

Concerned?



0300 333 0000

A self-help manual for people who are

concerned about someone's

drug and alcohol use



Bibliotherapy: an introduction

This self-help manual is aimed at people who are concerned about someone's drug & alcohol use. It aims to reduce the stresses and issues you may be experiencing by giving hints and tips on how to improve your quality of life and be supportive to the person you're concerned about. It also gives an overview of the common difficulties faced by others in similar situations and offers practical solutions to help overcome them.

'Concerned other' is the term commonly used in the drug treatment field to describe people affected by someone else's drug use. A concerned other may be a:

- ⊙ Husband or wife
- ⊙ Parent
- ⊙ Grandparent
- ⊙ Partner
- ⊙ Child
- ⊙ Friend
- ⊙ Sibling – brother, sister
- ⊙ Other family member
- ⊙ Employee/Colleague
- ⊙ Neighbour

Barod recognises that concerned others can:

- ⊙ Need support for themselves
- ⊙ Help their loved one access treatment for their substance use
- ⊙ Be integral to the success of their loved one's drug or alcohol treatment
- ⊙ Prevent/ educate the person they are concerned about and provide harm reduction advice.

This manual examines these areas. It does not have to be read from cover to cover – you can dip in and out of it. It is split into five main topic areas:

1. Examining concerns
2. Information about dependency and substance use
3. Coping
4. Support networks
5. Other help and support

The manual outlines treatment options and support available in Cwm Taf (RCT & Merthyr) for drug and alcohol users and concerned others.

If this manual raises any questions for you or you would like further support from a specialist worker – please contact Barod on 0300 333 0000 or www.daspa.org.uk





SECTION

1

Looking at your concerns

Being concerned about someone using drugs/ or alcohol can be an extremely stressful experience, which can affect your physical health and psychological wellbeing, finances, social life, and relationships with others. Concerned others may need help in their own right, to enable them to cope better with what are usually ongoing, long-term issues.

The feelings and experiences associated with a concerned other's \ substance misuse can impact on a number of areas of family life, and include:

- ⊙ Fear and loss of control
- ⊙ Anger and betrayal
- ⊙ Guilt and feelings of responsibility
- ⊙ Shame and isolation

Negative emotions like these usually impact negatively on you and the people around you. These negative impacts on concerned others may vary according to the substance being used and the persons' relationship to the user. For example, concerned others may experience the user stealing to finance their drug/ alcohol use, be pressurised into giving the person money to purchase drugs /alcohol .

Consequences of drug use experienced by the concerned other can include:

- ⊙ Social isolation
- ⊙ Fatigue
- ⊙ Anxiety
- ⊙ Guilt
- ⊙ Fear
- ⊙ Increased drug, alcohol, tobacco use by the concerned other
- ⊙ Debt and financial hardships
- ⊙ Strained family relationships

These issues are common. Concerned others may want to check out the stories of other people in similar situations. If you have access to the Internet look at Adfam's website (www.adfam.org.uk) - on the home page there are links to a number of stories written by loved ones. If you do not have Internet access phone Barod on 0300 333 0000 and we will send you copies.

It is important that you can start to do things to improve your situation. The following exercise can help begin this process.

EXERCISE 1 Life Audit

Look at each of the areas on the next page and score yourself on how you feel at the moment. In the strengths/problems column, note any positive things/strengths at the moment or any particular issues you are experiencing.

Life Audit Domains	Satisfaction		Frequency of problems in last month	Strengths/problems identified
	Not Very	Very		
Drugs / alcohol	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10		
Finances	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10		
Family	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10		
Partner	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10		
Social life / recreation	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10		
Housing / environment	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10		
Health	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10		
Mental health	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10		
Values or beliefs	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10		
Employment / training	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10		
Legal issues	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10		
Other (please state)	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10		

What would it take to improve your scores?

Identify 3 areas that you feel it is most important to make changes to at the moment, and complete the following exercise;

Area to change	Task (what, when, where, how)	Who is responsible	Timeframe

EXERCISE 2 Feeling good about yourself

It is important that you feel good about yourself and that you do not take on the problems of the person you are concerned about. The next two exercises will help build up your self-esteem. You may find it helpful to repeat these exercises again and again. Make 'feel good' lists. Writing a list down and rewriting it from time to time will help you to feel better about yourself.

Make a list of:

- ⊙ At least 5 of your strengths. Start with "I am". For example, friendly, creative, hard working, a good communicator, etc
- ⊙ At least 5 things that you like or admire about yourself. For example, I have a good relationship with ?, I try to be ecologically friendly, I am happy with my spirituality, etc

- ⊙ At least 10 accomplishments in your life so far. These may be simple events or great accomplishments. For example, passing a college course, doing something for charity, raising a family, etc
- ⊙ At least 10 things you could do to help someone else
- ⊙ At least 10 things you can do to make yourself laugh
- ⊙ At least 10 things that you currently do that you enjoy doing and that make you feel good
- ⊙ At least 10 ways you can 'treat' or reward yourself. (These things must not include food, drugs or alcohol and they must not cost anything – or very little cost). For example, a walk in woods, watching your favourite television programme, pampering yourself in some way, time out with friends, etc

EXERCISE

3 Now reinforce your positive self image

For this exercise you will need pen and paper and a timer or clock.

Set a timer for 10 minutes or note the time on your watch or clock. Write your name at the top of the paper and underneath list everything positive that you can think about yourself. Include talents, achievements, aspects of your personality, etc. You can write single words, or sentences if you prefer. If you want to emphasise something write it down more than once. Your ideas do not have to be organised. Spelling and grammar do not matter – you are the only person who will see the paper.

MAKE SURE YOU ONLY USE POSITIVE WORDS – NOTHING NEGATIVE!

When the 10 minutes are up read the paper to yourself. If you feel sad when you read it do not worry as these thoughts will change as you come to accept the new positive image of yourself. Read it again and again a number of times. Keep it in a convenient place – a kitchen drawer, your bag or wallet, or bedside table. Read it several times each day to remind yourself of how great you really are. If you can find somewhere private - read it aloud. If you feel you can share it – read it to a supportive friend or member of your family.



SECTION

2

Information about Addiction and Substances

The following section explores a theory to explain how people learn behaviours, what motivates people to change behaviours and identifies ways to begin understanding a concerned other's patterns of behaviour.

How is behaviour learnt?

There are a number of different models/theories used to explain how people learn behaviours.

Social Modelling

This model explains learning by stating that an individual copies someone else's behaviour. The value of the behaviour needs to be important to the individual – they need to aspire to the behaviour. It is argued that people are very susceptible to this at an early age (e.g. children copying older brother/sister's behaviours).

Classical Conditioning

Classical conditioning, is often referred to as Pavlov's Dog. This model argues that different stimuli can be associated with a response. A scientist, Pavlov, identified that a dog dribbles when it sees food. It was then discovered that if a bell was paired with the food, eventually the dog will dribble to the ringing of the bell.

Operant Conditioning

A commonly used model used to explain how addiction occurs is known as operant conditioning. This model states that behaviour can be understood when we examine what comes before the behaviour and the consequences that follow. These consequences reinforce the behaviour and are either positive or negative:

- ⊙ **Positive** – pleasurable consequences
- ⊙ **Negative** – avoidance of unpleasant consequences

This model was developed following behavioural studies of rats. During experiments it was found that rats would learn;

- ⊙ to press a lever to receive food (positive reinforcement)
- ⊙ to avoid a lever that resulted in an electric shock (negative reinforcement)

For example, a drug user who has not used for some time, receives bad news and immediately goes out to score drugs, gets high, and then feels guilty and fed up with him/herself for using. This behaviour was intended to mask the bad news, however the short term relief is accompanied by longer term feelings of frustration, failure and displeasure.

The positive or negative consequences will either increase or decrease the likelihood of the behaviour happening again in a similar situation.

The strength of the association between the behaviour and the consequence depends on

- ⊙ the value of the consequences to the individual
- ⊙ the frequency of the consequence with the behaviour

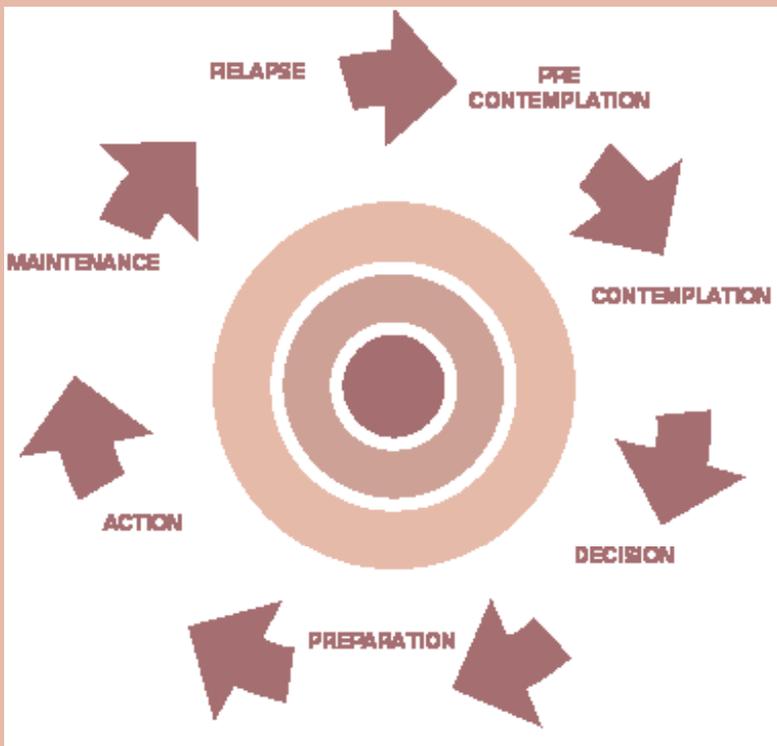
If a behaviour occurs repeatedly with no reinforcement that behaviour will eventually stop.

In substance use, people may experience positive reinforcement, if they find the effects of the substance pleasurable (e.g. increased energy). They may also experience negative reinforcement, if it prevents the feelings of withdrawal.

Barod uses these principles in its approach to working with substance misusers. We work with individuals to build up the positive consequences of not using drugs or alcohol.

What motivates us to make changes?

We know that changing drug or alcohol use is not as easy as it sounds. As well as your concerned others use there will be other areas in their life they may have to change. Often it's the thought of changing that is more scary than doing it. The Cycle of Change is a diagram commonly used in drug treatment services to show people the process of change. This can help people start thinking about it. Not all people will follow the stages in the Cycle of Change and people may go round several times. Every time someone goes round it they will be learning more about what works for them and what they need to look out for.



Look at the Cycle of Change above – which stage do you think your loved one is at right now?

All behaviour is motivated to achieve a goal. Think of a behaviour you regularly do, for example, make a meal. The goal of this is to relieve hunger / gain pleasure from the food.

Motivation is influenced internally (mood, physical health) and externally (environment, family). It is something that often changes, it can be high at one point in the day and low at another point, depending on internal and external factors.

For someone to be motivated to change a behaviour, there needs to be dissatisfaction with the current behaviour. When working with someone using substances, it is important to begin to explore the good things (positives of use) and less good things (negatives of use) about their drug use. For someone to change their substance use, they need to believe that there are fewer positives and more negatives in continuing to use the substance. It is also important for the individual to believe that the positives of changing out-weigh the negatives of changing.

There are also a number of other things that can influence someone's motivation to change their substance use;

- ⊙ Knowledge about the situation and their options
- ⊙ Skills to be able to make the changes
- ⊙ Self-efficacy (belief that they are able to make the changes)
- ⊙ Positive outcome expectancy (belief that things will improve if they make the changes)
- ⊙ Self-esteem (a feeling of self-worth and value)

It is important that change is not forced upon an individual. If someone is pushed too hard to make changes, it can be counter-productive, and they can become more determined to stay the same, unable to acknowledge the negative consequences of their situation. This may move them backwards in the cycle of change towards precontemplation.

Rewards

Evidence shows that rewarding changes in behaviour will help an individual continue to make the changes to their behaviour. Behaviours will be repeated if there are pleasurable consequences. It is also noted that individuals are motivated towards a goal, which can be a reward.

Barod delivers services using the Community Reinforcement Approach. This approach focuses on the user's environment when addressing drug issues. It recognises that social, family, recreational and vocational factors have an important influence in sustaining negative drug using behaviours. It therefore works on improving these areas of the drug user's life, to assist them in making positive lifestyle changes that eventually become more attractive than drug use.

The Community Reinforcement Approach (CRA) reinforces non-drug using behaviours and highlights the negative consequences of using. Non-using concerned others play an important role in treatment. The concerned other can work with the Barod worker to remove any inadvertent reinforcement for drug using and instead reinforce any and all behaviours relating to non-using. The concerned other also plays an important role in assisting the drug user into treatment when they are at a stage where they may respond favourably to support.

This approach is practical and forward-looking. It aims to help the user put positive things into his or her life that become 'too much to lose'.

Rewards to reinforce changes in the substance-using behaviour can be in a number of different forms. It is important that the reward has a value and importance to the individual. Below are some examples;

- ⊙ Time together as a family
- ⊙ Activities
- ⊙ Rebuilding relationships with relatives / friends
- ⊙ Gaining employment
- ⊙ Accessing training

Substance Information

Barod have leaflets giving information about different substances. These can be downloaded from the website www.barod.cymru. If you do not have access to the internet please phone Barod on 0300 333 0000 and we can send you the relevant leaflets.

EXERCISE

4

Understanding the patterns of behaviour

Your response to your concerned other's substance misuse can have positive or negative impacts on the substance using behaviour. The approach we use at Barod aims to help the user increase the benefits experienced by not using drugs to the extent that they become 'too much to lose' and outweigh reasons for using. Once the tipping point is reached change is made easier. Before you can help your loved one achieve this you will need to understand their reasons for using.

If you explore with your concerned others the triggers (or thoughts and feelings) that lead to using, their patterns of use and the consequences of their use you will have a greater understanding and be able to make appropriate responses.

Triggers

Who do you use with?

Where do you use?

When do you use?



Emotional feelings

How do you feel before you use?

How do you feel when you use?



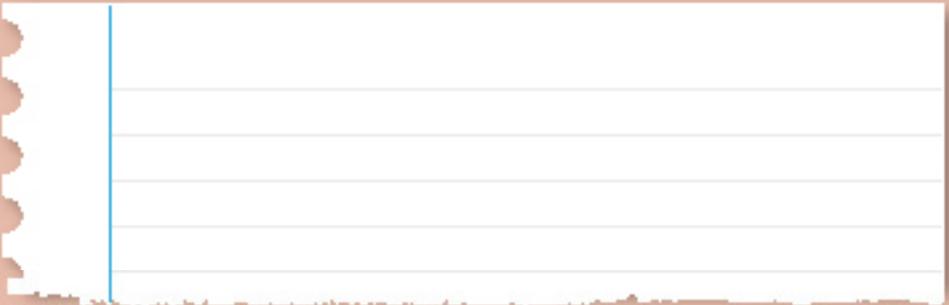
Patterns of Use

How long is a bout of using?

How much do you use?

How much do you spend?

How often have you used in the last month/s?



Short term positive consequences

List these



Long term negative consequences

With regard to:

Relationships

Friendships

Family

Physical health

Emotional wellbeing

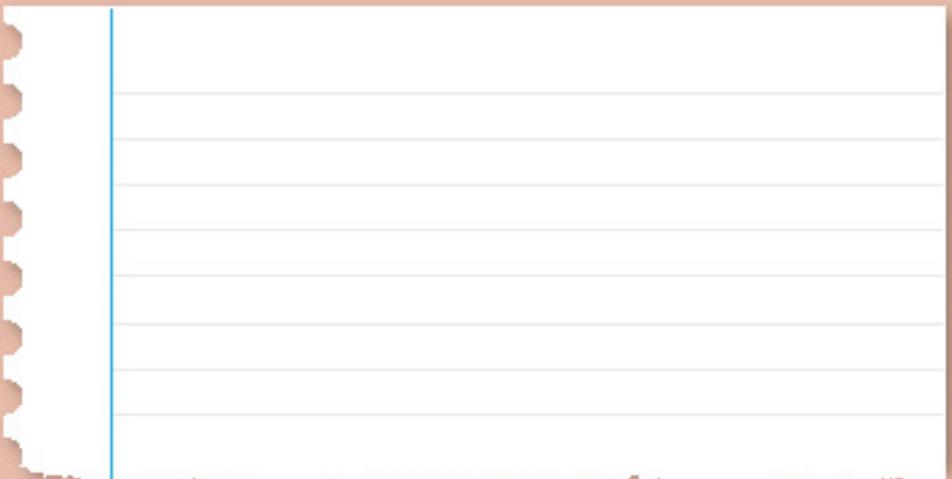
Legal issues

Job

Finances



Other things that are important to you





SECTION

3

How do you cope?

We all cope differently with situations life throws at us. If you understand the way in which you are coping and responding to the person you are concerned about and how they are affected by your responses you are likely to be able to offer more positive support. The coping strategies we use depend on our personalities and our attitudes. The responses we will look at now include actions, thoughts, attitudes and feelings towards your concerned other's substance use.

Research suggests that coping strategies generally fall into three categories – withdrawal, engaged and tolerant coping.

Withdrawal Coping

This is where you distance yourself from the situation either physically or psychologically. You may feel sadness, bitterness or hurt and want to remove yourself from the cause of the upset, maybe resigning yourself to the problem. Or it may be because you want to look after yourself and your own needs - "I've got my own life to lead" or/and "I'm no good to anybody if I can't look after myself" – the emotions here are connected to self-reliance.

If you have withdrawn from the issues affecting your relationship with your loved one it may be difficult to then change the relationship into one that is positive and supportive.

Engaged Coping

This is where you make active attempts to change the person you care about behaviours. This could be;

- ⊙ Being controlling - 'promise you won't drink again' or taking financial control
- ⊙ Expressing strong emotions (this may be aggressive) – 'it's not fair on me...'
- ⊙ or making threats that you will not carry out
- ⊙ Being assertive – 'I can come with you to your appointments if it makes it easier to attend', expressing feelings in a calm and open way

Tolerant Coping

This form of coping reduces the negative consequences of someone's substance (e.g. providing financial assistance) or joining the substance user in the drinking/drug use. It is often associated with feelings of worry and guilt.

This form of coping can lead to the concerned other continuing to use, as the consequences of their use are minimised.

EXERCISE 5 Your coping style

To identify how you have coped with the person you are concerned about's substance use and how you would like to cope, it may be useful to ask yourself the following questions;

- ⊙ What have you done in the past when your loved one was using drugs/drinking?
- ⊙ How was that for you?
- ⊙ How would you like to react to your concerned other?

Communication

For you to be able to find helpful ways of coping for yourself and to try and support your concerned other's communication skills are important. Effective communication will help you be able to set boundaries with your concerned other and negotiate situations effectively.

A number of skills that are useful to remember when communicating with your concerned other are;

- ⊙ Listening
- ⊙ Not interrupting
- ⊙ Put yourself in the other person's position
- ⊙ Being clear, specific and concrete
- ⊙ Considering timing

When raising a difficult subject for the first time with someone you are concerned about, it will be beneficial to take some time out and plan what it is you want to say. This will help you be clear, specific and concrete. It can help to think what the possible responses may be and how you can respond to them, whilst remaining calm and clear. If you have a friend or family member you can practice with this may be helpful.

When discussing difficult issues it can very quickly become an uncomfortable situation. The following are some tips for things to try and avoid;

- ⊙ Interrupting
- ⊙ Raising your voice
- ⊙ Dismissive statements
- ⊙ Being the expert about everything
- ⊙ “Yes but...”
- ⊙ Changing the subject when losing the argument
- ⊙ Negative emphasis
- ⊙ Blaming
- ⊙ Defensive
- ⊙ Not listening

Negotiation Skills (downloaded from Adfam © website)

For negotiation to succeed it is necessary to build and maintain a dialogue between the user and other family members.

Points for developing an effective dialogue:

- ⊙ **Listening** to each other.
- ⊙ Being **open and honest** with how you are.
- ⊙ **Respecting the other person**, which is not saying that you like and respect all of their behaviour. We are all different and we are all equal
- ⊙ **Accepting and understanding the other person’s point of view**, even when you don’t agree. Sometimes two people can experience the same thing differently
- ⊙ **Start what you say with ‘I...’** so you own what you say
- ⊙ **Taking responsibility for your part** of what has happened.
- ⊙ **Not taking responsibility for others** behaviour and their choices.
- ⊙ **Acknowledging how you feel**, and acknowledging how the other person feels.
- ⊙ **Appropriately expressing feelings**, such as saying you feel angry rather than being angrily abusive.



- ⊙ Recognising the need for all to exercise **both rights and responsibilities**.
- ⊙ **Cooperation** rather than confrontation.
- ⊙ **Stay in this role** even when the user doesn't. You will be inviting them to respond this way.

Effective communication builds trust, which can lead people to take more risks with being open, honest and taking responsibility.

Effective communication is developing an adult to adult relationship, and avoids parent to child, or child to child relationships.

Developing effective negotiation skills

- ⊙ **Asking for what you want**, not demanding or avoiding asking.
- ⊙ **Checking with the other person** what their response is to what you ask for and what you say, so not making assumptions.
- ⊙ **Starting easy and if needs be finishing strong**. Begin with negotiation, then move onto telling only if necessary.
- ⊙ **Cooperating**, being flexible and being willing to compromise to reach an agreement. This will help everyone to save face and believe they have got something. This is the idea of 'win-win' (as opposed to 'win-lose', 'lose-win' or 'lose-lose').
- ⊙ **Holding out for what is most important** and be willing to compromise on lesser things.
- ⊙ **Agreeing the terms** of the boundary, such as when it will start, when you will talk about it again, the consequences of the boundary being broken. Perhaps ask the substance user what consequence they believe is appropriate?
- ⊙ **Making a clear agreement**

EXERCISE

6 Planning your conversation

What do you want to discuss?

When do you plan to do this?

How might your concerned other respond?

How will you react?

When talking and negotiation doesn't work

A boundary can be imposed, without negotiation, if that has failed. Imposing can be done verbally and by letter. For example:

'I notice that whenever I try to discuss your drug use in the house that you seem unwilling to talk about it. When you do this I feel angry and frustrated with your behaviour. I ask again that you don't use drugs in our home. This is because I am breaking the law by knowing it happens and not reporting you to the police. I believe it is also a risk to the health and the safety of us all. If you choose to continue to use drugs in our home and not discuss this I will assume that you have withdrawn your co-operation. I will then withdraw my co-operation by not buying food and preparing meals for you. I regret it has come to this and I would prefer that we talk about your drug use and its impact upon the rest of the family. I want to end by saying that I still love and want to know you.'

Note the following about the letter:

- ⊙ It talks about the person's behaviour not them as a person
- ⊙ It gives the impact of the boundary being broken
- ⊙ It asks for the boundary to be respected; it does not demand it nor avoid it

- It is honest, open and direct
- It is balanced between saying what is difficult and what is liked about the person
- It sets out clearly what the boundary is and the consequences of breaking it
- **It gives the substance user responsibility for their behaviour and the choice they make**

Communicating this way has two benefits: You get to say what is important to you and you say it in a way that is easier for the other person to hear.

EXERCISE

7 Write your own letter

Writing things down can have real therapeutic benefits.



EXERCISE

8

Remembering who they were, are, and will be again

When a person uses substances, it is easy to forget that they were once an important part of your life, and how you felt about them and they about you.

Completing this exercise will hopefully help you see past the “issue” (the substances) and help you back to where you were and want to be in terms of how you feel about your concerned other.

To get the most out of this exercise - try to be as honest as you can.

- ⊙ Before you start, using the worksheet, write down in Column (B), how you feel about the service user today. What do you like about them? What do you dislike? This may be emotional and you may find yourself writing things down that perhaps you are not comfortable with.
- ⊙ Take yourself off into a quiet room, somewhere warm, and where you can have a few moments to yourself.
- ⊙ Start to be aware of, and concentrate on, your breathing, concentrate on the breaths in and the breaths out. Start to feel your body relax on each out breath that you take, and embrace the warmth that relaxation brings.
- ⊙ Think of somewhere you feel safe, somewhere you enjoy being, somewhere you can be yourself, and somewhere away from the stresses and strains of your every day life.
- ⊙ Remember to concentrate on your breathing, think of an occasion when you and the service user were happy. A time you enjoyed together, a celebration perhaps.
- ⊙ Think of how you felt about the service user then. What did you like about this time together? How did you feel about this situation?
- ⊙ Referring back to your worksheet write in Column (A), how you felt about the service user.
- ⊙ Now, concentrate on your breathing again, allow your body to relax and think back to your safe place, the place where you feel comfortable.

BEFORE (A)	NOW (B)	AFTER (C)

Coping with relapse

You should consider how you will respond to the person you are concerned about if they have lapses or relapses. Many people dependent on substances will try and fail and try and fail a number of times before successfully addressing their substance misuse issues – how will you cope if or when this happens?

Think about how your negative thoughts and feelings will impact on you, your friends and your concerned other. You may think “he/she will never make it” – this is negative. You may think “he/she is beyond help and hopeless” – or you may think “we are wasting our time” – this shows your disappointment and may lead you to withdraw your support. Think about how you will react and feel before the relapse or lapse situation happens.

If you are able to react in a more controlled manner this is more likely to have a positive effect on the person you are concerned about and on you – reframe your thoughts. It may be more useful to think “relapse is common” or “I cannot imagine how difficult it is to deal with the substance problem”. You should aim to continue to work towards change with your concerned other and remain supportive. Use your social support networks – the responsibility for supporting the person you are concerned about does not rest with you alone.

SECTION

4



Social support

Social support for yourself and the person you are concerned about is an important support mechanism. Support can come in a variety of forms, for example, practical, emotional, direct or indirect.

For you

It is important that you have support for your needs in your own right. This may be another family member, or a close friend. It may be that at the moment you are feeling isolated and that you do not have anyone.

EXERCISE

9

Your Support Networks

- ⊙ Who in your life cares about how you are doing?
 - ⊙ Who have you had contact with in the last 2 weeks? Would they be able to offer you support?
 - ⊙ Is there someone you have lost contact with, that you would really like to see again?
1. Get yourself a sheet of paper and a pen
 2. Write your name in the middle
 3. Write the names of people in your life at the moment (e.g. family members / friends) around the outside of your name
 4. Identify those people that can offer you support

It may be that you thought of someone you have had contact with / lost contact with, that you would like to spend time with, but do not feel comfortable disclosing your current situation. This is OK. It can be a positive thing to spend time with someone who doesn't know, and can offer indirect support, simply by allowing you to be 'you' not the 'concerned other'.

Is there a hobby / club / class that you have thought about doing, but not done due to the pressures you have been facing? This is the time to try something new and start something for you.

There are support groups of parents and carers who are experiencing similar issues to you, and this may be a useful source of support. Please see Section 5 for more details.

Substance User

Evidence shows that people will be more likely to sustain the changes they make if they have positive social support for this. This in itself provides positive reinforcement for the changes that they have made to their situations. It is also important that they minimise the contact they have with individuals who do not support their goals (e.g. people who they use / drink with).

The social support can be in a variety of forms;

- ⊙ Family
- ⊙ Friends
- ⊙ Self help groups (e.g. SMART Recovery, Alcoholics Anonymous / Narcotics Anonymous)
- ⊙ Activity groups
- ⊙ Colleagues

You can support the person you are concerned about in exploring different options to increase this network of support.



SECTION

5

Other help and support

Barod's approach and work with drug and alcohol users

Who we are and what we do

Barod works with substance users who live in Cwm Taf (RCT & Merthyr Tydfil).

Barod offers a range of support including:

- ⊙ One-to-one support using the Community Reinforcement Approach (see Section 2 for more information)
- ⊙ Harm reduction information and resources
- ⊙ Brief interventions (up to 6 sessions with a worker)
- ⊙ Access to substitute prescribing (ie. methadone, Subutex and Suboxone)
- ⊙ Access to clinical support including opiate substitute therapy, alcohol detox & other medical interventions provided by Community Drug & Alcohol Teams
- ⊙ Counselling service
- ⊙ Diversionary activities
- ⊙ Open access sessions
- ⊙ Complementary therapies
- ⊙ Groupwork programmes
- ⊙ Intensive relapse prevention support
- ⊙ Outreach
- ⊙ Peer support
- ⊙ Service user involvement

What is Harm Reduction?

Barod also attempts to reduce the harms to health (and other harms) associated with illicit drug use. These impact on the user, concerned others and the community. All Barod service users will be given information to help reduce harm. This includes information on overdose prevention and response, techniques to take drugs more safely and to reduce blood borne virus transmission.

You can increase your understanding of the effects and risks of drug use by accessing Drugscope's website on the Internet at www.drugscope.org.uk

For harm reduction information from a specialist drugs worker please contact Barod on 0300 333 0000 or www.daspa.org.uk

Support for concerned others offered by Barod

Concerned others are welcome to drop in to Barod offices for advice or information, or a brief intervention (see page 41). We recognise the importance of including concerned others when care-planning and believe that they can play an important role in the drug user's treatment team. Barod focuses on helping concerned others to regain some control over their lives through parent and carer training

- ⊙ Learn how to reduce harms in relation to drug use
- ⊙ Have fewer arguments with other family members
- ⊙ Reduce medication taken for stress
- ⊙ Go out to meet friends more often (or at all)
- ⊙ Have fewer sleepless nights
- ⊙ Not pay for the person you are concerned about's drug and alcohol use
- ⊙ Only allow the user in the house when they are calm
- ⊙ Attend a further education or training course
- ⊙ Reinforce non-using behaviours

Contact Points

Cwm Taf Service have a single point of contact telephone number and email address so no matter which county you are contacting us from, it's only one number you will ever have to remember. Our phone number is 0300 333 0000 and our web address is www.daspa.org.uk. Both the web address and phone is available between 9am and 5pm Monday - Friday.

Open Access Sessions

You can drop-in anytime to any of our offices between the hours of 9am – 5pm Monday to Friday.

Brief Interventions

Barod can offer concerned others up to three one-to-one sessions with a specialist drugs worker. These can be as in-depth as you require. You may just want information about drug use and its effects, or you may want to gain a deeper understanding of the person you are concerned about's drug / alcohol use. If this is the case, Barod workers will assist you in identifying the triggers that are likely to lead to the drug use and the consequences (both good and bad), and work with you to profile and emphasise your concerned other's triggers for non-using and highlight the beneficial consequences.

Diversionsary Activities (dependent on area)

We have a range of diversionsary activities (dependent on the area) that you can get involved with either on your own, with other concerned others or with the drug user you are supporting. These include social activities, training, education and employment, sports and leisure etc

Complementary Therapies (dependent on area)

Go on, relax, pamper yourself – our range of complementary therapies include, auricular acupuncture, Indian head massage, reflexology etc

Outreach

Cwm Taf Outreach Workers run a concerned others campaign to raise awareness of support available.

PACT

Barod offer the Parent and Carer Training (PACT) devised by Phil Harris to professionals and service users.

PACT is:

a treatment programme developed for concerned others who are experiencing difficulty with a person your concerned about's drug or alcohol use.

The programme aims to support concerned others through teaching a range of behavioural skills in order to:

- Assist unmotivated concerned other into treatment
- § Support loved ones in treatment
- § Reduce the stress and pressure that the concerned other experienced
- § Improve the quality of life for the concerned other.

Domestic Abuse

Domestic abuse is common. It affects people regardless of race, religion, class, ethnicity, disability and gender. It also occurs in lesbian, gay, bisexual and transgender relationships. There is a strong association between substance use and domestic abuse. A higher proportion of domestic abuse is perpetrated by individuals using substances, in particular alcohol.

Domestic abuse can occur in a number of different forms – physical, sexual, emotional, financial and psychological. It is repetitive and worsens over time, often being life threatening.

Below is a series of questions, provided by Women's Aid which may help you identify if this is something that is happening to you;

Recognising domestic abuse (Women's Aid)

Everyone has arguments, and everyone disagrees with their partners, family members and others close to them from time to time. And we all do things at times that we regret, and which cause unhappiness to those we care about. But if this begins to form a consistent pattern, then it is an indication of domestic abuse. The following questions may help you:

- ⊙ Has your partner tried to keep you from seeing your friends or family?
 Yes No
- ⊙ Has your partner prevented you from continuing or starting a college course, or from going to work?
 Yes No
- ⊙ Does your partner constantly check up on you or follow you?
 Yes No

- Does your partner unjustly accuse you of flirting or of having affairs with others?

Yes No
- Does your partner constantly belittle or humiliate you, or regularly criticise or insult you in front of other people?

Yes No
- Are you ever afraid of your partner?

Yes No
- Have you ever changed your behaviour because you are afraid of what your partner might do or say to you?

Yes No
- Has your partner ever destroyed any of your possessions deliberately?

Yes No
- Has your partner ever hurt or threatened you or your children?

Yes No
- Has your partner ever kept you short of money so you are unable to buy food and other necessary items for yourself and your children?

Yes No
- Has your partner ever forced you to do something that you really did not want to do?

Yes No
- Has your partner ever tried to prevent you from taking necessary medication, or seeking medical help when you felt you needed it?

Yes No
- Has your partner ever tried to control you by telling you you could be deported because of your immigration status?

Yes No

- ⊙ Has your partner ever threatened to take your children away, or said he would refuse to let you take them with you, or even to see them, if you left him?
 Yes No
- ⊙ Has your partner ever forced you to have sex with him or with other people? Has he made you participate in sexual activities that you were uncomfortable with?
 Yes No
- ⊙ Has your partner ever tried to prevent you leaving the house?
 Yes No
- ⊙ Does your partner blame his use of alcohol or drugs for his behaviour?
 Yes No
- ⊙ Does your partner control your use of alcohol or drugs (for example, by forcing your intake or by withholding substances)?
 Yes No

If you answered yes to one or more of the above questions, this indicates that you may be experiencing domestic abuse.

If you are experiencing domestic abuse you have a number of options available to you. The process of making changes will be hard, but there are a number of places that can support you through the process. Women's Aid provide a free 24 hour helpline 0808 2000 247. They also provide information on their website www.womensaid.org.uk. If you do not have access to the telephone or website you can drop in to Barod's offices (see Section 5 for further details) and a worker will support you.

Support for Concerned Others

DASPA

Point of contact into adult substance misuse services .

Check out the website at www.daspa.org.uk

Tel: 0300 333 0000

ADFAM

Adfam is a national charity.

Check out the website at www.adfam.org.uk

Tel: 020 7553 7640

Al-anon UK

www.al-anonuk.org.uk

Tel 020 7403 0888

NHS Direct

www.nhsdirect.nhs.uk

Tel 0845 4647

Womens Aid

www.womensaid.org.uk

Tel 0808 200 0247

Out of hours advice:

Safer Methyr Tydfil

Tel 01685 353999

DART

(Merthyr Domestic Abuse Resource Team)

www.womensaid.org.uk

Tel (01685) 388444

Freephone: 0800 389 7552

Women's Aid RCT

Tel: 01443 400791

Oasis Centre in RCT

Tel (01443 494190

Carers Support Project

11-12 Gelliwastad Road

Pontypridd

CF37 2BW

Tel: 01443 281463

CarersSupportProject@rctcbc.gov.uk

All Wales Domestic Abuse Helpline
Live Fear Free Helpline 0800 801 0800*

*Free number will not appear on your bill

Text Service: 07860 077333



barod

www.barod.cymru



Cwm Taf offers a point of contact into adult substance misuse services to individuals aged 18 years or over and their concerned others in Rhondda Cynon Taf and Merthyr Tydfil .

Contact Cwm Taf on the phone number on the front cover or www.daspa.org.uk