## Deciding to Get Help

No matter how worried you are or how negative the consequences you're seeing from your child or loved one's alcohol or other drug use, you can't force your loved one to change or access treatment if they aren't ready. Recognizing where your loved one is at and how they feel about their substance use may help you to have realistic expectations and better support them. This is sometimes referred to as the 'stages of change' or the transtheoretical model.

- Your child or loved one may not see any problem with their substance use and has no intention to change their behaviour (pre-contemplation).
- Your child or loved one has recognized that there is a problem with their substance use but has mixed feelings about stopping or reducing their use and hasn't decided to make any changes (contemplation).
- Your child or loved one has recognized that there is a problem with their substance use, wants to change their behaviour, and is starting to make a plan to change it (preparation).
- Your child or loved one has recognized that there is a problem with their substance use and has started to make changes to their behaviour. Making these kind of changes take a lot of energy and your loved one may get frustrated if they do not see rapid changes (action).
- Your child or loved one has made significant changes to their behaviour and is working to maintain their behaviour, which may be reduced use or abstinence (maintenance).

Identifying and understanding how your child or loved one feels about their substance use, whether they want to change their behaviour, and what their goals are will help you to better support them. It's important to remember that your preferred goal may be very different from their goal. For example, you might wish that they'd stop alcohol and/or other drugs entirely, while they may want to reduce or control their use or to stop using one substance (for example, heroin) while continuing to use another (for example, marijuana).

In order to identify where your child or loved one is at and how they feel about their substance use, you could ask yourself the following questions:

- Are they quite happy and not willing to think about the need to change?
- Are they concerned enough to be thinking about their substance use and more aware of the negative aspects?
- Have they identified the need to change and started to make plans?
- Are they taking steps to change?
- Are they maintaining the changes needed to attain their goals?

Someone who sees little issue with their use is unlikely to seek or stay in treatment, but may be open to implementing harm reduction strategies, for example, carrying a naloxone kit with them if they are using opioids (or may be exposed to other drugs cut with fentanyl or other synthetic opioids) or their friends use opioids, using sterile syringes if they are injecting, using a clean pipe if they are smoking meth or crack, getting their drugs checked where possible, or taking taxis and other transportation services to avoid impaired driving. This may not be the outcome you're hoping for, but try to remember that reducing harm and increasing safety is a positive goal, and that keeping lines of communication open without judgment is an important part of supporting your loved one.

Consider accepting the possible, rather than demanding the ideal.

*"My son is almost 21 and is in prison, where I visit him every two weeks. My husband had our son arrested. He was on heroin and cocaine, living at home, and it was unmanageable. The police were constantly there, and we got tired of living that way. I don't think my son knew what to expect in prison. Ironically [before his arrest], drugs weren't easy to get. He's surrounded by drugs in prison. When he was first in jail, he phoned regularly to get me to make deposits to a bank account so he could buy drugs. If he didn't get the money, he stood a good chance of getting beaten up. Now he has been off drugs for 53 days, on his own, using willpower. If somebody had told me that six months ago, I wouldn't have believed it."*

Your likely first response to your child or loved one's substance use will be to seek out treatment options. Before doing so, it is important to understand what constitutes treatment, and which treatments are available and best-suited for which substance use disorders.

The next section, "Supporting a Loved One to Access Treatment" provides an overview of treatment types and important information related to accessing treatment. For information on evidence-based treatment options for specific substances, see "Alcohol and Other Drugs at a Glance" in this document.

Unfortunately, it must also be said that the treatment system in BC has significant gaps and inconsistencies. Although considerable effort is going into improving the system, finding appropriate treatment may require persistence and advocacy to find the right program or care provider for your child or loved one.

Many parents and other loved ones have found their own voices to be a strong tool to get their child or loved one the help that they need. Be prepared to learn how the system works and to advocate for your child or loved one.

A brief list of resources follows.

### Resources for Finding Treatment Options

If your child or loved one is between the ages of 12-24, they can access Foundry, which is building a provincial network of integrated health and social services and provides evidence-based mental health and substance use care. All Foundry centres provide primary care, substance use and mental health services (including opioid agonist treatment at many sites), and can provide referrals to other services in the community when needed. In communities where Foundry Centres do not yet exist, your child or loved one's primary care provider can refer them to child and youth mental health and substance use services through their local health authority.

For older adults, their primary care provider may be able to provide addiction care or refer them to an addictions specialist or other treatment options.

You or they may also call the Alcohol & Drug Information and Referral service at 1-800-663-1441 or access your health authority's mental health and substance use services. A map of services in BC can be found at: https://www2.gov.bc.ca/gov/content/mental-health-support-in-bc/map

Additional information on finding addictions services can be found on the FGTA website at www.fgta.ca or through HealthLink BC at www.healthlinkbc.ca.

## *Supporting a Loved One to Access Treatment*

For a long time, the standard approach to treating substance use disorders was to withdraw (or "detox") from a drug by abruptly stopping taking it (sometimes called "going cold turkey") followed by participation in unstructured, peer-based groups. However, detoxing from certain substances is very dangerous. For example, detoxing from alcohol without medical supervision and management can lead to seizures and even death for a small number of people. Detoxing from opioids is also dangerous but for a different reason: Withdrawal management ("detox") alone for opioid use has been shown to have almost universal relapse rates, with very high risks of overdose (because the person's tolerance has dropped) as well as acquiring HIV and hepatitis C (from shared injection equipment).

It is important to note that "detox" facilities may be an important first point of contact for many people who use substances, however, withdrawal management alone should never be considered substance use treatment. Rather than starting a withdrawal (or "detox") only approach, more and more evidence is showing that many substance use disorders require ongoing treatment. Treatment can be understood as ongoing care for a substance use disorder that is delivered by a trained health care provider. Treatment may be inpatient (where you stay) or outpatient (going every day or several times a week) and might include medication, evidence-based psychosocial treatments, residential treatment and recovery services, or a combination.

The best thing you can do when supporting your child or loved one to get help with their substance use disorder is to encourage them to see their physician or nurse practitioner. They may need to be referred to an addictions specialist in order to get the best and safest care. They will be able to work with your child or loved one to determine the best approach to safely managing their substance use disorder and connecting them to appropriate services. Even if you live in a rural or remote area, physicians and nurse practitioners have access to a consultation line where they can talk to an addiction medicine specialist Monday to Friday. Ask your child or loved one's health care provider if they have utilized this service in the care of your loved one or child. More information at www.raceconnect.ca/.

Below is an overview of treatment options. More specific information for each substance is given in "Alcohol and Other Drugs at a Glance" in this document, starting on p. 25.

## Definitions

### Addiction treatment

Ongoing or continued care for substance use disorder delivered by a trained care provider. Addiction treatment may be provided in outpatient or inpatient settings and may include medication, evidence-based psychosocial treatments, residential treatment, recovery services, or a combination. In isolation, withdrawal management, harm-reduction services, low-barrier housing, and unstructured peer-based support would not be considered "addiction treatment", however, these services can play an important role in connecting individuals to treatment. Treatment can be understood as a range of interventions that help people change their lives so that they can prevent the adverse health and social consequences of problematic substance use, including substance use disorders. Goals may range from achieving and maintaining abstinence to controlling one's use or finding other ways to minimize harm or maximize health and well-being.

### Withdrawal Management

The use of medical management (which may include medication) to reduce withdrawal symptoms and withdrawal-related risks when an individual stops using opioids, stimulants, alcohol and/or other drugs in pursuit of abstinence. This terminology represents a deliberate shift away from the use of "detox" or "detoxification" to refer to medically supervised withdrawal from substances. Withdrawal management alone (that is, without further treatment) is not considered addiction treatment. It should be noted that unsupervised alcohol withdrawal can be very dangerous, and withdrawal management alone (that is, "detoxing" without further treatment) from opioids has a very high rate of relapse and is strongly recommended against.

SAFETY WARNING
Quitting alcohol abruptly (or "cold turkey") can be very dangerous for those who drink very heavily, including those with an alcohol use disorder. Risks include seizures and death. Someone wanting to stop drinking must see a health care provider first to ensure their safety.

Withdrawal management alone ("detox") for opioid use disorders is associated with very high rates of relapse putting individuals at high risk of overdose and acquisition of HIV and/or hepatitis C if they relapse. Individuals with opioid use disorders should work with their primary care provider or specialist to devise a treatment plan rather than attending detox. If individuals choose to take a withdrawal management only approach, they should be carefully informed of the risks and sign a waiver.

## Overview of Treatment Options

Treatment interventions and supports for substance use disorders can be understood as existing on a continuum of care, including pharmacological (for example, opioid agonist treatment with medications such as methadone or buprenorphine/naloxone or methadone) and non-pharmacological (e.g., cognitive behavioural therapy, counselling). Many people will benefit from accessing care at multiple points along the continuum, for example, receiving buprenorphine/naloxone and traditional Indigenous healing practices, or inpatient residential treatment followed by outpatient treatment. Treatment options in BC are available both privately and publicly.

### Types of treatment options

- Outpatient treatment—services are accessed during the day and usually involve 1 or 2 group therapy sessions per week.
- Youth-specific treatment—may include opioid agonist treatment and psychosocial treatments tailored to youth.
- Intensive outpatient treatment—may include counselling and group therapy 3-5 days per week.
- Residential treatment—intensive treatment in a structured residential context.
- Pharmacotherapy—evidence-based pharmacological (prescription medication) treatment for certain substance use disorders. For example, opioid agonist treatment for opioid use disorder (see below for more information on opioid agonist treatment). Pharmacotherapy options can be used in combination with the treatment options listed above.

### Other kinds of substance use services

- Harm reduction programs—these aim to reduce the health, social, and economic harms associated with drug use. Harm reduction programs include needle exchanges, take-home naloxone kits, and overdose prevention sites.
- Overdose prevention sites—locations where people can use drugs with trained staff or volunteers who can provide education on safer consumption practices, provide harm reduction supplies, and respond to overdoses.
- Supervised consumption sites—staff supervise and monitor clients for signs of overdose, provide education on safer injection practices, and refer to primary care and addiction care.
- Drug checking services—currently being scaled up in BC, but available in some overdose prevention and safe injection sites.
- Safe supported housing—housing with associated support services.
- Street outreach programs—support services and bridges to the system of care.
- Supportive recovery services—longer-term transitional housing and support services.
- Pregnancy support services—support services to at-risk pregnant women and their families.
- Withdrawal management—medical management to prevent withdrawal symptoms from certain substances.

## OPIOID AGONIST TREATMENT

Opioid agonist treatment (OAT)—most commonly in the form of buprenorphine/naloxone (brand name Suboxone®) or methadone is an evidence-based treatment for opioid use disorder.

Opioids are substances that bind to and activate (or "turn on") opioid receptors, providing relief from withdrawal symptoms and cravings in people with opioid use disorder. OAT can be understood as a medication used to provide relief from withdrawal symptoms and cravings in people with opioid use disorder. OAT is the recommended first-line treatment for opioid use disorder in British Columbia because it has been shown to be much better than withdrawal management ("detox") alone in terms of keeping people in treatment, helping them to stop using opioids, and significantly reducing the risk of overdose, blood-borne infections (like HIV or hepatitis C), and death.

If your child or loved one has an opioid use disorder, it is likely that they will be offered OAT along with other care that includes provider-led counselling, long-term monitoring of substance use care (to identify relapse and adjust medication dosage as needed), comprehensive preventive and primary care, and referrals to psychosocial treatment interventions and supports.

Some people think that opioid agonist treatments (for example buprenorphine/naloxone and methadone) are just "substituting one drug for another," however, as science advances, it has become clear that long-term, unmanaged opioid use disorder causes changes in the brain and body. More and more evidence is showing that the best and safest treatment for opioid use disorder is medication. This allows individuals to stop having to focus all their time and effort (including sometimes turning to crime and other high-risk activities) in order to stop the very painful withdrawal symptoms that emerge if they haven't taken opioids recently. This also prevents people from having to take risky street drugs that may be tainted with fentanyl and other synthetic opioids.

Other benefits of OAT include connecting individuals to health care and other services, helping bring stability to their lives (which might include housing, employment, or other services), and removing the risk of overdose from street opioids contaminated by fentanyl, carfentanil, and other synthetic opioids.
OAT should be considered a long-term treatment. Studies have found that people have the best outcomes (including the lowest risk of relapse) when they receive OAT for at least one year. Some people will take OAT for a long time, while others may decide with their health care providers that they would like to lower their dose or come off it entirely. It is very important that people work with their prescriber to very slowly taper off of OAT and be monitored for relapse throughout the tapering period.

In BC, there are three kinds of OAT that are commonly used (buprenorphine/naloxone, methadone, and slow release oral morphine). Buprenorphine/naloxone is the preferred first choice, due to its improved safety profile and the flexibility it affords people. Unlike methadone, which is the most commonly prescribed OAT in BC, buprenorphine/naloxone has a better safety profile, including much lower risk of respiratory depression and overdose, and can very commonly be prescribed as "take-home" doses. This means that people on buprenorphine/naloxone, once they have stabilized on the medication, can often go to the pharmacy once a week or once every

two weeks to receive their medication. Some people on methadone have to go to the clinic every day, while others have to go a few times a week.

Slow-release oral morphine is another kind of OAT used in BC. It is used much less frequently and is generally prescribed for people who tried buprenorphine/naloxone and/or methadone and found they still had cravings and withdrawal symptoms and continued to use illicit opioids. People receiving slow-release oral morphine generally have to go to the pharmacy every day to receive their medication.

PharmaCare covers OAT under the income-based Fair PharmaCare plan for those who qualify, as well as 100% coverage under PharmaCare Plan C (for those on income assistance) and Plan G (for those who demonstrate clinical and financial need for certain psychiatric medications).

Some primary care doctors prescribe buprenorphine/naloxone (also called Suboxone®), while a specialist may need to be seen to be prescribed methadone or slow-release oral morphine. Talk with your doctor to determine if they prescribe these medications. If your loved one has tried OAT before and not been able to stop using illicit opioids, their doctor might suggest injectable OAT. Injectable OAT is a more intensive treatment program where people go to a clinic or pharmacy up to three times a day to self-administer certain medications (hydromorphone or diacetylmorphine) under supervision. It is very well supported by evidence for people with severe opioid use disorder who have not benefitted from other OAT options. Even if you live in a rural or remote area, physicians and nurse practitioners have access to a consultation line where they can talk to an addiction medicine specialist Monday to Friday. Ask your child's health care provider if they have utilized this service in the care of your loved one or child. More information at www.raceconnect.ca.

If your child or loved one is considering opioid agonist treatment, a helpful resource to read before they start is "Patients Helping Patients Understand Opioid Substitution Treatment" by the Canadian Institute for Substance Use Research (formerly the Centre for Addiction Research of BC).

### Selecting a treatment option

It is recommended that you read the treatment information relevant to the specific substance or substances your child or loved one is using in the "Alcohol and Other Drugs" section starting at p. 25 and support your child or loved one and their primary care provider and/or addictions specialist to make an informed choice on the right treatment approach for your child or loved one.

If your child or loved one chooses residential, intensive out-patient, or outpatient treatment through their family practitioner, there are several factors to consider in helping your child or loved one decide which is the right option for them. These include:

- Age range of the clients (especially important for youth)
- Waitlist and admission requirements
- Philosophy and approach of the program (and alignment with your child or loved one's goals)
- Whether pharmacological treatments are allowed and incorporated into treatment (especially important with opioid agonist treatment)

- Type of treatment offered and whether it is evidence-based
- Whether they have physicians on hand to supervise medically managed withdrawal
- Qualifications of all staff and presence of addictions specialists (i.e., physicians or nurse practitioners who specialize in addiction medicine
- Licensing and accreditation
- Services for family members (e.g., support groups) and family involvement in treatment
- Discharge plans and after-care

For a checklist of questions that can help guide you and your child or loved one's information gathering, you can visit the FGTA website at www.fgta.ca.

### Withdrawal Symptoms

There may be instances in which your child or loved one and their health care providers decide that withdrawal is appropriate.

For example, when starting opioid agonist treatment with Suboxone® (buprenorphine/naloxone), people need to abstain from opioids for 12-24 hours (on average) before taking their first dose. This ensures that they don't get sick when they start taking it, but requires that they experience mild-to-moderate withdrawal symptoms. This is because of the way that Suboxone® works in the body—it is very sticky (i.e., has a "high affinity") for the receptors in the brain and body where opioids attach, which can make someone go into withdrawal if they take it while they still have another opioid in their system.)

Withdrawal management may be appropriate for certain other substances like stimulants. Withdrawal management should not be attempted unless on advice of a medical professional and with full and informed consent of your child or loved one regarding the risks and alternative treatment options. If your child or loved one's doctor or nurse practitioner recommends withdrawal management, for example, for stimulant use disorder, your child or loved one may wish to have medical supervision. Medical supervision is not always necessary for stimulant withdrawal, but may be considered. In this case, you or your child or loved one can call Access Central for a referral to a withdrawal management (detox) service in your community. It can be accessed toll-free at 1.866.658.1221.

If your child or loved one decides with their health care provider that withdrawal management at home is appropriate, they will need support. Withdrawal symptoms may be mild or severe, depending on the drug, the amount used, and how long the person has been taking the drug. There may be things your loved one can do to minimize the discomfort from withdrawal symptoms—they should speak with their treatment provider about this.

Possible withdrawal symptoms are on the following page.

## Withdrawal Symptoms

| Substance | Symptoms | |
|---|---|---|
| Opioids | • Flu-like symptoms<br>• Agitation or anxiety<br>• Muscle aches<br>• Insomnia<br>• Excessive yawning | • Sweating<br>• Abdominal cramping, diarrhea, nausea, and/or vomiting<br>• Dilated pupils<br>• Goosebumps/cold sweats<br>• Mood-swings |
| Alcohol | • Anxiety or nervousness<br>• Depression<br>• Fatigue<br>• Irritability<br>• Nightmares | • Sweaty, clammy skin<br>• Insomnia<br>• Loss of appetite, nausea, or vomiting |
| Stimulants | • Agitation and restlessness<br>• Depressed mood<br>• Increased appetite<br>• General discomfort | • Fatigue<br>• Vivid and unpleasant dreams<br>• Headaches |

### Your support role during withdrawal in your home

If your child or loved one has decided, with their health care provider, to pursue at-home withdrawal management, there are some things you can do to support them.

A support person succeeds by remaining positive and calm and creating a safe and comforting atmosphere in the home. The person who can help the most is the one who knows the individual and has done a bit of preparation. Speaking with your child or loved one's health care provider can help you plan for the process.

You may have to take time off work and get some additional assistance for looking after other family members such as younger children or elderly parents, explaining to them what is happening.

Friends, family, or others who may cause stress or arguments as well as friends who currently use the substance your child or loved one is withdrawing from should be discouraged from visiting during this period.

If the person should have a seizure, experience chest pains, become unconscious, hallucinate or have other worrying symptoms, call an ambulance immediately. Dial 911.

You can help by:

- Understanding that withdrawal is not treatment, but, when indicated by their health care provider, may be a necessary part of starting treatment for certain substance use disorders.
- Understanding that alcohol should not be stopped “cold turkey” for someone who has developed dependence. This needs to be assessed by a health care provider.
- Understanding that physical withdrawal symptoms may get worse before they get better.
- Being patient and willing to listen (try not to argue at this time).
- Trying to not take things said in anger or distress personally. People undergoing withdrawal are generally in extreme discomfort.
- Helping the person to manage any physical pain and discomfort. Your child or loved one can discuss with their doctor in advance if there are any appropriate medications or other strategies to minimize discomfort and pain (e.g., Gravol, acetaminophen, ibuprofen, Imodium).
- Encouraging them to drink (about 2 litres of fluid a day to avoid dehydration) and eat small amounts of healthy food (soup, rice, noodles, vegetables and fruit).
- Encouraging relaxation. Controlled relaxed breathing, meditation, listening to audiobooks or music, and having a warm bath or shower can all help with relaxation.
- Helping to distract and reassure the person regarding cravings. Remind them of these five D’s:
    - Do an activity—Watch a video, play cards, or listen to music.
    - Delay—Encourage them to put off making any decisions for an hour.
    - Drink plenty of fluids—Especially water.
    - Discuss—Remind them to look at their reasons for wanting to stop using.
    - Do some gentle exercise—Go for a walk, stretch, do yoga or other gentle movement.

*"I was always really sociable and had a lot of friends. Everything I ever did, I went all out. When I was about 14, I started smoking pot. I always said I would never smoke cigarettes, but started that, too. I said I would smoke weed and never go any further, but friends started doing acid and mushrooms and I went all out again. At about 16, I started doing cocaine a lot on weekends. I was drinking heavily, too. I was good at hiding everything because I was rarely sober. I guess things just seemed normal.*

*I smoked cocaine every day for two years. At one point, I thought people could just quit, but I found I couldn't. I cleaned out RRSPs, mutual funds, and savings accounts. I didn't see a future. I lost my girlfriend, other friends. I would cry myself to sleep and then each morning wake-up and resolve not to do cocaine. Wanting to kill myself was a regular thought.*

*I was spending $3,000 a month on rock cocaine, and occasionally doing heroin to come down off coke. One day, about 30 pounds lighter than I should have been, and borrowing money, I was drinking with my brother who said, 'You aren't doing very well, are you?'*

*I talked to my parents the next day and started four years of treatment."*

Recovery can be understood as "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

Recovery includes support to change old patterns of behaviour (which might include things like stealing and other high-risk activities in order obtain drugs) and may include finding new friends who are also in recovery or who do not have problematic substance use.

Different people will have different personal definitions of recovery and personal journeys towards recovery. For some people, that may include abstinence from all alcohol and other drugs including opioid agonist treatment. Others include opioid agonist treatment in their definition of recovery. For some others, it may involve abstinence from certain substances (for example, cocaine) while continuing to use other substances non-problematically (like an occasional glass of wine with dinner).

Although it is certainly difficult, the good news is that recovery is possible and that the paths to recovery—while diverse and sometimes difficult—are very well worn.

## Setbacks and relapses

Setbacks and relapses are very common, and should be understood as a normal and common part of the path to recovery, rather than a sign of moral failure or weakness.

In some situations, relapse might be an indication that your child or loved one's treatment plan needs to be modified. For example, with opioid use disorder, relapse is often a sign that their opioid agonist treatment dose needs to be modified or other supports are needed.

Substance use disorders change or "rewire" parts of the brain. Depending on your child or loved one's situation, they may also be dealing with complicated and difficult issues related to their health (including mental health), housing, employment, and other factors. Responding with a non-judgemental and compassionate approach can help you to best support your child or loved one if they relapse or experience another type of setback. Hold onto the thought that substance use disorders are chronic conditions and relapses are a normal part of recovery and that change takes time, steady effort, and support.

And remember to celebrate wins, no matter how large or small. Each step towards recovery, however small, is something to be proud of.

2 This definition borrowed from: Substance Abuse and Mental Health Services Administration. SAMHSA's Working Definition of Recovery: 10 Guiding Principles of Recovery. In: Substance Abuse and Mental Health Services Administration, ed. Rockville, MD: SAMHSA; 2012.

*“I am a single parent of a child who is almost 30. My son is in recovery.*

*He gets better and better at being who he is and at being drug free. He started with pot, beer, and cocaine. From there it was a steady decline. It became a habit. We could talk about anything, but he hid his problem.*

*He didn’t get to see his father before he died and that threw him into a funk. He had no answers any more on who he was. Even though he was 23, he hadn’t grown up a lot. He couldn’t concentrate, couldn’t hold a job. At first, we just thought he was lazy, but then he admitted he had a problem. We got him to detox. Things were getting better. For a while it was good. It seemed antidepressants helped. The rest of the family prayed a lot, and cried a lot, while my son went into treatment again and again.*

*We were proud of all the baby steps along the way.*

*At one point I wondered if I’d ever be proud of him again, and I am. I’m really proud. He’s come a long way.*

*The message? Never give up hope and faith and love.”*

> *"I have been clean for a year. With the help of a 12-step program, I learned how to stay clean, and made a lot of good friends. I work a full-time job now and things are going well. I don't spend much time alone. I attend a lot of meetings. I don't hang out with my old friends. People who have been clean for a long time tell me what to do and I do it. I try to have as much fun as I can. My life today is great."*

Being in recovery (what some people call "going straight"), especially after a long period of alcohol or other drug use, can be extremely difficult for some people. Boredom can be a very real problem for people who aren't yet stable enough to find employment or volunteer work or return to education.

Goals are important, but if they add up to "wanting it all and wanting it now"—new life, new job, new car—a person in treatment and/or recovery can feel defeated by their own ambitions.

Alcohol and other drugs can suppress feelings of all kinds, so expect a roller coaster of emotions, including guilt, shame, anger, and/or fear about the past and future. Regular support from a good counsellor is invaluable.

Be sure your child or loved one knows the particular danger of a relapse after a long period of abstinence. The size of the dose to which they had previously become accustomed may now be enough to cause an overdose.

## How about you?

> *"I feel terrible saying this, but since Abbey's been clean I'm finding it much more difficult than I expected. She's up and down like a roller coaster, demands all my time, and is so hyperactive compared to when she was strung out or hanging about the house. She either never stops talking or she's in a black mood, and she wants everything now. The other day I almost wished she'd hit up again just so I could get some peace."*

Your child or loved one is in treatment and/or recovery. Right now you're probably feeling relieved and optimistic, but prepare yourself for dealing with the "new" person on new terms. Some find it very difficult to give up the relationship they established while their child or loved one was using, so get help if you need it. Look for supportive environments where you can talk and be heard. The support group you relied on during those bad old days is great, even after your child has achieved recovery.

Remember, you may find it difficult during this period to avoid becoming overly involved in your child or loved one's treatment or recovery. And you may feel even more anxious than you did before, worried that saying "no" to your child or loved one could contribute to a relapse. However, if you have practised self-care all along the way, this new relationship, and the detachment process that goes with it, should be easier.