

# DRUGS AND THE FAMILY





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## Effects on Family Members

Having a loved one/family member that drinks or uses drugs in a problematic way can be quite stressful. This can have a devastating impact on personal health, family relationships, finances, work, school, and many other aspects of life (Orford et al., 2010a,c). The substance user can often become the central focus within the family. The entire family can become absorbed by the substance user's problem. Relationships become strained. Arguments, aggressive behaviour and violence can follow. Divisions can occur within the family due to varying opinions and coping strategies. Self-neglect and neglect of others (e.g. children) can sometimes happen when energy is spent on trying to "fix" the substance user. Social activities become disrupted or completely abandoned. Performance at school and work can be compromised.

Family members often report that living with a substance user can be exhausting, unpredictable and heart-breaking. It can be a traumatic period

in the lives of family members, struggling to cope and deal with the complexities of substance use. It is often described as an emotional rollercoaster and many painful emotions are experienced, for example, sadness, loneliness, anger, shame, fear, anxiety, self-blame, hurt, helplessness, hopelessness, isolation and despair. Living in a state of constant alert, worry, and anxiety can be emotionally draining. This emotional toll can lead to an array of physical symptoms which can vary from person to person. It is not uncommon for family members to have physical health problems such as eating or sleeping problems, high blood pressure, stomach problems, irritable bowel syndrome or tension headaches.

Some of the more commonly reported symptoms or effects on families are discussed below. Many of these symptoms can be experienced either in isolation or in combination particularly during stressful periods. Sometimes family members experience symptoms over a long period and not actually link them to their experience of having problematic substance use in the family.



**Worry**

For many people worry is a temporary state, for example, waiting for exam results or dealing with an unpaid bill. Family members of substance users often experience relentless worry about their loved one. Some of these worries might include where their loved one is, whether he/she will come home, what condition he/she will be in, what will happen in the home when he/she arrives, whether the Gardaí are involved, will he/she go to work/school tomorrow, and will appointments be attended and so on.

**Having thoughts that won't go away**

Persistent distressing thoughts such as remembering a stressful event or wondering where someone you care about might be, have a significant impact on family members and effect their ability to function in their day-to-day lives. The cycle of these recurring thoughts is difficult to break and can often lead to the

individual imagining the worst possible outcome. This in fact may not be the reality, for example, wondering "is my son lying in a ditch unconscious or dead?" when in fact he is at a friend's house.

**Loss of sleep**

Getting regular uninterrupted sleep is known to be one of the most important factors in maintaining health. If the loss of sleep involves missing many hours sleep or many hours on a regular basis it can make it very difficult to complete normal tasks. Sleep deprivation can lead to forgetfulness and memory impairment, difficulty concentrating and making decisions, decreased performance and alertness, increased risk of accidents and injury, clumsiness, and fatigue.

**Stigma and shame**

The stigma surrounding substance use can lead

to fear of judgement and feelings of guilt and shame. This fear of judgement often leads to attempts at concealing the problem and can unwittingly force a family member into isolation. The feeling of family disgrace is a major obstacle to seeking professional support or support from community, friends and extended family.

### **Self-blame**

The tendency towards self-blame among family members can sometimes lead to feeling negative about ourselves and feeling a failure. Thoughts such as "I should be able to deal with this!" or "What's wrong with me?" are commonplace.

### **Finance**

Considerable conflict and tension can arise due to financial pressures as a result of substance use. Repaying drug debts, cost of drug treatment, loss of employment, replacing broken/missing items, paying bills for the user, money owed to dealers and money being stolen are some of the ways in which family finances are impacted. Some families report being bullied or threatened to give money to the user. Failure by the user to contribute to family finances, or the user controlling finances can also cause huge distress.

### **Social and family occasions**

Enormous stress surrounds social and family occasions for many family members. This can be due to lack of finances, the behavior of the substance user, fear that the user will cause trouble and embarrassment, or simply having no energy or interest in socializing. Family members sometimes fear being drawn into a conversation about the user or that other family business will be exposed. Sometimes, a family member will secretly attend an event to prevent the user from attending and then ask other members of the family to keep the secret.

### **Day-to-day functioning**

When faced with the ongoing trauma of problematic substance use in the family it can be difficult to complete the normal day-to-day tasks of life. Energy reserves are diminished and

preoccupation with the problem means that the mind is sometimes unable to concentrate on the task at hand. This can lead to frustration, irritability and an even greater sense of failure and self-blame. Otherwise routine chores such as buying the groceries, preparing a meal, helping with homework, cleaning the house, or cutting the grass can seem exhausting. Sometimes tasks around the home such as hanging a door or fixing a shelf can be put on the long finger which often leads to frustration, nagging and arguments. The joy has been taken out of daily living.

### **Effects on family relationships**

Devastating and long-lasting effects on family relationships are often one of the most upsetting results of problematic substance use in the home. Differences of opinion regarding how best to respond to the problem can cause serious rifts and conflict between family members even when each family member wishes to improve the situation, help the substance user and solve the problem. Members can criticize each other for their ways of responding believing that the other person's response is ill-advised, incorrect or even destructive; for example, one family member may loan or give money to the substance user while another believes this is foolish and unhelpful. Sometimes family members can feel left out of discussions and decisions regarding the substance user. This can be done out of a desire to shield that person from the distressing situation but can ultimately lead to the individual feeling powerless and insignificant. Family members, particularly siblings of the substance user can also feel jealous of the time, energy, and money spent on their sibling. This leads to feelings of frustration and even bitterness towards the substance user and others in the family. Whatever the differences of opinion, fractured familial relationships cause further feelings of isolation and helplessness.



Many family members will identify with some or all of the effects discussed and will, perhaps, be able to add to the list. The question of how to cope in these circumstances has been researched and from this research one theoretical model which has been developed is called the "Stress, Strain, Coping, Support Model" (Orford et al. 2010b). Coping and social support form the two main building blocks of the model. The model suggests that though their task is difficult, family members need not feel powerless in maintaining their own health and well-being and helping their relative. Social support, information, emotional support and practical help are invaluable resources for affected family members.

### Here is an outline of the model

- This model acknowledges that having someone in your life who drinks or uses drugs problematically is **STRESSFUL**.
- This stress can lead to **STRAIN**. Think of this strain as being either a strain on your emotional or physical health.
- The effects of this stress and strain can be lessened by helping a family member find ways of **COPING** and responding to situations that makes it easier for them and;
- By helping family members explore their own **SUPPORT** networks to identify existing supports and to find new and alternative sources of support.



## Coping and Responding

### **How do family members cope and respond?**

There are possibly hundreds of specific things which family members do in their attempts to cope with and manage what is going on for themselves and others. Likewise, there are differing views on what family members should do. Research conducted over a 20-year period has identified three broad ways that people can use in coping and responding to their experiences (Orford et al., 2010c). All of these ways of responding are valid and sometimes family members will use different responses depending on the situation they encounter.

*The three identified coping responses*

#### **Putting up with it:**

This can be described as the family member knowing that the drinking or drug use is happening, but not engaging with the issue. The reasons that family members do not engage with the issue can be varied, for example, not wanting to upset anyone, not feeling confident in engaging with the issue, feeling afraid, or not knowing what to say or do. There may also be many other reasons why this response suits family members at times.

#### **Standing up to it**

This response involves the family member directly engaging with the drinker/drug user in an attempt to change their behaviour. This can sometimes involve a frank and open discussion with the person around how their behaviour is affecting others and what they should do to change. It can also be that this response takes the form of an emotional outburst of sorts where the family member feels that they need to "get it off their chest".

#### **Withdrawing & gaining independence**

This can be described as the family member withdrawing from the issue and putting their own needs first. So in a way the family member begins to place more emphasis on their own needs and less on the person who is drinking or using drugs.

As a way of demonstrating how a family member might use the three different responses for different situations, sometimes within the one day, please read the following brief scenario.

*Mary lives alone with her 26-year-old son Dan. For the past few years Dan has been engaged in heavy drinking and some drug use. Dan left college early and does not seem able to maintain regular employment. Mary is not sure if Dan has a regular drug of choice but notices his behaviour can be different from day to day. Dan never wants to talk about his issues and sometimes becomes very defensive and almost aggressive if challenged.*

*One night Dan is out late. Although Mary is concerned she is in bed trying to sleep. At 4:00am Mary hears loud banging on the front door of her house. By the time she gets to the door she finds Dan in the hallway and the door broken in. Dan mumbles something about having no key and not being able to wake Mary.*

*Mary notices that Dan is unsteady on his feet and quite agitated. Mary encourages Dan to go to bed but he refuses, so Mary encourages him to sit down on the couch and she makes tea. Mary notices that Dan is talking a lot and quite quickly. Mary doesn't engage with Dan around this or the damage and upset he has caused, instead she does her best to secure the front door and sits up with Dan making small talk (**Putting up with it**).*

*By 8:00am Dan is still showing no signs of sleeping so Mary again tries to encourage him towards his bed. Dan becomes agitated again and begins saying mean things about Mary and her new partner and her job, saying that Mary has more time for those things than him and that he feels she is treating him like a baby. Mary responds by telling Dan that at 26 years old he should be more independent and that it is time he began to do more for himself and the family, reminding him that he will have to foot the bill for the broken door (**Standing up to it**). A brief argument happens but Mary leaves the room and gets on with the jobs she needs to complete.*

By 12:00 noon, Dan is still awake but appears very tired now. Mary again gently encourages Dan to go to bed for some rest. Dan rudely says he's watching telly and tells her to mind her own business. At this stage Mary is tired, upset and frustrated. Mary has an appointment at the hairdressers which she has saved for and looked forward to for weeks. Although she doesn't really feel up to it she decides to keep the appointment and also decides to call her close friend to arrange to go for lunch afterwards. Mary leaves the house, gets her hair done and meets her friend for lunch in her favourite local café. **(Withdrawing and gaining independence).**



Whatever methods of coping are used, it is critical to remember that family members are not helpless in the situation. They can look after their own health and well-being and can support their loved one's efforts in seeking professional help. Supports from within the family, extended family, neighbours, professionals and support agencies can be sought. It can be particularly challenging for family members when the substance user who is in recovery has a relapse. Even when the substance use stops, families frequently experience difficulty in adjusting to their new circumstances. The substance user can also find it difficult initially to adapt and re-integrate. Trust within the family can only be rebuilt slowly.

## Points to remember

### It is not your fault:

It is important for family members to realise that they are not responsible for a loved one's substance misuse. The responsibility for drinking or using drugs is with the drinker/drug user. The family member's responsibility is to look after themselves.

### There is no absolutely right or wrong way to cope and/or respond to what is experienced:

Sometimes family members spend a long time with uncomfortable thoughts such as, "why didn't I do something different back then" or "if only I had/hadn't done that/said that". When these feelings are explored it is likely that the actions that the family member took were based on what they thought was best; based on the information they had at that time. Importantly though, there are always options for coping and one option might suit better than others depending on the situation at the time.

***Again it is important to note that this handbook does not seek to tell the reader what to do, or what to think. This handbook is simply offering an opportunity for the reader to reflect on common terms and concepts within the field of substance use. We would however, encourage any reader to seek out professional support if they are affected by another's substance use.***

**Refer to Information on Support Services section or [www.supportme.ie](http://www.supportme.ie) for details on supports available**