

Am I Living With An Addict?

A Guide For Suffering Addicts and Families



To the addict still suffering

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PART 1

A Drug Addict?



WHAT IS ADDICTION?

FORGET THE STEREOTYPICAL homeless bum in the park clutching a brown-paper bottle bag and the unwashed junkie standing on a street corner looking to score. Addicts come from all walks of life. Addiction is a disease that does not discriminate.

“Addicts come from all walks of life. Addiction is a disease that does not discriminate.

Just like cancer or diabetes, addiction does not care how well or poorly educated you are, whether you come from a loving family or not, how old you are, how much money you have, how good you have been, or what you have or haven't managed to achieve in life. None of these have anything to do with determining whether or not someone is suffering from addiction.

The way to determine whether someone is suffering from addiction is to assess two of the main characteristics of the disease of addiction: signs of uncontrollable drug use, and a general inability to cope without drugs.

Uncontrollable Drug Use

When an addict, me for example, uses a drug, we lose all control over when we stop using. Unlike 'normal' people, when it comes to the consumption of drugs and alcohol, we don't have control over our Off switch. In fact, we don't have one. Despite our best intentions to stop after a few drinks or to only use drugs on the weekends, this is simply not within our control.

I would call my wife on countless afternoons to say I was just going for a couple of beers with the boys after work and that I would see her for dinner. Sometimes I did make it home in time, but not often. I would usually be incredibly late or not arrive until the early hours of the morning. Why? Was I lying to her when I called her at 4 o'clock that afternoon? No. If I had taken a lie detector test at the time of the call I would have passed with flying colors. I was telling her the truth – I had every intention to have a few quiet beers and be home for dinner. Why didn't I make it home on time? Because I'm an addict – once I start drinking or drugging I

lose the ability to make a conscious decision to stop. I have no control over the Off switch. When I did stop and make it home on time for dinner, I would tell myself what a good guy I was and that I definitely did not have a *real* problem. But when I stopped was not under my control, it was a lottery. Sometimes I stopped but mostly I did not, and I could not guarantee which it would be.

This characteristic of *uncontrollable* use also explained why I would often go way too far and be entirely too intoxicated at inappropriate times. I am the guy who got plastered by lunchtime on Christmas day, behaved at a funeral as if it was a twenty-first birthday party, and fell asleep at the table at family wedding feasts. None of this was my intention. I never planned to behave like this or embarrass myself and my family. I just simply couldn't stop once I had that first drink or drug. Because I couldn't control my intake, I couldn't control my behaviour.

This is often described as an allergy to alcohol and drugs. It is a useful analogy to use: we can liken it to other allergies, like one to peanuts.

When my son eats peanut butter, his head swells up like a balloon and he has trouble breathing. Conclusion? The kid is allergic to peanuts and should not eat them. Peanut allergy is simply an allergy, so it does not define who he is or say anything about his character. Like peanuts for my son, alcohol and drugs simply do not agree with me and when I take them I experience negative consequences that I have no control over. I simply should not take them.

Inability to Cope Without Drugs

If not being able to stop once we start using was the only problem addicts faced, we would probably suffer a few negative experiences with drugs and alcohol, overcome that problem and promptly stop. But addicts have a dovetail-jointed additional characteristic: we are not able to manage life without drugs.

I would regularly muster up the motivation to stop using for a few days or even a few weeks at a time. But I could not stay stopped.



The addict's conundrum: a deficiency when we don't use, and an allergy when we do.

Drugs are an addict's remedy when our emotional pain hits a point where we simply cannot stand another moment sober. This sounds odd to non-addicts, as being drug free and coping with day-to-day life without drugs

requires no special effort for them. However, for addicts, it is not our natural state to cope and get through life without drugs.

This is highlighted by an addict's countless attempts at getting clean and lasting a few days, weeks or even months, before relapsing. Why have they relapsed after promising they would stop and that this was the last time? They simply could not cope and needed to use again to get through the day. It sounds strange, but to the addict, it is as if they have a drug or alcohol deficiency. When they don't have drugs or alcohol – like the experience of being low in vitamins and minerals – they feel out of sorts. Then, as soon as they take something they feel OK, almost normal. What a relief!

Try to imagine that.

Addicts see drugs as the *solution* rather than the *problem*.

But then, of course, because we lose the capacity to stop or moderate our use, the initial experience of relief and normality crosses over into full-blown active addiction. The negative consequences begin. And drugs become a problem. The addict's conundrum: a deficiency when we don't use, and an allergy when we do.

This inability to cope without drugs is exacerbated when the addict is physically dependent on their substance but physical dependence does not determine whether someone is an addict or not. Contrary to popular belief, addiction is not a purely physical illness. Physical dependence on a particular substance, like an alcoholic who gets the shakes when she hasn't had her morning drink, is a *symptom* of addiction but it is not addiction.

Anybody, addict or not, can become physically dependent on drugs. It regularly happens to non-addicts when they are prescribed pain medication for a serious injury or after surgery. In a short period of time they can become physically dependent on these drugs, and experience withdrawal symptoms and severe discomfort when it is time to cease the meds. These people may have developed a physical dependency but they are not necessarily drug addicts. We are only addicts if we also suffer from uncontrollable drug use, and a general inability to cope without drugs. When determining if our loved one is an addict, the question of physical dependence, when considered on its own, is largely irrelevant. Addicts struggle to cope without drugs whether they are

physically addicted or not, and not all addicts get physically addicted.

If you've seen a loved one use too much on a regular basis and seen a return to drug use after saying he or she would stop or moderate, you are living with an addict.

ARE THEY JUST HAVING FUN?

ISN'T IT NORMAL? Aren't they just partying?

I am not an officer in The Moral Police. I have no issue with people who use drugs. I am aware that a lot of people, not addicts, use drugs and alcohol relatively safely and suffer few negative consequences from their recreational use. This book is about people like me: addicted people.

'What is normal use then?' is a question that cannot be answered in any useful way. What one considers to be normal may seem modest or extravagant to another. After all, what is normal anything? What is a normal human being? What is a normal life? Because it is relative and completely subjective it can be argued about endlessly. There is no clear-cut answer.

A 'normal' amount of alcohol for some non addicts might be the four or five beers he drinks before he becomes tipsy and giggly, and heads home uneventfully at the end of the night. My uncle drank every day, but he was not an alcoholic. He always had a cask of red wine in the kitchen and he would drink one or two glasses a night, but he never got drunk, he could go without if he ran out. But there were absolutely no negative consequences from his drinking. An addict crosses an invisible line. We might experience a complete personality change and go into blackout, after the same amount of drinks, threatening to punch anyone who looks at us sideways.



Or, like I used to do, insist on drinking another twenty beers and snort a bag of cocaine just to make sure I'm really having fun.

These examples may seem extreme but addiction cannot be defined or determined by the number of drinks or the amount of drugs used. Besides, it is not a useful question.

I have met people who have lost jobs and houses due to their drinking who

say to me, 'But I'm not drinking every day, so I can't be an alcoholic', or 'But I never drink in the morning, so I can't be an alcoholic'. And I ask them: What happens when you do drink? Can you control the outcome? Do you find yourself in compromising and destructive situations because of your drinking? Can you control how much you drink?

“...addiction cannot be defined or determined by the number of drinks or the amount of drugs used. ... it is not a useful question.

Forget looking at how much or how often someone uses. A more useful way to approach the question of whether someone's using is addictive or not, is to look at the *consequences* of their using. If there were no negative consequences to someone's drinking or drugging then there would be no problem. After all, many people who are not addicts engage in varying degrees of social drinking and drug use that is consequence-free. It has no lasting or repeated negative impact on themselves, their loved ones, or society.

This is never the case with addicts. Our addictive behaviour always results in negative consequences that threaten our lives and wellbeing, and often that of those around us.

We determine if our loved one's drug use has become problematic and addictive by looking at everything except the drugs. We ask ourselves:

- Are they actively engaged in work or study and performing well?
- Are they maintaining healthy relationships?
- Are they generally happy?
- Are they looking healthy?
- Are they engaged in any sports, hobbies, outside interests?

Then ask:

- Are there holes in their finances?
- Are they unable to account for all their time?

- Are they often late or not turn up at all?
- Are they often breaking promises?
- Are they often short tempered?
- Are they defensive when asked about their drug use?

If your loved one is using drugs and you answered 'No' to most of the first set of questions and 'Yes' to most of the second, then you are living with an addict.

And they are very sick.

WILL THEY GROW OUT OF IT?

WILL THIS AWFUL mess go away eventually?

Do people grow out of cancer or diabetes?

Of course not, cancer sufferers and diabetics need specific treatment for these diseases. So do addicts. Without treatment, addiction will get worse over time, never better. A characteristic of the disease of addiction is that it is progressive, starting out in a seemingly harmless way that ends up ferocious, with the gravity of the negative consequences increasing over time.

Like many kids, when I was about 12 years old, I experimented with alcohol for the first time. I was on the beach with my school mates. I pinched a bottle of scotch from my father's restaurant and cracked it open to share. While my mates had a couple of glasses and left it at that, I drank as much as I could and woke up the next morning at home covered in vomit, with no memory of the night before or how I got home. This may have been an early sign that drugs and alcohol affected me differently from others, but I can only see this looking back.



The signs of my addiction didn't become clear until much later. In my early twenties it was still vaguely under control, I could quite harmlessly enjoy a few ecstasy pills and a couple of bags of cocaine over the weekend and drink a few beers during the week. I wasn't really dedicated to any meaningful work or study path but I was doing OK. As my disease progressed, so did my tolerance for drugs and my need for more increased. By the time I was in my mid-thirties that 12-year-old kid down at the beach with his mates having his first real crack at the grog, that weekend warrior using a moderate amount of drugs somewhat socially, was a seasoned chronic illicit drug user using ice and heroin like it was my full time job. My

disease had progressed and I was sicker than I had ever been.

“Addiction is a tidal disease.

This was not my plan. I certainly didn't aspire to become a drug addict. When I picked up that drink as a young kid I was just another reckless, adventurous, risk-taking youth. In my twenties I used drugs with a lot of my friends and the vast majority of them didn't end up with ice and heroin habits or lives that resembled a zoo where all the animals had been let out of their cages. They were simply recreational drug users who could stop or moderate their use. Their lives and their minds didn't fall apart due to their drug use. They didn't keep using to the point where they lost wives, businesses and houses. But I did because I'm an addict. I wasn't going to simply grow out of it. I needed treatment.

Addiction is a tidal disease. When the tide ebbs, it will often look to be an improvement, until it rises again. Family members say, 'But he was doing so well for a while there. He got a job and things seemed to be back on track. And then all of a sudden we're back to square one'. This is because a job is not treatment. Neither is a new relationship, the birth of child or a holiday. These developments may help an addict moderate their use for weeks, even months, but the end result is always the same – relapse.

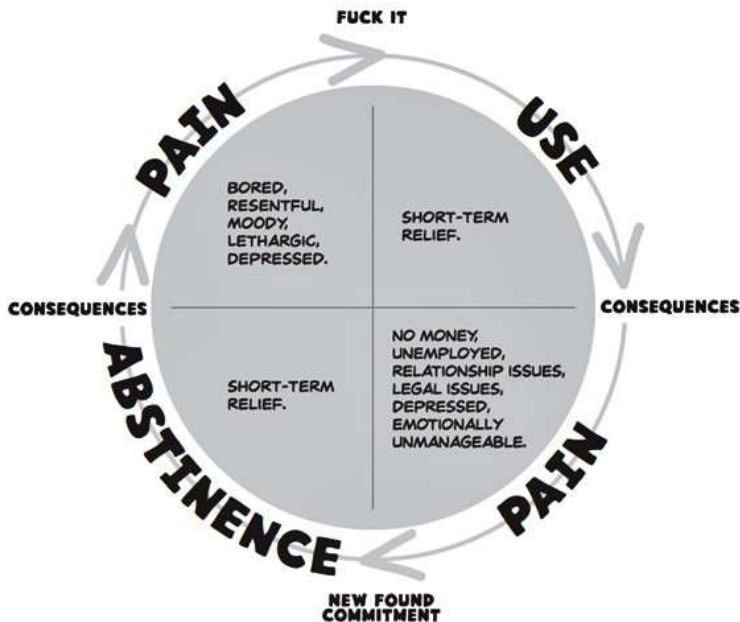
Their disease has not been treated and without treatment an addict will eventually use again.

WHY WON'T THEY STOP?

WHEN I USED drugs it felt good and I got the relief I needed.

I used because I needed to. The drugs were my solution to the extreme emotional discomfort I felt without them. And the drugs did work for a while. They did everything I needed. My problems seemed to go away, I felt like I could achieve anything, and each time I got high it felt like a new beginning. But being an addict, I couldn't control when or how much I used, so I used too much at all the wrong times and for too long.

As a result of this addictive drug use I would soon start suffering consequences. And the consequences could be the same or different each time. But they would all be negative – financial problems, mental health issues, employment problems, relationship issues, conflicts with family and friends. And I would eventually come to a point of crisis. I'd lose a job or my wife would threaten to leave or I'd make a complete ass out of myself at a social engagement and wake up the next day filled with guilt, shame and remorse. At such times, I would make what I call a 'Newfound Commitment'. I would tell myself, 'Enough is enough. I need to change. These drugs have got out of control.' I would make a number of promises, to myself and to other people, saying, 'I'm going to be a good guy, I'm going to go to the gym, I'm going to go to work, I'm not going to use as much, and I won't see those friends.' And as a result of such Newfound Commitments the crisis would dissipate and I would again get some relief.



Things would be OK for a while. I'd square up the credit-card account and get some money back in the bank. My wife would let me back into the bedroom. My mental health would start to improve.

I would then face consequences of being abstinent or of using much less. But what other people around me couldn't understand, and I was not even aware of, was that I would become bored and restless, get depressed and feel there was no point to life, as if it had lost all colour. I would become moody, lethargic and just generally uncomfortable in my own skin. And in the end I would start to think 'this isn't worth it, what's in it for me?'

Then I would reach what I call 'the Fuck-it Moment', the antithesis of the Newfound Commitment that preceded it. I would say 'fuck it', go and score, use and I would get some relief. Color would suddenly return to life and I would think 'Thank god! Why didn't I do this earlier?' That would keep me going for a while, but soon it would be like last time, and I would simply go round and round in the hamster wheel that is the cycle of addiction.

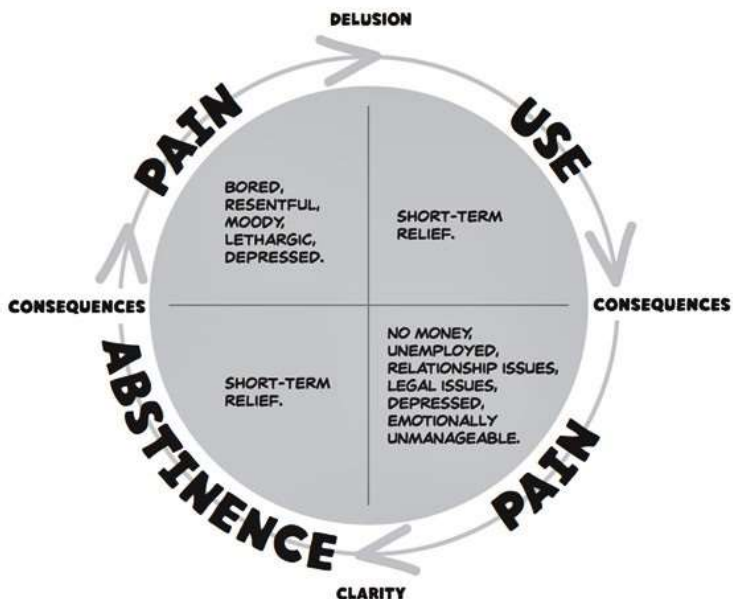
“...using and of abstinence are very similar for the untreated addict

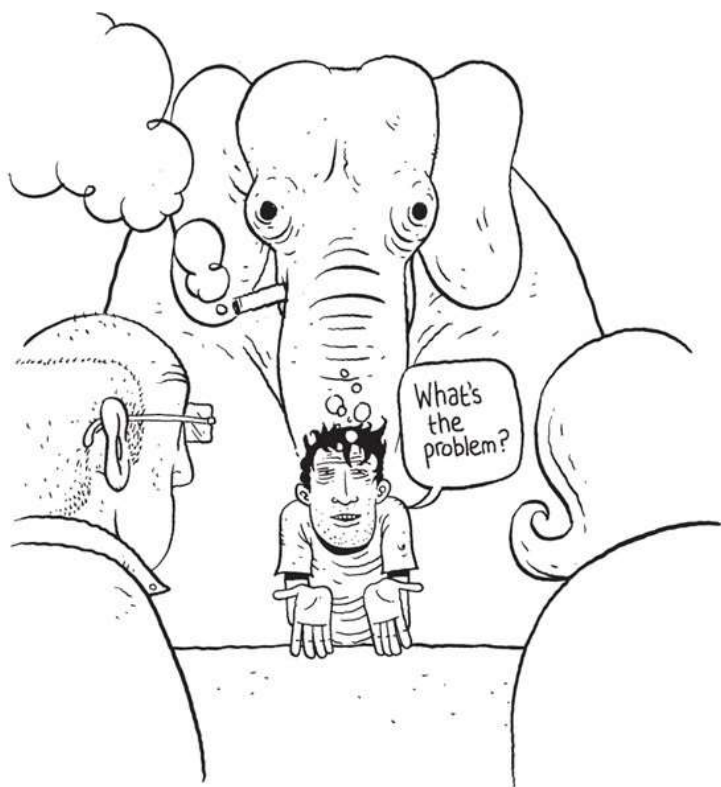
- both end in pain.

The consequences of using and of abstinence are very similar for the untreated addict – both end in pain. This is the conundrum of the untreated addict – damned if I do and damned if I don't. Using does not work and neither does not using. The cycle of addiction is a lose-lose situation. The destination is always the same – pain.

Although externally things may have looked different when I was using to when I wasn't using, internally, for me, they were comparable. It took an intervention before I decided to do something different. I was in enough pain to seek the right advice. I wasn't going to just not use this time, I was going to go to treatment. I wasn't going to get a job and go to the gym and try really hard. I was going to stop and deal with the real issue. Treatment freed me from the negative consequences of abstinence, broke my hamster wheel, broke out from that cycle. I can now live without drugs, completely abstinent, but the boredom, restlessness, moodiness, lethargy and all the other consequences that used to follow are no longer a part of my life.

If you've been going round and round in circles with your loved one and have seen their newfound commitments fail time and time again, this is not your fault or the fault of the addict, it is simply the Cycle of Addiction. This is how the illness takes the addict and their family hostage.





ARE THEY JUST CRAZY?

AS WELL AS being concerned and distraught, when family present in my office, they are also usually confused.

They have experienced the trauma of watching their loved one implode – an ever-shrinking violet, for example – or explode – for example, a car crash, legal jeopardy and impending separation from spouse – before their eyes. They have been frustrated and discouraged by their attempts to solve the problem. Most have done some kind of research or sought advice, so come with some exposure to different theories of addiction and possible treatments. But nothing has fully made sense to them or produced lasting results.

“The addict most often *cannot* see they have a drug problem.

They are most often confused by the concept of denial.

We often describe our loved one suffering from addiction as being ‘in denial’ and complain about how frustrating it is that they won’t face their problem. Most family’s interpretation of denial is that the addict can see that they have a drug problem but are refusing to face it or do anything about it. This is a subtle yet significant misunderstanding of denial. ‘Delusional’ is a more accurate word to describe the addict’s state of mind.

The addict most often *cannot* see they have a drug problem. This is scarcely credible for the people around them – how can the generator and prime sufferer not see the source of the obvious chaos and disaster in their own life? The addict may from time to time agree that they need to cut back or take a break from using, but most often the addict truly believes other factors or other people are the ultimate cause of their grief. In their mind, it is not their fault or the fault of the drugs – if only their partner would loosen up and be more reasonable, if their boss was not such a hyper-critical prick, if the damn cops would get off their back..., then everything would be OK.

For 15 years of active addiction I didn’t have a clue I was an addict although I displayed all the

symptoms. I knew my life was hard and I'd made some grave mistakes. I'd suffered some consequences as a result of my using. But not for a second did I think I was a drug addict. I thought I was hedonistic. I thought that I probably liked to party a bit hard, but an addict? Me? No way. Impossible. It couldn't be the drugs, no way could it be the drugs. Drugs were my savior, not my problem. If you had my life, you'd use too!

I would put my unfortunate circumstances down to a million reasons other than the drugs. It was the wife, it was the job, it was the economic climate, it was my parents' divorce, it was the school I went to, it was my experiences in the military, it was anything else but my addiction. I would blame others and my circumstances for everything. I was in delusion – I couldn't see that I, and my drugs, was the core problem.

Families often describe their loved one as 'not in touch with reality'.

'He has developed a huge ego.'

'She has extravagant, grandiose plans for her life, like she is going to be an actor or singer like Nicole Kidman in, you know, in a just a few months' time, say.'

'He always has some million-dollar business idea.'

'He hints he's doing crazy things involved with the mafia or people like that.'

'She's full of plans to do things but she's still living at home with mum and dad in the spare bedroom'

While active, addicts create fantasies about where our life is going and where we're at. It is a survival tactic. Deep down we feel hopeless and reality is too painful to face.

I used to like to think of myself as a hybrid of Gordon Gekko of *Wall Street* and Tony Montana from *Scarface*. When I met people, I would talk of million-dollar deals and standover tactics. I had some business nous and I did mix with some dodgy guys, but that is all. I was a middle-class white boy from the suburbs who had sad ice- and alcohol-addictions. My stark reality was that I had under achieved my whole life and left a trail of destruction and trauma in my wake that hurt many people. Why would I live in this delusion and concoct amazing stories? To make myself feel better. When I look back and reflect, it was because the truth was unbearable. My reality was simply too painful.

Delusion makes it well near impossible to make the addict see reason. We can continue to argue with them – 'You have a problem!' she said, and he replied 'No I don't' – but it is a lose-lose battle. They are so delusional and set

in their delusional ways, that we are largely wasting our time. We are asking the addict to recognise that there's a problem they are simply not capable of seeing. The delusion is unconscious, not a consciously wilful lie on the addict's part. It is a nonphysical part of the disease.

Denial or delusion, this is one reason why most addicts never seek treatment, and why addiction is so deadly. Only once the addict's delusion has been broken, are we able to admit and accept that we have a problem. We aim to break down the delusion just enough to get them into treatment. Once in, we can work further on their delusion, aiming to get to a point where they understand what everyone else can see. That:

- they are a drug addict
- the situation is a grave one (which, left untreated, is a death sentence or worse – a living hell, because this situation can only get worse)
- how they can arrest the disease and get on with living drug-free, happy lives



WHY DO THEY LIE SO MUCH?

‘THE LIES, I can’t stand the lies’. Families and loved ones often ask me, ‘Why do they lie so much?’

The nature of addiction is such that drugs become the addict’s prime focus and motivator. An active addict will let nothing get in the way of their drugs. The drive to use is so completely urgent and utterly over-powering to us that the fact that we may have to lie, cheat or steal to fulfil it is a secondary consideration; this behaviour seems not only necessary to us but *worth it*. It is as if our survival depended on our getting drugs and using them.

Of course, survival doesn’t depend it; the disease and our body and mind are telling us a very convincing lie. It distorts our perspective and overrides any part of us that is thoughtful, honest and generous.

I told lies and committed criminal and other offences in my active addiction, things I would never dream of doing when clean. I was prepared to go to diabolical extremes to get what I needed. After ten years of addiction (and it would be another five in front of me) I’d run out of stories. I had no more excuses. But I still needed more money, so I phoned my mother and asked to see her.

We met and I took her out for coffee – which she paid for of course, as I was living below the two-coffee line, totally skint – and I proceeded to tell her the dramatic news. I was gay, yeah, and it was my closeted sexuality that had caused all my problems. But it was all OK now. I’d finally met someone, I was really happy and in love. I was finally ready to live the life I was meant to have. I spun a very elaborate story about how my new male partner was going overseas. Could I please have \$5000, so I could join him and start this thing right?

All lies. But in my ever-creative and manipulative fashion, I knew which buttons to push and how to push them to make my mother feel sorry for me.

“...how far an addict will go to get what they want? Not much will get in our way...

There are many such examples of how far an addict will go to get what they want. Not much will get in our way.

As addicts we may display vestiges of thoughtful, honest behaviour at times but never in situations where these things are in direct competition with our drugs. Drugs have priority. This can explain the addict's wild personality changes at times. When we're seeking drugs or waiting for our drugs to arrive we will be completely preoccupied, unable to focus on anything else. It is all about Me and I will do and say whatever I need to remove obstacles to getting Me high.

But once we have had our fix, if we're not too intoxicated, we may be capable of sudden outbreaks of reason, consideration and even some level of honesty – although probably not in relation to our addiction or our current circumstances.

On other occasions we are simply delusional, trying to convince ourselves of an alternative, better reality because the truth is painful. Our lives become such webs of lies and deceit that we forgot what lie we have told to who, and can lose the ability to remember or distinguish between what is actually true and what isn't. I would justify my chronic dishonesty to myself by thinking 'Well, it *could* be true and they have no way of actually proving that it's not, so it's OK'. It could be true, so it is. Brilliant logic! Never mind the fact that it actually was a complete lie.

Sometimes we are not actually wilfully lying, but it may appear we are because our behaviour contradicts our promises to change. 'I've really stopped, I'm really going to change my life, I'm done, I'm finished, I'm never going to use again, I've learned my lesson, I need \$5000 for the rent for my new place because I've got this new job but haven't been paid yet.' Often, when an addict like me is making these new promises, we mean these Newfound Commitments from the Cycle of Addiction. But, when it comes down to fulfilling those promises, despite great ambitions and a huge desire to change, we do not have the capacity. We are stuck in that cycle. The right kind of help gets our ambition to get better and our ability to follow through aligned.

The family finds it is impossible to tell whether the addict has genuinely had enough or if they are just trying to roll you for another \$5000 so they can use. This means the only effective policy is to seek help and stop providing them with any physical or financial support with the exception of treatment.



WHY ARE THEY SO SELFISH?

‘THEY DON’T THINK about anyone but themselves. Why are they so selfish?’ This is one of the most common questions addicts’ families ask.

There are two main reasons.

“The addict is injured and in pain, so it is natural for an active addict to be extremely concerned with the Self.

First, we must remember that while we are suffering as a family, the addict is also suffering. The addict is injured and in pain, so it is natural for an active addict to be extremely concerned with the Self. Can we realistically expect anyone who is suffering a painful illness to be aware of anyone else’s needs? We don’t ridicule the man with a broken leg for being selfish when he didn’t make it to work on time, and we wouldn’t dream of calling anyone suffering from cancer selfish if they were grumpy, demanding and rude. We would expect very little from them in terms of empathy because we know they face serious problems of their own. The same applies to addicts. It is futile to expect or demand something from them that they do not have the capacity to provide. Asking an active addict to think of others is like asking a man who’s just fallen off the roof and has a bone sticking out of his leg to stop moaning because the kids are trying to sleep, a complete waste of time.

“Drugs become the centre of their universe, and everything else is secondary.

The second reason is that an active addict is completely driven by their disease and has lost perspective. Drugs become the centre of their universe and everything else is secondary. The disease is running the show. The deluded addict will most likely deny this, but her behaviour suggests otherwise. With

drugs front and centre, we lose the capacity to have healthy relationships or empathy with anyone – our children, partner, colleagues or anyone. Lies, deceit, irresponsibility and unreliability are the by-products, crowding out concern for others.

An addict in full flight is so single-minded, self-centred and distracted that there is no emotional space for the awareness required to consider anyone else's needs or feelings. As a result, we can lose our empathetic capacity. In pain, we hold on by such a thin thread and believe that everyone else's life is just dreamy and they don't have 'real' problems. We have a victim's mindset – 'Poor me, poor me, my life's so hard, how am I going to get what I need?' This foreground fog obscures the needs of others, even those that we are supposed to care for such as wives, husbands and children. Trapped in our own pain, we become self-obsessed. All we can focus on is our own needs.

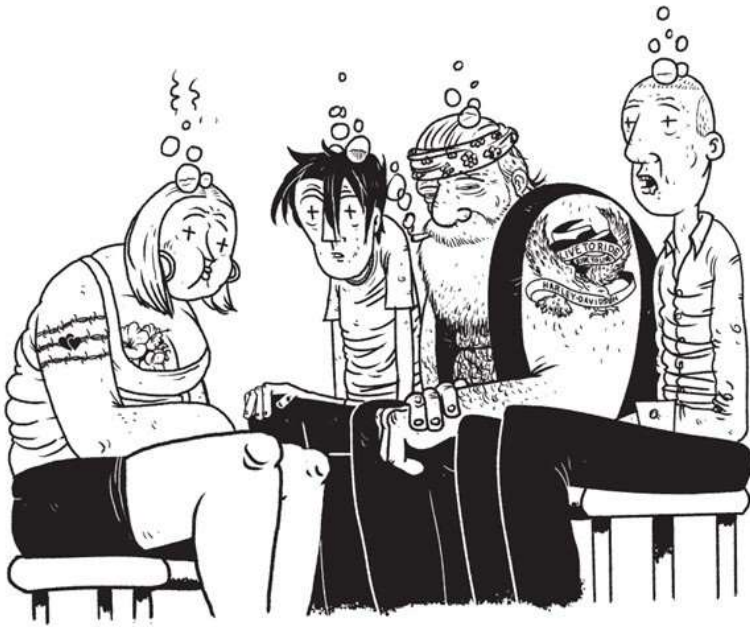
Families identify this as selfish behaviour. It is, but selfishness is another symptom of our illness. This does not excuse it but what it does mean is that once we treat the root cause – addiction – our empathy will improve. Our awareness of the needs of others increases in direct proportion to the dissipation of our delusion and self-centredness. Then the loving, caring, wonderful person the addict used to be before their illness progressed, can return.

SICK PEOPLE ATTRACT SICK PEOPLE

THE FATHER OF an addicted 20 year-old user tells me, 'The people he's hanging out with are awful. He brings home strays, their girlfriends look like prostitutes, and their friends are criminal types.'

When I was using drugs, anyone who wasn't using or selling drugs was of little interest to me. I needed drugs and these were the kinds of people who could help me get them. These people normalised my behaviour and supported my delusion because they were just like me. When I was with them, I felt like I was doing OK, like this was an OK way to live my life, that this was acceptable.

I did not want to be around family or around friends who didn't use. They threatened my delusional bubble with their good sense, healthy living, and their pin-like observations. They were a reminder that I wasn't really some kind of Gordon Gekko/Tony Montana hybrid. They would look at me knowingly, their shock and disgust plain, and ruin my high. They'd say, 'Why are you doing this? You're using way too much and you need to stop it entirely.' I was too ashamed and wanted to avoid feeling shame at all cost in order to avoid facing the reality of my situation. So, of course, I would avoid them while being around them made me feel worthless.



I stuck with the people who were like me, people who would support and enable my delusion and in whose company I didn't have to experience the painful realities. Sick people were my family while I was in addiction.

“‘He’s just hanging out with the wrong crowd. That’s his problem.’”

My family would often say something that I hear from a lot of families, ‘He’s just hanging out with the wrong crowd. That’s his problem.’

Unfortunately, families need to understand that their loved one *is* the wrong crowd. Trying to control their company or encourage them to choose better friends while they are still sick and thinking this is going to help them be drug free, is fanciful. New friends, new jobs and new environments are not the solution. And it is not until they get into treatment, get drug free and emotionally, socially and spiritually well, that they will choose better company.

WHY DID THIS HAPPEN?

THE QUESTION ‘WHY?’ bothers the loved ones of addicts. It is natural to ask why someone became an addict. Is it genetic? Was something wrong in their environment? Was I too soft? Was I too hard? Was it our divorce? Did we give them all they needed?

Families, understandably, are often distraught and looking for answers. They are in shock, upset, feeling guilty and often blaming themselves.

Research – a great deal of research – has not been able to determine a single cause for addiction. A complex illness, addiction affects the individual on many levels – physical, emotional, mental, spiritual and social. There may be a family history of addiction, often is. But, like other diseases such as cancer, this is not always the case.

One of the first things I set straight with families, which they usually find very confronting until it sinks in and they eventually feel relieved, is that they did not cause their loved one’s addiction and have played no part in their loved one becoming progressively addicted to drugs. Their loved one is not an addict because she went to the wrong school or they got divorced or moved location or... Even trauma or abuse the addict may have suffered is not a primary cause, though such experiences can and do have some effect on their pattern of use, particularly if there is unresolved trauma.

“So, you have tried your very best to fix the addict?

It is human, and a basic instinct to look for someone or something to blame when things go awry but blaming yourself for another’s addiction is like blaming yourself for a loved one developing cancer. We are, none of us, that powerful. If you are powerful enough to cause cancer, then you should be able to fix it right? The same goes for addiction. And I bet you have tried your very best to fix the addict. Most loved ones, by the time they end up in my office, have. They’ve turned themselves inside out. And I bet you’ve failed, just like

them. That's how much power you have over causing addiction, controlling addiction and fixing addiction: none.

When it comes to treating addiction, the cause is irrelevant. No matter what the cause, the first stage of treatment is the same. My answer to the question 'Why did this happen?' is: who cares? It is a total waste of time and resources trying to find an answer that probably cannot be found, and would not be of any advantage for getting well if it was.

It is like asking, 'Why do I have cancer?' No-one waits to start treatment until they have got a full and convincing answer to that question. Cancer sufferers get treatment because, if they don't, it may be too late.

So to continue to ask 'why?' keeps us trapped in a meaningless search that wastes valuable time and does not move us any closer towards solving the issue. This is living in the problem.

The question to ask is 'What can we do to fix this?' or 'How do we get well?' These are questions for which we have answers. This is living in the solution.

PART 2

Time To Do Something Different



GETTING THEM HELP

ADDICTION IS A PREDICTABLE DISEASE. The destiny of a drug addict seems almost predetermined. An addict will eventually end up in one of four places: behind bars, in a psychiatric institution, an early grave, or rehab.

Behind Bars #1

There is not an addict on the planet who has not either bought or sold drugs, driven under the influence, or broken the law in some way, however minor. If your loved one is an addict, they are involved in crime.

“...driven under the influence?

Around 80 per cent of prisoners are in for drug-related offences. These folks did not set out to be criminals, they started out as addicts. As our addiction intensifies, so does our delusion; as a result, we are more willing and able to engage in more and more dangerous and risky behaviour to secure our fix. Our capacity to lower the bar morally increases as our addiction progresses. For the most part, we are unaware of the gravity of our actions at the time because our addiction and delusion obscure reality from view. We just see our actions as necessary means to an end.

For example, at 26 years of age I sat in the airport in Singapore with 40 grams of ice in my undies because I thought I couldn't possibly arrive back in Melbourne without drugs. I simply didn't think much of it at the time. It just seemed like what had to be done. But I think back on that and now I shudder. The thought of what could have happened actually makes me shudder. I am no longer delusional, so can see the complete insanity of putting myself in legal jeopardy of a death penalty executed at dawn some Friday on Changi Prison's scaffold, or behind bars there for decades. I was risking my life and my freedom just to avoid the panic of the few hours it would have taken me to find drugs once I'd arrived in Melbourne. It was only by sheer chance that I never ended up behind bars.

Psychiatric Institution #2

Many addicts experience co-occurring mental-health issues. These can be pre-existing conditions exacerbated by drug use or new developments brought on

by the excessive drug use itself. Thus, some of these addicts end up in psychiatric institutions at some point.

“...a pickled human being with a greatly diminished capacity...

There, they get temporary relief as they are housed, fed, looked after, and medicated. However, psychiatric hospitals do not provide treatment for addiction, so most leave these institutions and are soon back where they were, in active addiction again.

Even if an addict also suffers from a psychiatric condition, treatment for addiction should run concurrently with any mental-health program. You cannot continue to use drugs addictively and expect to be able to stabilise a demanding, complex mental-health condition (or stabilise anything else much). Good addiction treatment provides psychiatric evaluation as part of the assessment process. And ongoing treatment by a psychiatrist is provided where needed. This is called ‘a dual-diagnosis treatment program’. Happily, many addicts find that their psychiatric symptoms disappear or wane when they treat the addiction.

I was hospitalised for psychosis on numerous occasions while taking drugs. For me, the psychosis was a direct result of my use of ice. Psychiatric treatment would remove my symptoms while I was hospitalised and medicated, but it didn't treat my addiction. As soon as I was out, I used ice again, and I would end up back in, to treat my psychosis. Needless to say, but for the record, since going into recovery, no psychotic episode has afflicted me.

I was diagnosed with bipolar disorder by more than one health professional. This incorrect diagnosis was not really the fault of the attending health professional. Like a lot of addicts, what I would do in the doctor or psychiatrist's office was talk a lot about my extreme psychological symptoms while playing down my drug use. Garbage in, equals garbage out. In my case, the symptoms of active addiction were identical to those of a mania-type mental illness, of which the bi-polar high is the most common. Once I got into recovery, my extreme highs and lows disappeared.

Now this is not to say that many addicts do not have valid mental-health illnesses that require treatment. But many addicts are incorrectly diagnosed and prescribed psychoactive medication that renders them emotionless shells of

themselves, people often calling them a 'cardboard cut-out'. That they go on to use illicit drugs on top of these medications only compounds the initial problem, leaving a pickled human being with a greatly diminished capacity to function.

Once an addict has gone down this track, we can lose them for many years and sometimes forever.

Early Grave #3

Addicts risk their lives every day. Whether you are using drugs that can overdose you in a second, drugs that intoxicate you to the point where you could easily be involved in some kind of life-threatening accident, or drugs that cause cumulative damage over time to your vital liver and other organs, you greatly increase your risk of premature death every time you use. You cannot continue to abuse the body, mind and spirit, and expect to continue to live long, even to an unripe old age. Overdose, suicide, death by misadventure and death by drug- and alcohol-induced bodily deterioration, regularly take the lives of addicts.

**“You cannot continue to abuse
the body, mind and spirit, and expect
to continue to live long...”**

Of course I will be forever grateful that I never killed or maimed anyone on the roads. With the amount of blackout driving I did, I cannot fathom how I didn't kill at least myself, or someone else. It was not uncommon for me to lose my car or not remember how I got home, only to learn later that I had driven.

I would seek drugs on the streets of Asian cities where doing that is a crime potentially punishable by death. I would binge on drugs for days on end and be alone in hotel rooms unconscious. During my active addiction my delusion kept me from comprehending the life-threatening danger of this behaviour.

However, through treatment and achieving some clarity I can now see not only what a miracle it is that I survived but that my luck couldn't have gone on forever. The way I was going, an early death was the odds-on favorite.

Rehab #4

The lucky addicts are obviously the ones who end up here.

“The lucky addicts...

In treatment and through the therapeutic process of recovery, an addict can not only abstain from using, but the person can actually get well.

The best thing that happened to me was when my wife told me she didn't care anymore whether I got clean or not, for she was no longer going to move out when I relapsed, and she was no longer going to try and help me. This was quickly followed by her telling me to leave.

She may or may not have realised it at the time but, by opting out, she handed the responsibility of my addiction over to me. I was alone once again with my second marriage down the toilet and my life in tatters. My delusion that I was OK was shattered for just long enough to consider that I might need help. My wife had created a rock bottom experience that allowed a brief moment of clarity that enabled me to see that I wasn't the Gordon Gekko/Tony Montana hybrid I believed I was. This event directed me into treatment.

Behind bars, psychiatric institution or early grave, or treatment: some of us more stubborn addicts may have to flirt with more than one of the first three, before seeking the fourth.





ADDICTION AND THE FAMILY DYNAMIC

THE FAMILY DYNAMIC is a general, cover-all, neutral term for the ways family members interact with each other, all the various family alignments, hierarchies, roles, ascribed characteristics and the patterns of interactions within the family. These interactions can work well, suit everybody and such a lucky family works well as a whole. Or they don't, everybody gets frustrated, the family is riven with conflict, unresolved issues fester, and the family works badly. Most families most of the time find themselves working well enough to function.

The dynamic around a loved one with addiction is sadly consistent from family to family, across cultural and socio-economic groups. I have not seen a family with a loved one suffering from addiction that did not fall into the dynamic described below. Understanding how these key interactions work – or don't – and seeing how it does not benefit you, or help the addict get well, is a vital step on the road to change.

Think of your addict as being stuck in a ditch.



The addict: stuck in a ditch...

The addict is stuck in it and they cannot get out. They are suffering a whole range of consequences of their actions – financial issues, emotional issues, mental health issues, employment issues, relationship issues and the list goes on... And, despite their best efforts, they simply can't find the way out. From time to time, it may seem like they got out of the ditch, or they are making progress towards getting out, but this is only ever temporary: they always end up back in that miserable ditch.

The family crowd around the top of the ditch because they love their addict and they want to see the loved one get out and prosper. Each family member's approach to the addict will tend to fall into one of two categories or behavioural roles.

The Persecutor

My grandfather was a classic Persecutor. Because he loved me, he would come to the edge of the ditch I was in and try to motivate me to get out. He would look down into the ditch and tell me that I was a disgrace. How could I do this? After all the opportunities I'd had in life – the private schools, the overseas trips, the military experience – I should have my act together. He would tell me to pull my socks up.

“reflecting the behaviour of the
sick member

I don't doubt his love, or that what he was telling me was told in the hope of motivating me to get out of that ditch and get well. He had the best of intentions. The fact that he was taking time out of his busy day to try to help me, showed me that. And whether he took that approach through learned behaviour or because he really thought it was the best approach, who knows. I know it didn't work.

I would tell my grandfather to fuck off, and tell everyone else that he was a dickhead and didn't understand. How could he talk to me like that? I reflected his behaviour by being critical and hostile too. The result was that I stayed in that miserable ditch.

Today, in my professional role, I find it exceedingly common to meet families who do not realise that they are simply reflecting the behaviour of the sick member who is behaving in a defensive, angry and resentful way.



The Enabler

“...is taken hostage

My mother was a classic Enabler. She would look down into the ditch and say, 'Poor boy! You were the middle child and I think you've always had some sort of mental problem. How are we going to help you? How are we going to get you out of this ditch? This is not your fault.'

She would throw anything down that ditch that she thought could help, money, houses, all

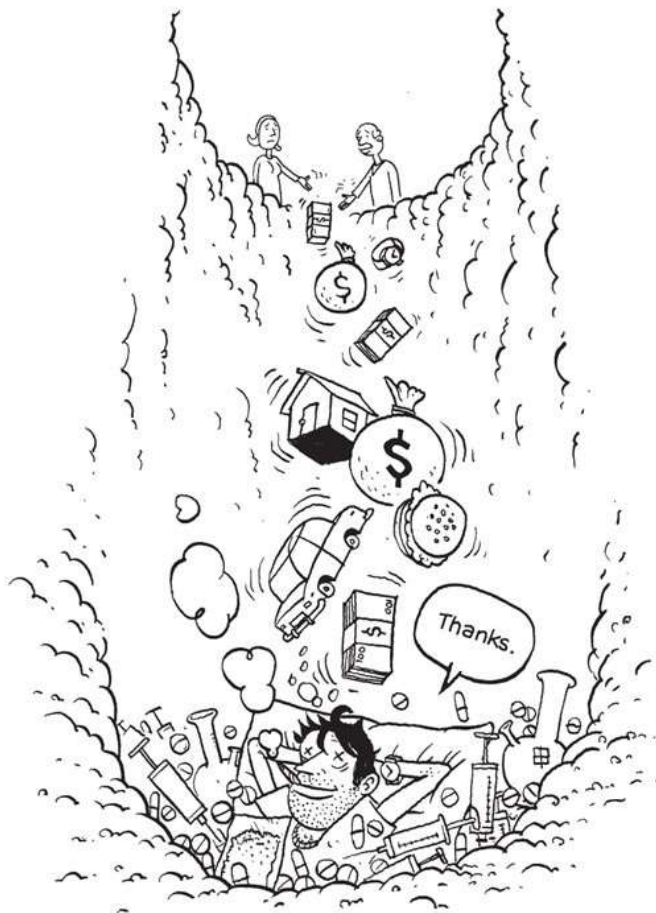
she could think of went down into it. She would find houses for me to live in, and decorate them. She would marry me off. She would generally try to make my life easier, in the hope that, if I found life more comfortable, I would no longer need or choose to use drugs.

I would reflect that behaviour too. I would play the victim, and say, 'Yes, my life's very hard, I've had some real big problems over the years and it's not really my fault.' Then wait for the money, cars, houses, wives or whatever else she was throwing, to land in my ditch. My ditch became quite comfortable. I never had to face the material consequences of my addiction. I was always housed and had cars. Externally, I appeared to be doing OK. But, while the ditch was comfortable, the thought of climbing out of it, or that I had a drug problem, never crossed my mind.

Often, circumstances make The Persecutor into an Enabler, or vice versa. An incident of some kind can cause the switch to be thrown, but frustration and disappointment alone can do it.

Sometimes, my mother would become totally frustrated with my lack of progress, and throw the switch to Persecutor for a few days, starting with a stinging lecture in which my role was The Disgrace. Afterwards, she would be wracked with guilt that she may have damaged my fragile self-esteem, swing back over to Enabler, and I could expect a more luxurious cushion for the ditch.

Likewise, my grandfather would swing into enabling, perhaps out of guilt, perhaps out of frustration. He'd write me a cheque or send me overseas – he'd always try something different – but he would eventually go back to his default mode, Persecutor.



What my family did not realise, despite the fact they loved me and they were doing the best they could to try and help me, was that persecution and enabling contributed nothing that helped me get well. It was just background noise. I did reflect on their behaviour, but I stayed in the ditch.

Enabling and persecuting fuel the addict's delusion and disease and help keep them in the ditch. In the addict's mind, being persecuted allows them to

continue to feel resentful and sorry for themselves and to blame others for their situation: 'He's such an asshole, no wonder I use.' It adds to all the other excuses they use to justify their drug use. Being enabled shields them from facing the true consequences of their using by keeping them too comfortable to feel the need to change: 'I'm not really that bad, I've still got a place to live.'

I have met many families who have kept their loved one comfortable in a ditch for many years. One mother sent her son \$500 every day for over five years to fund his heroin habit. When I explained that she needed to stop paying so that her son would become open to treatment, she became extremely emotional, and said she could not possibly do that, because her addicted son had told her that if he did not get money daily, he would rob banks, sell everything he owned and end up in prison. It was difficult to explain that I would rather her son *was* jailed for a short time; I could go and collect him from the prison gates and get him into treatment – that way he would not overdose and die later in the day. This is a realistic possibility and had happened before. But I did. Families often feel enabling behaviour protects their loved one, but, like anything that keeps them in active addiction, it puts them on a one-way freeway to a dismal early death.

Some families live in fear of the addict's reaction when they finally decide to take away the cushions. They say, 'He's not going to like that. We're scared of what he's going to do. He can get abusive. He may get violent. He may threaten to kill himself, or disappear and never come back.' This is nothing more than an addict's ultra-selfish manipulation at work, created by the disease of addiction. All of us try to set up an unspoken understanding that the family had better give us what we want because the family does not want to face the consequences of us unhappy. Some addicts will say 'I can make your life miserable' overtly. Others expend much time setting up a dynamic where this may not be said out loud, but everybody around us understands the potential. We, effectively, hold our own family to ransom.

Having taken you hostage, the addict, will want to negotiate. 'I'll give you this if you give me that, I can't go to treatment, I can't stop using altogether, I just need one more cheque to cover the rent, this will be the last time, I promise, don't push me...' It is the fear of not giving the addict what they

want, that impels family members into constant negotiation. Boundaries will be crossed, and broken. Families will find themselves doing things they never imagined they would consider doing, like driving their loved one to go and pick up drugs or allowing the addict to shoot up drugs at home because it's 'safer' than shooting up on the streets. The addict will manipulate the dynamic to make you feel responsible for their wellbeing and safety. If you don't give them money, they say they are going to go and rob someone. 'I'm going to go into withdrawal and go crazy so I will rob someone and end up in jail because of you.' Or the less extreme, 'I know it's three in the morning but you better get out of bed and come and pick me up from the pub, or I'm going to drive home...'

This family dynamic and these sorts of situations can stay in place for decades. Without drastic change by all parties, family and addict, this dynamic will turn once happy, healthy, prosperous families into miserable, worried sick, fractured wrecks.

So, if families can't control their addict by shaming them into action or trying to make things easier for them, how do we help them out of that ditch?

THE FAMILY'S PARTICIPATION IN THE DELUSION

ENABLING OR PERSECUTING your addict is participating and supporting your addict's delusional viewpoint in they think which they're OK.

For years and years, the benefits of my drug use outweighed the consequences. I could get high, I could party, I could live in my delusional state, and suffer no real material consequences because I was cushioned by a loving family. My mother would constantly rescue me.

I also had a loving brother who would bail me out of my failed businesses and give me a job whenever I needed it. But, down in my very comfortable ditch, this help was actually just propping me up, perpetuating my delusion that I was OK – I didn't *really* have a problem. After all, I had a house, a job, money in my pocket – how could I be a drug addict?

And the persecutors could get knotted. There was nothing wrong with me. They were crazy, they were overreacting, they didn't understand. Why do they keep hassling me? What's the big deal?

A drug addict will only ever look at their problem or the mere possibility they could have a drug problem, if the consequences start to outweigh the benefits.

What happened to me was that my wife and family were advised to stop enabling and persecuting me, and to only interact with me if I was in treatment. The cushions were suddenly removed. Persecutors went quiet. And I had to face the reality of my addiction. All the useless background noise and distractions had stilled and stopped. I was left with myself and my addiction. Very soon I was homeless with no job and no money – the scale of benefits and consequences had been shifted radically. I was shocked and appalled by the change in their behaviour, but I realised that my situation was dire. It was only at that point that I was willing to consider going to treatment, which was the only option they offered. Like many other addicts, I did the walk of shame: I walked into a treatment centre. I was angry, pissed off and in shock that I was there.

But it was only from there that recovery could begin. They had given me an incredible gift – the gift of reality and the gift of desperation – because they had ceased to participate in my delusion. They were no longer going to enable me. In removing support, they induced a rock-bottom state. This saved me from many more years of delusional drug use and blaming others while slowly but surely killing myself.

In counselling I ask that families do everything they can to make sure their loved one is in a place of reality, not enabling the addict's delusion. If he wasn't your brother, would you hire him to sit in the corner and do virtually nothing all day? No. If he wasn't your son, would you be paying his rent? No. If she wasn't your daughter, would you be going around cleaning her house for her? No. If he wasn't your husband, would you invite any other drug addict around for dinner, talk about the weather and pretend everything's OK? No. Would you be telling the addict everything's OK?

We demand that families stop throwing more money, cars, houses, jobs and sympathy ('Oh, you poor thing') down the ditch. Nothing goes down that ditch but offers of treatment because that actually is the solution. We create boundaries. Within those boundaries, we create a space: the Treatment Space. And we make an agreement that that's the only space we interact in. Unless our addict is in treatment there is to be no interaction. None.

When treatment is offered, one ladder is lowered down into the ditch. Background noise is shut down. No other interaction is allowed. The ditch's comfort level declines. The only way out for the addict is to climb the ladder.

We have conditioned our addict to expect to be either persecuted or enabled, so when the family throws the ladder down and walks away, to expect our addict to turn around and say 'Thank you so much, this is a beautiful ladder, I'm going to climb up it right now' is unrealistic. What normally happens is that the addict says, 'What the fuck are you guys doing? I don't have a fucking drug addiction. Are you crazy? Where the hell is my money? Where the hell is my house? Why have you stopped talking? Don't you know how hard my life is? You can't kick me out. What kind of family are you?' I know I did. The addict may make wild threats in an effort to bring you back to the edge of the ditch, to continue in your enabling and persecuting roles. The addict is comfortable with that, and, because of the emotions involved, the family will be tempted to continue to argue and or negotiate with the addict. But this is where the family must be detached, and hold the line. Unless our addict moves into the treatment space we have provided, we cannot interact with them.

Once totally alone in the ditch and facing reality our addict will soon start

considering what they need to do with the limited options available to them. 'Holy shit, they're not coming back to the edge, there's no-one there, just this dumb arse ladder. What am I going to do? This ditch is becoming uncomfortable without the cushions. There's nothing here, just me and my miserable existence. All right, fuck you, fuck the world, fuck everybody, I'm going to climb up the ladder. I've got nothing else and if I don't, I'm going to die.' This can sometimes take a few hours or days, even a few weeks. I've never seen an addict last longer than months, and this is rare.

In this new reality the addict will become willing to enter treatment. They may enter angry, pissed off and resentful, still blaming others and still trying to lure the enabler back into giving them options other than treatment, but that is OK. They have made the first step, they are in the treatment space and are operating within the new healthy boundaries provided by their loving family. It is at this time that the road to recovery opens.

So when families ask what they can do to help their loved one get well I start by looking at their behaviour with the addict. How are they unknowingly participating in this delusion? What are they doing that is allowing the addict to continue to live in their delusion and act out in their addiction?

A Simple Trick

How can we check whether the support we are coming up with and recommending for our loved one as a solution to their drug problem makes sense? We can use this simple trick to check ourselves, recommended by the renowned addiction US specialist, Dr Kevin McCauley. What I do is replace the word 'addiction' with 'cancer'. If it doesn't make sense for cancer, it does not make sense for addiction.

For example, say my loved one had cancer and was having trouble getting up and going to work because she was so sick. Would I go out and get her a new car or a new flat closer to work in the hope that would encourage her to go? No, that would be insane! I would surely insist she gets treatment for cancer.

I would also refuse to discuss anything else with her, *other* than when she is going to cancer treatment.

So when our loved one is suffering from addiction and can't keep a job, has dodgy friends and is out of shape physically, to say to ourselves, 'I know what I'll do – I'll get him a new house, a new car and encourage him to get some new friends' is not the solution. It doesn't make any sense. To try to simply change or improve these things will not help the addict get well, and in fact it may help to keep them sick. These external issues are not the actual problem. They are mere symptoms and signposts pointing to the real issue. Just like with cancer, unless the disease of addiction is treated it will continue to progressively get worse and kill the addict. Sometimes quickly, sometimes slowly.

Does getting them help from specialists in the field make sense? Yes it does.

I encourage families to use this tool to check themselves and their thinking. If it doesn't make any sense for cancer, it doesn't make any sense for addiction.

INTERVENTIONS AND AGENDA CONTROL

OFTEN A FAMILY MEMBER will call me for help and say they are planning on doing an intervention with their addict. I tell them this is great – interventions are an effective, proven method to get the loved one into treatment. When used *correctly*.

In advising these families, I explain that there is absolutely no point doing an intervention unless they already have a treatment pathway organised. An intervention is not treatment or an end in itself, but a tool. An intervention is a stepping stone into treatment.

An intervention, in the addiction sense, has structure. You sit the addict down and each person gets the opportunity to tell the addict in what way their addiction is having a damaging impact on them. The addict will listen and, usually, cry, admit they do have a problem, saying they're sorry and promising to change. The addict feels relief because he or she no longer needs to hide. The family feel relieved too, because the addict has admitted they have a problem, are visibly upset and remorseful, and say they are going to stop. The elephant in the room is finally admitted to be there, seen by all. Unity builds – everyone wants the same thing, so everybody's suddenly all on the same side.

The remaining problem, and it is a big one, is that the addict – who does not have the capacity to stop – says they're going to stop. Without treatment, they invariably get back into active addiction within a short time.



An intervention is a tool...

An intervention is a tool, not treatment.

If your loved one was at home with cancer and they said, 'Mum, Dad, I promise you, I really understand now that I have cancer and I'm not going to let the tumor grow any bigger. But no, I'm not going to go to treatment, or go back to the doctor, but you know what, I really mean it this time.' We would look at them and say 'You are off your head, you are delusional, you are getting

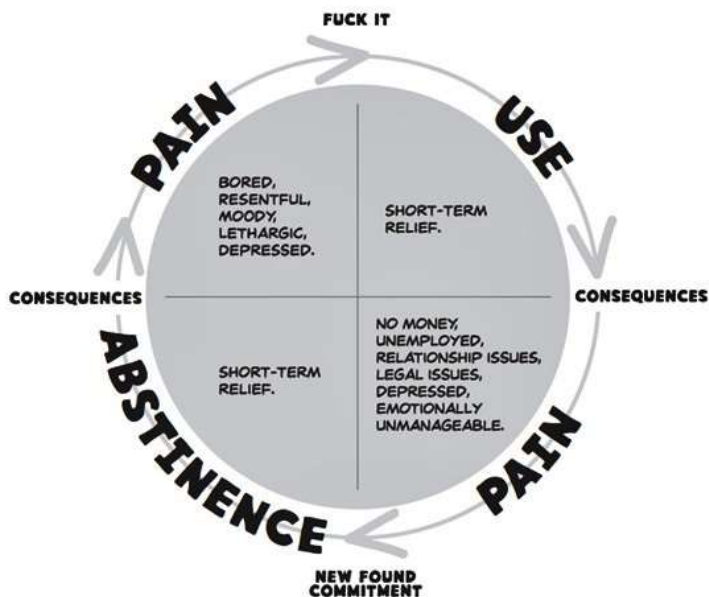
in that car now and we are getting you the best treatment available. We are not going to let you die because you don't *want* to go treatment. We don't care what you want to do. *You are going!* Families must understand that sitting down and simply having a conversation with the addict where they just acknowledge they're sick doesn't treat their sickness. They still need the appropriate treatment.

There is an important distinction to be made here. To get the addict to admit he or she has a problem is a great step forward and exactly how you want the intervention to go. But, because you *feel* better, it does not mean the problem *is* better. If things have gotten to the point where you are doing an intervention, then you have seen the addict go around and around that cycle of addiction plenty of times before. Without treatment, the intervention time will be no different: the addict's relief is simply a phase of the cycle of addiction brought on by the catharsis of the intervention. This relief will be short-lived and the addict will, despite their best intentions, be back chasing relief by using again.

An intervention is for getting your loved one into treatment, not a tool to get the addict to stop.

Until the addict is in treatment, they can't stop, and intervention is not in treatment. In fact, they will probably use after the intervention, given the chance. Getting them to admit to their problem and agree to go to treatment is a partial advance, and will be a pointless one without follow-through, when the addict actually goes to treatment. I advise that the addict go to treatment either directly from the intervention or within 24 hours.

An intervention creates a crisis point in the cycle of addiction. These crisis points are where the disease of addiction is at its most vulnerable. We have penetrated the addict's delusion by confronting them with the reality of their addiction.



But we should not mistake the relief and catharsis of the intervention with actual change. Interventions create a window of opportunity in the cycle of addiction which must be seized immediately if the cycle is to be broken. If you leave it too long after the intervention, the addict will change their mind, through no fault of their own, because this is the nature of the disease.

When I was 26, my family performed an intervention on me. I'd recently left working for my brother in a successful company and, having manipulated an exorbitant payout from him, had decided I was going to be a full-time cannabis grower instead. I was living in a house in the suburbs and had filled every room with plants. My brother rang me up one day and said he was coming over to see me, which I thought nothing of at the time. When I heard his car arrive early one Saturday morning, I peered out the window to see him and my mother and two sisters. I knew something was up. They sat me down and told me how sad and disappointed they were that I'd ended up like this and that if I didn't get rid of the pot, they were calling the police. My mum cried, my sister cried and I cried. I said I was sorry. I agreed to get rid of it, manipulating a few more grand out of my brother while I was at it, to pay back some fictitious business partners.

Everybody felt better. Problem solved right? I'd agreed to do what they wanted. But what we all missed was the real problem – why was this unemployed, well-educated, well-spoken and intelligent young man doing sitting in the suburbs growing pot? Why did this seem like a good idea to me? An active addict, I was delusional and unable to manage my life. Retiring to the suburbs to grow pot and use as many drugs as I wanted made perfect sense to me at the time. It enabled me to use whenever I wanted, answer to no one, and live in my own bubble of delusion. It seemed like the perfect solution to all my woes. So, the pot went but nothing changed. I was still an active addict so I lurched on to the next hair-brained solution thought up by my best delusional thinking: I was moving to Queensland! At least my family could not see what I was up to, up there!

A well-managed intervention provides a direct pathway to treatment and consequences if the addict refuses to go. It provides the addict with clear, simple choices. By refusing to prop them up any longer or participate in their delusion that everything is OK, you empower them to take responsibility for their life. For example: 'We love you, our love for you is unconditional. But our support for you is strictly conditional. We can no longer continue to support you if you don't do this. It's your choice. You can go to this rehab facility we've organised for you, or you can move out. If you move out, we will stop communicating with you until you choose treatment.'

When I first see families, the family dynamic is dysfunctional, and everyone is miserable. I explain to them that that is a result of them allowing the sickest person in the family to set the agenda and run the show. The most usual dynamic revolves around the addict producing a reaction from the family. The addict is controlling the family, yet the family wonders why *they're* miserable. Who wouldn't be miserable when their lives are hostage to the disease of addiction? Addict rules, OK?

Interventions are about taking control back, identifying that you – the non-addicted husband, wife, mother, father, sister, brother, whoever it is – are the well ones, so you are the ones who set the agenda for the family. Boundaries the family set are also a reflection of their own needs in the situation, not just the addict's. 'We need you to get well because this is too difficult for us, we

can't manage this anymore, and we need you out of our space.' There's no point arguing with the addict, trying to continually justify your position and madness to expect them to like what you're offering. Logic is impotent here; they are not capable of seeing reason. Expecting gratitude is utopian; their hearts are elsewhere. How can they set sensible agendas when they, still trapped in their illness and delusion, currently exist with reason-proof heads and empathy-free hearts?

An intervention is not a discussion or a debate about whether your loved one is an addict or not. It is a simple information session for the addict. The addict's role is to listen.

'That is how your behaviour is affecting us. What we've decided to do is to take care of ourselves and take responsibility for our situation. This is what we've arranged. You have some decisions to make. There is nothing you can say or do that is going to convince us otherwise.' Then, lay out the choice, conditions and boundaries.

There is really no need for the addict to respond at length or discuss it. A simple yes or no is all that is required.

What an intervention does, is let the addict know that they are no longer setting the agenda or running the show, and you will no longer allow them to decide what is going on and have it affect you negatively.

Interventions are best if the family does their research, performs their due diligence, and finds a treatment facility that they believe is suitable for the addict. An intervention is then performed, preferably with the support of the staff of that centre, staff who are trained in running interventions and can support the family and the addict throughout this extremely confronting event. What we are doing is breaking the addict's delusion, and it is usually painful for them and emotionally difficult for the family to hold their ground without slipping into persecuting or enabling or logic or wanting the addict's understanding.

This is how we break the addict's delusion and help them into the solution, finally breaking the cycle of addiction and providing a pathway to sustained recovery.

THE MYTH THAT KILLS

FAMILIES SAY TO me that they've been told that their addict really needs to *want* go to rehab for treatment to work, and that they have been told it is a waste of time if their addict does not really want to go.

This is a myth.

“I rarely see an addict completely open to treatment...

I rarely see an addict completely open to treatment and wanting to go. On the other hand, I often see addicts *become* open, enthusiastic and willing a week or two weeks or three weeks into treatment. No addict skips down the street whistling 'Dixie' and happily swinging their hula hoop to the front door of a rehab – they go in scared, grumpy and resentful.

Addiction, being an insidious disease while the addict is still under the influence of drugs, means you cannot expect them to see reason. Even if they have admitted that they have a problem and have agreed to go to treatment, they are still largely delusional.

Their sickness is not going to really start to subside or change until treatment has started. They haven't had any treatment yet. It is like expecting a cancerous tumor to start shrinking before the patient has walked into the hospital and had their chemotherapy. The tumor does not start to shrink on the day the patient decides to get a check-up or is diagnosed or makes the appointment to start chemotherapy. It is the same with addiction. The addict is sick – their attitudes and perceptions are distorted, and they are delusional. The reluctance, the anger, the fear, the delusion that they don't really need treatment is all part of the sickness and you can't expect this to subside or start to improve until they are actually receiving treatment.

The most important thing is to just get them there. At the time of admission, the best you can hope for is compliance. It is unrealistic to expect much more, and it does not matter what gets them there. I know some think

they just need somewhere to live for a bit, till they get things sorted. Others come thinking they are going to just have a rest for three months. I don't care if they are doing it for their kids or to get their parents off their back. I don't care if they go grumpy, angry and downright resentful. That is OK, and is entirely expected. Your addict will certainly be fearful or unconvinced, ambivalent at best, that treatment is the best thing for them. This does not matter. What matters at this point, the rehab gates so to speak, is that they go to treatment.

The myth that they really have to want treatment, is perpetuated by the public health system. These services are under-resourced and oversubscribed. As a result, they do not have the capacity or inclination to deal with treatment-resistant clients, the difficult patients who often require extra resources to hold them in treatment long enough to treat them effectively. With a lack of beds and the high number of readmissions the revolving-door syndrome means, government services understandably tend to say 'Unless you want to be here, it's not going to work.' The public system does not have the resources to include families in treatment, so when a family has a loved one suffering who may not be considering treatment yet, and the family calls one of these services to ask for help, they are told 'Sorry, but your loved one must call us directly. Unless they want it there's nothing we can do.' This leaves families feeling hopeless, and addicts suffering, sometimes dying. It is a tragedy that this idea has spread so widely, for it is simply not true.

One of the benefits of the private sector, is that we have the resources and expertise to cater to treatment-resistant clients. These are clients for whom we do not need to wait until they are in jail or permanent psychiatric treatment or on the street. We induce a rock bottom where addicts are faced with their reality before they need to suffer these, often diabolical, consequences. We can raise the level they may otherwise have to face, and not wait until the addict is in jail.

Addiction is a disease like any other; it responds to specific treatment. An addict presenting to a treatment facility angry, resentful and lethargic is normal, just like a cancer patient turning up to their chemo scared, anxious and vulnerable. How a patient is when they come in, is no indication of their potential treatment success. We are quite willing to offer a cancer patient our

tolerance, understanding and care. However, when an addict present likes this can we say, 'You're not going to make it, you don't want this enough'? It's wrong and it is cruel.



TREATMENT AND RECOVERY

ADDICTION IS A complex multifaceted illness that attacks all aspects of an addict's life. Therefore, addiction treatment *must* be holistic and intensive. You cannot break a rock with a feather or a pin point, so to expect an acute addiction that has decimated lives to be fixed by weekly counselling sessions is fanciful and futile. Counselling is an important part of an effective treatment model, a vital part, but it is only one part.

Like any other life-threatening disease that has overpowered us, addicts are very fragile in early recovery and need intensive support. This can be achieved best in a residential setting. There is much research into this, and it shows that the most effective treatment for addiction is at least 30 days, but preferably 90, in a residential setting with 24-hour support. This provides addicts with the necessary support to successfully navigate detox and the time directly after detox, when the compulsion to use again is at its most ferocious. This initial treatment phase must be followed by an aftercare program. Aftercare, I believe, must cover at least 12 months. Aftercare can be facilitated in a supervised residential setting or from the addict's home, depending on the individual's circumstances.

During this first year of recovery, addicts will develop a new sense of self and stability that enables them not only to be drug free, but also to be happy. This is the pay-off for the addict – they find a new level of happiness that they couldn't achieve even with drugs. This is vital because, if the addict is drug free but miserable, they will relapse. Being drug free for the sake of it may be a good enough reason for the families of addicts, but it never is for the addict. An unhappy drug-free addict is a relapse waiting to happen. So we must provide a comprehensive pathway for the addict to achieve more than just physical sobriety. Treatment needs to facilitate a comprehensive pathway to happiness.

**“...a comprehensive pathway for
the addict to achieve more than just
physical sobriety.**

The 'Gold Standard' treatment timeline totals 12 months:

- 3 months Residential Rehab
- 3-6 Months Transitional Housing or Intensive Outpatient Aftercare
- 3-6 Months Outpatient Support

Recovery is achieved by treating all aspects of addiction, at all times, but we break it down into five areas:

- Physical Recovery
- Emotional Recovery
- Social Recovery
- Spiritual Recovery
- Family Recovery

Physical Recovery

The physical aspect of addiction is the easiest to treat. The body has an amazing ability to repair itself.

“Addicts generally begin to
'repair' very quickly.

When addicts come into recovery they tend to have neglected themselves physically, even though there may not be any giveaway, external signs of neglect. They may have ignored their dietary needs, sleeping habits, oral hygiene, general hygiene, and possibly a whole range of health issues. In addition, they will most likely suffer significant physical withdrawal symptoms when they detox.

The immediate physical aspects of addiction are easy to treat. Addicts are provided with a medicated detox to help them through the symptoms of withdrawal for a short period, usually in a tapered dose over seven to 14 days. In a structured environment like rehab, clients will have three meals a day, re-establish regular sleep patterns, and engage in regular exercise, massage and alternative therapies, such as acupuncture.

Addicts generally begin to ‘repair’ very quickly physically. When you come and visit them in their first or second week, you will be amazed at the sparkle in their eye, the color in their skin and the weight they have put on. It is obviously gratifying to be able to say the addict is ‘looking so well!’

While visible and gratifying, you should not confuse this with wellness. Your loved one is still very sick. The physical repairs in recovery from addiction can trick us into thinking our loved one is well, even fixed. This physical aspect of addiction is only one, somewhat superficial, part of the picture. After all, if recovering from addiction was as simple as removing toxins from the body then your loved one would have put all this behind them long ago.

These outward physical signs of health are indeed undeniable progress and, yes, the addict is certainly undergoing necessary physical repair – a process essential to overall long term recovery. However, it does not reflect in any way, shape or form whether your loved one is really ‘well’ or not.

Emotional Recovery

“...we only knew one thing that would do: drugs.

We all come into recovery with a backlog of unresolved emotional issues – guilt, shame, remorse and, often, feelings we have stuffed away about traumatic events. These may be events that have occurred to us, or be related to harm we may have inflicted on others. They may relate to things we have done or experienced during our using, but it may predate our addiction. Whatever they are, they are not the cause of our addiction, though, if left unresolved, these negative emotions can help drive that cycle of addiction and add fuel to the painful stages of the cycle.

One-on-one counselling, where residents are provided with an opportunity to develop a relationship of trust and confidence in another human being, allows them to begin to look at these issues in a safe environment where they don’t feel judged. Addiction distorts our perceptions. Being able to explore these issues with a professional allows the client to develop a new perspective on them, which creates a sense of hope and relief.

By bringing these issues into the light and exploring them, they often reveal underlying core beliefs we are holding about ourselves and life. These beliefs may not be serving us well, and they can create problems in the way we relate to ourselves – and to others and the world in general. They fuel our addiction. With the right kind of help, we are able to re-evaluate them and work towards developing healthier ways of self-regard that don't lead us back to familiar destructive outcomes.

These positive internal shifts will directly affect our emotional state. We will no longer be as fearful, or as angry, or as ashamed. Our emotional balance will improve and we will no longer be the emotional wreck we used to be. As we begin to stabilise emotionally, our behaviour will also improve.

Addiction is a disease of isolation. Even if we are not physically isolated from others during our using, we are certainly prone to living double lives, one for the world and a secret one. Or live in the self-imposed isolation of our own thinking. Our heads tell us that we are different from other people, we are the only ones feeling a particular way or experiencing life a particular way, and no-one understands us.

In group therapy and topic groups with other addicts, other people who have been where we've been, we discuss these things. The interaction is powerful and therapeutic. The power of the interaction comes from identifying with the experiences of others. We come to realise addicts share many fundamental feelings, that we are not as alone as we thought. We are able to learn and heal from our shared experience.



Other therapies are also brought in to complement the group and one-on-one therapy. Residents are encouraged to express themselves in other ways, such as through art and music therapies. These provide an important adjunct to conventional therapies, along with recreation and leisure time.

It is essential to create balance with opportunities for residents to play, unwind and have some fun.

Some addicts may say otherwise, but we have really only known how to alter our emotions with drugs. When we felt sad, we took a drug. When we felt happy, we took a drug to celebrate. And if indifferent and bored feelings took hold, we took a drug. Looking for a lift, a celebration or a cause, we only knew

one thing that would do: drugs. That is how we regulate our emotions. Through the process of treatment and emotional recovery, we learn to regulate our emotions without drugs.

We can talk to a recovery friend, or see our counsellor, or re-visit the self-care tools we learned in treatment – taking positive action and the experience which follows shows us how to maintain our emotional stability.

Social Recovery

‘No Man is an Island entire of itself; every man is a piece of the continent, a part of the main,’ wrote the poet. Addicts too are ‘part of the main’ and need to get comfortable being in it. Treatment and recovery cannot ignore the presence of and necessity of interaction with others, outside the family, of social recovery.

“...fun at first. But...our party
cannot go on...

When we initially used drugs, back then our lives got a whole lot bigger and more exciting. We had new friends, new places to go. Life felt risky and dynamic. It was fun at first. But, as addicts, our party cannot go on and on, and we know it. We continued to use drugs well beyond the point of recreation, and once we became addicted, we started experiencing negative consequences.

One consequence was that our lives got smaller. We start losing touch with friends. We fall out with some. We alienate people. There are places we can no longer go because we are no longer welcome. We ignore the fact that the list of places we can't go is growing. The sport club goes. The job goes. They take friends and warm acquaintances with them. And we will continue to lose all around us until we are left with just our drug and ourselves. Our world and our lives shrink.

Families often say, ‘He has no real friends’ or ‘she has no life’ or ‘they have nothing to do apart from meet up with their drug buddies’. This is true enough. When we are using, the only people of any interest to us are those who use drugs or those who can give us money to buy drugs. Mixing with other people who use drugs helps make our behaviour seem normal. We don't want

to be around friends who don't use, because we are too ashamed, though we invent other reasons. It is hard work, living on pretence and hiding out this much.



In recovery we develop a new social network of healthy people. In treatment we will meet people who will form an important part of our lives and recovery journey. Going to rehab and getting clean can be like winning a premiership – you'll always make a few long-term friends in that team. I guarantee you – if you go to rehab and you stick with it and stay clean you will make a couple of lifelong friends and people that will form part of your life forever, through that experience.

The fellowship of Narcotics Anonymous, NA, is also important. It is a network of people recovering from addiction. Through regular attendance at meetings, your loved one meets more healthy friends, and people that can support them like rehab and ex-rehab friends do. NA is a worldwide network so it does not matter where you go or where you live, there is always an NA meeting around. You can go and sit down, put your hand up, and say 'I'm Jackson from Melbourne' anywhere, and people will come up to you, say hello and invite you out for coffee.

Families will, understandably, say, 'I don't want them hanging out with other druggies.' But, if your loved one is to stay clean long term, they must have some other recovering addicts in their lives. The nature of addiction helps the addict to forget where they have come from, active addiction, using, quickly. We need others who have been there too around us as a constant reminder. Non-addict friends are an important part of the recovering addict's support system, but it is essential the addict is supported by people who truly understand, who know where they've been and what they're going through, people who are either travelling the recovery path with them or who have travelled the path before them, who they can go with to a meeting, have drug-free fun or just someone to talk to on the phone.

Spiritual Recovery

The disease of addiction is all-consuming and affects us even at the deepest levels. When we start to recover physically and emotionally and we get some new healthy friends, we still would like to think that's enough. But it is simply not. If we're to achieve ongoing recovery all these aspects must be addressed.

“I did many things in active addiction that I'm not proud of.

Spirituality in this context, is not the same as religion, but refers to values and principles we choose to live by, the set of beliefs we hold about the world, forged by, and unique to, each individual. For addicts in recovery it is essential that they remove the drugs and themselves from the centre of their universe. From very early in recovery, we encourage addicts to see that relying on the power of drugs and themselves is killing them and they need to start relying on something else. Then treatment, the tools they learn in treatment, and some simple positive principles that fly in the face of their previous way of behaving and relating are a good place to start.



Drug addiction can have us behaving in some pretty negative and destructive ways.

I know I did many things in active addiction that I'm not proud of.

Drug addicts are not bad people. They, in the grips of a powerful disease, are compelled to act in ways that contradict their values. This is why so much conflict arises for them, why the emotional pain is so great. They do not want to be doing what they are doing to themselves and the people around them, yet they are compelled to behave this way because of the overpowering need for drugs. This is not stated to excuse us. We may not be responsible for developing the disease, but we certainly need to take responsibility for getting well, for our negative actions and for putting all our effort into changing. Treatment offers us an opportunity to explore our histories and the way we view the past, as well as our own values and personal beliefs. This enables us to determine the ways we want to change and move forward in our lives with these values and beliefs as the foundation.

For example, in active addiction most addicts behave selfishly, dishonestly and resentfully. When our focus is squarely on the drugs and ourselves, we adopt a default position: absolute selfishness. It is all about me, me, me and my drugs. In our delusion the problem can't possibly be ourselves or the drugs, so we blame others – it's my wife, it's my boss, if only they'd get off my back, it's all their fault, they did this to me... We are experts at practicing selfishness, dishonesty and resentment, habits not easy to break.

These are not positive principles. These do not make for a healthy life or healthy relationships. They must be revisited, revised and amended to achieve ongoing recovery. First 'baby steps' towards spiritual recovery involve consciously and actively practicing the opposites, unselfishness first (often referred to as altruism). We practice getting ourselves out of the centre of the picture when we look around, getting out of one's own head and doing something for someone else. Take mum to the doctor. Have a coffee with a newcomer at Narcotics Anonymous and tell them there is hope. Or do something long term: undertake volunteer work in a local organisation. It is about doing something for someone else without expecting anything in return.

We also need to start practicing honesty in our relationships, in order to start to repair some of the damage we have done and begin to build trust with our loved ones, an ongoing process. After all the years we have spent blaming others and resenting their successes and failings, we must learn to no longer focus hyper-critically on other people, to stop having self-righteous opinions about them and their lives. We must learn how to accept and love people for who they are, and understand that we can only be responsible for ourselves, our own lives and our own behaviour.

Family Recovery

I have seen addicts successfully engage in residential treatment and build a solid foundation for recovery, only to slip back into relapse after returning to an unhealthy family dynamic. Too many, and it is too sad.

“...to curb everybody from living
in the past and reliving it.

A family member's behaviour towards the addict often becomes ingrained over a long, traumatic addiction. This is perfectly understandable. We are used to having to lock doors, ask them where they are every 5 minutes, and resist believing much of what they say. We may have had to do everything for them, just so they can get by. Of course, we hold on to long-held anger and disappointment over past events. We have been enablers or persecutors or totally disengaged from them. All this is difficult to change, even if our addict is getting well.

However, family members and loved ones also need to make changes in order for the recovering addict to stay well. If we relapse back into the old dynamic of enabling or persecution, our addict will more easily relapse into the old family dynamic too. He or she will begin to regress emotionally, the first step towards relapse into active addiction.

Effective treatments for addiction include a comprehensive family program that runs concurrently with the addict's program. Family programs provide education, support and counselling to assist members to clearly identify the most effective way to support their newly recovering addict, and know what the addict must be doing for themselves.

Family-therapy sessions that include the addict before their return to family or other homes, are one way to resolve any outstanding issues and set clear boundaries for a new, different kind of life. The past is confronted there, but it aims to curb everybody from living in the past and reliving it.



WHY USE DRUG TESTS?

DRUG TESTS DON'T lie, delude, persecute or enable. They simply state a fact.

“ ‘Then take this test.’

Thus, test kits are a very powerful tool when treating addiction. Dealing with an addict in the family is a highly emotional and confronting experience for families – we are often full of fear, anger, disappointment and hopelessness, all in one confusing moment. This bag of emotions can cloud our judgement and cause us to get caught up in the ‘noise’ of the situation. Our loved one may be denying their drug use through fear or we may be wrongly accusing them. A drug test cuts through the noise and gives us a definite situation to deal with.

We can test our loved one to be sure we are dealing in established fact and not in our own or their emotional bias.

A test is not a treatment. A drug-test regime will not help our addict desist from using any more than testing for cancer will shrink a tumour. But it does provide us with a clear answer to our burning question: are they sick? Are they using? If so, then treatment must follow.

Families say they will drug test their loved one at home. I tell them, ‘That’s great, but what treatment are they doing to prevent them using?’ They may say the addict ‘won’t use if we’re testing’ her or him. But no fundamental change will happen even if the family gets a run of negative test results. Tests provide no relief or support to our sick addict. Testing is only part of a diagnostic process. But it can open the door to treatment.

Any effective treatment program will drug test clients at least twice a week. This is to ensure the current treatment regime is effective. Armed with client feedback, therapeutic observation and drug-test results, an accurate picture can be developed of the efficacy of the treatment given, and adjustments can be made.

A drug-test kit can assist you in breaking through the noise of your family

dynamic. Simply request that your loved one take the test. If your loved one refuses, then I suggest you assume it's a positive result. If your loved one tests positive, it is time to seek professional support for both you and your loved one.

There is an important proviso. Many illicit drugs can clear the system within 24 hours of using them, so a negative result does not necessarily mean they are not using. If this something you need to clear up, follow-up tests may be needed. You can acquire more test kits at:

www.amilivingwithanaddict.com.au

CAN THINGS REALLY CHANGE?

ADDICTS ALWAYS HAVE the capacity to get well. Hope is never lost while the addict lives. Addicts get clean every day all over the world.

Working in the field of recovery, I have experienced both sides of addiction: a soul-destroying monotone of daily drug use and the elation of witnessing addicts recover from addiction and rebuild successful happy lives.

Addiction is not the addict's defining feature, it is their disease. With persistent and appropriate treatment, recovery is not only possible, it is likely.

A Mother Looks Back

“... nights with the two younger boys in the car, looking for my eldest...

My life began before I was born! I am a descendant of Irish and Maori – pretty good recipe to an easy life, huh? I thought my name was either Number 7 or ‘the youngest’ because, I think, it was easier for the hundreds of family and friends to remember. We had a very busy household: football, Rotary, business, yards for horses, etc. Mum and Dad also took in foster kids who were kicked out of home due to their parent's alcohol abuse. Dad taught Dale Carnegie courses and was involved in many community activities.

Before I grew up, I married the most handsome newcomer in town. He was a high-jump champion. He drove a groovy sports car. He used to say that the only reason he got accepted into the family was that he played football for our local team.

A few years later, I had three small sons under five, and a husband who had decided to choose a life of alcohol over his boys. I thought my life was unmanageable enough until my eldest son began to show all the signs of an addictive personality. Let's just say that our address was not unknown to the local police and I had barristers' phone numbers on speed dial. My job was to keep my boys ‘safe’, you see.

My life became more unmanageable after nights of either not sleeping, or

driving at all times of the night with the two younger boys in the car, looking for my eldest. When I did sleep, my phone was under my pillow, my car keys at the ready, and credit card handy to pay the inevitable cab driver who would front at the door with my eldest son in tow. After thousands of dollars and years of stress it all became too-oo-oo much. I could see that I was enabling inappropriate behaviour, and I wrote a love letter explaining that I had marinated them in love long enough and that they needed to leave the nest. It took about two more years of unmanageable behaviour until the eldest hit rock bottom with a thud. That day was when he finally surrendered, and accepted that he couldn't get sober and clean by himself. (He had previously accepted that he had a problem and had tried to give up by himself many times.) That was the day that we all got our lives back.

On the last day of December, after extreme drama, we found a rehab centre that would take him in. Finally, we could all sleep. I not only knew he was in safe hands, I knew he was also surrounded by angels who had all been through similar journeys. Peace was finally known to my family, really for the first time. Because I became healthy as well and we created our boundaries, love was restored. My youngest son and I would talk for hours, about how this journey has been a huge growing experience for us, as individuals, and had repaired a great deal of the damage, even though it left its scars on all of us, including the other son.

The 12 steps of Al-Anon have been pivotal in restoring our physical and mental health. Al-Anon has given me a safe place to expose the years of worry and damage, and it aided me in my understanding of my role in this illness. The 12 steps have been a miracle for my son, finally giving his deep-seated anger towards his father a place to rest. His internal core is so-oo-oo calming to be around. We look forward to our time together and sharing insights.

My heart explodes with love when I hear my three big sons laugh so loud that the houses shakes. I am a happy, stress-free and grateful mum now. My life has been transformed to one of expectation, where miracles can happen at any time and that hope, love and support are the perfect marinade for a miraculous life.

Cleano's Father's Thoughts

“‘Because I don't want him to be living under a bridge.’ ‘Why not?’

I cannot speak for my other family member's innermost feelings because they are impossible to truly know and share. I can only express my own as a father:

I grew up as a 1970s child and confess, notwithstanding my efforts, I was never great at drugs as I was never happy about surrendering control; this always frightened me. Therefore, early on, I could not really understand my son's issues. I liked to think I had the willpower to ultimately control potential vices, whether the vice was alcohol, tobacco, recreational drugs, prescription drugs, gambling, even egotism. So in the beginning I didn't truly get it. ‘Get a grip!’ ‘Use a bit of willpower!’ ‘What I would do...’

But I came to learn it is like the expression that surfers use to describe the feeling of riding a wave to someone who has never surfed: ‘only a surfer knows the feeling.’ That's one thing I feel I have learned about addiction: ‘only an addict knows the feeling.’ But I think this lesson does not bring much enlightenment. If it is not you doing it, or it is not happening to you – then you will never really get it. You may think you understand, but you never really feel or experience it.

I always thought my son, from about age 14 or 15, for reasons I was not qualified to understand, was ‘not quite right’. With the benefit of hindsight I would now say it was undiagnosed depression but, despite his mother and I discussing the issues, nothing was done, nothing formally done. Like with many things in life, discussing it was made harder by my son's adolescence: the easier and more explainable ‘hormonal’ storm in teenage behaviour, distracted us and provided excuses. Through the progression of time and circumstance, the problem worsened and became more obvious.

People who are close, start sending alarm signals. In the family, one by one, we seemed to go through stages of frustration, concern, helplessness, annoyance and ultimately, resentment.

And, ultimately, we arrived at Grandma's famous saying: ‘Because they are

your children, you have to love them; but you don't have to like them!

Of course, by this time, the problem had manifested itself in its full-blown glory. We realised it was way too late for untrained family intervention and management. The child in question was, is middle aged.

My anxiety and stress at not being able to help, to control, to influence the situation, worried for his safety, sending people around to the house to check he was alive... This regularly woke me at 3 or 4 a.m. I decided the father's perspective truly was 'the love and worry for your child', the sort of love I believe that mothers generally more possess. The failed family interventions, the attempts at forced rehab and the meetings with counsellors – these also caused great ongoing anxiety. But a discussion with one counsellor stuck firm:

'What do you do for your son?'

'I used to give him money to live, but I don't anymore.'

'What do you do for him now?'

'I only pay his mortgage.'

'Why?'

'Because I love him, and want him to have a roof over his head.'

'Why?'

'Because I don't want him to be living under a bridge.'

'Why not?'

Then the whole idea of getting to rock bottom, and the enabling, hit me like a sledge hammer. Questions of my role – did his mother and my divorce trigger this? Did I not spend enough time with the kids as youngsters? Was I too absorbed in my career? Was I to blame? If not, who then? – evaporated. I saw that my son had a full time job ahead of him if he wanted to get well. And he has. I have never been more proud of anything that my son has achieved. And guess what? It never was about me!

I do not feel that I have contributed, nor can I take one ounce of credit, for what has been a remarkable, life-saving and life-changing result. I know my sons, two loving brothers, saved his life by taking things into their own hands and enabling my addicted son to get to proper help and rehab. I did not think he was ready. His brothers guess one major contributing factor was the introductory interview with the rehab staff member: the staffer's own story

resonated with my son; maybe, they say, that got him on board, flicked the switch. If so, I would love to be able bottle it for all humanity.

My son is very intelligent, strong willed and could not easily be told what to do. I watched him as he became prepared to surrender, to embrace a drug-free life, to commit and work hard at the program. Sure, he is in constant remission but he's a healthy, functioning, contributing and loving person. Can things really change? Absolutely.

A Mother's Story

“Her skin was awful. She was forever losing weight and looked gaunt. She was untidy and unkempt. She made no real attempt to take care of herself...

Addiction is a disease. Living with someone who has a disease is difficult. It is difficult before you know your daughter is an addict, and difficult after. My daughter is over 18 months clean now and is maintaining her Narcotics Anonymous program and studying part time. This is a huge improvement on where we were. For her, going to a rehab program, going to regular NA meetings, working the 12 Step Program, and getting her sponsor's support have been the key to her improvement. She knows, and I know, it is one day at a time and she must stay focussed on her recovery.

However, life is so much better now than it was when she was using. There is hope for her and for our mother-daughter relationship. She is back living with me. I hope this is temporary and she will feel able to live alone or with a friend and have a job to support herself. While life is still challenging at times, it is a world away from what it was like two years ago.

Before she got clean she was moody, lazy, highly sensitive, ungrateful and incredibly difficult to live with. She lied about things all the time to cover up her using, and to get money. She was very adept at manipulation. She blamed me and her friends, and numerous other things, for her awful life. The only time her mood was up was when she was getting ready to go out clubbing.

She would come home at the end of the weekend in a bad mood. (I now know she was coming down then.) The weekly cycle would start again. It was a nightmare. I tried to restrict her money and to push her into working. I tried talking to her. I tried giving her a lecture. I begged her to change her life. I encouraged her to go to a counsellor and, once or twice, she did but then would stop. Nothing worked. She was in and out of jobs, but mostly unemployed. She was in and out of relationships and friendships. She had no purpose and much, too much, time on her hands. She would lie around on the couch, go on Facebook, and plan her next weekend. She was desperately unhappy with herself and her life. She was barely surviving and, as her using increased, her appearance started to suffer.

Her skin was awful. She was forever losing weight and looked gaunt. She was untidy and unkempt. She made no real attempt to take care of herself by then. By then she was using regularly, not just on weekends. I told her I knew something was very wrong and asked her to confide in me. She demurred for a while, then said that, if she told me, it would 'change our lives forever'. I encouraged her to talk. This was when she finally admitted what was going on, said she was powerless to stop using by herself, agreed to go to rehab and was booked in within a couple of days. I think she was relieved.

I felt stupid that I had not realised that she was a drug addict and that I had not been able to help her earlier. I felt angry with her for what she had put me through. I felt enormous compassion for her.

During rehab, she went through a huge change for the better. She got some structure and purpose in her life. She got lots of affirmation and lots of tough love from her colleagues. She began to develop a sense of self again, and built her self-esteem. She started looking after herself and feeling better about herself. She learned about the disease of addiction and what it would take to live successfully with it. She met lots of people battling with the same issues. She was not so alone. She took responsibility for herself and stopped blaming others. She apologised for her behaviour in the past, and thanked me for supporting her through recovery.

She then started thinking about what she would do with her life, and began a plan to go back to study so she could get a job. She began to see that she

could have a good life, live drug- and alcohol-free, and be grateful for the good things in her life.

Meanwhile, I had been reading about addiction and learning all I could. I too have changed. I stopped making suggestions, stopped pushing her in any direction. I learned that my daughter is responsible for her journey in life, capable of making decisions and she needs to make her own decisions. Some will be sensible, some not so sensible, but it is her life; and the urge to protect or rescue her needed to be tempered. I am still learning. I am here to provide emotional support and some financial support. I am not here to mother her too much or to enable her to cop out. This can be a difficult balance to get right at times.

Our relationship is much better these days. I would say it is not easy. I still worry. Living with an addict is still a bit like walking on egg shells. I have to focus on me and not get sucked in to her dramas, her tiredness or her poor money management. She is an addict and has an addict's behaviour, so if she is trying to pick a fight I walk away. If she is in a bad mood I try not to take it personally. I expect her to look after herself and to ask me if she needs me to do something. I do not feel I have to say yes if I don't want to.

So overall, my life is much better now than it was when she was using and she despised herself and me. It is not perfect but it is manageable and sometimes fun. We can talk better than we ever have and we can have a laugh, watch a movie together and enjoy it.

If an addict decides to get help and get clean, I see a parent's role as being there to support the addict while accepting that their child is an addict. As a mother I had to learn to forgive, learn to trust again and be positive about a better future for my daughter. And to get on with my life too!

Daughter on Ice, Father in Torment

“I almost lost my life falling asleep while driving...

This is about the single most difficult experience of my life.

I remember when I realised what was really going on with my daughter. I

had experienced the most heinous behaviour from her. I could no longer believe what she was telling me, her appearance had altered dramatically, and there was an angry aloof imposter in her place. Lie lay upon lie on the back-up stories she told to placate me. The manipulation was insidious. A well-mannered girl with a good job and good set of values had disappeared in a puff of smoke. In her place a hollow, angry being appeared, a being that lost her job and pride while being driven manically by addiction. At her lowest point she had lost a lot of weight, was picking at her head and face, and slept three days straight. I had tried coercing the truth from her and she finally admitted to doing a bit of ecstasy, but it took investigation to reveal the truth: that she was addicted to ice. 'Shards' were on the menu and commonplace.

My sense of failure as a parent was immense. I had raised her almost solely and tried hard to be mum and dad for her. I supported her sport, music, dancing and a good education. Desperate and shattered, I felt isolated, inconsolable at times; but I was also driven to turn around this terrible situation – for which I bore guilt – and retrieve my daughter from drugs. I enlisted all the help I could muster, researched as much as possible and decided the best place was one that offered after care for at least six months. With help, I was able to get her into this place.

She was so angry she was hysterical, screaming at me, and threatening to get picked up and leave. I had also enlisted the help of a policeman I knew, and told her anyone coming to the house was going to be drug tested. She hated me at this point, and was in complete denial. She convinced me that she would willingly go in – in a week.

That week she binged. Awake for 48 hours, as she had not come home, I almost lost my life falling asleep driving, worried that I would never get her in, that I was losing the battle. Exhausted, I sobbed on my bed, wishing it would just end. But that day, I got her into the clinic.

I felt relief. I did not have to worry where she was. She was in good hands. When her drug use escalated she'd burned down our house. Cooking, she got side tracked. We were out for months. Then I had an accident. My car was written off. I was in hospital with a suspected broken neck. Those things really

tested me but not as much as nearly losing my daughter.

Then, she was unapologetic, hard, emotionless but I could see, every now and then, that she knew what she was doing was wrong, scared her and made her very depressed.

Once she did the program, I am happy to say that she has turned things round. She undertook a lot of counselling and did work to understand addiction. She changed her views. This took time and dedication. She has a good job and has enrolled for university. She takes responsibility for her actions. She has matured incredibly, for which I am truly grateful. Because of my love for her, forgiveness comes naturally when I can see how far she has come, see her dedication.

We now live better than we did pre-ice because we have both become better people than we were. I am not happy that she chose to experiment with ice, but I am truly grateful that she has had a second chance. Drugs claim a lot of prisoners and lives. Those who live, end up living in a hell on earth. I am thankful we were not too late.

A Long, Hard, Worthwhile Road



The realisation that your child is
drug dependant dawns slowly...

Living with an addict in the family is gut wrenching, soul destroying and bewildering. As a mother of a daughter who was an active addict for nine years I was powerless to do anything to help or stop my beautiful girl taking drugs.

The realisation that your child is drug dependant dawns slowly, I guess because the thought is so horrific. At first you do not know *if* your child is addicted. I thought that she might have taken a partyw drug or two but comforted myself with the thought that she'd grow out of it: I'd smoked the odd joint at uni and did not become addicted, so I thought she wouldn't either; drug experimentation is a rite of passage...

Situations that were not easily explained kept arising. Why does she scream at me? Why is she so withdrawn? What are these sudden mood swings about? Inexplicably, money went missing from bank accounts. Goods like imported

clothing and accessories started disappearing. Such situations were not normal. Nothing added up. There must be another reason, you think – I must have withdrawn that money and forgotten doing it, or strange that I can't find that jewellery but it will turn up... Reality just does not sink in – you don't think your child capable of theft, deceit and dishonesty. My daughter stole from her employer and, even after a court appearance, I still could not understand why she would steal.

After years of deteriorating behaviour, desperate, I moved her out of the family home into a flat apartment, hoping it would be the catalyst to get her moving. It didn't work. I wondered why she slept all day and stayed up all night, why she was losing weight, why the apartment was a mess. She worked sporadically but continued to take money from the family.

Her downward spiral became unmanageable, for her and for me. She left the apartment and found new accommodation, charging the moving costs to me. But she couldn't pay the rent.

One weekend when I was away, she was in the family home and stole most of my jewellery. I was in shock. How could she have done this? The sense of betrayal I felt was devastating. The entire family was suffering. When you are in this situation you just don't think this is possible. After naming what she had stolen to her, I called the police. I told them I believed she had stolen my jewellery. I'd threatened to do this before but she'd always persuaded me not to: 'I'm sorry, mum. I'll never do it again.' Each time I had believed her. You just do not want to face the reality of these actions by someone you have brought into the world and nurtured for years. But my beautiful happy and delightful girl had disappeared, and I did not know who this woman was. The family was devastated. My daughter was suicidal.

It was horrific. There were many screaming matches on the phone, many promises of good behaviour. I found the strength to say No. That was when the penny dropped for her: then, she was prepared to admit she was addicted.

'I can't keep going like this, mum. I need to go to rehab.' Soon after, she went. Rehab was no picnic. Her journey there was a challenge but enlightening and life giving. Non-judgemental support helped her immensely. The re-emergence of my real daughter was an extraordinary thing to see – the sunny

and caring woman was back, the monster created by drugs gone. She and I are very aware that only lifelong vigilance will keep her present.

Denial arises because it is too awful to face the idea that there is a force in your life and your daughter's life that is more powerful than anything you can say or do. Drugs are everything to the addict. Family, society and normalcy – these just do not exist. My daughter did not respond to anything. Threats and cajoling were useless.

In family counselling I learned that addiction is an illness and that I had inadvertently kept my daughter in active addiction. This was a horrific realisation. By never giving her a consequence for her actions I had unwittingly helped to keep her in addiction. I have also realised that when your addict is out of control you will try anything. At the time you think you are doing the right thing, but you are not.

It has been a very long hard road, full of sadness. But now we have realistic hopes. The two of us have joined support groups. Life is looking so much better. We are both in recovery. She is fully aware that she has to take life one day at a time, that she is a drug addict until she takes her last breath.

CONTACTS

Al-Anon /Alateen Family Groups

www.al-anon.alateen.org

Alcoholics Anonymous Australia

www.aa.org.au

Australian Drug Foundation

Get the effect by txt!

0439 TELL ME (835 563)

www.druginfo.adf.org.au

www.grogwatch.adf.org.au

www.adin.com.au

A directory for help

Department of Health

www.health.nt.gov.au/hotlines_and_helplines/index.aspx

A specialised directory for help by phone

www.drugs.health.gov.au

Information

Family Drug Support

1300 368 186

www.fds.org.au

Kids Helpline

www.kidshelp.com.au/teens/get-info/hot-topics/alcohol-and-other-drugs.php

1800 551 800

Life line

Crisis support & suicide prevention

www.lifeline.org.au/

Narcotics Anonymous Australia

www.na.org.au

Reach Out

www.eheadspace.org.au

1800 650 890