



Alcohol, drugs and addiction

Introduction

This leaflet is aimed at:

- the carers of people with alcohol and drug problems (substance misuse) who provide continuing help and support, without payment, to a relative, partner or friend;
- the addiction specialists and other professionals involved in the care and treatment of the person with these problems.

It suggests ways of improving communication and partnerships when the person has first been diagnosed with a substance misuse or dependence disorder.

For the carer

About substance misuse and dependence

Substance misuse harms a person's health. Dependence occurs when there is physical and/or psychological addiction, and the person will have withdrawal symptoms if they do not use the substance. Their lives are dominated by getting and using the substance. People use many sorts of substances. These can be legal (alcohol, tobacco, and solvents), or illegal (cannabis, heroin and cocaine). Some prescribed drugs are addictive (e.g. diazepam). Substance misuse and dependence is increasing in the UK, especially among the young.

Changes in the person's behaviour

As a carer you may notice that the person is:

- more concerned with getting their substance than dealing with other things
- angry if confronted about their substance use
- secretive and evasive
- more often intoxicated, or appears to be under the influence of something
- tired, irritable and looks less well
- less interested in everyday things
- unable to say 'no' and has a strong desire for the substance
- using more and more of the substance to get the same effect
- involved in criminal activity
- anxious, depressed or shows symptoms of other mental health problems.

Making a diagnosis

A diagnosis is made by talking to the person about their substance use, looking for signs of withdrawal, examining the person and asking them to perform certain tests. These can include urine-screening tests for drugs and, in the case of alcohol abuse, liver function tests.

Treatments

The goal of treatment ranges from controlling consumption, to detox and giving up drinking or drugs completely. Psychological treatments are common for all forms of substance misuse, and for opiate (drug) addiction methadone and buprenorphine treatment. Medication is also available for both drug and alcohol addiction to help prevent relapse.

As the carer you may feel:

- frustrated and hurt
- unsure how to help
- concerned for the person's safety and well-being
- worried about what will happen in the future
- angry if your help and advice is not accepted
- afraid the police will be involved
- frightened by the person's behaviour
- feel that the person is beyond help
- worried about the effects on the rest of the family
- worried about financial consequences.

Tips for carers

In partnership with your addiction specialist and other professionals

Good communication between all those involved in the person's care is important, but takes time and effort. Forming a positive relationship with all those involved is important in helping to control or stop the substance use. You may be invited to become involved in treatment plans and in supporting the person. The professionals you may come across are:

- psychiatrists
- GPs and other specialist doctors
- addiction therapists
- counsellors
- nurses
- drug workers
- social workers
- staff from various non-statutory services.

Questions to ask the doctor

<input type="checkbox"/>	What does the diagnosis mean?
<input type="checkbox"/>	Can you explain it in a way that I will understand?
<input type="checkbox"/>	Are there any treatments?
<input type="checkbox"/>	Where can I get information about medication and possible side-effects?
<input type="checkbox"/>	Are there other things we can do to help ourselves?
<input type="checkbox"/>	What can we expect in the near future and over time?
<input type="checkbox"/>	Will the person be able to continue to work or in education?
<input type="checkbox"/>	Is it safe for the person to drive?

<input type="checkbox"/>	Will the person I care for get better?
<input type="checkbox"/>	Is an addiction for life?
<input type="checkbox"/>	How often should I come and see you?
<input type="checkbox"/>	How can I best support the person?
<input type="checkbox"/>	What are the risks of accidental overdose?
<input type="checkbox"/>	Can you give me an 'out-of-hours' emergency telephone number?
<input type="checkbox"/>	Do you have any written material on this disorder? If not, who does?
<input type="checkbox"/>	Is there anything that we can change at home to make things easier or safer?
<input type="checkbox"/>	Are there any organisations or community services that can help?
<input type="checkbox"/>	Which health service worker is my main contact for guidance and advice?

Remember to arrange you next appointment before you leave.

Advice which will help you prepare for follow-up visits

Before your visit:

- Keep track of changes in behaviour and reactions to medication in a notebook, along with any concerns or questions since your last visit.
- Look at the information you have collected and write down your top three concerns. This will make sure that you remember to talk about the things that matter. Your concerns may include questions about:
 - changes in symptoms and behaviour
 - side-effects of medication
 - general health of the patient
 - your own health
 - additional help needed.

During you visit:

- If you do not understand something, ask questions. Don't be afraid to speak up.
- Take notes during the visit. At the end, look over your notes and tell the healthcare professional what you understood. This gives them a chance to correct any information or repeat something that was missed.

Further tips for carers when dealing with healthcare professionals

Healthcare professionals can be reluctant to discuss a person's diagnosis with the carer, as there is a duty of confidentiality between the professional and the patient. However, they will usually want to hear what you have to say. If the person is under 18, there is a balance between confidentiality and the need to share information. (See our leaflet, *Carers and confidentiality in mental health*).

If the healthcare professional is unwilling to involve you as a carer, there are a number of things you can do:

- ask the person you are caring for if you can stay with them during the visit. If the person agrees, the doctor is less likely to refuse
- talk with other carers as they may have some helpful suggestions
- try to talk to other members of the team involved in the person's care
- if you are not satisfied, use the Trust's complaints' procedure.

Don't forget to look after yourself as well

- Share your worries with trusted friends and family members.
- Don't bottle your feelings up – there is nothing wrong with a good cry.
- Try and keep in touch with friends.
- Go and see your own doctor if you cannot sleep, are exhausted, anxious or depressed.
- Make sure that you find time for yourself and do some simple exercise.

For the professional

As a professional working with people with substance misuse problems and dependence and their carers, we hope that the following is a helpful guide to good practice.

When doing an assessment, do you?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Try to see the person with the substance problem and the carer separately, as well as seeing them together |
| <input type="checkbox"/> | Consider doing a home visit |

Do you allow yourself enough time to?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Listen, ask, listen |
| <input type="checkbox"/> | Obtain a life history |
| <input type="checkbox"/> | Leave time for questions and discussion |
| <input type="checkbox"/> | Explain how you arrived at the diagnosis and the need for change |
| <input type="checkbox"/> | Talk about the prognosis |
| <input type="checkbox"/> | Assess the safety of children, carers and others |

In the management of the illness, do you?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Discuss possible treatments |
| <input type="checkbox"/> | Talk about the possible side-effects of medication |
| <input type="checkbox"/> | Spend time asking about the carer's health – physical and emotional |
| <input type="checkbox"/> | Discuss how to meet the care needs of both the person with the substance problem and the carer |

Points to remember

- Carers have their own needs and may need respite.
- Communication with everyone involved is important.
- Give easy to understand verbal and written information.
- Give contact telephone numbers.
- Remember issues relating to consent and confidentiality.

Further help

- **Carers Trust:** www.carers.org

Carers Trust is a charity which was formed by the merger of The Princess Royal Trust for Carers and Crossroads Care in April 2012. Carers Trust works to improve support, services and recognition for anyone living with the challenges of caring, unpaid, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems. With their Network Partners, they aim to ensure that information, advice and practical support are available to all carers across the UK.

- **Al-Anon Family Groups UK & Eire:** www.al-anonuk.org.uk/
Helps people whose lives are affected by someone else's drinking.

- **Alcoholics Anonymous (AA):** www.alcoholics-anonymous.org.uk
Helpline: 0845 7697555. Self-help groups for people with alcohol problems.

- **ADFAM – Families, drugs and alcohol:** www.adfam.org.uk
Supports families affected by drugs and alcohol.

- **Narcotics Anonymous (NA):** <http://ukna.org>
Helpline: 0300 999 1212. Self-help groups for recovering addicts.

- **Talk to Frank:** www.talktofrank.com
Tel: 0800 77 66 00. Offers confidential drugs information and advice.

Get Your Loved One Sober: Alternative to Nagging, Pleading, and Threatening.

Robert J. Myers, Brenda L. Wolfe – Hazelden Paperback.

This leaflet was produced as part of the Partners in Care campaign, a joint initiative between the Royal College of Psychiatrists and The Princess Royal Trust for Carers.

One of the aims of the Partners in Care campaign was to show that if all those involved in the care of people with mental health problems or learning disabilities can work together, a trusting partnership can be developed between carers, patients and professionals which will be of benefit to all.

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