APS TARC
Adult Protective Services Technical Assistance Resource Center | enhancing effectiveness of APS programs

Lived Experiences in Substance Abuse

Part of the Substance Abuse Toolkit available at https://apstarc.acl.gov/toolkits.

Introduction

Three interviews were conducted with adults with substance abuse disorders. All interviewees are active participants in recovery programs. Their recovery journeys range from five years to twenty plus years. Their experiences were provided with the assurance of confidentiality therefore, they are referred to as “Bob”, “John”, and “Sarah”.

Interviewees were asked questions and their responses were recorded below. The responses and terms used are their words and not those of the author. It is important for readers to understand that the information shared and gathered is offered as an opportunity to understand the lived experiences of someone who regularly abused substances. Suggestions they have to offer for APS staff working with people with substance abuse disorders may help APS programs with their interactions with clients and family, as well as maltreatment prevention efforts, and community education.

Bob, John, and Sarah started drinking alcohol and/or abusing drugs as teenagers. They each reported that their body and mind’s need to have more and more of their preferred substance was considered uncontrollable. Many years passed by in a hazy blur. They mentioned they missed the formative years of learning some of the aspects of growing-up. Each obtained higher education degrees and maintained jobs while abusing substances.

All three interviewees either knew of APS or of community social services programs. One person is now a professional counselor for individuals receiving care in rehabilitation centers and another is an Alcoholic Anonymous sponsor.

The most common type of report made to APS programs is Self-Neglect which may include someone abusing legal or non-legal substances and causing harm to themselves or others. What advice would you give to APS staff meeting the first time with a person who is (or allegedly) abusing substances?

Bob: Do not confront the issue of substance abuse head-on. Try and build rapport. Only approach the topic if you have built a rapport and the circumstances warrant it.

John: Don’t talk “at” the person. It took many years for me to accept recovery. People who are using are attached to their substances and are fearful that they will be taken away. Try to talk to people even if they are high or drunk. It would have been hard to ever find me sober.

Sarah: Female cocaine addicts are more attached to men and give them their money and resources. Ask the women if there is a man in their life controlling them. They may initially say, “No that there is no controlling man in their life” but keep visiting and eventually they may not be so fearful and will tell you their story.

Do you have suggestions for what questions to ask or not ask, what resources to share, what assistance to offer the person during an interview or on-going interactions with APS staff?

Bob: Do not ask about specific substances. Maybe ask do you use too much of something? Don't ask how long someone has been abusing. APS probably has a screening tool with appropriate questions to ask. If they use past tense language that is a clue that they may be in recovery. Maybe ask, "Have you had moments in your life that you have stopped using?" Share 12 step program and SMART Recover resources. Give other resources also. There are different methods in addition to the 12 step program. APS staff should have local resources available to share with them.

Find a need and meet it if possible. Build trust.

John: The best thing to do is if you can get the person to open up and then you listen. If people came to me and said, "I'm here to do this and this" their yacking would be met with a brick wall. Ask these questions. "Can I get you some food?" "Can I get you to a place that you would be safe?" You have to attempt something.

Building trust and meeting an immediate need are the best approaches. People who are inebriated will manipulate you. I know this because I did manipulate so many people who tried to help me.

Sarah: Give them (client) information and answer questions that are asked by them. If someone says I'm in Recovery…….ask for how long…..refer them back to sponsor if they have relapsed. During recovery it is always a fight between healthy and unhealthy thoughts. They will have cravings for their substance. A person in recovery has to understand and deal with cravings. They need to understand behaviors that occur before relapse. Almost everyone in recovery relapses at some point. Some of my friends are using the pandemic as an excuse for their relapse. You cannot shame them (addicts of cocaine) or talk them out of using. Ask them to talk about the pain that the cocaine causes them. Do not discuss the high from the drug.

It is essential that you build a rapport with them. Maybe they will do what they need to do because someone cares about them.

How did your denial impact your receptiveness to receiving help?

Bob: I was in denial for a long period of time and for many years I didn't want to do anything about it. I was a high functioning addict. I wish I had gotten clean sooner. I got scared because my dependency became stronger and that is when I sought help.

John: Denial is POWER! Most men will accept help/defeat when it's about losing their job. I didn't lose my job but I was in denial until a doctor confronted me. I had trust in this doctor. He was a master of Tough Love!

Sarah: I was a gifted child in school and had issues that complicated my life. They say that treatment is more difficult for a gifted person. Gifted people are very manipulative and I fit that stereotype. I hit bottom when I lost my job and spent a couple of nights in jail. I guess that needed to happen before I would accept that I was addicted and needed help.

I understand that there are stages to recovery. What are the top three things APS staff should understand about someone's recovery journey?

Bob: There are different phases of recovery. It may not be not their first time to be in recovery. Repeat person or brand new person in recovery all struggle.

Every recovery journey varies. I've had one relapse but recovered.

Some people don't agree with the Methadone medication assistance treatment program. In this program a person goes daily to a clinic. Sometimes Methadone is used as a replacement drug and sometimes it is used to wean off of drugs. It does work for some people.

John: The person is doing it (recovery) for themselves.

Not everybody hits a "hard bottom". Many recovery meetings are in the basements of the church. Same lessons in the basement and the church sanctuary. It can be two very different higher power experiences in the same building.

Recovery takes time. Everyone has a sponsor. Everybody wants confirmation that no matter how bad something is "it's going to be okay".

Sarah: People may try different types of groups before they find one they are comfortable with. I first tried Smart Recovery and then decided it wasn't the best fit for me. I now regularly attend a 12 step program.

Just because you attend a 12 step program doesn't mean you are a religious person. I struggle with defining the whole "higher power" thing.

Some people talk about their recovery to everybody all the time. I don't talk much about my recovery journey and not many people know.

It is not uncommon that family members dependent upon each other for care, financial support, and housing are the victim's perpetrator. The alleged perpetrator may be abusing substances. There may also be a past history of family/domestic violence. Do you have suggestions for APS staff working with the "whole family" while also addressing the expressed needs of the client/victim?

Bob: I assume that the person (client) is their first priority. I get that. However, it would be good to provide resources to everyone in the household. It could be that they are already known to the local domestic violence folks and the police. So ask about that. Find out as much as you can about the people living together.

John: My uncle is an alcoholic and lived with my grandmother, his mom. It was a toxic environment. My uncle was supposed to be seeing after her but he wasn't. She really did need the help. Other family members stepped in and forced my uncle out and then got my grandmother some in-home help. It was my uncle's lowest point and he then sought help. So I suggest that APS seek out other family members that might step-in to help.

Sarah: I am a part of the queer (LGBTQ+) community. In our community there is a high rate of substance abuse and all the complications that go with that. There are 12 steps recovery programs tailored to us. It is good for everyone to remember that LGBTQ+ people living together often consider

themselves a family even if they are not romantic partners.

Is there anything that you would like to share about your experiences and recovery that might be helpful to APS staff?

Bob: People do recover and get better. You may see people who fail over and over but recovery does happen.

Letting someone fail needs to happen. There is a fine line between helping and enabling someone.

John: APS should attend an AA meeting. There are some AA meetings that are open to the public. If someone comes to your door, it is to be heard and not talked to. Learn to listen.

Sarah: There may be plenty of APS staff and other coworkers who are in recovery. Just because you sat in this chair (recovering SA) doesn't mean that you have a monopoly. Someone's self-talk is negative enough. So listen and say positive things. Once people hear the same thing over and over the messages may sink in and make a big difference for a person.

Interviewer: Maria Greene, APS TARC Team Member

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