'Alcohol & Drug Info' > 'Drug Info' > 'Browse by Drug' or 'Drug Facts'



### Related Help Sheet

- Alcohol and other Drug Services for Families

### 2. Why Do Young People Use Drugs?

A person may or may not be aware of underlying reasons for their drug use.

**If you think about why you or others may use alcohol, this will give you some idea as to why young people like to use alcohol or other drugs. For example:**

- curiosity
- like the taste
- gives a sense of wellbeing or relaxation
- gives them energy or confidence
- used as a reward or treat
- to "fit in" or to be part of a group
- to help go to sleep
- because it is exciting to take a risk or be rebellious
- they have learnt this is normal from others around them

**Drugs may also be used to cope with:**

- physical or emotional pain
- traumatic memories
- other life problems
- uncomfortable thoughts
- feelings like stress or anxiety, low self-confidence, loneliness, grief or depression

**When alcohol/drug use becomes a habit, or an addiction or dependence develops, reasons for use may become:**

- to feel better
- to feel normal
- to avoid withdrawals

**There is often a lot of fear about giving up drug use when it is familiar and habitual. A person may keep using as they think:**

- they will be bored or won't know what to do with their time
- they won't fit in with friends or won't know what to talk to friends about
- they won't have anything in common with non-users
- they won't cope emotionally and may feel depressed or anxious
- they won't be able to get up each day
- they won't cope with their emotions or other problems

### When is drug use a problem?

Statistics2 show the age of first use for alcohol or another drug is generally between 15 and 22 years. Approximately one third of young people aged 14-19 years have tried an illegal drug in their lifetime, and one in five have used an illegal drug recently. Marijuana is by far the most common illegal drug used by young people.

Although experimentation can be dangerous and result in accidents, research shows experimentation does not necessarily lead on to having a 'drug problem' or 'drug addiction'.

Different people will have different views about when someone's drug use is a problem. One way is to look at how often or how much of the drug is used.

**Drug use can range from:**

- experimental use (trying it out once or twice out of curiosity)
- recreational/occasional use (e.g. use every few months)
- situational use (e.g. use to stay awake for something important)
- regular use (e.g. use every weekend or once a month)
- bingeing (e.g. may not use often but uses large amounts on occasions)
- dependence (also called addiction involves frequent use with signs of physical and/or psychological dependence)
- abstinence (non-use of substance/s)

Another way to explore whether someone's level of drug use is a problematic or not, is to think about the ways drug use impacts on the person's life. Do the 'pros' or good things about use outweigh the 'cons' or bad things?

**A person may realise they have a problem with drug use when they experience problems in any of the following areas:**

- Health - physical and mental health effects
- Relationships - problems with relationships with family and friends, work colleagues, parenting
- Livelihood - problems with studying, working, or managing finances
- Legal - problems with the law, such as drink-driving charges, charges for using substances, or other related behaviour such as violence and other criminal behaviour

Different problems motivate different people to make changes to their drug use. Sometimes even legal consequences or health problems don't put people off using drugs. Really, it is up to the drug user to weigh up the pros and cons of their use and decide if their use is problematic.

It is common for a family member to think that their young person has a drug problem and the young person to think, or at least to say, that they don't have a problem.

Families may decide that a member's drug use is a problem for the family, for example, if there is thieving or aggressive behaviour. In this case, it is up to the family to put in place strategies to protect themselves as much as they can from the drug use, e.g. setting boundaries.

There are ways to encourage people to explore the effects of their drug use on themselves and others to motivate them towards change. Alcohol & other drug counsellors use these strategies with drug users. It is sometimes referred to as 'motivational interviewing'.

### Formal definitions of drug problems

There are formal definitions used by Alcohol and Other Drug (AOD) Treatment Services in Victoria for understanding the level of someone's drug use difficulties. There are also other tools or ways to understand and diagnose substance use problems.

The American Psychiatric Diagnostic and Statistic Manual (DSM-4) is used by Psychiatrists and Psychologists in Australia to diagnose mental illnesses or psychiatric disorders and substance abuse problems. (See help sheet: Understanding Mental Health).

The manual includes a guide for diagnosing drug use according to one of the following categories: Substance Abuse, Substance Dependence and Hazardous Use.

When a person is diagnosed with a mental illness or an intellectual disability as well as a drug problem they are said to have a dual diagnosis. For example, a person may have drug problems and may be diagnosed with a mental illness or Psychiatric Disorder as well. In this case they would need assistance from a health practitioner with expertise in dealing with both issues.



### Tips from this Section

- A person may or may not be aware of underlying reasons for their drug use.
- Young people may use drugs for a range of reasons, from developmental reasons to dealing with difficult situations.
- There is often a lot of fear about giving up drug use when it is familiar and habitual.
- Experimentation does not necessarily lead on to having a 'drug problem' or 'drug addiction'.
- What is a problem for one person may not be for another. It is up to the drug user to weigh up the pros and cons of their use and decide if their use is problematic.
- Families have a right to set boundaries and put strategies in place for their protection.



### Useful Resources

- Burrows, C (1994) Clued up too : helping young people with drug issues, Australian Drug Foundation, Victoria.



### Related Help Sheets

- Understanding Mental Health
- Complex Problems
- Mental Health Problems
- Setting Boundaries

### 3. Why Does My Child Use Drugs?

There is usually no clear-cut reason why any one person ends up with a drug problem. A combination of many factors is more likely to make a person at risk of drug abuse, including:

- an individual's vulnerability
- family dynamics
- genetic factors
- school factors
- peer factors
- community factors

If a number of risk factors are present and fewer protective factors, then this will increase the likelihood of a problem.

Research shows that experimental drug use does not necessarily lead on to regular use<sup>3</sup>. A lot more people use drugs experimentally, than people who will have serious drug problems. The earlier a young person commences drug use, however, the bigger the risk that their use will go on to be problematic<sup>4</sup>.

#### Family factors

Research suggests parental disapproval of underage alcohol use reduces likelihood of adolescent drinking behaviour<sup>5</sup>.

Alcohol or drug use by a young person may also be a learned behaviour. Parents own alcohol/drug use patterns influence their children's use. It is important to be aware of any 'double standards' you may have, for example, if you drink alcohol excessively but expect your child to not use drugs excessively.

It is helpful for parents to see and understand how their own behaviour may play a role in their young person's difficulties. It may be important for you to change your habits in order to set a good example for your children.

However not all drug or alcohol use can be attributed to family factors. When a young person develops a substance abuse problem, it is usually because of a number of factors. So don't let guilt overwhelm you and prevent you from taking appropriate steps to help your child and yourself.

Research also suggests that parental 'monitoring' of the whereabouts of a young person reduces the likelihood of problematic drug use. Ensure that your children know that you expect them to tell you where they are going, who they are going out with and when you can expect them to be home. They need to know that this information is important to you.

Sometimes young people get into trouble when they have too much freedom and feel that no-one is interested in them. It can be difficult and challenging finding a balance between giving them an appropriate level of independence and freedom for their age and still monitoring their behaviour.

Talk to friends or relatives who have children of a similar age about how they are managing this issue. Consult with teachers, youth or family services if you need additional help. You don't want to be nagging at your child all the time but you do need to have some expectations of their behaviour.

#### Genetic factors

There may be a family vulnerability for substance dependence. Studies show evidence for a genetic vulnerability or predisposition to developing substance dependence. People from families where alcoholism or other drug use problems exist, may be more likely to develop substance abuse problems. How this predisposition is passed on is not clear.

This does not mean that all people in a family are going to have an increased risk of substance abuse problems. The effect can miss generations. Parents can feel upset that their own parent was an alcoholic and that even though they didn't drink themselves; their child has drug use problems. It is impossible to know who in a family will develop problems.

If your child has a drug or alcohol problem, Alcohol and Other Drug Services may be able to help you to understand the reasons why this has happened. But it may be more helpful and useful to concentrate on how to deal with things now, rather than constantly seeking an explanation for why the problem developed in the first place.

#### Community factors

It is worth remembering how much alcohol is a part of Australian culture. It is very much a part of most adult social events and there is a lot of pressure on young Australian males to drink heavily.

Also under our Western medical model, we tend to seek medical or 'drug' solutions to physical and mental health difficulties. This makes us something of a "drug-taking" society. It is not a huge step for people (including young people), to "self-medicate", or to try to use alcohol or another drug, to relieve mental, emotional or physical discomfort or pain.

3. Ref: Australian Drug Foundation, Drug Info Clearinghouse. Internet: [http://www.druginfo.adf.org.au/article.asp?ContentID=about\\_drugs](http://www.druginfo.adf.org.au/article.asp?ContentID=about_drugs)  
4. Ref: Loxley, W, Toumbourou, J. & Stockwell, T (2004) The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence (Summary Paper), Canberra: Department of Health and Ageing.  
5. Hayes, L, Smart, D., Toumbourou, J. & Sanson, A. (2004) Parenting influences on adolescent alcohol use. Australian Institute of Family Studies, Research Report No. 10. Internet: <http://www.aifs.gov.au/institute/pubs/report10/parentinginfluences.html>



### Tips from this Section

- There is usually no clear-cut reason why any one person ends up with a drug problem.
- The earlier a young person commences drug use, the bigger the risk that their use will go on to be problematic.
- Parents own alcohol/drug use patterns influence their children's use.
- It helps to not take too much responsibility for your child's drug use problems, and to not let guilt stop you from taking appropriate steps to help.
- There may be a family vulnerability for substance dependence. It is impossible to know who in a family will develop problems.



### Useful Resources

- Burrows, C (1994) Clued up too : helping young people with drug issues, Australian Drug Foundation, Victoria.



### Related Help Sheets

- Feeling Guilty
- Setting Boundaries
- Types of Services Available
- What went wrong? Why?

## 4. Why Don't They See it as a Problem?

The Cycle of Change gives us some insight into the stages of change that people go through when they are using drugs and decide they want to change their drug-using behaviour<sup>6</sup>. Researchers, Prochaska and DiClemente developed the stages of change model to describe the process that we often go through when trying to deal with an addiction.

### There are five stages in their Cycle of Change:

- Pre-contemplation stage (person doesn't see use as a problem)
- Contemplation stage (person realises that they may have a problem)
- Decision/Action stage (start to do something to make changes, such as try to control, reduce or cease drug use, or seek help)
- Maintenance stage (keep the changes going over time)
- Relapse stage (return to use and pre-contemplation or contemplation stages).

A person may move around the cycle, or go from any point, back to relapse.

It is normal for a person to have mixed feelings about their drug use, to sometimes want to keep using and to sometimes want to give up. It is very common for someone to make many attempts over time to change their substance use once they are dependent.

It is helpful to think that each time a person tries to make changes, they learn something from the experience, and they may be one step closer to sustained recovery. With each try, people may learn to stop using sooner, or to stop before their use gets quite so problematic.

If your child is at the 'pre-contemplation' stage of drug use, they will not be ready to take action to reduce or cease their use. They will first have to start to consider that there may be a problem with what they are doing now.

### Why they don't think they have a problem

Some people don't see that they have a problem with alcohol/ drug use, even though other people see that they do. They might, on the whole, be happy using drugs. This may be for the following reasons:

- They may think there are more good things about using drugs than bad things.
- They may be just doing what they feel like at the time, and not thinking too much beyond that.
- They might be so focused on the good feelings/things about using that they don't really notice the negative things.
- They may not want to see the negative effects of their drug use and may not want to be reminded of them.

They may be substance-affected to the point that they are not able to think or see things clearly.

<sup>6</sup> Prochaska, J.O. & DiClemente, C.C. (1982) Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: theory, research and practice*, 19: 276-288.



It is incredibly distressing and frustrating for parents who care so much about their child, to see the problems the drug use is creating, and the potential for serious harms or even death. It is even more frustrating to be unable to make the child see this.

**Can you help them see they have a problem?**

It can be hard for someone else to convince the person using drugs that they have a problem, or that their use is causing problems for other people.

A person will find it hard to think they have a problem, for example, if they see their drug as the only thing that makes them feel good. If a young person is dealing with hurtful or difficult issues, they may find that the drug use offers an "escape".

For someone to make changes, they need to see that they have a problem and want to make changes. After all, it is going to have to be him or her that puts in the substantial effort and commitment to make real changes.

If you have a positive relationship with your child, it can help to explore the good and not so good things about their use with them. Let them come up with their own ideas. You can ask questions, but your judgements at this point are not helpful.

It doesn't mean they have to agree with you that they have a problem, or do what you say about it. A young person may resist seeing their drug use as a problem or following parents advice to stop using drugs, if they are trying to be independent from parents and make their own decisions.

It can be more effective to focus less on the drug use and more on setting good boundaries in the house, such as no violence, helping around the housing, or being polite. Continue to take opportunities for positive interactions and to notice the positive things about them when you are able to.



**Tips from this Section**

- The Cycle of Change gives us some insight as to why a person is at a particular stage of drug use at any given time.
- It is very common for someone to make many attempts over time to change their substance use once they are dependent. They will learn something from each experience.
- If your child is at the 'pre-contemplation' stage of drug use, they will not be ready to take action to reduce or cease their use.
- For someone to make changes, they need to see that they have a problem and want to make changes.
- It can be more effective to focus less on the drug use and more on setting good boundaries in the house, and having good times together



**Related Help Sheets**

- Adolescent Development
- Setting Boundaries



## 5. Other Drug Related Behaviours

Sometimes, a young person may behave in ways that a family finds difficult. These behaviours may be directly related to, or made worse by, their drug use.

It is important to try to understand that these behaviours are common when drug use occurs. You may need to develop specific ways to deal with them. (See other help sheets for strategies).

### **Moodiness, irritability and violence**

When your child is using drugs, you may notice there are times when they are particularly irritable or moody, or less able to handle small frustrations. They may also display violent behaviours. These may include yelling, put-downs, damage to property, threatening or hitting family members.

These moods and behaviours may be related to dropping levels of a drug in their body and their body experiencing some withdrawal. When they have the drug in their system they may tend to behave better.

This is not always the case, however. Some people are more violent when they are substance affected and are less reasonable, for example, when they drink alcohol or use amphetamines (speed).

These behaviours may be due to things other than the drug use and even due to normal teenage growth and change. It is important to know the behaviours that are "common" for this age group and that can be attributed to the developmental stage that your young person is going through (See: Adolescent Development). You may then be able to identify which behaviours are unusual and may need closer attention and possibly intervention.

Violence should not be excused and accepted because of drug problems. It needs to be handled well so that it does not continue. (See: Handling Violence)

### **Lies and theft**

When someone is using drugs, it is common for them to lie about their level of drug use and other things in their lives or to create an alternative reality. This is to:

- avoid judgements
- be able to continue to do what they want to do
- try to avoid any consequences for their behaviour
- avoid hearing what they don't want to hear.

Theft of family or others' property may also be involved.

In some cases the person using drugs may not be fully aware of what they are doing due to being highly substance affected. However it is not useful to excuse their behaviour on this basis, nor to react in a blaming and aggressive way towards them.

It is more helpful to try to put in place good boundaries and use natural consequences to help them learn from their experience and do things differently next time. (See: Setting Boundaries)

Lies and theft can be particularly difficult issues for parents to deal with. Parents want to trust their child and have an open relationship with them. When there has been repeated lies and disappointment, it may take a very long time for parents to trust their child again, or in some cases trust may never be fully recovered. It is reasonable to think that the child has some responsibility to earn back that trust. (See: Building the Relationship).

### **Denial and Defensiveness**

It is common for young people who are using drugs to deny their usage and to also deny things they have done whilst affected by drugs. They want to avoid confrontations and so often blame others for mistakes that have been made, things that have gone missing or for misleading them.

These attitudes and responses are not particular to drug users. They may also be present for adolescents who do not have drug use difficulties but who are trying to exert their independence (See: Adolescent Development and Feeling Blamed by my Child).

These behaviours are similar to 'lies'. All these behaviours relate to the drug user either not thinking they have a problem, or not wanting to acknowledge or admit to others that they do.

It is typical for a young person to tell a parent "What problem?! I don't have a problem, it's you that has the problem!"

Talk to your child at a time when things are calm about your concerns. Remind them how much you care about them and how concerned you are about their behaviour. Arguing with them about whether or not they have 'a problem,' probably won't get you anywhere. Instead talk to them, seek some advice about your child's behaviour and make sure that you have in place good boundaries. (See: Setting Boundaries and Improving Communication)



### Tips from this Section

- Drug use may make a young person behave in particular ways, such as moodiness, irritability or violence.
- Violence should not be excused and accepted because of drug problems. It needs to be handled well so that it does not continue.
- When there has been repeated lies and disappointment, it may take a very long time for parents to trust their child again, or in some cases trust may never be fully recovered.
- It can be useful to not get into an argument over these behaviours, but instead allow yourself to realise what may be happening, and to have in place good boundaries and communication.



### Related Help Sheets

- Adolescent Development
- Handling Violence
- Setting Boundaries
- Building the Relationship
- Feeling Blamed by My Child
- Improving Communication

## 6. What Else Can I Do?

Sometimes young people make choices in their lives that we feel we wouldn't have made. Sometimes people that we love make choices that we would prefer they did not. At the end of the day, everyone's journey is unique.

You cannot make someone stop using drugs. There are things you can do, however, which may influence them positively and which will help you to cope with the situation a lot better. When you can cope and deal with things more positively, there are often flow-on effects for your young person.

### There are no magic wands to help your young person stop using drugs

No one can make anyone stop using alcohol or drugs. Even if you were to physically restrain your young person, unless they make the decision themselves to cease their drug use, they may well resume use as soon as they are able to.

It is a time to know that whilst you cannot stop your child using drugs your relationship is still important to them and to their recovery. You can still care about them, although not for them.

### It may be a long-term problem

People supporting a young person who has a serious drug problem may find it helpful to think of drug addiction as a chronic or long-term "disease". They need to be aware that it may take a long time to recover from an addiction. Accepting this can help protect the family from burnout in the short-term and prepare them for what may be a long journey ahead.

### Behaviour change is not a clear upward journey

Think of behaviour you would like to change for yourself, for example: to not eat sweets or to do more exercise. You probably have good days and bad days, times when you are motivated, and other times when you are less motivated.

Think about what stops you from making the changes you want to make. Consider how much you think about it compared to how much you act on your wishes.

Imagine what others could say that would support you in your efforts and use these thoughts to guide what you will say to your young person.

### Encourage them to explore the effects of drug use in their life

It can be helpful to ask if they are concerned about the effects of drug use on their health. It may not make them stop now, but it may 'plant a seed' and help them to take responsibility for their life and their drug use, rather than you doing all the worrying for them. This may help them to feel more responsible for their own life.

People can be encouraged to explore for themselves the ways that their drug use may make things better or worse for them.

They can then explore whether there are other options that may have fewer negative consequences for them, for example, that may not be illegal, or that may not cause so much difficulty in relationships. If they are self-medicating to cope with emotional difficulties, they may be able to seek help in the form of prescribed medication and counselling.

### **Don't encourage them to change for you**

This places guilt on them, which is not usually a good foundation for behaviour change. It can lead them to feel controlled by you and resentful towards you.

If your child says "I am cutting down for you, are you happy now?", this indicates they are trying to put the responsibility for their behaviour onto you.

#### **It may be useful to reply:**

- Do you feel any better for it?
- Have you noticed any good things about it?
- Well done if that's what you wanted to do.

### **Advice-giving vs Reality-Checks**

Advice-giving is telling someone what you think they should do. Usually young people don't like to receive advice and generally it is better to save it for when the young person has asked you for it.

Advice may be tolerated or accepted by the young person if it comes from someone they trust and respect and if it is presented in a fairly gentle matter-of-fact, non-blaming or non-judgemental way. But this still doesn't mean they will necessarily follow the advice. That is their choice.

It is better if they feel they are not being told what to do or that their independence is under threat. They are likely to ignore advice if it comes across as a 'lecture' or if they think the person doesn't really understand the situation. Try to listen to them and understand and respect their feelings and thoughts first.

Although it is OK to tell them how you feel and fears you may have about their wellbeing, it is better to not tell them about your worries in a judgmental or angry way, nor in a way which makes them feel responsible or blamed for how you feel. Your feelings are your responsibility (See: Keeping Calm)

Reality-checks can be a bit different to advice-giving. This is where you are telling the person what you see is happening. It is giving them information in a way that lets them know that it is up to them what they do with the information, if anything.

This also needs to be done in a non-authoritative, non-expert and non-judgemental way. You may also offer to support them with their situation if they would like you to.

### **Have good boundaries in place**

It is important though that you still set boundaries and limits on behaviour in your own home. Be clear, consistent and firm about what you expect and what will happen in your home. Follow through with consequences so that you maintain a safe and secure environment for all your children, your partner and yourself. (See: Setting Boundaries).

Having a child leave your family home due to unacceptable behaviour is an option that is necessary and important in some situations, for example where there is violence. It can have beneficial outcomes. However, it is best used as a last resort, after all else has been tried.

Being connected to family is an important protective factor against drug use.

### **Be a good role model**

Try to show your child how to handle emotions, how to act in relationships, how to look after their health and what you place as most important in your life by looking after your own emotional and physical health and well-being.

### **Encourage them**

It is very helpful to focus on things your young person is doing well, or things you like about them. Although they may not admit it, they are likely to benefit from this and appreciate it.

We need to believe we are a person of value, able to make changes and can have a good life ahead, if we are to bother making things better for ourselves. Sometimes when we run out of hope that we can make changes, it is helpful for someone else to 'hold the hope' for us. You may need to do this for your child.

### **When asking for behaviour change, it can be useful to focus on behaviours other than their drug use**

Often, it is good to focus not so much on your child's drug use behaviour but on other related behaviours that are causing difficulties, for example, being home at a specific time or helping with tasks. Focusing on the drug use is more likely to be met with denial and non-compliance.

Rather than saying "you are doing this because of your drug use and if you just stopped that everything would be alright", it is probably better to clearly tell them what you expect about their behaviour towards you or in the home.

### **Good humour amid drama sometimes helps to diffuse the situation**

It helps to try and look for the funny side of things. Let it be non-sarcastic, and fairly good humoured and kind if possible. Australian cartoonist Michael Leunig is great at showing the dark and difficult side of life in a humorous way.

### **They are probably more capable than you think**

It is easy as a parent to think you haven't taught them enough or that they are vulnerable and don't know how to get out of their situation.

They are still young people and benefit from support. But by focusing on what has gone wrong in their lives and feeling sorry for them and guilty yourself, you may be helping them to feel sorry for themselves. It is better to help them feel strong and capable enough to direct their lives in a positive way. Think about their strengths and abilities and try to remind them of these whenever you can.

### **Provide support and encouragement when they seek it**

It might be hard to sympathise when you have felt hurt by a young person's behaviour and feel angry with them. It may make it hard to support them when they seek help.

It is also possible they may be asking for your help as a way to distract you from keeping a boundary. Trust yourself that you will know the best way to respond in the situation.

Sometimes it is appropriate to say "I don't feel like helping you at the moment, maybe you could call... or maybe we can talk at a later time.....".

If at all possible, however, it is helpful for you to try to put your feelings aside when they ask for support. It may be a big step for them to ask for help. It takes courage.

This is an opportunity for change and if you can try to listen with understanding positive outcomes may result.

If they ask for help, it is still important to continue to support them to take some responsibility for coming up with ideas and making things happen for themselves.

### **Look after yourself as a priority**

It is normal to focus on trying to fix the young person's problem and to put other priorities on hold until that is sorted.

However, this may well be a long journey and you and the rest of your family need to be well in order to survive and to thrive, despite what is happening for your child.

Find ways to manage and reduce stress. Learn relaxation strategies. Try yoga or meditation. Build good things into your life.

Take time out for yourself. Do the things you enjoy. Give time to your relationship with your partner. Create positive experiences for yourself, your family, and other children.

Seek support for yourself from friends, family or other places.

Your safety and your family's safety should be the highest priority. You can't support another person if you do not feel safe or supported yourself.

Counselling and parent groups can help you feel better and develop strategies for coping with this journey. It may also help you work out when to put your own needs first, and protect yourself, and when to support your child.

### **Work together with your partner**

When a child is using drugs it is very common for two parents to want to handle the situation differently, with one parent wanting to take a harder approach and the other a softer approach. People cope differently with stressful situations.

Stress and fears can lead us to have more narrow views and to hang onto our ideas at all costs. This can lead parents to appear at odds and very stubborn.

Generally, it is better for parents to work together to find an approach in the middle, and for both to give consistent messages to the child about boundaries and support for the child.

### **Remember other family members**

Other children in the family may feel resentful towards the drug-using child for the stress they have put on the family and their selfish behaviour.

They may also feel angry towards parents for not doing enough to stop their sibling from behaving in certain ways. Sometimes siblings can try to take on the parent role with their drug-using brother or sister.

They may also think that parents reward bad behaviour with attention, time, worry and concern, and practical and financial support. This may encourage the non-drug using child to engage in bad behaviours to get similar rewards.

It can be helpful to reward good behaviour in the home if you are able to. Try to give equal attention and care to other children in the family. If time is tight, think of other adults who may be able to offer special support to siblings at this time.



### Tips from this Section

- Everyone makes his or her own unique decisions in life. No-one can make a young person stop using drugs unless they make that decision themselves
- Drug addiction may be seen as a chronic or long-term “disease” and it may take a long time to recover from an addiction
- It is more helpful to focus on the things your young person is doing well, and to value them as a person, rather than judge them because of their drug use.
- You can help a young person by encouraging them to feel strong and capable enough to direct their lives in a positive way
- For you to be able to help a young person with a drug addiction, you must first ensure that you feel safe and supported to do so.
- Other children in the family are affected by their sibling’s drug use and also need the care and attention of their parents or another trusted adult.



### Related Help Sheets

- Handling Violence
- Alcohol and Other Drug Services for Families

## 7. Alcohol and other Drug Services for Families

### Alcohol and Other Drug (AOD) Treatment Services

receive funding from government and other sources. They provide various treatment services aiming to address either the physical or psychological aspects of drug dependence. They may provide, for example:

- Pharmacotherapy treatments such as Methadone and Buprenorphine
- Withdrawal (or “detox”) Services
- Rehabilitation Services
- Counselling Services

Generalist counselling services and youth support services will usually also help people with AOD difficulties and their families and friends. Most services are also funded to provide some support or referral for family members. However if a young person has a serious substance abuse problem, it is best to consult a specialist drug and alcohol agency.

Your young person probably knows more about drugs and drug use than you do. When a young person in the family has a drug problem, it is very helpful for parents and family members to educate themselves so that they are better equipped to understand the nature of the problem and how to support the young person.

They also need to do this without enabling or supporting the drug using behaviour. Most importantly, parents and other family members need to know how to support themselves. Some resources that can provide you with information in relation to these issues are listed below.

### Types of Services specifically for families affected by drug use include:

- **Telephone Support Services.** Family Drug Help (PH: 1300 660 068) provides a telephone support service for Victorians. It is staffed mostly by trained parents who have personal experience of parenting a child with AOD difficulties. When Family Drug Help volunteers are not available, their phone number diverts to Directline (PH: 1800 888 236), where professionals are able to assist family members 24 hours a day.
- **Reading materials.** Family Drug Help publish a quarterly newsletter for parents as well as brochures and other material.
- **Other resources.** There are websites and brochures that provide information about drugs and their effects and how you might manage things in your family. The Australian Drug Foundations website is a great resource for parents and family members: [www.adf.org.au](http://www.adf.org.au) or call **9328 3008**.

- **Self-help groups.** Family Drug Help coordinate parent self-help groups, where parents come together to support each other and share strategies about coping with a child who is using drugs.
- **Worker-led group programs.** These are programs led by trained professionals for parents at various agencies, providing education, support and strategies to deal with the situations they encounter when a child is using drugs. An example of this is the B.E.S.T. program, coordinated by the Centre for Adolescent Health (ph. 03 9345 5890).
- **VIVAIDS** is a Victorian, government funded organisation, which provides peer education and support for people who use drugs. This means most of the people there are or have been drug users, and are committed to supporting other drug users in a variety of ways, including to reduce harms associated with their use.

They supply needle and syringe programs with brochures on safer injecting, for example. You could contact your local needle and syringe exchange (often at your local Community Health Centre, See help sheet: Types of Services available) for these brochures if you're concerned about this issue.

You could also encourage your child to call VIVAIDS and speak to someone there for more information on how to reduce the harms of drug use and in particular intravenous drug use if they are using needles.

As a family member, you can also contact VIVAIDS and obtain information about ways to reduce harm for different drugs. They may send you out information that you can then pass on to your child. VIVAIDS are in North Melbourne and their phone number is: (03) 9329 1500.

**For more information on drug treatment services, a helpful website is: [www.dhs.vic.gov.au/drugs](http://www.dhs.vic.gov.au/drugs).**

### More on Reading Materials

The Australian Drug Foundation has lots of useful information for parents and families of young people with drug problems. It is worth the time to browse their site at [www.adf.org.au](http://www.adf.org.au)

We suggest that when you are reading information, you keep two main questions in your mind, and make notes if it will help you remember useful information:

- How does this help me to understand my family members behaviour/problem?
- How does this help me know how to approach my child?

**Here is a guide to find the information on the ADF website that will be of most interest and benefit to you:**

- Go to [www.adf.org.au](http://www.adf.org.au)
- Click on 'DrugInfo' (along the top) - This will take you to the DrugInfo Clearinghouse home page.

- Now click on 'Alcohol & Drug Info'. This will give you several options. The ones which will be of most interest to you are 'Drug Info', 'Fact Sheets' and 'Free Resources'.
- Start with 'Drug Info'. Now you have several options. We suggest you start by looking at 'About Drugs'. Then you can read more about specific drugs of interest to you by going back and clicking on 'Browse by Drug' and 'Drug Facts'.
- Under 'Drug Info' it may be worth your while to click on 'Browse by people' and then 'Parents'. The options which will be of most use to you are: 'Common questions asked by parents', 'Communicating with your teenager about drugs', 'When someone close to you has a drug problem', and possibly "Drug Prevention Strategies".
- Now you may want to return to 'Drug Info' and click on 'Treatment'.
- If you aren't overloaded, it may be worth your while to return to the DrugInfo Clearinghouse home page, 'Alcohol & Drug Info' and look at their 'Fact Sheets' (eg: 'Drug Prevention Strategies', 'Family Intervention' and 'Parent Education').
- Also of interest under 'Alcohol & Drug Info' is 'Free Resources'. Browse the list for 'families/friends' or 'parents'.



### Related Help Sheets

- [Dealing with Services](#)
- [Types of Services Available](#)



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→ **Strong Bonds is a project of Jesuit Social Services.**

Jesuit Social Services work cooperatively with others to engage disadvantaged individuals, families and communities and the wider society to promote health and wellbeing and to address social exclusion.

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