



PARENTS & EDUCATORS

INFORM YOURSELF | PROTECTING OUR
YOUTH FROM DRUG ABUSE

HOPE IN ACTION INFORMATION BOOKLET

ADDICTION

"REGARDLESS OF WHO WE ARE, WHERE WE COME FROM, OR WHAT WE HAVE ACCOMPLISHED; ADDICTION DOES NOT DISCRIMINATE."

Whether I thought I was some hotshot corporate recreational user or a "down-in-the-dumps" low life junkie, it is my experience, and that of billions of people worldwide (medical professionals, wealthy businessmen, and young people with great potential and opportunities) that addiction is a progressive illness. The progression may be rapid or slow, but it is always downhill.

I have proven this to myself over and over again. As long as I continue with my destructive behaviour, my life will steadily get worse.

It doesn't matter how much or how little I have used, staying clean is my daily objective. Not picking up again...

Not acting out! I had to realize that I cannot use drugs, alcohol or any other mood altering substance and still wake up and successfully live the life that I have build. I simply cannot use drugs or drink alcohol successfully. It's not part of my make-up. It will always bring me down.

Like many others, I stepped over that golden thread and am now an addict. This means that we will never again in our lives be able to control the use of our drugs. There is no turning back. Addiction is a physical, mental and spiritual disease that affects every area of our lives.

The physical aspect of our addiction is our physical and psychological compulsive use of drugs or our compulsive behaviour: our inability to stop once we have started, an irrational impulse to continue using, no matter what the consequences. We just can't stop. It is never our intention to take it that far, yet we always end up in the same place...worse off than we were the time before.

The mental aspect of our disease is the obsession, or overpowering desire to act out, even when we know that what we're doing is wrong and that using is completely destroying our lives. For us, it is the everlasting, overpowering desire to use, the idea of running out of drugs and then making sure that we get more.

The spiritual part of our illness is our total self-centeredness, our pride. We act from self-centered fear.

The part we may recognize only by a feeling of extreme emptiness or loneliness when we first get clean. This is probably the most challenging part of our addiction. This part of our disease affects us so profoundly, so personally, and so intimately, that we hate ourselves for what we have become. It's the dark and shady trickery that holds us prisoner within our own reason. It's our greatest enemy, and it wants to destroy us. Bottom-line... Our disease wants to kill us! Its only mission is to keep us from seeing the truth and being set free.

No one has ever truly recovered from addiction or any uncontrollable destructive behaviour without the help of God.

Sure, many people have achieved sobriety, but few have been set free from their fears and their thoughts to go on living a life of victory and peace.

We can't fight our flesh with our flesh. We may think that we can but we can't. We won't change our sick thinking with our sick thinking, it's OUR thinking. We need more, much more, than just our own limited, muddled understanding of who and what we are.

Will power will get us nowhere. Our will is not, and will never be, strong enough to overcome our addiction. If by any chance our will power, thinking and reasoning were of such celestial brilliance, we wouldn't have been wallowing and complaining about the mess that we so often find ourselves in.

We have proven over and over again to ourselves and everyone around us that we are masters at successfully messing up our lives, doing the same thing over and over again expecting a different result every time.

And each time we climb back in the ring believing that this time we're not going to get knocked out. It is just plain ridiculous. We have been defeated; it's as much a fact as the earth is round.



Addicts cling to the same thoughts and ideas for as long as they can, it keeps them in denial; it protects them from the truth.

1. The idea that someday, somehow they will be able to manage their drinking and or drugging and use successfully.
2. The idea of avoiding the hard work to become, and stay, clean and sober.
3. The idea that they can change other people, places and things.
4. The idea that they can control the outcome of events.
5. The idea of having it “all together” someday.
6. The idea of being “free” without commitment.
7. The idea of not being vulnerable.
8. The idea of never coming clean with all their secrets.
9. The idea of entitlement; thinking that they deserve more than they got.
10. The idea that they can stop alone.
11. The idea that they don’t need anyone in their lives to help them make something of their lives.
12. The idea that life revolves around them and them alone.



WHY ADDICTS/ALCOHOLICS ARE ADDICTS/ALCOHOLICS

*"DRUGS PRODUCE A FEELING OF EUPHORIA THAT MAKES US FEEL
BETTER ... TEMPORARILY."*

The reasons that people use drugs are varied. Essentially, there are hundreds of ways that drugs "help" people cope with life and each person has their own reason why they choose a certain drug.

Recreationally and medically, drugs can give you energy, help in overcoming shyness, and eliminate feelings of loneliness. They may make you feel bolder and want to take risks you wouldn't normally take. They are used to perhaps fit into social situation and get into a "party" mood and even to celebrate happy occasions, they may be used to alleviate pain, help you to sleep, suppress anger, combat anxiety, and avoid depression. They can be used to cope with stress, stimulate your desire for sex, and lose weight. But where do we draw the line between recreational use and medical use? Too often, illegal drugs are used recreationally to deal with issues that could very easily be dealt with using legal, prescribed drugs. And more often than not, legal, prescription use of drugs leads to the search for "more", ending up in the use of illegal, recreational drugs.

Many people report that they began using drugs as a response to peer pressure. Those around them would use drugs, so to fit in they began using as well.

The ways in which drugs can affect us are countless—for everyone. So much so that often it seems that drugs can cure all of our ills and help us overcome whatever bothers us. If that's all there was to it, we might consider each drug to be some kind of "wonder drug." This is where the thought process gets a little hazy... people begin to crave the feeling of euphoria that they get when they use drugs and that's when it becomes a problem. It can be a vicious cycle. You feel you can't live without the feelings that drugs give you and that you just won't be able to cope with life without them. That is the beginning of addiction.

HITTING ROCK BOTTOM

*"ROCK BOTTOM" IS A TERM PEOPLE USE TO DESCRIBE ONE'S
LOWEST POINT OF DESPERATION.*

I love the lyrics of rapper and singer Eminem. He describes it quite plainly,

"I pray that God answers; maybe I'll ask nicer..."

*That's rock bottom – when this life makes you mad enough to kill;
That's rock bottom – when you want something bad enough to steal;
That's rock bottom – when you feel like you've had it up to here;
'Cause you mad enough to scream but you're sad enough to tear.*

My life is full of empty promises and broken dreams..."

The term "Rock Bottom" started out as a simple synonym for "bedrock" in the mid 1800's, mostly in the context of mining. It has to do with bedrock, the layer of solid rock that exists way beneath the soil. Once a miner or prospector hit "rock bottom," the quest for water, gold or whatever, was obstructed. At least until advanced power drilling techniques were invented.

It also described the point of return in the construction industry; once a builder reached the bedrock, it indicated the depth of cement needed for a suitable foundation for that particular building structure. "Rock bottom," like bedrock itself, soon became a metaphor for reliability and loyalty, but not long after became a common term describing a person's lowest and most bankrupt state.

Rock bottom means different things for different people. An addict could experience several rock bottoms before an honest attempt is made to come clean. We don't all experience rock bottoms on the same level or at the same intensity. There are spiritual, emotional, as well as physical, rock bottoms. I've heard of people changing their ways because the pain of feeling hollow and empty just became too great. I've heard people getting their act together because of a possible divorce or loss of a spouse.

I have heard of people hitting rock bottom when their dog died, when they saw Jesus in a dream, or when they had nothing left except a park bench and an empty whiskey bottle.

Rock bottom speaks of a brutal and vigorous place of honesty; when grace, mercy, admission of defeat and personal choice conglomerate to bring about a very painful but indispensable personal surrender, a defeat so harshly felt that when we are finally beaten, we humbly accept the help of those who know better. It is the turning point. It is the way back up. Before that there is little that can be done for an addict.

THE SOUTH AFRICAN DRUG SCENE

"MOST PEOPLE IN SOUTH AFRICA UNDERESTIMATE THE EXTENT OF ALCOHOL AND OTHER DRUG ABUSE IN CLUB SETTINGS, REGARDLESS OF WHETHER THE CLUB CATERS FOR THE RICH OR THE UNDERPRIVILEGED."

South African drug statistics;

- » Drug consumption in South Africa is twice the world norm.
- » 15% of South Africa's population have a drug problem.
- » Drug abuse is costing South Africa R20-billion a year and could pose a bigger threat to the country's future than the Aids pandemic.
- » According to SAPS figures, 60 percent of crimes nationally were related to substance abuse. In the Western Cape, the figure was closer to 80 percent. The perpetrators of these crimes are either under the influence of substances, or trying to secure money for their next fix.
- » In 2004, government disbanded the SA Narcotics Bureau (SANAB), a dedicated drug-fighting unit within the SAPS that had achieved some notable successes. Since its closure, drug-related crimes have increased exponentially – in fact by 30 percent.
- » The recently-released United Nations World Drug Report had named South Africa as one of the drug capitals of the world.
- » The abuse of alcohol and usage of dagga has led to the country to being one of the top ten narcotics and alcohol abusers in the world.
- » One Rand in four in circulation in SA is linked to the substance abuse problem. (CDA-Bayever)
- » Drug arrests leapt from 300 in 2006 to 1500 in 2012 in Cape Town. (Times Live)

While alcohol is the most prevalent drug trend in all South African clubs, in affluent clubs, other popular drugs include CAT, cocaine, steroids and marijuana. On the other hand, the use of drugs such as Ecstasy and Quaaludes seems to have lessened. In clubs located in more underprivileged areas, drug trends include CAT, Mandrax, Marijuana, Crack, Tik, and increasingly, Nyape (a combination of heroin and marijuana).

In part, the problem of alcohol and drug abuse is as a result of the type of drugs that seems to be popular. This links in with the club culture and the role of popular music which requires very energetic dancing.

Previously mostly marijuana (weed) and ecstasy were used, but the current spectre extends from marijuana to CAT and cocaine, and crystal meth to pump up the energy and confidence to dance all night long.

Because it's powder, there is a chance that people don't even know they are taking crystal meth; they believe they are doing CAT or cocaine. One may clearly see when people are on crystal meth as they're much more aggressive than those on cocaine.

These days the major club-going age is 16-24, with commercial clubs attracting 60% female and 40% male. However, in the more "underground" clubs where drugs are readily available, males tend to dominate with a 70%-30% male/female split.

A lack of parents not being actively present and supervision largely lacking, trending and concomitant drug and alcohol consumption can extend beyond all-night clubbing and dancing to weekend-long, or even week-long visits to "safe using houses".



Although drug use in clubs among adults seems to have stabilised – centring on CAT, and crystal meth – and is less prevalent than among teens and young adults, the use of other drugs is far higher previously imagined, especially in terms of Over The Counter (OTC) medication, codeine, ephedrine, alcohol, nicotine and cocaine.

And although drug use in families may not be a definite trend as such, the probability of a teenager using substances increases when one or even both caregivers use substances. When a parent abuses OTC medications, alcohol, nicotine and much else, the child may inherit certain genetic predispositions toward substance abuse and/or internalize modeled substance abusing behaviours.

The danger is that many people assume they can control alcohol and drug use, but misuse and abuse tend to creep up on them.

DRUG AVAILABILITY IN SOUTH AFRICA

"SIGNS OF CHRONIC DRUG ABUSE CAN BE VERY NONSPECIFIC AND INCLUDE CHANGES IN APPEARANCE AND BEHAVIOR THAT AFFECT RELATIONSHIPS AND WORK PERFORMANCE."

The major street drugs in South Africa fall into 3 diverse categories

Uppers (stimulants) include cocaine, crack, Ecstasy, Tik, crystal meth or methamphetamine, amphetamines, ephedrine and khat. These substances stimulate the brain and increase the heart rate. Young people use them to feel stronger, more energetic and more decisive. Typical signs of stimulant use are a reduced appetite, high energy levels, insomnia, dilated pupils, talkativeness, irritability, anxiety, increased excitability and hyperactivity, abrupt mood changes, impatience and nervousness.

Downers (depressants) suppress or delay certain brain functions. Depending on which part of the brain is being suppressed, they are divided into sub-groups: either narcotic or tranquillizing substances such as opiate based drugs (Codeine, Methadone, Pethadine, Morphine, Heroin) or substances that make you sleepy such as sleeping tablets, Benzodiazepine.

Hallucinogens are psychedelic drugs distort reality, plunging the user into a dream world where everything is distorted and colors become audible and sounds visible. Taken in large quantities they scramble your brain, resulting in delusions and hallucinations. They also rev up the brain, causing mood swings that can vary from euphoria to the deepest depression or violence. Sometimes the loss of self and depression can be so severe that suicide may happen.

COCAINE AKA BLOW, CHARLIE, COKE



This mind-altering drug, extracted from the coca bush in Peru, Bolivia and other mountainous countries, was once the glamour drug of the rich and famous but now more and more children are experimenting with it.

It induces a feeling of exhilaration, euphoria, hyperactivity, self-confidence, heightened awareness and boundless energy. The rush occurs five to 10 minutes after snorting cocaine.

Some users will experience headaches, tremors, apprehension and insomnia after a single dose. Larger doses may lead to teeth grinding and compulsive acts such as scratching and finger tapping. Users may hear voices and suffer from extreme paranoia, extreme anxiety, irrational ideas and aggression. An overdose can result in a seizure, panic attack, cardiac arrest, stroke, difficulty breathing and death.



Your pulse rate increases, your blood pressure rises and your pupils dilate. After long-term use, you'll look emaciated, your sex drive will decrease, your nose will always be running and you'll get frequent colds. Cocaine is psychologically and physically addictive. Once the high wears off, addicts are left craving more stimulation.

Cocaine interferes with the natural secretion of dopamine and serotonin, two of the brain's chemical messengers that transmit feel-good sensations. As a result, these neurotransmitters accumulate and trigger the trademark "high".

The scary fact is cocaine eventually depletes the level of neurotransmitters to such an extent that depression, apathy, fatigue, anxiety and suicidal depression can set in and may last for months.

If the depletion is total and permanent, even the best antidepressants will be futile and the user may never be able to escape from the darkest depression. Some also develop Parkinson's disease, which leaves them with a tremor at an early age.

CRACK AKA ROCKS, FREEBASE



Crack is a cheap and deadly form of cocaine, turned into smokeable "rocks" with the use of additives. Crack is cocaine intensified and kicking a crack habit is three times as difficult.

It induces feelings of wellbeing, mental exhilaration and euphoria. The high is intense but lasts little over 10 minutes.

The euphoric feeling is quickly followed by devastating depression equal in intensity, creating the need to smoke again and again. This cycle of highs and lows causes an addiction that takes hold faster than with any other drug.

The physical effects are the same as for cocaine but intensified. Users may see snow lights or halos. Their heart rate may become irregular, increasing the risk of a heart attack. Because it's smoked it delivers a high dose of the drug to the brain in less than 10 seconds - with a potency five to 10 times greater than snorted cocaine. The assault on the brain is quicker and more profound. It alters the biochemical state of the brain by changing the dopamine and serotonin receptors and depleting the stores of these two feel-good neurotransmitters. This damage can be permanent, leading to severe paranoia, lasting suicidal depression or murderous rage.



ECSTASY AKA XTC, E, ADAM, MDMA



Ecstasy is a rave or party drug and is often taken to enable the user to dance through the night. It's knocked together like tik. Why does it have such a cool-sounding name? Because methylenedioxymethamphetamine (MDMA) is somewhat of a tongue twister.

It induces an enhanced sense of pleasure, increased self-confidence and loads of energy, peacefulness, acceptance and empathy. The high lasts between four and six hours.

Users may develop blurred vision, sweat a lot, clench their teeth or bite the inside of their cheeks and suffer seizures, nausea and vomiting. Used regularly for a long time or in large doses it can make you extremely depressed and paranoid and cause panic attacks.

Even in small doses Ecstasy can be dangerous to people with heart disease and asthma.

Large doses can lead to overheating of the body and brain, dehydration, water retention, stroke and heart attack. Ecstasy affects your brain by increasing the release and activity of at least three neurotransmitters (serotonin, dopamine and norepinephrine), and when it depletes these stores, especially the serotonin stores, it can lead to chronic depression.

METHAMPHETAMINE AKA TIK-TIK, CRYSTAL, METH, CRYSTAL METH



Tik is a knocked-together drug and is sold in the form of powders, pills and capsules that are sniffed, smoked or injected. It can be manufactured at home from medicines that are available over the counter.

Like cocaine and crack, tik leads to increased alertness, energy and self-confidence, a heightened sense of sexuality and euphoria, aggression, violence, psychotic behaviour, memory loss and heart and brain damage. Long-term users face insomnia, psychotic episodes, paranoia, hallucinations and collapse.

Physically, it leads to trembling hands, increased heart rate and sweating. An overdose can result in stroke and heart failure. Long-term use leads to an increased risk of hepatitis C and HIV as the drug is injected and often prompts risky sexual behaviour.

Tik acts as a stimulant, similar to cocaine - but stays in the system for longer. The exhaustion of the brain's dopamine supply is extremely worrying. A tik addict loses up to half his dopamine supply every two years, compared with the 5-10% every 10 years for the average person. Dopamine helps to regulate coordinated movement and as soon as its levels drop by 15%, the victim develops Parkinson's disease, characterized by head and hand tremors.

In the Western Cape there are already young tik users who have Parkinson's. Psychiatrists are also worried about the increase in cases of schizophrenia and psychosis among tik users. It seems as if tik damages the human brain to such an extent that users start acting like extremely aggressive psychopaths.

This is reflected by the Narcotics Bureau's observation that murders and rapes committed by tik abusers are becoming a lot more senseless and aggressive. Babies born to moms who used tik during pregnancy have a greater risk of developing Parkinson's disease in their childhood years.

Much worse: the birth of babies with intestines outside their tiny bodies is a regular occurrence at some Cape Peninsula hospitals.

HEROIN AKA SMACK, MUD, CHINA WHITE, BROWN, MEXICAN BROWN



Heroin is produced from the resin of the opium poppy and is the most dangerous and addictive narcotic. Pure heroin is a white, odourless crystalline-like powder with a bitter taste. The browner the colour, the more impurities it contains. It is often diluted with starch, sugars such as glucose, powdered milk, baby powder, washing powder, strychnine or other poisons before being sold. It is smoked, snorted or injected.

It induces a profound sense of warmth, and wellbeing envelops the user and blocks feelings of pain and insecurity. Within six to eight hours symptoms such as nausea, vomiting, chills, excessive sweating and muscle and bone pain may follow. The real hell starts with the withdrawal symptoms which can set in within two days after the last fix.

First it leads to suppression of pain, drowsiness, heaviness of the limbs, shallow breathing, a weak pulse, dry mouth and pinpoint pupils. Long-term use causes liver damage, poisoning as a result of additives, bacterial infections, abscesses, arthritis and infection of the heart lining and valves. High dosages can result in a seizure, coma and death. Babies born to mothers who abuse heroin during their pregnancy may be born addicted.

Heroin is quickly changed to morphine in the brain, which acts on certain receptors to give that feeling of utter bliss. But the brain

reacts by creating fewer of its own feel-good endorphins. Heroin destroys the chemical balance in the brain to such an extent that the user starts to experience pain in the absence of any injuries. Rapid mood changes and confusion are the result of the chemical changes in the brain.

Psychiatrists say they are experiencing an increase in psychotic episodes and permanent brain damage among Ecstasy users.

MANDRAX AKA WHITES, BUTTONS



South Africa has the highest per capita mandrax abuse in the world. Mandrax (methaqualone) tablets are usually powdered and smoked with a mixture of cannabis or tobacco in a bottleneck pipe called a “white pipe” or “witwyf”. When using mandrax, you feel totally laid back, at peace and without a care in the world. You’re giving the world the proverbial finger.

Take too much of it and you’ll feel nauseous, lose consciousness or fall into a stupor.

Mandrax users can develop physical and psychological dependence on the drug, constantly craving its effects, but needing more and more to get the desired high. Mandrax use alters the brain chemicals, suppressing brain function so that the user becomes like a zombie.

CANNABIS AKA DAGGA, WEED, MARIJUANA, DOPE, GRASS, POT, GANJA, SPLIFF



more than 426 known chemicals, including the mind-altering substances known as THC (tetrahydrocannabinols).

Cannabis induces feelings of euphoria and relaxation. It may then cause panic attacks, hallucinations, flashbacks and memory loss.

It causes frequent sinusitis and bronchitis and may cause infertility in men and women. Lung cancer is a real risk. It may harm an unborn baby, leading to miscarriage, stillbirth or early death. Foetal marijuana syndrome - characterised by lower birth weight and developmental abnormalities - is five times more common than foetal alcohol syndrome. THC changes the brain chemistry that governs feelings, memory, the senses and coordinated movement.

LSD (LYSERGIC ACID DIETHYLAMIDE) AKA BLOTTER ACID, WHITE LIGHTNING



LSD is an odourless and colourless drug available in two forms: paper stamps impregnated with LSD or micro-tablets ("microdots") containing LSD in very low concentrations per tablet.

Once consumed, it seems as though you have your senses crossed, giving you the feeling of 'hearing colours' and 'seeing sounds'.

Taken in large enough doses, LSD produces delusions and visual hallucinations, mental disorders such as schizophrenia and severe depression. It creates increased heart rate, increased blood pressure, numbness and weakness.

LSD affects a large number of chemicals in the brain, including the neurotransmitters dopamine and serotonin. The drug may also increase the levels of a substance called glutamate in very specific parts of the brain, over-stimulating the brain cells and causing an "electric storm".

Each electric storm causes hallucinations, and can lead to permanent changes.

OTC (Over The Counter) AND PRESCRIPTION DRUGS



With the ease of availability throughout South Africa of OTC and Prescription medication, it is little wonder that addiction to these medications is rapidly rising.

CODEINE AKA DODY, PURPLE RAIN AND SYRUP



Due to the availability of Codeine in South Africa a huge rise in Codeine Addiction has been seen in the country over recent years. Codeine is an opiate and is actually the most abused over the counter drug in South Africa.

Like other opiates, codeine causes nausea, vomiting, difficulty breathing and drowsiness. A person may present a sedated appearance. He (or she) may also suffer stomach pain and constipation and may be itchy. A codeine user may also not be able to think clearly and may not be able to operate large equipment safely. The drug may also may interfere with their safe driving.

Especially when a user first starts taking the drug, dizziness and fainting may occur.

Some people also experience changes in vision and a heavy user may have seizures. If an overdose is consumed, the signs will include loss of consciousness, shallow and slow breathing, limpness, slow heartbeat and cold and clammy skin.

BENZODIAZEPINE AKA DIAZEPAM, V'S, BLUE V'S, DOWNERS, TRANKS, BENZO'S



Benzodiazepines are a type of medication known as tranquilizers. Familiar names include Valium and Xanax. Benzodiazepines are commonly abused. This abuse is partially related to the toxic effects that they produce and also to their widespread availability. They can be chronically abused or, as seen more commonly in hospital emergency departments, intentionally or accidentally taken in overdose. Death and serious illness rarely result from benzodiazepine abuse alone; however, they are frequently taken with either alcohol or other medications. The combination of benzodiazepines and alcohol can be dangerous.

High doses of benzodiazepines can produce more serious side effects. Signs and symptoms of acute toxicity or overdose may include drowsiness, confusion, dizziness, blurred vision, weakness, slurred speech, lack of coordination, difficulty breathing and coma.

Signs of chronic drug abuse can be very nonspecific and include changes in appearance and behavior that affect relationships and work performance. Warning signs in children include abrupt changes in mood or deterioration of school performance. Chronic abuse of benzodiazepines can lead to the following symptoms that mimic many of the indications for using them in the first place; anxiety, insomnia, anorexia, headaches and weakness.

METHCATHINONE ' CAT ' AKA JEFF, BATHTUB SPEED, WANNABE-SPEED, KITTY



Methcathinone is a derivative of a naturally occurring stimulant drug, cathinone, which is found in the khat plant, *Cathula edulis*, which is native to the horn of Africa and southern Arabian peninsula.

Ephedrine is often used to manufacture methcathinone. Oxidation of ephedrine to methcathinone requires almost zero chemistry experience, making it easy to synthesize.

According to SouthCoast Recovery Centre, it is South Africa's most recent drug threat and since 2001 this new drug has emerged as a cheap substitute for methamphetamine (TIK).

Clandestinely manufactured, methcathinone is almost exclusively sold in the stable and highly water soluble hydrochloride salt form. The effects of methcathinone intoxication are similar to those of produced by amphetamines, crack, and cocaine. Similar to other stimulants, methcathinone can amplify the action of norepinephrine and dopamine.

TEENS AND DRUGS

"THE MOST EFFECTIVE TOOL AGAINST TEEN DRUG USE IS OPEN COMMUNICATION."

Why do teens use drugs? Of course, peer pressure is a huge factor, but they succumb to peer pressure for many other reasons. Low self-esteem, depression, anxiety, inability to express feelings, lack of control, and feeling like they have to live up to unrealistic parental expectations all contribute to the teen beginning to use drugs. Plus, many teens are affected by watching their parents' own addictive behaviours. Trying to deal with issues revolving around the family upon such an escalated level proves extremely difficult when children of alcoholic parents cannot even function normally regarding their own lives.

This situation often spawns a co-dependency syndrome that follows the child throughout their entire life; co-dependency has long been found to be a significant indicator of alcoholism. And, believe it or not, parents who overindulge their children may be dealing with a teenage drug user before they know it. Many parents spoil their children not only with toys and gadgets but also by not setting limits for them. That freedom leads them to make bad decisions about their lives which includes drug and alcohol use.

So how do you know if your teen is using drugs? There are some warning signs you should be looking for. When at home, see if any of these warning signs appear:

- » **Loss of interest in family activities;**
- » **Disrespect for family rules;**
- » **Withdrawal from responsibilities;**
- » **Verbally or physically abusive;**
- » **Sudden increase or decrease in appetite;**
- » **Disappearance of valuable items or money;**
- » **Not coming home on time;**
- » **Not telling you where they are going;**
- » **Constant excuses for behaviour;**
- » **Spending a lot of time in their rooms;**
- » **Lying about activities;**
- » **Finding the following: cigarette rolling papers, pipes, roach clips, small glass vials, plastic baggies, remnants of drugs (seeds, etc.)**

When it comes to school, there are also some indicators to watch for:

- » **Sudden drop in grades;**
- » **Truancy;**
- » **Loss of interest in learning;**
- » **Sleeping in class;**
- » **Poor work performance;**
- » **Not doing homework;**
- » **Defiant of authority;**

- » **Poor attitude towards sports or other extracurricular activities;**
- » **Reduced memory and attention span;**
- » **Not informing you of teacher meetings, open houses, etc.**

Physically and emotionally, they may have some of the following behaviours:

- » **Changes in friends;**
- » **Smell of alcohol or marijuana on breath or body;**
- » **Inexplicable mood swings and behaviour;**
- » **Negative, argumentative, paranoid or confused, destructive, anxious;**
- » **Over-reacts to criticism, acts rebellious;**
- » **Sharing few, if any, of their personal problems;**
- » **Don't seem as happy as they used to be;**
- » **Overly tired or hyperactive;**
- » **Drastic weight loss or gain;**
- » **Unhappy and depressed;**
- » **Cheating or stealing;**
- » **Always needing money, or having excessive amounts of money;**
- » **Sloppiness in appearance.**

If your teen exhibits six or more of these signs over a period of a few weeks, there is a chance they might be using drugs. You need to address it as soon as you suspect this.

The most effective tool against teen drug use is open communication. When you pair open communication with education, you have double the ammunition to fight drug use. Your first inclination might be to get angry when you find out your teen is using drugs. This is a normal reaction but please know that anger and yelling will just turn your teen's ears to the "off" position. You need to let your teen know you care about them and that you just want the best for them. You must place responsibility for their actions on their own shoulders and make them accountable without doing so in a threatening manner. Honest, open communication is the key towards overcoming your teen's problem – even before it becomes a problem.

Move on to the future and find things that you can do right now to help your teen. Try not to live in past; this will make the person you are trying to help agitated or upset. With addiction comes a lot of damage; material and emotional. In the wake of the episodes that the addict can create, remember that you are not alone. There are people around you that care. Those that have been, and are in the trenches of this disease can help the addict when no one else can.

Counselling is a very effective way to help curb your teen's drug use. By allowing your child to interact with a third party you will find that recovery often goes better, because often times the family is too emotionally connected to the addict to be of any real help. Please realise that you are the parents and you are not responsible for the disease of addiction. Get help before it is too late. Remember



that this disease does not discriminate against anyone or anything. No single treatment is appropriate for all teens which is why there are many places that your teen can get help. Look for local programs geared towards teens and find a peer counsellor who your teen can talk to. Teens relate to other teens and young people, so finding someone close to their own age can be very effective.

Match the treatment with the individual. If your teen's drug use has gotten completely out of hand, you may want to look at an inpatient clinic. But try to find a clinic where other teens are being treated as well. If you send them to a program that has only adults in it, their chances of relapse are higher. If you do put your teen in a treatment facility, be sure you participate in all of the activities that are asked of you. This is the perfect time for your teen to talk to you in a safe environment with a moderator. They are more likely to open up and say what they need to say in the clinic rather than at home. Just as with adults, relapse is a very real possibility, and most likely, a probability. Teens are going to be thrust back into the environment that they were in when they were users, so keep in mind that drug addiction is a very powerful mental disease and relapses are very likely to occur. This is where patience and understanding come in. Talk with your teen and get them help and counselling to understand why they went back to drugs. When you tackle the psychological part of drug abuse, you have a better chance of helping your teen become drug free.

It's also important for you to educate your child BEFORE drug use becomes a problem. Again, we say, communicate openly and honestly with your child and arm them with as much information as you can possibly find. There has been a push to get drug information in the schools, but don't leave it all up to them. You are your child's best defence against drugs. While they may be uncomfortable when you present them with information, they'll thank you later in life. It's kind of like having "the sex talk" – it's awkward for both of you, but it's something that is necessary. Teach them how to say no without feeling guilty. Show them that they are a valued and loved person and that they have the right to refuse something that is not good for them. Tell them the types of people to avoid and the things they can say if they are offered drugs or find themselves in a compromising situation. As a parent, you will need your own support to deal with this difficult situation.



ADDICTION TREATMENT IN SOUTH AFRICA

“THERE ARE THOUSANDS OF PEOPLE AND CLINICS DOING WONDERFUL WORK. IT’S IMPORTANT TO GET TO THE RIGHT KIND OF HELP FOR YOU.”

AKESO CLINICS IN SOUTH AFRICA

» Akeso Specialised Psychiatric Clinics

National Helpline: 0861 4357 87

Head office: (011) 447 0268

info@akeso.co.za

- » Akeso Alberton: (011) 907 2811 or 074 467 8886
- » Akeso Crescent Clinic: (011) 792 9400 (Johannesburg)
- » Akeso Kenilworth: (021) 7634500 (Cape Town)
- » Akeso Pietermaritzburg: (033) 346 0065 or 079 496 9829
- » Akeso Parktown: (011) 590 9500
- » Akeso Stepping Stones: 0800 033 7398 (Cape Town – Kommetjie)
- » Akeso Kenilworth Adolescents: (021) 671 9626 (Cape Town)

According to me the Akeso group are the most equipped and sophisticated Psychiatric clinics in South Africa.

www.akeso.co.za

Akeso Clinics is a group of private in-patient psychiatric clinics that prides itself on providing individual, integrated and family-oriented treatment for a range of psychiatric, psychological and addictive conditions.

At the heart of the Akeso treatment philosophy lies the belief that no one should be treated in isolation – not in terms of the condition from which they suffer, nor in terms of their separation from family and friends. As such, treatment programmes are fully integrated, meaning that the multi-disciplinary team of psychiatrists, psychologists, occupational therapists, social workers, pharmacists and nurses all work together with you and your loved ones to ensure the best possible care, and best possible outcome.

In addition, at Akeso we work according to a guiding principle of ‘treatment beyond containment’, which means that every treatment plan is designed to not only contain and treat the immediate problem, but also provide a supportive environment that helps you and your loved ones plan for life beyond our programmes. While our immediate focus will be to provide relief from the sometimes devastating symptoms of psychiatric illnesses, our ultimate aim is to help you change the direction of your life by providing creative strategies for sustainable mental health.

The Clinics are probably best described as an ‘emotional ER’, catering to people in psychological crisis. These crises may have been brought on by extraordinary life stressors, a traumatic event, an underlying psychiatric vulnerability, a chronic illness or a combination of these. Akeso Clinics provide a safe and comforting environment in which assessment, containment and healing are prioritised, and in which both you and your loved ones are treated with dignity and respect.

An essential feature of the Akeso treatment philosophy is that loved ones and other members of your support system are encouraged to visit regularly, as well as participate in the treatment programme. We have learnt that promoting and encouraging a better understanding of psychiatric illnesses and addiction is one of the best means of ensuring sustainable health.



No one should walk the road to psychiatric health alone. But while Akeso Clinics and your loved ones are here to help, they can't do it without you and your full commitment. It's not easy, but together we can help you change the direction of your life, for the better.

Units

Most Akeso Clinics run three major units, each with their own specialised programmes:

1. **The General Psychiatry Unit**
2. **The Dual Diagnosis Unit**
3. **The Young Adults Unit**

In addition, individual Akeso Clinics run a number of specialised units and programmes, such as the Geriatric Psychiatry Unit (at Akeso Parktown), the Eating Disorders Unit (at Akeso Crescent Clinic), the Dual Diagnosis Adolescent Unit (at Akeso Crescent Clinic), the independent Young Adults Unit (at Akeso Kenilworth Adolescent Clinic) and the Post Natal Depression Programme (at Akeso Kenilworth Clinic).

Although the clinics cater to different psychiatric needs through these individual units, all therapy programs in these units are controlled and run under the auspices of the Centre of Psychotherapy Excellence, or COPE, the multi-disciplinary treatment philosophy and program that lies at the heart of each Akeso Clinic. Established in recognition of the fact that the vast majority of psychiatric traumas do not occur nor present in isolation, the COPE programme aims to provide a multi-disciplinary approach to the healing process, involving not only the specialised psychiatrists and nurses at the clinics, but also psychologists, occupational therapists, social workers, registered counsellors and any other specialists that might be required in the treatment process.

The aim of the COPE programme is to help each patient – and their loved ones – achieve a working understanding of his or her illness, as well as a self-awareness of their strengths and weaknesses associated with this condition. This helps patients to come to terms with their condition, as well as aids them in developing coping mechanisms to improve daily functioning. Through extensive group work, both with patients suffering from similar illnesses as well as family and support networks, the programme also aims to destigmatise psychiatric illnesses, and build a support network that will last beyond the period of hospitalisation.

Ultimately, COPE aims to help each individual patient develop a foundation that will facilitate enhanced quality of life after discharge.

In each unit, the COPE programmes have a slightly different focus, tailor-made to meet the needs of these individual patients. However, all COPE programmes include individual, family and group psychotherapy, occupational therapy, educational groups, exercise, relaxation, music/art and support groups.

Disorders

Our modern-day lifestyles are complicated and complex. Choices are vast and confusing, peer pressure is real and often unrelenting, and the expectations of people around us – however well intentioned – are often the source of intense internal stress. Some people





take it all in their stride, while others struggle with every step.

How do you know if you or your loved one is suffering from a psychiatric or addictive disorder, or if you are simply “feeling down”, “stressed out” or “going through a phase”?

If the symptoms are significant enough that they disrupt daily functioning on an on-going basis, you should consider seeking help.

At Akeso Clinics, we are committed to helping our patients and their loved ones by not only treating their specific psychiatric and addictive disorders, but also by providing patients and their families with practical means of managing their daily lives once they leave our care, thereby enabling them to change the direction of their lives for the better.

All patients and their loved ones, irrespective of their disorder, are treated with compassion, care, acceptance and respect.

- » **Adolescent Disorders**
- » **Anxiety Disorders**
- » **Bipolar Mood Disorder**
- » **Depression**
- » **Ageing Disorders**
- » **Eating Disorders**
- » **Postnatal Depression / Postpartum Psychosis**
- » **Post Traumatic Stress Disorder**
- » **Substance Abuse / Addiction**



SELF-ASSESSMENT TOOLS

HAVE YOU EVER GOT INTO FINANCIAL DIFFICULTIES BECAUSE OF DRINKING / DRUGGING?

Adult Self-Assessment Tool

Over the past two weeks:

» Do you feel there is no hope?	Yes / No
» Do you feel guilty all the time?	Yes / No
» Are you feeling bad about yourself or that you have let others down?	Yes / No
» Have you ever felt that your pain and suffering is unmanageable?	Yes / No
» Are you battling to sleep at night? Or sleeping too much?	Yes / No
» Are you experiencing loss of appetite or unintentional weight loss/gain?	Yes / No
» Has your enjoyment of things that you used to enjoy decreased?	Yes / No
» Do you feel trapped, helpless and alone?	Yes / No
» Are there times when you have a lot of energy and times when you have none?	Yes / No
» Are there vast variations on the quality/quantity of the work that you produce?	Yes / No
» Do you have difficulty concentrating on normal daily tasks eg. Cooking/ reading?	Yes / No
» Have you suffered a trauma?	Yes / No

Substance Use Self-Assessment Tool

» Has someone raised concern about your drinking/drugging?	Yes / No
» Have you ever stayed away from work/college/university due to drinking or drugging?	Yes / No
» Is your drinking/drugging affecting your relationships?	Yes / No
» Have you ever felt guilty about your behaviour when drinking/drugging?	Yes / No
» Do you drink or drug to escape your worries or troubles?	Yes / No
» Have you ever got into financial difficulties because of drinking / drugging?	Yes / No
» Has your ambition/drive decreased since drinking/drugging?	Yes / No
» Is drinking/drugging jeopardising your job or business?	Yes / No
» Have you ever had memory loss due to drinking/drugging?	Yes / No
» Do you drink/ take drugs to build up your self- confidence?	Yes / No
» Have you ever tried to control/reduce/stop your drinking or drugging?	Yes / No
» Have you come into contact with the legal services due to your drinking/drugging?	Yes / No
» Have you needed to increase your drinking or drug quantity to achieve the desired effect?	Yes / No
» Have you continued to use alcohol/drugs in situations where it puts yourself/others at risk?	Yes / No

Eating Self-Assessment Tool

» Do you eat only "safe" foods, low in calories and fat?	Yes / No
» Have you developed rituals with food, such as cutting food into small pieces or measuring food?	Yes / No

» Do you spend more time playing with food than eating it?	Yes / No
» Have you felt the need to exercise excessively, after or before eating?	Yes / No
» Do you dress in layers to hide weight loss or weight gain?	Yes / No
» Have you been spending less time with family and friends?	Yes / No
» Do your eating habits interrupt your daily functioning, eg. eating out with friends, or attending a social function?	Yes / No
» Do you spend a lot of time thinking and planning what you can eat?	Yes / No
» Do you make trips to the bathroom after meals?	Yes / No
» Do you take laxatives/diuretics after a meal?	Yes / No
» Are you eating more rapidly than other people?	Yes / No
» Have you ever stolen or hoarded food?	Yes / No
» Do you perceive yourself as fat however others say otherwise?	Yes / No
» Is your self-confidence based on your weight?	Yes / No
» Do you weigh yourself constantly?	Yes / No
» Do you feel guilty after you have eaten?	Yes / No
» Is your BMI (Body Mass Index) lower than 18? BMI=(weight) divided by(height squared)	Yes / No

General Anxiety Self-Assessment Tool

There are many different types of anxiety disorders but these questions may help distinguish if you struggle with a daily general feeling of anxiety beyond what is expected.

» Do you feel you spend many hours a day and many days a week worrying about events or activities eg. Work or school performance?	Yes / No
» Are you finding it difficult to control your worrying thoughts?	Yes / No
» Does your worrying result in restlessness or feeling tense, on a daily basis?	Yes / No
» Do you feel very tired most days?	Yes / No
» Is it difficult to concentrate on tasks because your worrying thoughts interfere?	Yes / No
» Do you or others find yourself easily irritable?	Yes / No
» Do your muscles or body feel tense from stress?	Yes / No
» Are you struggling to sleep at night (battling to fall asleep/waking up often/restless sleep)?	Yes / No
» Is your worrying interrupting your daily activities or relationships?	Yes / No

Adolescent Self-Assessment Tool

What are the warning signs of a troubled teenager? Have you noticed any of these traits in your teenager?

» Distancing from the family*	Yes / No
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»	Lying*	Yes / No
»	Isolating*	Yes / No
»	Drop in academic performance*	Yes / No
»	School refusing*	Yes / No
»	Poor grooming and dress*	Yes / No
»	Negative mood or attitude*	Yes / No
»	New friends (wrong crowd)*	Yes / No
»	Lack of motivation*	Yes / No
»	Self-destructive behaviour*	Yes / No
»	Suicidal ideas*	Yes / No
»	Anger outbursts*	Yes / No
»	Drug use*	Yes / No
»	Cutting/Self-harming*	Yes / No
»	Sexual promiscuity*	Yes / No
»	Running away*	Yes / No
»	Alcohol abuse*	Yes / No
»	Lack of self-esteem*	Yes / No
»	Parental distrust*	Yes / No
»	Refusal to eat/over eating*	Yes / No
»	Manipulative and deceitful behaviour*	Yes / No



OTHER REPUTABLE CLINICS

PSYCHIATRIC CLINICS

- » **Twin Rivers Addiction Recovery Centre** (Plettenberg Bay)
(044) 533 6821 or 082 863 3159
- » **Tranquility Clinic** (Johannesburg)
(011) 782 3418 or 0837725293 | info@tranquility.com
- » **Houghton House Addiction Recovery Centres** (Johannesburg)
(011) 787 9142 or 079 770 7532 | info@houghtonhouse.co.za
- » **SHARP Recovery Solutions** (Johannesburg)
(011) 728 9200 | info@sharptreatment.com
- » **Crossroads Recovery Centre** (Pretoria)
(012) 450 5033 or 084 840 0079 | info@crossroadsrecovery.co.za
- » **Ezekiel House** (Pretoria)
079 977 9055 or 082 685 5458 | info@guardianproject.co.za
- » **Beethoven Recovery Centre** (Hartebeesport)
(012) 253 9922 or 076 051 6016 | info@beethovenrecovery.co.za
- » **Oasis Addictions Treatment Centre** (Plettenberg Bay)
(044) 533 1752 or 073 798 9699 | info@oasiscentre.co.za
- » **Healing Wings Rehabilitation Centre** (Nelspruit)
071 670 6261 or 072 696 6574 | admin@healingwings.co.za
- » **Bloemendal Addiction Treatment** (Western Cape)
(021) 863 3399 or (072) 559 5875 | admin@bloemendalclinic.com
- » **False Bay Therapeutic Community Centre** (Cape Town)
(021) 782 6242 | falsebaytc@telkomsa.net or info@falsebaytc.co.za
- » **Tharagay House** (Cape Town)
(021) 762 2425 or 082 781 0260
- » **Namaqua Treatment Centre**
(027) 217 1144 | info@namaqua-rehab.co.za
- » **Ixande House** (Cape Town)
(021) 761 7348 | info@ixande.co.za



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- » **Bethesda Recovery Centre** (Plettenberg Bay)
(044) 533 3606 or 079 888 3698 | colin@bethesda4recovery.com

 - » **Claro Addiction Clinic** (Cape Town)
(021) 595 8522 | addiction@claroclininc.co.za

 - » **Riverview Manor** (Underberg)
(033) 701 1911 or 082 922 5911 | reception@riverviewmanor.co.za



THE MINNESOTA TREATMENT MODEL

“THERE ARE NO “IFS” OR “BUTS” - THE PROGRAM WORKS.”

» **Minnesota House Treatment Centre** (George)
082 696 9669 | admin@minnesotahouse.co.za

The world-renowned “Minnesota Model” treatment regime builds self-esteem, life skills, rebalances and restores life direction and establishes a long-term, non-addictive lifestyle. There are no “ifs” or “buts” - the program works. Imagine for a moment that it is 1949, and that someone you love is alcoholic. As you struggle with this fact, you quickly learn about three prospects for this person’s future: One is commitment to a locked ward in a mental hospital, sharing facilities with people diagnosed as schizophrenic. Another is that alcoholism will lead to crime, which could mean years in prison. And third is a slow sinking into poverty and helplessness -- perhaps life on “skid row.” In all three cases, your loved one’s condition will be denied, ignored, or denounced as evidence of moral weakness.

The year 1949 is significant because it marked Hazelden’s beginning. What started then as a guest house for alcoholic men has flowered into the prevailing method of treating addiction: the Minnesota Model. More importantly, this historic innovation offered alcoholics a new alternative to jail, mental wards, or homelessness.

It’s easy to forget that the Minnesota Model represents a social reform movement. The model played a major role in transforming treatment wards from snake pits into places where alcoholics and addicts could retain their dignity. Hazelden began with the idea of creating a humane, therapeutic community for alcoholics and addicts. Once this idea was ridiculed; today it is seen as commonplace. The story of how this change has evolved is in large part the story of the Minnesota Model. The model began humbly. During Hazelden’s first year of operation in Center City, Minn., the average daily patient count was seven and the staff numbered three. The treatment program was equally bare-boned, resting on a few expectations of patients: Behave responsibly, attend lectures on the Twelve Steps of Alcoholics Anonymous, talk with the other patients, make your bed, and stay sober.

It would be easy to dismiss such a program. Yet behind these simple rules was a wealth of clinical wisdom. All five rules focused on overcoming a common trait of alcoholics--something the founders of AA described as “self-will run riot.” People addicted to alcohol can be secretive, self-centered, and filled with resentment. In response, Hazelden’s founders insisted that patients attend to the details of daily life, tell their stories, and listen to each other. The aim was to help alcoholics shift from a life of isolation to a life of dialogue. This led to a heartening discovery, one that’s become a cornerstone of the Minnesota Model: Alcoholics and addicts can help each other.

Throughout the 1950’s, Hazelden built on this foundation by adopting some working principles developed at another Minnesota institution, Willmar State Hospital. Among them were these 3 facts:

- **Alcoholism exists. This condition is not merely a symptom of some other underlying disorder. It deserves to be treated as a primary condition.**
- **Alcoholism is a disease. Attempts to chide, shame, or scold an alcoholic into abstinence are essentially useless. Instead, we can view alcoholism as an involuntary disability--a disease--and treat it as such.**
- **Alcoholism is a multiphasic illness. This statement echoes an idea from AA--that alcoholics suffer from a disease affecting them physically, mentally and spiritually. Therefore treatment for alcoholism will be more effective when it takes all three aspects into account.**

THE 12 STEP PROGRAM OF RECOVERY (PART OF THE MINNESOTA MODEL)

THE METHOD WAS ADAPTED AND BECAME THE FOUNDATION OF
OTHER TWELVE-STEP PROGRAMS.

The **twelve-step program** is a set of guiding principles (sometimes accepted by members as being 'spiritual principles') outlining a course of action for tackling problems including alcoholism, drug addiction and compulsion. Originally proposed by Alcoholics Anonymous (AA) as a method of recovery from alcoholism,[1] the original Twelve Steps were first published in the 1939 book *Alcoholics Anonymous: The Story of How More Than One Hundred Men Have Recovered from Alcoholism*. [2] The method was adapted and became the foundation of other twelve-step programs.

The following are the original twelve steps as published by Alcoholics Anonymous:

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

- **Alcoholics Anonymous South Africa**

National Helpline: 0861 435 722

- **Narcotics Anonymous South Africa**

National Helpline: 083 900 6962

AN ADDICT/ALCOHOLICS FAMILY

AN ADDICT'S FAMILY PROBABLY ALREADY KNOWS THAT THEY
HAVE A DRUG ADDICTION.

The road to recovery won't be fun and it won't be pretty, but to help your loved one start pursuing their goal of being drug-free, your support will be important and that it's important for them to know that they can count on you to give that support.

You need to be supportive without becoming an enabler. Remember that you need to be supportive of their decision and be available if they need to talk. But you must keep in mind that it is not your responsibility to cover up their mistakes, relapses, or problems. As a family member, here are some things you can do to support your loved one;

- » **Remind them to attend any meetings they need to (AA, NA, etc.);**
- » **Do not loan them money;**
- » **Participate in group therapy if asked;**
- » **Encourage them to eat healthy and exercise;**
- » **Point out when they are engaging in damaging behavior;**
- » **Be open to listen when they want to talk;**
- » **Don't try to solve all their problems.**

You may have to change the way you celebrate family events. This is especially true with people who are trying to overcome alcohol addiction. Often, when some families get together, alcohol is a big part of the celebration. Be understanding if your family member with a problem doesn't want to attend a function.

FAMILY SUPPORT - SOUTH AFRICA

REMEMBER, YOU ARE NOT ALONE!

1. ALANON Family Groups

National Helpline: 0861 252 666

Al-Anon Family Groups offer understanding, help and support to the families of problem drinkers. We are a fellowship of relatives and friends who share our experience, strength and hope in order to solve common problems. We believe that alcoholism is a family illness and that changed attitudes can aid recovery.

Al-Anon is not allied with any sect, denomination, political entity, organization or institution; does not engage in any controversy, neither endorses nor opposes any cause. There are no dues for membership. Al-Anon is self-supporting through its own voluntary contributions, plus the sale of our Conference-approved literature.

Meetings are free, anonymous and confidential. Our primary purpose is to help families of problem drinkers.

We understand as few others can. Your enquiry is confidential and anonymous. If you are concerned about someone's drinking, we encourage you to browse our web site for more information about our program.

2. NAR-ANON Family Groups

National Helpline: 088 129 6791

DO YOU NEED NAR-ANON?

- » Do you find yourself making excuses, lying or covering up for your child/spouse/friend?
- » Do you have reason not to trust your child/spouse/friend?
- » Is it becoming difficult to believe his/her explanations?
- » Do you lie awake worrying about him/her?
- » Is he/she missing school/work often, without your knowledge?
- » Is your spouse missing work and the bills piling up?
- » Are the savings mysteriously disappearing'?
- » Are the unanswered questions causing hostility and undermining your marriage'?
- » Are you asking yourself, "What's wrong?" and "Is it my fault?"
- » Are your suspicions turning you into a detective, and are you afraid of what you may find?
- » Are normal family disagreements becoming hostile and violent?
- » Are you cancelling your social functions with vague excuses'?
- » Are you becoming increasingly reluctant to invite friends to your home?
- » Is concern for your spouse, child or friend causing you headaches, a knotty stomach, anxiety?
- » Is concern for your spouse, child or friend easily irritated by minute matters?
- » Does your life seem a nightmare'?
- » Are you unable to discuss the situation with friends or relatives because of embarrassment?

-
- 
-
- » **Are your attempts at control frustrating?**
 - » **Do you over compensate and try not to make waves?**

If you have answered “YES” to four or more of these questions, NAR-ANON may be able to assist you with the answers that you are looking for.

3. CoDA – Co-Dependants Anonymous South Africa

Co-dependents Anonymous is a program of recovery from codependency and is a fellowship of men and women whose common purpose is to develop healthy relationships.

CoDA is a place where each of us may share our experience, strength and hope in our efforts to find freedom where there has been bondage and peace where there has been turmoil in our relationships with others and ourselves. CoDA follows a Twelve Step Program that is a central part of its suggested recovery programme.

The only requirement for membership to CoDA is a desire for healthy and loving relationships. This means that all kinds of people attend meetings. Individual members can and do have differing political, religious and other affiliations, but since these are not relevant to the business of recovery from co-dependency, no comment is made about them.

Patterns of Codependency

Denial patterns:

- » **I have difficulty in identifying what I am feeling**
- » **I minimize, alter or deny how I truly feel**
- » **I perceive myself as completely unselfish and dedicated to the well-being of others**

Low self-esteem patterns:

- » **I have difficulty making decisions**
- » **I judge everything I think, say or do harshly, as never “good enough”**
- » **I am embarrassed to receive recognition and praise or gifts**
- » **I do not ask others to meet my needs or desires**
- » **I value others’ approval of my thinking, feelings and behaviour over my own**
- » **I do not perceive myself as lovable or worthwhile person**

Compliance patterns:

- » **I compromise my own values and integrity to avoid rejection or others’ anger**
- » **I am very sensitive to how others are feeling and feel the same**



- » I freely offer others advice and directions without being asked
- » I lavish gifts and favors on those I care about
- » I use sex to gain approval and acceptance
- » I have to be 'needed' in order to have a relationship with other

The 12 Steps of CoDA

1. We admitted that we were powerless over others – that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood God.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked God to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood God, praying only for knowledge of God's will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to other codependents and to practice these principles in all our affairs.

The 12 Promises of CoDA

1. I know a new sense of belonging. The feeling of emptiness and loneliness will disappear.
2. I am no longer controlled by my fears. I overcome my fears and act with courage, integrity and dignity.
3. I know a new freedom.
4. I release myself from worry, guilt and regret about my past and present. I am aware enough not to repeat it.
5. I know a new love and acceptance of myself and others. I feel genuinely lovable, loving and loved.
6. I learn to see myself as equal to others. My new and renewed relationships are all with equal partners.
7. I am capable of developing and maintaining healthy and loving relationships. The need to control and manipulate others will disappear as I learn to trust those who are trustworthy.
8. I learn that it is possible to mend – to become more loving, intimate and supportive. I have the choice of communicating with my family in a way which is safe for me and respectful of them.
9. I acknowledge that I am a unique and precious creation.





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10. I no longer need to rely solely on others to provide my sense of self worth.
 11. I trust the guidance I receive from my higher power and come to believe in my own capabilities.
 12. I gradually experience serenity, strength and spiritual growth in my daily life.

It has been a tremendously humbling, and tough, journey setting out attempting to find the truth in and around the countless amounts of distorted perceptions regarding God and His glorious heart for us. I believe every single human being in the world, that includes you and I, has the right to be set free, know the truth, be empowered and become greater than what the world expects us to be. There is always hope, ALWAYS!

**"God grant me the serenity to accept the things I cannot change,
The courage to change the things I can,
And the wisdom to know the difference."**

Love and Peace,

Hykie Berg
Founder of the Hope In ACTION Group

www.hykieberg.com
www.hopeinaction.co.za

