

## WHAT TO DO IF YOUR LOVED ONE IS AN ADDICT

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The other day I received a call from the wife of a self-reported addict who wanted to discontinue using methamphetamine but was unable to stop. She told me how their life had become a mess, with his losing his job and spending all their money on drugs. She let me know about their child who had been sent to her Mother's house because she could no longer take care of her daughter and her husband. She was heartbroken, confused, angry, compassionate, loving, hating, resentful, and desperate for a solution to her husband's problem with methamphetamine. She was dumbfounded as to why her husband could go through two treatment programs and still be using methamphetamine despite the damage it was causing to their family.

Tragically, this story is not uncommon. There are variations, such as the addict had not been exposed to treatment yet, or perhaps the addict is a child instead of a spouse. However, the basic context of the situation is fundamentally the same: the addict is using and it is causing severe problems within the family system, and the addict can't seem to stop.

Addiction is defined as a chronic and progressive disease which includes a distortion of the psychology, physiology, sociology and spirituality of the addict. The term chronic is used to describe the fact that addiction (aka chemical dependency) is incurable. This is because there is a permanent physiological aberration that takes place in the nucleus accumbens of the addict's brain after the addict has used enough of a mood-altering addictive substance over a long enough period of time. Progressive is a term used to describe the fact that addiction will progress without treatment to arrest the disease and prevent addiction from playing an active role in the addict's life. And, rest assured, treatment does work and will arrest addiction if the addict is willing to participate and do the work necessary.



Loved ones will sometimes ask me how they are supposed to know if the substance user is addicted. As a clinician, I use an assessment based on the experiences of the patient. I then compile the information and compare it to the list of diagnostic questions listed in the Diagnostic and Statistical Manual of Mental Disorder IV as listed below:

### DSM-IV-TR Diagnosis

Criteria for Substance Dependence: (3 of 7 in last 12 months)

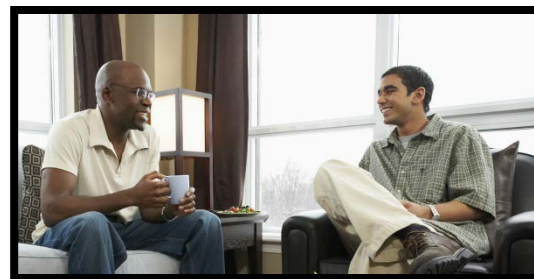
- Tolerance (e.g. the need for more of the substance to achieve the desired effect; or markedly diminished effect with continued use of the same amount of the substance).
- Withdrawal (e.g. characteristic withdrawal syndrome for the substance; or the same substance or closely related substance is taken to relieve or avoid withdrawal)

- symptoms).
- The substance is often taken in larger amounts and over a longer period than was intended.
  - There is a persistent desire or unsuccessful efforts to cut down or control substance use.
  - A great deal of time is spent in activities necessary to obtain the substance, e.g. visiting multiple doctors or driving long distances; use the substance, e.g. chain smoking; or recover from its effects.
  - Important social, occupational, or recreational activities are given up or reduced because of substance use.
  - The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g. current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

If three of the seven criteria are met, then the individual is diagnosed as chemically dependent. However, it is my experience, that by the time a loved one is calling to get help from a professional it is highly likely the suspected addict is already an addict.

There is a great deal of motivation, for all family members involved, to ignore the addict behaviors of a loved one. It is natural for loved ones to want to believe the people they love are healthy and are just going through a rough time in their lives. It is normal for loved ones to try to supplement efforts to keep the family functioning well while one member is having trouble. And it is common for loved ones to develop a form of denial and resistance to the possibility that their loved one may have a drug or alcohol problem. But at some point, the denial and resistance breaks down and the truth begins to expose itself.

When it becomes undeniable that there is a problem with drugs or alcohol, it is time to get some help. Contacting both addiction treatment professionals and self-help support groups are recommended for the family members of the possible addict. Addiction treatment professionals are trained in how to approach the potential addict and to conduct an assessment in order to make educated recommendations on next steps.



Additionally, addiction professionals can assist the family members by suggesting support groups and potentially treatment resources.

Once a determination has been made that the loved one is likely an addict, it is often the situation that the loved one needs to go to drug and alcohol treatment after detox. It can be very difficult to motivate an addict to willingly go to detox and rehab. It is most likely necessary for the family system to confront the addict and let them know how their behaviors are negatively

impacting the family, and that they are loved, and that the family wants to support them in getting well once again. Often this approach will create enough awareness in the addict that they will agree to go to detox and rehab. Sometimes, the addict will remain in denial and push away the families offer to help. When there is a difficult loved one, it can be beneficial to bring in an addiction professional that specializes in intervention. The interventionist is specially trained and skilled at creating awareness for the addict and for the family system. Interventions are usually effective, but sometimes the addict is simply too entrenched in their disease to accept any form of recovery help. It is unfortunate when the addict will not accept recovery help, however hope is not lost. Eventually the addict will create self-awareness and will seek help independently. Until that time, it is of paramount importance that the family system receives its own support.

If you are a member of a family system with addiction involved, you know that everyone in the family system is significantly impacted by the addict's behaviors. Often, there are one or two parties within the family system that are devastated by the addict's behaviors. There is no mistaking that addiction is a family crisis; it does not just impact the addict. Because the family system had grown accustomed to ignoring the addict, or condemning the addict for their behaviors, it is often difficult for the family to recognize the impact that the addiction has had on the family itself. As an addiction treatment professional, I have first-hand experience at witnessing the devastation that addiction can cause a family. I am absolutely convinced that the family system needs help, just as the addict needs help.

I recommend the family system immediately engage in self-help programs and treatment that provides education and support for the extremely difficult task of detaching from the addict with love. This does not mean leaving the addict; to the contrary, it means being 100% supportive for the recovering addict, and not being there at all for the actively using and acting out addict. This is likely the most important behavior any family system can practice. Anything less than entirely detaching from an actively using addict is simply enabling the addict to continue without significant enough consequence for them to become self-aware. Many addicts will continue in their addiction until death because family systems are unwilling to detach with love, and the addict is never put in a position to become self-aware and seek recovery help.



The extremely important job of the family is to take care of the healthy family first. Because the family does not usually have experience with this, it is always recommended that family counseling with and addiction treatment professional is combined with self-help support such as Al-Anon or CODA. This approach provides the family system with the tools necessary to develop healthy boundaries with the addict's behaviors. Furthermore, the family system will understand how the family member's behaviors can help or hinder the recovery process. Once the family

system is in a more healthy condition, the addict is forced into recognition that they will be unable to continue in their addiction and will seek treatment themselves.

Whether it is the family, the addict, or both the family and the addict entering recovery, there are very significant healthy changes that take place. These changes are often rooted in paradigm shifts within the family system. It is very difficult to successfully make these types of shifts a lasting part of lifestyle without support. Just as entering into the recovery process is extremely difficult, retaining the shifts is equally difficult in the early phases of recovery. I recommend that all parties involved in the recovery process continue to regularly engage with an addiction treatment professional and routinely attend self-help groups. In doing so, it will be clear when individuals within the family system begin to slip back into old unhealthy behaviors and adjustments can be made through self-awareness.

Addiction could be called a family disease as it impacts everyone around the addict. With a healthy approach, all parties can find recovery and a quality of life that is fulfilling and joyous.