 A photograph of two women sitting closely together on a wooden bench outdoors. The woman on the left is older, with brown hair, wearing a black and white patterned dress. The woman on the right is younger, with blonde hair, wearing a black dress with a white lace bodice and a large cross necklace. They are both looking towards the camera. The background shows a brick wall, a small fountain, and some potted plants. A large blue diagonal banner covers the bottom left of the image, containing white text.

**When a family
member
uses drugs
or alcohol**

For family members

SUMMARY

A person's drug or alcohol use can impact the whole family.



Family relationships can be complex. Not all families live together. Some families are extended or single-parented. Some involve step-mums and step-dads, half-brothers and half-sisters. Some simply don't get on. But whatever the situation, when it comes to drugs and alcohol, families and family relationships can really feel the strain.

Disagreements frequently arises in families where there is substance use, because the user may want different things to other family members. This booklet includes advice on [handling conflict](#) and [setting boundaries](#) to help prevent conflict.

Some types of drugs carry an elevated risk of [overdose](#). If you think your loved one has had an overdose and is unconscious you should put them in the recovery position, call 999, and ask for the ambulance.

Some people may have both a substance misuse problem and a mental health problem. This is known as a '[co-occurring needs](#)' and which can be doubly difficult and often their problems have to be treated separately.

KEY TERMS

Addictiveness

when something can be difficult to stop

Co-occurring needs

a term used to describe a condition which affects someone with both substance misuse and a mental health condition

Conflict

a serious disagreement or argument

Dependence

a situation where you feel like you need something or someone all the time

Domestic abuse

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 years or over who are or have been intimate partners or family members regardless of gender or sexuality

Safeguarding

The action that is taken to promote the welfare of children and protect them from harm

Withdrawal

The effects experienced when a person stops taking drugs

Dealing with conflict in families where there is substance use

Disagreement frequently arises in families where there is substance use, because the user may want different things to other family members:

For example, a substance user may want to spend household money on drugs/alcohol which other family members need to spend on food, rent, and bills.

However, conflict is created by both people because each person influences the other and each is affected by the other.

TIPS TO HELP YOU COPE WITH CONFLICT

Reflect by asking:



- How does the conflict start?
- Are there patterns?
- What are the roles people adopt?
- What are the benefits and downsides of playing that role?
- What is my responsibility – what can I change?
- Am I being assertive or aggressive?

Develop dialogue by:



- Choosing your moment carefully
- Listening
- Being open and honest, and respecting the other person
- Accepting and understanding the other person's point of view
- Start statements with 'I' so its clear that you acknowledge your own feelings and actions
- Collaborating rather than confronting

NEGOTIATING

Negotiating is a key aspect of coping with conflict when developing dialogue:

- Start softly and finish strongly
- Be **flexible** and willing to **compromise** to reach an agreement
- Assess the likely risks to people's health because of any negotiation
- Aim for everyone to feel like they have gained something – '**win-win**'
- Help people to **save face** rather than humiliating them
- Make a **clear agreement**
- Agree the terms of the resolution such as:
 - ⇒ When it will **start**
 - ⇒ When you will **talk about it again**
 - ⇒ The **consequences** of any **boundary being broken**

SEEKING SUPPORT

- Contact organisations that can help such as:
 - ⇒ Refuge for domestic violence
 - ⇒ Mediation services
 - ⇒ Counselling
 - ⇒ Family support groups
- **Accept the support** of people you know
- Let yourself **have a break** from the conflict
- Though conflict is frequently seen as a **crisis**, it is often an **opportunity for positive change**

Setting and keeping boundaries

One way you can support your own needs when coping with a loved one's substance misuse is to **set boundaries**.

This means that you **limit the behaviour** of the user to what is **considered reasonable**. Boundaries can help you **assert your needs** and rights so that you feel secure and respected.

For example: Emma has been a **heroin** user for nine months. She initially funded her use by **borrowing money from her family** and then later by stealing from the family home. Her parents were unaware of this until she was arrested for possession of a Class A drug and then spoke to her about her drug use. Emma's parents don't want her to steal from the family again and don't want to lend her money for drugs, therefore they need to set two boundaries:

For Emma not to steal from the family

To not lend Emma money for drugs

SETTING BOUNDARIES CAN HELP BY:

- Encouraging the user to **take responsibility** for their actions.
- Modelling **healthier and safer** relationships.
- **Reducing the impact of substance use** and its associated behaviour on you and the family.
- **Breaking down the roles that members can get stuck in**, such as the user being dependent or a parent being a carer.

Remember that **you can't change others**, only your response to a situation. This change may in turn invite a change from the other person.

Setting boundaries is about **negotiation with the user and it involves the whole family**. It is not about you imposing rules on others.

CHECKLIST TO HELP YOU SET A BOUNDARY

1. **Identify the Issue:** Clearly define the specific behaviour or situation you want to address.
2. **Set Your Goal:** Determine what you need to achieve by setting this boundary.
3. **Examine Your Motive:** Reflect on your reasons—are they rooted in anger, frustration, stress, or concern?
4. **Focus on Behaviour:** Frame the boundary around the specific behaviour, not the person.
5. **Promote Responsibility:** Ensure the boundary encourages the user to take responsibility for their actions and choices.
6. **Assess the Risks:** Consider the potential risks of this boundary for both the user and other family members.
7. **Set Consequences:** Clearly outline what will happen if the boundary is violated. Determine how you will monitor whether the boundary is being respected.
8. **Establish a Timeline:** Decide how long the boundary will be in place and set a time to review its effectiveness.
9. **Be Flexible:** Be open to adjusting the boundary if circumstances change, such as if the user enters treatment or moves away.
10. **Seek Agreement:** Try to get other family members on board to prevent the user from playing one person against another.
11. **Prepare for Challenges:** Anticipate difficult emotions that may arise and plan how to handle possible manipulation by the user.
12. **Accept Compromise:** Recognise that the boundary may not be ideal and could require compromise.
13. **Consider Rewards:** Determine if it's appropriate to offer positive reinforcement if the user respects the boundary.
14. **Prepare for the User's Response:** Think about how the user might react and plan your responses to maintain the boundary effectively.



**Example of how to set a boundary
(using tips to help you cope with conflict):**

I notice that whenever I try to discuss your drug use in the house that you seem unwilling to talk about it.

*When you do this, **I feel angry and frustrated** with your behaviour. I ask again that you don't use drugs in our home.*

***This is because** I am breaking the law by knowing it happens and not reporting you to the Police.*

***I believe** it is also a risk to the health and the safety of us all.*

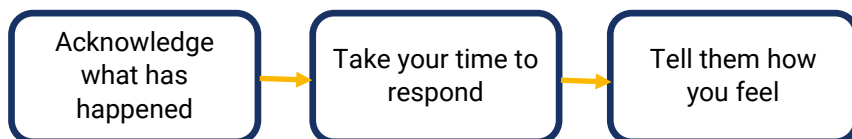
If you choose to continue to use drugs in our home and not discuss this, I will assume that you have withdrawn your co-operation.

I will then withdraw my co-operation by not buying food and preparing meals for you.

I regret it has come to this and I would prefer that we talk about your drug use and its impact upon the rest of the family.

HOW TO RESPOND WHEN A BOUNDARY IS BROKEN

Boundaries are often broken by substance users, especially at first. They can often be **unwilling to change** themselves and hope the family member will feel unable to enforce a boundary.



The formula below might help:

1. **Identify the behaviour:** Explain the behaviour that you feel is unreasonable.
2. **Express your feelings:** Focus on the behaviour, not the person.
3. **Restate the boundary:** For example you may say *"When you break our agreement not to use drugs in our home, I feel so angry with your behaviour. I ask again that you honour what we agreed."*
4. **Outline consequences:** Explain what will happen if the boundary is broken again and stay firm.
5. **Address inconsistency:** Point out the difference between their actions and words. For example you can say *"I notice that every time this happens you say sorry and then carry on as if we hadn't agreed otherwise."*
6. **Request amends:** Ask for things to be set right, whether that's repayment or an apology.

Finally, consistency is key—stick to your boundaries.



Setting boundaries and changing your relationship with a substance user can be challenging, especially if you feel isolated. Finding support is crucial. For more details on where to find support see: [Where can I go for help?](#)

Keeping yourself and others safe

DOMESTIC ABUSE

In cases of domestic violence, **the responsibility never lies with the victim.**

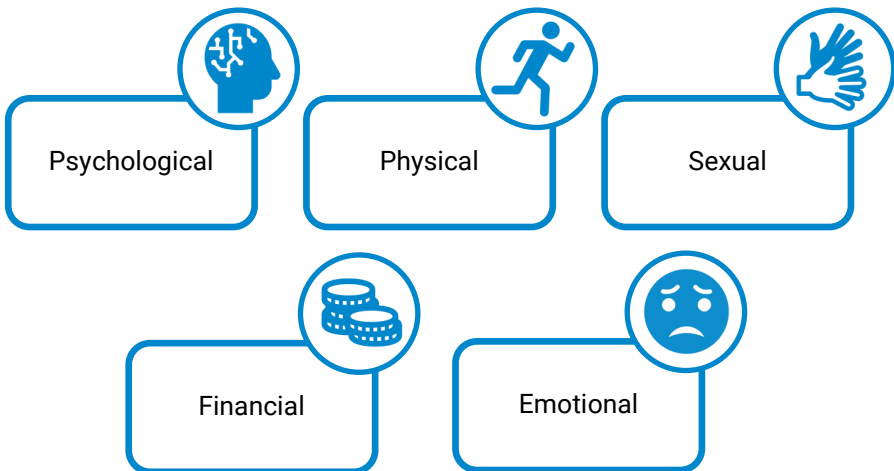
The relationship between substance use and domestic violence can be **extremely complicated**. Some who carry out domestic abuse may use drugs or alcohol at the same time – and some victims may use substances as a coping mechanism.

There **are no excuses**, and drug or alcohol use cannot be used to explain away or justify violence. Sometimes victims of domestic abuse might not realise that what they experience is abuse.

The UK government defines domestic abuse as:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.”

This can include **but is not limited to** the following types of abuse:



TYPES OF BEHAVIOURS

Controlling behaviour

A range of acts designed to make a person feel inferior and/or dependent by:

- isolating them from sources of support
- exploiting their resources and capacities for personal gain
- depriving them from the means needed for independence
- regulating their everyday behaviour

Coercive behaviour

An act or pattern of acts of assault, threats, humiliation, and intimidation or other abuse that is used to harm, punish, or frightened someone.

POLICE

The police should be called whenever you feel that the behaviour of a loved one is a direct threat to **you, themselves, or someone else**.

It is the job of the police to **protect everyone**, so the fact that the situation you are concerned with involves illegal drugs should **not make a difference**.



If you or someone you know is a victim of domestic abuse, **please call the national 24-hour, free helpline at 0808 2000 247 for advice or signposting**. If you are, or someone else is ever in immediate danger **call the police on 999**.

CHILD SAFEGUARDING

Child safeguarding is **“the action that is taken to promote the welfare of children and protect them from harm.”** ~NSPCC website

“Safeguarding” means:

Protecting children from abuse and maltreatment

Preventing harm to children’s health or development

Ensuring children grow up with the provision of safe and effective care

Taking action to enable all children/young people to have the best outcomes



Keeping the person taking drugs safe

OVERDOSE

Some types of drugs bring an **elevated risk of overdose** such as:

Opioids

(i.e. heroin and methadone)

Benzodiazepines

(i.e. diazepam and valium)

Alcohol

(i.e. wine, beer, and spirits)

SIGNS OF OVERDOSE

DEPRESSANTS

Moderate: uncontrollable nodding, can't focus eyes, pale skin

Serious: awake but can't talk

Severe: snoring, erratic or shallow breathing, vomiting, turning blue, problems breathing, not breathing, choking or gurgling

STIMULANTS

Moderate: paranoia, pale or clammy skin, clenched jaws, aggression, the shakes, fast pulse

Serious: blurred vision, sweating, diarrhoea, pressure/tightness in the chest, dizziness, difficulty talking/walking, violence

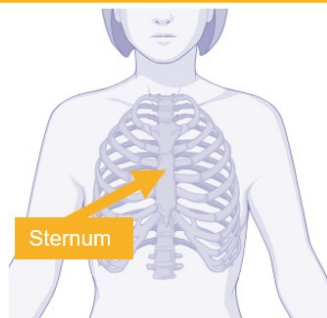
Severe: chest pain, fitting, collapse

CHECKLIST FOR OVERDOSE:

Are they unconscious? - you can find out by rubbing your knuckles on their sternum (the centre of their rib cage)

Can you not wake them up?

Are they showing other signs of overdose? (as detailed above; for further information visit



WHAT YOU NEED TO DO

1. Put them in the **recovery position**
2. **Dial 999** and ask for an ambulance
3. **Stay with them** until the ambulance arrives



How to put someone in the recovery position:

See: [Harm Reduction Works; Staying Alive](#)

*'**Not feeling heard** and not being acknowledged as a person with value can be the biggest frustration **when you have a loved one with multiple needs**, and an enormous factor in family members **becoming depressed themselves**.'*

(Quote from a family member)

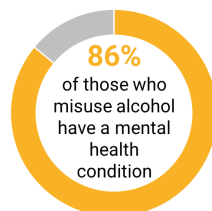
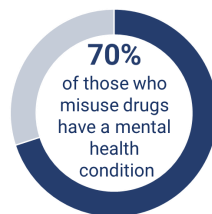
CO-OCCURRING NEEDS

Co-occurring needs (also known as 'complex needs') is a term used to describe a condition which affects someone with **both substance misuse and a mental health condition**.

Research shows that **mental health conditions** are experienced by the majority of **drug** and **alcohol** users in community substance misuse treatment (see figures for proportion of those affected).

This may be a **primary diagnosis of major mental illness** with a subsequent diagnosis of substance use that negatively impacts mental health. For example, cannabis use on top of schizophrenia.

Or there may be **primary diagnosis of drug or alcohol dependence** which leads to mental health conditions. E.g., following chronic use of stimulants like amphetamine or cocaine.



CARING FOR A LOVED ONE WITH CO-OCCURRING NEEDS

You may have a loved one with co-occurring needs making the task and stress of caring for them **doubly difficult**.

You may well find that their problems have to be **treated separately**, by **different services**, and this can increase your frustration.

Unfortunately, drug/alcohol and mental health services are **neither equipped nor resourced to provide tailored support for families with mental health problems**, or relationship problems.

You may well find yourself acting as an **advocate for your family member** with complex needs – fighting their case with several agencies, including mental health and drug/alcohol treatment services.

MENTAL CAPACITY ACT 2005

Some substance users who have a mental illness or other psychological difficulty are **unable to make decisions for themselves**.

This Act encourages an attitude of **'is this person capable at this time of making this particular decision?'**

It allows a range of people, including carers, to **make decisions on behalf of someone else** if they are deemed incapable of making those decisions.

There is a **presumption that someone has capacity** unless it has been **established that they don't**.

This Act **formalises and gives guidelines for when and how a carer can make decisions** on behalf of the cared for person.

Where can I go for help?

Further Adfam resources

Visit the resources page for [further Adfam resources](#)

Adfam offers information and advice for families affected by drugs and alcohol including an online database of support groups



Useful Organisations

Addiction Family Support

- Support for those affected or bereaved by a loved one's addiction
- Helpline: 0300 888 3853
- www.addictionfamilysupport.org.uk

Carer's trust

- Policy advice and information about carers' issues
- Helpline: 0300 772 9600
- www.carers.org

Corambaaf

- Membership organisation improving outcomes for children and young people in care
- Tel: 0300 222 5775
- www.corambaaf.org.uk

Family Rights Group

- Parenting advice and family support on all aspects of family life
- Helpline: 0808 801 0366
- www.frg.org.uk

FRANK

- Advice and information for anyone concerned about drugs
- Helpline: 0300 123 6600 (24 hours)
- www.talktofrank.com

Rethink

- Information and advice on mental health including co-occurring needs
- Tel: 0300 5000 927
- www.rethink.org

Journeys

Eric's story (Story of a sibling)



"I think he'll be here with my mum, his only worry being where he's going to get his next fix from."

Eric feels his brother's drug problems stem from his father. While Eric was disgusted by his dad's drug use, Jack went the other way. At first their parents turned a blind eye to Jack's cannabis use; it was just what he did.

Jack is four years younger than Eric. He was 17 when the family found out he was using heroin. "He pinched his young brother's friend's bike. We had been laughing at him – we couldn't believe what he was doing – but underneath I was seething with anger towards him. I've beaten him up, sat and cried with him and pleaded with him. If it was anyone else doing these things, I would have killed them."

Eric's mum tried to reason with Jack and to analyse him to understand him. His drug use spiralled, and he started stealing then robbery. Eric was the one who took him to the police station. "He was shouting and swearing at me."

Jack was sentenced to five years in prison but came out after two. "While he was inside, we planned how it would be when he came out. We were so confident that two years in jail would bring him to his senses."

Julie's Journey (Story of a grandparent)

"Mummy takes drugs that are bad"



Julie is in her forties and went straight from looking after her children to becoming a full-time carer for her grandchild. But she had to apply to the courts to look after Jacob, even though her daughter agreed to it.

With some good advice from a social worker, Julie applied for a Residence Order to look after her grandson Jacob. Her daughter was a drug user and agreed to let Julie look after her child, which made it easier, but even so they had to go to court. "I felt awful – it looked as though we were fighting each other."

Now, Julie has a very positive relationship with her daughter who is clean and living back at home, but Julie knows they have to take things one day at a time.

Julie had the information from her local support group for relatives of drug users for eight months before she did anything. But she says that reading that information was so important: "It was a real eye-opener hearing other people's stories, it made me realise how much in denial I was."

Journeys

Tanya's story (Story of a partner)



"It isn't a thing you ask on a third date."

When Tanya's partner, Dominic, finally admitted that he was using heroin, the first thing she felt was relief that he had managed to open up to her.

Since their first date two years before she had been trying to put her finger on his odd behaviour. "I didn't know how to broach it. I thought he was on something, but it isn't the kind of thing you ask when you are out on a third date," she said. The way he finally told her was by taking her to the chemists where he had to pick up his prescription.

Tanya's flat is neat and tidy, she sits on the carpet as she tells her story. She looks at the pictures of her daughter as she recalls how, as well as feeling relief that Dominic had finally told her, she also felt angry that her new partner might have put her six year-old daughter's safety in jeopardy by having drugs and needles in the house.

Her feelings were very confused, indeed they still are. "He was such a lovely person," she says, "so kind-hearted and quite sentimental really, for a bloke."

Peter's story (Story of a father)

"I sometimes feel like I am fighting a losing battle but I just take each day at a time and try to stay positive"



My daughter Louise, who is 25 years old, started using crack and heroin when she was only 17. I believe the breakdown in her relationship with her first boyfriend was the starting point and then it slowly escalated from there.

Her drug use has had a terrible impact on the whole family, pulling us all in various different directions, and it is particularly hard when she ends up in prison. Her brothers and sister have been affected by her drug use in a big way. It has always been a constant worry for them as not only do they worry for her, but they also have their own lives to think about.

The only person that I have had any help from is a lady at the prison visitors' centre who helps families affected by drugs and alcohol with information and liaises between me and my daughter.

This kind of mediation is especially important near the time of release, when I speak to her over the phone and attend meetings with her. I found this to be really worthwhile.

About this resource:

The content in this booklet has been developed under advisement of specialist organisations and professionals.

This resource has been updated by **Nexus Values**, a specialist value strategy consultancy passionate about supporting the communication of value in healthcare, as part of a pro bono collaboration through **Passion Partnership**.



We want anyone affected by someone else's drug or alcohol use to have the chance to benefit from healthy relationships, be part of a loving and supportive family and enjoy mental and physical wellbeing.

If you require further help and information please visit our website (www.adfam.org.uk)