

## *What Not to Do*

- Don't attempt to punish, threaten, bribe, or preach.
- Don't try to be a martyr. Avoid emotional appeals that may only increase feelings of guilt and the compulsion to drink or use drugs.
- Don't allow yourself to cover up or make excuses for the alcoholic or drug addict or shield them from the realistic consequences of their behavior.
- Don't take over their responsibility, leaving them with no sense of importance or dignity.
- Don't hide or dump bottles, throw out drugs, or shelter them from situations where alcohol is present.
- Don't argue with the person when they are impaired or high.
- Don't try to drink along with the problem drinker or take drugs with the drug abuser.
- Above all, don't feel guilty or responsible for another's behavior.

## *What to Do*

- Try to remain calm, unemotional, and factually honest about their behavior and its day-to-day consequences.
- Let the person with the problem know that you are reading and learning about alcohol and drug abuse, attending Al-Anon, Nar-Anon, Alateen, and other support groups.
- Discuss the situation with someone you trust, someone from the clergy, a social worker, a counselor, a friend, or some individual who has experienced alcohol or drug abuse personally or as a family member.
- Establish and maintain a healthy atmosphere in the home, and try to include the alcohol/drug abuser in the family life.
- Explain the nature of alcoholism and drug addiction as an illness to the children in the family.
- Encourage new interests and participate in leisure time activities that the person enjoys. Encourage them to see old friends.
- Refuse to ride with anyone who's been drinking heavily or using drugs.

## ***Be patient***

*Live one day at a time. Alcoholism and drug addiction generally takes a long time to develop, and recovery does not occur overnight. Try to accept setbacks and relapses with calmness and understanding.*

The Center for Substance Abuse Prevention offers information on all aspects of the prevention of alcohol and drug problems. It also maintains a State-by-State listing of most public and private alcohol and drug information, counseling and treatment facilities. Call or write:

**CSAP's National Clearinghouse  
for Alcohol and Drug  
Information**  
P.O. Box 2345  
Rockville, MD 20847-2345  
1-800-729-6686

**REGIONAL  
ALCOHOL  
DRUG  
AWARENESS  
RESOURCE**

*If  
someone  
close...*

*has a  
problem with  
alcohol or  
drugs*

The person who has someone close who drinks too much or who uses drugs has plenty of company. People experiencing alcohol and drug problems often feel they hurt only themselves. That isn't true. They also hurt their families, friends, coworkers, employers, and others.

However, looking at it another way, as we should, millions of Americans have a personal stake in helping "someone close" find the way to overcome alcohol and drug problems.

The person who sets out to help someone with an alcohol or drug problem may at first feel quite alone, possibly embarrassed, not knowing where to turn for help. We have preserved so many wrong ideas and attitudes about problem drinking and drug abuse, too often thinking of them as moral weakness or lack of willpower.

You may have learned to better understand alcohol and drug problems and already made contact with nearby sources of services. This does not mean that "someone close" will cooperate at once by going for treatment. Those with alcohol and drug problems may deny they have a problem. They may find it difficult to ask for or accept help. If there is one thing true about alcohol and drug abusers, it is that, as with all people, each one is different—different in human needs and response, as well as in their reasons for drinking and taking drugs, their reactions to these drugs, and their readiness for treatment.

You are in a good position to help your relative or friend, because you know a good deal about their unique qualities and their way of life. And having made the effort to gain some understanding of the signs and effects of problem drinking or drug abuse, you should in a better position to consider a strategy for helping.

Be active, get involved. Don't be afraid to talk about the problem honestly and openly. It is easy to be too polite, or to duck the issue by saying, "After all, it's their private affair." But it isn't polite or considerate to let someone destroy their family and life. You may need to be persistent to break through any denial they have. You also may need to let them know how much courage it takes to ask for help, or to accept it. You will find that most people with drinking-or drug-related troubles really want to talk it out if they find out you are concerned about them.

To begin, you may need to reject certain myths that in the past have done great harm to alcoholics and drug abusers and hampered those who would help them. These untruths come from ingrained public attitudes that see alcoholism and drug problems as personal misconduct, moral weakness, or even sin. They are expressed in such declarations as, "Nothing can be done unless the alcohol or drug abusers wants to stop," or "They must hit bottom," that is, lose health, job, home, family, "before they will want to get well." These stubborn myths are not true, and have been destructive. One may as well say that you cannot treat cancer or tuberculosis until the gross signs of the disease are visible to all.

The truth is, that with alcohol and drug problems, as with others kinds of acute and chronic illness, early recognition and treatment intervention is essential—and rewarding.

Be compassionate, be patient—but be willing to act. Experience proves that preaching does not work. A nudge or a push at the right time can help. It also shows that you care. Push may even come to shove when the person with alcohol or drug troubles must choose between losing family or job, or going to treatment.

Thousands of alcohol and drug abusers have been helped when a spouse, employer, or court official made treatment a condition of continuing family relationships, job, or probation.

You cannot cure the illness, but when the crucial moment comes you can guide the person to competent help.

Treatment attempts to discover the relationship between a person's problematic drinking and drug use to their real needs. An understanding of what they would really strive for if they were not disabled by their problems. One goal is building up their capacity for control, which becomes possible in periods of sobriety.

Persons with drinking and drug problems have the same needs as all other people—food, clothing, shelter, health care, job, social contact and acceptance and, particularly, the need for self-confidence and feeling of competence, self-worth, and dignity. This is where "support" comes in.

What may be needed most is warm, human concern. The kinds of support given depend, of course, on finding out from the person what they feel they need. Strained family and friend relationships, money troubles, worry about job or business, sometimes matters that may seem trivial to us, all confuse their life situation and may contribute to their drinking and drug problems.

Moral support in starting and staying with treatment, reassurances from employer or business associates, willing participation by spouse or children in group therapy sessions—are examples of realistic support.

The long-range goal is healthy living for the person and their family—physical health, social health, emotional health—objective we all share.

Three out of four alcohol and drug abusing men and women are married; living at home; holding onto a job, business, or profession; and are reasonably well accepted members of their communities. For those in this group who seek treatment, the outlook is good. Regardless of life situation, the earlier treatment starts after troubles are recognized, the better the chances for success.

Many therapists now use rehabilitation as a measurement of outcome—success is considered achieved when the patient maintains or reestablishes a good family life and work record, and a respectable position in the community. Relapses may occur but do not mean that the person or the treatment effort has failed.

A successful outcome, on this basis, can be expected for 50 to 75 percent depending upon the personal characteristics of the patient; early treatment intervention; competence of the therapists; availability of hospital and outpatient facilities; and the strong support of family, friends, employer, and community.

"It is doubtful that any specific percentage figure has much meaning by itself," says one authority. "What does have a great deal of meaning is the fact that tens of thousands of such cases have shown striking improvement over the years."