

Dual Diagnosis:

Mental Illness & Substance Use

Information and coping strategies
for families



Arafmi Queensland Inc.

**Dual Diagnosis ~ Mental Illness & Substance Use:
Information and coping strategies for families**

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Introduction

This handbook has been produced to provide information and suggest coping strategies for families who are coping with issues relating to dual diagnosis.

We know that people who have a mental health problem are more likely to have a substance use disorder than people without a mental health problem. On the other hand, people who use substances are more likely to have a mental health problem.

There seem to be many reasons for the link between these two disorders. The number of people who use substances will change, depending on how much substances are being used in the rest of the community.

In the past, people treating one disorder often did not ask about other problems. Sometimes people have been worried or embarrassed about admitting that a substance use problem exists or they have not acknowledged that substance use is an issue. As a result, dual disorders have often been missed. We now know that they are very common – for example, about half of people with schizophrenia will have a substance use disorder at some time in their lives.

We also know that when these two disorders appear together, the effects on the person can be distressing and they can be equally distressing for their family and close friends.

Dual diagnosis can be difficult to treat due to the vicious cycle of substance use worsening with the mental health problem – which can in turn, increase the tendency to use substances to relieve the discomfort of the mental health problem. Also, substance use can make the assessment of the mental health problem more difficult, particularly in working out the most appropriate treatment.

Families report that it is often difficult to obtain services for people with dual diagnosis. However, dual diagnosis is now firmly on the policy and service delivery agenda. We can expect that health services will be better able to support and treat people with dual disorders. Hopefully, this will mean improved outcomes for both the person and their family.

Arafmi Queensland Inc. would like to thank the families and mental health workers who gave their time to read and comment on the drafts of this handbook.

What is dual diagnosis?

The term 'dual diagnosis' is used to describe a situation where a person has two disorders – **at the same time**.

Dual diagnosis is sometimes used when a person has a mental health issue and an intellectual disability. However, the information in this handbook uses dual diagnosis to refer to the co-occurrence of a **mental health issue and a substance use disorder** (the use of drugs and/or alcohol).

What is a mental health issue?

Throughout this handbook reference will be made to mental health issue(s). The term mental health issue refers to any mental disorder. In general, these disorders can be divided into two types – psychotic disorders and non-psychotic disorders.

Psychotic disorders include:

- **schizophrenia**
- **bipolar disorder (previously known as manic depression)**
- **psychotic depression (a severe form of depression)**

A psychotic episode can be a very distressing experience. The person may lose touch with reality; their view of the world around them can become distorted, as does their ability to make sense of thoughts and feelings, causing information to become confused.

People who have a psychotic illness may also experience *hallucinations* where they can see, hear, feel, taste or even smell things that are not really there.

Hearing 'voices' is the most common form of hallucination, and can be a frightening experience, as in many instances the voices are often unpleasant – accusing, condemning, criticising or urging the person to do something that they do not want to do.

Psychotic illnesses can also cause a person to experience *delusions* whereby they express ideas that, to others, are strange and clearly out of touch with reality. These ideas can influence a major part of the person's thinking. For example, delusions of persecution whereby they think that other people are 'out to get them' or delusions of grandeur, causing them to think they are a person with charisma, importance or great influence.

Hallucinations and delusions are distressing and confusing for the person who experiences them. They can also cause those around them to feel confused and even afraid. However, most people with a mental health problem are not aggressive or violent.

Non-psychotic disorders include:

- **depression – major depression, postnatal depression**
- **anxiety disorders – phobias, obsessive compulsive disorder, panic attacks, post traumatic stress disorder**
- **eating disorders – anorexia, bulimia**

Quite often, the symptoms of the non-psychotic disorders can be 'hidden' from others yet they can cause significant anguish and distress for the people who experience them. The loss of personal control over thoughts and feelings can be one of the most disabling aspects of these disorders.

Even though there have been many community awareness and education campaigns about mental health issues, false beliefs and incorrect information about this very serious issue persist. The stigma that remains attached to mental health is underpinned by this lack of understanding.

Common MYTHS about mental illness:

- **Mental illness is the same as an intellectual disability**
- **People with a mental health issue have a low I.Q.**
- **People with a mental health issue experience symptoms all the time**
- **People who have a mental health issue have a 'weak' or 'flawed' character**
- **Mental illness is caused by bad parenting**
- **Mental illness is just 'bad behaviour', or attention seeking**

None of these statements are true and only serve to increase the stigma attached to mental illness.

Current research indicates that mental illnesses are disorders in brain functioning. They are like other physical illnesses.

Mental health issues can occur when a person:

- **Is genetically more likely to develop a mental health issue, and**
- **Symptoms are triggered by a variety of environmental factors including stressful life events – for some people, use of some types of substances may lead to mental health issues.**

Mental illness can occur in any family, at any time. At some stage during their lifetime, **one in five** Australians will experience some

kind of mental health issue. Mental illness can be episodic – it can come and go, or it can always be present to some extent. Some people experience mental illness only once. Other people may experience more than one episode and be well in between. For others, the effects of the illness can be there all the time.

Mental illness can also lead to social withdrawal and some people may stop seeing their friends. Others may find it hard to make new friends or get close to other people. A person may find they are unable to carry out many of the things that were once taken for granted, such as managing money, cooking or looking after themselves and maintaining personal hygiene. If this happens, the person needs the same understanding that would be given someone with a serious physical illness. Mental illness is not something that a person can ‘snap out’ of, nor is it an illness for which they should be blamed.

When a person has a mental health issue it can have a serious effect on their family and friends. Add to this the impact of substance use, and the effect on both the person and those close to them can be overwhelming.

‘It is unlikely that substance use ‘causes’ schizophrenia. It is more likely that people who already have a mental health problem or are ‘at risk’ for developing mental health problems are very sensitive to the effects of even small amounts of alcohol and other drugs. However, it is common that people who use large quantities of amphetamines (speed), hallucinogens (LSD) or even cannabis experience a ‘psychotic episode’ that is very similar to

schizophrenia or feel depressed and anxious when they use'
(Ups and Downs, QLD. Health).

Many families have struggled to understand and cope with these dual disorders, while other families prefer not to admit that substance use is a problem. Some families may hide it from services - particularly if their family member has experienced difficulty in the past with seeking or obtaining treatment for the mental health issue.

The concerns of families may escalate as programs developed to assist people in overcoming substance use rely on the motivation of the person to become involved in, or committed to the treatment process and for many people who have a mental health issue, lack of motivation can be a major concern.

Additional difficulties can occur when substance use and mental illness combine. These include:

- **alcohol and/or substance use may make it difficult to provide an accurate diagnosis for mental illness**
- **the use of substances may interfere with prescribed medicines**
- **the symptoms of the mental illness may be made worse by the substance(s)**
- **there may be more frequent admissions to hospital**
- **the person may have increased feelings of anxiety and/or depression**
- **there may be increased issues around financial and/or legal problems**

Substance dependence:

Dependence on alcohol, tobacco or other substances can vary from mild to severe, with dependence being psychological, physical or both.

Psychological dependence is evident when, in certain situations, a person **feels** compelled to use a substance in order to function effectively or to achieve a particular level of emotional satisfaction.

Physical dependence occurs when a person's **body** adapts to a substance and as a result becomes used to functioning with the substance in their system. Physical dependency also means that the person needs to keep consuming the substance or even increasing the quantity so as to achieve the desired effects or avoid withdrawal symptoms.

Whether dependence is psychological or physical, if a person suddenly stops using the substance they may experience withdrawal symptoms until their body can adjust to the new circumstances. However, with support, understanding and persistence it is possible to work through any withdrawal symptoms and regain some level of control over this aspect of their life and health.

Why use substances?

There is no one easy answer to this question, and quite often, there may be many reasons, none of which may be obvious or make sense to the outsider. However, no matter what the reason, the end result has the potential to be disastrous both for the person who has a mental health issue and for their close family and friends who are trying to offer their support.

It has been suggested that some people who experience a mental health issue may resort to using substances as a form of 'self-medication', that is, as a means of reducing the impact of the symptoms of the mental illness.

On the other hand, some medications that are prescribed for the treatment of mental illness may cause some people to experience unpleasant and sometimes quite severe side effects. Using other substances to combat these distressing side effects may be another reason why people resort to substance use.

If the symptoms of the illness do not appear to be adequately controlled by the prescribed medication or if the medication is producing unpleasant side effects, encourage the person to speak with their treating practitioner. It may be possible for the levels of medication to be adjusted or to obtain further treatment to control any unpleasant side effects.

Substances may also be used in an effort to reduce levels of anxiety that can result from mental illness. However, the use of substances is only a short-term solution as in the long term, the combination of substance use and mental illness will only add to a

person's problems. If anxiety is an issue, again, try to encourage the person to seek advice from a health professional on anxiety management strategies or treatment.

People who experience a mental health issue are no different from the rest of the population and there are groups of people who choose substance use for recreational reasons – it is acceptable within their social circle. For a person who experiences mental illness this has the potential to complicate their overall health status even further.

Mental illness has an obvious impact on a person's health, but it can also have a less obvious, social impact. The social cost of mental illness can mean lost friendships or difficulty in sustaining close personal relationships. If this happens, people may find some level of security and acceptance from people who use substances. This could be because this group of people may not place the usual demands on them that reciprocal relationships often do. Associating with these groups may also provide some relief from the stigma that remains attached to mental health issues and an identity based on substance use may in the end be preferable to that attached to mental illness.

In these situations, it will be counter-productive to put down, or be openly critical about the person's friends and associates. Keeping channels of communication open and trying to do more things together may help. If the person has a particular interest or hobby, trying to encourage their participation may help reduce the amount of time available to spend in the company of those who are using substances.

Possible signs of substance use...

Some of the usual signs that may indicate the use of substances can be easily confused when a person has a mental health problem.

Behaviours that may be a sign of substance use are very similar to those that are a result of mental illness. Therefore care should be taken before confronting a person over suspected substance use.

There are however, some obvious environmental signs that may be an indication of substance use, such as:

- **empty alcohol bottles and cans**
- **cigarette papers or other smoking apparatus**
- **small spoons or syringes**
- **capsules or tablets or empty packets**
- **empty paint cans, metallic paint on clothing or around the mouth/nose**

Physical signs may include:

- **slurred or slow speech**
- **lack of energy**
- **poor co-ordination – staggering or stumbling**
- **lack of attention to personal appearance or personal hygiene**
- **changes in a person's physical appearance such as drastic or sudden loss of weight**

Again, a note of caution – take care when using these as indicators of substance use, as they are easily confused with the symptoms of mental illness or even possible side effects of prescribed medication.

Changes in a person's emotional well-being, social life, or their relationship with family or friends could include things such as:

- **unexplained or unusual telephone calls**
- **changes in a person's financial situation – unusual money shortage, no money left to buy food or pay regular bills**
- **sudden changes in friends or social networks or withdrawal from family and friends**
- **unusual changes in mood – sudden explosive outbursts or aggression in a person who would not usually behave in such a way**

There is no guaranteed measure available, so using your knowledge of your family member or friend may be your best guide. If you are concerned about the person's well being, and you suspect that substance use may be contributing to their problems, it may help to speak with a health professional about your concerns and to clarify issues surrounding substance use.

Accurate information is important, and will assist you in developing an understanding of what is happening for your family member or friend.

The effect on family and friends

When a family member or friend has a mental health issue, there is an underlying 'ripple' effect, which to a greater or lesser degree affects those who are close to them – whether parent, spouse, sibling or child. Mental illness is not something that we instinctively know about or even understand. Many of us simply don't know how to react or respond when we are confronted with unpredictable behaviours that seem so out of character for the person we know.

If you also discover that the person has started to use substances, your initial feelings may be mixed, but many families can usually identify feelings of shame, guilt, fear, anxiety and disbelief.

These feelings may change over time, and can intensify if it appears that the person has, or is in danger of developing a substance use disorder. Whatever your feelings, they are valid and normal, and are your reaction to the discovery of substance use by someone for whom you care.

Changes in feelings can be defined in relation to the various stages of substance use. These feelings range from anxiety and disbelief at the initial discovery of substance use, to frustration, loss and fear if the problem persists and develops into long-term use.

These feelings of shame, guilt and fear may also discourage some families from seeking assistance on how to cope with the issues that arise out of substance use. If this happens, then feelings may

turn into despair, and in the longer-term even anger. Families may direct this anger at themselves, at being so helpless and unable to change the situation. Others may direct the anger at their relative or friend, whom they see as adding complications to the pre-existing mental health issue.

Phase	Common thoughts	Common feelings
Suspected use	Not in my family. How can I find out?	Anxiety Disbelief Curiosity
First known use	I must stop this! I can't cope. What can I do? How did this start? Where will it all end?	Self-doubt Anger Inadequacy Disappointment Fear
Regular use	I have failed as a parent/spouse/friend. Who will help me control this? What will my friends/family say?	Guilt Embarrassment Anger Concern Determination Optimism Fear
Long term use	My family will never be ideal. I can't understand my relative/friend. I have to change this. I have to let go.	Resignation Frustration Loss Abandonment Rejection Acceptance Ambivalence Love/hate Fear

(Adapted from: 'Coping with Drug Use' QLD. Health)

Children are affected too ...

As discussed earlier, substances are not only harmful for the person who uses them but also has a negative impact on people close to them. If there are children in the family, they can be affected also, particularly if the person who has dual diagnosis is a parent.

When a close family member has a mental health issue, children and young people may experience difficulties that are directly related to the person's illness. These difficulties can include - inconsistency in the person's expectations and behaviour, unreasonable expectations from the person, uncertainty about what might happen in the family and social withdrawal.

For young people, these issues may result in:

- **fear of being seen as different**
- **reluctance to bring their friends home**
- **more time away from school to help with the care and support of the person**
- **the burden of responsibility – housework, money, shopping, food preparation**
- **fear of separation and loss during periods of hospitalisation**

Children may also fear that they will develop a mental health issue or that they have done something that has caused this to happen to their parent or other family member. At times like this, the young person will need reassurance from someone they can trust – someone to talk to, share their feelings, thoughts and fears. They also need accurate information about mental illness in

a form that is relevant to their age and to know that the person and the illness are quite separate.

As adults we can help to support the young person by:

- **listening to what they are saying**
- **understanding that these issues can result in fear and uncertainty**
- **explaining that things can improve with help**
- **understanding that the young person's feelings of fear, anger, guilt, resentment, worry or embarrassment are natural**
- **explaining that odd behaviours are a symptom of the illness - not a characteristic of the person**

It may be useful to discuss some coping strategies with the young person. For example – learning the early warning signs so that help can be available when these appear, keeping a diary or journal and writing down their feelings, developing a plan for when times get tough - include emergency contact numbers.

Try to help the young person to understand that the mental health and substance use issues are **not** their fault – they did **not** cause them and they are **not** to blame.

Coping strategies

Just as many families have learned to cope with issues surrounding mental health; it is also possible to develop coping strategies for dealing with the complex issues that result from dual diagnosis.

As with mental illness, the first step in coping is to gain as much information as possible – the more you know about the subject, the more you will be able to understand and offer your support.

Confronting the problem of substance use does not necessarily mean confronting the person, and initially it may be preferable not to do this, as you may well be faced with denial. In deciding whether or not to confront the person, your own knowledge of them and how you think they may react will be your best guide.

If you do decide to address the issue, it is important to ***separate the substance use from the person***, in just the same way as you would do with the mental health issue.

Offer your support to the **person**, **not** the substance use or the behaviour that results from it. If we take on the other person's problems that result from the substance use, we may inadvertently be encouraging the very behaviour which we would like to change. Sometimes we may try to deal with problems by finding someone else to blame – this is a normal defence mechanism, but it does not solve the issue and may prevent us from dealing with it openly and honestly.

We may say things to ourselves like:

- *'The situation may improve if I just wait a while'*
- *'I'd rather not upset things anymore than they are already'*
- *'Maybe I can put up with it....'*
- *'Things are not really so bad....'*

Quite often, we can fall into the trap of reinforcing the substance use behaviour without realising it, for example:

- **by phoning an employer and making excuses for the person being absent from work because they are 'under the weather'**
- **giving them money if they run short**
- **tolerating unacceptable behaviour**
- **taking on their responsibilities such as doing their jobs around the house**
- **keeping it a secret – by worrying about what the family or neighbours might think or say**
- **covering up, telling lies or making excuses and apologies for them**
- **feeling guilty or a failure for asking for help**
- **feeling responsible for their behaviour and their choices**

It is important to recognise that we can object to behaviours if they begin to have an impact on the lives of others in the family. If you decide to address issues of unacceptable behaviour, then you will need to carefully choose the time for doing this.

Try not to discuss the issue when the person is under the influence of a substance or if you or other family members are feeling emotionally fragile.

Decide on your bottom line – what you want and which behaviours you are **not** prepared to put up with. It is important the person knows where they stand and that you mean what you say. It is also important that you don't make threats that you have no intention of following through or that will not improve the situation. For example, threatening to call the police or to contact the hospital or case manager, unless you have really decided that is your best option for improving things.

Developing a plan

When things are calm you could try to formulate a plan in conjunction with other family or friends who are involved.

The first step in this planning process is to:

- jointly agree on the problem
- generate possible solutions together, for example:
 - consult a health professional
 - confront the person – will this be done together or by one person?
 - discuss money management strategies if this is an issue
 - if the person lives at home will it be possible for them to move out?
- come to an agreement on the possible solutions
- develop specific steps to carry out the plan
- decide who will have responsibility for each action in the plan

If you decide that confronting the person will be the first step in carrying out the plan, it is important not to moralise – always focus on the substance use and its consequences for the person

and other members of the family or friends. Try to concentrate on the issues and behaviours that have brought you to this point – identify these issues and what needs to change for things to improve.

If the person lives with you then you have a right to have your say on what is acceptable or unacceptable in your home.

If alcohol consumption is an issue, then your plan will need to include a decision on whether you can accept the person having a few drinks or if ‘zero tolerance’ is what you require. In developing the plan, you will need to articulate how many drinks are too many. If you decide that a few drinks are acceptable – then how many drinks is a few? Decide on this figure before you start the discussion.

Be clear on what the consequences for unacceptable behaviour will be – be sure that the consequences can and will be carried out and **be consistent** in their application.

If money management has been an issue and you decide that you will no longer bridge the shortfall in the person’s finances, then you will need to develop a strategy for doing this. It may be that just stopping giving them money could do more harm than good in the short term and leave them without essential food items. If you feel that this is the case, it may be that you decide to provide some essential grocery items instead of lending money. You could possibly say something like, *‘I can’t afford to lend you any money this week but I can let you have some groceries to help out’*.

In the longer-term, it may work out better for both you and the person, if you can encourage them to take advantage of a financial counselling service. This will relieve the family of the pressure and encourage responsible budgeting for the person.

Tobacco is a very real issue for many people who have a mental health problem and if you are concerned about the amount of cigarettes being smoked then similar strategies can be used.

Determine your boundaries:

- **Will smoking be permitted in the house?**
- **If so, where in the house can they smoke?**
- **Will smoking be permitted in their room?**
- **Is there an area outside that they can use?**

Cigarette smoking is a difficult addiction to break and many people smoke because they think it helps to reduce stress. Try to encourage the person to quit if possible as it has been reported that much lower doses of medication may be needed if the person can stop smoking. Try suggesting other ways of reducing tension – possible things that you can do together, like walking, hobbies etc. Offer your support if they agree to quit – but don't nag!

Illegal substances such as amphetamines (speed), cannabis, LSD and PCP (angel dust) can have detrimental effects on any person's health and well being, but for someone who has a mental health issue the effects can be extremely destructive and cause major

setbacks in recovery or effective management of the mental health issue.

As with other substances, you will need to set firm rules about drug use. If you are concerned, you could discuss the issue with the doctor, alcohol and drug counsellor or mental health worker. There are no hard and fast rules on how you can manage drug use in another person, but there are some responses that may be helpful.

Suspected substance use:

X Unhelpful responses

- Search their room or belongings
- Look for signs of substance use
- Question their friends
- Read their mail

✓ Helpful responses

- Talk to the person, if possible
- Remain calm and state your reasons for asking
- Be prepared for a 'yes'

Substance use is confirmed:

X Unhelpful responses

- Make threats that you don't intend to carry out
- Continually check up on them
- Condemn or condone substance use

✓ Helpful responses

- Try to understand what is happening for them and talk about their feelings
- Talk to the person about the advantages and disadvantages of substance use – get them to talk about what they like and don't like about using substances

Regular substance use:

X Unhelpful responses

- Hide the substance use from family and friends
- Try to restrict or control the person
- Lend them money or take on their responsibilities
- Make excuses for them or cover up

✓ Helpful responses

- Be consistent in your expectations
- Spend time together
- Keep communication open and honest and discuss alternatives
- Encourage responsibility and decision making

Long term substance use:

X Unhelpful responses

- Tolerate unacceptable behaviour
- Rescue them from the consequences of substance use
- Give in to excessive demands

✓ Helpful responses

- Encourage open discussion and mutual understanding
 - Let go of controlling behaviour and encourage responsibility
 - Seek professional help and keep communication open
- (Adapted from 'Coping with Drug Use' QLD. Health)

When it comes to substance use it is important that you model the behaviour you desire in someone else – set an example by not smoking, drinking or using drugs yourself. Don't underestimate the influence that your own behaviour can have on another person.

As tempting as it may be, don't search for, hide or destroy alcohol or drugs. This will only damage any trust between yourself and the person. On the other hand, you can set clear boundaries on what you will tolerate, but at the same time keep communication channels open and try not to be afraid of discussing the issue openly. Be honest about your feelings on substance use.



Remember – with time, patience, practice and your support, it is possible for things to improve.

Communication strategies

Using effective communication strategies will assist you in many interpersonal situations, including coping with situations with your family member or friend.

Many carers and friends despair when they are wrongfully accused or their words and actions are misunderstood. It is natural to defend yourself under these circumstances, but if your relative or friend is experiencing difficulties due to symptoms of the mental health issue or substance use, your attempts at self defence will not serve any useful purpose.

If you feel that you are being wrongfully accused or contradicted, pause and think before answering. This may guard against you being hurt. It may be that the other person is in pain and they want others to hurt as much as they are hurting – especially those close to them.

Try to talk openly with the person, explaining how **you** are feeling and how the substance use is affecting **you**. Include actual examples to illustrate your point. Try to remain calm and focus on the issues you want to discuss **at that time** rather than getting drawn into complex discussions about every incident from the past that may come to mind. This does not always come easy, particularly during times of stress when emotions are very close to the surface, but with practice it can be done and in the long run can save you much personal distress.

One of the most helpful ways of keeping communication open is by using what are known as 'I' statements. This means starting your sentence with 'I' rather than 'you'.

Using an 'I' statement is less confronting to the other person but at the same time lets them know exactly how you feel. In the situation of substance use you could try this technique to let the person know your feelings about substance use and how it or the person's behaviour affects you. For example you could say –
'I am really worried about your health when you use..... because'
'I am really concerned that your health is being affected by'

Give the other person a chance to respond without interruptions and let them know that they are being heard. You can do this by checking whether you have heard them correctly and making sure you have understood what they said. For example *'From what I have heard I understand that.....'*

Try to remain focussed on the issue of the moment, stay calm and be prepared to walk away if tempers flare. You could acknowledge that the discussion is at an end by saying something like, *'Let's both think about it for a while and then perhaps we can sit down and discuss it later'* or *'I didn't think what I was saying affected you in that way – can we talk about it calmly now or later?'*

Saying 'NO'

Many people find 'no' one of the most difficult words to say face-to-face. It is hard to believe that such a simple word can create so many difficulties.

Throughout our lives, many of us will have demands placed on us by other people. Sometimes, although we are aware that we are

being manipulated by these demands, we still find it hard to say 'no', even though it isn't what we want to do or we realise that going along with the request may create some degree of discomfort for ourselves.

If we are unable to say 'no' we can easily lose control of our own life.

Being able to say 'no' is one of the most effective ways of clearly indicating the boundaries of our own space and by saying 'no' decisively our space will be respected.

Some consequences of being unable to say 'no':

- **It can lead us into activities that we do not respect ourselves doing**
- **It can distract us from what we really want to accomplish**
- **Resentment can build out of the demands being placed on us by other people**
- **It is dishonest**
- **In time, when the other person realises how difficult their demands were, they may feel guilty.**

When responding to any request, ask yourself four questions:

- **Have I got the time?**
- **Have I got the energy?**
- **Have I got the skills to meet the request?**
- **Do I really want to do it?**

If the answer to any of the above questions is 'no', then you will need to give careful consideration to the specific request. This

does not mean that you have to say 'no' to everything. There are many times when we are willing to do a favour for a friend even though it may be inconvenient for us. **Saying 'yes' only becomes wrong when we really want to say 'no' and it is in our best interest to say 'no'.**

Strategies for saying 'no':

- **Be aware of your body language – make sure it reflects your verbal message, by –**
 - making direct eye contact
 - making sure your posture is erect
 - using gestures and facial expressions for emphasis
- **Be direct, concise and to the point. Avoid lengthy explanations or untruths**
- **Use clear and audible speech – don't whine or sound apologetic**
- **You have a right not to give reasons for your refusal or to answer any questions**
- **You have a right to ask for more information if you are not sure whether the request is reasonable – don't commit yourself too early**
- **You have the right to take time to think before you respond**



You have the right to say 'no' without feeling guilty. Remember – you are saying 'no' to the request, not the person.

Aggressive behaviour

Aggression in a person who has a mental health problem can be a symptom of the illness rather than a sign of 'bad character' or 'bad behaviour'. The effects of substance use may also increase any aggressive behaviour. Whilst every situation is different, there are some do's and don'ts that may be useful.

✓ Do -

- Try not to over-react – take time for a few deep breaths and remain as calm as possible. Your self control in the initial stages of any potential conflict may decide the course of events and could even diffuse the situation.
- Allow the person to retain some dignity – they may wish that the episode would come to an end but are unsure of how to go about it.
- Talk about the issues as a concern rather than a 'problem' – show the person that you care.
- Concentrate on having a discussion rather than an argument – be comfortable if you decide to walk away.
- Encourage them to take responsibility for their own actions and behaviours.
- Be prepared to assert your rights and call the police if the situation becomes difficult or escalates into violence.
- Develop a plan of action if you are concerned about aggressive behaviour turning to violence. You could have an

arrangement with another family member or friend to make a pre-arranged phone call on your behalf if you feel that assistance is needed. In a potentially violent situation, you could call your friend on the pretext of cancelling an appointment and mention a word or phrase that you have previously agreed will alert them that you need assistance.

X Don't -

- Attempt to remove a weapon from a person who is angry and threatening to use it.
- Make promises that you have no intention of keeping or that you are unable to keep.
- Say things like '*Now don't do anything silly*' or '*Everything will be all right*' - things may not be all right.
- Make threats to involve the police or to call the hospital, if you have no intention of doing so.

If you are concerned about the potential for aggressive behaviour, try to make contact with the local police officers in advance, then they will be aware of the situation should you require their assistance.

Making a contract

Some people have found that having an agreement with their family member or friend is a useful strategy for coping in times of crisis. If you decide that having an agreement may help you, there are some key points that are worth noting.

- The agreement needs to be drawn up with input from each person who will be involved.
- The details of the agreement should be practical, achievable and directed at helping the person rather than ‘punishing’ them.
- If appropriate to the particular situation, specify the symptoms or changes in behaviour that must be present for action to be taken.
- The agreement needs to identify the action to be taken and/or people to contact when the agreed symptoms are present or particular circumstances arise.
- The agreement should be in writing – this prevents misunderstanding or misinterpretation.



Important - an agreement should only be negotiated when your family member or friend is feeling well.

An agreement will not stop crisis situations occurring, but it may help to reduce or eliminate any resentment or recrimination that can follow later. It may also assist in reducing the guilt felt by many families and friends who have had to resort to outside intervention during times of crisis.

Coping with issues and concerns that are related to dual diagnosis will not be easy but it is possible to develop strategies that will assist in minimising the effects on other members of the family and friends.

Taking control

Anyone who has tried to quit smoking, give up alcohol consumption or stop using drugs will know that it is not easy, but the overall health benefits are well worth the effort, not to mention the social and financial advantages.

If your family member is able to reach a stage where they have a desire to change their substance use behaviour then there are some things to try that can be useful in supporting them in their efforts.

Identify patterns of use

It will be helpful initially to write down the times when substances are used:

- **What was happening at the time?**
- **How were they feeling at the time?**
- **What were they thinking at the time?**
- **Were they alone?**
- **Where were they?**
- **Who was with them at the time?**

By recording this information in advance, it may be possible to see that a pattern of consumption is present, and highlight the situations or circumstances when the person is most vulnerable to using substances.

Weigh up the costs and benefits

Together, review the costs and benefits of using substances – try to think if there are alternate ways that the perceived benefit of using a substance could be achieved from something else. For

example, if they were feeling bored at the time, is there some type of activity that may relieve the boredom. If they were with a particular group of friends who 'use', is it possible to reduce time spent with the group?

Set goals

When patterns of substance use have been determined and the costs and benefits identified it may be useful for the person to identify what they would like to achieve by quitting or reducing their substance use. If more than one substance is being used it may be that one goal would be to quit using one and reduce another. Or it may be that the person would initially like to work on minimising the harm or problems that result from their substance use.

Risk management

If by keeping note of the times or occasions that substances are used, the person can identify particular situations where they are at risk of using substances then it may be possible to plan around these times.

It may be that some situations can be avoided if the person believes they may give in to substance use. Developing and/or identifying personal coping strategies for these situations can help.

Coping strategies

A support group for people experiencing similar problems may help – mutual support can be a powerful motivator - by discovering that they are not alone.

Programs for assisting people to overcome substance use may also be beneficial. Your local doctor, alcohol and drug service or mental health service can provide information on these.

Relaxation classes or professional advice on managing cravings or anxiety could be useful for some people.

If the symptoms of the mental health issue are the trigger for using substances then it is possible to examine other ideas for coping with these.

If negative or command 'voices' are an issue, encourage the person to:

- **find ways to distract themselves – listen to the radio using earphones or talk to other people**
- **try to avoid acting on what the 'voices' say**
- **try relaxation and deep breathing exercises**
- **do some form of enjoyable physical activity (walking, gardening) or a hobby**
- **avoid too much social activity if this increases the occurrence of the 'voices'**
- **try to dismiss the 'voices' by ignoring them**

If other 'symptoms' seem to appear with substance reduction or abstinence such as, anxiety, depression or even physical symptoms, it may be helpful to consult a health professional who will be able to assist with techniques for managing or reducing these withdrawal symptoms.

Keeping going...

For quite a number of people, it is common to lapse and fall back on using substances if things get tough. It may help to recognise in advance that this is a possibility and have a plan ready for these occasions. Try to help the person through these times and encourage them not to feel guilty or a failure if their resolve to give up substances lapses. Assist them to take a step back – re-examine the costs and benefits and review their personal goals. Focus on the positive aspects of not ‘using’ and the progress being made by deciding to be ‘free’. Encourage them not to give up their efforts - with persistence things will improve.



Remember - face the reality that only the person themselves can stop using substances - you can't make them, no matter how much you desire it – but you can support and assist them in their efforts.

It may help if you remind yourself that substance use is an illness and the person who uses substances cannot just **stop** without help and support – just as they cannot take control of a mental health problem.

Self - care

Caring for a person with dual diagnosis and coping with crises can take its toll on your own emotional, physical and mental health. Take care not to place yourself 'on duty' 24 hours each day, this will reduce your ability to think clearly and will lessen your capacity to offer support to your family member or friend.

Even if the other person decides not to change their behaviour, careful planning of **your** time and awareness that it is possible to improve **your** life, will help you to navigate the difficult emotional times that dual diagnosis can bring.

In an effort to protect ourselves, we may try to deny what is happening, or ignore our own personal needs. This may help us feel better in the short term, but in the longer term, the underlying issues will still remain.

There may be times when you feel weighed down by your feelings and blame yourself for some or all of what is happening. If this happens, try to remember that you cannot cause someone else to use substances, just as you cannot cause them to have a mental health issue. You can on the other hand, contribute to the situation continuing or becoming worse by the way **you** act or react.

If you try to avoid, cover up, bargain or continually threaten without carrying through, then you will not be able to make progress with your own coping. However, if you can offer hope, support and information, these will form the basic elements for breaking the cycle of substance use.

Even if the other person refuses to change their situation, it is possible to make things a little easier for yourself. Make a clear and definite commitment to yourself to improve **your** life.

You can improve your own well being if you employ some self care strategies.

- ✓ Pay sufficient attention to your emotional and physical health – you will be better equipped to cope with the stresses that will confront you
- ✓ Don't take personally the negative behaviours of the other person
- ✓ Don't regard mental health problems and substance use as a family disgrace
- ✓ Take time for regular exercise and maintain a healthy, balanced diet
- ✓ Involve yourself in hobbies or activities that are personally rewarding for you
- ✓ Maintain your social life - don't cut yourself adrift from other family members and friends – you have a right to a life of your own
- ✓ Look to other families, who have learned to cope in similar situations, for support
- ✓ Do offer love, and support your family member or friend in their recovery.

Substances

ALCOHOL (booze, grog)

Alcohol contains the drug ethyl alcohol which is a legal substance and therefore is widely available. In the past, it has been used for medicinal purposes including high doses to dull pain and lower doses as a sedative.

Effects: The effect of alcohol depends on the level of consumption, whether the person has eaten, their overall health, weight and body size. Immediate effects can include feelings of relaxation and well being but can also include aggression, blurred vision and slurred speech.

Long-term effects: In addition to social and relationship problems, drinking too much over a long period can produce a variety of health problems including; stomach inflammation, liver damage, brain damage, memory loss and confused thinking.

Dependence: People who drink large amounts over a long period become dependent on alcohol. They need to drink more to get the same effect, and may have some physical effects when they try to stop.



Overdose can occur with alcohol and may result in low body temperature, cold clammy skin, increased heart rate and even coma.

AMPHETAMINES: (speed, uppers, whiz, goeey)

Illegally produced amphetamines appear as fine to coarse powders, crystals and 'chunks' (off-white, yellow or pink). They also come in tablet and capsule forms of varying shape, colour and size. Amphetamines can be drunk, mixed in juice, swallowed, snorted or injected into a vein.

Effects: Increased breathing and heart rate, raised blood pressure and dilated pupils. Small doses can produce feelings of well-being, self confidence and energy – higher doses intensify these effects.

Long-term effects: Long term use of amphetamines can lead to health problems including – loss of appetite, increased risk of infection, increased blood pressure and susceptibility to stroke.

Dependence: Continual use of amphetamines can lead to tolerance of the substance and with regular use psychological dependence can develop.

Withdrawal: Symptoms of withdrawal can include – fatigue, disturbed sleep, depression, panic and irritability.



Most amphetamines are produced illegally in 'backyard laboratories' and people cannot be sure of their strength. Due to this unknown quality there is greater risk of overdose.

CANNABIS (dope, grass, pot, hash, weed, hooch)

Cannabis or marijuana is the most commonly used illegal drug. Marijuana is made from the dried leaves and flowers of the hemp plant – Cannabis Sativa. Cannabis is similar in appearance to tobacco, is greenish brown in colour and is smoked. Hashish or hash is the resin from the plant and varies between crumbly light brown to a resinous dark brown substance, which is sold as oil or in small foil packets.

Effects: The effects of cannabis can vary depending on the individual, their mood, their expectations of the drug and the quality of the substance. Common effects are feelings of being happy, relaxed and a general feeling of well-being. Higher doses increase these effects.

Long-term effects: Frequent use can produce decreased interest in usual activities, lethargy, memory problems and concentration.

Dependence: Regular use of cannabis can result in psychological and physical dependence. If cannabis is unavailable, a person may panic or become anxious.

Withdrawal: Withdrawal symptoms include sleeping problems and loss of appetite. These feelings can occur when a person stops using or drastically cuts down on the amount being used.



Cannabis can make people less co-ordinated. They may be unable to concentrate. Cannabis should not be used if people are driving or using machinery.

COCAINE: (coke, snow, blow, 'C')

Cocaine comes as a white powder called cocaine hydrochloride. In this form, it is usually sniffed through the nose (snorted) or injected.

Effects: Can last for minutes or hours and include – increased heart rate, agitation, sexual stimulation, increased alertness and energy, unpredictability and aggressive behaviour. Death can occur as a result of overdose.

Long-term effects: Membranes inside the nose can be eaten away, nose bleeds, sinusitis.

Dependence: Cocaine is very addictive and people can develop a tolerance to feeling high. Therefore, higher doses are needed to achieve the same effect – it reduces hunger, thirst, and natural needs for rest food and water.

Withdrawal: When a dependent person stops using or cuts down – deep depression, nausea, vomiting, shaking fits, fatigue, muscle pain, craving for the drug and suicidal thoughts can occur.



Cocaine psychosis can result from a single high dose or from a period of taking high doses. Symptoms include - delusions, hearing voices, suspicion and fear of persecution.

ECSTASY (E, eccies, love drug, doves, XTC)

The chemical MDMA forms the basis of the drug ecstasy. Ecstasy is usually available in tablet form, in a variety of colours and sizes but may also be available as a powder.

Effects: Ecstasy induces feelings of confidence and well-being, and as a hallucinogen, can cause a person to see, hear, smell or taste things that others cannot.

Long-term effects: Little is known about the long-term effects of ecstasy but it is thought that it can have an effect on a person's physical health through damage to the brain, heart and liver.

Dependence: Evidence suggests that psychological dependence can develop when people begin to think that they are not able to have a good time without ecstasy.



Poisoning and overdose can occur, resulting in high body temperature, increased heartbeat and very high blood pressure. Bad reactions are possible for people with depression or other psychological disorders.

Many tablets sold as ecstasy may contain many other ingredients e.g. amphetamine, paracetamol, glucose, codeine etc.

HEROIN (H, hammer, smack, junk)

Heroin belongs to a class of drugs derived from the opium poppy (opiates), which are used as pain killers and include morphine, opium and pethidine. Heroin is made from either morphine or codeine, using a chemical process. However, heroin is stronger than morphine. In its purest form, heroin is a fine white powder. The purity of heroin sold on the streets can be doubtful, which means that appearance may be a coarser powder varying between pink/cream/beige.

Effects: Heroin is most commonly injected, but can also be smoked or snorted. It is fast acting and produces feelings of well-being, but can also cause nausea and vomiting. Effects may last from between 2-3 hours up to 24 hours.

Long-term effects: Tolerance to heroin also means that higher quantities are needed to produce the same effect. Long-term health effects include constipation, loss of sex drive and menstrual irregularity.

Dependence: Heroin is highly addictive and both physical and psychological dependence can soon develop. Many people who use heroin find they need to keep taking the drug to feel 'normal'. Sudden withdrawal can be very uncomfortable causing physical symptoms very like flu – sore throat, runny nose, headache, stomach cramps, stiff joints etc.



The strength of heroin sold on the streets is often unpredictable and overdose can result in coma and without medical assistance, possibly death. Serious health risks are also associated with injecting heroin, including hepatitis and HIV AIDS.

PSYCHOSIS:

Psychosis is a term used to describe some disorders, which affect the mind. During a psychotic episode a person can lose touch with reality. Symptoms may include:

- Hallucinations
- Delusions
- Changes in thoughts, feelings and behaviour
- Mood changes

A psychotic episode will most commonly occur in young people, with the majority making a full recovery. However, the use of substances can increase the risk for experiencing a psychotic episode. Substance-induced psychosis has been linked with the use of cannabis, amphetamines and even alcohol.

SOLVENTS (inhalants)

Many solvent products are commonly found around the home and include liquid petroleum gases, petrol, thinners, nail polish remover, paints, paint remover and glue. Liquid solvents and solvent glues are usually poured into a plastic bag or container or soaked onto material, with the fumes then inhaled.

Effects: Deep inhalation of solvent fumes can cause intoxication in a relatively short time. The effects are very similar to those associated with alcohol and include reduced inhibitions, excitement, feelings of euphoria, slurred speech, drowsiness or nausea.

Long-term effects: Continued use of solvents over a period of time can lead to mood swings, irritability and depression, illogical thinking and short-term memory loss. Organ damage can also result from the build up of chemicals in the person's body.

Dependence: Tolerance can develop fairly quickly. A strong psychological dependence means that the person needs to keep using the substance to cope with life and/or add excitement.



Solvents can cause death. Some long term effects can be reversed if the person stops using them.

TOBACCO

Tobacco comes from the dried leaves of the tobacco plant; nevertheless, the effects of use are serious. Tobacco may also be mixed with other substances such as cannabis and the combined product smoked. People who smoke can develop tolerance to the nicotine in tobacco which is an addictive substance.

Effects: Although people often use tobacco as they say it helps them to relax, the immediate effects include; increased pulse rate, raised blood pressure, decreased blood flow around the body and tense muscles.

Long-term effects: Tobacco contains over 4,000 chemicals, many of which are poisonous and have been linked to heart and lung disease. Cigarettes also contain 43 known cancer causing substances.

Dependence: Nicotine in cigarettes is the substance which causes dependence and is a highly toxic chemical that causes increased blood pressure and heart rate.



Quitting smoking can produce withdrawal symptoms that include; dizziness, headaches, disturbed sleep, coughing and cravings. For many people these effects may only last for up to three weeks.

Conclusion

Many serious problems don't just appear overnight so we cannot expect they will go away immediately. Coming to terms with dual diagnosis will take time, patience and effort from you and the other person. You may both need to try more than once before the problem is solved.

If you learn how to cope with the problem, it will help you deal with what is happening now, but even more important, it will help you deal with future situations.

Try not to expect immediate results. There may be tensions, resentment and lapses in commitment or effort.

Keep offering your love and support for the **person** for as long as you are able. Things can improve and recovery from substance use is possible.

Don't be afraid to ask for help and support for yourself.



Remember - you can offer the other person a life-line. You can't make them take hold of it – but you can.

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Drug-Arm

'10 Ways to encourage young people to talk to you about drugs'
Commonwealth Government

Web sites:

Drug Arm www.drugarm.org.au

NSW Health www.ceida.net.au

NAMI www.nami.org

Queensland Health www.health.qld.gov.au

SANE Australia www.sane.org

Schizophrenia Homepage www.schizophrenia.com

Victorian Government www.vic.gov.au

Useful contact numbers in Queensland

Support & Information for families:

Arafmi Queensland Inc. 24-hour support for families:

(07) 3254 1881 or 1800 35 1881 (outside Brisbane – Qld only)

Drug Arm - 1300 656 800

(Counselling service operates M-F 8.30 am – 5.00 pm)

Al-Anon – 3854 0331

Biala - 3837 5988

Family Drug Support - 1300 368 186

Quihn - 3620 8111

Lifeline - 24 hour Telephone Counselling - 13 11 14 (Australia wide)

