



***FROM GRIEF TO ACTION***

# **The Coping Kit:**

***Dealing with  
Drug Addiction  
in Your Family***

website: [www.fgta.ca](http://www.fgta.ca)



# Who We Are

**From Grief to Action,**  
Association of Families and Friends of Drug Users, is a non-profit society working to improve the lives of drug users and their families and friends.

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

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

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



## Acknowledgements

We are grateful to the Government of British Columbia, the United Way of the Lower Mainland, the Christmas Family Ball Society and the Moffat Family Foundation for funding this Coping Kit. It is our hope that this resource will prove beneficial to many BC families struggling with the problems associated with substance addiction.

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

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



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# Introduction

## Why this kit?

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

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

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

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

## Who is this kit for?

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

Partners, grandparents, friends and siblings of drug users should also find it helpful.



## How to use this kit

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

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

As you use this kit, bear in mind that when it comes to drugs and their impacts, information varies widely, and can be conflicting. FGTA recommends seeking advice from qualified professionals before embarking on a plan of action. **No one should rely upon any part of this kit as a substitute for current advice from a doctor or lawyer.**

# About Drugs

*“These  
so called ‘junkies’  
are our brothers,  
sisters, sons and  
daughters. They  
made a tragic  
mistake when they  
took the risk...”*

## What is a drug?

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


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

## Where’s the harm?

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

Illegal drugs are often mixed with other substances, so a user can never be sure of their quality, strength or consistency.

Drug effects may vary greatly and unexpectedly depending on such factors as the weight and build of the user, extent of experience with the drug and the surrounding circumstances at the time and place of use. Also, impairment of coordination and judgment increases the risk of accident (such as drowning or falling) or doing something one later regrets (such as having unsafe sex).



Sometimes people with a mental illness use drugs to help them cope with their illness (self-medicate). However, non-prescribed drug use can aggravate and add complications to the underlying condition.

### Who is at risk?

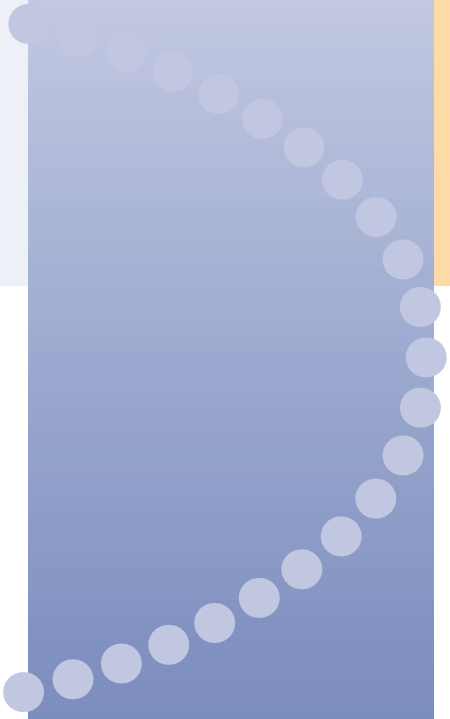
No one is sure why a small proportion of experimental users of any drug, including alcohol, will become dependent, who is at risk, or why. One thing is certain though. While dependence is not inevitable, it can strike in any family, in any neighbourhood.

### What is dependence?

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

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

- » Increased tolerance to the drug, meaning that the same amount of the drug no longer achieves the desired effect
- » Withdrawal syndrome from either the drug, or from another substance taken to relieve or avoid the drug's withdrawal symptoms
- » Taking the drug in larger amounts or over a longer period than was intended
- » Being unsuccessful in cutting down or controlling drug use
- » Spending a great deal of time obtaining the substance, using it, or recovering from its effects



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



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

- » Giving up or reducing important social, occupational, or recreational activities because of substance abuse
- » Continuing to use a substance likely to have caused or worsened a persistent or recurring physical or psychological problem

### Watch For the Signs

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


### Early indicators of drug use

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

### Physical and emotional signs of drug use

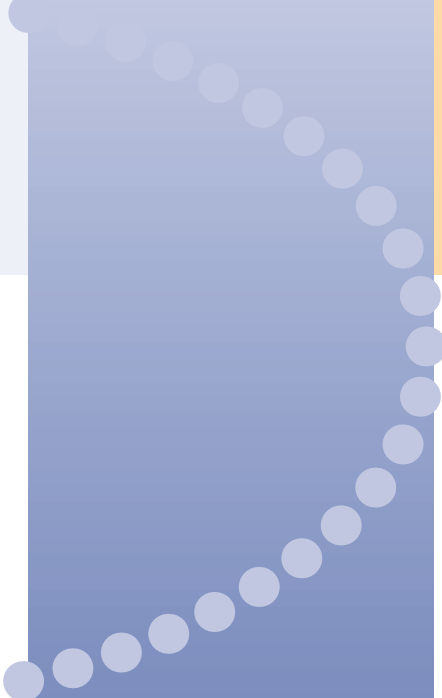
(These may vary according to the drug ingested)

- » Rapid weight loss could be an indication of methamphetamine, cocaine, or heroin use
- » Compulsive scratching and itchiness is associated with the use of many drugs
- » Glazed or runny eyes, pin point or enlarged pupils
- » Sore back or the jitters could be a symptom of withdrawal

- 
- » Little sores on hands, legs, or face
  - » Sniffing
  - » Blackened fingers
  - » Blackened teeth or excessive dental decay

### Behavioural signs of drug use

- » Unusual or changed sleeping patterns from the usual “sleeping in” characteristic of teenagers, including being up or out all night and sleeping all day, or an inability to sleep
- » Non-stop or rapid fire talking, especially in a usually quiet person
- » Lack of conversation in an individual who was previously talkative
- » Lying
- » Severe mood swings, including reactions not appropriate to the situation: for example, the individual is really sweet one minute, aggressive, angry, or uncooperative the next
- » Loss of old friends
- » New friends who have blocked cell phone numbers and no last names
- » Changing habits: individuals who once were neat are now untidy, with increasingly poor hygiene
- » Furtive telephone conversations, and secrecy about their comings and goings
- » Lots of time spent in the bathroom and bedroom behind locked doors
- » Frequent requests for money, and/or frequent bank withdrawals
- » Falling/failing grades or dropping out of school
- » Frequent change of jobs could mean the individual is getting fired for not showing up to work



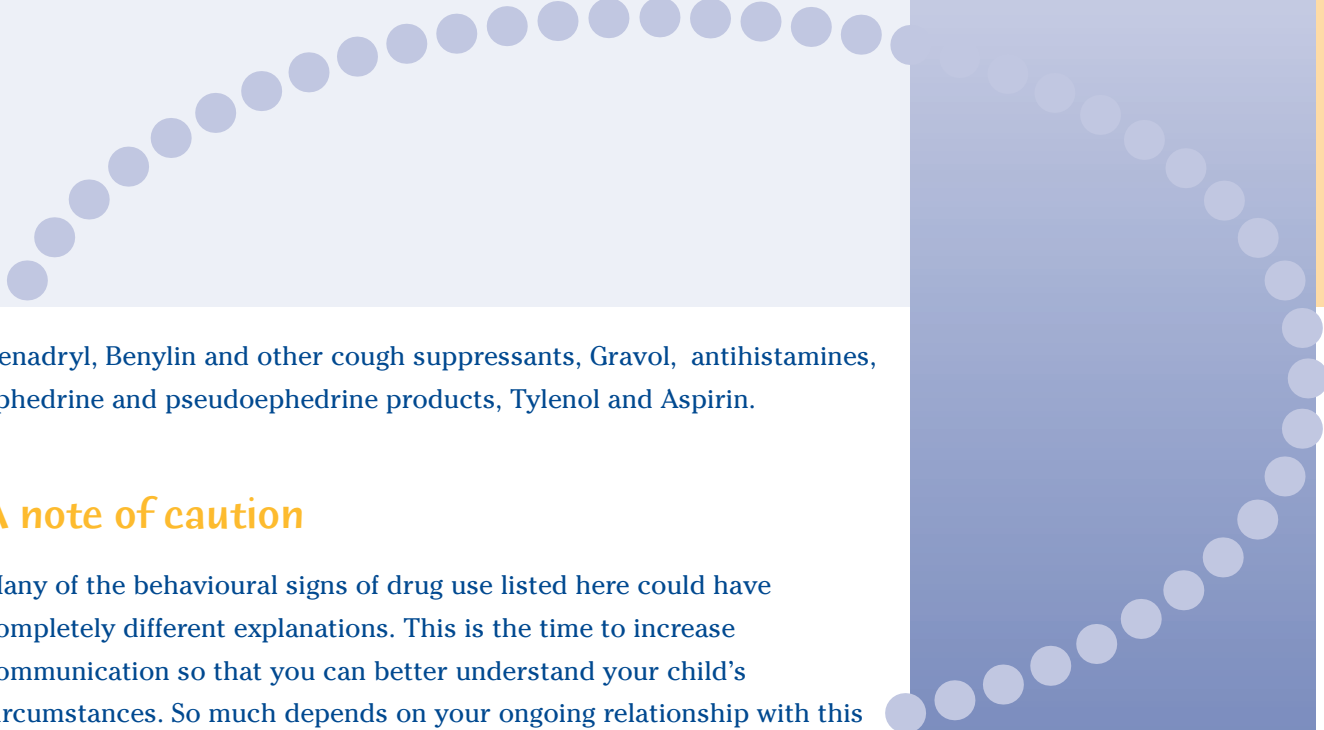
*“If  
your child resists  
intervention, try  
to raise issues that  
affect you, your  
family, your  
home.”*

*“My  
son first started  
acting strangely  
when he was 11  
in grade six...”*

## Drug use clues around the house

- » Blackened spoons, knives, or foil: these are used to “cook” or heat drugs, or to make pipes
- » Dismantled ballpoint pens, glass tubes: these are used as smoking tubes
- » Rolled up bloody tissues: some drugs make your nose bleed
- » Dented pop cans or other containers with little holes in the dent: these are used as pipes
- » Corners torn off magazine pages and other squares of paper: these are used to make flaps to carry drugs
- » A collection of products for producing crystal meth  
e.g. Common cold pills containing ephedrine or pseudoephedrine , Acetone, rubbing alcohol, gasoline additives, brake cleaner, engine starter, drain cleaner, coffee filters, iodine, salt, Lithium batteries, lye (an ingredient in drain cleaners also used to make soap), propane tanks, muriatic acid, MSM (methyl sulfonyl methane).

Some people begin using drugs with legal over-the-counter medications commonly found within most households. There is a general misunderstanding that if a medication is not a prescription and can be purchased by anyone, it is safe, even when consumed in large quantities. Over-the-counter medications can be just as dangerous as any prescription medication, and if taken incorrectly can have life-long, life threatening or fatal consequences. Because of the availability of over-the-counter medication within most households and at pharmacies, experimentation can occur easily and in an unregulated fashion. It is important to keep all medications in a secure area and be mindful when medications are missing. The other issue with over-the-counter medications is that they are used as additives in making illegal substances. Commonly abused over-the-counter medications are



Benadryl, Benylin and other cough suppressants, Gravol, antihistamines, ephedrine and pseudoephedrine products, Tylenol and Aspirin.

### A note of caution

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

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

# Why People Use Drugs


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

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

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

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

There are a lot of theories about why people use drugs. Researchers and workers in the field attribute it to a number of factors, including disease, personality and social disorder, and spiritual dilemmas. Recent scientific research posits that just as certain genes make some people more prone to heart disease, cancer or Alzheimer's, other genes may make them more susceptible to becoming addicted to alcohol or drugs. For many using drugs it is a means of altering mood, easing social interaction, making sensory experience more pleasurable, boosting creative inspiration, or



enhancing physical or athletic ability. Kids today are surrounded by a culture – music, films, etc. – that tends to glorify drugs. Children who grow up in an environment where excessive drug and alcohol use is condoned may be less reticent to try experimenting themselves.

Generally, those who work with drug or alcohol addicted individuals use an integrated approach, looking at the interplay among the drug user’s personal issues, environment, and the drug of choice for possible explanations and treatments.

In reality, people use drugs for any number of reasons, and each individual has his or her own. Is it your fault your child is using drugs? Probably not.

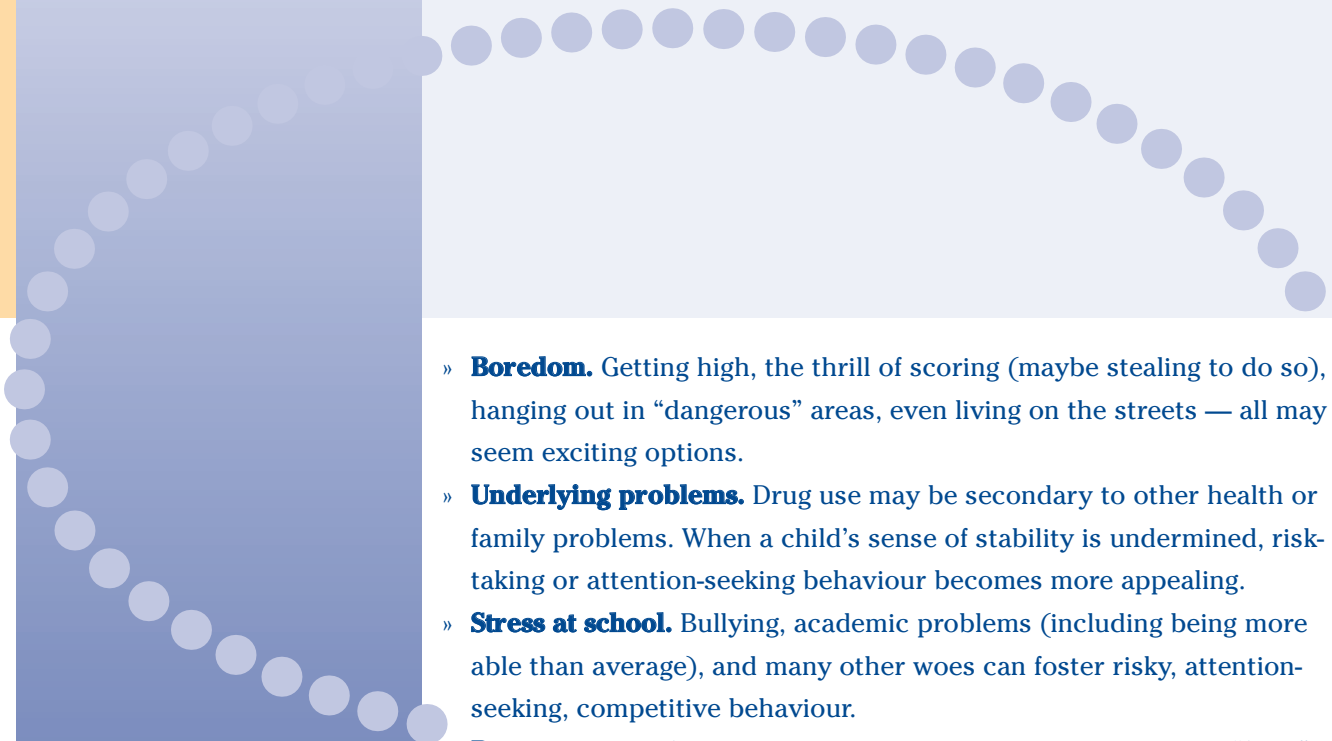
### Just a normal child?

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

- » **It feels good!** In a nutshell, this is why there’s a “drug problem” in the first place. Whether it’s the warm fog of heroin, “riding high” on cocaine, the loss of inhibition with alcohol, ecstasy’s “dance all night” buzz, or the energy high of crystal meth, all can be seductive.
- » **Availability.** There are now more types of drugs and in greater quantities than ever before. Drugs are now cheaper, and are available everywhere in a child’s life.
- » **Risk-taking.** Teenagers are prone to thrill-seeking behaviour. Reckless driving, contact sports, drug use — all are part of the same drive. Most grow out of it, but some get hooked before they have a chance.
- » **Rebellion.** The combination of societal and parental disapproval can be enough to send some young people in search of their first drug or alcohol experience.



*“It’s  
as easy to get  
dial-up delivery  
of heroin  
as it is pizza.”*



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

- » **Boredom.** Getting high, the thrill of scoring (maybe stealing to do so), hanging out in “dangerous” areas, even living on the streets — all may seem exciting options.
- » **Underlying problems.** Drug use may be secondary to other health or family problems. When a child’s sense of stability is undermined, risk-taking or attention-seeking behaviour becomes more appealing.
- » **Stress at school.** Bullying, academic problems (including being more able than average), and many other woes can foster risky, attention-seeking, competitive behaviour.
- » **Peer pressure.** If admired peers are using drugs, the desire to “fit in” can be strongly compelling.
- » **Invincibility.** Teenagers often fail to appreciate the risks involved in drug use. They tend to think that bad things only happen to other people.
- » **Lack of knowledge.** Insufficient information from home and school and misinformation from friends can lead to complacency and poor decision making.
- » **Coping mechanism.** Often a child will seek refuge in a drug to cover up feelings with which they find it hard to cope.

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



## Drugs and mental illness

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

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

A large proportion of people with substance use problems also have a mental health condition but many treatment services fail to address both problems together. Current best practice is the parallel treatment of a substance use disorder and any co-existing mental condition.

Finding treatment for an individual with both a mental illness and a drug dependency (referred to as dual diagnosis or concurrent disorders) is unfortunately very difficult, but persevere.

### Warning signs.

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

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



# This Can't Be Happening...

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

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

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

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

Drug users themselves will go through five stages of change: **Precontemplation Stage:** there is no intention to change behavior in the foreseeable future. Many individuals in this stage are unaware or under-aware of their problems.

**Contemplation Stage:** people are aware that a problem may exist but are ambivalent about change and have not yet made a commitment to take action.

*"You'll  
accept anything  
as long as it's an  
explanation."*



**Preparation Stage:** combines intention and behavioral criteria.

Individuals in this stage are intending to take action in the next month and have probably unsuccessfully taken action in the past year. There is a desire for change.

**Action Stage:** individuals modify their behavior, experiences, or environment in order to overcome their problems. Action involves the most overt behavioral changes and requires considerable commitment of time and energy. This is a peak level of desire for change and energy; however these levels are difficult to maintain and people can become easily frustrated that change does not come quickly.

**Maintenance Stage:** people work to prevent relapse and consolidate the gains attained during action. For addictive behaviors, this stage extends from six months to an indeterminate period past the initial action.

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

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

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

Consider accepting the possible, rather than demanding the ideal.



“  
definitely  
resented being  
the ‘good’  
sibling.”

# Communications

## Communicating with the Drug User

### **Listening**

LISTEN, LISTEN, LISTEN – the most under used yet most important communication skill.

### **Honesty**

Having everything ‘out in the open’ is usually the best policy – despite the fact that it may be difficult. If you can, find ways to encourage them to speak by being open and honest with them. Avoid using hidden agendas and strategies to get what you want. Don’t model this type of communication approach, they will probably be using this with you.

### **Looking for Clues**

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

There are different responses to the different stages of drug use that may or may not be helpful. (See page 90 for examples and tips).

*Communications grid courtesy of Family Drug Support, Damien Trimingham Foundation [fds.org.au](http://fds.org.au).*



## What about siblings?

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

Siblings can be strongly affected by drug use in the family. More attention, even negative attention, is likely to be directed to the drug-using child, taking away time and energy from non-using siblings.

It's also likely that a kind of carry-over effect will come into play, so that anxieties created by the drug-using child will be transferred to the non-using siblings. Non-using children may try too hard to be perfect, to spare their parents more pain. The temptation to "treat them all alike" may be strong, and may cause resentment. On the other hand, labelling one child "good" and another "bad" is not a good idea, either.

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

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

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



## Acceptance is not the same as approval

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

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

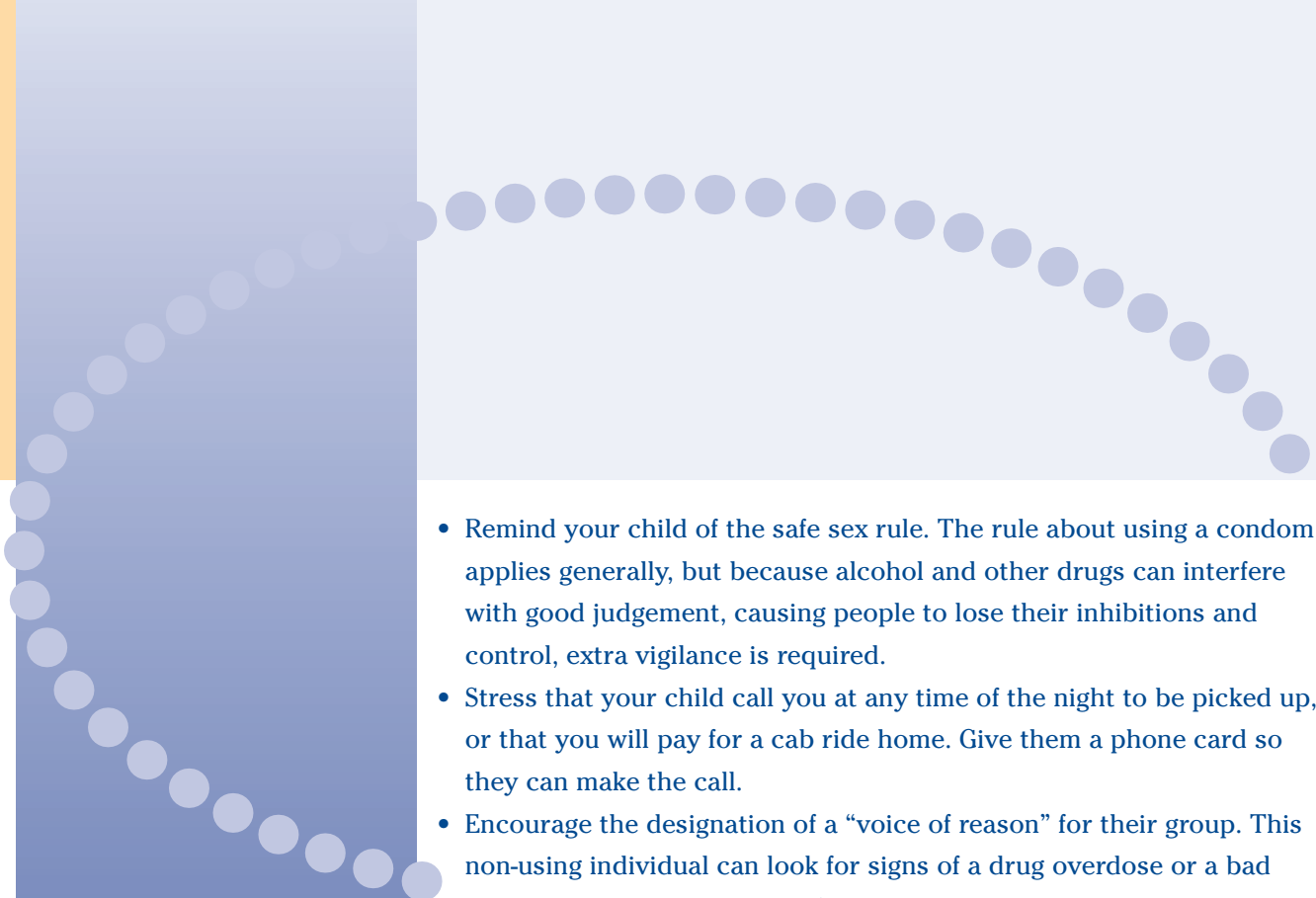
# Just Say “Know”

## What can you do to minimize harm?

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

- Learn all you can about drug abuse. Read books, research local addiction services for information and counselling, attend your local meetings of AA and NA, Al-Anon and Nar-Anon. (In Vancouver, contact “Parents Together” or “Parents Forever”.)
- Provide accurate information for your child. Nothing “turns off” a teenager more quickly than what they see as “scare tactics.” Don’t preach, just try to open a discussion or leave information around the house.
- Do not judge your child weak, stupid or lacking in will power because s/he is unable to control their drug use. Alcohol/drug dependency is a disease and can happen to anyone. It knows no boundaries.
- Take heart. While it may seem that children take all their cues from their peers, parental values and attitudes win out more often than you think.
- Don’t be afraid to talk to your child’s friends. If you alienate the peer group they have chosen, no matter how much you disapprove, you will also alienate your child.
- Try to ensure that your child’s friends know the many dangers of drug use, recognize overdose symptoms, and act quickly. This is particularly important with younger teenagers and prescription drugs, alcohol and party drugs such as crystal meth, ecstasy and cocaine. Friends are the most likely to be able to keep tabs on unusual behaviour.
- Talk to the parents of your children’s friends.
- Using alcohol and other drugs can change people’s behaviour dramatically. They are more likely to have unprotected sex, drink and drive, and indulge in antisocial behaviour such as fighting, stealing and acts of daring.
- Promote responsibility.

*“We’ve  
come to say  
almost anything  
to discourage our  
kids from using  
drugs...”*

- 
- Remind your child of the safe sex rule. The rule about using a condom applies generally, but because alcohol and other drugs can interfere with good judgement, causing people to lose their inhibitions and control, extra vigilance is required.
  - Stress that your child call you at any time of the night to be picked up, or that you will pay for a cab ride home. Give them a phone card so they can make the call.
  - Encourage the designation of a “voice of reason” for their group. This non-using individual can look for signs of a drug overdose or a bad reaction, and be responsible for seeking help should things go wrong.

## Preventing Fatalities

Make sure that your child and their peer group know:

- Mixing drugs and especially mixing drugs and alcohol is the **MOST** dangerous combination.
- Signs of a bad reaction to drugs or overdose should not be ignored (e.g. somebody passes out or is incoherent, has laboured or rattling breath, unusual snoring, or you cannot wake them up) and it is crucial to call an ambulance. **DIAL 911.**
- If somebody is unconscious but still breathing lay them on their side and pull the head back slightly to stretch the neck so their breathing will be unobstructed. If necessary, clear their airway of vomit or mucus by putting the patient on their side. Do not put anything in their mouth.
- Information must be provided as to what has been taken so that treatment can be administered effectively and immediately.
- It is better to deal with an unpleasant situation than for someone to suffer brain damage or death.
- Police need not always be involved.

# Supporting/ Enabling

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

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


Friends and professionals will tell you that you must not "enable" the addict, must not make it easier for them to continue using drugs. However, there is a fine line between "supporting" the individual and "enabling" the addict, so take the advice in the spirit in which it is given, and set boundaries for your own situation.

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

- » Be honest with yourself and your family members about the behaviour you are prepared to accept from a drug using individual living in your home. This may have to be a group effort if the family unit is to survive the experience intact. Open and direct family communication is usually the most constructive approach.
- » All family members can play a part in change. However, effective change can be and often is still achieved with one or two supportive and committed members of the family.

*"Maybe  
you reach a  
compromise you  
can live with...  
buying the  
groceries but not  
paying the rent."*



- 
- » Don't accept physical abuse as normal – it is never OK for you to be mistreated or abused by anyone.
  - » Make sure the drug using individual understands the boundaries and the consequences that will result from failing to adhere to them. Then it's up to you to follow through.
  - » Try not to let pity take over. When you feel pity, it is more likely that you will try to take care of the person with the drug problem, rather than encouraging them to get the help they need.
  - » If the drug user does leave home, try and stay in contact (see “Life on the Street”).
  - » Be prepared to revise your decisions should circumstances change. Sometimes it's hard to know what to do, and this is, after all, uncharted territory for all of you. All you can do is make the best decision you can, at the time, for your situation.
  - » Reputable drug and alcohol treatment services are the best antidote to death, disease and crime, but treatment success is – in the end – the responsibility of the drug user him or herself.
  - » Success for family members is determined by the belief that you have done all that was reasonably possible to improve the situation. Acknowledgement of achievements (even if things seem to be going badly) is important as part of this process.

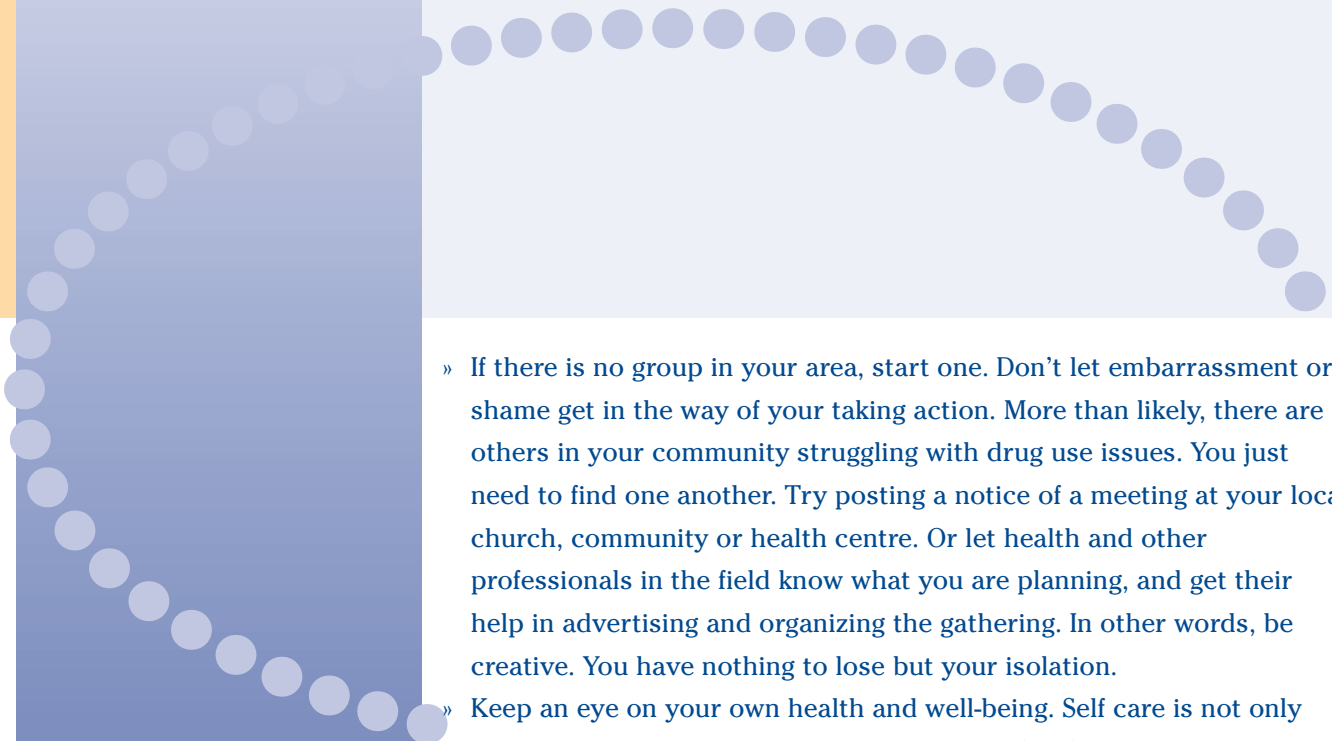
**I** found it very hard to develop clear emotional boundaries for myself. I would try to be calm and logical but very soon my anger and hurt would take over and it was difficult not to say things I would later regret. So I wrote my son a letter expressing my feelings, trying not to be judgmental, and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

# Taking Care of Yourself

*"God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference." (Serenity Prayer)*

- » Don't blame yourself. Guilt is not a useful emotion. Other people's actions generally do not cause alcohol/drug dependency.
- » It is natural to feel anger, hurt and disappointment.
- » Admit it when you've blown it, apologize, and move on.
- » Focus on what you can do, and let go of what you can't. Nobody can force an addict to be well.
- » Educate yourself. There's a lot of information out there, and you'll have to pick and choose.
- » Stay connected. This is a time when you need to reach out to your family and friends, not to withdraw because of feelings of shame. You'll be amazed at how understanding most people will be, especially if you talk about addiction as a disease.
- » Explore paths you may not have tried before. Many find daily readers like Al-Anon's *One Day at a Time* helpful during difficult times, and this may be a time to investigate your own spirituality. A list of resource books can be found on page 62.
- » Get support! You don't have to go through this alone, and you don't have to stick with the first counsellor you meet. If a counsellor is to be helpful, you have to be able to agree with his/her philosophy as well as on a course of action. Keep trying until you find one you can work with.
- » If one-on-one help doesn't appeal to you, join a group. There is no substitute for first-hand experience, and self-help groups (Parents Forever, Parents Together, Al-Anon, Nar-Anon) offer mutual support from people who have been there and are still struggling with addiction issues.

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



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

- » If there is no group in your area, start one. Don’t let embarrassment or shame get in the way of your taking action. More than likely, there are others in your community struggling with drug use issues. You just need to find one another. Try posting a notice of a meeting at your local church, community or health centre. Or let health and other professionals in the field know what you are planning, and get their help in advertising and organizing the gathering. In other words, be creative. You have nothing to lose but your isolation.
- » Keep an eye on your own health and well-being. Self care is not only essential, but it can have the additional benefit of modeling coping techniques for your addicted family member. How can you help someone else if you aren’t physically and emotionally healthy yourself? Try to eat well and exercise regularly (and encourage everyone in your family to join you). Get out, go for a walk, and spend time with others you find supportive. Talk to your GP or other health professional if you need more help than you’re getting now.

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

**Patterns of Family Caring: Help that Helps - Help that Hurts**

[www.projecttransition.com/pages/article\\_help.php](http://www.projecttransition.com/pages/article_help.php)

- \* addressed particularly to families with mental illness challenges, but perfectly relates to addiction as well - doesn’t use the word enabling, but talks about “help that helps” rather than “help that hurts”.

# Life On The Street

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

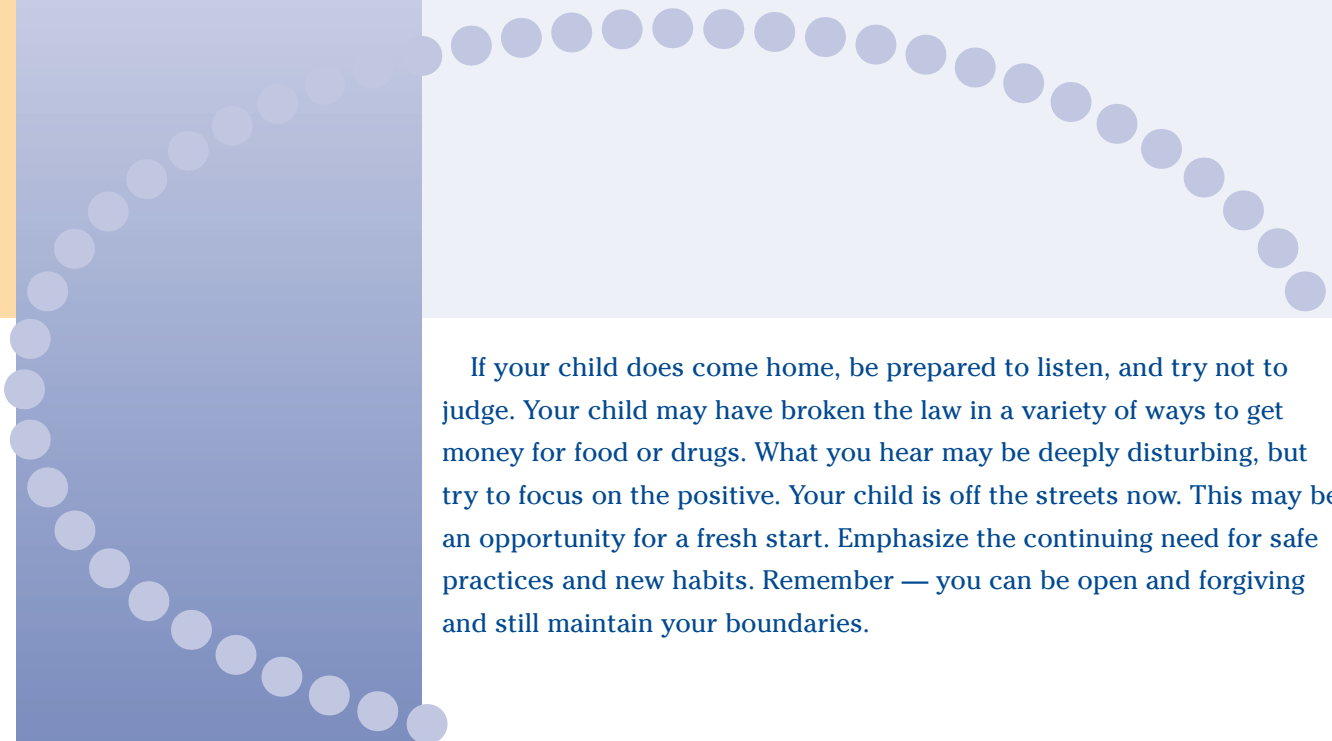
*One day, I had no pulse. I wasn't breathing. That was my wake up call. If I have no pulse and I'm not breathing, there's something wrong. I went to my parents and asked for help. I have come out of it with tools and skills that a normal person would never have. I'll be able to pass them on to my children.*

Your addicted child may end up on the street at some point. Some parents feel that they need to apply “tough love” – that they cannot allow their child to live at home if he or she is lying, stealing, and otherwise making life impossible for the family. On the other hand, some young people choose the street because of the freedom from rules, the camaraderie, a new “family”, and the excitement of living from meal to meal and hit to hit.

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

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

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



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

*“I know*

*I shouldn't be  
supporting him,  
but if I kick him  
out and he's on  
the street,  
then what?”*

# Dealing With The Corrections System

It is quite likely that, at some point, the drug user in your family will become involved with the Corrections system. This can be very frightening and confusing for everyone, so the following information is offered as a guide. Try to remember that YOU are not on trial, and that you have the right to consider the professionals in the system as a resource for assistance.

## BC Correctional Facilities (Pre-trial) and Provincial Court Proceedings

### Information and Numbers:

#### **Surrey Pre-trial Services Centre**

14323 - 57th Avenue  
Surrey, BC V3X 1B1  
Phone: (604) - 599-4110  
Visits: (604) 572-2103  
*(male and female)*

#### **North Fraser Pre-trial Centre**

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

#### **Kamloops**

#### **Regional Correctional Centre**

2250 W. Trans Canada Highway,  
Kamloops, BC V2C 5M9  
Phone: (250) 571-2200  
Mailing Address: PO Box 820  
Kamloops, BC V2C 5M9  
*(Male and female)*

#### **Prince George**

#### **Regional Correctional Centre**

795 Highway 16 East  
Prince George, BC V2L 5J9  
Phone: (250) 960-3001  
Visits: (250) 960-3001  
Mailing Address: PO Box 4300  
Prince George, BC V2L 5J9  
*(male and female)*

#### **Vancouver Island**

#### **Regional Correctional Centre**

4216 Wilkinson Road  
Victoria, British Columbia V8Z 5B2  
Phone: (250) 953-4400  
Visits: (250) 953-4433  
Mailing Address:  
PO Box 9224 Stn Prov Govt  
Victoria, BC V8W 9J1  
*(male and female)*



## How to find out if your son/daughter is in a Pre-trial Centre

If your son/daughter has been arrested, you will not be notified because of "The Privacy Act" and your son/daughter may choose not to call you.

Clues can be obtained by (a) sending a letter to the facility: if your son/daughter is not there, the letters will be returned; or (b) phone the facility to book a visit: if your son/daughter is not there, the booking clerk will inform you at that time.

### VISITING

- You must be 19 years of age to book a visit. You must register prior to booking a visit to clear a background check. Call 24 hours in advance to book a visit. Check with the appropriate facility as visiting hours and booking procedures may vary. Visits may be 1 hour or less.
- Children are permitted only if they are accompanied by a birth parent or legal guardian. Special visiting arrangements must be arranged prior to the visit by the inmate.
- You will need to bring two pieces of ID - one piece must be picture ID, a quarter for the locker as you are not permitted to take anything into the visiting area ( jackets, wallet, purse, keys etc.)
- You will be scanned with a metal detector prior to entering the visiting area. An ion test for drugs may be requested. You will be assigned a cubicle and communication with your son/daughter will be via hand phone or speaker unit. Conversations and actions will be monitored.



## MONEY

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

## MESSAGES

Your son/daughter will not be permitted to receive telephone calls. S/he can call you collect or you can deposit money into their account so they can have money added to their ID card for phone calls. If they call you collect, the charge is \$1.75 per call. A non-collect call costs your son/daughter \$.90. The message you will receive with each call is "This is a call from a B.C. Correctional Facility. This call is from — You will/will not be charged for this call. If you do not wish to receive this call press 5, otherwise press 0."

- Do not press 5 as calls will be blocked from all correctional facilities and can only be reinstated by written letter.
- If it is an emergency, you can try contacting the facility's Chaplain and they might be able to get a message to your son/daughter.
- Mail can be sent via the regular postal service; however, mail may be subject to drug scanning.
- Refrain from using stickers or metallic or sparkly pens when addressing an envelope; these letters will be returned to sender.
- If you are dropping off mail during a visit, the letter must be properly addressed (including return address) and it must not be sealed. Polaroid and computer generated images will not be accepted. Regular photos are allowed.





### **ADDICTIONS COUNSELLOR**

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

### **CLOTHING**

If your son/daughter requires clothing for court appearances, they must request permission and itemize each piece of clothing on a request form. Once their request has been approved, you will be permitted to bring the listed items to the records department of the pre-trial facility. The entire process can take several days so the request must be initiated well before the court appearance.

### **WHEN YOU ARRIVE AT COURT**

You may be screened as you enter the court house, so take the minimum baggage. There will be a master list posted as you enter the court house; this will specify which court room and the estimated time that your son/daughter's case will be heard. Courtrooms specified are not always accurate due to last minute changes. Be sure to check with the sheriff on duty. Court appearances seldom run on schedule; sometimes the process can take a full day. Keep this in mind if you are booking time off work to attend.

### **PARENTAL SUPPORT**

It bodes well for your son or daughter if you are present in the court room. Don't be afraid to ask to speak on behalf of your child; the judge will usually grant you permission to speak.



## Court Proceedings

Legal proceedings can be very daunting, particularly if you do not understand the terms commonly used. The following is a list of terms that you may encounter.

### WHO'S WHO?

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

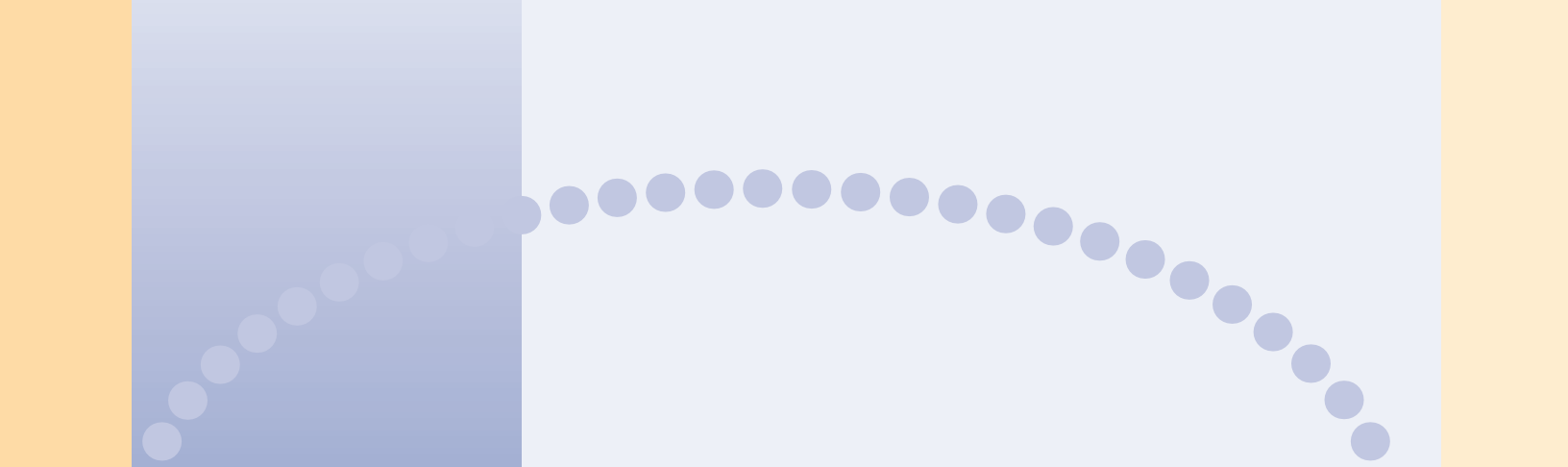
**Crown Counsel:** The lawyer who conducts prosecutions on behalf of the Crown. Crown counsel's role is to represent the interests of Society rather than to act for any individual victim. (This may be important for a parent to remember when that parent also happens to be the victim.)

**Defence Counsel:** The lawyer who advises and acts for the accused in court. (It is important to remember that defence counsel must take his/her instructions from the accused—even when the parent may be paying the legal bills.) "Legal Aid" (public funding for legal representation) may be available to an accused who lacks the financial means to hire a lawyer.

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

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

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



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

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

#### WHERE ARE YOU?

##### a) In Custody

**Pre-trial Centre:** Lock-up facility for accused persons who are detained in custody awaiting their court appearances.

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

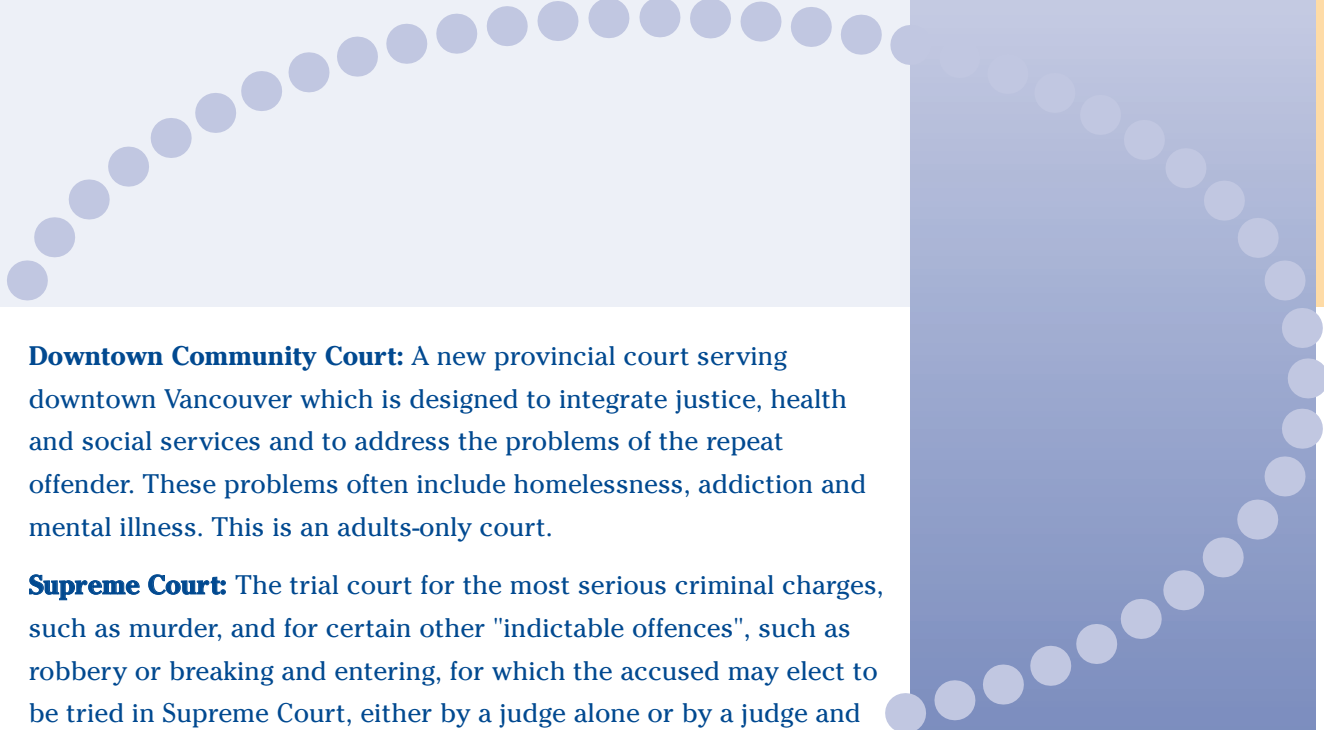
**Federal Penitentiary:** Jail for persons sentenced to a period of incarceration of two years or more.

##### b) In Court

**Provincial Court:** The court in which the vast majority of criminal cases are tried. This is the court for "summary conviction" offences, such as mischief and theft under \$5000, and for certain "indictable offences", such as robbery and breaking and entering, for which an accused may elect to be tried in provincial court.

**Youth Court:** The court in which the majority of criminal cases involving accused youth, aged 12 -17, are tried. (Particularly serious cases may be raised to adult court.)

**Drug Court:** The provincial court in which certain persons facing drug-related charges are allowed to opt for a court-supervised course of treatment and rehabilitation as an alternative to a jail sentence. The usual candidates for Drug Court are persons who have engaged in trafficking to support their own addictions. This is an adults-only court. There is no Drug Court for youth.



**Downtown Community Court:** A new provincial court serving downtown Vancouver which is designed to integrate justice, health and social services and to address the problems of the repeat offender. These problems often include homelessness, addiction and mental illness. This is an adults-only court.


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

#### OTHER TERMS

**Bail:** The pre-trial release from custody which may be granted by a judge. The simplest form of bail is a release on an "undertaking"(a promise) by the accused to appear in court when required. More onerous forms of bail may carry various conditions and may be secured by a cash deposit or by a promise by a "surety" to pay a certain amount if the accused fails to abide by the terms of bail. A willing parent may sometimes be named as a surety to secure the release of an accused. It must be remembered that a parent who acts as surety for a child with a drug dependency is taking a financial risk.

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

**Arraignment:** The court procedure in which the accused's name is called, the charge is read and the accused pleads guilty or not guilty. It should be remembered that a plea of "not guilty" is not a claim of innocence but rather is the exercise of one's right to a trial and to the presumption of innocence until proven guilty. An accused may choose to change the plea to "guilty" at a later time.



**Preliminary Inquiry:** A pre-trial hearing to determine whether there is sufficient evidence to proceed to trial. These hearings take place in provincial court for cases in which the trial is to be in Supreme Court. Crown counsel calls and "examines" (questions) key witnesses who, in turn, are "cross-examined" by defence counsel. The provincial court judge who presides over the preliminary inquiry does not make findings of guilt or innocence.

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

**Sentencing Hearing:** The hearing for the determination of the appropriate sentence, which takes place after the accused has either entered a plea of guilty or has been found guilty at the conclusion of a trial. The judge must consider a range of factors and principles before deciding what sentence is "fit" for the individual offender in the particular circumstances of the case. The judge hears submissions from both counsel and also reviews other relevant materials that may be filed at the hearing, such as a previous criminal record, a statement by the victim about the impact of the crime, reference letters about the character of the offender and a plan for treatment and rehabilitation if the offender does not have to go to jail. In some cases, counsel may request and the judge may order a pre-sentence report by a probation officer outlining background information about the offender, often including some family history. It is generally helpful to an accused if there are supportive family members present in court. Also, the judge may give parents an opportunity to speak if they wish to be heard. The accused has the right to the last word before sentence is pronounced. Some have nothing to add to what has been said on their behalf; some chose to express remorse and a determination to turn their lives around.



### SOME SENTENCING OPTIONS (other than Jail)

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

**Probation:** A court order to "be of good behaviour" for a set period of time up to a maximum of three years. A probation order generally includes various conditions, such as requirements that the offender report to a probation officer, obey a curfew, avoid certain areas known for drug use and take part in a program of treatment. A probation order may be added to a jail sentence or may be imposed in the form of a "conditional discharge" or a "suspended sentence"(see below).

**Conditional Discharge:** A sentence of a period of probation which results in a "discharge" (a cancellation of the conviction) upon the completion of the probation.

**Suspended Sentence:** A sentence of a period of probation which is "suspended" in the sense that an offender who breaches probation can be brought back to court to be re-sentenced. However, rather than seeking to have the offender re-sentenced for the original offence, the Crown usually lays a new, separate charge of breach of probation.

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



## Resources

### **BC Correctional Facilities Website**

[www.pssg.gov.bc.ca/corrections](http://www.pssg.gov.bc.ca/corrections)

### **Legal Services Society of B.C.**

[www.lss.bc.ca](http://www.lss.bc.ca)

### **Access Justice**

[www.accessjustice.ca](http://www.accessjustice.ca). (Pro bono information)

### **UBC Law Students**

Legal advice program

[www.lslap.bc.ca](http://www.lslap.bc.ca)

### **Ombudsman**

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

The Ombudsman receives inquiries and complaints about the practices and services provided by public bodies, and may investigate to determine if the public body is being fair to the people it serves.

[www.ombud.gov.bc.ca](http://www.ombud.gov.bc.ca)

# Supporting Someone Through Detox

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

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

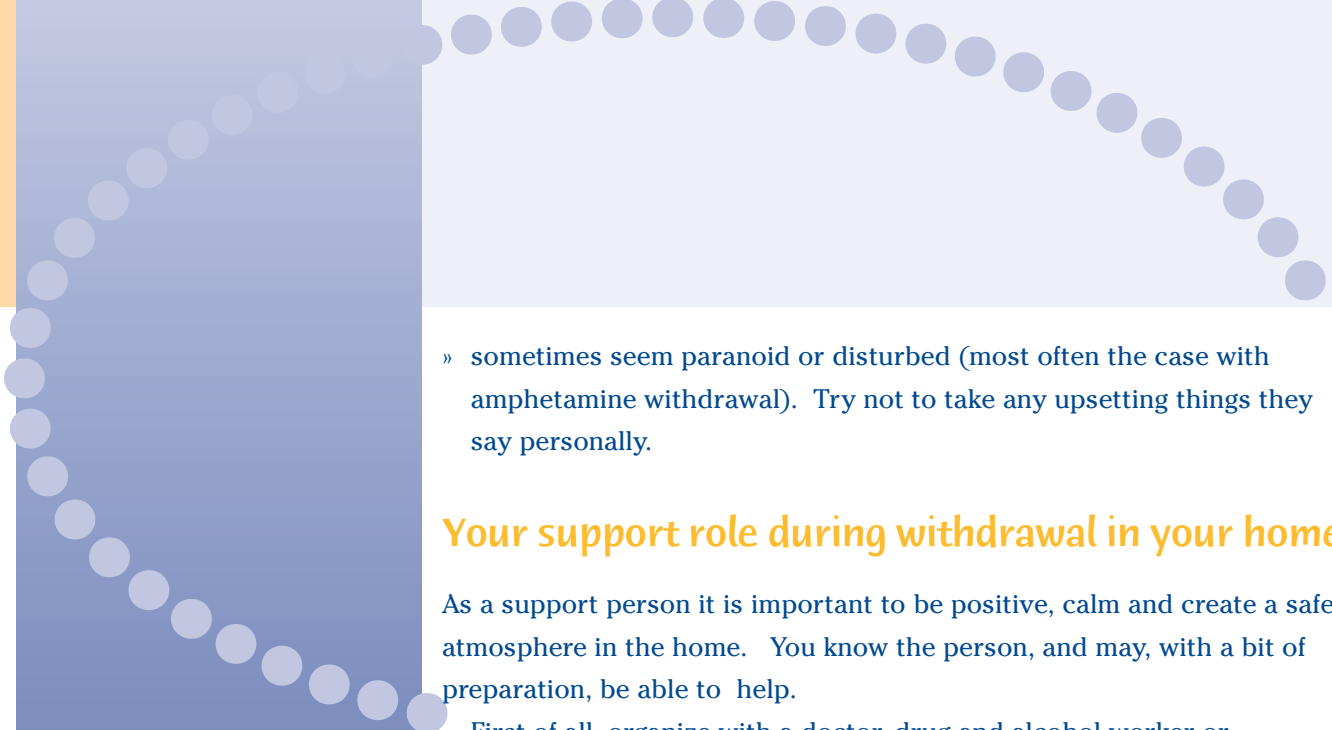
## Symptoms

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

As the person stops using the drug, their body has to re-adjust. This takes time for both the physical body and mind. Withdrawal is the body’s attempt to find balance again in the absence of a drug. A person can expect during detox to experience the opposite side effects of their drug of choice (e.g. heroin – side effect: constipation, withdrawal – side effect: diarrhea; cocaine – side effect: euphoria/paranoia, withdrawal – side effect: depression.). The detoxing person may:

- » be sweaty and hot and then get cold and have goosebumps.
- » appear to have a cold: runny eyes and nose, and sneezing.
- » be grumpy and irritable.
- » be anxious.
- » be tired and have no energy.
- » be unable to sleep even though they are tired. The body’s sleeping pattern is re-adjusting and this may take several weeks.
- » have mood swings.
- » be aggressive at times, so ensure you and others are not at risk.
- » be unable to concentrate.
- » have aches and pains from the tenseness in their muscles and joints.
- » experience stomach or bowel upsets. They may vomit and have diarrhea and not feel like drinking or eating.
- » talk about urges or cravings to use the drugs that will come and go. Cravings are normal and not a sign of lack of willpower or failure.



- 
- » sometimes seem paranoid or disturbed (most often the case with amphetamine withdrawal). Try not to take any upsetting things they say personally.

### Your support role during withdrawal in your home

As a support person it is important to be positive, calm and create a safe atmosphere in the home. You know the person, and may, with a bit of preparation, be able to help.

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

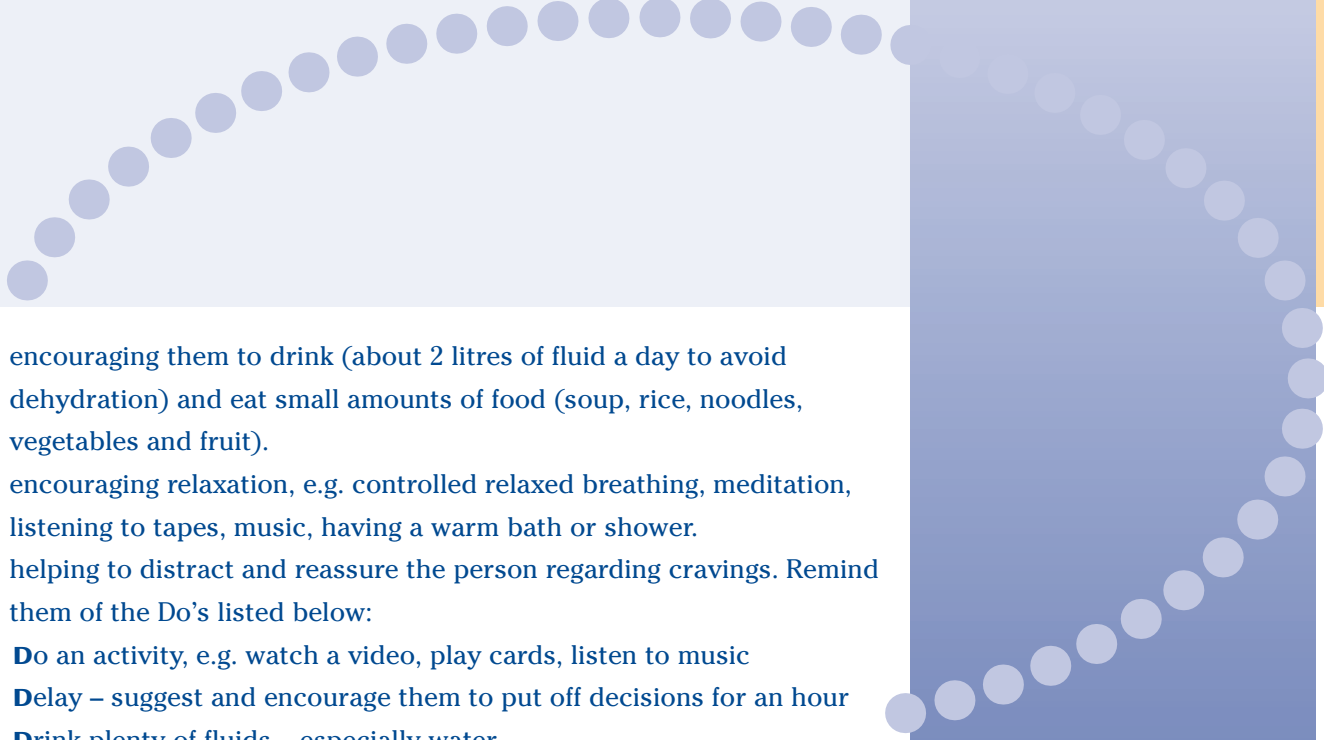
You may have to take time off work and get some additional assistance for looking after other family members such as younger children or elderly parents, explaining to them what is happening.

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

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

You can help by:

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

- 
- » encouraging them to drink (about 2 litres of fluid a day to avoid dehydration) and eat small amounts of food (soup, rice, noodles, vegetables and fruit).
  - » encouraging relaxation, e.g. controlled relaxed breathing, meditation, listening to tapes, music, having a warm bath or shower.
  - » helping to distract and reassure the person regarding cravings. Remind them of the Do's listed below:
    - Do** an activity, e.g. watch a video, play cards, listen to music
    - Delay** – suggest and encourage them to put off decisions for an hour
    - Drink** plenty of fluids – especially water
    - Discuss** and remind them to look at their reasons for stopping the drug
    - Do** some gentle exercise, e.g. go for a walk, do some stretching exercises, yoga, Tai Chi.



## The Methadone Program

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

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

The methadone program allows people whose lives were previously chaotic to hold down jobs and develop relationships and lead close to normal lives. Society also benefits as this reduces the crime committed to feed addictions as well as the risk of HIV/AIDS transmission.

However methadone is not a cure. In fact, the program substitutes one addiction (legal) for another (illegal). It is extremely difficult to withdraw from methadone, and once on it a patient has to lead a severely restricted life, needing to be regularly close to an authorized doctor and pharmacy. There is a high level of relapse into opiate addiction from people who attempt to go off methadone in other than a structured and well-planned manner.

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

# Addiction And Recovery

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

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

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

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

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

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

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

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


### Setbacks and relapses

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

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

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

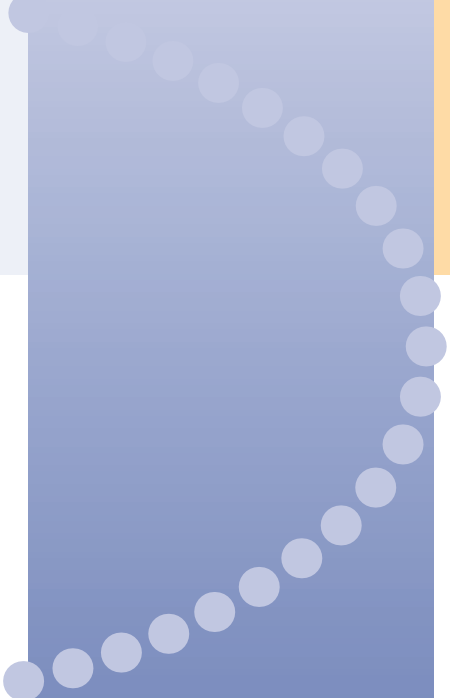
We got him to detox. Things were getting better. For a while, it was good. It seemed antidepressants helped. The rest of the family prayed a lot, and cried a lot, while my son went into treatment again and again. We were proud of all the baby steps along the way.



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

### Remember:

- » No treatment will work unless the user truly wants to quit/reduce using.
- » Not every treatment is right for every person. An individual may have to try many options before finding one that works.
- » Relapsing should not be seen as failure. It's normal and common, and should be looked at as a point from which to pick up and continue.
- » Abstinence may not be a realistic goal initially, but reduced drug use and improved lifestyle are a good start from which to build.
- » Controlled use, stable relationships, employment, secure finances, and good health are achievable goals for those not yet able to achieve abstinence.
- » Parental and family support is one of the strongest factors in successfully treating drug and alcohol dependence.



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

# After They Go Straight

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

Being “straight,” especially after a long period of drug or alcohol use, is extremely difficult for many people.

- » Boredom is a very real problem for people who may not be in good enough shape to find employment or return to education.
- » Wanting it all too quickly — new life, new job, new car — can be too much pressure for recovering drug users.
- » Drugs suppress feelings of all kinds, so expect a roller coaster of emotions, including guilt, shame, anger and fear about the past and future. Regular support from a good counsellor is invaluable.
- » Watch out for relapses after a long period of abstinence. The size of the dose to which the user had previously become accustomed may actually be enough to cause an overdose.

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



## How about you?

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

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

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

*"If she  
messes up, I have  
to do what I say  
I'm going to do,  
but if they're sick,  
what are you  
going to do?"*



# Finding Help

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

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

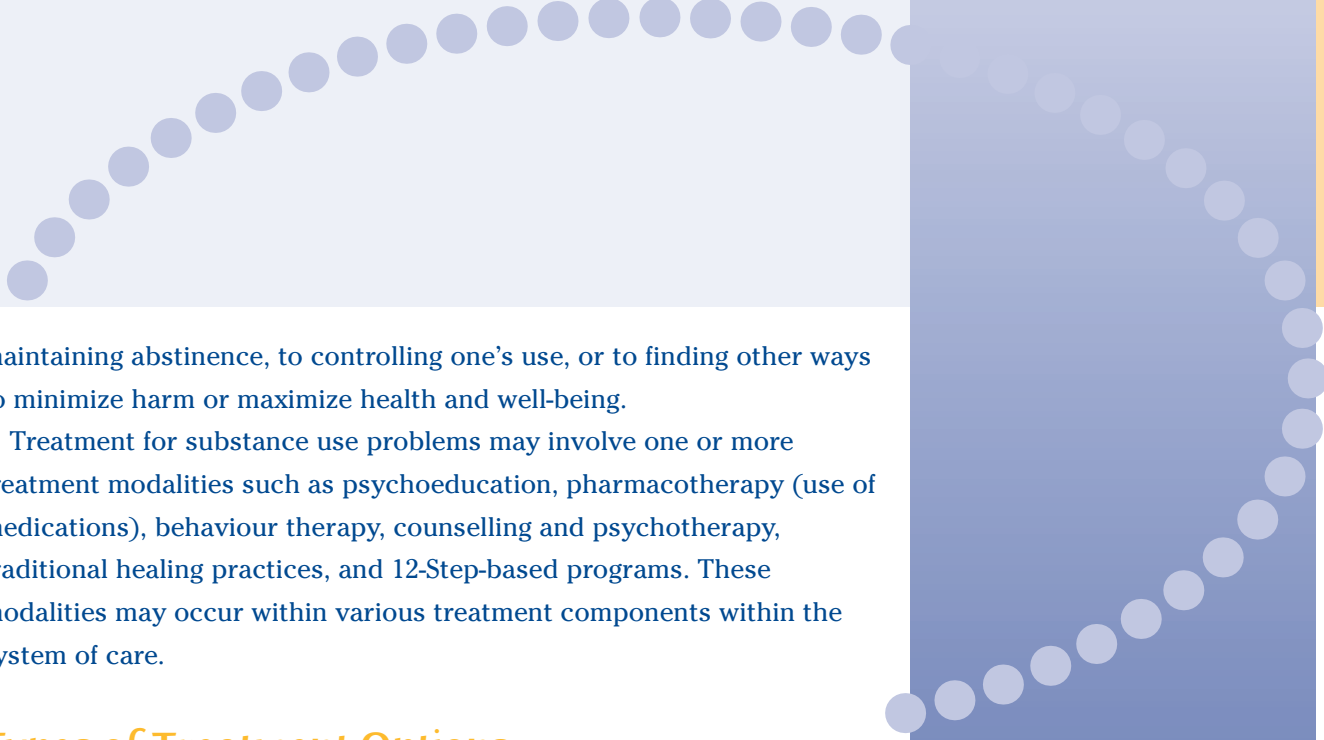
It is even more difficult to find treatment for those with a dual diagnosis of mental illness and drug dependency.

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

## Definitions and Options

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

**Treatment:** Treatment does not mean an instant cure. Treatment for addiction includes a range of interventions designed to help people deal with substance use problems and disorders. It also assists people to manage the adverse health and social consequences arising from problematic substance use. Goals may range from achieving and



maintaining abstinence, to controlling one's use, or to finding other ways to minimize harm or maximize health and well-being.

Treatment for substance use problems may involve one or more treatment modalities such as psychoeducation, pharmacotherapy (use of medications), behaviour therapy, counselling and psychotherapy, traditional healing practices, and 12-Step-based programs. These modalities may occur within various treatment components within the system of care.

## Types of Treatment Options


- **Outpatient treatment** – available in most communities
- **Multi-component programs for youth** – various constellations, vary by region
- **Withdrawal management** - residential, home, or outpatient support during withdrawal
- **Intensive non-residential treatment** - day or weekend programs, clients at live home
- **Residential treatment** – intensive treatment in a structured residential context
- **Supportive recovery services** – longer-term transitional housing and support services
- **Pregnancy Support Services** – support services to at-risk pregnant women and their families
- **Street outreach programs** – support services and bridges to the system of care
- **Needle Exchange programs** – prevent disease transmission and provide bridges to services
- **Methadone treatment** – replacement therapy for heroin addiction
- **Safe supported housing** – housing with associated support services



## Selecting a Treatment Provider

In choosing a treatment provider you might want to ask some of the following questions in order to ascertain the philosophy, quality, suitability and affordability of the service:

1. Where is the facility located?
2. Is the facility co-ed?
3. What is the age range of the clients?
4. Problematic drug use for the majority of the clients would be which drug?
5. What is the method of referral?
6. Is there a wait list?
7. Is there a period of “clean time” required prior to admission? If so, how long is it?
8. Does the facility have a detox?
9. Are there medical personnel on staff? Psychiatrist? Nurse? Etc.?
10. Will any medications be prescribed or allowed? (Especially important with methadone)
11. Is counseling in private sessions or only in groups? How long and how often are these sessions?
12. Please describe the philosophy and the approach of the program.
13. What is the success rate?
14. What program details can you provide?
15. What is the policy concerning relapse?
16. What constitutes a relapse?
17. What are the rules that may result in discharge?  
(E.g. Smoking cigarettes)
18. Is there re-imbursement for any part of the program fee should the client withdraw or be asked to leave?
19. What contact will there be for the client with those outside of the facility? (Visitors, weekends home, letters, phone calls etc.)

- 
20. What may the client bring and what is not permitted in the facilities?  
(Money, portable music, etc.)
  21. What recreational/leisure activities are available?
  22. What is the family involvement?
  23. Is there an aftercare program?
  24. How do you monitor that clients are not using drugs while taking part in treatment?
  25. Can the facility provide references?
  26. Is this facility accredited or licensed?
  27. What is this accreditation or license?
  28. How many staff members does the facility have?
  29. What are the qualifications of the staff? Degrees, certificates, diplomas, former addicts?
  30. What is the client to staff ratio?
  31. What is the staff turn-over?

## RESOURCES

Below are some of the resources available in the Vancouver area. For more services and for services in the rest of B.C., see your local Health Authority. Contact information is listed at the end of this section. Please note that these are resources and information available at time of publication.

### **Ministry of Health ( Mental Health and Addictions )**

[www.health.gov.bc.ca](http://www.health.gov.bc.ca)

**Alcohol & Drug Information and Referral Service** 604-660-9382

**Toll-free line** 1-800-663-1441

**Deaf and hard of hearing callers:** TTY 604-875-0885 (collect calls accepted) or Text 604-836-6381.

Provides free 24 hour information and referral services for people across B.C. needing help with any kind of substance abuse. Includes information and referral to education, prevention and treatment services and regulatory agencies.



**B.C. Partners For Mental Health and Addiction Information**  
[www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)

**Canadian Center for Substance Abuse** [www.ccsa.ca](http://www.ccsa.ca)  
**Centre for Addictions Research of BC** [www.carbc.ca](http://www.carbc.ca)

#### VANCOUVER SERVICES FOR YOUTH

##### **Withdrawal Management/Detox Services :**

##### **Youth Detox Access Referral Line - D'TALKS**

One-stop access to detox services for youth 12-21 in the Vancouver Coastal Health region  
604-658-1221 Toll Free 1-866-658-1221

Calling the D'TALKS phone line connects youth to an access worker who interviews, assesses and places them into the most appropriate withdrawal management service, or puts them on a waitlist if the service isn't immediately available

Home Detox information is available through your local Community Health Centre

#### RESIDENTIAL TREATMENT

##### **Pacific Youth and Family Services Society (PEAK House)**

Residential Treatment program for youth 13-18. 8 beds, 10 weeks (first 2 weeks orientation/settling in). Referrals are made by an addictions counsellor and you must be one week clean before being admitted to the program. **Note: Serves youth province-wide**

[www.peakhouse.ca](http://www.peakhouse.ca)

(604) 253-3381

2427 Turner Street, Vancouver, BC, V5K 2E7

#### SUPPORT RECOVERY PROGRAMS

##### **Pacific Legal Education Association (PLEA)**

**Daughters and Sisters** is a six month treatment program for girls age 12-18 with addiction issues. (7 beds court ordered, 2 beds outpatient referral)

**Waypoint** is a four month addiction treatment program designed for young men 12-18 years of age with addiction issues. Referrals to the program are accepted only from probation officers within the province of British Columbia.

[www.plea.bc.ca](http://www.plea.bc.ca)

604-871-0450



3894 Commercial Drive, Vancouver, BC, V5N 4G2

**ADDITIONAL SERVICES & SUPPORT FOR YOUTH**

**Watari Youth Day Treatment**

Individual and group counselling referrals and support, training and education, prevention activities

[www.watari.org](http://www.watari.org)

604-254-6995

Suite 301 - 877 East Hastings Street, Vancouver, BC, V6A 3Y1

**Broadway Youth Resource Centre**

Resources for youth, 12-24, including life skills, counselling, health services, employment training, meals, housing supports and referrals

[www.pcrs.ca](http://www.pcrs.ca) (Click on programs)

604-709-5720

691 East Broadway, Vancouver, BC, V5T 1X7

**Centre for Gay, Lesbian & Transgender Youth**

604-684-6869

1170 Bute Street Vancouver, BC

**Dusk to Dawn**

Overnight drop-in, outreach, life skills, counselling, health services, meals, housing supports and referrals

604-688-0399

St. Paul's Hospital annex (Comox Street) Vancouver, BC

**Hey-Way'-Noqu' Healing Circle for Addictions Society**

Outpatient support for First Nations and Metis youth and families

604-874-1831

296-33 East Broadway, Vancouver, BC, V5N 1W1

**Boys and Girls Club of Greater Vancouver**

**\*Nexus Program**

Support and outreach services for street involved youth

604-660-5216

550 Cambie Street, Vancouver, BC, V6B 2N7

**\*Odyssey II**

Providing youth with one to one and group based counselling for substance misuse related issues

[www.bgc-gv.bc.ca](http://www.bgc-gv.bc.ca)

604-879-8853

2875 St. George Street, Vancouver, BC, V5T 3R8



**Downtown Eastside Youth Activities Society (DEYAS)**

**Youth Action Coalition** - Outreach, drop in, life skills, recreational programs, 1:1 support for youth in Vancouver's Downtown Eastside. [www.deyas.org](http://www.deyas.org)  
604-685-6561

49 West Cordova Street, Vancouver, BC, V6B 1C8

**Concurrent Disorders Youth Program**

Provides services to youth ages 12 to 24 who have a mental health concern and are also using substances as well as support and counselling for youth and families

604-255-9843

255 East 12th Avenue, Vancouver, BC, V5T 2H1

**ADULT ADDICTION SERVICES (19 YEARS AND OVER)**

**Detox/Daytox**

**ACCESS 1** – Detox / Daytox Referral Line

604-658-1250, Toll Free: 1-866-599-1110

**Home Detox** information is available through your local community health centre

**ADULT RESIDENTIAL TREATMENT**

**Aurora Centre (Women)**

Provides a six-week intensive residential program. Fee \$1680

604-875-2032

5th Floor, 4500 Oak Street, Vancouver, BC, V6H 3N1

**Homestead (Women) Salvation Army**

A 12-week support recovery program for 12 women

604-266-9696

975 West 57th Avenue, Vancouver, BC, V6P 1S4

**Chrysalis Society – New Dawn/New Day (Women)**

**Early and Second Stage Support** Safe, drug and alcohol free environment while encouraging residents to seek help through other programs of the Addiction Services

604-325-0576

720 East King Edward Avenue, Vancouver, BC, V5V 2E2



### **Turning Point (Co-ed)**

Offers a safe, drug and alcohol free environment while encouraging residents to seek help through other programs of the Addiction Services

[www.turningpointrecovery.com](http://www.turningpointrecovery.com)

604-875-1710

455 West 13th Avenue, Vancouver, BC, V5Y 1W4

### **Pacifica (Co-ed)**

Pacifica offers a continuum of care in a residential treatment setting to help individuals and their families deal with the consequences of addiction

[www.pacificatreatment.ca](http://www.pacificatreatment.ca)

604-872-5517

1755 E 11th Avenue, Vancouver, BC, V5N 1Y9

### **Berman House (Men)**

Provides psychiatric care and housing for six men with a mental illness and co-occurring substance abuse. Provides 24-hour supervised care.

3 - 6 months stay (Co-ed 2008)

604-254-6065

1400 Lakewood Drive, Vancouver, BC, V5L 2V1

### **Together We Can (Men)**

Stage 1: A 90-day treatment program with no outside work or study. Stage 2 provides housing for graduates of the residential program (or another residential program, if space is available) while they reintegrate into the community. Counselling services that include individual, group and family sessions. **Accepts clients on the methadone maintenance program.**

[www.twcvancouver.org](http://www.twcvancouver.org)

604-451-9854

2831 Kingsway, Vancouver, BC, V5R 5H9

### **Central City Lodge (Men)**

Offers a safe, drug and alcohol free environment while encouraging residents to seek help through other programs of the Addiction Services.

604-681-9111

415 W Pender Street, Vancouver, BC, V6B 1V2

### **Harbour Light Treatment Centre (Men)**

62-beds. **Phase 1** is a 90-day residential treatment program.

**Phase 2** is a six-week, full-time, re-entry living skills program for men who have completed Phase 1.

Salvation Army

604-646-6800

119 East Cordova Street, Vancouver, BC, V6A 1K8





## ADULT DAY TREATMENT PROGRAMS

### **Aurora Day Program (Women)**

Offers intensive therapeutic group counselling in a non-residential setting. The programs are usually 4-5 weeks long.

604-875-2032

5th Floor, 4500 Oak Street, Vancouver, BC, V6H 3N1

### **Family Services DEW Program (women)**

Offers intensive therapeutic group counselling in a non-residential setting. The programs are usually 4-5 weeks long.

604-872-4349

202 - 1193 Kingsway, Vancouver, BC, V5V 3C9

### **Concurrent Disorders Program**

Outpatient program for individuals with a mental illness who have a substance abuse problem.

604-255-9843

255 East 12th Avenue, Vancouver, BC, V5T 2H1

### **Family Services Day Program (Co-ed)**

Offers intensive therapeutic group counselling in a non-residential setting. The programs are usually 4-5 weeks long.

604-872-4349

202 - 1193 Kingsway, Vancouver, BC, V5V 3C9

### **Watari**

Youth & Family Alcohol and Drug Service for children, youth, adults and families primarily in the Downtown Eastside/ Strathcona area who are concerned about their own or someone else's alcohol or drug use.

604-254-6995

Suite 301 - 877 East Hastings Street, Vancouver, BC, V6A 3Y1

### **Sheway**

Integrated health care, including addictions, for pregnant women and new moms (with infants under 18 months) who are dealing with substance use issues.

604-216-1699

533 East Hastings Street, Vancouver, BC, V6A 1P9



**ADDITIONAL RESOURCES OUTSIDE THE VANCOUVER AREA:**

**Miracle Valley - Men (Valley of Miracles Paetzold Centre) Salvation Army**

170 beds Three-month, open-ended treatment cycle includes individual and group therapy, addiction education, relapse prevention, and spiritual and 12-step programs  
604-826-6681

14100 Stave Lake Road. Mailing address: PO Box 3400, Mission, BC, V2V 4J5

**Innervisions Recovery Centre (Men)**

Residential treatment program for men with addiction problems. Uses a three-stage approach that reflects need and level of recovery.

[www.innervisionsrecovery.com](http://www.innervisionsrecovery.com)

604-468-2032, Toll Free 1-877-939-1420

1937 Prairie Avenue, Port Coquitlam, BC, V3B 1V5

**Peardonville House (Women)**

Children are welcome if under school age; fully licensed child care centre on site. 16 adult women and nine children.

Contact information: 604-856-3966

29491 Huntington Road, Abbotsford, BC V4X 2K3

**Kinghaven Treatment Centre (Men)**

70 day residential treatment for men who are chemically dependent or have a concurrent disorder. 52 clients. Cost to client is \$40 per day or \$2800 for 70 days. Some clients may qualify for MHR or FHA subsidy

604-864-0039, Toll Free 1-877-864-0039

31250 King Road, Abbotsford, BC, V2T 6C2

**Last Door Youth Program (Men)**

Residential recovery center for male youth aged 14 to 18 years who have substance misuse problems. Last Door provides a full spectrum of care, counselling and support. Clients who celebrate a 19th birthday while at Last Door can transfer to the adult program to continue treatment as deemed appropriate by the Program Coordinators.

[www.lastdoor.org](http://www.lastdoor.org)

604-520-3587

109 Ash Street, New Westminster, BC, V3M 3M2

**Last Door Recovery Centre (Men)**

70 day residential treatment for 52 clients who are chemically dependent or have a concurrent disorder. Services include screening and assessment; individual, family, and group counselling; and lifeskills training. Cost to client is \$40 per day. Some clients may qualify for MHR or FHA subsidy.

[www.lastdoor.org](http://www.lastdoor.org)



604-525-9771  
323 Eighth Street, New Westminster, BC, V3M 3R3

**Maple Ridge Treatment Centre (MRTC) (Men)**

The program is secular and evidence-based, and includes group therapy, educational programs, a family program, recreational and fitness opportunities, and aftercare. Wheelchair accessible location. Must be referred by an addiction or EAP counsellor, doctor or psychiatrist, or parole/probation officer. Continuous intake. Fees are \$4200.

604-467-3471, Toll Free 1-877-678-6782  
22269 Callaghan Avenue, Maple Ridge, BC, V2X 2E2

**Path to Freedom Treatment Centre Ltd. (Men)**

90-day program . Services offered include individual and group counselling, and lifeskills training. Cost is \$40 per day. Funded by FHA. Service offered in English, Hindi, and Punjabi.

[www.pathtofreedom.net](http://www.pathtofreedom.net)

604-576-6466  
19030 Highway 10, Surrey, BC, V3S 8E5

**Phoenix Drug and Alcohol Centre (Men)**

Two residences for men who are in early recovery from alcohol and drug misuse. Self-referrals are welcome. Staged program is based on a biopsychosocial model of addiction and reflects a developmental model of recovery.

604-583-7166  
13686 94A Avenue, Surrey, BC, V3V 1M1

**Recovery Program for Men**

120-day residential alcohol and drug recovery program. Self-referral accepted. Intake happens in person at 1 pm Monday to Thursday, as well as 10 am on Tuesdays.

604-253-3323  
616 East Cordova Street, Vancouver, BC, V6A 1L9

**Wagner Hills Farm Society (Men)**

Provides healing from harmful dependencies in a Christian community on a farm setting for 50 men. 8 month commitment.

[www.wagnerhills.com](http://www.wagnerhills.com)

604-856-9432  
8061 264th Street, Langley, BC, V1M 3M3



### SUPPORT GROUPS FOR FAMILIES :

#### **From Grief To Action**

(Association of Families and Friends of Drug Users)

[www.fromgriefftoaction.org](http://www.fromgriefftoaction.org) or [www.fgta.ca](http://www.fgta.ca)

[info@fgta.ca](mailto:info@fgta.ca)

#### **Parents Forever (Support Group)**

Frances, 604-524-4230 [www.fgta.ca](http://www.fgta.ca)

#### **Parents Together (Parents of Teens)**

604-321-5621 [www.parentstogether.ca](http://www.parentstogether.ca)

**Al-Anon** 604-688-1716

**Nar-Anon** 604-878-8844

### SELF HELP FOR THE ADDICT:

**Kids Help Phone** 1-800-668-6868

**Vancouver Crisis Line** 604-872-3311 (24 hours)

**Aids Vancouver** 604-893-2201 [www.aidsvancouver.org](http://www.aidsvancouver.org)

**Hepatitis "C" Information Line** Toll Free 1-800-770-4800

**Hepatitis "C" Society of Canada** Toll Free 1-800-652-4372

[www.hepatitiscsociety.com](http://www.hepatitiscsociety.com)

**AA** 604-434-3933

**NA** 604-873-1018

**Cocaine Anonymous** 604-662-8500

**Crystal Meth Anonymous** 604- 633-4242

\*Other services are available in the community for people and families affected by alcohol and drugs. For more information call Vancouver Coastal Health Information Line 604-736-2033, 1-866-884-0888 (toll free for residents outside the Lower Mainland) or your local Community Health Centre.

### HEALTH SERVICES

#### **Vancouver Coastal Health**

604-736-2033, Toll Free 1-866-884-0888 [www.vch.ca](http://www.vch.ca)

\*For addiction services, click on Vancouver Community, Richmond, or North Shore/Garibaldi



**Fraser Health Authority**

604-587-4600, Toll Free 1-877-935-5669

[www.fraserhealth.ca](http://www.fraserhealth.ca)

\*Click on Health Information

\*Click on Mental Health and Addictions

\*Click on Addiction Services

**Vancouver Island Health**

250-862-4300 [www.viha.ca](http://www.viha.ca)

**Northern Health**

250-565-2640 [www.northernhealth.ca](http://www.northernhealth.ca)

**PRIVATE TREATMENT CENTRES**

**The Orchard Recovery and Treatment Centre (Co-ed)**

[www.orchardrecovery.com](http://www.orchardrecovery.com)

604 -947-0420, Toll Free 1-866-233-2299

Bowen Island, BC, V0N 1G0

**The Cedars (Female 14 -18 years)**

604-526-2522 [www.thecedarsaddictionsprogram.org](http://www.thecedarsaddictionsprogram.org)

**The Cedars At Cobble Hill (Adult Co-ed)**

[www.cedarsatcobblehill.com](http://www.cedarsatcobblehill.com)

Toll Free: 1-866-716-2006, Local: 250-733-2006

P.O. Box 250, 3741 Holland Avenue, Cobble Hill, BC, V0R 1L0

**Edgewood (Co-ed)**

[www.edgewood.bc.ca](http://www.edgewood.bc.ca)

250-751-0111 Toll Free: 1-800-683-0111

2121 Boxwood Road, Nanaimo, BC, V9S 4L2

**The Top of the World Treatment Centre (Adult Co-ed)**

[www.topoftheworldranch.com](http://www.topoftheworldranch.com)

Toll Free: 1-888-996-6306, Local: 250-426-6306, 250-426-6377

P.O. Box 29, 8350 Holmes Road, Fort Steele, BC, V0B 1N0

**Victoria Beacon of Hope (Youth Male 13-18 Years)**

250-384-3396

Major Bill Mason, The Salvation Army ARC



## VANCOUVER COMMUNITY HEALTH CENTRES

Addiction services: Counselling, Needle Exchange, Opiate Replacement Therapy, Withdrawal Management, and Youth Prevention. A free public education series on drug and alcohol use is offered at Pacific Spirit and Raven Song Community Centres.

### **Aboriginal Health Services**

2nd Floor, 520 West 6th Ave, Vancouver, BC, V5Z 4H5  
Tel: 604-708-5248

### **Downtown Community Health Centre**

569 Powell Street, Vancouver, BC, V6A 1G8  
604-255-3151

### **Evergreen Community Health Centre**

3425 Crowley Street Vancouver, BC, V5R 6G3  
604-707-3620

### **Health Contact Centre**

166 East Hastings Street, Vancouver, BC, V6A 1N4  
604-658-1224

### **Life Skills Centre**

412 Cordova Street, Vancouver, BC, V6A 1L6  
604-216-2776

### **North Community Health Office**

202-1651 Commercial Drive, Vancouver, BC, V5L 3Y3  
604-215-3990.

### **Pacific Spirit Community Health Centre**

3rd Floor – 2110 West 43rd Avenue, Vancouver, BC, V6M 2E1  
604-267-3970

### **Pender Community Health Centre**

59 West Pender Street, Vancouver, BC, V6X 2A9  
604-669-9181

### **Raven Song Community Health Centre**

2450 Ontario Street, Vancouver, BC, V5T 4T7

### **Three Bridges Community Health Centre**

301-1290 Hornby Street, Vancouver, BC, V6Z 1W2  
604-714-3480

For Community Health Centres in other areas contact your regional health authority.



## BOOKS

- » *Addiction is a Choice* / Jeffery A. Schaler, c2000.
- » *Drugs in Modern Society* / Charles R. Carroll; with contributions by Lynne H. Durrant, c2000.
- » *Love Her as She Is: Lessons from a Daughter Stolen by Addictions*/Pat Morgan, c2000.
- » *Overcoming Addiction: A Common Sense Approach* / Michael Hardiman, c2000.
- » *Recovery Options: The Complete Guide* / Joseph Volpicelli, Szalavitz, c2000.
- » *Death by Heroin, Recovery by Hope* / Mary Kenny, c1999.
- » *Drug Legalization: A Pro/Con Issue* / Jennifer Lawler, c1999.
- » *Heroin Drug Dangers* / Mary Ann Littell, c1999.
- » *How to Stop Time: Heroin from A to Z* / Ann Marlowe, c1999.
- » *How to Talk to Teens About Really Important Things* / Charles Schaefer and Theresa Foy, c1999.
- » *From Chocolate to Morphine: Everything You Need to Know About Mind-altering Drugs* / Andrew Weil, M.D., and Winifred Rosen, updated 1998.
- » *Heroin* / Sandra Lee Smith, c1997.
- » *The Pursuit of Oblivion: A Global History of Narcotics, 1500–2000* / Richard Davenport Hines, c2001.
- » *Rational Recovery: A New Cure for Substance Addiction* / Jack Trimpey, c1996.
- » *Uppers Downers All Arounders – Physical and Mental Effects of Psychoactive Drugs* / Darryl Inaba and William Cohen, c1993.
- » *How to Deal with Your Acting Up Teenager* / Robert and Jean Bayard, c1983.
- » *One Day at a Time in Al-Anon* / Al-Anon Family Group Inc., c1999.
- » *Addict In The Family* /Beverly Conyers, c2003.
- » *Addiction: Why Can't They Just Stop?* / John Hoffman and Susan Froemke, c2007. Companion book to the HBO documentary of the same name.

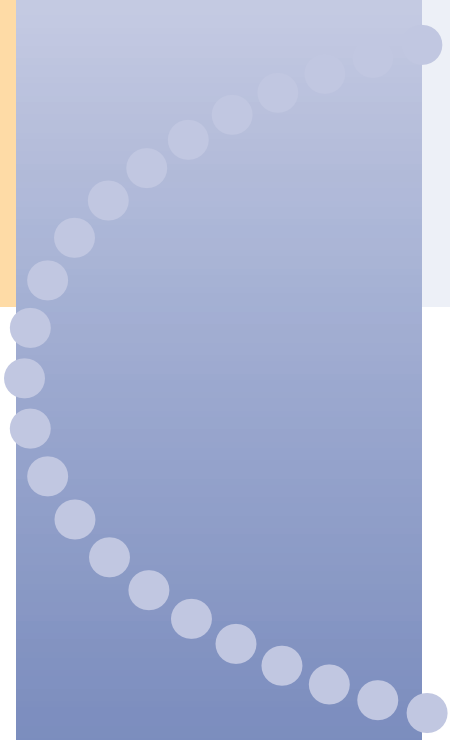
# Last Words of Advice

## VIDEOS AND DVDS AVAILABLE FROM GRIEF TO ACTION

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

*“Stay  
connected,  
appreciative,  
supportive...”*





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

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

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

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

# Drugs and Alcohol At A Glance

## Alcohol

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

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

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

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

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

The liver can only break down and get rid of about one standard drink an hour (a glass of wine, a shot of spirits, or a beer all contain about the same amount of alcohol). Sobering up takes time. No amount of black

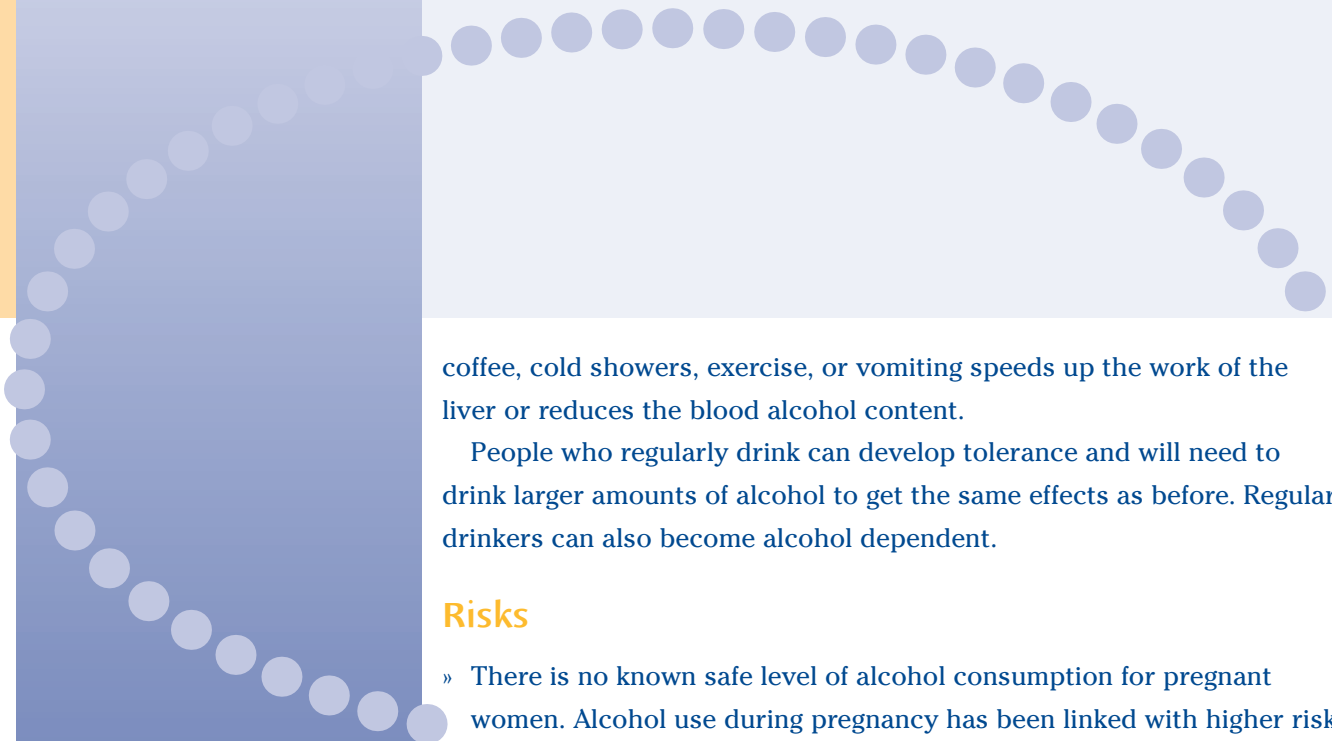
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coffee, cold showers, exercise, or vomiting speeds up the work of the liver or reduces the blood alcohol content.

People who regularly drink can develop tolerance and will need to drink larger amounts of alcohol to get the same effects as before. Regular drinkers can also become alcohol dependent.

### Risks

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


### Treatment

- » Withdrawal/detox from alcohol is extremely stressful physically and mentally, and carries higher risks than withdrawal from many other drugs. Detox should be closely supervised, whether at home or at a detox

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centre. Withdrawal takes up to a week, and psychological dependency continues for some time (some say forever) after physical detox.

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

## Cannabis (Marijuana)

Cannabis is the short name for the hemp plant *Cannabis Sativa*. Marijuana (weed, pot, dope, grass, ganja) and hashish (hash) come from this plant. The chemical in cannabis that makes the user high is THC (tetrahydrocannabinol), and the higher the level of THC, the stronger the marijuana.

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

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

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

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## Risks

- » Dependence on cannabis is possible, not inevitable, with prolonged heavy use, but doesn't resemble dependence on other psychoactive drugs in that it generally consists of chain smoking joints from morning to night, much like cigarette addicts. Regular users can also develop a tolerance for the drug, but need only to cut back on use to reduce tolerance.
- » Small amounts of cannabis do not appear to produce lasting harmful effects, and withdrawal is minimal or nonexistent from all but heavy continuous use. However, frequent or heavy smokers commonly report some long term effects, including apathy, decreased motivation and ambition, reduced memory and learning abilities, decreased sex drive, and deterioration of social and communication skills. All these faculties will recover once the person stops or reduces use of cannabis.
- » Some regular users develop a psychological dependence on cannabis. This means they need cannabis because it has become important in their daily lives, usually to relax, unwind, counter stress, or to make them feel at ease in social situations.
- » Cannabis impairs balance, coordination, logic, judgement, and concentration. The biggest risk with cannabis is of having accidents while driving, operating machinery, or at home.
- » The most established risk with long-term cannabis use is of developing chronic respiratory problems, or lung, mouth, or throat cancer from the carcinogens in the smoke.
- » Extreme reactions are very rare. There have been isolated reports of people becoming disoriented or suffering hallucinations or behavioural disturbances.
- » Cannabis is thought by some researchers to trigger episodes of pre-existing bipolar disorder (manic depression) or psychosis. People suffering from depression may have a bad reaction to cannabis, and those with a family history of mental illness should steer clear of cannabis, or any other drug.

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- » An overdose of cannabis is all but impossible. However, ingesting huge amounts has been known to cause people to fall into a coma, and smoking or eating too much can make a user feel nauseous, paranoid, panicky, and generally unwell.
  - » Those withdrawing from cannabis may experience sleeping problems, anxiety, sweating, loss of appetite, and an upset stomach. These symptoms usually disappear within a few days, although sleep disturbances may last longer.

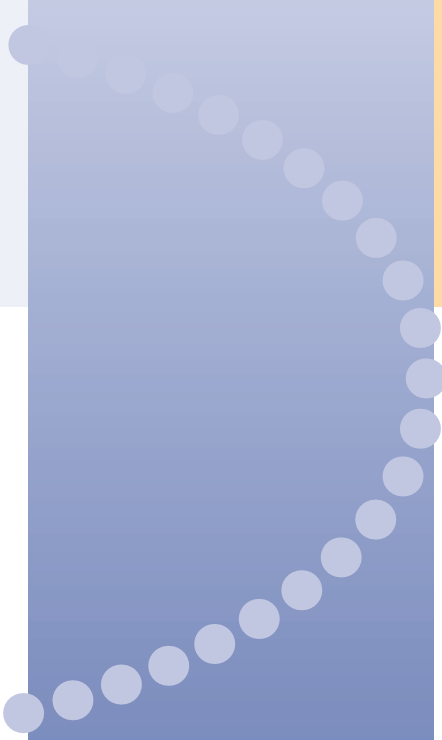
## Cocaine

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

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

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

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

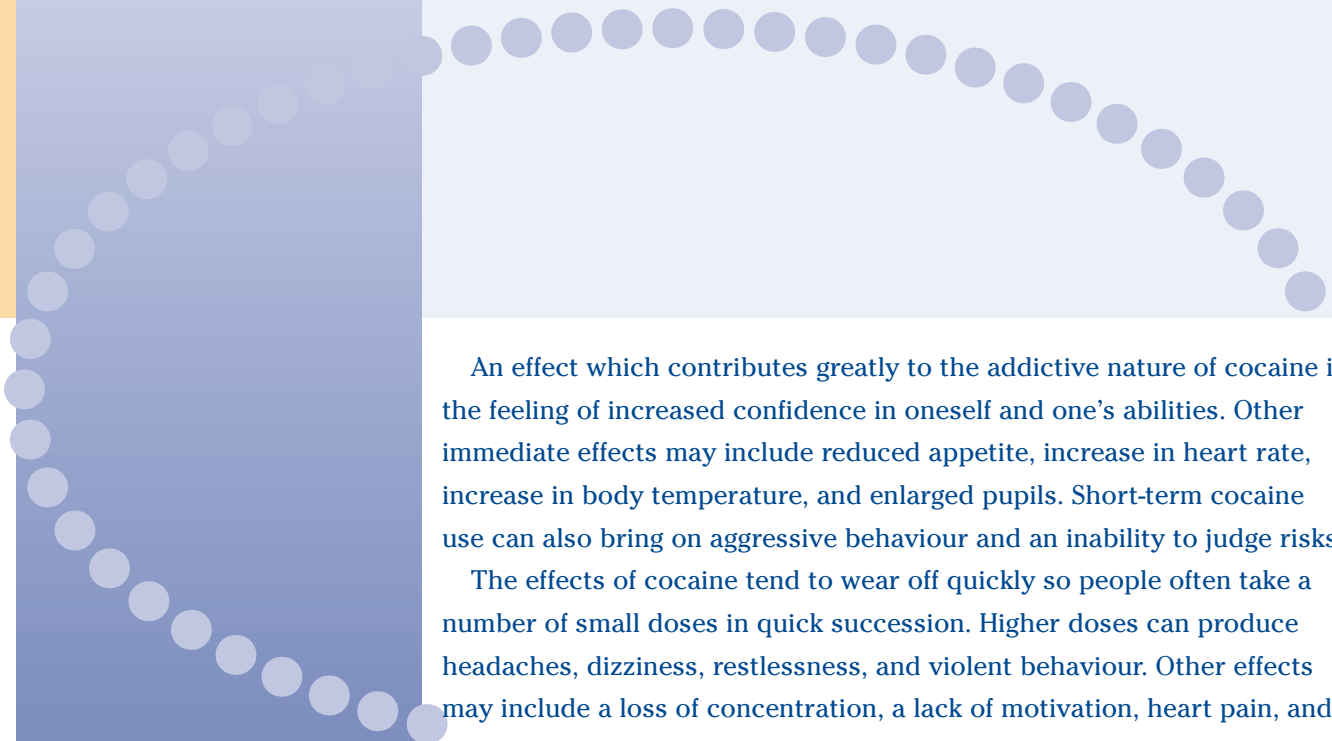


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An effect which contributes greatly to the addictive nature of cocaine is the feeling of increased confidence in oneself and one's abilities. Other immediate effects may include reduced appetite, increase in heart rate, increase in body temperature,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

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


### Risks

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

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

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## Withdrawal

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

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## Ecstasy

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

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

Many ecstasy users experience a “hangover” effect — including loss of appetite, insomnia, depression, and muscle aches — and find it difficult to concentrate the day after. Regular users may feel run down, and be more susceptible to colds and other illness.

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

## Risks

- » Overheating, and ignoring it, may be the most common risk associated with ecstasy use. Sipping water doesn't reduce the drug's effects, but does prevent dehydration. On the other hand, drinking too much water may lead to brain swelling in some.
- » Ecstasy, known as the love drug, commonly makes users feel warm and loving. Ecstasy can also heighten sexual desire, intensify sexual experience, and decrease inhibitions, making unprotected/unsafe sex more likely.

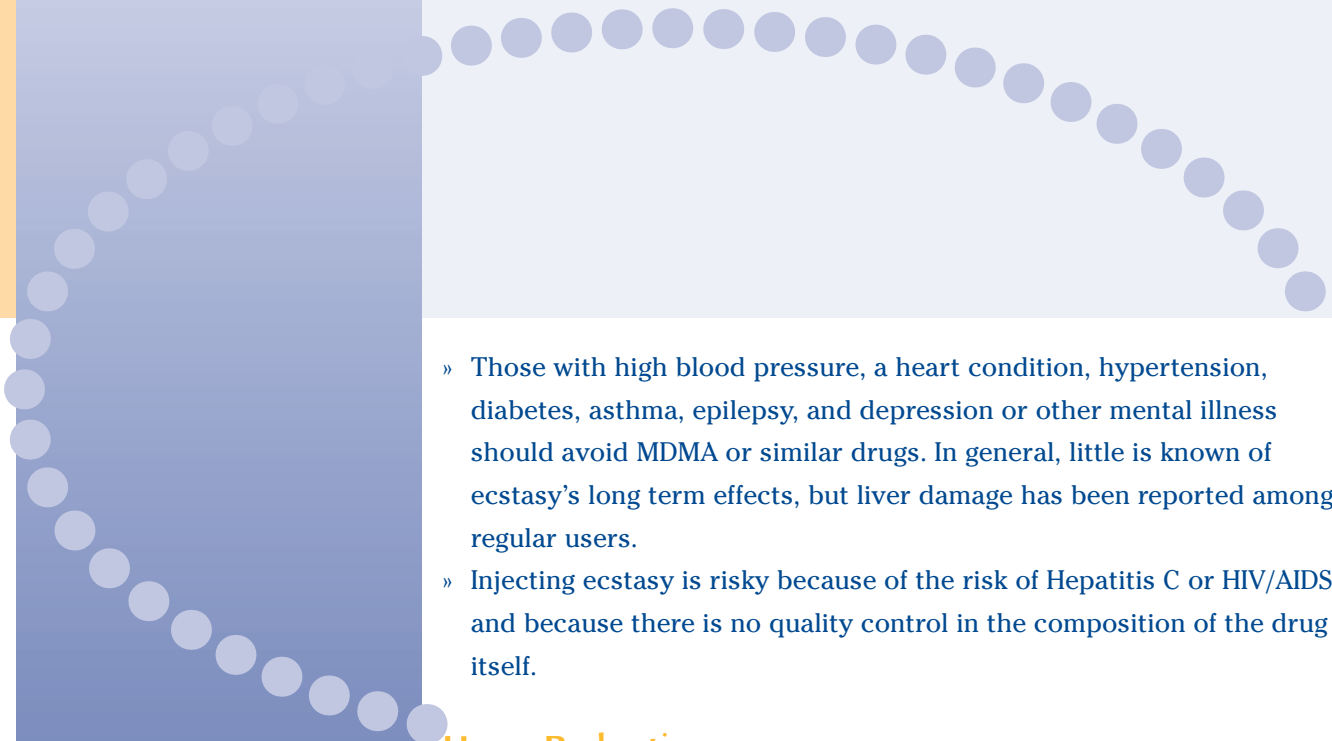
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- » Those with high blood pressure, a heart condition, hypertension, diabetes, asthma, epilepsy, and depression or other mental illness should avoid MDMA or similar drugs. In general, little is known of ecstasy's long term effects, but liver damage has been reported among regular users.
  - » Injecting ecstasy is risky because of the risk of Hepatitis C or HIV/AIDS, and because there is no quality control in the composition of the drug itself.

### Harm Reduction

- » Watch for signs of dehydration or heat stroke. Suddenly feeling irritable, giddy, or faint, cramps in the back of the legs, arms, and back, passing little or dark-coloured urine, vomiting, or inability to sweat are all warning signs. Those with these symptoms should tell a friend what's happening, sit down in a cool quiet area, and sip fluids such as fruit juice. If the symptoms continue, worsen, or the user or their friends are worried, they should immediately seek medical help.
- » Call an ambulance immediately:
  - If a person has heart palpitations, shortness of breath, wheezing, fitting, severe headache, blurred vision, or collapses into unconsciousness after using ecstasy. If injecting, a severe headache and vomiting can indicate serious damage.
  - If a person passes out or becomes unable to speak or move, but is breathing and has a pulse, lie them on their left side and call an ambulance.
  - If breathing stops but a pulse can be felt, call an ambulance, and commence mouth-to-mouth resuscitation (if a pulse is evident do not attempt CPR).
  - If no pulse or breathing is evident, call an ambulance and start CPR (Cardio-Pulmonary resuscitation).

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## Other party drugs

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

## Heroin

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

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

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

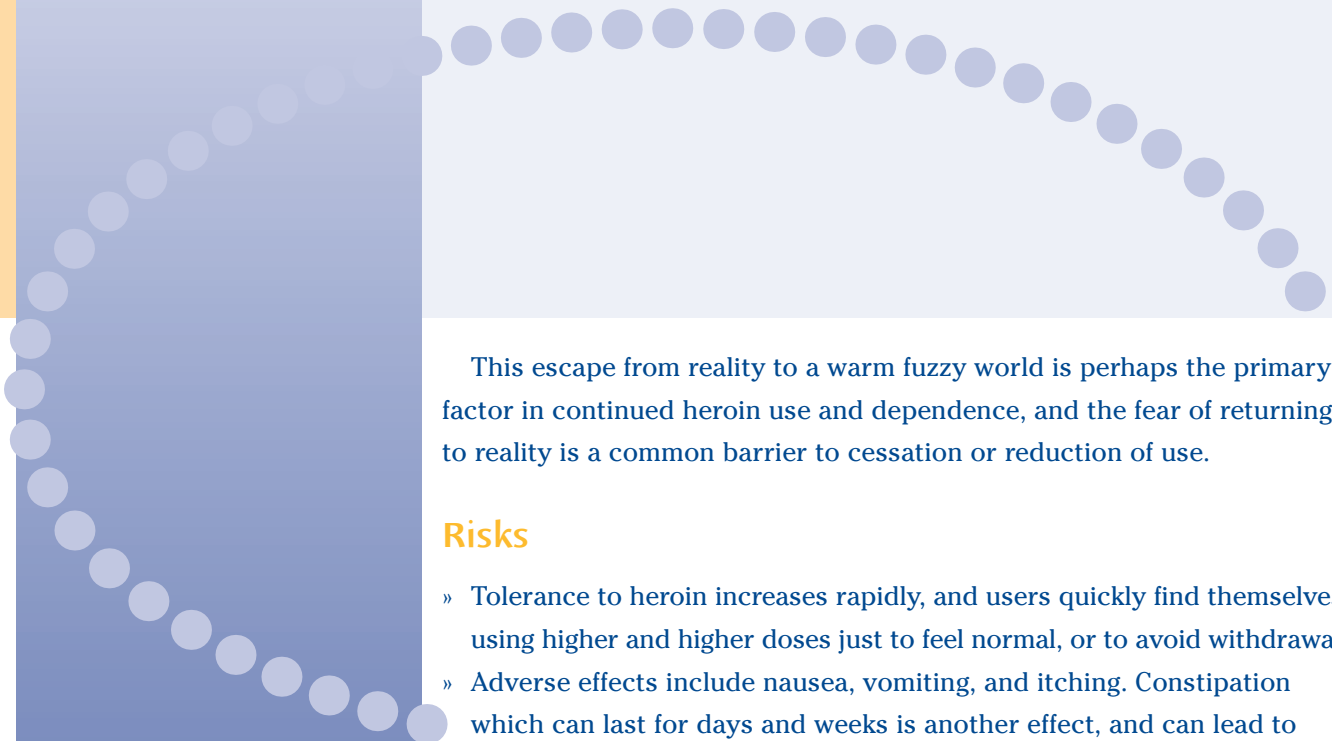
Heroin's initial rush of euphoria is followed by a relaxed cocooned warm feeling and the disappearance of fear and worry. Eyes glaze, and the user commonly goes on the nod, appearing to be falling asleep where they sit or stand. At higher doses, the pupils of the eyes narrow to pin-points, the skin becomes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

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

### Risks

- » Tolerance to heroin increases rapidly, and users quickly find themselves using higher and higher doses just to feel normal, or to avoid withdrawal.
- » Adverse effects include nausea, vomiting, and itching. Constipation which can last for days and weeks is another effect, and can lead to hospitalization and serious illness.
- » Long-term use may result in damage to the veins, heart, and lungs. Women may experience irregular menstruation and possible infertility, while men may experience impotence. Sexual activity commonly becomes non-existent for regular heroin users, as the sexual drive fades along with pain, fear, and anxiety.
- » Heroin users who inject are at particular risk for Hepatitis C and HIV/AIDS.
- » The unknown strength of street heroin can be a factor in accidental overdose.
- » Heroin can be dangerous when combined with other drugs, especially depressants like alcohol, or minor tranquilizers like rohypnol, valium, and the like. These combinations can lead to coma or even death.
- » Overdose. Too much heroin, morphine, methadone, or opium causes the blood pressure to drop so low that oxygen does not get to vital organs, the body shuts down, and breathing slows and stops. Most overdoses occur when drugs are mixed, but can also be caused by changes in the purity of the heroin.
- » Most overdoses are accidental. The majority of fatalities with overdoses occur when the person is alone.

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## Signs of overdoses

- » Being unable to wake someone up. If they don't respond to shaking and calling their name, they are in danger.
- » Gurgling or choking sounds when breathing
- » Heavy snoring while asleep. Try to wake the person up, if they don't respond, call 911.
- » Cold clammy skin and/or sweating profusely
- » Eyes are open, but they are like dolls' eyes – staring or vacant
- » If someone passes out or becomes unable to speak or move, but is still breathing and has a pulse, lie them on their left side and call an ambulance.
- » If breathing stops but a pulse can be felt, call an ambulance and commence mouth to mouth resuscitation — if pulse is evident, do not attempt CPR (Cardio-Pulmonary Resuscitation).
- » If no pulse or breathing is evident, call an ambulance and commence CPR.
- » Paramedics or other medical staff will administer a dose of narcan, which reverses the effects of the heroin. However, the effects of narcan are temporary, and it does not clean the system of heroin. Using again immediately after, or for some time after, could lead to another overdose. Similarly, if the user has other drugs in their system when the narcan is administered, they will still be affected by those drugs. Narcan only works on opiates.

## Withdrawal

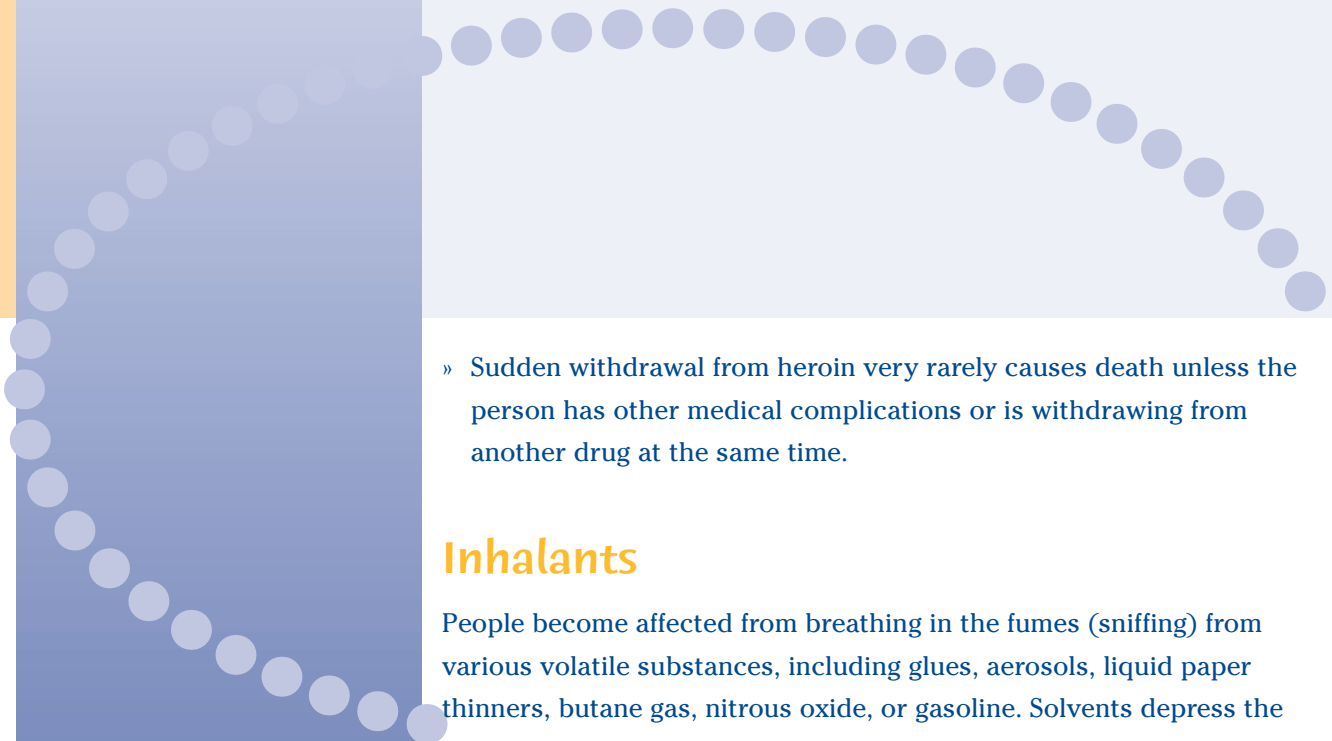
- » Withdrawal from heroin, while less dangerous than withdrawal from alcohol or minor tranquilizers, is characterized by restlessness, followed by yawning, a runny nose, a craving for the drug, stomach cramps, diarrhea, nausea, aching muscles, trembling, sweating, and body spasms. These symptoms can be quite prolonged, but usually peak in 2 or 3 days.

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- » Sudden withdrawal from heroin very rarely causes death unless the person has other medical complications or is withdrawing from another drug at the same time.

## Inhalants

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

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

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

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

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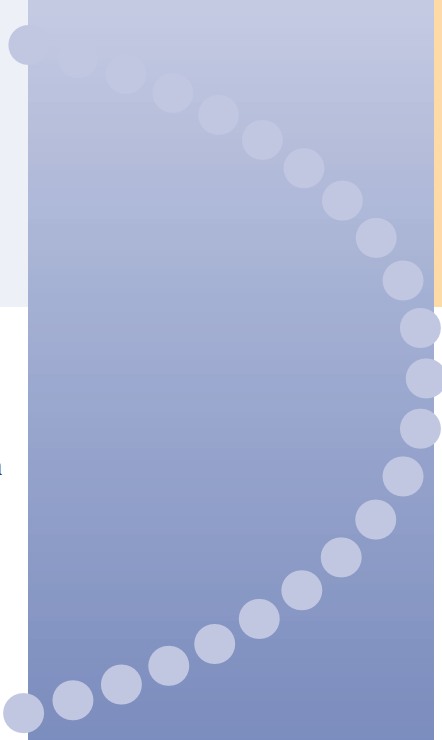


## Risks

- » A rare occurrence with substances such as correcting fluid, butane gas, and aerosol sprays, is sudden sniffing death, where the user's heart can be caused to beat irregularly. These deaths are often associated with stress during or soon after sniffing. Sniffers should never be chased or frightened.
- » The main danger in inhalants comes from accidents arising from being high and losing inhibitions and judgement.
- » Short term use of most products rarely leads to serious damage to the body. Some users have been admitted to hospital with convulsions or inability to control their movements or speak properly, but most of these symptoms clear within a few hours. Others experience problems with airways and breathing, which may improve over time.

## Harm reduction

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



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## Methadone

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

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

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

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

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

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## Risks

- » If the following effects occur, they should be reported to a doctor: sedation, relief or insensitivity to pain, lightheadedness or dizziness, narrowed pupils, impaired night vision, or shallow breathing.
- » Methadone use may result in weight gain, delayed ejaculation in men, reduced libido or disrupted menstrual cycles in women.
- » Babies born to methadone dependent mothers may go through withdrawal at birth. However, women on methadone are likely to have fewer complications during their pregnancy than they would have on other opiates.
- » Breastfeeding women who are on methadone pass small quantities of the drug through the mother's milk. Little is known about the long term effects on a baby who has had regular doses of methadone in the early stages of development.
- » Overdosing on methadone can be fatal. The main risk is stopping breathing. Feelings of extreme tiredness, leading to a loss of consciousness and coma occur, often with a sudden collapse. Since oral methadone can be slow acting, it may take anywhere from three to 24 hours after the dose is administered for an overdose to occur.
- » Lay the person on their left side and call an ambulance if:
  - the person stops breathing but has a pulse. Commence mouth to mouth resuscitation — if a pulse is evident, do not attempt CPR (Cardio-Pulmonary-Resuscitation).
  - the person has no pulse but is breathing. Commence CPR.
- » Using other drugs with methadone can cause a fatal overdose. Alcohol and other depressants, valium, rohypnol and the like, as well as cannabis, interact with methadone causing drowsiness, unconsciousness, failure to breathe, and ultimately, death.
- » Methadone can change the effectiveness of other drugs, or produce unexpected effects. Similarly, some drugs reduce methadone's effectiveness, or change its effects. Methadone users need to inform

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their doctor and dentist so that other medical treatments are safe.

- » Methadone withdrawal symptoms, which can be worse than heroin withdrawal, are triggered if an individual suddenly stops methadone treatment. Usually a person wishing to come off methadone undergoes a gradual reduction in dosage under a doctor's supervision that can take as long as three to 12 months, or longer, depending on the regular dosage and the individual concerned.
- » A person suddenly discontinuing treatment may experience desperate anxiety, yawning, tears, diarrhea, abdominal cramps, goosebumps, a runny nose, and a craving for the drug — feelings which peak after six days and last from six to 12 months.

## Methamphetamine

### What is it?

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

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

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- Dopamine associated with pain suppression, appetite control and the brain's self-reward center.
- Norepinephrine which activates a body's fight-or-flight response in emergencies.

## Effects

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

### Short term

pleasurable —

- |  |                      |
|--|----------------------|
| • euphoria                               | • talkativeness      |
| • restlessness                           | • excitability       |
| • confidence                             | • sexual enhancement |
| • loss of appetite                       | • decreased fatigue  |
| • increase in athletic performance       | • sweating           |
| • large increase in alertness and energy | • jaw clenching      |
| • increased heart rate                   | • headache           |
| • tooth grinding                         | • incessant talking  |
| • irritability                           | • restlessness       |
| • insomnia                               | • anxiety            |
| • blood pressure and breathing rate      | • panic              |

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

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### **Physiological effects of chronic use:**

- extreme weight loss
- tooth-grinding and loss
- non-healing ulcers and sores
- liver disease
- seizures
- respiratory depression
- Hepatitis
- hyperthermia
- coma
- rupture of blood vessels in the brain
- severe malnutrition
- brittle fingernails
- chronic chest infections
- bronchitis
- convulsions
- HIV
- heart failure
- kidney failure
- death

### **Mental health concerns**

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

#### **Psychotic symptoms**

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

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

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### **Cognitive impairments**

- loss of insight into actions
- repetitive behaviour
- decreased ability to perform tasks like follow instructions
- distractibility
- memory loss
- impaired memory, learning, abstract thinking, logic

### **Who uses methamphetamine?**

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

### **How can you tell if someone is using meth?**

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

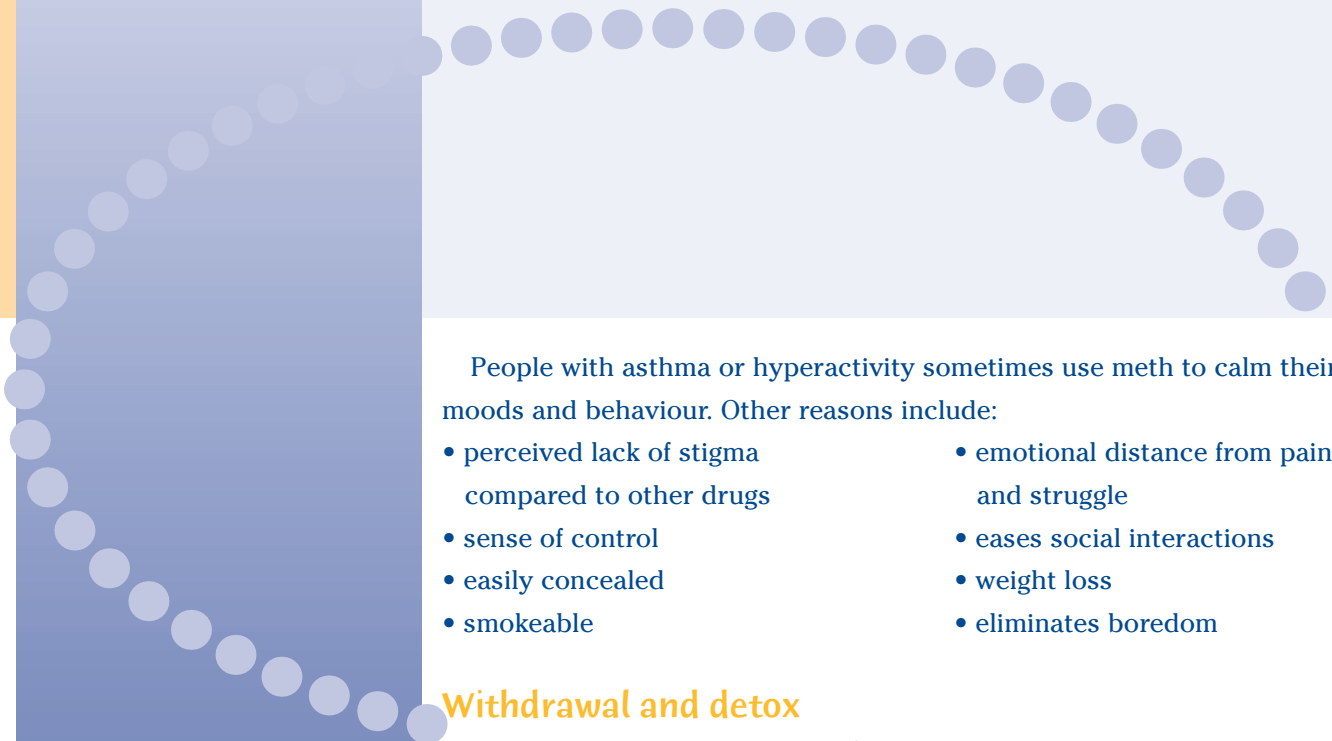
- overly energized
- hyperactive
- very bad acne
- uninterested in sleep or food
- not sleep for days, then sleep for extreme lengths of time
- sudden disinterest in hobbies
- hostility or irritability
- seeing things that aren't there
- missing school or work
- talkative
- fidgeting
- difficulty focusing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

### **Why methamphetamine?**

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

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

- perceived lack of stigma compared to other drugs
- sense of control
- easily concealed
- smokeable
- emotional distance from pain and struggle
- eases social interactions
- weight loss
- eliminates boredom

### Withdrawal and detox

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

#### Withdrawal symptoms

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

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## Treatment

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

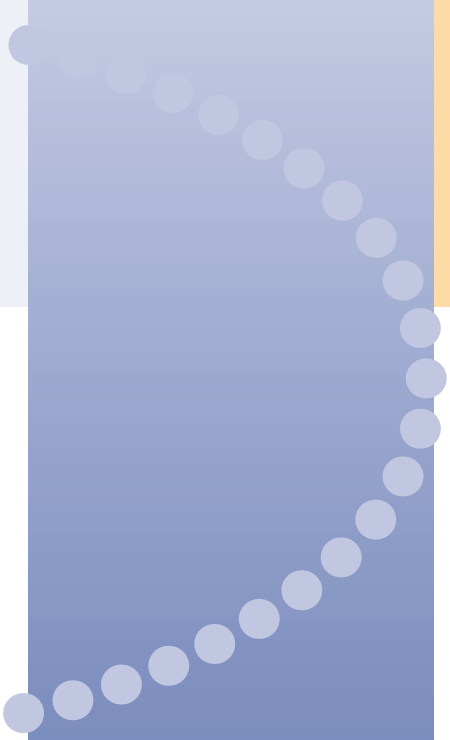
### Options

- one on one / group counselling
- acupuncture (available at daytox in Vancouver)
- out and in-patient treatment
- cognitive behavioral therapy (works to modify thinking, expectancies, behaviors, and increase life skills)
- recovery support groups in combination
- The Matrix Model (combination of 12 step, counselling, CBT and medication treatment)
- for those with legal issues, the interactive, day-treatment approach of drug courts can be very effective.
- early psychiatric intervention

Antidepressants can help those who recently have become abstinent. Extreme excitement or panic can be treated with anti-anxiety agents such as benzodiazepines. In cases of psychoses, short-term low doses of anti-psychotic drugs have been effective.

Work is still needed to provide context-specific treatment options, including methamphetamine-only treatment, dual-diagnosis treatment, and options that address the contexts of street-youth and gay men. A street-involved young person may find it difficult to stay clean after a short detox when they do not have a home. Finally, resolving an addiction requires multiple supports in place; various areas of stability to help withstand environmental triggers.

Treatment should involve families where possible, and address



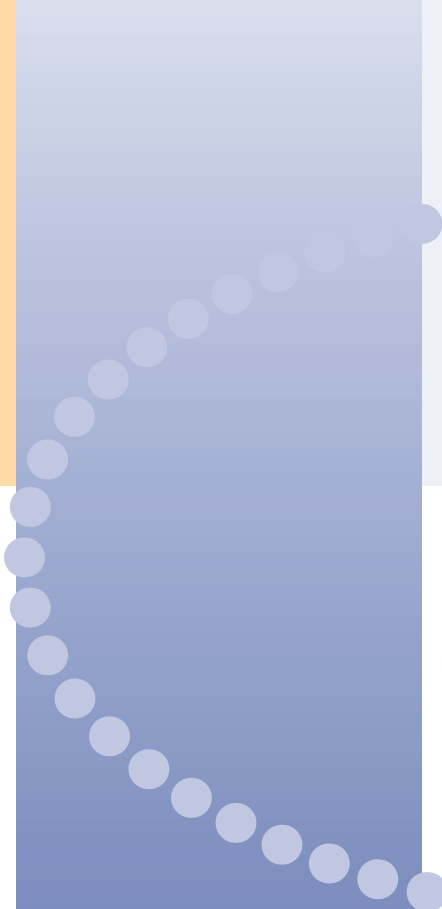
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reintegration into social groups, the workforce or volunteering, school, and any legal issues.

**Methamphetamine information is provided by MARC (Methamphetamine Response Committee) and Vancouver Coastal Health.** FGTA members are part of MARC.

For more information go to MARC's new website [www.methfacts.org](http://www.methfacts.org).

## Psychedelics

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

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

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

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

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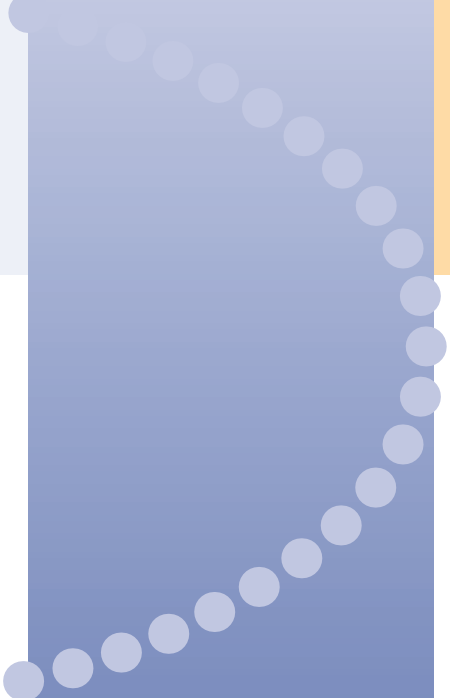
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## Risks

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



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# Communication

STAGE FOR FAMILY	STAGE FOR DRUG USE	DRUG USE	YOUR POSSIBLE THOUGHTS	COMMON FEELINGS	ACTIONS THAT DON'T HELP	GOOD COMMUNICATION
Denial	Happy User	Early Stages	Not my child There's a logical reason How can I find out	Disbelief Concern Anxiety Suspicion	Searching rooms or property Interrogating friends Reading mail or listening to phone conversations	Talk to them calmly Tell them of your concerns and feelings Listen Expect any responses from the truth to denial Look for cues
Emotion	Happy User Ambivalence	Known drug use	He or she keeps bad company What's going to happen I don't know what to do Where will it end I can't cope	Anger Fear Disappointment Grief Frustration	Ranting and raging Issuing ultimatums Punishing Turning a 'blind eye' Kicking them out of home	Listen Get information Seek to understand
Control	Ambivalence	Definite dependence or regular drug use.	I must stop this How can I control this What will my friends or family think I need to protect everyone We will beat this We need to get back to the good times	Embarrassment Guilt Self doubt Determination Optimism Fear Anxiety Anger	Calling in experts Rescuing. Hiding extent of problems from partner or family members Restricting freedom Punishment. Pleading Doing more for them - lending money Do their work for them Making excuses Pushing them into detox or rehab	Listen Motivation Be consistent Encourage responsibility
Chaos	Ambivalence	Ongoing use and conflict about use.	I am a bad parent Will our family survive Its all my partners fault If only we hadn't divorced etc. They have turned into a monster They are going to die	Frustration Guilt Resignation Loss Abandonment Rejection Ambivalence Love-Hate Fear Mistrust	Alienate them Give up on them Tolerate unacceptable behaviour Loosen boundaries Rescue Give in to demands Report them to the police Throw them out Fight with your family Scapegoat	Keep communication channels open with the drug user and other family members Encourage tolerance and understanding Practice harm minimisation Seek help and support Don't give up
Coping and Resilience	Any stage from ambivalence to maintenance including lapsing	Ongoing use through to control, reduction or abstinence from some or all substances	Its their problem not ours We will survive We know a lot more and have access to help. Life is okay We are hanging in We've come a long way We have less conflict I look after myself We do our best All the family are valuable.	Acceptance Peace Hope Humour Sadness Flexibility Love Concern Understanding	Test them Cut them off Expect too much Dwelling on the past Condemn or condone drug use Tolerate bad behaviour Believing all your troubles are over Over or under responsibility	Know the difference between their issues and our issues Reinforce their progress and achievements Take time. Consider consequences Develop workable boundaries and consequences Learn negotiation skills Encourage open discussion Be interested in their lives Look after yourself Have contingencies to cover setbacks Promote responsibility, harm minimisation and good health



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**Driving to Make a Difference**

**Vancouver Coastal Health**

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