

What Is Substance Abuse Treatment?

A Booklet for Families



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Center for Substance Abuse Treatment
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INTRODUCTION

This booklet is for you, the family member of a person dependent on alcohol or drugs. Whether your family member is dependent on alcohol, cocaine, heroin, marijuana, prescription medications, or other drugs, his or her dependence affects you and your family, too.

This booklet answers questions often asked by families of people entering treatment. The “Resources” section, at the back of this booklet, lists a selection of sources for more information and support groups available to you during this stressful time. Take advantage of this help, ask treatment providers questions, and talk with supportive friends or other family members about your feelings.

Millions of Americans abuse or are dependent on alcohol or drugs. All of these people have families—so remember, you are not alone. The fact that your family member is in treatment is a good sign and a big step in the right direction. **People with alcohol or drug dependence problems can and do recover.**



WHAT IS SUBSTANCE ABUSE?

Alcoholism and drug dependence and addiction, known as *substance use disorders*, are complex problems. People with these disorders once were thought to have a character defect or moral weakness; some people mistakenly still believe that. However, most scientists and medical researchers now consider dependence on alcohol or drugs to be a long-term illness, like asthma, hypertension (high blood pressure), or diabetes. Most people who drink alcohol drink very little, and many people can stop taking drugs without a struggle. However, some people develop a *substance use disorder*—use of alcohol or drugs that is compulsive or dangerous (or both).

Why Do Some People Develop a Problem but Others Don't?

Substance use disorder is an illness that can affect anyone: rich or poor, male or female, employed or unemployed, young or old, and any race or ethnicity. Nobody knows for sure exactly what causes it, but the chance of developing a substance use disorder depends partly on genetics—biological traits passed down through families. A person's environment, psychological traits, and stress level also play major roles by contributing to the use of alcohol or drugs. Researchers have found that using drugs for a long time changes the brain in important, long-lasting ways. It is as if a switch in the brain turned on at some point. This point is different for every person, but when this switch turns

on, the person crosses an invisible line and becomes dependent on the substance. People who start using drugs or alcohol early in life run a greater risk of crossing this line and becoming dependent. These changes in the brain remain long after a person stops using drugs or drinking alcohol.

Even though your family member has an illness, it does not excuse the bad

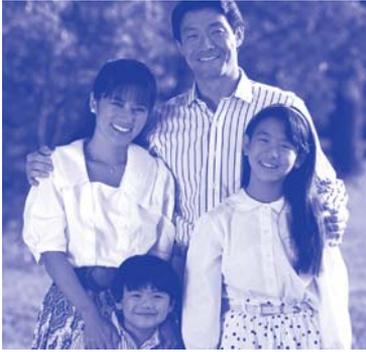
Q: My husband says that he is an addict. How can this be possible when he still has a good job?

A: Understanding how a person can be dependent on alcohol or drugs and still keep a good job is difficult. The media often portray people with substance use disorders as unemployed, unproductive, criminal, and homeless. However, many people who are dependent on alcohol or drugs do not fit this stereotype; they have jobs and live with their families. The disease does tend to worsen over time. Eventually, your husband's drug use may increase, and, with no help, he may begin to experience more serious problems. The earlier your husband can get treatment, the better chance he has of recovery.

behavior that often accompanies it. Your loved one is not at fault for having a disease, but he or she is responsible for getting treatment.

What Are the Symptoms of Substance Use Disorders?

One of the most important signs of substance addiction or dependence is continued use of drugs or alcohol despite experiencing the serious negative consequences of heavy drug or alcohol use. Often, a person will blame other people or circumstances for his or her problems instead of realizing that the difficulties result from use of drugs or alcohol. For example, your partner may believe he was fired from jobs because his bosses didn't know how to run a business. Or your daughter may believe she got a ticket for driving under the influence of alcohol because the police were targeting her. Perhaps your loved one has even blamed you. People with this illness really may believe that they drink normally or that "everyone" takes drugs. These false beliefs are called **denial**, and denial is part of the illness.



Other important symptoms of substance use disorders include

- **Tolerance**—A person will need increasingly larger amounts of alcohol or drugs to get high.
- **Craving**—A person will feel a strong need, desire, or urge to use alcohol or drugs, will use alcohol or a drug despite negative consequences, and will feel anxious and irritable if he or she can't use them. Craving is a primary symptom of *addiction*.
- **Loss of control**—A person often will drink more alcohol or take more drugs than he or she meant to, or may use alcohol or drugs at a time or place he or she had not planned. A person also may try to reduce or stop drinking or using drugs many times, but may fail.
- **Physical dependence or withdrawal symptoms**—In

some cases when alcohol or drug use is stopped, a person may experience withdrawal symptoms from a physical need for the substance. Withdrawal symptoms differ depending on the drug, but they may include nausea, sweating, shakiness, and extreme anxiety. The person may try to relieve these symptoms by taking either more of the same or a similar substance.

Q: My mother says there is no cure for this disease, so she doesn't need treatment. Is that true?

A: Perhaps your mother does not understand the purpose of treatment. She is correct to some degree; a substance use disorder is often chronic—but it is treatable. This is also true of many other long-term illnesses, such as diabetes and hypertension. Treatment for substance use disorders is designed to help people stop alcohol or drug use and remain sober and drug free. Recovery is a lifelong process. Staying in recovery is a difficult task, so your mother will need to learn new ways of thinking, feeling, and acting. Treatment can help your mother accept, manage, and live with her illness.



WHAT IS SUBSTANCE ABUSE TREATMENT?

Who Provides Treatment?

Many different kinds of professionals provide treatment for substance use disorders. In most treatment programs, the main caregivers are specially trained individuals certified or licensed as substance abuse treatment counselors. About half these counselors are people who are in recovery themselves. Many programs have staff from several different ethnic or cultural groups.

Most treatment programs assign patients to a **treatment team** of professionals. Depending on the type of treatment, teams can be made up of social workers, counselors, doctors, nurses, psychologists, psychiatrists, or other professionals.

What Will Happen First?

Everyone entering treatment receives a clinical assessment. A complete assessment of an individual is needed to help treatment professionals offer the *type* of treatment that best suits him or her. The assessment also helps program counselors work with the person to design an effective treatment *plan*. Although clinical assessment continues throughout a person's treatment, it starts at or just before a person's admission to a treatment program. The counselor will begin by gathering information about the person, asking many questions such as those about

- Kinds, amount, and length of time of substance or alcohol use



- Cultural issues around use of alcohol or drugs
- Effects of drug or alcohol use on the person's life
- Medical history
- Current medical problems or needs
- Current medications (including pain medication)
- Mental health issues or behavioral problems
- Family and social issues and needs
- Legal or financial problems
- Educational background and needs
- Current living situation and environment
- Employment history, stability, problems, and needs
- School performance, problems, and needs, if relevant
- Previous treatment experiences or attempts to quit drug or alcohol use.

The counselor may invite you, as a family member, to answer questions and express your own concerns as well. Be honest—this is not the time to cover up your loved one's behavior. The counselor needs to get a full picture of the problem to plan and help implement the most effective treatment. It is particularly important for the counselor to know whether your family member has any serious medical problems or whether you suspect that he or she may have an emotional problem. You may feel embarrassed answering some of these questions or have difficulty completing the interview, but remember: the counselor is there to help you and your loved one. The treatment team uses the information gathered to recommend the best type of treatment. No one type of treatment is right for everyone; to work, the treatment needs to meet your family member's individual needs.

After the assessment, a counselor or case manager is assigned to your family member. The counselor works with the person (and possibly his or her family) to develop a **treatment plan**. This plan lists problems, treatment goals, and ways to meet those goals.

Based on the assessment, the counselor may refer your family member to a physician to decide whether he or she

needs medical supervision to stop alcohol or drug use safely.

Medically supervised withdrawal (often called detoxification or detox) uses medication to help people withdraw from alcohol or drugs. People who have been taking large amounts of opioids (e.g., heroin, OxyContin®, or codeine), barbiturates or sedatives (“downers”), pain medications, or alcohol—



either alone or together—may need medically monitored or managed withdrawal services. Sometimes, alcohol withdrawal can be so severe that people hallucinate, have convulsions, or develop other dangerous conditions. Medication can help prevent or treat such conditions. Anyone who has once had hallucinations or seizures from alcohol withdrawal or who has another serious illness or (in some cases) a mental disorder that could complicate detoxification may need medical supervision to detoxify safely. Medically supervised withdrawal can take place on a regular medical ward of a hospital, in a specialized inpatient detoxification unit, or on an outpatient basis with close medical supervision. Detoxification may take several days to a week or more. During that time, the person will receive medical care and may begin to receive education about his or her disease.

Q: My wife just started treatment. I called the program yesterday to ask the counselor some questions. The counselor said that she “could not confirm or deny” that my wife was even there! What’s that about?

A: Federal and State laws protect an individual’s privacy in treatment. Before the counselor can talk to anyone (including you) about your wife’s treatment, the program must first have her permission, *in writing*. Even if the counselor knows that you know your wife is there, she still can’t even say that your wife is in the program until your wife signs a “release of information” or “disclosure authorization” form. You may want to talk to your wife and be sure she understands that you would like to be involved in the treatment program.



Not everyone needs inpatient medically supervised detox. People with mild withdrawal symptoms from alcohol or drugs and people using cocaine, marijuana, opioids, or methamphetamine do not generally need to be hospitalized for detoxification. However, they may need outpatient medical care, a lot of support, and someone to ensure their well-being.

Social detoxification can meet this need. Sometimes social detoxification centers are part of a residential treatment program; other times they are separate facilities. Social detoxification centers are not hospitals and seldom use medication, but the person does stay there from several days to 1 week. The social detoxification staff includes nurses and counselors. The staff watches each person's medical condition closely, and counselors are available to help him or her

through the most difficult part of withdrawing from alcohol and drugs.

It is important to know that **detoxification is not treatment**; it is a first step that can prepare a person for treatment.

What Types of Treatment Programs Are Available?

Several types of treatment programs are available:

- Inpatient treatment
- Residential programs
- Partial hospitalization or day treatment
- Outpatient and intensive outpatient programs
- Methadone clinics (also called opioid treatment programs).

Inpatient treatment, provided in special units of hospitals or medical clinics, offers both detoxification and rehabilitation services. Several years ago, many hospital-based treatment programs existed. Today, because of changes in insurance coverage, inpatient treatment is no longer as common as it used to be. People who have a mental disorder or serious medical problems as well as a substance use disorder are

the ones most likely to receive inpatient treatment. Adolescents may also need the structure of inpatient treatment to make sure a full assessment of their substance use and mental disorders can be done.

Residential programs provide a living environment with treatment services. Several models of residential treatment (such as the **therapeutic community**) exist, and treatment in these programs lasts from a month to a year or more. The programs differ in some ways, but they are similar in many ways.

Residential programs often have phases of treatment, with different expectations and activities during each phase. For example, in the first phase, an adult's contact with family, friends, and job may be restricted. An adolescent may be able to have contact with his or her parents but not with friends or with school. This restriction helps the person become part of the treatment community and adjust to the treatment setting. In a later phase, a person may be able to start working again, going "home" to the facility every evening. If your loved one is in a residential treatment program, it is important that you know and understand the program rules and expectations.



Often residential programs last long enough to offer general equivalency diploma (GED) preparation classes, training in job-seeking skills, and even career training. In residential programs for adolescents, the participants attend school as a part of the program. Some residential programs are designed to enable women who need treatment to bring their children with them. These programs offer child care and parenting classes.

Residential programs are best for people who do not have stable living or employment situations and/or have limited or no family support. Residential treatment may help people with very serious substance use disorders who have been unable to get and stay sober or drug free in other treatment.

Partial hospitalization or day treatment programs also



may be provided in hospitals or free-standing clinics. In these programs, the person attends treatment for 4 to 8 hours per day but lives at

Q: My brother is in a residential treatment program. He says he can leave the program at any time. Is this true?

A: Yes. Everyone has the option of leaving. All alcohol and drug abuse treatment is voluntary, although there may be consequences for leaving if the person is in treatment, for example, as part of probation or parole. If your brother chooses to leave and treatment has not been completed, the treatment staff may ask him to sign papers stating that he is leaving treatment against medical advice. The staff also will try to find out why he wants to leave early and will try to address any concerns he has.

home. These programs usually last for at least 3 months and work best for people who have a stable, supportive home environment.

Outpatient and intensive outpatient programs provide treatment at a program site, but the person lives elsewhere (usually at home). Outpatient treatment is offered in a variety of places: health clinics, community mental health clinics, counselors' offices, hospital clinics, local health department offices, or residential programs with outpatient clinics. Many meet in the evenings and on weekends so participants can go to school or work. Outpatient treatment programs have different requirements for attendance. Some programs require daily attendance; others meet only one to three times per week.

Intensive outpatient treatment programs require a person to attend 9 to 20 hours of treatment activities per week. Outpatient programs last from about 2 months to 1 year.

People who do best in an outpatient program are willing to attend counseling sessions regularly, have supportive friends or family members, have a place to live, and have some form of transportation to get to treatment sessions

(some programs will provide transportation if needed).

Opioid treatment programs (OTPs), sometimes known as methadone clinics, offer medication-assisted outpatient treatment for people who are dependent on opioid drugs (such as heroin, OxyContin, or vicodin). These programs use a medication, such as methadone or LAAM, to help a person not use illicit opioids. OTPs provide counseling and other services along with the medication.

What Actually Happens in Treatment Programs?

Although treatment programs differ, the basic ingredients of treatment are similar. Most programs include many or all elements presented below.

Assessment

As we discussed earlier, all treatment programs begin with a clinical assessment of a person's individual treatment needs. This assessment helps in the development of an effective treatment plan.

Medical Care

Programs in hospitals can provide this care on site. Other outpatient or residential programs may have doctors and



nurses come to the program site for a few days each week, or a person may be referred to other places for medical care. Medical care typically includes screening and treatment for HIV/AIDS, hepatitis, tuberculosis, and women's health issues.

A Treatment Plan

The treatment team, along with the person in treatment, develops a treatment plan based on the assessment. A treatment plan is a written guide to treatment that includes the person's goals, treatment activities designed to help him or her meet those goals, ways to tell whether a goal has been met, and a timeframe for meeting goals. The treatment plan helps both the person in treatment and treatment program staff stay focused and on track. The treatment plan is adjusted over time to meet changing needs and ensure that it stays relevant.



Group and Individual Counseling

At first, individual counseling generally focuses on motivating the person to stop using drugs or alcohol. Treatment then shifts to helping the person stay drug and alcohol free. The counselor attempts to help the person

- See the problem and become motivated to change
- Change his or her behavior
- Repair damaged relationships with family and friends
- Build new friendships with people who don't use alcohol or drugs
- Create a recovery lifestyle.

Group counseling is different in each program, but group members usually support and try to help one another cope with life without using drugs or alcohol. They share their experiences, talk about their

feelings and problems, and find out that others have similar problems. Groups also may explore spirituality and its role in recovery.

Individual Assignments

People in treatment may be asked to read certain things (or listen to audiotapes), to complete written assignments (or record them on audiotapes), or to try new behaviors.

Education About Substance Use Disorders

People learn about the symptoms and the effects of alcohol and drug use on their brains and bodies. Education groups use videotapes or audiotapes, lectures, or activities to help people learn about their illness and how to manage it.

Life Skills Training

This training can include learning and practicing employment skills, leisure activities, social skills, communication skills, anger management, stress management, goal setting, and money and time management.

Testing for Alcohol or Drug Use

Program staff members regularly take urine samples from people for drug testing. Some programs are starting to test saliva instead of urine. They also may use a Breathalyzer™ to test people for alcohol use.

Relapse Prevention Training

Relapse prevention training teaches people how to identify their relapse triggers, how to cope with cravings, how to develop plans for handling stressful situations, and what to do if they relapse. A trigger is anything that makes a person crave a drug. Triggers often are connected to the person's past use, such as a person he or she used drugs with, a time or place, drug use paraphernalia (such as syringes, a pipe, or a bong), or a particular situation or emotion.

Orientation to Self-Help Groups

Participants in self-help groups support and encourage one another to become or stay drug and alcohol free. Twelve-Step programs are perhaps the best known of the self-help groups. These programs include Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous, and Marijuana Anonymous. Other self-help groups include SMART (Self Management and Recovery Training) Recovery® and Women for Sobriety.

Members themselves, not treatment facilities, run self-help groups. In many places, self-help groups offer meetings for people with particular needs. You may find special



Q: What are these “sober life skills” my partner talks about?

A: Sober life skills are the new behaviors and ways of living that your partner will need to work on. Before treatment, your partner spent a great deal of time obtaining a substance, using drugs or drinking alcohol, and getting over the substance's effects. Most of his or her activities centered on drugs or alcohol. Most of his or her fun activities included drinking alcohol or using drugs, and many of your partner's friends used or abused substances, too. For these reasons, people recovering from substance use disorders need to learn a whole new way to live and to make new friends.

meetings for young people; women; lesbian, gay, and bisexual people; newcomers; and those who need meetings in languages other than



English. Internet chat groups and online meetings are also available for some groups.

Many treatment programs recommend or require attendance at self-help groups. By attending, many people make new friends who help them stay in recovery. The number of meetings required varies by treatment program; many programs require participants to attend “90 meetings in 90 days,” as AA and NA recommend. Some treatment programs encourage people to find a “sponsor,” that is, someone who has been in the group for a while and can offer personal support and advice.

Self-help groups are very important in most people’s recovery. It is important to understand, however, that these groups are *not* the same as treatment.

There are self-help groups for family members, too, such

as Al-Anon and Alateen (see the “Just for You” section of this booklet).

Treatment for Mental Disorders

Many people with a substance use disorder also have emotional problems such as depression, anxiety, or post-traumatic stress disorder.

Adolescents in treatment also may have behavior problems, conduct disorder, or attention deficit/hyperactivity disorder.

Treating both the substance use and mental disorders increases the chances that the person will recover. Some counselors think people should be alcohol and drug free for at least 3 to 4 weeks before a treatment professional can identify emotional illness correctly. The program may provide mental health care, or it may refer a person to other sites for this care. Mental health care often includes the use of medications, such as antidepressants.

Family Education and Counseling Services

This education can help you understand the disease and its causes, effects, and treatment. Programs provide this education in many ways: lectures, discussions, activities, and group meetings. Some programs provide counseling for families or couples.

Family counseling is especially critical in treatment for adolescents. Parents need to be involved in treatment planning and followup care decisions for the adolescent. Family members also need to participate as fully as possible in the family counseling the program offers.

Medication

Many programs use medications to help in the treatment process. Although no medications cure dependence on drugs or alcohol, some do help people stay abstinent and can be lifesaving.

Medication is the primary focus of some programs, such as the medication-assisted OTPs discussed earlier. Methadone is a medication that prevents opioid withdrawal symptoms for about 24 hours, so the person must take it daily. Taken as directed, it does not make a person high but allows him or her to function normally. In fact, methadone blocks the “high” a person gets from an opioid drug.

Some people stay on methadone for only 6 months to 1 year and then gradually stop taking it; most of these people relapse and begin to use opioids again. However, others stay on methadone for



long periods of time or for life, which is called **methadone maintenance treatment**. People receiving this treatment often have good jobs and lead happy, productive lives.

If your family member is taking medications for HIV infection or AIDS or for any other medical condition, it is important that OTP staff members know exactly what he or she is taking. Mixing some medications with methadone or LAAM may mean that your family member will need special medical supervision.

Buprenorphine is another medication that may be used to treat opioid dependence and is sometimes used by OTPs. Buprenorphine recently was approved for treatment by primary care doctors in their offices. A doctor treating a patient with buprenorphine generally will provide or refer the patient for counseling, also.



Disulfiram (Antabuse®) is a medication that causes a bad reaction if people drink alcohol while taking it. The reaction is flushing, nausea, vomiting, and anxiety. Because people know the medication will make them very ill if they drink alcohol, it helps them not to drink it. Antabuse is taken daily.

Q: If substance use disorder is a disease, why aren't there medicines that will help?

A: There are medicines that will help, though only for some addictions. No “magic pill” exists to cure substance use disorders, but medicines can often be an important part of the treatment. Medications are used to detoxify a person, to prevent him or her from feeling high from taking drugs, to reduce cravings, or to treat a person's mental disorder.

Another medication, **naltrexone (ReVia®)**, reduces the craving for alcohol. This medication can help keep people who drink a small amount of alcohol from drinking more of it. Programs also sometimes use naltrexone to treat heroin or other opioid dependence because it blocks the drug's effects. It is important for people who use heroin to go through detox first, so they are heroin free before starting to take naltrexone.

Because it is very difficult for a person to detoxify from opioid drugs, many people don't make it that far; buprenorphine is sometimes used to help people make that transition. If a person does detoxify from opioids and begins to take naltrexone, it still will not work well for this purpose unless a person has a strong social support system, including someone who will make sure that he or she continues to take the medication regularly. When an adolescent is taking naltrexone to treat opioid dependence, it is particularly important that parents provide strong support and supervision.

Followup Care (Also Called Continuing Care)

Even when a person has successfully completed a treatment program, the danger of

returning to alcohol or drug use (called a “slip” or relapse) remains. The longer a person stays in treatment, including followup, the more likely he or she is to stay in recovery. Once a person has completed basic treatment, a program will offer a followup care program at the treatment facility or will refer him or her to another site. Most programs recommend that a person stay in followup care for at least 1 year. Adolescents often need followup care for a longer period.

Followup care is very important to successful treatment. Once a person is back in his or her community, back in school, or back at work, he or she will experience many temptations and cravings for alcohol or drugs. In followup care, your family member will meet periodically with a counselor or a group to determine how he or she is coping and to help him or her deal with the challenges of recovery.

For some people, particularly those who have been in residential treatment or prison-based programs, more intensive forms of followup care may be helpful. **Halfway houses or sober houses** are alcohol- and drug-free places to live for people coming from



a prison-based or residential program. People usually stay from 3 months to 1 year, and counseling is provided at the site or at an outpatient facility.

Supportive living or transitional apartments provide small group living arrangements for those who need a sober and drug-free living environment. The residents support one another, and involvement in outpatient counseling and self-help groups is expected.

Why Does Treatment Take So Long?

Substance use disorders affect every part of a person’s life. For that reason, treatment needs to affect every part of a person’s life as well.

Treatment involves more than helping someone stop drinking alcohol or using drugs.



Actually, *stopping* alcohol use or drug use is just the beginning of the recovery process. Your family member will need to learn new ways to cope with daily life. He or she will need to relearn how to deal with stress, anger, or social situations and how to have fun without using drugs or drinking. Learning these new skills is a lot of work.

Many people enter treatment only because of pressure from the legal system, employers, parents, spouses, or other family members. The first step in treatment then is to help them see that they do have a problem and to become motivated to change for themselves. This process often takes time.

Your family member also will need time to understand and begin to use the support of the self-help groups mentioned before. These groups will be important to his or her recovery for many years to come.

Remember: It can take a long time for the disease to develop and it is often chronic; therefore, it can take a long time to treat it.



JUST FOR YOU

Now that your family member is in treatment, things are starting to change. Some of the tension and turmoil that probably were part of your life may be starting to ease. But the first weeks of treatment are stressful. Each family member is adjusting to changes, starting to deal with past conflicts, and establishing new routines. Amid all these changes, it is important that you take good care of yourself—get enough sleep, eat right, rest, exercise, and talk to supportive friends and relatives. Your church, mosque, synagogue, temple, or other spiritual organization also may be a good source of support.

Recovery is not just an adjustment for the person in treatment—it also is an adjustment for you. For the past few years, you may have assumed roles or taken care of tasks that were your loved one's responsibilities. Now, as time passes, you and he or she may need to learn new ways of relating to each other and learn different ways of sharing activities and chores. If you are the parent of an adolescent in treatment, you will need to be closely involved in treatment planning and treatment activities. You may need to adjust your life and family relationships to allow for the extra time this involvement will take.

You may have many questions about how your family member will behave in these early stages of recovery. Everyone acts differently. Some people are very happy to be getting treatment at last; others suffer a great deal while they adjust to a new life and attempt to live it without alcohol and drugs. They may be sad, angry, or confused. It is important for you to



realize that these are normal reactions and to get support for yourself.

Al-Anon is the best-known and most available resource for family members and friends of alcoholics. Al-Anon was founded 50 years ago to provide support for those living with someone with alcoholism. Alateen, for older children and adolescents, was founded somewhat later on. Today, many family members of people who use drugs also participate in Al-Anon or Alateen. These meetings are free and available in most communities.

Your community also may have Nar-Anon meetings. This group was founded for families and friends of those using drugs. Other groups also may be helpful, such as Co-Dependents Anonymous and Adult Children of Alcoholics. The treatment program should be able to give you schedules of local meetings of all these groups, or you can

find contact information in the “Resources” section of this booklet.

Many treatment professionals consider substance use disorders family diseases. To help the whole family recover and cope with the many changes going on, you may be asked to take part in treatment. This approach may involve going to a family education program or to counseling for families or couples.

It is important to remember the following points as you and your family member recover:

- You are participating in treatment for **yourself**, not just for the sake of the person who used substances.
- Your loved one’s recovery, sobriety, or abstinence does not depend on you.
- Your family’s recovery does not depend on the recovery of the person who used substances.
- You did not cause your family member’s substance use disorder. It is not your fault.

You still may have hurt feelings and anger from the past that need to be resolved. You need support to understand and deal with these feelings, and you need to support your loved one’s efforts to get well.

Remember: Help is always there for you, too. Ask the counselor for some suggestions, and check the “Resources” section of this booklet.

What if I Need Help With Basic Living Issues?

You may need very practical help while your family member is in treatment. If your family member is the sole financial provider and unable to work because he or she is in treatment, how will the bills get paid? If your family member is the primary caregiver for children or an elderly adult, how will these needs be met? The treatment program may be able to help you arrange disability leave or insurance through your loved one’s employer. Ask the



counselor about different types of assistance that may be available to help you meet various needs. Most treatment programs work with other community programs. These programs may include food pantries, clothing programs, transportation assistance, child care, adult day care, legal assistance, financial counseling, and health care services. Your family may be eligible for help from programs that help those in recovery.



I'M AFRAID IT WON'T WORK

Treatment is just the first step to recovery. During this process family members sometimes have mixed feelings. You may feel exhausted, angry, relieved, worried, and afraid that, if this doesn't work, nothing will. You may feel as if you are walking on eggshells and that, if you do something wrong, you may cause your loved one to relapse. It is important for you to remember that you cannot cause a relapse—only the person who takes a drug or picks up a drink is responsible for that.

No one can predict whether your family member will recover, or for how long, but many people who receive treatment do get better. The longer people stay in treatment the more likely they will remain drug and alcohol free. About half the people who complete treatment for the first time continue to recover. Of course, this means that about half will return to drinking alcohol and using drugs (called relapse) before they finally give them up for good. Adolescents are even more likely to use drugs or alcohol or both again. It is not uncommon for a person to need to go through treatment more than one time. Often the person needs to return to treatment quickly to prevent a slip or relapse from leading to a chronic problem.

It is important for you to understand that relapse is often a part of the recovery process. Do not be discouraged if your family member uses alcohol or drugs again. Many times relapses are short and the person continues to recover.

Q: My partner says a lot of people in his group have relapsed. What does that mean?

A: Not all people in recovery are able to stay sober. When they cannot, it's called relapse. Many people relapse a few times. As with other chronic illnesses, such as diabetes or asthma, the symptoms can come and go. Most treatment programs discuss relapse openly and often. It is important that the person who relapses return to treatment right away, learn more about his or her relapse triggers, and improve his or her coping skills. Returning quickly is a sign of health (rather than something to be ashamed of) and a desire to begin working toward a life free of alcohol and drugs. It is important to understand the concept of relapse. It means that a person who had stopped drinking alcohol or taking drugs for a period has started to drink alcohol or use drugs again. Relapses may be very disheartening. However, a relapse does not mean that your family member will not recover.



A treatment program may involve you in relapse prevention planning and may help you learn what to do if your family member relapses. Your family member will benefit if you do not drink or use drugs around him or her, especially in the first months after his or her treatment begins. When you choose not to use drugs or alcohol, you help your loved one avoid triggers. As you both begin to understand and accept the illness, the risk of relapse decreases. The changes in attitudes, behaviors, and values that you both are learning and practicing will become part of your new recovering lifestyle.



ESPECIALLY FOR YOUNG PEOPLE

You may be having difficulty handling some of your concerns about living with a person who abuses alcohol or drugs. Whether this person is your mom, dad, grandparent, brother, or sister, it is important that you talk about your problems, fears, and concerns with people who are understanding and sympathetic.

You may feel that you caused your family member's substance use disorder or that it is somehow your fault. You may think that if you had behaved better, done better in school, or been different in some way your mom or dad or the person you care about would not drink so much alcohol or take drugs. *You did not in any way cause their disease.* No one ever causes another person's substance use disorder. It is nobody's fault that someone you care about has become ill.

Your family member may have embarrassed you in front of friends, teachers, or another person. You may have stopped bringing friends home or stopped telling your parents about school activities. Now that your relative is in treatment, his or her behavior should improve.

You may have lived with fighting and stress, and you may have been abused or witnessed other kinds of violence. You may feel very angry and sad because of these experiences. Now you can talk about this and other feelings with your family or the staff at the treatment program. It will be important for you to share your thoughts and feelings about what has happened. You may want to go

to self-help groups such as Al-Anon or Alateen. Some young people find these meetings to be helpful. These groups talk about the three C's: You didn't Cause it, you can't Control it, and you can't Cure it. Remembering the three C's can help.

It is important to know that substance use disorders run in families. People who have a blood relative with a substance use disorder are about four times more likely to develop the same disorder

Q: My father is the one who drinks too much alcohol. Why do the counselors want to talk to me?

A: Treatment professionals know that substance use disorders affect the whole family. It makes sense, then, to offer help to the whole family. Some programs offer family education, and others involve the family or couples in counseling sessions. It's hard to grow up with a parent who uses alcohol or drugs. It can be helpful if you learn more about the disease and the effect it has had on your family and on you. Talking to someone who understands substance use disorders can make a big difference for you.

than those who do not. This means that you may have inherited a tendency to develop a problem yourself, and you should be careful about drinking alcohol or taking drugs. This information is meant to educate you, not to scare you.

The situation at home will probably improve because your relative is in treatment. Like treatment for people with other illnesses, treatment for substance use disorders is helpful, but not everyone knows or believes it is. A great deal of stigma and shame are still associated with substance use disorders. What and how much you tell your friends or teachers is your decision and your family's. You may just want to say something like, "My mom is ill, but she will get better and come home soon. Thank you for asking."

You may choose to help educate some of your close friends about your relative's illness and his or her progress in treatment. Or, you may decide not to share this information with them. It's your choice.

Remember, you didn't create this problem, but you **can** play an important role in helping everyone heal. Hang in there.



GLOSSARY

Denial

The thought process in which a person does not believe he or she has a problem, despite strong evidence to the contrary. It is a way of protecting oneself from painful thoughts or feelings.

Detoxification (or “detox”)

A process that helps the body rid itself of substances while the symptoms of withdrawal are treated. It is often a first step in a substance abuse treatment program.

Followup care

Also called continuing care. Treatment that is prescribed after completion of inpatient or outpatient treatment. It can be participation in individual or group counseling, regular contact with a counselor, or other activities designed to help people stay in recovery.

Halfway house/sober house

A place to live for people recovering from substance use disorders. Usually several people in recovery live together with limited or no supervision by a counselor.

Inpatient treatment

Treatment in a setting that is connected to a hospital or a hospital-type setting where a person stays for a few days or weeks.

Outpatient treatment

Treatment provided at a facility. The services vary but do not include overnight accommodation. Sometimes it is prescribed after inpatient treatment.

Relapse

A recurrence of symptoms of a disease after a period of improvement; that is, a person in recovery drinks or uses drugs again after a period of abstinence.

Relapse prevention

Any strategy or activity that helps keep a person in recovery from drinking alcohol or using drugs again. It may include developing new coping responses; changing beliefs and expectations; and changing personal habits, lifestyles, and schedules.

Residential treatment

Treatment in a setting in which both staff and peers can help with treatment. It provides more structure and more intensive services than outpatient treatment. Participants live in the treatment facility. Residential treatment is long term, typically lasting from 1 month to more than 1 year.

Self-help/12-Step groups

Support groups consisting of people in recovery that offer a safe place where recovering people share their experiences, strengths, and hopes. AA's 12 Steps help the members recover from addiction, addictive behavior, and emotional suffering. These groups are free and are not supported by any particular treatment program.

Supportive living

Also called transitional apartments. A setting in which the

skills and attitudes needed for independent living can be learned, practiced, and supported. It provides a bridge between supervised care and independent living.

Therapeutic community

Long-term residential treatment that focuses on behavioral change and personal responsibility in all areas of a person's life, not just substance use.

Treatment plan

A plan that provides a blueprint for treatment. It describes the problems being addressed, the treatment's goals, and the specific steps that both the treatment professionals and the person in treatment will take.

Treatment team

A team of professionals (e.g., clinical supervisor, counselor, therapist, and physician) responsible for treating a person and helping his or her family.

Trigger

Any event, place, thing, smell, idea, emotion, or person that sets off a craving to drink alcohol or use drugs.



RESOURCES

Federal Government Resources

Substance Abuse and Mental Health Services Administration's (SAMHSA's) Substance Abuse Treatment Facility Locator

www.findtreatment.samhsa.gov/facilitylocator.doc.htm

SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)

SAMHSA's NCADI offers thousands of publications (most of them are free) and runs a 24-hour helpline (English and Spanish) for SAMHSA. Helpline operators can answer questions about substance use disorders, suggest written resources, and make treatment referrals using the national Substance Abuse Treatment Facility Locator.

11420 Rockville Pike
Rockville, MD 20852
Helpline: 800-729-6686
Local number: 301-770-5800
TDD: 800-487-4889
www.ncadi.samhsa.gov

SAMHSA's National Mental Health Information Center

800-789-2647
TDD: 866-889-2647
www.mentalhealth.samhsa.gov

SAMHSA's Center for Substance Abuse Treatment (CSAT)

www.csat.samhsa.gov

SAMHSA's Center for Substance Abuse Prevention (CSAP)

www.csap.samhsa.gov

Other Resources

The following is a sampling, not a complete list, of available resources. Inclusion on this list does not imply endorsement by SAMHSA.

Most State and local governments have an office on substance abuse issues that can be an excellent resource. There also may be an office of the Council on Alcoholism and Drug Dependence in your area; consult your local telephone book.

Adult Children of Alcoholics

World Service Organization,
Inc.
P.O. Box 3216
Torrance, CA 90510
310-534-1815
www.adultchildren.org

Al-Anon Family Group Headquarters, Inc.

(Al-Anon and Alateen)
1600 Corporate Landing
Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON (meeting
information line)
www.al-anon.alateen.org
Spanish Web site:
www.al-anon.org/alaspan.html



Alcoholics Anonymous

P.O. Box 459
Grand Central Station
New York, NY 10163
212-870-3400
www.aa.org

Cocaine Anonymous World Services (CAWSO)

3740 Overland Avenue, Suite C
Los Angeles, CA 90034
310-559-5833
www.ca.org

Co-Dependents Anonymous (CoDA®)

P.O. Box 33577
Phoenix, AZ 85037-3577
602-277-7991
www.codependents.org

Dual Recovery Anonymous (DRA) Central Service Office

P.O. Box 8107
Prairie Village, KS 66208
877-883-2332
www.draonline.org



**Jewish Alcoholics,
Chemically Dependent
Persons and Significant
Others (JACS)**

850 Seventh Avenue
New York, NY 10019
212-397-4197
www.jacsweb.org

Join Together

One Appleton Street
Fourth Floor
Boston, MA 02116-5223
617-437-1500
www.jointogether.org

**Marijuana Anonymous
World Services**

P.O. Box 2912
Van Nuys, CA 91404
800-766-6779
www.marijuana-anonymous.org

Nar-Anon

22527 Crenshaw Boulevard
Suite 200 B
Torrance, CA 90505
310-547-5800

**Narcotics Anonymous
World Services Office**

P.O. Box 9999
Van Nuys, CA 91409
818-773-9999
www.na.org

**National Asian Pacific
American Families
Against Substance
Abuse (NAPAFASA)**

340 East Second Street
Suite 409
Los Angeles, CA 90012
213-625-5795
www.napafasa.org

**National Association for
Children of Alcoholics
(NACoA)**

11426 Rockville Pike
Suite 100
Rockville, MD 20852
888-554-COAS
www.nacoa.org

**National Association for
Native American
Children of Alcoholics
(NANACOA)**

c/o White Bison, Inc.
6145 Lehman Drive, Suite 200
Colorado Springs, CO 80918
719-548-1000
www.whitebison.org/nanacoa

**National Association on
Alcohol, Drugs and
Disability (NAADD)**

2165 Bunker Hill Drive
San Mateo, CA 94402-3801
650-578-8047

**National Black
Alcoholism & Addictions
Council (NBAC)**

5104 North Orange Blossom
Trail, Suite 207
Orlando, FL 32810
407-532-2747
www.nbacinc.org

**National Clearinghouse
on Families and Youth
(NCFY)**

P.O. Box 13505
Silver Spring, MD 20911-3505
301-608-8098
www.ncfy.com

**National Families in
Action (NFIA)**

2957 Clairmont Road N.E.
Suite 150
Atlanta, GA 30329
404-248-9676
www.nationalfamilies.org

Nicotine Anonymous

419 Main Street, PMB 370
Huntington Beach, CA 92648
415-750-0328
www.nicotine-anonymous.org

**Parents, Families and
Friends of Lesbians and
Gays (PFLAG)**

1726 M Street, N.W.
Suite 400
Washington, DC 20036
202-467-8180
www.pflag.org



**Secular Organizations
for Sobriety/Save Our
Selves (SOS)
Clearinghouse**

4773 Hollywood Boulevard
Hollywood, CA 90027
323-666-4295
www.secularsobriety.org

SMART Recovery

7537 Mentor Avenue
Suite #306
Mentor, Ohio 44060
440-951-5357
www.smartrecovery.org

**Su Familia: The National
Hispanic Family Health
Helpline**

866-SuFamilia (783-2645)

Women for Sobriety, Inc.

P.O. Box 618
Quakertown, PA 18951-0618
215-536-8026
www.womenforsobriety.org

Place clinic sticker here

DHHS Publication No. (SMA) 04-3955

NCADI Publication No. BKD503

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration