

A LETTER TO FAMILY AND FRIENDS

You've picked up this book for one reason. Someone you care about is drinking or using drugs, and you're worried. In ten seconds you can think of fifty ways he is creating problems in his life. And in another five seconds you can think of a hundred ways she is creating harm in yours. Whether your spouse or partner, your child, a parent, or a friend, you have stood by this person as he or she has tried or refused therapy. You have stood by him as he has tried or refused AA or NA or rehab. You have left, kicked her out, or considered it, believing that if you didn't, you would only enable her to continue using. You've returned because you love this person, fear for him, feel sorry for him, or all of the above. But you returned feeling defeated and weak. Nothing you do seems to help.

Being the loved one of a person with an alcohol or other drug problem can be excruciating. You weather profound helplessness, frustration, anger, and fear. Today's optimism, induced by fervent promises of "Never again," is replaced by tomorrow's disappointment when those promises are broken. You end up struggling with extraordinary questions about loyalty, love, support, and limits. How much help is too much? How long should you put up with it? How many times should you cover for him and pick up the pieces? How many times do you open the door to let her come back and sleep it off again before you lock the deadbolt and say "Not this time"? Should you give up hope of her ever changing, preferring to keep some peace in the family instead of continuing to fight for improvement?

Much is available to you in the way of Al-Anon, Al-Ateen, or Nar-Anon, ACOA (adult children of alcoholics), and support groups. In all of these groups you continue to hear that the only *real* help you can offer an "addict," while protecting yourself and your integrity at the same time, is to lovingly detach and get out of harm's way. You're told you need to stop "enabling" and practice "tough love." (The toughest part of this love is that's it's so hard to practice.) You keep hoping he'll recognize how he is hurting himself, the devastation he's causing his children, or that he's inches from losing another good job. But the truth is that people can see only what they're ready to see, and sometimes all you can do is sit back and wait. Now *that's* tough.

Along with the rest of us, you've learned that addiction is a disease and that immediate and total abstinence from all mind-altering substances, along with the support of the 12 Steps, is the treatment. You've come to believe that surely he must *want* to continue using, or else all the trouble he's had would have convinced him to give up his cocaine, heroin, alcohol, or other substance. It must be true that her denial is so thick that only "hitting bottom" will motivate her to get sober. You've been told to stop bailing her out, stop cleaning up the mess, and let her face the consequences of her choices. Eventually, you're told, she'll hit bottom. If she lives through it, maybe then sobriety will be possible. And only with sobriety will come a life.

Having believed in this, you've urged her into treatment. But in spite of the universal acceptance and popularity of abstinence-based treatment models in the United States, the person you're trying to help has not gotten better. The advice to detach from the person you love has felt too harsh. You've loved your daughter since before she was born, and it is unthinkable to abandon her to her addiction in the hope that she will hit bottom and get better before it kills her. A person may never fully recover from the death of a child, so every ounce of your parental soul seeks a way to help her.

As a spouse, you do not really believe that your life will be better if you leave your husband, even though his drinking is out of control, he's left the care and feeding of the family to you, and he's intermittently abusive. On the other hand, you've had it with the promises and disappointments. You're exhausted by fear and by the suffering that drugs and alcohol have caused. Maybe you're also ashamed or feel terrible for others he's hurt. You're tired of being patient, loving, and *passive* in the face of all this. You're about to take the advice to get tough. Quit or get out.

The problem is, though, tough love doesn't work. And it feels awful to everyone involved. It's unrealistic to expect people to change complicated behaviors *just like that*. Any approach that limits you to an all-or-nothing choice ignores the reality of how people change. People change in incremental steps, practicing new behaviors and new ways of coping with life and with feelings over time. The crucial ingredients to making lasting change are *understanding* and *support*. When we expect immediate change and refuse to be with a person during this process, we undermine the very goal we're trying to accomplish. Banishment seldom leads to reconciliation.

Understanding does not mean, however, that you do not *set limits*. You set limits with a two-year-old, and you set limits with an adult. But you are setting limits on *behavior*. Limits keep a child from running into traffic, touching a hot stove, and eating

poison. Adults need somewhat different limits. “You can’t yell at me” and “I won’t let you take all of our money and spend it on drugs” are some of the limits you might need to set. The point is, it is more useful to separate a person from his or her behavior: we are not the sum total of our behaviors, although we can come pretty close sometimes! Running into traffic, touching a hot stove, or eating poison doesn’t mean a child is stupid. Spending all of our money on drugs doesn’t mean we are stupid adults. We may just be ignorant of the consequences, curious, or overcome by need.

Behaviors can be changed. Aspects of our personality can change. But *all* of us first must have a basic sense of being valued to make it worth our while to take care of our bodies, minds, and emotions. We get that sense of worth early in our lives from those around us—our parents and siblings, our extended family, our peers, and our teachers. You are probably concerned about someone who is no longer at an early point in his or her life. The older we get, the less we can expect the unconditional love that should exist between parent and child. Relationships become equal partnerships in which we have to earn the love and respect of others, even our parents. Once we reach late adolescence or adulthood, the only place to get unconditional love—more commonly called “unconditional positive regard”—is from a therapist, a person who specializes in understanding emotions and building self-esteem, a person we do not have to take care of beyond paying the agreed-upon fee. You are not your partner’s therapist. You are not your child’s therapist. And you are not your boss’s or employee’s therapist. You’re limited by the fact that you’re in a mutual relationship where you, too, have needs that you’re obligated to honor, especially if others are dependent on you. You don’t have to provide unconditional love to an adult, as much as he or she might need it.

Even if you’ve endured someone’s drinking and drug use for twenty years, even if you now feel crushed by guilt for having let harmful consequences occur, for giving tacit permission to be terrorized, abused, or worried sick, **it’s OK to change your mind now**. On the one hand, you’re partly responsible for the marriage you’ve been in all this time, even if it’s just because you didn’t complain. On the other hand, you now know that you don’t have to live like that anymore. You have a right to alleviate your own suffering. You might even have an obligation to others, particularly to children who are in harm’s way and who have no power to change their environment.

Tough love, however, is often a reaction to years of anger at yourself for having endured for so long. Reactions can sometimes produce more trouble than the problems you are trying to solve, however. This is how we come to have relationships that cycle wildly from anger to remorse to reconciliation and back again.

The harm reduction approach suggests that you undertake the same kind of balanced evaluation of different options for taking care of yourself that we have encouraged drug users to undertake: to weigh the pros and cons carefully so that whatever action you take or don’t take reflects the complexity of your relationship with your son, daughter, partner, husband, wife, girlfriend, boyfriend, best friend, or colleague. Just as the drug user needs to respect the complexity of his or her relationship with drugs before making decisions that will actually *work* and that can be *maintained*, you need to respect the complexity of your relationship with the drug user.

Harm reduction does not believe that you have to end a relationship to improve it. Nor is abstinence necessarily seen as the basis for an improved life. Nor does an “addict” have to “hit bottom” to become motivated to make positive changes. Instead, harm reduction suggests that making incremental changes in drug-using behavior, along with incremental improvements in emotional coping skills, are realistic and reasonable goals. Abstinence may come at some point, but for most of the people with drug or alcohol problems, it is not a first step.

We know that this new perspective is a lot to swallow. It goes against everything you’ve learned about what addiction is and how it should be treated. How can someone who is still drinking or using the very drugs that make everything worse get better? We’re asking you to develop an entirely new set of ideas about this person you love and his or her relationship with drugs and alcohol. Your ability to be helpful to this person, and to take care of yourself, will be enhanced by a change of perspective.

Understanding the User and the Difficulties of Change

Think about yourself for a moment. You may never have had a problem with drugs or alcohol. But maybe you've had a health problem such as high blood pressure. Your doctor gave you strict instructions about what to do to prevent stroke or heart attack. Get more exercise. Cut way back on your salt intake. Take the medications prescribed. You might respond to this medical advice in a couple of different ways. At first you are afraid, and you quickly form a determination to control this disease. You might go home and throw away all the peanuts and potato chips and dust off the exercise bike. You exercise every day. You take your pills. Then you go to a barbecue, and the ribs smell so good. A little salt won't make *that big* a difference, you say. Or your feet start to hurt, and the bike pedals feel so hard. Better not work out for a while. Or you don't have the energy that you used to and your sex life isn't so good. Must be the damn pills. You may fight the urge to slack off and win for a while, but more likely you will wage many battles over a long time until you make changes you can stick with. Sometimes these changes are a less-than-ideal compromise between doctor's orders and your not-so-perfect self. Your friends will understand, because they do the same thing. One friend has diabetes and never checks her blood sugar, relying instead on some intuitive sense of when the levels are too high, at which point she cuts back on carbohydrates. She says that life is too short to worry all the time. Another friend spends more than he earns and has a huge credit card debt. He vows to leave the card at home when he goes out, but if there is a sale on ... well, that's different, right?

This is how life works. You identify a problem and try to deal with it in your own way, without hard and fast rules. You make compromises with reality. You are sometimes more and sometimes less honest with yourself about how you're doing. You are more likely to make a positive change if you have some control over how you do it and if the way you do it tends to be a way that's manageable for you. That's harm reduction. It's the same for problems with alcohol and other drugs as it is for any other problem that necessitates a behavior change.

Naturally, this puts you in a difficult position. On the one hand, how can you allow the person you are concerned about to be in charge of his or her life when things are clearly out of control? On the other hand, you're not really in charge of anyone but yourself anyway. There are a few things about drug use that you might want to consider while you're trying to address the harm that's being produced in *your* life. Understanding the perspective of the person with the drug problem can help you formulate your own plans.

It's Normal to Want to Alter Your Consciousness

Most people have tried to alter their consciousness at some point. Some of us like to listen to a certain kind of music and feel "swept away" by it. Children twirl around in circles to make themselves dizzy and then fall to the ground giggling. Many of us fix huge amounts of food for holidays and celebrations and eat until we're groggy. Some people fast and meditate to have visions. And people try illegal drugs and legal ones (alcohol and cigarettes and caffeine) for the same reasons: they want to see how it feels to feel different, to alter their usual state of mind. This is normal behavior. And it has become an adolescent rite of passage for the majority of kids in America. Most of them come through this experimental phase just fine. Some suffer serious harm along the way. A few die. It's important to keep in mind, especially for young people, that drug *use* is not the same as drug *abuse*. And when we try to understand the internal workings of a person with an addiction, it's useful to remember that at least some of what's driving their behavior is the same thing that moves all of us—curiosity.

People use drugs for reasons. Sometimes those reasons are the desire to participate in a rite of passage. Sometimes it's to dull the pain of the past or deal with the stress of the present.

Let us also not forget the heavy reliance in America on medication to treat all manner of ailments. Antihistamines, cough suppressants, antibiotics, diet supplements, and stimulants for weight loss, weight gain, or performance enhancement are used liberally. We no longer want to *endure* simple colds, flu, allergies, or sore muscles. Goodness knows, we don't want to *tolerate* them or ride them out. We want to *eradicate* them. Some of us take antidepressants and sleeping pills at the first sign of a bad mood or a bad night's sleep (whereas others' serious depression and anxiety disorders often remain untreated). We take all manner of medications to change our moods and our feelings. And it's all socially sanctioned. In fact, it's increasingly expected. But we think that someone who smokes marijuana or drinks wine to calm down is somehow different from the rest of us.

Denial and Ambivalence

The concept from the disease model that speaks most clearly to families is that of denial. If the user does not stop using as a result of all the trouble he or she gets into, denial must be the reason. Denial is being misused here. The real definition of denial is as a psychological defense (in the form of a true lack of memory) against some fact or event that is too painful or troublesome to tolerate consciously. We believe that drug users use the defense of denial no more frequently than anyone else.

Let's say you have a personal limitation that, although not life threatening, feels like a "fatal flaw." Your fatal flaw is that you are a terrible cook. In your heart of hearts, you know that the only thing that stands between you and bland spaghetti, blackened meat loaf, and runny eggs is the Chinese restaurant on the corner. But when your friends at the office organize a potluck, you want to show off, so you consider making your special mashed potatoes. You decide instead to bring a few quarts of kung pao from the Chinese restaurant. A few of your colleagues jokingly ask if you even know how to cook! You tell them you're a fine cook, but you didn't have time to make anything.

Are you in denial? Of course not. You know that lumpy, watery mashed potatoes are disgusting, that no one will eat them and you will be humiliated. But you're torn. You want to join in and be part of the office event. You also want to hide your fatal flaw. You aren't in denial. You lied!

Maybe you're in a relationship that isn't going so well. You've put a lot of energy into trying to work things out, but your partner still gets really angry and yells at you, sometimes even threatens you. Some of your friends have noticed and are worried. They keep telling you that you should either insist on going to couple counseling or leave the relationship. You've suggested counseling, but that makes him or her even angrier. So now you tell your friends that it's not really that bad, that you've been telling them only the bad stuff, and they don't get to see how wonderful your partner can be most of the time. You tell them that you also bear some responsibility for how things are going. You tell them that the two of you are talking more now, and you're sure things will get better soon.

Are you in denial? Probably not. You could simply be expressing hope and optimism. You're fully aware of the problems in the relationship and may even realize that you're not the cause of your partner's anger. But you love, and don't want to lose, this person. This is the first relationship you've had in two years. You're ambivalent about doing anything that might rock the boat. So

you *minimize* the problems and focus on more positive aspects. In this way you're expressing your hopefulness that the relationship will work out and blocking out your friends' more pessimistic assessment. It's all in the eye of the beholder.

There is surprisingly little actual denial on the part of people who use alcohol and other drugs. Every time a drinker is confronted about her use of alcohol, she feels it. She may be lying, minimizing the problem, ambivalent, hopeful that she can make it better, hopeless about doing anything different, or fearful about losing that warm blanket that alcohol wraps around her each evening, but she's not in denial. Layers upon layers of defenses have been built up around her drug problem, and when confrontation cuts through all of that, what comes back at you sounds a lot like denial. It's not denial; it's the wall built up to protect herself from the onslaught of your confrontation. Confrontation breeds armor, not awareness or thoughtfulness.

Powerlessness

We all like to feel that we can have an effect in our lives, that we have the power to accomplish things. We like to believe that we have some degree of power over people as well. We send back the cold food at a restaurant, believing it'll come back hot. We explain the dangers of smoking cigarettes to our children in the hopeful certainty they won't smoke. We exercise and eat right, believing we'll live a long, healthy life by doing so. When things aren't going well, we have to believe that we can do something about it. Have you ever coached a kids' baseball or soccer team? You tell them all the time that *they can do it*. You try to instill a sense of confidence in their power to be better than the other team. We all need to feel a sense of power in our lives to get out of bed in the morning and go about our work. It's hard for a person to feel powerful when he has a drug or alcohol problem that seems to be running his life. But just like you, he needs to believe that he *can* take control, to use his power to solve this problem. Believing that you *can do it* is called *self-efficacy*. Studies of self-efficacy show that it's one of the major factors that make positive behavior change possible: the more self-efficacy one has, the more one can make positive changes. And positive change is one of the cornerstones of harm reduction.

The first step of Alcoholics Anonymous, however, is to admit that you're *powerless* over drugs and alcohol. This first step is used as the entry point into almost all treatment programs in the United States. It's an idea that puts a lot of people off. Most people, including those with alcohol and other drug problems, tend to bristle or wince at the idea of being powerless. It makes us feel weak and frightened. In a larger context, we live in a society in which power is regarded as essential to taking one's place in the world. The idea of proclaiming powerlessness goes against how things work in this country. Moreover, there are many, many people—here and all over the world—who already experience so much powerlessness, so little say in the quality of their lives, that recommending that they voluntarily embrace powerlessness as some kind of beacon is an insult of the highest order. The lasting effect of racism, sexism, and other forms of discrimination is to withhold power from the targeted people, the power to control their own destiny and to take part in the goods of society. The lasting effect of child abuse is to deprive people of their god-given power to control their own bodies. People rightfully fight against any attempt to deprive them of power. And yet we see this resistance to the mantle of powerlessness as bad in the case of people who have a drug or alcohol problem, many of whom also have a history of trauma. The fact is, a person who doesn't have confidence in his or her power to change *never will*.

The Harsh Self

When a toddler sees a toy she wants, she grabs it. She hasn't yet learned to say to herself, "That's someone else's toy; I need to ask if I can borrow it." She has little awareness of others' feelings. But, more important, she has no *guilt* about doing exactly what she wants. She hasn't learned to be ashamed or to hide her true wishes. Somewhere between toddlerhood and adulthood, she develops the capacity to think about others, to contain her impulses, and to impose some controls on her behavior. She also learns about shame and guilt. She learns that, if she really shows off her unedited self and her unfettered desires, someone is very likely to make her feel bad about it. It's important, of course, to have rules to live by and to consider the rights and feelings of others. Too often, though, we are taught by harshness and ridicule to feel ashamed when we make a mistake.

The average adult, although usually not conscious of it, has internalized an "observer" who determines right from wrong, makes moral and ethical judgments, and imposes punishment for bad behavior. Punishment imposed from within is felt as either shame or guilt. Roughly speaking, guilt is the feeling that your *behavior* is bad; shame is the feeling that you are bad. It is commonly believed that people who abuse alcohol and other drugs have not developed this internal observer. Since they drink to excess or use drugs that are illegal—and seemingly without regard to consequences—it is assumed that they have an "anything goes" attitude. It often seems as if they don't care that others are hurt by their actions, worried, or ashamed. People think they have an internal observer that is lax and indulgent. Quite the opposite is true. The typical observer inside a heavy user or abuser of alcohol or other drugs is likely to be very active in its punitive and harsh judgments.

Someone with a harsh internal observer can't please himself or anyone else. In his own eyes, he doesn't look right, dress right, say the right things at the right time, ever get an A on a test, or get a date. She's too fat, too flat-chested, too slow, too clingy, too pushy, too quiet, too loud, or too sensitive. He feels old and stupid and weak and ashamed and guilty. The self-recrimination goes on and on, and it's constant. Only drugs can mute this strict internal voice for a while. So even at a time when it makes no sense to use cocaine—like immediately after you tell your girlfriend that she's really obnoxious when she's had too much—she goes ahead and uses some more. She (probably) doesn't do this because she doesn't care what you think, but rather because she feels ashamed by your criticism and needs to escape that feeling. Coke will make her feel better fast. It'll get her away from your voice—which matches her internal voice. This is not a great way for her to deal with your feelings and wishes. It just explains her actions.

When you're disappointed in yourself—you screwed up a task at work, scolded your kids because you were in a bad mood, were dumped by your boyfriend—you usually have some type of internal conversation with your observer. It goes something like this:

"Hey—you really messed up there."

"Jeez, I know it."

“Well, what are you gonna do about it?”

“Talk to my friends. Try to fix it. Maybe I’ll go to the movies and get my mind off it.”

When a person who has developed a drug problem is disappointed in something he’s done, the conversation goes something like this:

“Hey—you really messed up there.”

“Jeez, I know it. I always do that. I’m the biggest asshole on the planet. Everyone says so.”

“Well, what are you gonna do about it?”

“Do what assholes do—I’m gonna drink and avoid anybody who could possibly remind me of what an asshole I am.”

So the person drowns out her harsh observer. Then family members or friends often unwittingly take on the role of the supposedly absent observer. A spouse will become the voice of reason, punishment, judgment, or morality. Or a parent will scold an adult child as if she were a toddler again. As the loved one or friend of a drug abuser or drinker, you find yourself angry and frustrated, feeling the weight of responsibility but none of the authority you need to make things different.

Understanding Yourself: How Harm Reduction Can Help You

“Promises, Promises”: The Reality of Failures and Relapses

For those of you who have been dealing with a drug-abusing loved one for a while, you may be feeling cynical about his or her promises to quit, or stay in treatment, or pay back money he or she took from you. How can you hope that it’ll be any different this time? You don’t want to get your hopes up, yet you can see the hurt in his or her eyes when you express skepticism about the latest batch of promises. The reality is that most people with significant alcohol or drug problems try many times and many different ways to help themselves before they manage to make lasting changes. It’s important not to ask for promises. This usually just results in lying and secrecy. And it’s the lying and secrecy, as much as it is the broken promises, that strain your relationship.

What harm reduction asks of you is to hold the paradox of no longer putting up with behavior that hurts you—you can, and should, express your feelings, state your needs and expectations, and make demands—even as you realize that your demands and pleas don’t usually result in lasting change. You have your own *decisional balance* to work. (For a more detailed discussion of the decisional balance, please see Chapter 5.) Deciding to take one action or another first requires you to weigh the pros and cons of each. Holding the paradox, then, means that you can be at the end of your rope and still know that change will happen, albeit slowly and with many setbacks along the way. You can feel as if you were going to burst with impatience and still understand that change takes time. You can fully expect a person to change his or her behavior and at the same time openly discuss the lack of progress.

People who become interested in harm reduction sometimes bring with them a pervasive sense of failure and self-reproach. The harsh internal observer finds fuel at their failure to “get with the program” or “face the problem.” The isolation and hopelessness that grow from this sense of failure often drive continued use. As a family member or a friend, **it is vital that you grab any opportunity not to reinforce the user’s internal observer.** When drug users beat themselves up for relapsing, it’s not an invitation for you to join in!

Of course, it’s no time for simple optimism either. You certainly don’t have to act like a cardboard cutout Mary Poppins, merrily singing that the glass is half full. It is just a matter of remembering the person inside the drug use who is struggling in the

only way she knows how to survive both the distress caused by drug use and the pain of the things that brought her to use in the first place. Dishing out harsh criticism or extracting promises won't help her, and blaming yourself won't help you (or her) either.

There Are No Rules Except the Rules You Make

So what *are* you supposed to do? Just let him destroy his life and yours? Refuse to continue the relationship? How are you supposed to know what's best? Now is the time you will be invited to take a new approach. And the first rule is, there are no rules except the ones you make.

This may not be exactly what you wanted to hear, but the fact is, no one knows what you should do. All the advice about not "enabling" drinking or using, all the talk about not being "codependent," can push you into making up rules that you might not really want to enforce or that you don't even have the power to enforce. People might tell you to do things that violate your own values about loyalty and family. If you don't abide by their advice, then you get labeled as someone who is supporting another's addiction. Harm reduction principles can help guide you while you're figuring out what might be best for you and for your loved ones.

Identify the Harm You Are Suffering. Make a detailed list of the harm that another person's drug problem is causing you. Are you losing sleep? Are you paying his bills, leaving you without enough money to buy your medicine or food? Is he bringing people home who might endanger you or your children? Is he acting up in public when you're out together? Is he stashing illegal drugs at your house, putting you at risk of arrest or losing your home?

Next, try to be objective about this list. Which things are actually related directly to drug or alcohol use? Try to make distinctions between the actual activity of drug using and the behaviors that might go along with it. Is the harm really that your cousin smokes weed or that he smokes in your car when you are going somewhere together? *He* may have a marijuana problem,

but the harm to *you* is that he's smoking an illegal drug in your car. Or how about your boyfriend, who is using a lot of speed and staying up all night, you can't get to sleep either? While *he* may have a drug problem, *your* problem is that you're not getting enough sleep. If your son keeps asking you to pay the rent because he's snorted his money up in cocaine, your problem is that you can't pay your mortgage and his rent at the same time, even if *his* problem is cocaine (and homelessness).

By looking at the problems in this way—by separating out which problems are directly connected to the drug or alcohol use, *per se*, and which ones involve behavior associated with it—you can plan your decisions and responses in such a way that you are more likely to reduce the harm to *yourself*, even if the other person doesn't change his or her drug use.

Distinguish between Being Harmed and Feeling Hurt. It might be hard to make this distinction, but it's a necessary one for a lot of people. Commonly, what's happening is not that you are suffering actual harm because of a loved one's drug or alcohol problem but that you feel hurt, disappointed, anxious, and maybe angry as well. We are not dismissing these feelings. Hurt feelings are sometimes as harmful to your well-being as a wrecked living room, a drug bust, or going without food. Your feelings are important and serve as a guide to your decisions. And too much hurt and anger are harmful to your peace of mind and perhaps even your health. What we're suggesting is that you try to figure out the difference between your emotional reactions to your loved one's drug use (which may range from anger to disappointment to worry to hopelessness, etc.) and actual destruction. Are you losing money, sleep, your job? Are your other family members being victimized? Or are you suffering from the disappointment of failed expectations and hopes, from watching a good person spiral down?

Affirm Your Values and Needs, but Before of Tough Love. You have your own hierarchy of needs, just as we talked about in Chapter 6. Do you need peace and quiet to function at your best? Or do you like excitement and challenge? Are you basically a loner who just wants family around sometimes? Or are you a social person who enjoys interacting with lots of different kinds of people?

If there are many things you might like to change about the person whose drug or alcohol use is affecting you, you may quickly feel overwhelmed when you start making the list. Too often people just give up. Nothing changes, at least not for the better. One

place to start is by thinking about your values and your beliefs about how things “ought to be” in a family or between friends. You probably have some values about loyalty. Maybe you believe that you’re supposed to stick with a person through hard times. Marriage vows say just that: “for better or worse.” What’s important to you? Your hierarchy of needs might look something like this:

- I want to be able to worry less about my parent/child/partner.
- I want to feel pride in my family.
- I want my friends to be able to come to me when they’re in trouble.
- I don’t want a lot of excitement—I like things to be predictable.
- I want my children to be able to count on me.
- I want my neighbors to respect me.
- I want to give back to my community, not create problems.

Now think about how you came to be involved with this person who has a drug or alcohol problem. What did you enjoy and admire about her before the drug or alcohol problem emerged? Have those qualities all gone away or just some of them? Does she depend on you for support, emotional and/or financial? Has this support been given freely by you? Ideas of loyalty and self-sacrifice are too often criticized in modern American society when it comes to people with alcohol and other drug problems. The stigma of mental illness or physical disability is changing, and the role of the caretakers of these people is now a valued one. Not so for people with drug and alcohol problems. Why is it that we’re not supposed to help them in the same way we help other people with serious problems? Is it because their behaviors seem so voluntary, or so much about seeking pleasure? Is it because we’re uncomfortable with people who seem out of control?

Consider how we treat people with other problems that are called diseases. Both diabetes and schizophrenia are chronic disorders that have a course that is often deteriorating. There are certain things patients with diabetes or schizophrenia can do to prevent or slow down the progressive course of these diseases. For example, they can be encouraged to monitor their food intake,

exercise regularly, take their medicine, avoid stress, etc. When they (inevitably) don’t always follow medical advice, we as caretakers may feel frustrated or worried, but we don’t usually throw them out of the house! We try to protect them from serious consequences and motivate them to take better care of themselves. Drug and alcohol abuse have been included in the list of mental disorders by the medical establishment as a way of destigmatizing people, but society hasn’t really come to terms with what that means. Just look at how differently we feel about insulin and drugs that treat schizophrenia versus methadone to treat heroin dependence! On the one hand, addiction is considered a disease, and people who have it need help. On the other hand, we shouldn’t “enable addicts” by helping them when they most need it—when they are out of control and suffering the worst consequences. While we don’t subscribe to the idea that addiction is a disease, we wonder why the people who do are so inconsistent.

What harm reduction suggests is that you adopt the same attitude toward people with alcohol and drug problems that you do toward people with other chronic problems, such as asthma, diabetes, or schizophrenia. Even though you may get frustrated or feel afraid, you don’t usually cut them out of your life if they don’t follow medical advice or common sense. Even though their behavior may put not only themselves at risk, but you as well, you usually try to work things out to preserve the relationship. You might try to save money so that if your partner dies of untreated diabetes, you won’t lose the house. You might make sure that your partner has enough sick leave on the books to cover her absences due to episodes of illness that have been increased by her harmful or neglectful behaviors. But we don’t tend to use “tough love” on people with these types of problems.

“Tough love” hasn’t helped most people overcome a drug or alcohol problem, either. It has caused a lot of pain on both sides and has separated people from those who are most important to them. You may have to separate yourself from your drug-using parent, friend, partner, or child. Hopefully, you will not have to do this until you have tried other, less dramatic limits. The harm reduction approach suggests that you balance your own needs and values with your attachment to your drug user and then allow yourself to take care of yourself *and* to be compassionate when you set limits.

Establish Your Bottom Line. Trying to figure out what you *do* want to do about someone's alcohol or other drug problem is similar to the process that the drug user is going through. Each of you is coming at the problem from a different perspective, but the guidelines are pretty much the same. What is your bottom line? What is necessary, what can you manage, how much can you tolerate, and what has got to change? First of all, you do not have to do *anything* differently, if you don't want to. You do not have to do anything someone else tells you to do. It's up to you, and there are no right answers.

Start with your hierarchy of needs, your values, and the list of harmful effects that you've come up with. There is probably at least one thing that's "non-negotiable"—something that you just can't put up with or that must change *now*. Maybe you will no longer allow illegal drugs in your house. Ever. Or maybe you will not tolerate being around your friend when he or she's been drinking. You don't need to rationalize or explain your limits. You can just make the rule. Sometimes trying to explain your limits just leads to an argument. "I don't *always* drink too much, so why can't you come over?" or "Where am I *supposed* to leave my drugs, out on the street?" So don't explain, if you don't want to. Just say, this is the way it is.

You will have to establish some methods of enforcement and some consequences for breaches when you lay down your **bottom line**. If you make a rule that your friends can't bring illegal drugs into your house, are you going to do a strip search before you let them in? Are you going to ask other people to find out and tell you? And then what? Will you really tell them to leave? Will you call the police? It's important for you to think these matters through before issuing your rules. If you're not clear and committed, you and the person you're trying to influence will be in the same position you are now—having to negotiate tricky situations in the heat of the moment.

It's possible that you are at the point where you aren't interested in small changes. You want her to quit! Maybe you've decided to demand that she get into treatment. One point to consider if treatment is your bottom line: how will you respond to a relapse? Are you unwilling (or unable, at this point) to tolerate a relapse? What if she relapses but stays in treatment? And what kind of treatment are you saying she has to take part in? What if she quits using but also quits treatment? What if she has, say, just one drink, then quits again immediately? Will you allow her any negotiating room? Any second chances? The stricter your limits, the more likely you are to make it impossible for your loved one to stay connected to you, at least in the short run. Is disconnection

something you can live with? Are you really at the end of your rope? If so, stand your ground. If not, think carefully about how you want to state your demands.

The main point to remember is that your limits are about *you*. They are not necessarily the only solutions, and they may not even be the *right* ones for your using friend. You are setting limits to help resolve *your* problems; those will be the *right* limits for you. The person with a drug or alcohol problem will figure out what works for her. She will go through her own process of change, no matter what you dictate or how involved you are with her. These limits, rules, and boundaries are about YOU.

Now What Do You Do?

Let's go back to your cousin who smokes marijuana when the two of you are out driving in your car. You really think he has a problem with pot. And you get nervous having the drug in your car. What if you get stopped and the police smell it? You could go to jail, and you would certainly pay a hefty fine. You've been asking him why he smokes so much, but he just tells you that you're trying to stop his fun. He doesn't think he has a problem. He just likes to use it to relax after a hard day at work. The two of you are at a stalemate in terms of *defining* the problem, let alone solving it. You aren't getting anywhere trying to convince him that he has a problem. And, in fact, *your* biggest problem is that he smokes in your car and puts you at risk. Stop talking to him about smoking pot. Save your energy. Just set a limit about smoking in your car: "Put it out or get out. Now." You might also decide not to let him smoke in your presence or around your parents and kids. In this way, you reduce the harm to you and those around you without spending your energy trying to get *him* to change.

Now about your boyfriend who uses speed and keeps you up so late you're too tired to work the next day. You're really worried about his speed habit and would like for him to stop or, at least, party only on weekends. But he doesn't see it that way, and you just end up in an argument. There are other solutions that will probably work better than demanding that he stop using speed now and forever. Being willing to end the relationship over this issue is one way. But let's assume you value the relationship and don't want to end it. You could make it clear that if he's using, you want him to spend the night with friends. Or you could stay

somewhere else. The point is to generate a number of solutions by separating drug or alcohol use from problem behaviors associated with it. That way you don't have to get frustrated if he doesn't want to deal with his drug use. It's also possible that the "natural consequences" your boyfriend now has to face (sleeping on the floor at a friend's house) will become part of his decisional balance. He might one day decide he'd rather sleep in bed with you than do speed at night.

Each possible action on your part probably has risks and benefits associated with it, just like a person's drug or alcohol use has both risks and benefits. Writing out a decisional balance will help you decide what you want to do. Beware the unintended consequences of pressure. Tracy spent her lifetime feeling pressured by her mother to lose weight. Her mother tried guilt, criticism, bribery, persuasion. Tracy ate more in the presence of her mother than anywhere else. When her mother died, well into Tracy's middle age, she joined a gym and started to exercise. Pressure, especially from someone close to you, can backfire.

Let's say your daughter, a crack user, comes by your house while you're at work and steals your TV. By the time you discover it, she has pawned the TV for cash and is already high, maybe even crashing by now. You consider your options. Have her arrested. Demand that she go retrieve the TV. Offer her cash to get it. Bargain with her that you won't turn her in if she goes into rehab. Kick her out of the house. Do nothing.

Let's look at what harm or help might be embedded in each of these alternatives.

Option	Harm	Help
Demand that she get the TV back	She'll fail, because she doesn't have the money or doesn't know where it is.	Force her to deal with you and work to get your forgiveness.
Offer cash	Uses it to buy more drugs.	You get your TV back.
Bargain	She might call your bluff.	Maintains relationship.
Kick her out of the house	She'll be homeless and a target for other sources of harm (violence, poor nutrition, prostitution, etc.).	Forces her to make a choice.
Do nothing	You'll lose more of your stuff.	She'll eventually feel bad and stop stealing from you. Maybe stop using, too.

Still another option: On the other hand, you could decide to pay for therapy for your daughter. Obviously, she's used all her money to buy drugs, and if she can't afford both drugs and therapy, she's not going to go to therapy now. *Paying for therapy is not enabling her drug habit; it's enabling her to enter treatment.* You have no other power to affect, one way or another, her choice to use crack right now. She might discover that she uses more after she feels criticized by her husband about their lack of money and that, in fact, their marital relationship is an area in which she feels empty and sad. She might discover she is able to limit her drug use to weekends and start marital therapy. If her husband gets a more regular job, their finances improve, and she feels less pressure to be the perfect provider, she might even quit entirely. You might make a huge difference in the eventual resolution of her drug problem by helping her sort out her marital and work problems.

The most painful situation for families is when someone is both drug dependent and mentally ill. Many people with schizophrenia, for example, use alcohol as a way of quieting the voices in their heads. Some use marijuana because it makes them feel less agitated. Some smoke crack as a way of making them feel more alive, a feeling they've lost since becoming ill and taking their medications. The majority of people with schizophrenia also smoke cigarettes. This mixture of drugs can often cause

disturbing symptoms and pose danger in the house, such as fire. Using their money for alcohol and drugs often means they don't pay their rent and end up homeless.

If you have financial resources, you could consider a number of interventions. Don't demand that your son quit using all drugs. Folks with mental illness have a harder time quitting than anyone—they have more problems to medicate. You might consider paying your son's rent for him (directly to the landlord) to prevent homelessness. You might put up good smoke detectors so that if he passes out with a cigarette burning, he won't burn down the house. You might arrange to drive him to his doctor's appointments and give him money to fill his medication prescriptions. You can thereby reduce the harmful effects both to yourself and to your son.

The major principle of harm reduction is to strive for *any change in a positive direction*. At first, the change made may not directly affect a person's use of alcohol or other drugs. You don't have to pretend to like your decisions or the problems that this person is causing you. You don't have to keep quiet about your worries. Nagging is a way of showing concern. It just isn't a very effective change strategy. You don't have to avoid talking about his or her drug or alcohol use and how you feel about it. You just have to stop making empty threats. Demand what you must and tolerate what you can while your friend or loved one struggles to find his or her way.

You may not know this, but **abstinence is a harm reduction strategy**. Don't be afraid to ask for it, but remember: he or she might not be able or willing to quit right now. Even for people who *have* decided to quit, it takes time, relapse is the rule, and they stop and start numerous times before achieving lasting abstinence. How you respond to these natural "slips" is important. Anything that suggests to the person that he or she'd better not tell you when he or she's used will set up the possibility of secrecy and broken communication.

Finally, don't give up. Everything changes. And harm reduction actually allows for change better than more dramatic interventions. Focus on strengths, not weaknesses. Look for any positive change. Praise progress. And ask, "Is there any way I can help you?"

SOURCES AND SUGGESTED READINGS

For more on change, the decisional balance, and responsible drinking and drug use:

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Safety First: A Reality-Based Approach to Teens, Drugs and Drug Education [brochure]. Marsha Rosenbaum. Drug Policy Alliance. 2002.

The Australian National Council on Drugs sponsors the Family Drug Support Project, run by Tony Trimmingham, who has advocated for safer injection sites and works with families and drug-using members all over Australia.

andc.org.au/about/members/trimmingham

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