

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.”

*“I
definitely
resented being
the ‘good’
sibling.”*