LIFTING THE LID

ON DRUG AND ALCOHOL USE AND ABUSE

by Malcolm Whyte

https://liftingthelidondruguse.wordpress.com/

Introduction

Why do people drink alcohol or take drugs?

Why do some people do it to the point of it being a problem – to themselves, to their family, their friends and to our whole society?

Why don't people with drug or alcohol problems do something about it, pull themselves into line?

How can we help them?

THE AIM OF THIS PUBLICATION is to consider such concerns and to 'lift the lid' and look inside the minds of people who drink or use other drugs, to see what might be going on in there, what influences them to do what they do, and – if their habit is causing problems and when they are ready – what might get them started on the path towards doing something about it. It also lifts the lid and looks into 'us', not just 'them', showing that we all have behaviours which can be troublesome and can be explored in the same ways. It does not look at drugs themselves – an ever-growing wide variety of them – nor does it deal with the specifics of specialised treatments.

Rather, the hope is that anyone – perhaps a young teenager who is wondering whether to start drinking or smoking, or someone who is already a casual or habitual user, or is even an addict – will find the information on this site to be simple to understand, sensible and useful. And not only the users but also the parents and other concerned family members and friends, and trainee counsellors.

The information in this publication is for everyone who drinks and takes drugs – and that means all of us, to some extent. Do you know anyone who does not partake of alcohol even occasionally or does not take any drug at all? Illegal ones aside, think of beer, wine, caffeine, tobacco, soft drinks laced with alcohol, painkillers such as aspirin and paracetamol, prescribed medications, and any number of items on the shelves of pharmacies, health food shops and supermarkets – drugs being either artificial or natural elements which alter physical and/or mental states.

Furthermore, it will become apparent that some of the ways of looking for deeper understanding and helpfulness in relation to drugs can usefully be applied to other concerns in life, such as overeating, domestic violence, gambling and a whole lot of other behaviours which can cause problems.

But it initially focuses on alcohol and other drugs, making use of charts and models which a small community-based team working in the alcohol and drug field developed from their own learning-on-the-job. This team found these tools useful in their dealings with individual users/abusers/addicts of substances, and in their wider task of raising awareness and understanding of substance use and abuse among young people and in the community at large. This material has also been used very effectively in group discussions and workshops, some of it in socio-dramatic form, and in other areas of counselling.

So, let us step into 'their' shoes, break down the flimsy fence between 'them' and 'us', and think in terms of 'me' and 'we' as we work our way – my way and your way – through the charts and pictures and discussion in this document.

Deciding to drink or take drugs

'Why do I do it? Because I want to and I like to. And don't you tell me what I can and cannot do. I can look after myself.'

THE BASIC ELEMENTS in our decisions to drink or take drugs are shown in the figure below.

I am drinking, or taking drugs, or whatever. So what?	
It is something –	
I do	And I have every right to do what I like to myself.
to me	
for reward.	My reward is what pleases me, though not perhaps you.
It may be questionable whether –	
I know what I am doing.	
I know what it is doing to me.	
I can control it.	
I care about its effects on – me – others.	

I drink or take drugs because I have the right to do what I want to myself, although it's not clear if I know what I'm doing.

The first part of the figure emphasises our thinking about our individual rights and values. The second part asks whether we are really aware of what we are doing, whether we know what effects it is having on our body, whether we have the skills for self-managing it, and how much we care about what it might be doing to ourselves and others.

Consider the 'rewards'. These might be to receive a pep-up, or to allay anxiety, or to experience the thrill of flouting authority, or of taking risks, or any of a wide variety of what gives us a 'kick', helps us to feel better, the way we would like to be and perhaps think we should be. At least for a time. It's a pity that such rewards don't last, and that there may be 'costs', like bad effects and expense.

What else might we be doing for a 'reward' like this? Examples could include drinking tea, coffee, beer; eating chocolate; taking a pill from the chemist; smoking; even being a workaholic.

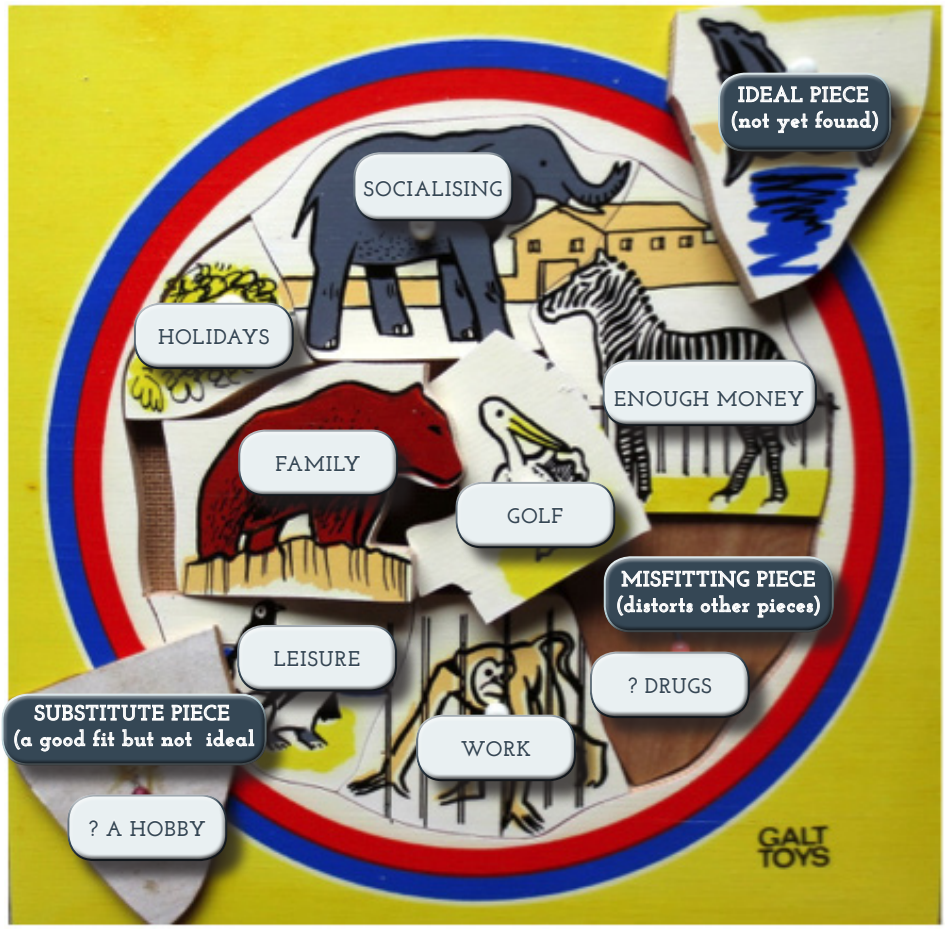
And we encourage children to do likewise. That is, if our child is not feeling tip-top, we look for something that might help them feel better, perhaps an aspirin, a fizzy energy drink, some chocolate. As they grow up we tell them to make their own choices and decisions, 'but – a hidden mumble – don't you dare choose anything I disagree with!'

It is worth pondering over each item in the figure as each is important in the promotion of the activity and each is important in any steps taken to change it.

How do alcohol and drugs fit into our life choices?

> 'What do I want in life? Well, my family is important, and work, enough money of course, holidays, golf with my friends, leisure time, social involvements ... If I can get all of that together I think I'll be well satisfied. Oh yes: I also like a bit of drinking, or whatever, not a big deal. I hope that's OK.'

THE SORT OF LIFE we lead is largely determined for us in our early years. But as we grow up, increasingly we explore what's on offer. We start to make our own choices about friends, partners, hobbies, education, work, food and drink and all the other items we encounter or dream about. We make lives for ourselves. We choose 'chunks' of interests and what is important to us, not all that many. If the 'chunks' fit comfortably together, we feel nothing could be better, at least for the time being. It is a bit like a jigsaw puzzle where one piece represents work, others family, money, hobbies and so on, and if the puzzle is complete it makes a very satisfying overall pattern.



Life as a jigsaw puzzle.

In the puzzle on page 4, the life is shown to be incomplete because one proper patterned piece is missing (from the lower right corner). In that case we may feel restless, perhaps a bit irritable, as though something is lacking in our life. So, what do we do? We hunt around and try one thing and another. If we are lucky we find just the right, ideal, piece which fits perfectly into place in our life (shown, loose, at the top right corner). Otherwise, we may choose something which is really a substitute (bottom left) for the ideal piece, such as a hobby, or a new partner, or drinking with our mates. We may still feel that this new piece doesn't quite fill the gap satisfactorily but it may help. As long as it doesn't create trouble, that's all right, at least for the time being. As a piece in our jigsaw it fits the space but doesn't complete the overall pattern. We still keep looking for something else that would help us to feel more satisfied. We hope and search for the ideal pieces to make our lives complete.

But if any piece is a misfit, a piece that is the wrong shape or even slightly too big , then it may push other pieces out of place, and this causes trouble, perhaps within the family, or at work, or with finances. This is shown in the figure with 'drugs' dislodging other aspects of life.

If there is this troublesome misfit – which may be drinking or taking drugs or gambling or whatever – it spoils the overall pattern for contentment. It perhaps causes significant trouble in its own right as well as putting other items out of joint. Then the offending element needs to be trimmed or ejected, and hopefully replaced by a piece that fits the pattern perfectly or else by a more agreeable substitute. The overall pattern, and therefore the pieces we look for, may change over time as we become more experienced and grow older.

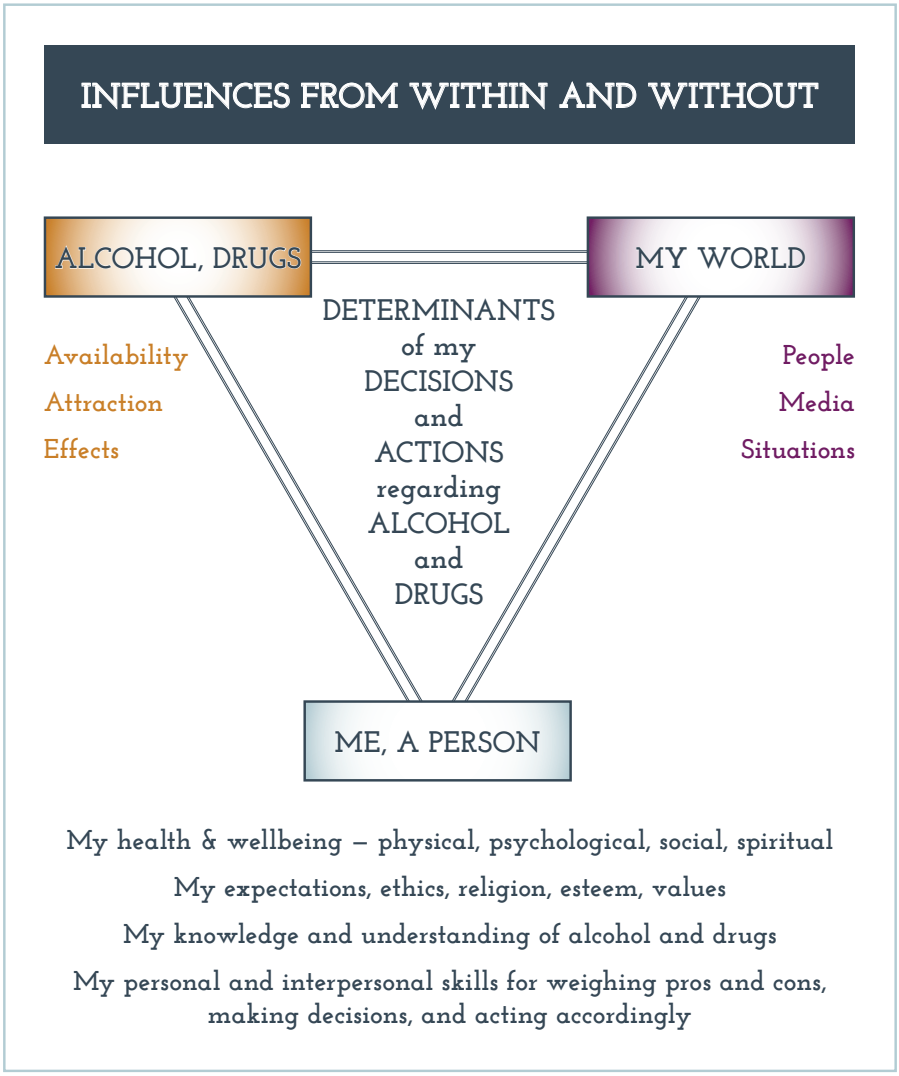
Incidentally, whether the pattern is complete or not, our use of alcohol or drugs may be an acceptable 'chunk' of our lives, not a misfitting item, causing no problems; or it may simply be a lubricant between the pieces.

Here's hoping for good choices! But how do we decide what to choose from the huge smorgasbord we find out there in our worlds?

So many influences, like lots of voices in our heads!

> 'I feel such a no-hoper, depressed, a loser; but will I or won't I? My mates are at me, the pub's just round the corner, it's hot, and a frothy, cold sip or two – or a bit of ecstasy – could be just what I need. Or will I go for a swim?'

MANY, MANY FACTORS can play a part in our deciding what to choose, and what to do, none more so than in relation to the taking, or not, of drugs and alcohol. It's like a confusing jumble of thoughts and voices in our heads, a combination of seductive yet warning whispers seeking to influence our decisions: from parents, teachers, preachers, work mates, newspaper articles, advertisements, medicos, the police, and so on. Our experiences of trial and error come into it, too. The influences really come from three points, as of a triangle, as illustrated below.



Life as a triangle, with alcohol, drugs or any other item of concern in one corner.

From the prompts strewn around the triangle we can conjure up all sorts of thoughts for and against the use of drugs. Lots of reasons for hesitation versus lots of encouragement to 'be in it'. Perhaps drugs will make us feel, and operate, better, and fit into our worlds quite comfortably. Ultimately, however, the vital 'stop-go' decision about abstinence or the extent of usage is made by ourselves: the 'Me, a person' point of the triangle. And so important are the 'Me' factors that many of us – even those who are heavily into the grog and drugs – allot greater weight to these personal factors than to all else in our experience as the main underlying drivers of our habit. Commonly we give least weight to the substance itself. By contrast, the media and the judicial system tend to concentrate on the drug point of the triangle, giving less attention to the other two.

Looking more closely at points of the triangle can help identify what might influence our decision to use drugs or alcohol.

The 'Me' point includes our state of health and wellbeing, our conscience, our self-regard, our knowledge of drugs or alcohol, and our self-management skills. These are all important, influential factors. Low self-esteem, a sense of powerlessness and frustration, poor performance, expectation of failure, poor family relations and negative peer pressure are strong contributors to susceptibility.

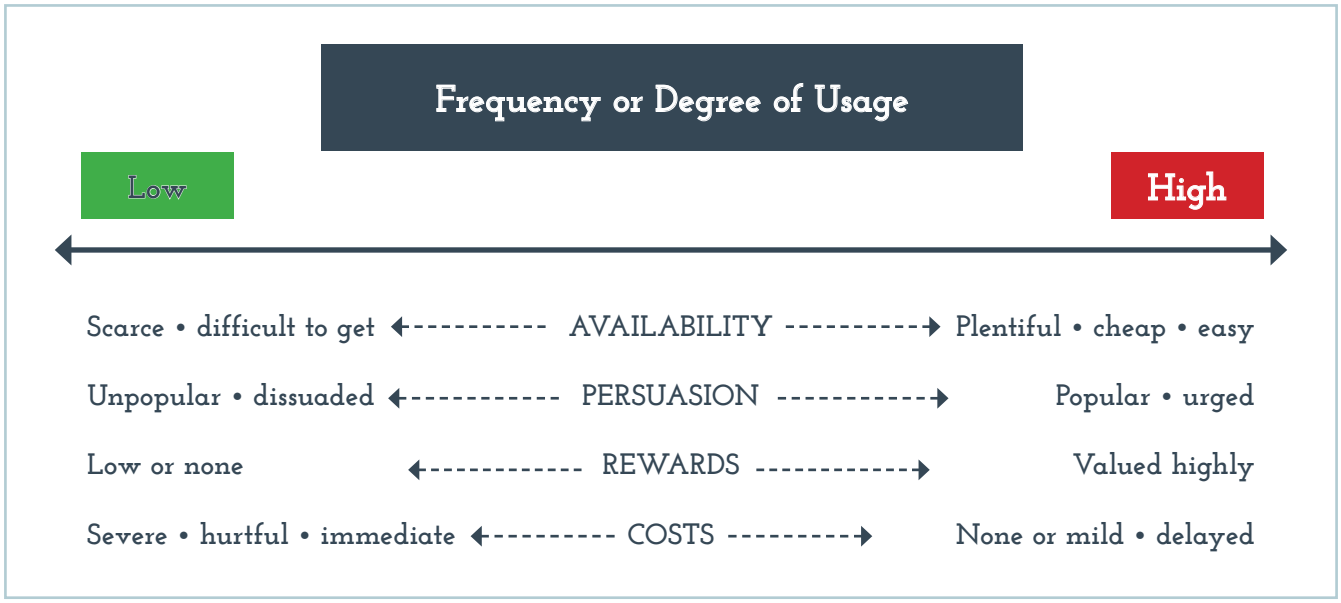
Many of the elements in 'My World' – at school, at work, in the press, in movies, at sports clubs, what our parents and teachers tell us – are also important influences. So many voices in our heads! If every whisper had a chair in a room, it would be full! A great set-up for a socio-drama, with 'Me' in the hot seat.

The influence of the third point, the alcohol or drugs in our lives, depends on how deeply we get into them, and they into us.

What sort of users will we be?

'OK, I'll try it. If I like it, and it likes me, I'll come back for more. But tell me, how much does it cost? Is it legal?'

IMPORTANT FACTORS that play a part in our choice of drug and the extent to which we use it are availability, persuasion, rewards and cost, shown in the figure below.



How much? How often?

- **Availability**: If a drug, including alcohol, is plentiful, cheap and easy to get, then that encourages high usage.
- **Persuasion**: If a drug is popular among peers and other role models, and 'pushed', and attractively and prominently advertised, then that, too, encourages usage.
- **Rewards** include liking a drug's effects, with few or no ill-effects.
- **Costs** include bad physical effects, being unable to afford the drugs and getting into intolerable strife with our family, workplace or the police.

Availability and persuasion only encourage drug use if the rewards for using are satisfyingly high and the costs low. For example, many people who drink alcohol may choose not to do so before driving because we know the desirable effects are outweighed by the risk of unwelcome costs (from loss of driver's licence to injury or death) to ourselves and possibly to others.

At any time we may be anywhere on the slippery scale of drug use shown in the figure above, from occasional, casual, light use on the left through moderate, habitual use in the middle, right up to regular, heavy use on the right. Problems, damage and addiction occur more often, of course, towards the right.

What do other people think of drug users?

'Mum was OK when she found out about my drug use, but Dad gave me a beating. The doctor gave me pills and the counsellor wants to talk more about it.'

WHAT OTHERS THINK of our habitual drug-using behaviour, or what they may regard as misbehaviour, and how they think we should be dealt with, varies widely of course. The table below shows a range of attitudes that can be found in the community: in magistrates' courts, churches, Alcoholics Anonymous, the health services, in families, over the back fence and beyond.

Attitudes towards drug habits and recommendations for helping

If your focus is:	You probably think I am:	And what is needed is:
Moralistic	• Ignorant • Misguided • Wicked	• Moral education • Punishment
Medical / Psychological	• Sick • Afflicted • Diseased	• Diagnosis • Treatment • Care and protection
Personal responsibility / Ethical	• Free to choose and act as I wish	• Awareness, education • Clarification of values • Help with decision-making • Behavioural change
Socio-cultural	• A casualty of a faulty system	• Social engineering • Political activity • Community development

Whether someone is approaching our drug use from a moralistic, medical, ethical, or socio-cultural perspective determines what kind of recommendation they make for dealing with us: from sympathetic help, education, medical treatment to harsh punishment, or hopelessness.

Some sections of the community who take a socio-cultural perspective would see us as yet another casualty of a 'crook' society in which profiteering, advertising, consumerism, social inequalities, neglect of disadvantaged people and so on are rife and lead to discontent, alienation and misbehaviour of all sorts. They see us as victims, or casualties, of the system. Apart from dealing with us on an individual level, they also try to change our societal systems by social engineering, political activity and community development, to prevent people like us getting into trouble.

Whatever judgments others make about us, and whatever they do to or with us, we are interested in who might help us personally and how they might do that. Let us consider that in the section on **Helping and coping** (https://liftingthelidondruguse.wordpress.com/helping-and-coping/)

Recognising when we need help

> 'They tell me I need help. Help? What for?'
>
> 'They referred me for psychiatric assessment and talked about a spell in a rehab centre. Hell, what rubbish! I'm OK. I have problems but nothing that needs anything like that!'

MOST OF US using alcohol or other drugs can manage ourselves, at least to some extent, without going to a rehabilitation centre. If we are experiencing any problems, we can seek and accept advice and slide towards the left on the usage scale, even reducing our use so far as abstaining if desired or necessary.

However, if help is suggested, advised, attempted, or prescribed for us by others, it is very important that they recognise, respect and pay special attention to where we are at – whether we even recognise the existence of a problem, or the need for help. That is where help needs to start. It can then proceed step by step as illustrated in the figure on the next page.

We may be stuck at the position where we say 'I don't have a problem', which is like a red light at the top of the above figure, a long way away – several streets away, as it were – from where talk of rehabilitation can be taken seriously.

When the penny drops a little, when we start to admit things such as, 'Yes, I've run into a bit of strife lately but I can live with it' – that is the light turning green. Only then can we move on to the next hold-up, the next traffic light. And so on from one traffic light to the next, past the block that says 'It's genetic, I'm stuck with it', till we get a glimpse of a real possibility of being able to change and find a happier balance in life and be ready to 'give it a go'.

That balance might require abstinence, that is, complete removal of the drug 'piece' from our jigsaw of life. This would make way for a more acceptable alternative 'piece'. Or the disruptive piece might be trimmed to become an acceptably fitting piece. Or it could be drastically reduced to become simply a non-troublesome lubricant between the main pieces in our puzzle.

Recognising this need for change is one thing; making the change is more difficult, especially if underlying influences which encourage the habit are still operative, factors such as those related to the three points of my 'life triangle'. This is where 'lifting the lid' is so important. As we, the troubled ones, progress along the road, gain insight and even get a faint glimmer of the possibility of a change for the better, we will also find opportunities to explore, expose, contemplate and maybe start to dissipate the influence of these factors. Progress will often be slow. There is a saying attributed to Mark Twain: 'Habit is habit, and not to be flung out the window by any man, but coaxed downstairs one step at a time.'

However, even if we don't achieve recognition of our need to change, or if we don't go ahead and make beneficial changes, or if we reject further help, this does not necessarily spell failure. Seeds have been sown which may sprout later, perhaps even years later, and perhaps after experiencing more problems and having further encounters and confrontations with helpers.

A lot will depend on whether the 'helpers' made a good impression on us.

STOP–GO TRAFFIC LIGHTS DOWN THE ROAD TOWARD REHABILITATION

What's the fuss? I don't have a problem.

The lights change from red to green.

Well ... maybe it is a bit troublesome.

Move on to the next holdup.

But it's not a big deal, I'm okay as I am.

I would like to be better.

But my habit is fixed, unchangeable.

Some have been able to change.

Others maybe, but not me.

Perhaps even me? I'd like that.

I'll give it a go!

Stepwise progression from the situation 'now', at the top, to rehabilitation, at the bottom.

Finding the right professional helper

> 'Today I go to the clinic, about six on the staff, I believe. I don't want a wowser or some youngster just out of school. I hope I get a good, experienced one, someone I can respect, a sort of role model I suppose.'

IT IS SO VERY IMPORTANT for the helper and the person being helped to 'click'. When we enter a counselling session, the counseller must make it easy for rapport to develop, a respectful relationship with us, especially if we are initially reluctant to be a client. And there are so very many factors about a helper, or would-be helper, that may contribute to our attraction, hesitation, or even repulsion for this encounter. Factors such as the counsellor's mood, beliefs and prejudices, appearance and gender, knowledge and experience of course, and even the sort of lifestyle that you know the counsellor leads. Also, counselling methods vary, so it is important that the style adopted by our helper is appropriate and acceptable to us as the client.

The 'who' matters as much as the 'how' in the process of helping, and there are many characteristics of the helper and the type of help being offered that might be important. Some characteristics will be attractive, some tolerable, some intolerable. Horses for courses, as they say. The helper may, of course, assess us, the client, in the same way! Good rapport is so important for clear, honest communication and effective helpfulness.

What kind of person is most likely to be helpful? Someone who:

- can really listen to us, tries to understand us and our concerns, is respectful, non-judgmental, positive and practical
- seems to have beliefs, values, ideals, attitudes and a lifestyle we are comfortable with
- has self-awareness, is not pompous, and seems emotionally stable and at peace
- is not authoritarian, does not moralise, and will not try to take control over us
- explores our options with and for us, offers suggestions and advice when we are ready for them, and generally helps us to help ourselves.

For the most part these factors would be considered subconsciously, instinctively. A reasonably good dovetailing of these appreciations is essential for a good working relationship.

If there is any niggling concern or hesitation about any item in the relationship, it can sometimes be helpful to reveal it, bring it into the open. This may lead to deeper rapport, better understanding and more confidence in the process.

Being helpful

> 'I didn't get much out of the counselling session, but I liked her. I wouldn't mind talking with her again.'

THAT'S VERY PROMISING – just enough rapport established for the next step to be taken, together. Essential if there is to be an on-going relationship. It is important, too, not only when it is a counsellor or other health professional involved. We are all potentially effective helpers – parents, friends, teachers, work mates, casual acquaintances – whenever and wherever even a hint of a concern about the use of alcohol or any other drug is raised. Perhaps the heading of this section should be altered to 'How can I be helpful?' Well, a very good start is to get and keep 'on wavelength' with each other, to establish the same sort of harmonious relationship as seems to have occurred between the counsellor and client quoted above. Some hints for facilitating this are included below.

YOU WERE HELPFUL WHEN:	YOU WERE NOT HELPFUL WHEN:
• You listened to me: paid attention, empathised, stayed with me	• You were inattentive: looked out of the window, changed the subject, disrupted my story
• You understood me: 'tuned in', reflected my story and my feelings correctly	• You seemed not to understand: made inappropriate remarks, jumped to conclusions, ignored my feelings
• You respected me: cared for and accepted me, were genuine and open-minded	• You seemed to be rejecting me: seemed distant, critical, showed disdain and distaste
• You were constructive: encouraged realistic strategies and goals	• You were destructive: expressed hopelessness, impatience

It is so important to listen – really listen intently, with concentration and respect – and to absorb and strive to really understand what is being said and felt by the speaker. And it is important to gently encourage thinking around and beyond the focal concern to contributing influences and a desirable future.

Getting to grips with the problem

> 'He's my friend. I don't know much about drugs but I want to help him. Where do I start and how do I go about it?'

THE FIRST STAGE of helping is to establish rapport, an open channel for discussing the topic. The second is to expose the actual concern fully and, when ready, gradually follow leads and explore other aspects of life that may be relevant. Think, perhaps, of the saying 'where there is smoke there is fire', and that the alcohol or drug problem is the smoke signalling that there are burning embers somewhere. Deal with the embers and the smoke problem will subside.

Where might the burning embers be? The section **Why do it?** (https://liftingthelidondruguse.wordpress.com/why-do-it/) aims to draw attention to possible embers, the multiple factors that may contribute to the impulse and decision to partake of alcohol or other drugs and, if they create problems, the possibility that these same factors may offer ways of being helpful. They are displayed in the various figures, most extensively in the triangle model (see https://liftingthelidondruguse.wordpress.com/why-do-it/influences/) grouped around the three main points of 'Alcohol, Drugs', 'My World' and 'Me, A Person'. Our very many influences are heavily weighted towards personal ones in 'Me'.

Each of the influences mentioned opens up the possibility of it being a smouldering twig in the fire which may be helpfully dealt with. The usage scale (https://liftingthelidondruguse.wordpress.com/why-do-it/usage-factors/) points to such critical factors as availability of the drug and the persuasion (by people or by advertisements, blatant or subtle) to use it, and the positives and negatives associated with its use. The process of identifying these factors and influences can suggest avenues for being helpful for individuals as well as society in general, for prevention of misuse as well as correction.

The jigsaw model of life demonstrates how problems in other aspects of life may be caused by misuse of drugs (https://liftingthelidondruguse.wordpress.com/why-do-it/our-life-choices/). Understanding our jigsaw can encourage us to modify our use and maybe promote a search for a non-troublesome, attractive alternative. The list of basic questions to ask about our decision to take drugs (see **Why do it?**), if discussed and teased out, may prove helpful in dealing with our awareness and knowledge of what drugs do, and how much we value ourselves and the welfare of others who are affected by our drug taking.

In any case, it is worth keeping in mind that when we try to help a drug user, we are also exerting our influence on the concerned person, by adding another voice to the babble of voices already in their head. Remember too that there is no exactly right way for us to be helpful, no silver bullet, no guarantee that we will see any result. We are entitled to think, 'Oh well, I did what I did and now it is up to others – and time.'

For some of us, a minority in our community of those drinking and taking drugs, professional expertise might be needed. However, for most of us it is a matter of getting on with life, learning to live in the presence of drugs (and many other hazards), caring as best we can

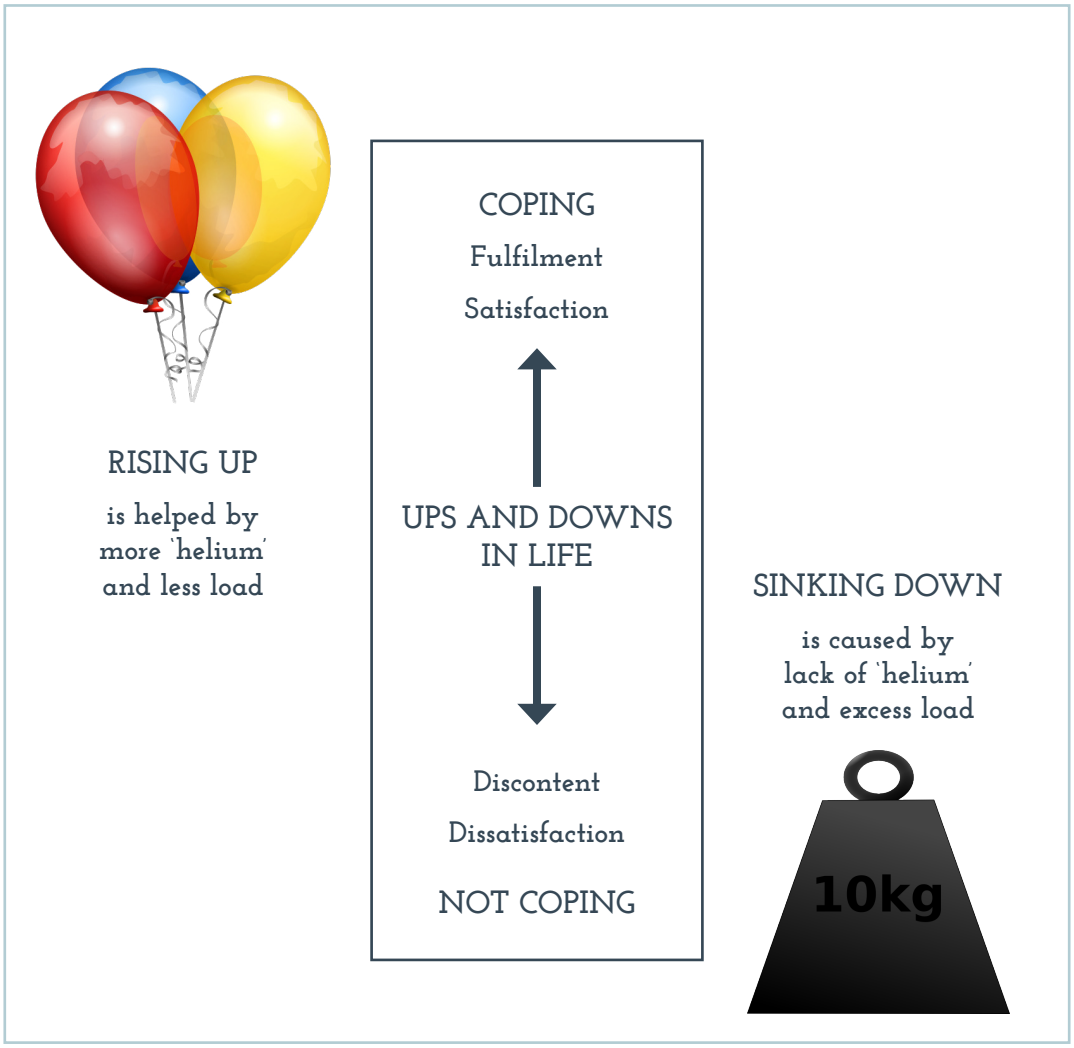
for ourselves and those close to us and not being backward in asking for help. Self-esteem and self-management are certainly key elements in all of this, both in our susceptibility to getting into trouble and in our ability to get out of it.

At the same time, our civic leaders will inevitably be playing a large part in all these matters, trying to curb misuse by providing education and making regulations about packaging, advertising, exposure in the media, availability, legality, punishment and so on. They will also provide services for those in trouble.

Coping strategies

'There certainly is a lot to talk and think about and it is obviously going to take some time for me to sort myself out and change my habit. Is there anything I can do to feel a bit better, right now?'

THIS LIFTING OF THE LID to peep into the mind of a troubled person looking for causes and for ways of improving the situation is not necessarily heavy going but it may be wearing and seem slow to make headway. So, a brief respite might be useful from time to time to lift our spirits and boost our ability to carry on and cope better with life. One way to take a break is to get right away from the topic of drugs altogether and look to other aspects of life where we might do something practical and useful, right now. We can think of this as a balancing act: when our load is heavy and weighs us down we need to find a way to lighten the load.



Balancing the ups and downs in life.
Helium = anything that lifts one's spirits: enjoyment, being appreciated
Loads = whatever feels burdensome, causes anxiety, worry

There will be times when we are perplexed or 'down', feeling discontented or dissatisfied with life. Perhaps we feel depressed and as if we are not coping at all well with our everyday activities. We can be helped towards greater satisfaction and better coping by 'offloading' a burden or gaining a 'lift'. For example:

1. Identify and deal with one or more items on our minds that are burdensome and have been on our conscience. In our balancing act, this is shedding some of the excess load. We can try 'offloading' something from any or all three points of our triangle. Examples might include tidying or cleaning the house, mending the bike, visiting mum, returning that book.

2. Actively seek, perhaps even ask for, something that will give us a 'lift'. In our balancing act, this is like adding 'helium'. This might be an outing, a treat, time with a good friend and so on.

These might seem to be little things, not at all related to the drug situation, but they can help us feel a little bit better, and that helps us deal better with everything else in our lives more confidently – including the drug concern we have focused on.

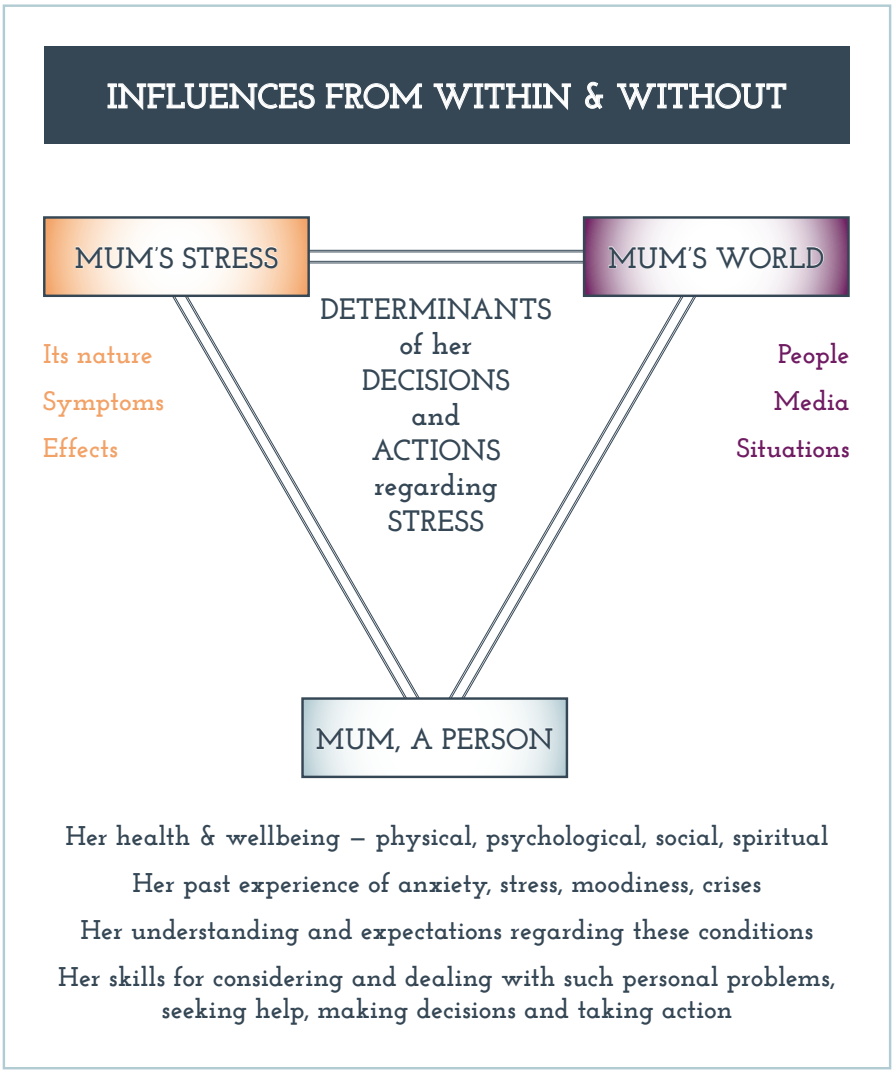
Reactions and concerns of family and friends

> 'Now she's been charged with possessing and using illegal drugs. Her dad's furious. Of course I'll stand by her, I'm her mum, but I haven't slept for days.'

THE DAUGHTER in this example has a drug problem in terms of her choice of behaviour, her jigsaw of life, with her as the 'Me, a person' in the triangle of multiple factors which led her to decide to do what she did. It is she who now faces unwanted 'costs' which include being charged by the police and being judged harshly by her family, the legal system and society in general.

But her mother also has a problem, sparked off by the daughter's situation: anxiety, stress, sleeplessness and so on. She is probably having thoughts constantly nag at her: 'What can I do for her? How can I calm my husband down? What did we do wrong in her upbringing? ...' and so on.

Let's label the mother's concern as 'Mum's Stress' and have it replace 'Drugs' in the top left corner of a triangle:



Using the triangle to consider someone's stress.

This opens up a whole new lot of factors for consideration which relate to the mother and her problem, her attitude and her reaction to it, and to her finding actions she might take to alleviate her distress. There are influences from her 'World' in play, from that point of her triangle. Of particular importance is all 'the jumble of thoughts and voices' in her own head in her 'Mum, a person' corner. Dealing with these contributors to her distress connected to the three points of her triangle, by herself or with assistance from others, might help the mother cope.

In other words, the various ways in which a drug-user's problem can be scrutinised can also be applied to concerns or problems generated in those close to them. These methods can also be used, hopefully helpfully, where there is no problem with drugs – at least as yet – such as by anyone who is simply wondering about whether to begin using alcohol or other drugs.

What about different sorts of problems, non-drug ones?

Scenario 1: Separation

> 'He has been distraught since I left him, poor darling, but he still can't see how his behaviour was intolerable, and he hasn't changed.'

THIS DESCRIBES a distressful separation. As with the mother's 'Stress' problem in the section on **Reactions and concerns of family and friends** (see https://liftingthelidondruguse.wordpress.com/helping-and-coping/family-and-friends/), 'Separation' can be put into a vacated 'Drug' corner of a triangle and looked at in conjunction with the many factors associated with the 'World' and with 'Me, a person' for each of the two persons involved in the separation, in turn.

The prompts around the triangle will easily bring up pertinent points for consideration – pros and cons of being apart, the attitude of family and friends, and all those voices within their heads about what's right and what's wrong and so on. That might help to clear the air for each individual and then the two triangles can be compared for compatibility. In fact 'Togetherness' or 'Separation' might then be put into the drug corner and dealt with in similar fashion.

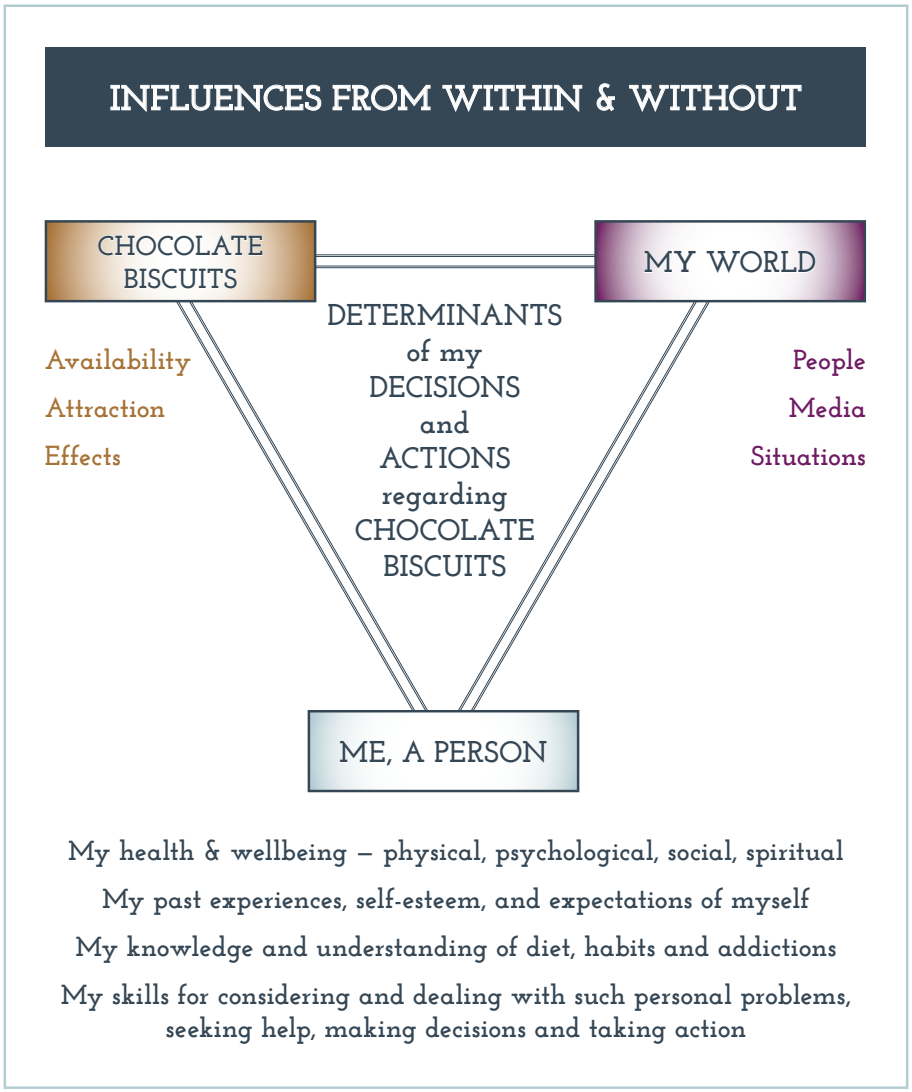
It is out of these two or three brainstorming activitiess that decisions and changes can come for progress to be made. Other thought-provokers mentioned earlier, apart from the triangle, might also be helpful, such as the jigsaw of life, traffic lights, the way others view the event, hints for helpfulness and the coping model.

So much for that example – separation – but what about other sorts of problems? Are these hints and ways for understanding situations better and being more helpful of any use? Here is a very different type of scenario.

Scenario 2: Common habits

> 'I'm a bit hesitant to even mention it but I have a "thing" about chocolate biscuits. I love them, wish I didn't, can't resist them, go out of my way to get them, hide them … and yet I succumb to them time and time again. Help!'

ONLY BISCUITS! Yet here is practically the whole story associated with drug addiction and alcoholism: that is, availability, attraction, reward (yummy!), cost (calories and perhaps putting on weight in this case), habit, compulsion, addiction, abstinence, withdrawal distress, recidivism, guilt … 'Biscuits' can usefully take the place of drugs in our triangle, as shown on the next page.



Using the triangle to consider addiction to chocolate biscuits

So, too, could other not uncommon behavioural 'problems': a craving for chocolate, obsessive exercising, gambling, domestic violence, biting one's fingernails, excessive masturbation, sexual abuse, suicide attempts, habitual criticism of children and so on. Clearly, 'we' who are so good have problems, and not just 'those naughty people' out there who go overboard with alcohol or drugs. We all have all sorts of problems with complex causes and ramifications: problems which can be teased out and perhaps better understood and alleviated by lifting the lid on them and dealing with them along the lines suggested on this website.

Categorising life's problems

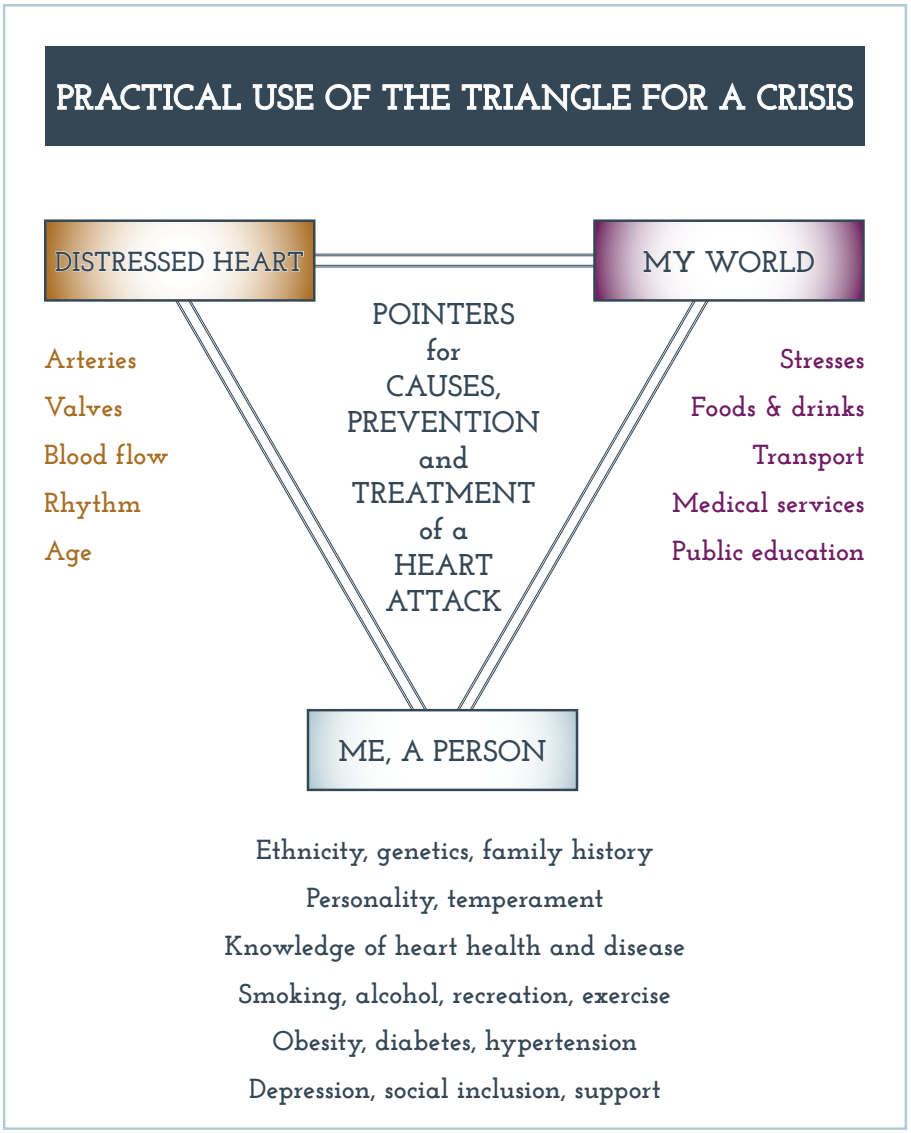
LIFE IS RIDDLED with problems, of all sorts. One way of categorising them is the ABC listing in the figure below.

The ABCs of Life Causes of Concern
A Antecedents and Accidents Heredity • Family • Environment • Society • Accident • Disaster • Lightning • Flood
B Behaviours Eating • Drinking • Exercising • Sex • Drugs • Drink-driving • Gambling • Tantrums • Violence • Child Abuse • Rape • Verbal abuse • Separation • Divorce • Suicide attempts
C Consequences • Confusion • Stress • Insomnia • Headaches • Distress • Constipation • Heart attack • Cancer

The A category is accidents that happen to us, the events that are not of our choosing. For the most part we have no say in being subject to the As. But the A events, too, can usefully take the place of drugs in the triangle model from which ideas for helpfulness might emerge. Depending on the specific problem being considered, we could place genetic inheritance and even genetic manipulation in the 'Me' corner, seat belts and lightning conductors in the environmental 'My World' corner, and all sorts of precautionary and mitigating measures in all three corners. Taking steps to improve our ability to cope with life in general is important too, especially where the event itself is catastrophic and little or nothing can be done about its immediate effects.

The B category is the problems associated with our own behaviour, and includes the very common one of drinking and taking drugs, which has been the focus of attention in the other pages of this website. All other sorts of behaviour, such as those listed, are equally amenable to scrutiny along the lines outlined.

The C category is consequences. Problems in this category can arise as consequences from A events and B behaviours. For example, a heart attack may be the consequence (C) of inherited metabolic traits (A) combined with poor dietary habits and a low level of exercise (Bs). Post-traumatic stress might be a C problem following a traffic accident or an earthquake (As), perhaps exacerbated by some B factors. Even here the triangle may be useful for getting ideas about how to be helpful, by putting the C event – the heart attack, or the state of stress – in the 'Drug' corner and giving consideration to what helpful actions may be drawn from the 'My World' corner and the 'Me, a Person' corner.



Living with life's problems

THERE WILL ALWAYS BE PROBLEMS. There will always be elements within us and in the world around us that create problems. No amount of discussion, analysis, wishfulness, policies, legislation, or individual and community action will make them all go away. This applies as much to drugs and alcohol and the problems they cause as to anything else. Some may be eliminated. Prevention and mitigation will help. But ultimately decisions have to be made and the buck stops with ourselves: hence the emphasis on 'Me' in this website. The discussion around the various diagrams can hopefully help towards getting a deeper understanding of the troublesome situations being experienced and of what might be helpful.

After all this consideration of problems, which by their very nature are distressful, a more cheery point to conclude on is one of optimism and hope – an upside or flipside to problems.

All problems are crises, some minor, some major, all disruptive of the smooth progression of life. Every one of them causes us to stop, to reassess one or more aspects of our life, to consider the options for action, to make decisions for solving or ameliorating the situation, and to work towards a happier future. What better emblem or take-home message could we have than the two Chinese characters for 'Crisis' which represent both danger and opportunity? This dual depiction of 'crisis' points beyond the danger and distress of the event to the opportunity it provides for progress towards a more contented future.

A crisis presents both a danger to the person and an opportunity for positive growth.

About the project

This publication's heritage can be traced to the very beginning, in the 1970s, to a small multidisciplinary team working in community-based health services in the Australian Capital Territory. This team workshopped with members of Alcoholics Anonymous, Alanon, the Salvation Army, the St Vincent de Paul Society and others to initiate and develop alcohol and drug services in its region.

The team developed a swimming pool model, a visual metaphor, to illustrate what needed to be done for public awareness of the topic, for living healthily with drugs, for the prevention of problems, and for the detection, care, support and rehabilitation of those in trouble. This is how the model was described by the team:

> The pool represents the total societal environment into which we are born. It contains all manner of elements, including drugs, among which we must learn to float and swim or else sink. We can think of people as either swimmers, risky submariners, or casualties. We can think of filtration and chlorination to improve the environment, learn-to-swim campaigns for primary prevention, the use of spotters and helpers for early intervention wherever submariners can be intercepted, and an array of services for dealing with casualties.

It was in the gradual realisation of that vision that the substance of Lifting the Lid was generated. It is very appropriate, therefore, and a great pleasure to pay homage to my fellow members of that team – Robin Blessing, Wendy Dunn, George van der Heide and Kathleen Whiting – for their contributions to the thoughts and perspectives presented in the material on this website.

I also want to record my gratitude to Elizabeth Manning Murphy DE for her very generous expert editorial assistance in helping to prepare the material for publication and to Linda Nix of Golden Orb Creative for her structural editing, content preparation and project management in creating the website and PDF files.

Malcolm Whyte

About the author

Emeritus Professor Malcolm Whyte, AO, is a Queensland Rhodes Scholar from 1947. Until 1977 he worked in academic clinical medicine and research related particularly to the association of cholesterol, fats, obesity and heart disease. He then moved into community-based work in the Australian Capital Territory's health service where he focused on the use and misuse of alcohol and other drugs. His 1961 book *The Fats of Life*, a medal-winning best seller, gave a popular account of 'the theory and practice of eating and cooking to avoid coronary heart disease'. Its royalties went to the Australian National Heart Foundation. His wish is to make *Lifting the Lid* freely available to any who might find it to be of practical value.