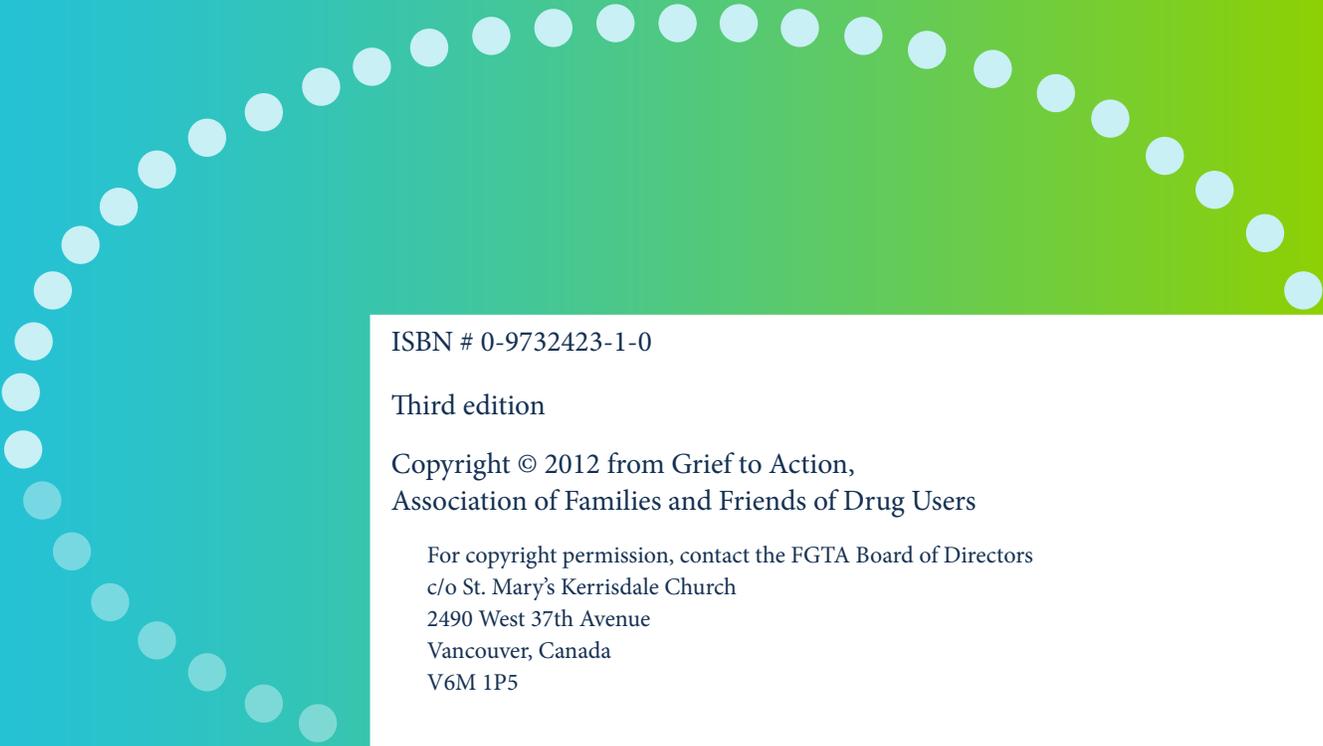


FGTA's Coping Kit

From Grief
to Action:
When
Addiction
Hits Home



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Third edition

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Association of Families and Friends of Drug Users

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c/o St. Mary's Kerrisdale Church
2490 West 37th Avenue
Vancouver, Canada
V6M 1P5

FGTA is a not-for-profit society working to improve the lives
of addicted youth and their families and friends.



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It is our hope that this resource will prove beneficial to many BC families struggling with the problems associated with addiction.

We also thank the many professionals working in this field for their ongoing understanding and support, especially Tony Trimmingham of Family Drug Support (New South Wales, Australia), who produced a similar guide which gave us inspiration.

Most of all we thank those who are using their own experience to assist others struggling with their drug- related family issues and who have so generously shared their hard-earned wisdom and experience in the development of this coping kit for British Columbia.

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2012



Introduction

When FGTA's founding members first got together, it was for mutual support. Were we in some way responsible for our children's drug use, abuse, and addiction? What could we do to help them? And what could we do to help ourselves?

After much soul searching, research, and consultation with professionals working in the field, we decided to take action to help our own families, as well as other families facing similar challenges.

Equipped with information and effective support, families can and do develop management and coping skills which enable them to face those challenges head on and to rebuild and strengthen family relationships.

The road to recovery may be long and arduous, with many unexpected twists and turns, but with enough information and support, families can work their way through to a brighter future.

Who this kit is for

This resource kit focuses on questions, issues and practical problems faced by parents or guardians of drug users. Whether you have a child who is just beginning to experiment with drugs or one who has developed a dependency, this kit should be of value to you.

Partners, grandparents, friends and siblings of young persons with an addiction disorder, or at risk of a disorder, should also find it helpful.

How to use this kit

This kit is designed to be absorbed in short, manageable chunks. The headings are self-explanatory, providing a brief road map to issues commonly faced by family members dealing with addiction.

Because individual circumstances influence the complex or difficult problems associated with drug use, the kit does not pretend to provide definitive answers to these problems. Instead, it offers a summary of ideas and information which has proved helpful to families with drug-using members.

As you use this kit, bear in mind that when it comes to drugs and their impacts, information varies widely, and can be conflicting. FGTA recommends seeking advice from qualified professionals before embarking on a plan of action.

About Drugs and Your Child

“These

so-called

‘junkies’ are our

brothers, sisters,

sons and

daughters. They

made a tragic

mistake when

they took

the risk . . .

What is a drug?

Scientists define a drug as any substance, other than food, which is taken to change the way the body or the mind functions. Drugs can be legal or illegal, helpful or harmful.

Mood altering drugs – also called psychoactive – are drugs that can change or affect the way a person thinks, feels or acts. These drugs usually have physical effects as well, but the thing that sets them apart from other drugs is that they work on the mind and the senses. Prescribed drugs in this category can be used to relieve pain, calm nervousness, or aid sleep. Some, like nicotine (a stimulant) and alcohol (a sedative), can be purchased and used by almost anyone. Others, like cannabis and cocaine, are illegal street-drugs. Some drug users’ involvement with street drugs causes as much harm from their illegality as it does from their physical effects.

Where’s the harm?

Some drug users seem to manage careers, families, and life in general, all the while maintaining heavy patterns of use. For many others, drug dependency causes the loss of jobs, family, and health. It drives some to steal, deal drugs, or sell themselves. It costs some their lives.

Illegal drugs are often mixed with other substances, so a user can never know what is in the drug or how strong it is. Drug effects may also be unexpected. They differ with the weight and height of a person, whether they’ve taken it before, where they are at the time (e.g., alone or with friends, at home or at a party) and dosage strength. Reflexes and the ability to make decisions are affected, which means it’s easier to have an accident (such as drowning or falling), or do something one later regrets (such as having unsafe sex).

Sometimes people with a mental illness use drugs to help them cope with their illness (self-medicate). However, drug use usually makes the condition worse.

Who is at risk?

No one knows why a small proportion of those who consume any drug, including alcohol, will become dependent, who is at risk, or why. One thing is certain, though. While dependence is not inevitable, it can strike in any family, in any neighbourhood.



Some of the most creative and courageous people in history have used alcohol and or other drugs to expand their views and to develop new approaches to different issues. Mostly however, these people have had problems as a consequence of their drug abuse or dependence.

What is dependence?

Dependence can be thought of in relation to physical aspects, psychological aspects and emotional aspects.

Dependence is generally defined by three or more of the following in the same year:

- ◆ Increased tolerance to the drug, meaning that the same amount of the drug no longer achieves the desired effect
- ◆ Withdrawal syndrome from either the drug, or from another substance taken to relieve or avoid the drug's withdrawal symptoms
- ◆ Taking the drug in larger amounts or over a longer period than was intended
- ◆ Being unsuccessful in cutting down or controlling drug use
- ◆ Spending a great deal of time obtaining the substance, using it, or recovering from its effects
- ◆ Giving up or reducing important social, occupational, or recreational activities because of substance abuse
- ◆ Continuing to use a substance likely to have caused or worsened a persistent or recurring physical or psychological problem

Watch for the signs

Since you're reading this, it's likely that you already suspect or know that your child is using drugs. But if you are looking for confirmation before you intervene, watch for some of the indicators (next page).



... that led to their addiction, and they could very well spend the rest of their lives paying for it. It could happen to anybody. No one is immune."

"If

your son or
daughter resists
intervention,
try to raise
issues that
affect you, your
family, your
home."

Early indicators of drug use

- ◆ Be on the lookout for signs of depression, poor self esteem, and obsessive behaviours. If these statements sound familiar, pay attention.
 - ◆ "No one likes me."
 - ◆ "What's wrong with me?"
 - ◆ "Why am I so different? Why don't I fit in?"
- ◆ If your young person is a risk taker, be alert. Drugs have a certain glamour and appeal, and risk takers tend to experiment.

Physical and emotional signs of drug use

(These may vary according to the drug ingested)

◆ Rapid weight loss (sometimes indicates "meth," cocaine, or heroin use)	◆ Recurrent itchiness and compulsive scratching (associated with the use of many drugs)
◆ Little sores on hands, legs, or face	◆ Sniffing
◆ Glazed or runny eyes, pin point or enlarged pupils	◆ Blackened fingers
◆ Sore back or the jitters (withdrawal symptoms)	◆ Blackened teeth or excessive dental decay

Behavioural signs of drug use

- | | |
|---|--|
| ◆ Unusual or changed sleeping patterns from the usual "sleeping in" characteristic of teenagers, including being up or out all night and sleeping all day, or an inability to sleep | ◆ Severe mood swings, including reactions not appropriate to the situation: for example, the individual is endearing one minute but aggressive, angry, or uncooperative the next |
| ◆ Frequent requests for money, and/or frequent bank withdrawals | ◆ Falling/failing grades or dropping out of school |
| ◆ Non-stop or rapid fire talking, especially in a usually quiet person | ◆ Furtive telephone conversations, and secrecy about their comings and goings |

Behavioural signs of drug use - continued

- | | |
|---|---|
| <ul style="list-style-type: none">♦ Lack of conversation in an individual who was previously talkative♦ Loss of old friends♦ Changing habits: individuals who once were neat are now untidy, with increasingly poor hygiene | <ul style="list-style-type: none">♦ New friends with unspoken last names and/or with cell phone numbers that are blocked♦ Lying♦ Lots of time spent in the bathroom and bedroom behind locked doors |
|---|---|
- ♦ Frequent change of jobs (could mean the individual is getting fired for not showing up to work)

Drug use clues around the house

- ♦ blackened spoons, knives, or foil: these are used to “cook” or heat drugs, or to make pipes
- ♦ dismantled ballpoint pens, glass tubes: these are used as smoking tubes
- ♦ rolled-up, bloody tissues: some drugs make your nose bleed
- ♦ dented pop cans or other containers with little holes in the dent: these are used as pipes
- ♦ corners torn off magazine pages and other squares of paper: these are used to make flaps to carry drugs
- ♦ collection of products for producing crystal meth (two or more of these items):
 - ♦ common cold pills containing ephedrine or pseudoephedrine
 - ♦ acetone
 - ♦ rubbing alcohol
 - ♦ gasoline additives
 - ♦ brake cleaner
 - ♦ engine starter
 - ♦ drain cleaner
 - ♦ coffee filters
 - ♦ MSM (methyl sulfonyl methane)
 - ♦ salt
 - ♦ lithium batteries
 - ♦ muriatic acid
 - ♦ propane tanks
 - ♦ iodine
 - ♦ lye (an ingredient in drain cleaners also used to make soap)

“My
son first started
acted strangely
when he was 11,
in Grade Six...”

...I
was
inexperienced
and unprepared.
I didn't know it
was drugs."

Some people begin using drugs with legal over-the-counter medications commonly found within most households. There is a general misunderstanding that if a medication is not a prescription and can be purchased by anyone, it is safe, even when consumed in large quantities. Over-the-counter medications can be just as dangerous as any prescription medication, and if taken incorrectly can have life-long, life threatening or fatal consequences.

Because of the availability of over-the-counter medication within most households and at pharmacies, experimentation can occur easily and in an unregulated fashion. It is important to keep all medications within a secure area and be mindful when medications are missing.

The other issue with over-the-counter medications is that they are used as additives in making illegal substances. Commonly abused over-the-counter medications are Benadryl, Benylin and other cough suppressants, Gravol, antihistamines, ephedrine and pseudoephedrine products, Tylenol and Aspirin.

A note of caution

Many of the behavioural signs of drug use listed here could have completely different explanations. This is the time to increase communication so that you can better understand your child's circumstances. So much depends on your ongoing relationship with this young person.

Why Your Child Might Be Using Drugs

My husband and I have been blessed with three wonderful children, two girls and a boy, now all in their teens. The teen years are not easy for anyone, but our eldest, our 19-year-old son, has an added burden. He is struggling to recover from an addiction to heroin.

When he was six years old my son was identified as a gifted child and was placed in an enriched program. He was articulate, good looking and very charming. He was always a very energetic boy and we kept him busy with swimming, baseball, and cubs. (My husband was a cub leader.) He also joined me in the family choir at our church. During the summer my husband and son always went off on a camping trip together — just the two “boys” — and these trips remain some of the fondest memories for both of them.

So what happened? Well, our son was always a risk taker. He was the first to try skateboarding and ski double black runs and, at age 15, he took a risk that would forever change his life and the lives of those who loved him. He tried smoking heroin, and before he knew it he was hooked.

There are a lot of theories about why people use drugs. Researchers and workers in the field attribute it to a number of factors, including disease, personality and social disorder, and spiritual dilemmas. Recent scientific research posits that just as certain genes make some people more prone to heart diseases, cancer or Alzheimer’s, other genes may make them more susceptible to becoming addicted to alcohol or drugs.

For many, using drugs is a means of altering mood, easing social interaction, making sensory experience more pleasurable, boosting creative inspiration, or enhancing physical or athletic ability. Kids today are surrounded by a culture – music, films, etc. – that tends to glorify drugs. Children who grow up in an environment where excessive drug and alcohol use is condoned may be less reticent to try experimenting themselves.

Generally, those who work with addicted individuals use an integrated approach, looking at the interplay among the dependent person’s individual issues, environment, and the drug of choice for possible explanations and treatments. In reality, people use drugs for any number of reasons, and each individual has his or her own. Is it your fault your child is using drugs? Probably not.

“I have
been with
counsellors
who say it
must have had
something to do
with my past,
but no.”



“No one
chooses to be a
junkie . . . no
one chooses to
be a slave to
addiction.”

Just a normal child?

Most likely, your child’s drug use is motivated by one or more of the following.

- ◆ **It feels good!** In a nutshell, this is why there’s a “drug problem” in the first place. Whether it’s the warm fog of heroin, “riding high” on cocaine, the loss of inhibition with alcohol, Ecstasy’s “dance all night” buzz, or the energy high of crystal meth, all can be seductive.
- ◆ **Availability.** There are now more types of drugs and in greater quantities than ever before. Drugs are now cheaper, and are available everywhere in a child’s life.
- ◆ **Risk-taking.** Teenagers are prone to thrill-seeking behaviour. Reckless driving, contact sports, drug use — all are part of the same drive. Most grow out of it, but some get hooked before they have a chance.
- ◆ **Rebellion.** The combination of societal and parental disapproval can be enough to send some young people in search of their first drug or alcohol experience.
- ◆ **Boredom.** Getting high, the thrill of scoring (maybe stealing to do so), hanging out in “dangerous” areas, even living on the streets — all may seem exciting options.
- ◆ **Underlying problems.** Drug use may be secondary to other health or family problems. When a child’s sense of stability is undermined, risk-taking or attention-seeking behaviour becomes more appealing.
- ◆ **Stress at school.** Bullying, academic problems (including being more able than average), and many other woes can foster risky, attention-seeking, competitive behaviour.
- ◆ **Peer pressure.** If admired peers are using drugs, the desire to “fit in” can be strongly compelling.
- ◆ **Assumed invincibility.** Teenagers often fail to appreciate the risks involved in drug use. They tend to think that bad things only happen to other people.
- ◆ **Lack of knowledge.** Insufficient information from home and school and misinformation from friends can lead to complacency and poor decision making.

- ◆ **Coping mechanism.** Often a child will seek refuge in a drug to cover up feelings with which they find it hard to cope.

Drugs and mental illness

Mental health problems may precede, coincide with, result from, be linked to, or be mistaken for drug use. If there is a history of mental health problems in your family, be on the alert.

Illicit drugs may be used by a person to relieve an undiagnosed mental condition (in other words, for self-medication), or they may be used in addition to or instead of prescribed medication for a diagnosed condition. Drug use and depression can be linked, as drugs can suppress feelings of pain and confusion and uplift the mood for a while, but ultimately they can make the depression worse.

A large proportion of people with an addiction disorder also have a mental health condition, but many treatment services fail to address both problems together. Current best practice is the parallel treatment of an addiction disorder and any co-existing mental condition. Finding treatment for an individual with both a mental illness and a drug dependency (referred to as dual diagnosis or concurrent disorders) is unfortunately very difficult, but you can succeed if you persevere.

Urgent warning

If your child seems constantly depressed, stays in bed all day, becomes monosyllabic and lacking in facial expression or animation, expresses no interest or joy in anything they previously enjoyed, talks of suicide and death, or seems preoccupied with death, don't assume it's the drugs. No drug makes you like this all the time. If one or all of these symptoms is apparent, seek help immediately.

*"We
don't know
if there's a
connection, but
my child also
suffers from
depression."*

This Can't Be Happening...

Most people find it very hard to accept the truth about their child's addiction. It's tempting to hear what you want to hear and see what you want to see rather than accept an unpleasant reality, but denying that reality can be dangerous... for your child and for the rest of your family.

The use of alcohol and other drugs can lower the immune system, leading to frequent colds and 'flu, and each drug comes with its own "side effects." Injection drug users can experience vein problems or infections, those snorting cocaine or meth may develop blemishes and runny noses, and opiate users may develop chronic constipation. At the extreme end of the spectrum, overdoses can lead to death.

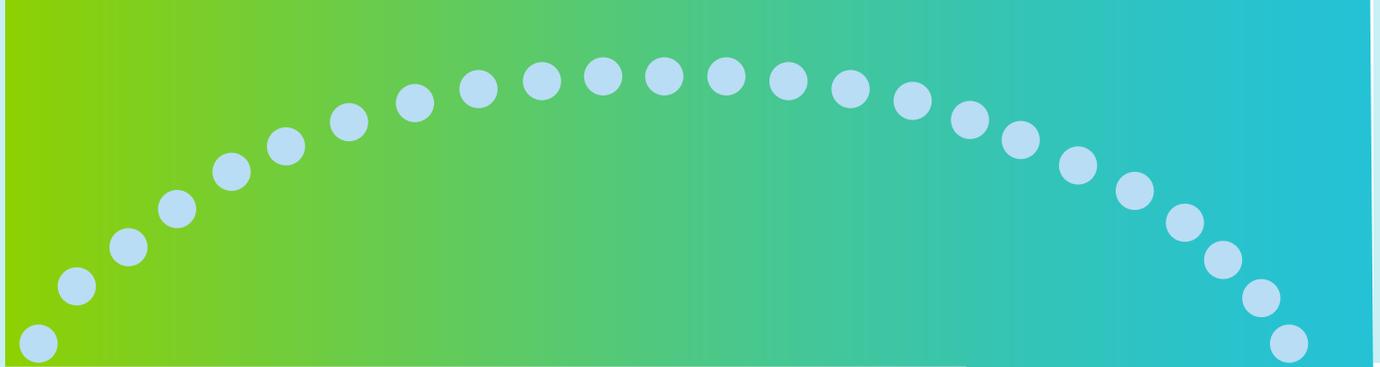
Families' initial reactions usually fall into four stages: denial ("head in the sand," hearing only what you want to hear); emotion (anger, grief, stress, shame, guilt); control ("do what I say," "let's fix this," scapegoating, trying to rescue); chaos and confusion (you try to set limits which are overturned, you feel powerless and incompetent, your trust is shattered).

These stages can often overlap, and be repeated again and again. Families need to get support, develop awareness and get effective professional help and education. Success and hope depend on having strategies in place – both personal and interpersonal, having access to support options, taking care of your emotional, physical and spiritual wellbeing, and strengthening family relationships (see "Taking Care of Yourself").

Drug users themselves will go through five stages of change:

- ◆ **Precontemplation** Stage: there is no intention to change behaviour in the foreseeable future. Many individuals in this stage are unaware or under-aware of their problems.
- ◆ **Contemplation** Stage: people are aware that a problem may exist but are ambivalent about change and have not yet made a commitment to take action.
- ◆ **Preparation** Stage: combines intention and behavioural criteria. Individuals in this stage are intending to take action in the next month and have probably unsuccessfully taken action in the past year. There is a desire for change.

It's
as easy to get
dial-up delivery
of heroin as it is
pizza."

- 
- ◆ **Action** Stage: individuals modify their behaviour, experiences, or environment in order to overcome their problems. Action involves the most overt behavioural changes and requires considerable commitment of time and energy. This is a peak level of desire for change and energy; however, these levels are difficult to maintain, and people can become easily frustrated that change does not come quickly.
 - ◆ **Maintenance** Stage: people work to prevent relapse and consolidate the gains attained during action. For addictive behaviours, this stage extends from six months to an indeterminate period past the initial action.

It is helpful for family members to identify where the person using drugs is in this process. Ask yourself:

- ◆ Are they quite happy and not willing to think about the need to change?
- ◆ Are they concerned enough to be thinking about their drug taking and are more aware of the negative aspects?
- ◆ Have they identified the need to change and started to make plans?
- ◆ Are they taking steps to change?
- ◆ Are they maintaining the changes needed for their lifestyle?

Once you have identified the stage, an appropriate approach is easier to develop. Remember that your preferred goal may be that the person “remains abstinent from all drugs.” Their goal maybe to “reduce or control their drug use” or even to “be abstinent from some substances but continue to use others” – for example, give up heroin, but keep smoking cannabis now and again.

Consider accepting the possible, rather than demanding the ideal.

*“You’ll
accept anything
as long as it’s
an explanation.”*

Communication

*Listen,
look for clues,
be available, be
aware, and be
informed.*

Communicating with the drug user

The pioneering Australian group Family Drug Support (fds.org.au) boils down its advice to three points:

Listening

This is the most underused yet most important communication skill. LISTEN, LISTEN, LISTEN.

Honesty

No matter how difficult, having everything out in the open is the best policy. If you can, find ways to encourage your son or daughter to speak by being open and honest with her or him. Avoid hiding your agenda and strategizing to get what you want, since these maneuvers are probably what they are using with you.

Looking for Cues

Drug users tend not to want to talk much about their drug use, problems or feelings. Occasionally they will drop a hint or say they need to talk. It is important that you make yourself available and listen as calmly as you can. Try and choose a suitable moment.

There are different responses to the different stages of drug use that may or may not be helpful. (See the Communication chart on the next page for examples and tips).

What about siblings?

If the drug user is living in your home, the health and safety of other members of the family, especially younger ones, may be at risk from pills, powders, or needles left lying around.

Siblings can be strongly affected by drug use in the family. Even negative attention is attention that, when directed to the drug-using child, takes away time and energy from non-using siblings.

It's also likely that a kind of carry-over effect will come into play, so that anxieties created by the drug-using child will be transferred to the non-using siblings. Non-using children may try too hard to be perfect, to spare their parents more pain. Parents' temptation to "treat them all alike" may be strong,



and may cause resentment. Conversely, labeling one child “good” and another “bad” is not a good idea, either.

Children appreciate being treated as individuals, so try to bear in mind that what influences the behaviour of one child does not necessarily have the same effect on another. Keep everyone “in the loop,” and remember to check often to see how all family members (including you) are faring.

My younger brother and I experimented with drugs and alcohol during university. I went to law school, quit the drugs and slowed the drinking. My brother continued to experiment with drugs and started drinking more heavily.

You don't see yourself as the “good” kid. We grew up together, were friends, experimented together, and got into trouble together, but he sees me as the “good” kid. That's a heavy role to take on, and you can resent it if the “bad” sibling gives you a hard time. Not only are you having to cope with your own feelings and frustrations with what's happening with your sibling and coping with your parents' pain, but you're given a label on top of that, and end up being resented for it. That's hard.

Acceptance is not the same as approval

Because of media stereotypes, community attitudes and legal considerations of illicit drug use, it is very difficult to accept that a family member is using drugs. More often than not, our children make choices of their own volition. For some young people, drug taking will become problematic as tolerance increases and they become dependent. Family support will always be a positive factor, but the choice to detox, reduce use or abstain remains the decision of the user.

Much as you may wish, you cannot make them do what they do not want to do. This is something the family has to learn to accept as fact. However, by becoming and remaining informed, showing your love and being there for them, you can help them to regain and exercise control over their own lives and choices.

Parents whose children have become addicted to drugs usually say in hindsight, “If only I'd known then what I know now.”

“
definitely
resented being
the ‘good’
sibling.”

You Can Minimize the Harm

"We've come to the point of saying almost anything to discourage our kids from using drugs."

Learn all you can about drug abuse. Read books, research local addiction services for information and counselling, attend your local meetings of AA and NA, Alanon and Nar-anon. (In Vancouver, contact "Parents Forever.")

- ◆ Provide accurate information for your child. Nothing offends teenagers more quickly than what they see as scare tactics. Don't preach; just try to open a discussion or leave information around the house.
- ◆ Do not judge your child weak, stupid or lacking in will power because she or he is unable to control their drug use. Addiction is a disease and can happen to anyone. It knows no boundaries.
- ◆ Take heart. While it may seem that children take all their cues from their peers, parental values and attitudes win out more often than you think.
- ◆ Don't be afraid to talk to your child's friends. If you avoid and alienate the peer group your son or daughter has chosen, then no matter how much you disapprove, you will also alienate your child.
- ◆ Try to ensure that your child's friends know the many dangers of drug use and can recognize overdose symptoms and act quickly. This is particularly important with younger teenagers and party drugs such as crystal meth, ecstasy, cocaine, prescription drugs and alcohol. Friends are the most likely to be able to keep tabs on unusual behaviour.
- ◆ Talk to the parents of your children's friends.

Using alcohol and other drugs can change people's behaviour dramatically. They are more likely to have unprotected sex, drink and drive, and indulge in antisocial behaviours such as fighting, stealing and acts of daring. Therefore, your words and your own actions will promote responsibility, ideally in these ways:

- ◆ Remind your child of the safe sex rule. The rule about using a condom applies generally, but extra vigilance is required because alcohol and other drugs can interfere with good judgement, causing loss of inhibitions and control.
- ◆ Stress that your child call you at any time of the night to be picked up, or that you will pay for a cab ride home. Give them a phone card so they can make the call.

- ◆ Encourage the designation of a “voice of reason” for their group. This non-using individual can look for signs of drug overdose or a bad reaction and can be responsible for seeking help, should things go wrong.

Preventing fatalities

Make sure that your child and their peer group know:

- ◆ Mixing drugs is extremely dangerous. Drug use along with alcohol is the MOST dangerous.
- ◆ Signs of a bad reaction to drugs or overdose should not be ignored. If somebody passes out or is incoherent (or a sleeping person has laboured or rattling breath, is snoring in an unusual way, or can't be woken up,) it is crucial to call an ambulance - **DIAL 911**.
- ◆ If somebody is unconscious but still breathing, lay them on their side and pull the head back slightly to stretch the neck so their breathing will be unobstructed. If necessary, clear their airway of vomit or mucus by rolling the person on their side. Do not put anything in their mouth.
- ◆ Be ready to give ambulance staff information about what has been taken so that treatment can be administered effectively and immediately.
- ◆ It is better to deal with an unpleasant situation than for someone to suffer brain damage or death.
- ◆ Police need not always be involved.

Supporting versus Enabling

I had a good relationship with my mom, but she told me I couldn't come around anymore if I was not staying clean. She had to do that to try to better her own life. My parents weren't going to bail me out again. I had been taking advantage of them. That was how I hit bottom. I was heavily wired on heroin and cocaine, injecting both together. I was a real hurting unit.

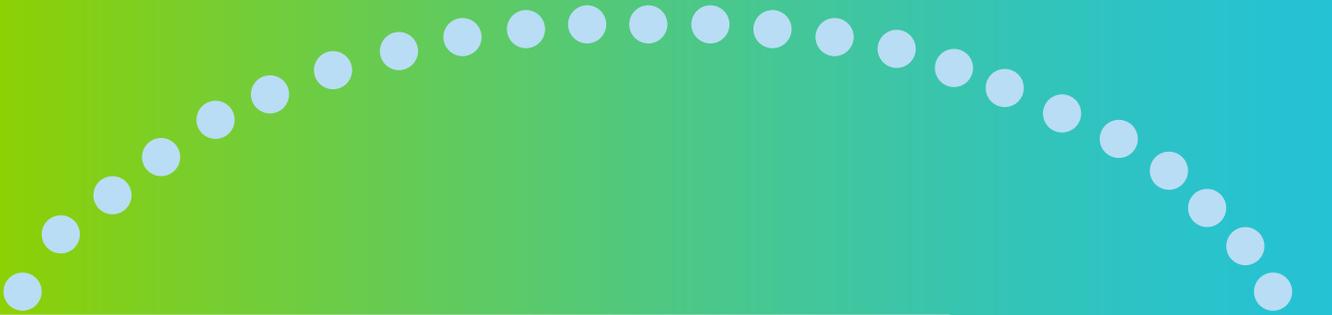
Parental and family support has been shown to be one of the strongest factors in “successful” treatment of drug and alcohol dependence.

Friends and professionals will tell you that you must not “enable” the addict, must not make it easier for them to continue using drugs. However, there is a fine line between supporting the individual and enabling the addict. Rely on your own judgement of the situation while consciously setting boundaries that make sense for you.

Family members do have the capacity to influence their drug user either positively or negatively. Influence is strengthened when the drug user is given family support, and family members can grow and adapt and build their skills, knowledge and expertise to deal with drug issues in their own family. Changing your thinking from a focus on “problems” to a focus on “solutions” helps you to create the family energy needed for change.

- ◆ Be honest with yourself and your family members about the behaviour you are prepared to accept from a drug -using individual living in your home. This may have to be a group effort if the family is to survive the experience intact. Open and direct family communication is usually the most constructive approach.
- ◆ All family members can play a part in change. However, effective change can be and often is still achieved with one or two supportive and committed members of the family.
- ◆ Don't accept physical abuse as normal – it is never OK for you to be mistreated or abused by anyone.
- ◆ Make sure the drug-using individual understands the boundaries and the consequences that will result from failing to adhere to them. Then it's up to you to follow through.

“Maybe
you reach a
compromise you
can live with;
they're buying
the groceries
but not paying
rent.”

- 
- ◆ Try not to let pity take over. When you feel pity, it is more likely that you will try to take care of the person with the drug problem rather than encouraging them to get the help they need.
 - ◆ If the drug user does leave home, then try and stay in contact (see “Life on the Street”).
 - ◆ Be prepared to revise your decisions should circumstances change. Sometimes it’s hard to know what to do, and this is, after all, uncharted territory for all of you. All you can do is make the best decision you can, at the time, for your situation.
 - ◆ Reputable drug and alcohol treatment services are the best alternative to crime, disease and untimely death, but treatment success is – in the end – the responsibility of the drug user him or herself.
 - ◆ Success for family members is being able to say that you have done all that was reasonably possible to improve the situation. Acknowledgement of achievements (even if things seem to be going badly) is important as part of this process.

I *I found it very hard to develop clear emotional boundaries for myself. I would try to be calm and logical, but very soon my anger and hurt would take over and it was difficult not to say things I would later regret. So I wrote my son a letter expressing my feelings, trying not to be judgemental, and letting him know how much I loved him. Although it did not seem to make much of an impression at the time, later on he told me he kept it and referred back to it and it did help.*

Finding Help

Addiction is a terribly hard disease to overcome, and there is not nearly enough support for those afflicted in our province. Our boy was on a list for many months, waiting for a bed in a youth treatment centre. His problem worsened, and by the time he finally reached the top of the list, it was too late. His addiction had become too severe for this two-month program.

Your first response to your child's drug use will likely be to seek out treatment options. Brace yourself. It's not that simple. Although there are some places to go for help, opportunities for longer-term residential treatment are relatively scarce in BC, particularly when it comes to young people.

It is even more difficult to find treatment for those with a dual diagnosis of mental illness and drug dependency.

However, **be persistent**, seek help and support from your doctor, school counsellors, and your local drug and alcohol services.

Get to know www.fgta.ca!

The website operated by From Grief to Action provides information about support and addictions services for both youth and adults. Be aware that "Portage at The Crossing" is the only publicly funded long-term residential treatment centre for youth in BC.

Detox facilities and day programs are also listed at www.fgta.ca, along with a wealth of references to other websites and documents. The site is checked regularly for dead links, and the dates of support groups are kept current. You'll have to visit often in order to know the site well, but learning something new is almost inevitable each time you investigate a topic you have not explored before.

DEFINITIONS AND OPTIONS

Detox: To begin with, there's detoxification, or withdrawal management. Detoxification takes care of the physical withdrawal from the drug. The psychological withdrawal takes much longer and is far more complex. For that, the dependent person will need further treatment involving rehabilitation and relapse prevention.



Treatment: No program assures a cure, least of all an instant cure. Treatment for addiction includes a range of interventions that help people change their lives so they can overcome and prevent the adverse health and social consequences of drug dependency. Goals may range from achieving and maintaining abstinence to controlling one's use, or to finding other ways to minimize harm or maximize health and well-being.

Treatment may involve one or more modalities such as psychoeducation, pharmacotherapy (use of medications), behaviour therapy, counselling and psychotherapy, traditional healing practices, and 12-Step-based programs. Sometimes, in a regional system of care, several modalities may occur in a single treatment component. For example, in an indigenous community, pharmacotherapy and traditional healing practices are a possible combination for withdrawal support.

Treatment options in B.C. are available both privately and publicly. Check with your local Health Authority. The FGTA website includes listings of treatment centres for further reference.

Types of treatment options

- ◆ **Outpatient treatment** – available in most communities
- ◆ **Multi-component programs** for youth – various constellations that differ by region.
- ◆ **Withdrawal management** - residential, home, or outpatient support during withdrawal
- ◆ **Intensive non-residential treatment** - day or weekend programs; clients live at home
- ◆ **Residential treatment** – intensive treatment in a structured residential context
- ◆ **Supportive recovery** services – longer-term transitional housing and support services
- ◆ **Pregnancy support** Services – support services to at-risk pregnant women and their families
- ◆ **Street outreach** programs – support services and bridges to the system of care

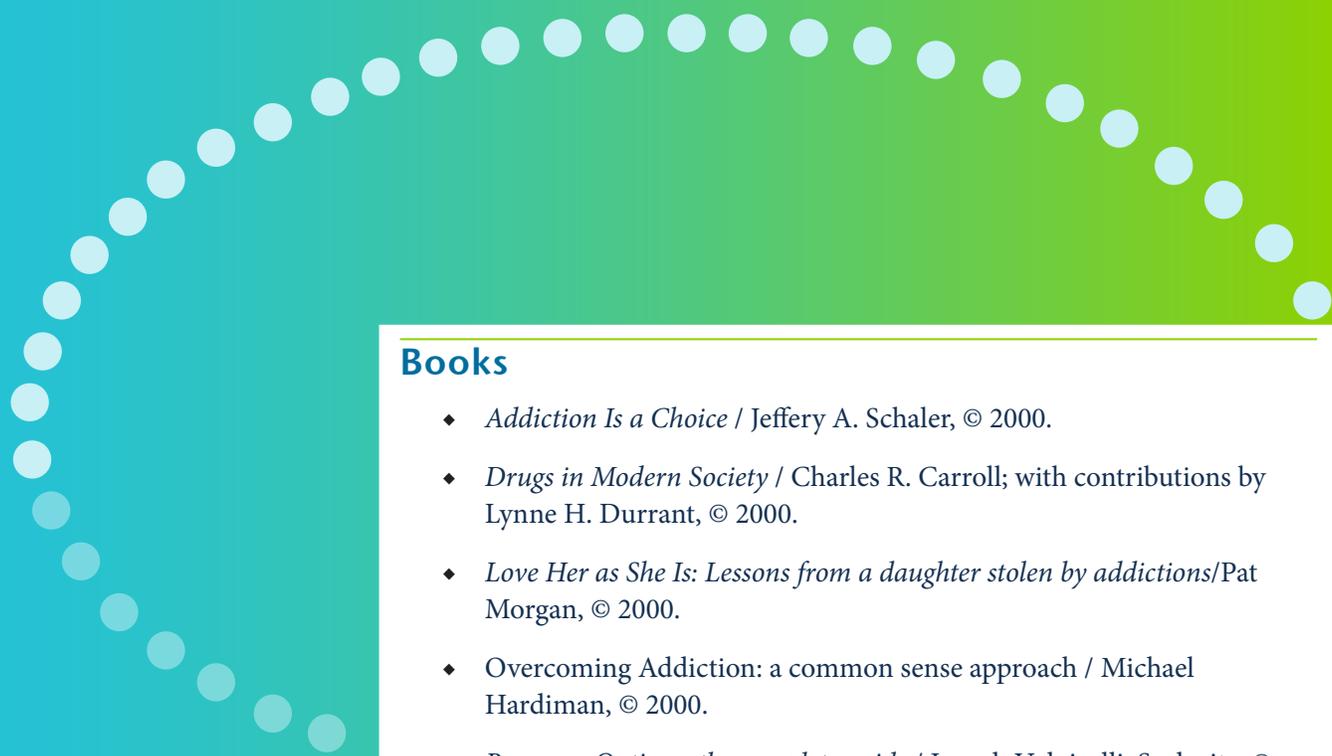
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- ◆ **Needle exchange** programs – prevent disease transmission and provide bridges to services
 - ◆ **Methadone** treatment – replacement therapy for heroin addiction
 - ◆ **Safe supported housing** – housing with associated support services

Selecting a treatment provider

Before you choose a treatment provider, be clear on the philosophy, quality, suitability and affordability of the service, even if you think it might be the only option available. The following questions make up a reasonable checklist to cover (and to confirm) as you read about a program and speak to its administrators.

1. Where is the facility located?
2. Is the facility co-ed?
3. What is the age range of the clients?
4. Problematic drug use for the majority of the clients would be which drug?
5. What is the method of referral?
6. Is there a wait list?
7. Is there a period of “clean time” required prior to admission? If so, how long is it?
8. Does the facility have a detox?
9. Are there medical personnel on staff? If yes explain, psychiatrist? Nurse? Etc.?
10. Will any medications be prescribed or allowed? (especially important with methadone)
11. Is counselling in private sessions or only in group? How long and how often are these sessions?
12. Please describe the philosophy and the approach of the program.
13. What is the success rate?
14. What program details can you provide?

- 
15. What is the policy concerning relapse?
 16. What constitutes a relapse?
 17. What are the rules that may result in discharge? (possible example: smoking cigarettes).
 18. Is there reimbursement for any part of the program fee should the client withdraw or be asked to leave?
 19. What contact will there be for the client – with those outside of the facility? (visitors, weekends, home, letters, phone calls, etc.)
 20. What may the client bring and what is not permitted in the facilities? (money, portable music, etc.)
 21. What recreational /leisure activities are available?
 22. What is the family involvement?
 23. Is there an aftercare program?
 24. How do you monitor that clients are not using drugs while taking part in treatment?
 25. Can the facility provide references?
 26. Is this facility accredited or licensed?
 27. What is this accreditation or license?
 28. How many staff member does the facility have?
 29. What are the qualifications of the staff? Degrees, certificates, diplomas, former addicts?
 30. What is the client-to-staff ratio?
 31. What is the staff turnover?
-



Books

- ◆ *Addiction Is a Choice* / Jeffery A. Schaler, © 2000.
- ◆ *Drugs in Modern Society* / Charles R. Carroll; with contributions by Lynne H. Durrant, © 2000.
- ◆ *Love Her as She Is: Lessons from a daughter stolen by addictions*/Pat Morgan, © 2000.
- ◆ *Overcoming Addiction: a common sense approach* / Michael Hardiman, © 2000.
- ◆ *Recovery Options: the complete guide* / Joseph Volpicelli, Szalavitz, © 2000.
- ◆ *Death by Heroin, Recovery by Hope* / Mary Kenny, © 1999.
- ◆ *Drug Legalization: a pro/con issue* / Jennifer Lawler, © 1999.
- ◆ *Heroin Drug Dangers* / Mary Ann Littell, © 1999.
- ◆ *How to Stop Time: Heroin from A to Z* / Ann Marlowe, © 1999.
- ◆ *How to Talk to Teens About Really Important Things* / Charles Schaefer and Theresa Foy, © 1999.
- ◆ *From Chocolate to Morphine: Everything you need to know about mind-altering drugs* / Andrew Weil, M.D., and Winifred Rosen, updated 1998.
- ◆ *Heroin* / Sandra Lee Smith, © 1997.
- ◆ *The Pursuit of Oblivion: A global history of narcotics, 1500–2000* / Richard Davenport Hines, 2001.
- ◆ *Rational Recovery: A new cure for substance addiction* / Jack Trimpey, © 1996.
- ◆ *Uppers Downers all Arounders – Physical and Mental Effects of Psychoactive Drugs* / Darryl Inaba and William Cohen, © 1993.
- ◆ *How to Deal with your Acting Up Teenager* / Robert and Jean Bayard, © 1983.
- ◆ *One Day at a Time*/AA
- ◆ *Addict In The Family* /Beverly Conyers

Taking Care of Yourself

May I be granted the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference. (Serenity Prayer)

- ◆ Don't blame yourself. Guilt is not a useful emotion. Other people's actions (unless extreme) generally do not cause alcohol/drug dependency.
- ◆ It is natural to feel anger, hurt and disappointment.
- ◆ Admit it when you've blown it, apologize, and move on.
- ◆ Focus on what you can do, and let go of what you can't. Nobody can force an addict to be well.
- ◆ Educate yourself. There's a lot of information out there, and you'll have to pick and choose. Try the websites and other resources you find on www.fgta.ca. Stay connected. This is a time when you need to reach out to your family and friends, not to withdraw because of feelings of shame. You'll be amazed at how understanding most people will be, especially if you talk about addiction as a disease.
- ◆ Explore paths you may not have tried before. Many find daily readers like Al-Anon's *One Day at a Time* helpful during difficult times, and this may be a time to investigate your own spirituality. A list of resource books is also on the FGTA website.
- ◆ Get support! You don't have to go through this alone, and you don't have to stick with the first counsellor you meet. If they are to be helpful, you have to be able to agree with their philosophy and on a course of action. Keep trying until you find one you can work with.
- ◆ If one-on-one help doesn't appeal to you, join a group. There is no substitute for personal experience, and self-help groups (Parents Forever, Parents Together, Al-Anon, Nar-Anon) offer mutual support from people who have been there and are still struggling with addiction issues.
- ◆ If there is no group in your area, start one. Don't let embarrassment or shame get in the way of taking action. Others in your community are bound to be struggling as you are. You just need to find one another:

Try posting a notice of a meeting at your local church, community or health centre. Let health and other professionals in the field know what

“I
have found that
advocating
for a better
understanding
of addiction
has been very
therapeutic.”



“It
won’t
help my child
if I’m sick or
falling apart.”

you are planning, and get their help in advertising and organizing the gathering. In other words, be creative. You have nothing to lose but your isolation. Tried and true advice from across Canada has been published in the *Parents in Action* guidebook which you can download from the home page of www.fgta.ca.

- ◆ Keep an eye on your own health and well-being. Self care is not only essential but also can demonstrate coping techniques for your addicted family member. How can you help someone else if you aren’t physically and emotionally healthy yourself? Try to eat well and exercise regularly (and encourage everyone in your family to join you). Go to events, go for a walk, and spend time with others you find supportive. Talk to your GP or other health professional if you need more help than you’re getting now.

Above all, don’t give up on your own life, dreams, and goals. You will survive — one day at a time.

Life on the Street

At 14 I got into raves, and gave up good friends because I thought they were too immature for me. I got into drug use more heavily, and started using crystal meth. This led to being on the streets. That was not fun. I didn't care about anything, like my new "friends" - friends because they want your money or your drugs.

One day I had no pulse, I wasn't breathing. That was my wake up call. If I have no pulse and I'm not breathing, there's something wrong. I went to my parents and asked for help. I have come out of it with tools and skills that a normal person would never have. I'll be able to pass them on to my children.

Your addicted child may end up on the street at some point. Some parents feel that they need to apply "tough love" – that they cannot allow their child to live at home if he or she is lying, stealing, and otherwise making life hellish for the family. The street may be the choice made by some young people on their own, attracted by of the freedom from rules, the camaraderie, a new "family," and the excitement of living from meal to meal and hit to hit.

If your child is living on the street, try to maintain contact, and make safety a priority. Offer to buy a coffee or a meal, or just spend time together. But resist demands for money. Cash often triggers the urge to buy drugs.

For many parents, a child's return home will depend on at least honest attempts to deal with drug dependency. Only you can decide what conditions you will be comfortable with. Just make sure you are clear at the time of return what your boundaries are, and then stick to them.

If your child does come home, be prepared to listen, and try not to judge. Your child may have broken the law in a variety of ways to get money for food or drugs. What you hear may be deeply disturbing, but try to focus on the positive. Your child is off the streets now. This may be an opportunity for a fresh start. Emphasize the continuing need for safe practices and new habits. Remember, you can be open and forgiving and still maintain your boundaries.

"I know

I shouldn't be
supporting

him, but if I
kick him out

and he's on
the street, then

what?"

Dealing with the Criminal Justice System

It is quite likely that, at some point, a young person with an addiction will run afoul of the law. The corrections system can be very frightening and confusing for everyone, so the following information is offered as a guide. Try to remember that YOU are not on trial, and that you have the right to consider the professionals in the system a resource for assistance.

How to find out if your son/daughter is in a pretrial centre

If your son or daughter has been arrested, BC's privacy laws prevent the police or courts from notifying you, and your son/daughter may choose not to call you. You can find out for yourself, however, in one of two ways:

1. Send a letter to the facility; if your son/daughter is not there, the letters will be returned.
2. Phone the facility to book a visit; if your son/daughter is not there, the booking clerk will say so.

Arranging a visit

Check with the appropriate facility, as visiting hours and booking procedures may vary. Visits are permitted to last 1 hour or less. You must be 19 years of age or over to book a visit, and first you must register to clear a background check. Call 24 hours in advance to book a visit.

Children are permitted only if they are accompanied by a birth parent or legal guardian and if the inmate has advance approval for the visit.

BC correctional facilities (pre-trial) and provincial court proceedings

Information and Numbers

Surrey Pre-trial Services Centre (male and female)

14323 - 57th Avenue
Surrey, BC V3X 1B1
Phone: 604 - 599-4110
Visits: 604- 572-2103

North Fraser Pre-trial Centre (male)

1451 Kingsway Avenue
Port Coquitlam, BC V3C 1S2
Phone: 604- 468-3500
Visits: 604-468-3566

Kamloops Regional Correctional Centre
(male and female)
2250 W. Trans Canada Highway
Kamloops, BC, V2C 5M9
Phone: 250-571-2200

Mailing Address:
PO Box 820
Kamloops, BC
V2C 5M9

Vancouver Island Regional Correctional Centre (male and female)
4216 Wilkinson Road
Victoria, BC, V8Z 5B2
Phone: 250-953-4400
Visits: 250-953-4433

Mailing Address:
PO Box 9224
Stn Prov Govt
Victoria, BC
V8W 9J1

Prince George Regional Correctional Centre (male and female)
795 Highway 16 East
Prince George, BC, V2L 5J9
Phone: 250-960-3001
Visits: 250-960-3001

Mailing Address:
PO Box 4300
Prince George, BC
V2L 5J9

Visiting process

You will need to bring:

- ◆ two pieces of ID - one piece must be picture ID.
- ◆ a quarter for locking jackets, wallets, keys, etc. in a pay-per-use locker, as you are not permitted to take anything into the visiting area.

You will be scanned with a metal detector before entering the visiting area. An ion test for drugs may be requested.

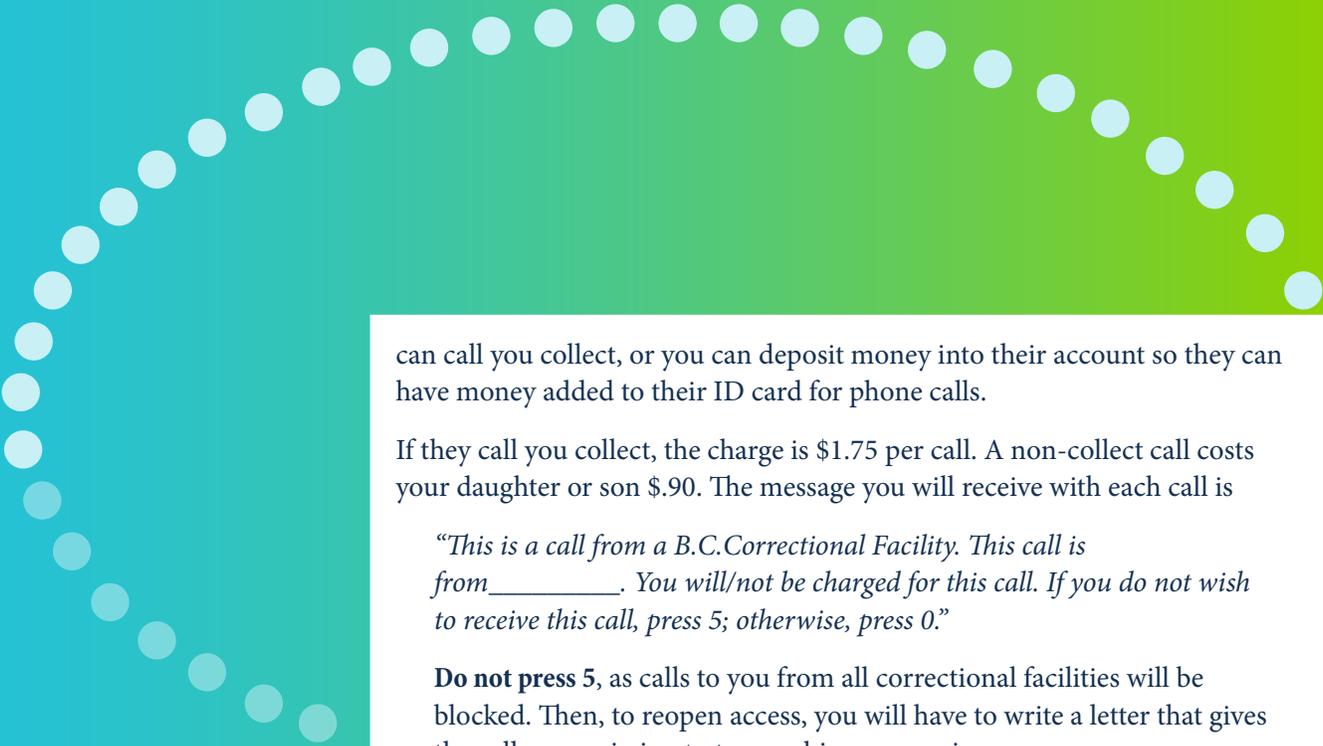
You will be assigned a cubicle, and communication with your son or daughter will be via hand phone or speaker unit. Conversations and actions will be monitored

Money

Your son or daughter will have an account in which money can be deposited for services such as phone calls, haircuts, or canteen items (snacks, toiletries, writing materials, etc.). If money is sent through the mail, it must be in the form of a money order in your son's or daughter's name; cheques are not accepted. Cash will only be accepted for a direct deposit at the facility.

Messages

Your son or daughter will not be permitted to receive telephone calls. She or he



can call you collect, or you can deposit money into their account so they can have money added to their ID card for phone calls.

If they call you collect, the charge is \$1.75 per call. A non-collect call costs your daughter or son \$.90. The message you will receive with each call is

“This is a call from a B.C. Correctional Facility. This call is from _____. You will/not be charged for this call. If you do not wish to receive this call, press 5; otherwise, press 0.”

Do not press 5, as calls to you from all correctional facilities will be blocked. Then, to reopen access, you will have to write a letter that gives the caller permission to try reaching you again.

In an emergency, you can try contacting the facility’s chaplain; the chaplain might be able to get a message to your son or daughter.

Mail can be sent via the regular postal service but is subject to drug scanning on arrival at the facility.

Refrain from using stickers or metallic or sparkly pens when addressing an envelope; these letters will be returned to the sender.

If you are dropping off mail during a visit, the letter must be properly addressed (including return address) and it must not be sealed.

Polaroid and computer-generated images will not be accepted, photo prints are allowed.

Addictions counsellor

If treatment or a conditional sentence for your daughter or son is an option, an appointment with the addictions counsellor needs to be requested as soon as your son or daughter has entered a corrections facility. The counsellor will be able to help your daughter or son complete applications to community-based public agencies and services. Parents may need to contact rehabilitation centres on behalf of the inmate, as some centres and recovery houses will not accept calls from a correctional facility.

Clothing for the accused

If your son or daughter requires clothing for court appearances, she or he must request permission and itemize each piece of clothing on a request form. Once their request has been approved, you will be permitted to bring the listed items to the records department of the pre-trial facility. The process can take several



days, so the request must be initiated well before the court appearance.

When you arrive at court

You may be screened as you enter the court house, so take the minimum baggage. There will be a master list posted as you enter the court house; this will specify in which courtroom and at what estimated time your son's or daughter's case will be heard. There may be last-minute changes to the assigned courtrooms - be sure to check with the sheriff on duty. Court appearances seldom run on schedule, so you may have to be at the courthouse for almost a full day of waiting. Keep this in mind if you are booking time off work to attend.

Parental support counts

Your presence in the courtroom reflects well on your son or daughter. Don't be afraid to ask to speak about your child; the judge will usually grant you that permission.

COURT PROCEEDINGS

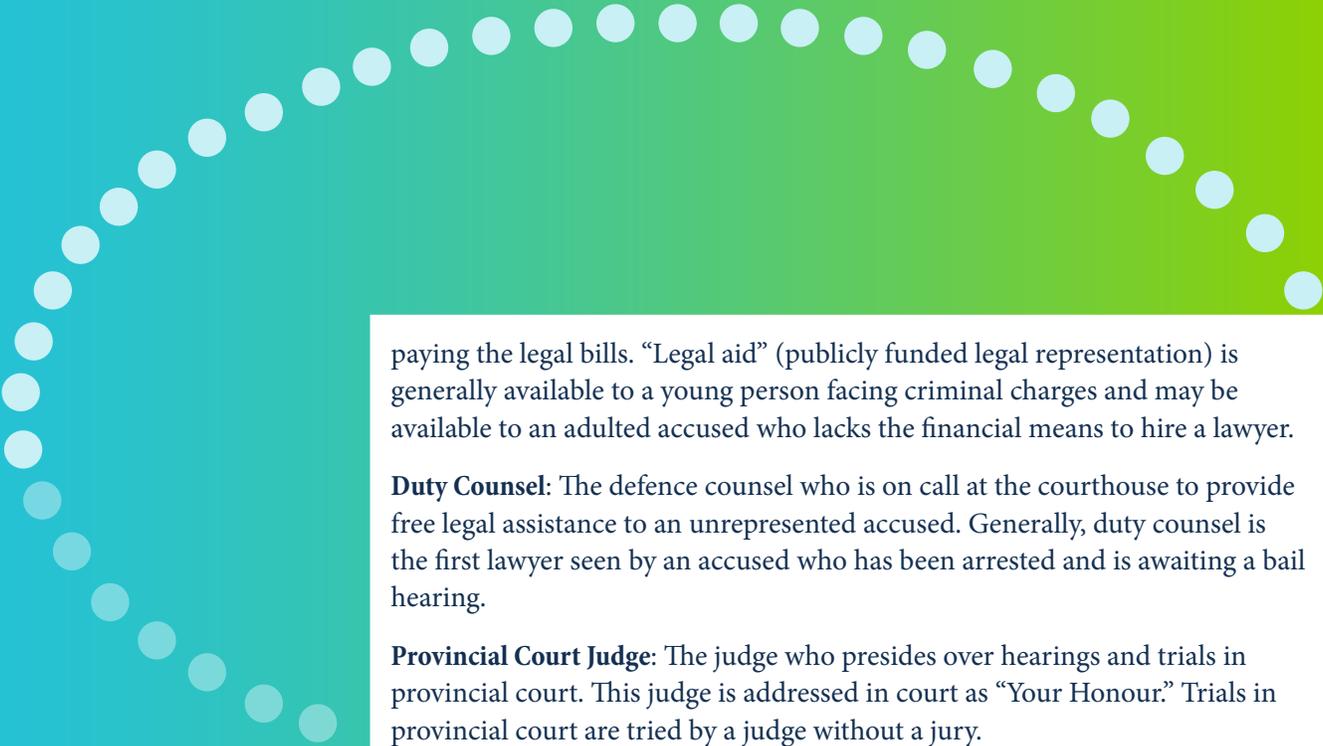
Legal proceedings can be very daunting, particularly if you do not understand the vocabulary commonly used. Below are some of the terms that you may encounter.

Who's who?

Accused (sometimes referred to as the "Defendant" or the "Prisoner"): The person charged with having committed a criminal offence. If the person is convicted, he or she is referred to as the "Offender."

Crown Counsel (sometimes referred to as the "Prosecutor"): The lawyer who conducts prosecutions of criminal cases on behalf of the state, symbolized by the Crown. Crown counsel's role is to represent the interests of society rather than to act for any individual victim. This may be important for a parent to remember when that parent also happens to be the victim.

Defence Counsel: The lawyer who advises and acts for the accused in court. Communications between defence counsel and the accused are strictly confidential, unless the accused chooses to waive that privilege to share information with his or her parents. Parents should remember that defence counsel must take instructions from the accused – even if the parents are



paying the legal bills. “Legal aid” (publicly funded legal representation) is generally available to a young person facing criminal charges and may be available to an adulted accused who lacks the financial means to hire a lawyer.

Duty Counsel: The defence counsel who is on call at the courthouse to provide free legal assistance to an unrepresented accused. Generally, duty counsel is the first lawyer seen by an accused who has been arrested and is awaiting a bail hearing.

Provincial Court Judge: The judge who presides over hearings and trials in provincial court. This judge is addressed in court as “Your Honour.” Trials in provincial court are tried by a judge without a jury.

Supreme Court Justice: The judge who presides over hearings and trials in Supreme Court. This judge is addressed in court as “My Lord” or “My Lady.” Trials in Supreme Court may be tried by a judge alone or by a judge and jury.

Sheriff: The uniformed officer who is responsible for maintaining security in court and for movement of prisoners to and from court.

Court Clerk (sometimes referred to as “Madame Registrar” or “Mr. Registrar”): The official responsible for managing the court files and keeping a record of the proceedings.

Where are you?

In custody

Pre-trial Centre: The lock-up facility for accused persons who are detained in custody to await their court appearance.

Provincial Correction Facility: Jail for persons sentenced to a period of incarceration of less than two years.

Federal Penitentiary: Jail for persons sentenced to a period of incarceration of two years or more.

In court

Provincial Court: The court in which the vast majority of criminal cases are tried. This is the court for “summary conviction” offences such as mischief or theft under \$5,000. An accused may elect to be tried in provincial court for certain “indictable offences” such as robbery or breaking and entering.

Youth Court: The court that hears the majority of criminal cases involving



accused youth aged 12 to 18. Particularly serious cases may be raised to adult court.

Drug Court: The provincial court in which certain adult persons accused of drug- or drug-related charges are allowed to opt for a court-supervised course of treatment and rehabilitation as an alternative to a jail sentence. The usual candidates for drug court are persons who have engaged in trafficking to support their own addictions.

Supreme Court: The trial court for the most serious criminal charges. For certain “indictable offences” such as robbery or breaking and entering, an accused may elect to be tried in Supreme Court. If the trial is set for Supreme Court, the accused may have the choice of trial by judge alone or by a judge and jury. (Which mode of trial to elect is an important decision for which the accused will generally require the advice of experienced counsel.)

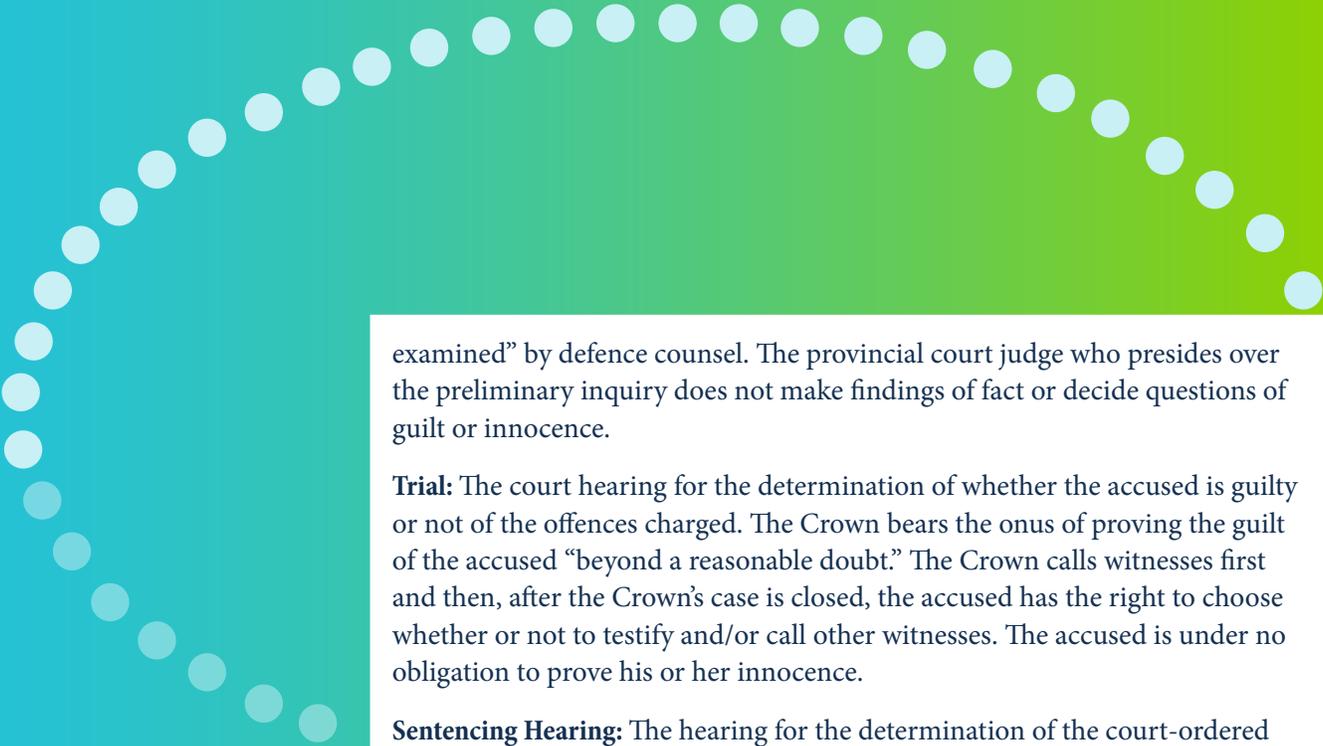
Other terms

Bail: The pre-trial release from custody which may be granted by a judge. The simplest form of bail is a release on an “undertaking” by the accused to appear in court when required. More onerous forms of bail may carry various conditions and may be secured by a cash deposit or by the promise of a “surety” to pay a specified amount if the accused fails to abide by the terms of the bail. In some cases, a parent may act as a surety to secure the release of the accused. However, anyone who acts as a surety for someone with a drug dependency is assuming a heavy responsibility and may be taking a financial risk.

Bench Warrant: A court order authorizing the arrest of a person. Judges will generally issue a bench warrant if an accused fails to appear in court when required.

Arraignment: The court procedure in which the accused’s name is called, the charge is read, and the accused pleads guilty or not guilty. Be aware that a plea of “not guilty” is not a claim of innocence but rather the exercise of the accused person’s right to a trial and to the presumption of innocence until proven guilty.

Preliminary Inquiry: A pre-trial hearing to determine whether there is sufficient evidence to proceed to trial. These hearings take place in provincial court for cases in which the trial is to be in Supreme Court. Crown counsel calls and “examines” (questions) key witnesses who, in turn, are “cross-



examined” by defence counsel. The provincial court judge who presides over the preliminary inquiry does not make findings of fact or decide questions of guilt or innocence.

Trial: The court hearing for the determination of whether the accused is guilty or not of the offences charged. The Crown bears the onus of proving the guilt of the accused “beyond a reasonable doubt.” The Crown calls witnesses first and then, after the Crown’s case is closed, the accused has the right to choose whether or not to testify and/or call other witnesses. The accused is under no obligation to prove his or her innocence.

Sentencing Hearing: The hearing for the determination of the court-ordered consequences of a conviction, after the accused has either entered a plea of guilty or has been found guilty at the conclusion of a trial. The judge must consider a range of factors and principles before deciding what sentence is “fit” for the individual offender in the particular circumstances of the case. The judge’s discretion over sentencing may be limited by a mandatory minimum jail sentence required by law for certain serious offences. The judge hears submissions from both counsel and also reviews other relevant materials that may be filed at the hearing, such as a criminal record, a statement by the victim about the impact of the crime, reference letters about the character of the offender, and a plan for treatment and rehabilitation if the offender does not have to go to jail. In some cases, counsel may request and the judge may order a pre-sentence report by a probation officer outlining background information about the offender, often including some family history.

Family members may attend court to support the accused, and the judge may give parents an opportunity to speak if they wish to be heard. The accused has the right to the last word before sentence is pronounced. Some have nothing to add to what has been said on their behalf; some choose to express remorse and a determination to turn their lives around.

Fine: An order to pay an amount of money at the court registry within a time period fixed by the judge. A fine goes into the public purse; it is not to be confused with a compensation order, which goes to a victim. However, judges seldom impose fines or compensation orders on persons suffering from an addiction, for the practical reason that such persons usually lack the means to pay (and have difficulty holding onto money).

Probation: A probation order is a court order to “be of good behaviour” for a set period of time, up to a maximum of three years. A probation order generally includes various conditions such as that the offender report to a



probation officer, obey a curfew, avoid certain areas known for drug use, and take part in a program of treatment. A probation order may be added to a jail sentence or may be imposed in the form of a “conditional discharge” or a “suspended sentence.”

Conditional Discharge: A sentence of a period of probation which results in no criminal record upon the completion of the probation.

Suspended Sentence: A sentence of a period of probation which results in a criminal record and which remains “suspended” in the sense that an offender who breaches probation can be brought back to court to be re-sentenced. (Usually, in lieu of re-sentencing, the Crown lays a new, separate charge of breach of probation.)

Conditional Sentence (not to be confused with a conditional discharge or a suspended sentence): A sentence “served in the community” which resembles a probation order but is regarded as a more serious entry on a criminal record than is a suspended sentence, and often carries more stringent terms amounting to those of house arrest. Also, an offender who breaches a term of a conditional sentence risks having to serve the remainder of the sentence in jail. A conditional sentence may be used to compel an offender to reside in a residential treatment centre or in a recovery house.

Resources

B.C. Correctional Facilities website : www.pssg.gov.bc.ca/corrections

Legal Services Society of B.C. www.lss.bc.ca

Access Justice: www.accessjustice.ca. Pro bono information.

UBC Law Students: Small Claims Division, Provincial Court Building, Room 129. First come, first served.

Ombudsperson: An official appointed by the government to investigate complaints against public authorities. To contact an ombudsman, your son/ daughter will find a toll free number is posted on all units.

The Ombudsperson’s mailing address is:

Ministry of Attorney General & Treaty Negotiations
and Ministry of Public Safety and Solicitor General Investigations
Inspection Standards Office
PO Box 9279 Stn Prov Govt
Victoria, BC V8W 9J

Supporting Someone through Detox

Withdrawal from a drug is called detoxification (detox) and is part of the recovery process. It is important not to see this step as a “pass or fail” test.

Home detoxification is not recommended for every drug or every person, and is not really the best choice when a person is taking several drugs together (for example, tranquilizers, alcohol and heroin).

Symptoms

Withdrawal symptoms may be mild or severe, depending on the drug, the amount used and how long the person has been taking the drug.

As the person stops using the drug their body has to readjust. This takes time for both the physical body and mind. Withdrawal is the body’s attempt to find balance again in the absence of a drug. A person can expect during detox to experience the opposite side effects of their drug of choice. For example, an effect of heroin use is constipation; from withdrawal, diarrhea. An effect of cocaine is euphoria and from withdrawal, depression.

The detoxing person may –

- ◆ be sweaty and hot and then get cold and have goosebumps
- ◆ appear to have a cold: runny eyes and nose, and sneezing
- ◆ be grumpy and irritable
- ◆ be anxious
- ◆ be tired and have no energy
- ◆ be unable to sleep even though they are tired. The body’s sleeping pattern is re-adjusting and this may take several weeks.
- ◆ have mood swings
- ◆ be aggressive at times, so ensure you and others are not at risk.
- ◆ be unable to concentrate
- ◆ have aches and pains from the tenseness in their muscles and joints
- ◆ experience stomach or bowel upsets. They may vomit and have diarrhoea and not feel like drinking or eating

- 
- ◆ talk about urges or cravings to use the drugs that will come and go (cravings are normal and not a sign of lack of willpower or failure)
 - ◆ sometimes seem paranoid or disturbed (most often the case with amphetamine withdrawal). Try not to take any upsetting things they say personally.

Your support role during withdrawal in your home

A support person succeeds by remaining positive and calm and creating a safe atmosphere in the home. The person who can help the most is the one who knows the addicted individual and has done a bit of preparation.

First of all, organize with a doctor or drug and alcohol worker to provide advice.

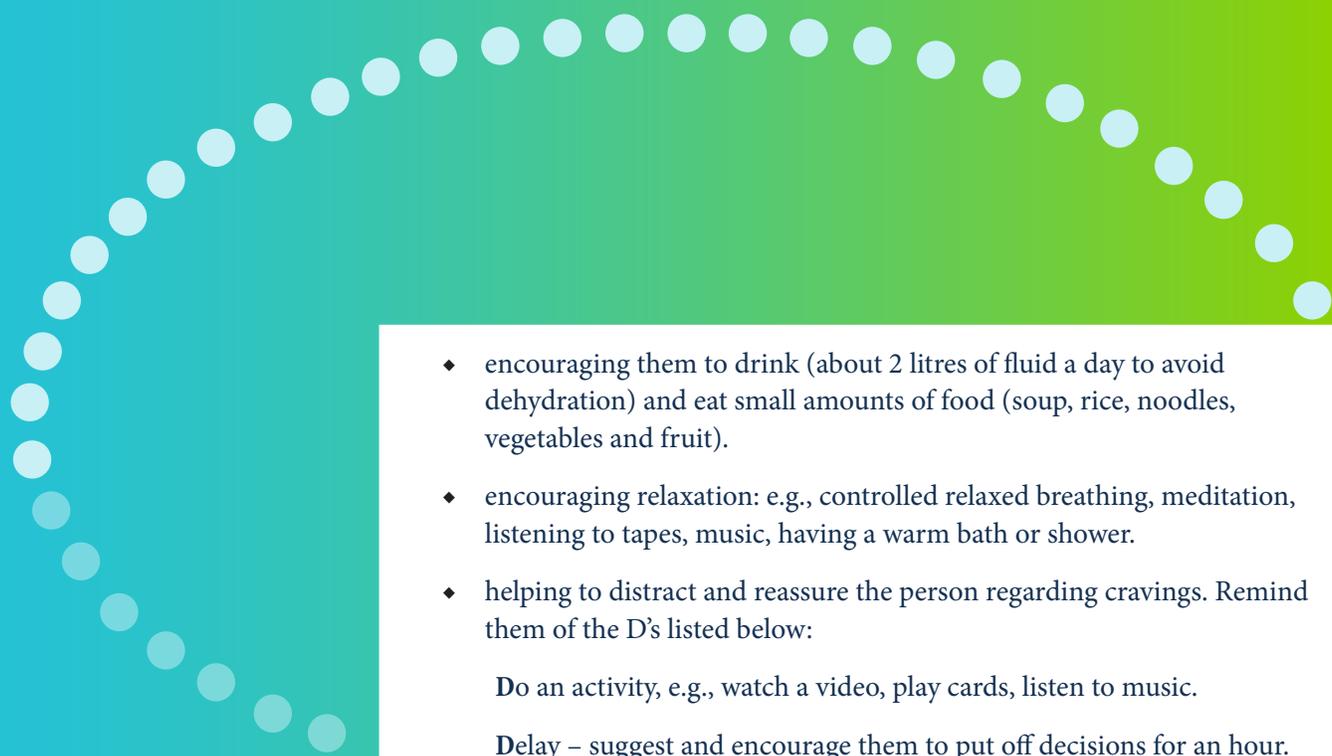
You may have to take time off work and get some additional assistance for looking after other family members such as younger children or elderly parents, explaining to them what is happening.

Drug-using friends of the person detoxing should be discouraged from visiting, as well as anyone who might cause stress or arguments.

If the person should have a seizure, experience chest pains, become unconscious, hallucinate or have other worrying symptoms, call an ambulance immediately. Dial 911.

You can help by:

- ◆ understanding that detox does not mean a cure.
- ◆ understanding that physical withdrawal symptoms (mostly associated with heroin, alcohol or prescription pill withdrawal) do get worse before they get better. Day three or four is usually the peak of opiate withdrawal.
- ◆ being patient and willing to listen (try not to argue at this time.)
- ◆ helping the person to manage any physical pain and discomfort. Ask the doctor in advance if she or he is prepared to prescribe any pain medication. Acupuncture pressure points can be used to help the stomach to settle.



*“It is
agonizing to
watch somebody
struggling to
overcome their
addiction.”*

- ◆ encouraging them to drink (about 2 litres of fluid a day to avoid dehydration) and eat small amounts of food (soup, rice, noodles, vegetables and fruit).
- ◆ encouraging relaxation: e.g., controlled relaxed breathing, meditation, listening to tapes, music, having a warm bath or shower.
- ◆ helping to distract and reassure the person regarding cravings. Remind them of the D’s listed below:

Do an activity, e.g., watch a video, play cards, listen to music.

Delay – suggest and encourage them to put off decisions for an hour.

Drink plenty – especially water.

Discuss and remind them to look at their reasons for stopping the drug.

Do some gentle exercise, e.g., go for a walk, do some stretching exercises, yoga, Tai Chi.

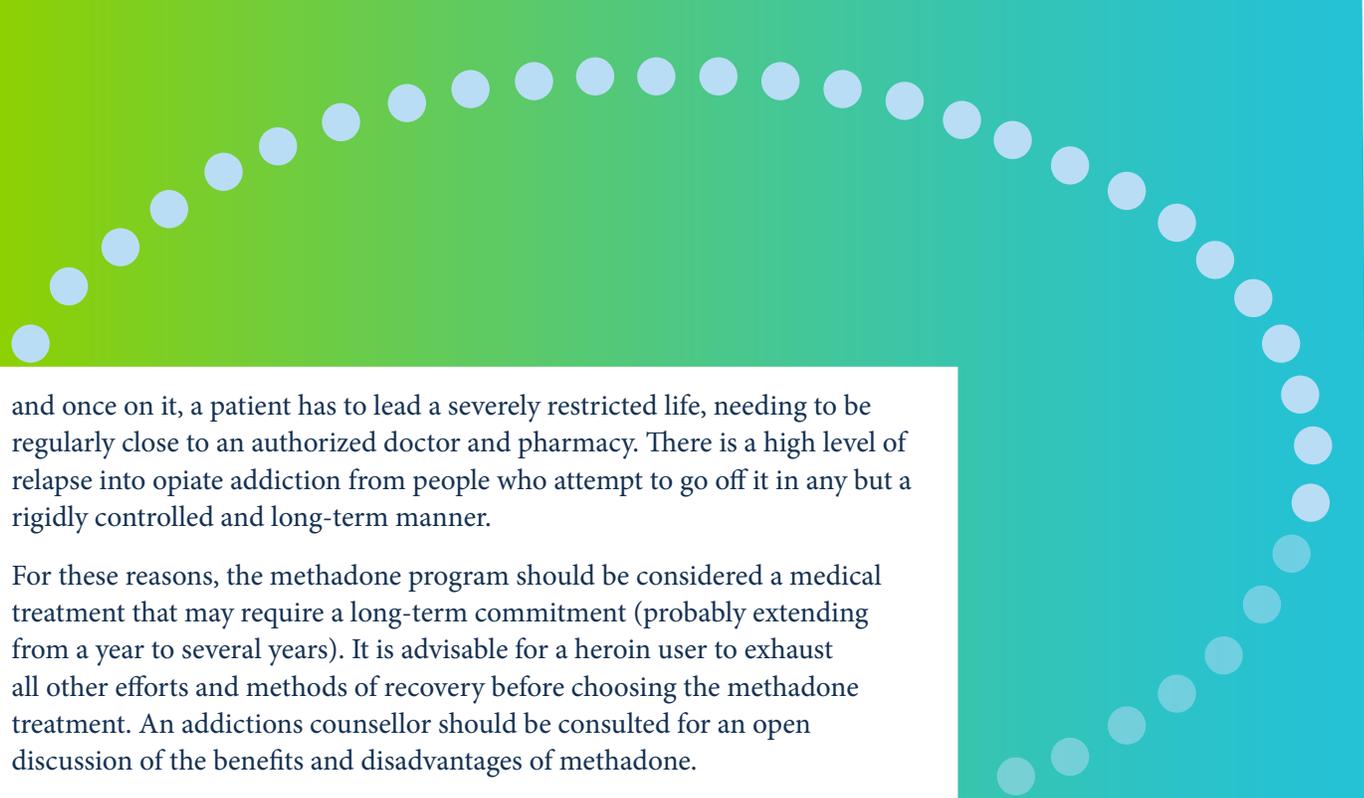
THE METHADONE PROGRAM

At some point, the person in your family suffering from dependence on heroin may be counselled to go on the methadone program. (Methadone only blocks opiates, and therefore is not a harm reduction method for any other kind of drug.)

The advantages of methadone begin with its being a legal drug (originally developed in World War II when Nazi scientists, running low on morphine, developed it as a form of pain relief) and as such can be administered in reliably measured doses; secondly that it is long-acting (needed only once a day); and thirdly that it can be swallowed (thus avoiding the risks surrounding needle injection).

The methadone program allows people whose lives were previously chaotic to hold down jobs and develop relationships and lead almost normal lives. Society also benefits from a lessening of the crime committed to feed addictions and a reduction in the risk of HIV/AIDS transmission.

Methadone is far from a cure. In fact, the program substitutes one addiction (legal) for another (illegal). Withdrawal from methadone is extremely difficult,



and once on it, a patient has to lead a severely restricted life, needing to be regularly close to an authorized doctor and pharmacy. There is a high level of relapse into opiate addiction from people who attempt to go off it in any but a rigidly controlled and long-term manner.

For these reasons, the methadone program should be considered a medical treatment that may require a long-term commitment (probably extending from a year to several years). It is advisable for a heroin user to exhaust all other efforts and methods of recovery before choosing the methadone treatment. An addictions counsellor should be consulted for an open discussion of the benefits and disadvantages of methadone.

Addiction and Recovery

"I went through eight very different treatment programs. Had I been as willing to stay clean as I am now, I might have had more success with these programs."

I was always really sociable, and had a lot of friends. Everything I ever did, I went all out. When I was about 14, I started smoking pot. I always said I would never smoke cigarettes, but started that, too. I said I would smoke weed and never go any further, but friends started doing acid and mushrooms and I went all out again. At about 16, I started doing cocaine a lot on weekends. I was drinking heavily, too. I was good at hiding everything because I was rarely sober. I guess things just seemed normal.

I smoked cocaine every day for two years. At one point, I thought people could just quit, but I found I couldn't. I cleaned out RRSPs, mutual funds, and savings accounts. I didn't see a future. I lost my girlfriend, other friends. I would cry myself to sleep and then each morning wake up and resolve not to do cocaine. Wanting to kill myself was a regular thought.

I was spending \$3,000 a month on rock cocaine, and occasionally doing heroin to come down off coke. One day, about 30 pounds lighter than I should have been, and borrowing money, I was drinking with my brother who said, "You aren't doing very well, are you?" I talked to my parents the next day and started four years of treatment.

Many believe that addiction is rooted more in our humanity than it is in the pharmacology of drugs. Some believe that the process of healing from addiction means finding different, healthy ways to feel elated, good, or high – to create positive feelings. Each individual will choose different options.

The process of recovery will also mean eliminating the antisocial behaviour which can become part of a drug addict's day-to-day life — such as lying, cheating and stealing — and trading old friends and patterns of behaviour for new ones.

The good news is that healing from addiction, while difficult, is eminently possible. The path to recovery is very well worn.



Setbacks and relapses

Be supportive. Setbacks and relapses are almost inevitable. It takes tremendous strength to overcome an addiction. Even after the painful physical withdrawal is complete, the psychological craving (which is almost more difficult to deal with) can continue for months, even years. Hold onto the thought that relapses are a normal part of recovery and that change takes time, steady effort, and support.

I am a single parent of a child who is almost 30. My son is in recovery. He gets better and better at being who he is and at being drug free. He started with pot, beer, and cocaine. From there it was a steady decline. It became a habit. We could talk about anything, but he hid his problem.

He didn't get to see his father before he died and that threw him into a funk. He had no answers any more on who he was. Even though he was 23, he hadn't grown up a lot. He couldn't concentrate, couldn't hold a job. At first, we just thought he was lazy, but then he admitted he had a problem.

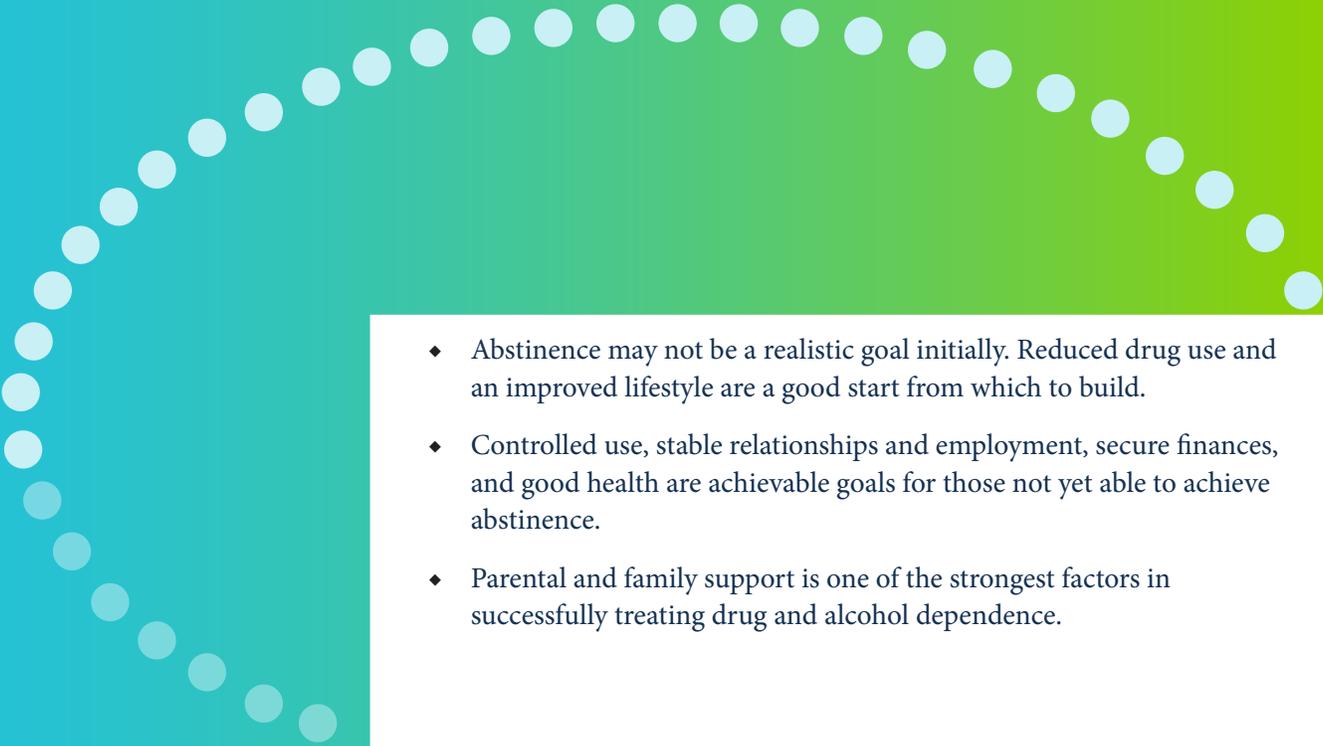
We got him to detox. Things were getting better. For a while it was good. It seemed antidepressants helped. The rest of the family prayed a lot, and cried a lot, while my son went into treatment again and again. We were proud of all the baby steps along the way.

At one point I wondered if I'd ever be proud of him again, and I am. I'm really proud. He's come a long way. The message? Never give up hope and faith and love.

Remember:

- ◆ No treatment will work unless the user truly wants to quit/reduce using.
- ◆ Not every treatment is right for every person. An individual may have to try many options before finding one that works.
- ◆ Relapsing should not be seen as failure. It's normal and common and should be regarded as a point from which to pick up and continue.

“The rest of my family prayed a lot, and cried a lot, while my son went into treatment again and again.”



*"I had
a sincere desire
to stay clean
but didn't know
how to do it."*

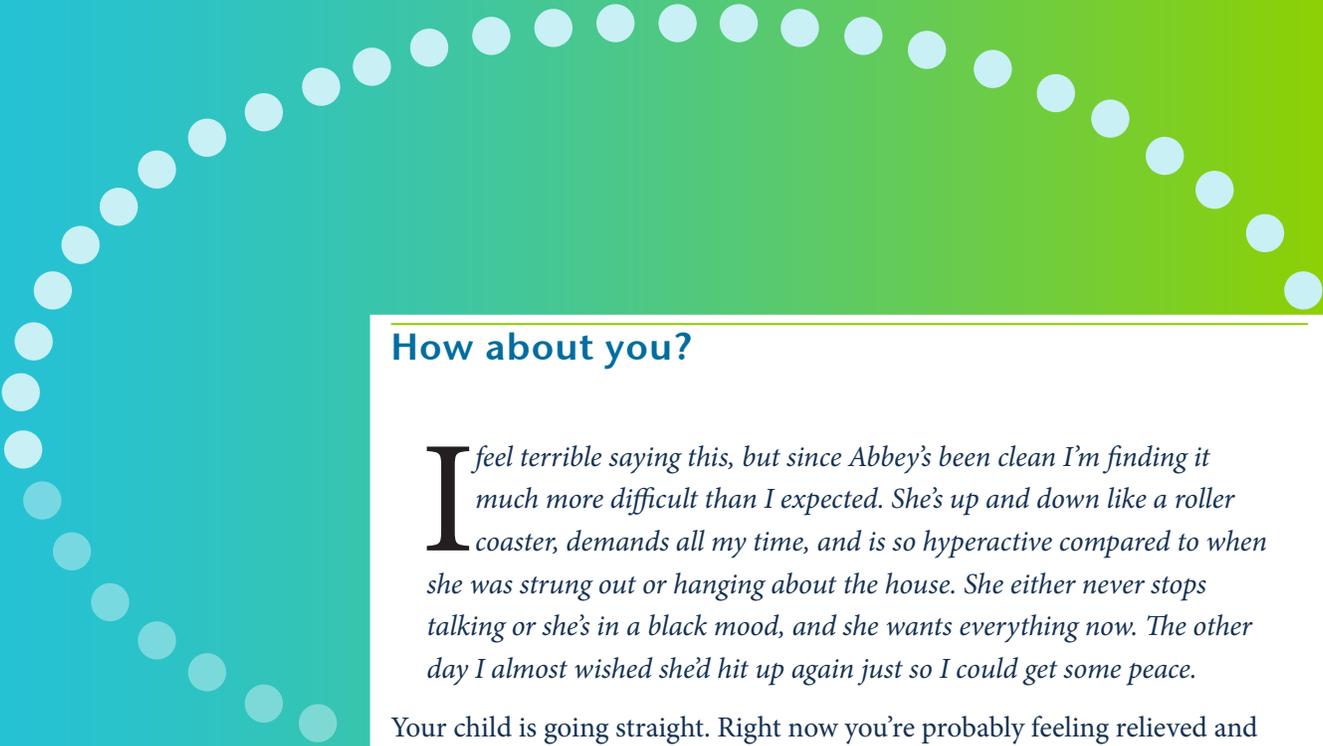
- ◆ Abstinence may not be a realistic goal initially. Reduced drug use and an improved lifestyle are a good start from which to build.
- ◆ Controlled use, stable relationships and employment, secure finances, and good health are achievable goals for those not yet able to achieve abstinence.
- ◆ Parental and family support is one of the strongest factors in successfully treating drug and alcohol dependence.

After They Go Straight

I have been clean for a year. With the help of a 12-step program, I learned how to stay clean, and made a lot of good friends. I work a full-time job now and things are going well. I don't spend much time alone. I attend a lot of meetings, I don't hang out with my old friends. People who have been clean for a long time tell me what to do and I do it. I try to have as much fun as I can. My life today is great.

- ◆ Being “straight,” especially after a long period of drug or alcohol use, is extremely difficult for many people.
- ◆ Boredom is a very real problem for people who may not be in good enough shape to find employment or return to education.
- ◆ Wanting it all too quickly — new life, new job, new car — can be too much pressure for recovering drug users.
- ◆ Drugs suppress feelings of all kinds, so expect a roller coaster of emotions, including guilt, shame, or anger and fear about the past and future. Regular support from a good counsellor is invaluable.
- ◆ Be sure your son or daughter knows the particular danger of a relapse after a long period of abstinence. The size of the dose to which she or he had previously become accustomed may now be enough to cause an overdose.

“Expect
a roller coaster
of emotions
including guilt
and shame,
anger and fear.”



“If she
messes up, I
have to do what
I say I’m going
to do. But she’ll
mess up because
she’s sick. How
will I feel about
a tough stance
then?”

How about you?

I feel terrible saying this, but since Abbey’s been clean I’m finding it much more difficult than I expected. She’s up and down like a roller coaster, demands all my time, and is so hyperactive compared to when she was strung out or hanging about the house. She either never stops talking or she’s in a black mood, and she wants everything now. The other day I almost wished she’d hit up again just so I could get some peace.

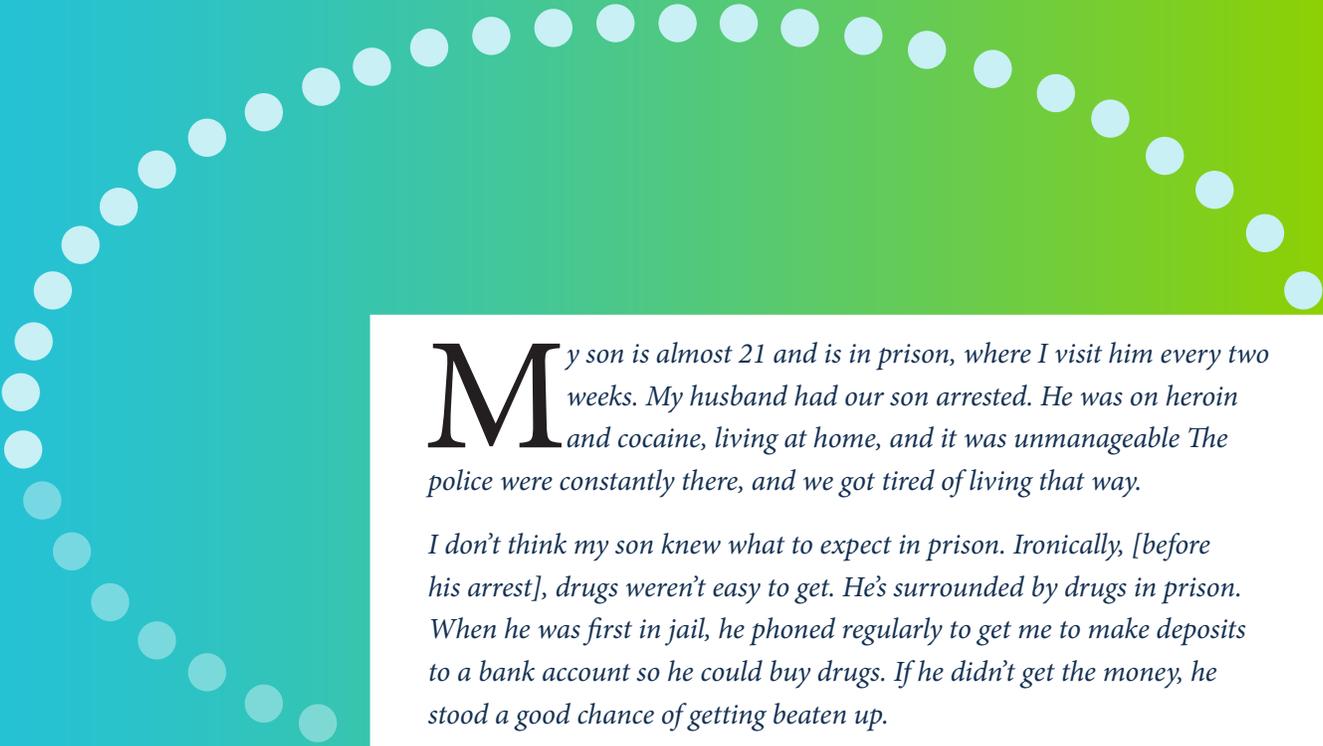
Your child is going straight. Right now you’re probably feeling relieved and optimistic, but prepare yourself for dealing with the “new” person on new terms. Some find it very difficult to give up the user/parent relationship, so get help if you need it. Look for supportive environments where you can talk and be heard. The support group you relied on during those bad old days is great, even after your child has “gone straight.”

Remember, you may find it difficult during this period to avoid becoming overly involved in your child’s staying straight. And you may feel even more anxious than you did before, worried that saying “no” to your child could contribute to a relapse. However, if you have practised self-care all along the way, this new relationship, and the detachment process that goes with it, should be easier.

Last Words of Advice

- ◆ Find out about drugs and addiction as early as possible. Take the time to equip yourself so that you speak from a base of knowledge.
- ◆ Make it clear you really want to know what your child is thinking and feeling.
- ◆ Remember that many young people experiment with drugs and remain recreational users.
- ◆ Discuss drug use with your child, particularly health and safety issues. If your child is using, encourage harm minimization (safe sex, not mixing drugs, eating properly, needle exchange).
- ◆ When confronted with an intoxicated person, deal only with immediate safety issues.
- ◆ If you are worried or afraid, call a friend or the authorities for support.
- ◆ Let your child know how the drug use is affecting the rest of the family, and what behaviours you are not prepared to accept.
- ◆ Hang onto your wallet, since it takes cash to buy drugs. Some parents find it helpful to secure their valuables, and from experience take their child's pleas of financial hardship with a grain of salt.
- ◆ Avoid the "bad" label, and try to remember that the addiction is not the person.
- ◆ Stay connected, even if your child is not living in your home, through phone calls and care packages.
- ◆ Be supportive, maintain contact, and never give up hope.
- ◆ Try not to feel guilty. Get on with your own life.

*"Stay
connected,
appreciative,
supportive . . . "*



*“Be
honest,
stick with your
own truth, and
draw boundaries
where possible.”*

***M**y son is almost 21 and is in prison, where I visit him every two weeks. My husband had our son arrested. He was on heroin and cocaine, living at home, and it was unmanageable. The police were constantly there, and we got tired of living that way.*

I don't think my son knew what to expect in prison. Ironically, [before his arrest], drugs weren't easy to get. He's surrounded by drugs in prison. When he was first in jail, he phoned regularly to get me to make deposits to a bank account so he could buy drugs. If he didn't get the money, he stood a good chance of getting beaten up.

Now he has been off drugs for 53 days, on his own, using will power. If somebody had told me that six months ago, I wouldn't have believed it. I'm so proud of him. At one time I thought “I wish he was dead, then we would have peace in the family.” Now he has standards, and expectations. He is doing a lot of talking. From his weak position he's reaching out, doing all the instigating. Hopefully, we're now on the mend.

Drugs and Alcohol at a Glance

Alcohol

Alcohol is a depressant which slows down parts of the brain and nervous system. Drinking in moderation does not harm most people, but regular excessive drinking can contribute to a variety of health, personal, and social problems.

Alcohol passes into the bloodstream from the stomach and intestine, making the drinker feel relaxed and less inhibited. Depending on the size of the person, as well as how much and how quickly they drink, alcohol may cause reduced concentration, slurred speech, and blurred vision. Alcohol also effects coordination and judgement and can trigger aggression.

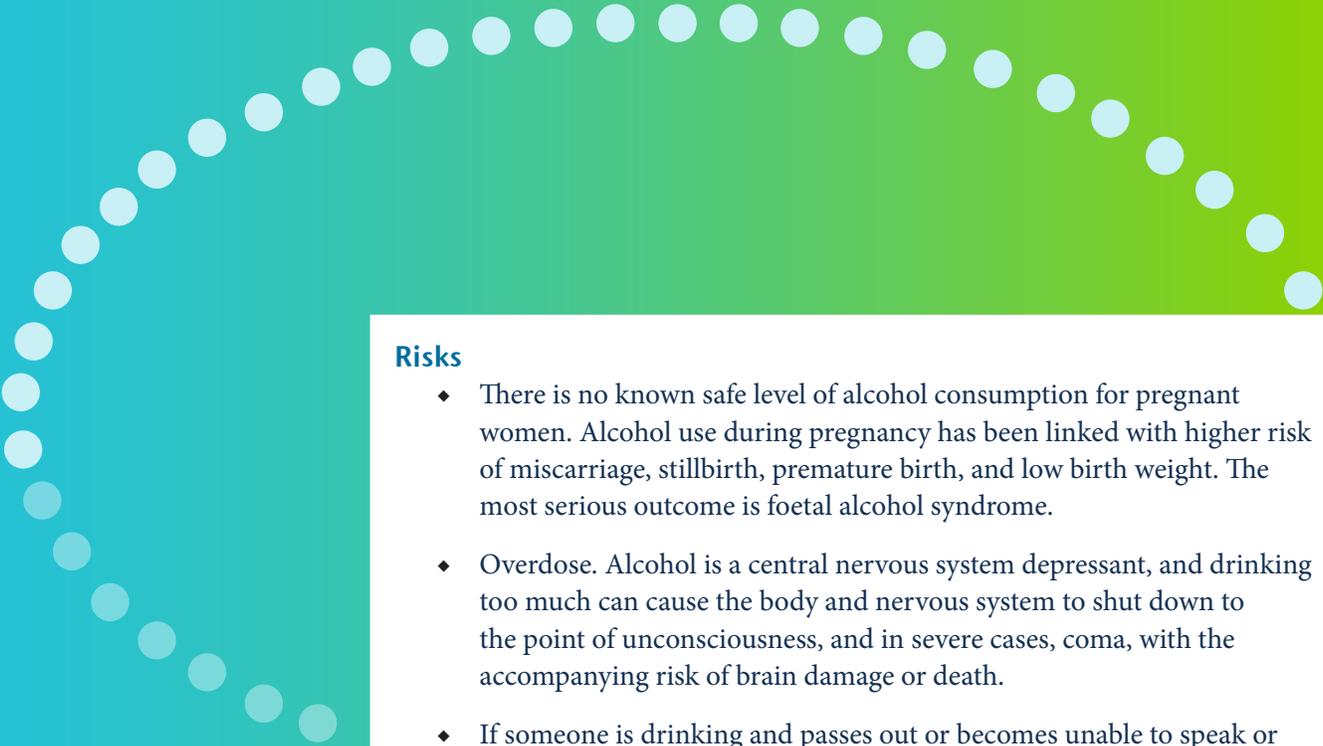
Binge drinkers (more than 5 drinks in a row, or drinking to get drunk) can risk internal physical damage, including brain damage, as well as overdose/unconsciousness. Alcohol can also increase risk-taking behaviour such as mixing drugs and having unsafe sex, and may lead to car accidents, fights, or other criminal behaviour.

Regular heavy drinkers will probably experience some physical problems, including liver damage, heart and blood disorders, stomach inflammation, and brain damage. Impotence and menstrual irregularity can also occur. Depression or relationship and family problems may also result, as may poor work performance, financial difficulties, and legal problems.

The loss of control and judgement that comes from mixing alcohol with other drugs can lead to unsafe sex, unsafe injection practices, experimentation, or overdose. Overdose is more likely if mixing alcohol with other central nervous system depressants such as heroin or methadone. Mixing over-the-counter or prescription drugs with alcohol can reduce their effectiveness.

The liver can only break down and get rid of about one standard drink an hour (a glass of wine, a shot of spirits, or a beer all contain about the same amount of alcohol). Sobering up takes time. No amount of black coffee, cold showers, exercise, or vomiting speeds up the work of the liver or reduces the blood alcohol content. People who regularly drink can develop tolerance and will need to drink larger amounts of alcohol to get the same effects as before. Regular drinkers can also become alcohol dependent.

*“Alcohol
in combination
with testosterone
is still the most
potent cause of
harm.”*



Risks

- ◆ There is no known safe level of alcohol consumption for pregnant women. Alcohol use during pregnancy has been linked with higher risk of miscarriage, stillbirth, premature birth, and low birth weight. The most serious outcome is foetal alcohol syndrome.
- ◆ Overdose. Alcohol is a central nervous system depressant, and drinking too much can cause the body and nervous system to shut down to the point of unconsciousness, and in severe cases, coma, with the accompanying risk of brain damage or death.
- ◆ If someone is drinking and passes out or becomes unable to speak or move, but is breathing and has a pulse, lay them on their left side and call an ambulance immediately.
- ◆ If breathing stops but a pulse can be felt, call an ambulance, and commence mouth to mouth resuscitation (if a pulse is evident do not attempt CPR).
- ◆ If no pulse or breathing is evident, call an ambulance and commence CPR (Cardio-Pulmonary Resuscitation).
- ◆ If a person is unconscious, they might vomit and choke to death, so turn them on their left side, make sure the airways are clear, and do not leave them alone.

Treatment

Withdrawal/detox from alcohol is extremely stressful physically and mentally, and carries higher risks than withdrawal from many other drugs. Detox should be closely supervised, whether at home or at a detox centre. Withdrawal takes up to a week, and psychological dependency continues for some time (some say forever) after physical detox.

Treatment/rehabilitation ranges from the 12-step abstinence-based model to controlled drinking programs being offered at many outpatient counselling centres. Different treatments and approaches will suit different people, and more than one may have to be tried.

Cannabis (Marijuana)

Cannabis is the short name for the hemp plant *Cannabis Sativa*. Marijuana (weed, pot, dope, grass, ganja) and hashish (hash) come from this plant. The



chemical in cannabis that makes the user high is THC (tetrahydrocannabinol), and the higher the level of THC, the stronger the marijuana.

Cannabis is generally smoked in water pipes (bongs, hookahs) or rolled into cigarettes (joints, doobies). Hash, sold in oil form or compressed blocks, is smoked, sometimes mixed with tobacco, and its higher concentration of THC makes it more potent. Both hash and grass can be cooked in foods.

The effects are most intense during the first hour after taking the drug, although they may persist for three to five hours. Small amounts of cannabis can produce a feeling of well-being and lethargy, a tendency to talk and laugh more than usual, redden the whites of the eyes, impair coordination, and reduce concentration. Cannabis can also affect one's ability to drive. Higher doses make these effects stronger. A person's perception of time, sound, and colour may become distorted or sharpened. Feelings of excitement, anxiety, or paranoia and confusion may also increase.

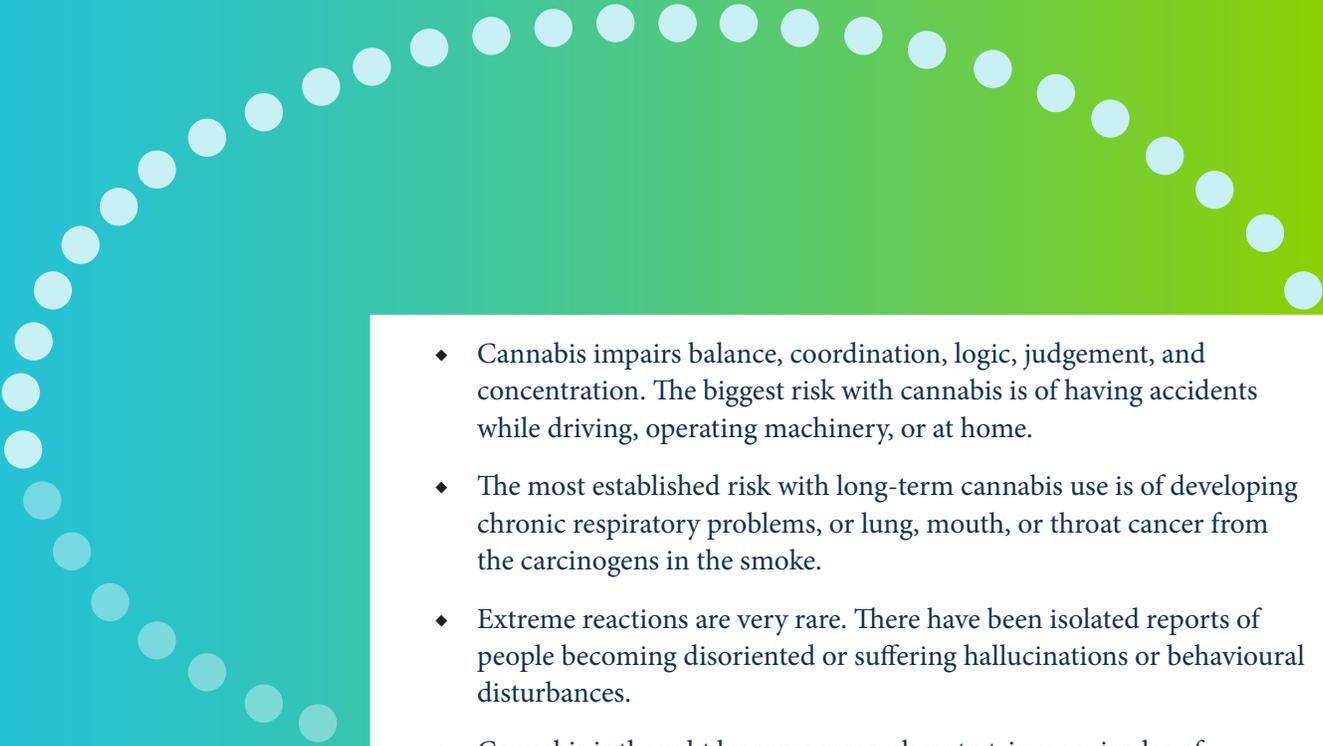
The first known mention of cannabis was in a Chinese medical text of 2737 BC, and it has been used for many thousands of years in the manufacture of products such as clothing and rope, as well as for medicinal and spiritual purposes. Despite this long history, it remains a poorly understood drug.

Risks

- ◆ Dependence on cannabis is possible, not inevitable, with prolonged heavy use, but doesn't resemble dependence on other psychoactive drugs in that it generally consists of chain smoking joints from morning to night, much like cigarette addicts. Regular users can also develop a tolerance for the drug, but need only to cut back on use to reduce tolerance.
- ◆ Small amounts of cannabis do not appear to produce lasting harmful effects, and withdrawal is minimal or nonexistent from all but heavy continuous use. However, frequent or heavy smokers commonly report some long term effects, including apathy, decreased motivation and ambition, reduced memory and learning abilities, decreased sex drive, and deterioration of social and communication skills. All these faculties will recover once the person stops or reduces use of cannabis.
- ◆ Some regular users develop a psychological dependence on cannabis. This means they need cannabis because it has become important in their daily lives, usually to relax, unwind, counter stress, or to make them feel at ease in social situations.

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- ◆ Cannabis impairs balance, coordination, logic, judgement, and concentration. The biggest risk with cannabis is of having accidents while driving, operating machinery, or at home.
 - ◆ The most established risk with long-term cannabis use is of developing chronic respiratory problems, or lung, mouth, or throat cancer from the carcinogens in the smoke.
 - ◆ Extreme reactions are very rare. There have been isolated reports of people becoming disoriented or suffering hallucinations or behavioural disturbances.
 - ◆ Cannabis is thought by some researchers to trigger episodes of preexisting bipolar disorder (manic depression) or psychosis. People suffering from depression may have a bad reaction to cannabis, and those with a family history of mental illness should steer clear of cannabis - or any other drug.
 - ◆ An overdose of cannabis is all but impossible. However, ingesting huge amounts has been known to cause people to fall into a coma, and smoking or eating too much can make a user feel nauseated, paranoid, panicky, and generally unwell.
 - ◆ Those withdrawing from cannabis may experience sleeping problems, anxiety, sweating, loss of appetite, and an upset stomach. These symptoms usually disappear within a few days, although sleep disturbances may last longer.

Cocaine

Cocaine (coke, blow, snow, flake) is a central nervous system stimulant derived from the leaves of the coca plant, comes in the form of a white powder, and has the scientific name of cocaine hydrochloride. Cocaine can be snorted, injected, ingested, or converted to a free-base form (crack) and smoked. Most street cocaine is heavily cut with various additives. Smoking crack gives quicker effects than soluble cocaine because it is more concentrated. Pure cocaine is rarely found on the street.

Cocaine acts on the brain's pleasure/reward system, flooding the brain with the naturally occurring neurotransmitter, dopamine, which is normally associated with pleasurable feelings such as having sex or satisfying hunger or thirst.



Cocaine is now known to be extremely psychologically addictive. The brain quickly associates the memory of taking cocaine with the stimulation of its pleasure centres, and even recreational users can find themselves smelling cocaine for no reason, or experiencing a rush if they see a rolled-up bank note. Heavy cocaine users commonly report the desire to keep using continuously.

Short-term effects can occur rapidly after a single dose of cocaine, and can last anywhere from a few minutes to a few hours. Immediate effects include a feeling of euphoria, wellbeing, increased alertness, and energy.

An effect which contributes greatly to the addictive nature of cocaine is the feeling of increased confidence in oneself and one's abilities. Other immediate effects may include reduced appetite, increase in heart rate, increase in body temperature, and enlarged pupils. Short-term cocaine use can also bring on aggressive behaviour and an inability to judge risks.

The effects of cocaine tend to wear off quickly so people often take a number of small doses in quick succession. Higher doses can produce headaches, dizziness, restlessness, and violent behaviour. Other effects may include a loss of concentration, a lack of motivation, heart pain, and even heart attack.

Risks

- ◆ Long-term use of cocaine can produce behavioural problems and psychosis, including long-term depression, mood swings, and other disorders similar to those found in people with Parkinson's disease, even after cessation of use.
- ◆ Cocaine psychosis is usually of short duration, but is extremely unpleasant. Common manifestations include hyperactivity, delusions (often of insects crawling under the skin), increased aggression, and visual hallucinations such as bright lights or floating spots. Heavy users have been known to develop a longer lasting or permanent type of psychosis, or to exhibit repetitive behaviour or facial tics.
- ◆ If cocaine is snorted, nosebleeds are common, and damage to blood vessels may lead to holes in the supporting tissue of the nose.
- ◆ Cardiac problems and angina are thought to be a possible result of long-term cocaine use.
- ◆ Breathing difficulties and lung damage can occur from smoking freebase cocaine.

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- ◆ Skin sores are also common in heavy cocaine users. People tend to pick at the skin as a result of the insects delusion, or just have an urge to fiddle or scratch at pimples or spots.
- ◆ When cocaine is taken in conjunction with alcohol, the two drugs combine in the bloodstream to produce cocaethylene, which is addictive. This explains why people often want a line of coke after a few drinks, a combination far more harmful to the brain than either cocaine or alcohol individually.
- ◆ Cocaine can also cause the user to take risks when driving, having sex, or using drugs.
- ◆ Cocaine users who inject are at risk of contracting infectious diseases such as Hepatitis C and HIV/AIDS. This is particularly so as users may feel the need to inject continuously to maintain the effects.
- ◆ Deaths arising directly from cocaine use are rare, but possible, with most due to secondary conditions such as heart attacks or brain damage.
- ◆ Using cocaine with other drugs can severely increase the risk of overdose, especially with heroin or alcohol
- ◆ Overdose can cause irregular and weak heartbeats, lung failure, heart failure, and burst blood vessels in the brain. Lay the person on their left side and **call an ambulance. DIAL 911** if someone:
 - ◆ has heart palpitations, shortness of breath, wheezing, fitting, severe headache, blurred vision, or collapses into unconsciousness following the use of cocaine
 - ◆ passes out or becomes unable to speak or move although is breathing and has a pulse
 - ◆ lacks one or more vital signs. That is –
 - ◆ If the person has stopped breathing but still has a pulse, **commence mouth to mouth resuscitation** - not CPR (Cardio-Pulmonary Resuscitation, which has the purpose of restoring the pulse).
 - ◆ If the person has no pulse and is not breathing, **commence CPR.**



Withdrawal

- ◆ The cocaine crash or comedown — known as cocaine dysphoria — may include irritability, extremes of hunger, anorexia, exhaustion, deep depression, and suicidal feelings. Nausea and vomiting, fatigue, weakness, and muscle pain may also be experienced during withdrawal.
- ◆ Home detox from cocaine is possible, but must be closely supervised as it can be very difficult to manage and reactions can be unpredictable and sudden. If the person has a history of mental illness, heart disease, fits, high blood pressure or angina, detox should be carried out in a clinical setting.
- ◆ Inform a health or drug and alcohol professional that a home detox is planned, and ensure you can contact them for advice or assistance if necessary.
- ◆ Keep a close watch for depression and suicidal thoughts which could lead to suicide attempts.
- ◆ Following detox, psychological dependency is common, and is thought to be the most severe of any illegal drug. Ongoing treatment and counselling can help with psychological dependency.

Ecstasy

Ecstasy (MetheleneDioxyMethAmphetamine), or MDMA, is a synthetic drug which stimulates the central nervous system. Also known as XTC, MDM, E, and X, it is usually sold as small tablets in a variety of colours and sizes, in capsule form, or as powder which can be snorted or injected. Its euphoric, mood-altering effects make it a popular party drug. The effects generally appear in about an hour, commonly last up to six, but may last as long as 32 hours.

Ecstasy can generate a number of responses, including: increased feelings of self-confidence, wellbeing, and feeling close to others; a rise in blood pressure, body temperature, and pulse rate; jaw clenching and teeth grinding; sweating and dehydration; and, nausea and anxiety. Higher doses can produce hallucinations, irrational behaviour, vomiting, and convulsions.

Many ecstasy users experience a “hangover” effect — including loss of appetite, insomnia, depression, and muscle aches — and find it difficult to concentrate

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the day after. Regular users may feel run down, and be more susceptible to colds and other illness.

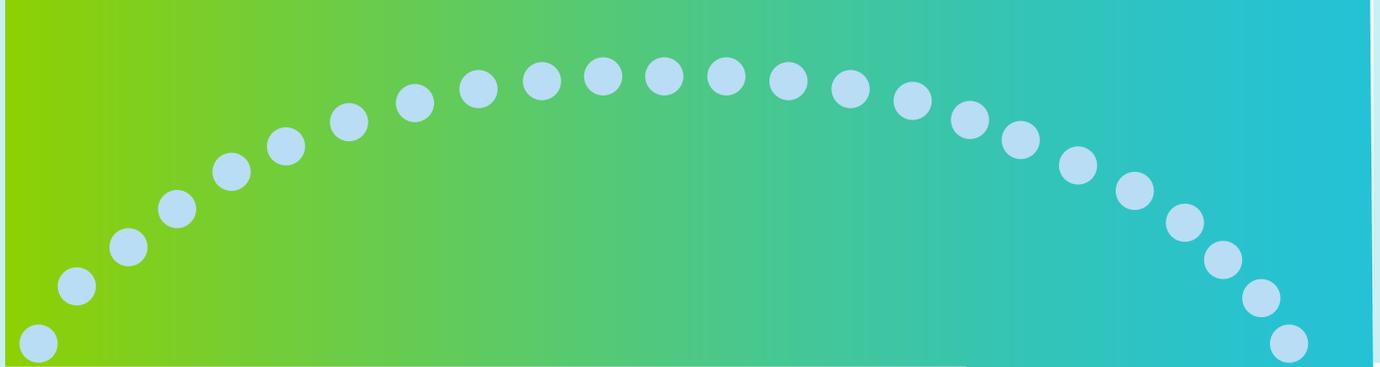
It is unclear whether physical dependence can develop, but psychological dependence is a risk for those accustomed to partying and socialising only while on ecstasy. Counselling and support may help.

Risks

- ◆ The unreliable quality of the chemical makes Ecstasy dangerous, since a user cannot know either what chemicals are in the pill or the strength of the dose. One pill can be fatal.
- ◆ The most common risk associated with pure Ecstasy is overheating and ignoring it. Sipping water doesn't reduce the drug's effects but does prevent dehydration. Beware that drinking too much water may lead to brain swelling in some.
- ◆ Ecstasy is known as the love drug because it commonly makes users feel warm and loving. Ecstasy can also heighten sexual desire, intensify sexual experience, and decrease inhibitions, making unprotected/unsafe sex more likely.
- ◆ Those with high blood pressure, a heart condition, hypertension, diabetes, asthma, epilepsy, and depression or other mental illness should avoid MDMA or similar drugs. In general, little is known of ecstasy's long term effects, but liver damage has been reported among regular users.
- ◆ Injecting ecstasy is risky because of the risk of Hepatitis C or HIV/AIDS, and because there is no quality control in the composition of the drug itself.

Harm reduction

- ◆ Watch for signs of dehydration or heat stroke. Suddenly feeling irritable, giddy, or faint, cramps in the back of the legs, arms, and back, passing little or dark-coloured urine, vomiting, or inability to sweat are all warning signs. Those with these symptoms should tell a friend what's happening, sit down in a cool quiet area, and sip fluids such as fruit juice. If the symptoms continue, worsen, or the user or their friends are worried, they should immediately seek medical help.



How to help:

- ◆ If after using Ecstasy, a person has heart palpitations, shortness of breath, wheezing, seizures, severe headache, or blurred vision, or collapses into unconsciousness (a severe headache and vomiting can indicate serious damage from injecting), call an ambulance immediately.
- ◆ If a person passes out or becomes unable to speak or move but is breathing and has a pulse, lay them on their left side and call an ambulance.
- ◆ If breathing stops but a pulse can be felt, call an ambulance, and commence mouth-to-mouth resuscitation (not CPR, since the purpose of Cardio-Pulmonary Resuscitation is to restore the pulse).
- ◆ If **no** pulse or breathing is evident, call an ambulance and start CPR (Cardio-Pulmonary Resuscitation).

Other party drugs

- ◆ Ketamine (Special K, Super K, K, sometimes sold as or mixed with Ecstasy) and PCP (Angel Dust) are both anaesthetics with hallucinogenic effects. Since K blocks out pain, the main risk with it is being injured.
- ◆ GHB (GBH, Fantasy, Liquid E, or Liquid X) is an anaesthetic about which we know little. Low doses induce feelings of calm, relaxation, and mild euphoria. High doses can cause sedation, nausea, vomiting, muscle stiffness, confusion, convulsions, and, in some cases, coma or respiratory collapse.

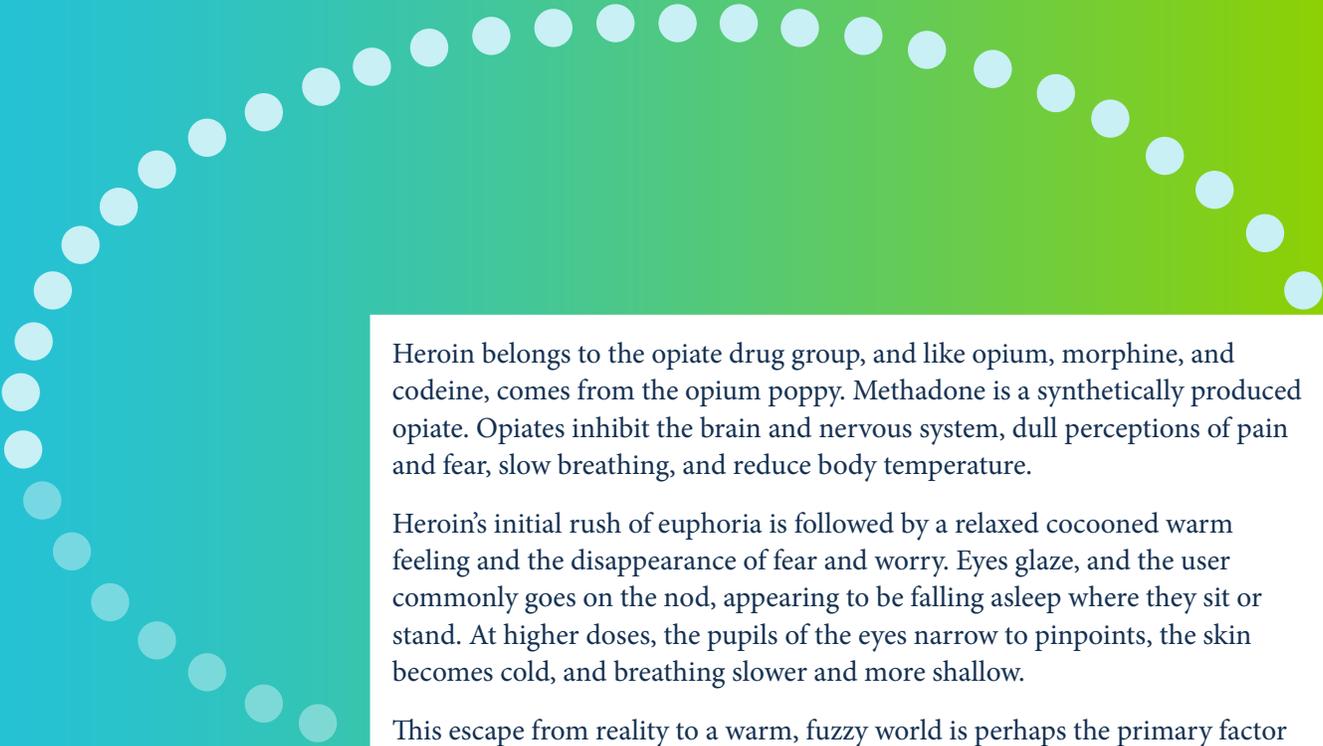
Heroin

Heroin (smack, horse, dope, rocks, shit, down, and gear), which comes from the opium poppy, is a central nervous system depressant which can be injected, snorted, or smoked by heating and inhaling the fumes (chasing the dragon). It usually comes in powder form.

Street heroin is cut or mixed with a cheap substance such as glucose, lactose, or sucrose, and can be cut with harmful contaminants.

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Heroin belongs to the opiate drug group, and like opium, morphine, and codeine, comes from the opium poppy. Methadone is a synthetically produced opiate. Opiates inhibit the brain and nervous system, dull perceptions of pain and fear, slow breathing, and reduce body temperature.

Heroin's initial rush of euphoria is followed by a relaxed cocooned warm feeling and the disappearance of fear and worry. Eyes glaze, and the user commonly goes on the nod, appearing to be falling asleep where they sit or stand. At higher doses, the pupils of the eyes narrow to pinpoints, the skin becomes cold, and breathing slower and more shallow.

This escape from reality to a warm, fuzzy world is perhaps the primary factor in continued heroin use and dependence, and the fear of returning to reality is a common barrier to cessation or reduction of use.

Risks

- ◆ Tolerance to heroin increases rapidly, and users quickly find themselves using higher and higher doses just to feel normal, or to avoid withdrawal.
- ◆ Adverse effects include nausea, vomiting, and itching. Constipation which can last for days and weeks is another effect, and can lead to hospitalization and serious illness.
- ◆ Long-term use may result in damage to the veins, heart, and lungs. Women may experience irregular menstruation and possible infertility, while men may experience impotence. Sexual activity commonly becomes non-existent for regular heroin users, as the sexual drive fades along with pain, fear, and anxiety.
- ◆ Heroin users who inject are at particular risk for Hepatitis C and HIV/AIDS.
- ◆ The unknown strength of street heroin can be a factor in accidental overdose.
- ◆ Heroin can be dangerous when combined with other drugs, especially depressants like alcohol, or minor tranquilizers like rohypnol, valium, and the like. These combinations can lead to coma or even death.

- ◆ Overdose. Too much heroin, morphine, methadone, or opium causes the blood pressure to drop so low that oxygen does not get to vital organs, the body shuts down, and breathing slows and stops. Most overdoses occur when drugs are mixed, but can also be caused by changes in the purity of the heroin.
- ◆ Most overdoses are accidental. The majority of fatalities with overdoses occur when the person is alone.

Signs of overdose

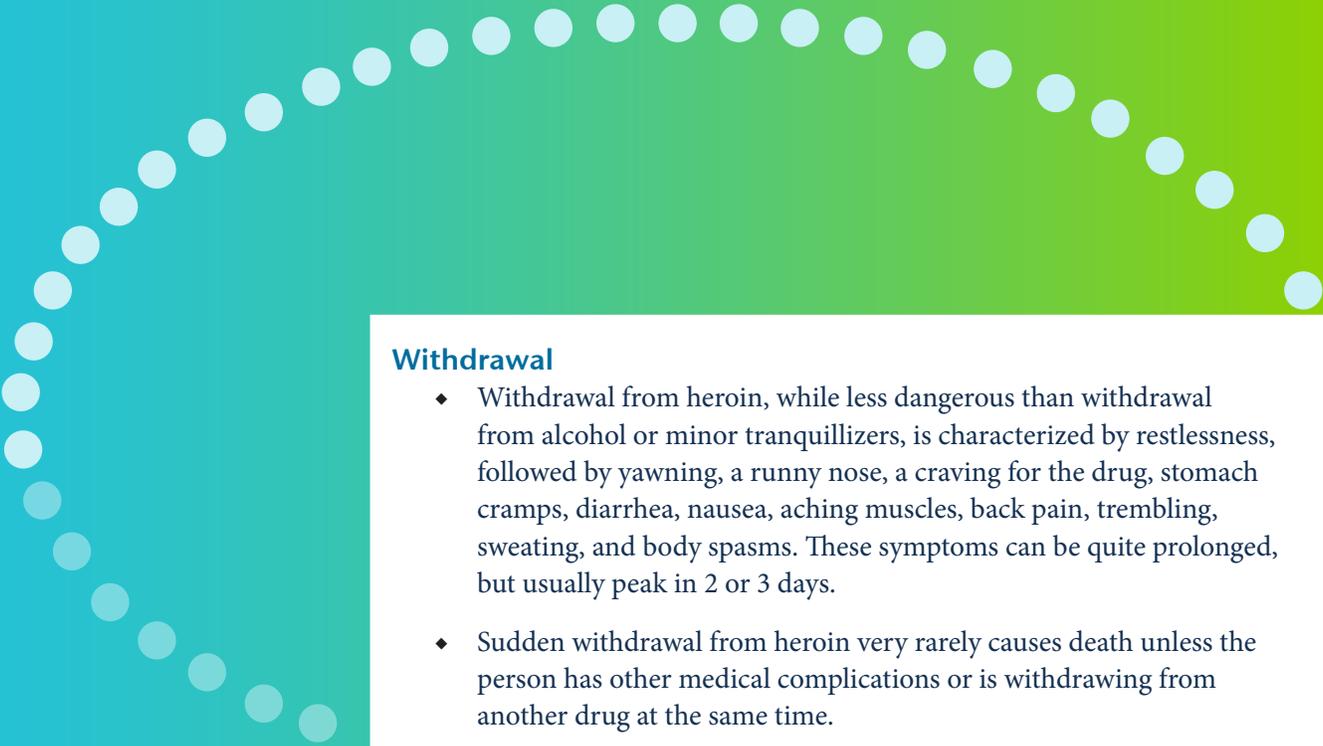
- ◆ Being unable to wake up. If they don't respond to shaking and calling their name, they are in danger.
- ◆ Gurgling or choking sounds when breathing.
- ◆ Heavy snoring while asleep. Try to wake the person up. If they don't respond, **call 911**.
- ◆ Cold clammy skin and/or sweating profusely
- ◆ Eyes are open, but they are like dolls' eyes – staring or vacant

Overdose intervention

- ◆ If someone passes out or becomes unable to speak or move but is still breathing and has a pulse, lay them on their left side and **call an ambulance**.
- ◆ If breathing stops but a pulse can be felt, call an ambulance and **commence mouth to mouth resuscitation** - not CPR (Cardio-Pulmonary Resuscitation), which has the purpose of restoring the pulse.
- ◆ If no pulse or breathing is evident, call an ambulance and **commence CPR**.
- ◆ Paramedics or other medical staff will administer a dose of Narcan, which reverses the effects of the heroin. However, the effects of Narcan are temporary, and it does not clean the system of heroin. Using again immediately after, or for some time after, could lead to another overdose. Similarly, if the user has other drugs in their system when the Narcan is administered, they will still be affected by those drugs. Narcan only works on opiates.

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Withdrawal

- ◆ Withdrawal from heroin, while less dangerous than withdrawal from alcohol or minor tranquilizers, is characterized by restlessness, followed by yawning, a runny nose, a craving for the drug, stomach cramps, diarrhea, nausea, aching muscles, back pain, trembling, sweating, and body spasms. These symptoms can be quite prolonged, but usually peak in 2 or 3 days.
- ◆ Sudden withdrawal from heroin very rarely causes death unless the person has other medical complications or is withdrawing from another drug at the same time.

Inhalants

People become affected from breathing in the fumes (sniffing) from various volatile substances, including glues, aerosols, liquid paper thinners, butane gas, nitrous oxide, or gasoline. Solvents depress the central nervous system, as does alcohol, and act quite similarly to alcohol. However, because they are inhaled and go directly into the bloodstream, solvents act much more quickly.

Glues and aerosol can contents are commonly inhaled from a small plastic bag held over the mouth and nose. Others are inhaled directly from their containers or soaked into a piece of cloth. Sometimes substances are sprayed directly into the nose or mouth – an extremely dangerous practice which can paralyze the airways, freeze the throat, and cause suffocation.

The initial effects occur within 2 to 5 minutes and include feelings of excitement and relaxation. Repeated sniffing sustains these feelings. Loss of coordination also occurs. Some users become disoriented and frightened, and some experience other effects, like blackouts and mild hallucinations.

Solvents are a cheap and easy to obtain substitute for alcohol for the young people who use them. Although this doesn't usually last long, some do go on to become long term or dependent users of inhalants. Generally speaking, this category of users have more problems in their lives, and less support and ability to deal with those problems. They may sniff alone or with other users, and are also likely to be using a variety of other drugs, including alcohol.

Risks

- ◆ A rare occurrence with substances such as correcting fluid, butane gas, and aerosol sprays, is sudden sniffing death, where the user's heart can



be caused to beat irregularly. These deaths are often associated with stress during or soon after sniffing. Sniffers should never be chased or frightened.

- ◆ The main danger in inhalants comes from accidents arising from being high and losing inhibitions and judgement.
- ◆ Short term use of most products rarely leads to serious damage to the body. Some users have been admitted to hospital with convulsions or inability to control their movements or speak properly, but most of these symptoms clear within a few hours. Others experience problems with airways and breathing, which may improve over time.

Harm reduction – conduct for inhalant users

- ◆ Do not put plastic bags over your head.
- ◆ To concentrate the inhalant, use small rather than large plastic bags to reduce the risk of suffocation.
- ◆ Don't smoke while sniffing, as the substances are highly flammable.
- ◆ Call an ambulance if you are worried about a friend for any reason.
- ◆ Know how to help in an emergency. The basics are:
 - ◆ Lay the person on their side to prevent choking if they vomit.
 - ◆ Take away what they have been sniffing and make sure they are breathing clean air.
 - ◆ If the person is conscious, keep them calm and relaxed until they have completely sobered up. Don't chase them or get them stressed or panicked.

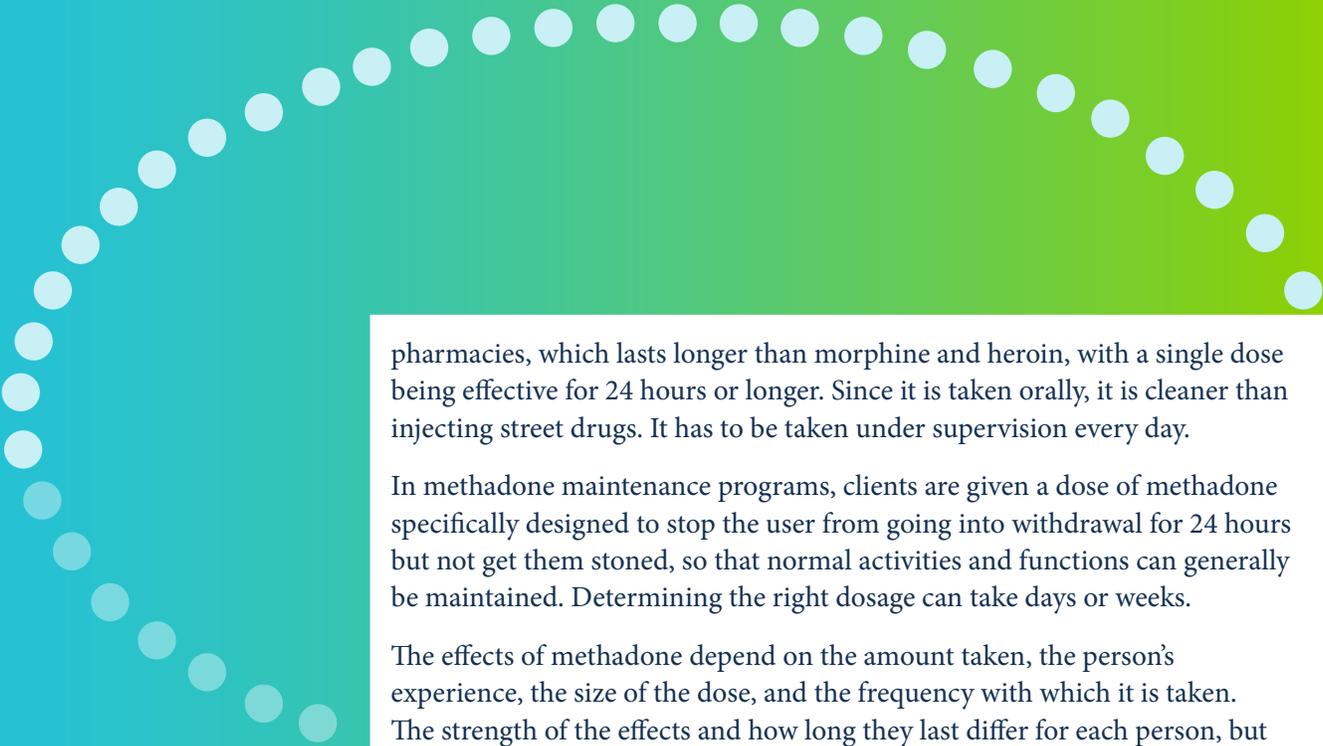
Methadone

Methadone is a depressant drug that slows brain or central nervous system activity, and is in the same family of drugs as heroin. Because it does not produce a “high,” this manufactured opiate is used to help stabilize those dependent on heroin-like opiates, enabling them to become abstinent, or reduce their use. It does not work for cocaine.

Methadone is a cheap, pure, legal drug dispensed in hospitals, clinics, or

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pharmacies, which lasts longer than morphine and heroin, with a single dose being effective for 24 hours or longer. Since it is taken orally, it is cleaner than injecting street drugs. It has to be taken under supervision every day.

In methadone maintenance programs, clients are given a dose of methadone specifically designed to stop the user from going into withdrawal for 24 hours but not get them stoned, so that normal activities and functions can generally be maintained. Determining the right dosage can take days or weeks.

The effects of methadone depend on the amount taken, the person's experience, the size of the dose, and the frequency with which it is taken. The strength of the effects and how long they last differ for each person, but can include sweating, constipation, lowered sex drive, aching muscles and joints, itchy skin, suppression of appetite, stomach pain, nausea and vomiting. Adjusting the dose can help.

Methadone is very addictive and difficult to get off. However, slow withdrawal from methadone may be accomplished safely when the situation is appropriate for the individual. The process may take anywhere from several months to a year or more, depending on the level and duration of drug use as well as the circumstances of the individual.

Risks

- ◆ Breastfeeding women who are on methadone pass small quantities of the drug through the mother's milk. Little is known about the long term effects on a baby who has had regular doses of methadone in the early stages of development.
- ◆ Using other drugs with methadone can cause a fatal overdose. Alcohol and other depressants, valium, rohypnol and the like, as well as cannabis, interact with methadone causing drowsiness, unconsciousness, failure to breathe, and ultimately, death.
- ◆ Methadone can change the effectiveness of other drugs, or produce unexpected effects. Similarly, some drugs reduce methadone's effectiveness, or change its effects. Methadone users need to inform their doctor and dentist so that other medical treatments are safe.
- ◆ Methadone withdrawal symptoms, which can be worse than heroin withdrawal, are triggered if an individual suddenly stops methadone treatment. Usually a person wishing to come off methadone undergoes a gradual reduction in dosage under a doctor's supervision that can take as long as three to 12 months, or longer, depending on the regular dosage and the individual concerned.

- ◆ A person suddenly discontinuing treatment may experience desperate anxiety, yawning, tears, diarrhea, abdominal cramps, goosebumps, a runny nose, and a craving for the drug — feelings which peak after six days and last from six to 12 months.

Overdose intervention

- ◆ Overdosing on methadone can be fatal. The main risk is stopping breathing. Feelings of extreme tiredness, leading to a loss of consciousness and coma occur, often with a sudden collapse. Since oral methadone can be slow acting, it may take anywhere from three to 24 hours after the dose is administered for an overdose to occur.
- ◆ Lay the person on their left side and call an ambulance if:
 - ◆ the person stops breathing but has a pulse. Commence mouth to mouth resuscitation, not CPR (Cardio-Pulmonary-Resuscitation), since the purpose of CPR is to restore the pulse.
 - ◆ the person has no pulse but is breathing. Commence CPR.

Methamphetamine

What is it? Meth, crystal, jib, speed, ice, crank, glass, tweak, sketch, tina, yaba, shabu. A derivative of amphetamine, meth is a highly addictive, toxic, synthetic central nervous stimulant. It comes in tablets and capsules, chunks and powders, off-white crystals and glass shards. It is cheap, easily obtained and made in small illegal labs with toxic, over-the-counter ingredients. Analysis of samples seized at raves by RCMP between September 2001 and June 2002 show that over 58% of drugs contained methamphetamine.

How is it used? Meth is commonly snorted, smoked, injected, or swallowed. Snorting produces effects within 3 to 5 minutes, and swallowing takes 15 to 30 minutes to produce effects. These methods produce euphoria, but not the intense rush and instantaneous effects of smoking or injecting. In this way, routes of administration play a role in addictive potential. Once in the body, meth artificially triggers a massive release of neurotransmitters in the central and peripheral nervous systems:

- ◆ Dopamine, associated with pain suppression, appetite control, and the brain's self-reward centre.

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- ◆ Norepinephrine, which activates a body's fight-or-flight response in emergencies.

Effects

Effects can last from 4 to 24 hours, depending on the amount and purity of the drug. Users can become tolerant to the pleasurable effects but continue to feel the agitation associated with physical stimulant effects.

Short-term pleasurable effects of methamphetamine

- | | |
|------------------------------------|--|
| ◆ euphoria | ◆ confidence |
| ◆ talkativeness | ◆ sexual enhancement |
| ◆ restlessness | ◆ loss of appetite |
| ◆ excitability | ◆ decreased fatigue |
| ◆ increase in athletic performance | ◆ large increase in alertness and energy |

Stimulant effects

- | | |
|--|------------------------|
| ◆ sweating | ◆ headache |
| ◆ jaw clenching | ◆ tooth grinding |
| ◆ incessant talking | ◆ increased heart rate |
| ◆ irritability | ◆ insomnia |
| ◆ elevated blood pressure and breathing rate | |
| ◆ anxiety | ◆ panic |

A meth run is a common pattern of binge use. A run can last a few days to over a week of continual topping up until the user is exhausted, too disorganized to continue, or runs out of the drug. At this point, the user will “sketch” or “tweak” until they crash and sleep, but not experience normal sleep patterns for several weeks

Physiological effects of chronic methamphetamine use

- | | |
|--------------------------------|--------------------------|
| ◆ extreme weight loss | ◆ liver disease |
| ◆ severe malnutrition | ◆ bronchitis |
| ◆ tooth-grinding and loss | ◆ seizures |
| ◆ brittle fingernails | ◆ convulsions |
| ◆ non-healing ulcers and sores | ◆ respiratory depression |

- ◆ chronic chest infections
- ◆ hepatitis
- ◆ heart failure
- ◆ hyperthermia
- ◆ HIV
- ◆ coma
- ◆ rupture of blood vessels in the brain
- ◆ kidney failure

Mental health concerns

Compared to heroin and cocaine, methamphetamine poses little danger of overdose. Hospitals report meth-related emergency-room admissions are almost all psychiatric. One psychotic episode can most likely be attributed to a severe lack of sleep, nutrition and hydration. Actual meth-induced psychosis means repeated episodes, persistent symptoms and patterns that continue after drug use.

Psychotic symptoms

- ◆ confusion
- ◆ fear
- ◆ paranoia
- ◆ hallucinations
- ◆ increased aggressiveness
- ◆ hysteria
- ◆ antisocial behaviours
- ◆ mood disturbances
- ◆ disorganized thoughts, behaviours
- ◆ violence
- ◆ tactile hallucinosis/parasitosis (the sensation of insects crawling under the skin)

While psychosis is a risk, meth use is more commonly followed by prolonged anxiety and deep depression. High doses and extended use can also alter thinking patterns.

Cognitive impairments

- ◆ loss of insight into actions
- ◆ distractibility
- ◆ repetitive behaviour
- ◆ memory loss
- ◆ decreased ability to perform tasks such as following instructions
- ◆ impaired memory, learning, abstract thinking, logic

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Who uses methamphetamine?

In the 70's, "speed" was associated with white, male, blue-collar workers, athletes and bikers. Meth is now a popular drug among high school students, street youth, professionals, the gay/bisexual/lesbian/ transgendered (GLBT) population, and young mothers.

How can you tell if someone is using meth?

Any of these indicators, if they constitute a significant change:

- ♦ overly energized
- ♦ talkative
- ♦ hyperactive
- ♦ fidgeting
- ♦ very bad acne
- ♦ not sleeping for days, then sleeping for extreme lengths of time
- ♦ sudden loss of interest in hobbies
- ♦ extreme mood changes
- ♦ hostility or irritability
- ♦ difficulty focusing
- ♦ uninterested in sleep or food
- ♦ deep depression
- ♦ jumpy eyes
- ♦ seeing things that aren't there
- ♦ abnormal or semi-purposeful movements
- ♦ organizing and cleaning things
- ♦ missing school or work
- ♦ paranoia

Why methamphetamine?

The most common reasons for use are increased energy, performance and confidence. Enhanced social interaction, sex drive and performance, and lowered inhibitions are specific factors in use among gay and bisexual men. For street youth, the loss of appetite and decreased need for sleep solves the problem of a lack of food and shelter.

People with asthma or hyperactivity sometimes use meth to calm their moods and behaviour. Other reasons for this choice include:

- ♦ perceived to bring little stigma, compared to other drugs
- ♦ gives emotional distance from pain and struggle
- ♦ confers a sense of control
- ♦ eases social interactions, eliminates boredom
- ♦ assists weight loss
- ♦ convenient: easily concealed, smokeable

Withdrawal and detox

Methamphetamine withdrawal isn't as physically dangerous as with heroin or alcohol, but can be extremely difficult because it is more psychologically addictive. Chronic use depletes the brain's supply of dopamine, which can take years to be restored even when use is discontinued. The lack of dopamine contributes to prolonged depression and suicidality. Detox can take 1-2 weeks, and withdrawal symptoms—including suicide risk and high rates of reuse — can last for four months or longer.

Withdrawal symptoms

- ♦ extreme tiredness
- ♦ shakiness or nausea
- ♦ disturbed sleeping patterns
- ♦ dry mouth
- ♦ palpitations and sweating
- ♦ headaches
- ♦ disorientation
- ♦ confusion
- ♦ irritability
- ♦ itching
- ♦ boredom
- ♦ apathy
- ♦ extreme depression
- ♦ suicide
- ♦ anxiety
- ♦ paranoia
- ♦ hallucinations
- ♦ toxic psychosis
- ♦ craving
- ♦ inability to feel pleasure

Treatment

Treatment for methamphetamine use may take a long time, and the vast majority of users require lots of support. Because so many use other drugs, the polyuse pattern must also be treated. Success depends on finding a program that fits the individual, developing relapse prevention techniques, and keeping the user in the program.

Options

- ♦ one-on-one and/or group counselling
- ♦ acupuncture (available at daytox in Vancouver)
- ♦ hospital outpatient and inpatient treatment
- ♦ early psychiatric intervention
- ♦ cognitive behavioural therapy (works to modify thinking, expectations, behaviours, and increase life skills)
- ♦ recovery support groups in combination

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- ◆ the Matrix Model (combination of 12 step, counselling, CBT and medication treatment)
- ◆ For those with legal issues, the interactive, day-treatment approach of drug courts can be very effective.

Antidepressants can help those who recently have become abstinent. Extreme excitement or panic can be treated with anti-anxiety agents such as benzodiazepines. In cases of psychoses, short-term low doses of antipsychotic drugs have been effective. Work is still needed to provide context-specific treatment options, including methamphetamine-only treatment, dual-diagnosis treatment, and options that address the contexts of street youth and gay men. A street-involved young person may find it difficult to stay clean after a short detox when they do not have a home.

Finally, resolving an addiction requires putting multiple supports in place: various areas of stability to help withstand environmental triggers. Treatment should involve families where possible and should address reintegration into social groups, the workforce or volunteering, school, and any legal issues.

Methamphetamine information by MARC (Methamphetamine Response Committee) and Vancouver Coastal Health. FGTA members are part of MARC. For more information, go to MARC's website, www.methfacts.org.

Psychedelics

Psychedelics (sometimes known as hallucinogens) are a group of drugs which can change a person's perception, making them see or hear things that don't exist. They can also produce changes in thought, sense of time and mood. They vary widely in their origin and chemical composition.

Some psychedelics occur naturally. These include psilocybin, which is found in certain mushrooms (magic mushrooms), and mescaline from the peyote cactus. Others, such as LSD (commonly known as acid) are manufactured in laboratories. LSD is white, odourless, and tasteless. It is taken orally, often soaked into small squares of absorbent paper (blotter) or in tablet form.

Natural hallucinogens have been used by various cultures for their mystical and spiritual associations. Synthetic psychedelics were developed in the 20th century, becoming popular in the 1960s and early '70s. Effects of psychedelics usually begin within half an hour, and are at their strongest in 3 to 5 hours, with effects lasting for up to 16 hours.

The psychedelic experience, or trip, varies from person to person, and can



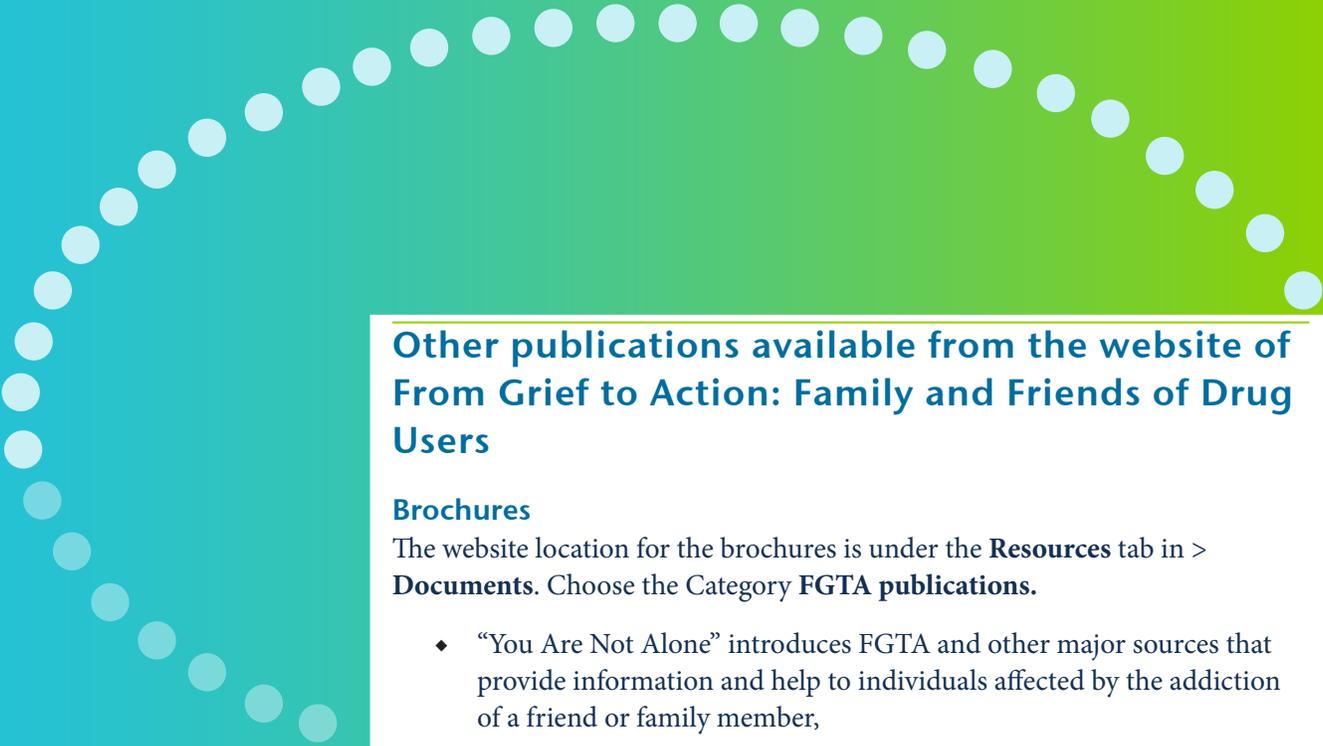
range from feeling good to an intensely unpleasant experience (bad trip) which can include feelings of anxiety, fear, or losing control. Other effects are a sense of time passing slowly, feelings of unreality, separation from the body, and an inability to concentrate. Intense sensory experiences, such as brighter colours, and a mixing of the senses (like hearing colours) may also be felt. Both positive and negative feelings may be felt during the same drug experience.

Risks

- ◆ LSD can cause an abnormally rapid heartbeat and raise blood pressure, and can pose a risk for those with cardiac problems.
- ◆ Some users experience unpredictable flashbacks where they relive the effects of the drug without actually using it, sometimes years after the trip, but mainly within the first year. Depression is also common following tripping, and there is evidence that existing mental illnesses such as psychosis, depression, and anxiety can be triggered or made very much worse by LSD.
- ◆ Fatalities or accidents can occur as a result of tripping in unsafe environments, for example near water or bridges, because someone on a euphoric trip may believe he or she can fly, and people on a bad trip can endanger themselves in other ways when frightened.
- ◆ People should never take LSD or other psychedelics alone, and one person should always remain straight to deal with any problems that may arise.
- ◆ Collecting and consuming wild magic mushrooms can be risky, as there is a high risk of accidentally ingesting a poisonous toadstool or species of mushroom.
- ◆ Psychedelics are rarely used daily or regularly, but when they are, tolerance develops quickly, so that higher amounts need to be taken to get the same effect as before.
- ◆ Some regular users develop a psychological dependence, but there appear to be no physical withdrawal symptoms from psychedelics.

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Other publications available from the website of From Grief to Action: Family and Friends of Drug Users

Brochures

The website location for the brochures is under the **Resources** tab in > **Documents**. Choose the Category **FGTA publications**.

- ◆ “You Are Not Alone” introduces FGTA and other major sources that provide information and help to individuals affected by the addiction of a friend or family member,
- ◆ “From Grief to Action” invites you to join the association, explaining what goals and policies your support will further.

Guidebook

To download the guidebook, click the button on the website home page.

Parents in Action helps you set up a peer support group if you are dealing with addiction in your family. FGTA members helped design the simple meeting process. The guide also includes the best information available from householders across Canada who have started mutual support groups of their own. (Most groups share information and create bonds among individuals who themselves have an affliction such as arthritis or bipolar disorder).

Meeting agendas and support materials are unique to FGTA concerns and offer an option to 12-step programs.

From Grief to Action

FGTA Association of Families and Friends of Drug Users is a non-profit society working to improve the lives of addicted youth and their families and friends.

From Grief To Action (FGTA) promotes recognition of drug addiction as a health issue and, for anyone with an addiction disorder, supports a comprehensive continuum of care including harm reduction, detoxification, treatment, and rehabilitation, in order that they may achieve and maintain healthy, productive lives.

Through PARENTS FOREVER, our self-help group, we offer regular, ongoing support for parents and family members dealing with the day-to-day challenges of having an addicted person in the family. Without giving direction or passing judgement, we share our experiences, offer understanding and caring, and provide support whenever it is needed. By focusing on issues such as supporting without enabling, and by sharing information on treatment options, we learn to take care of ourselves, and, most importantly, find ways to maintain a relationship with our loved ones.

FGTA also works to raise public awareness. In addition to writing letters and articles, appearing on talk shows, organizing public forums, providing speakers for group or public events, and working with schools and professionals on drug use education and prevention, our society produces educational materials, including informational videos.



2012 edition, The Coping Kit, ISBN 0-9732423-1-0