



Addict in the Family

Stories of Loss, Hope, and Recovery

BEVERLY CONYERS

**ADDICT
IN THE FAMILY**

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*Stories of Loss, Hope,
and Recovery*

BEVERLY CONYERS

 HAZELDEN®

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All the stories in this book are based on actual experiences and personal interviews. Names and certain facts have been changed to protect the anonymity of the men and women who shared their stories for this book.

*This book is dedicated to the Tuesday night
group with heartfelt appreciation
—and to my daughter with love.*

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INTRODUCTION

It is a Thursday night in late November. The sky is blanketed with low, thick clouds, the air heavy with impending rain. Bare branches of old trees carve faint silhouettes in a world of black and gray, relieved only by a single light above a narrow door and a horizontal row of five small square windows close to the ground and lit from within.

Inside the church basement, thirteen people sit around two rectangular folding tables pushed together. On the tables are books and pamphlets, a few bottles of water, and a box of tissues. The room is brightly lit by suspended fluorescent tubes, revealing pale yellow concrete walls, a green-and-white tile floor, and thin white curtains on the windows. The lights emit a faint whine, punctuated by the chirps and occasional clangs of three old radiators. No one pays any attention to the noises. All eyes are on Dot, a woman in her sixties with soft, peach-tinted hair, a tired face made up in muted shades of pink, and sad blue eyes. She is, in her way, an attractive woman, with a large, soft body and a kindly face—the kind of face you associate with grandmothers who have spent their lives looking after their families and putting others first.

Tonight, Dot clutches a tissue in her hands. She announces to her support group, “He almost drowned in beef stew.” Her voice holds amazement, as well as grief. “Honest to God. I was in the front room watching television with my husband. And something in the back of my mind says, ‘David’s been

awful quiet,' so I went out to the kitchen, and there he was with his face in a bowl of stew. He didn't seem to be breathing. So I lifted up his head, and there was gravy and little bits of meat all over his face. 'You gotta stop this,' I said to him." She twists the tissue in her hands. "Honest to God. If I hadn't checked up on him, he would have drowned."

She is speaking of her thirty-six-year-old son, the baby of the family, the one who, as a little boy, had been the clown who made everyone laugh. A person couldn't be around David for five minutes without smiling at some silly thing he said or did—like the time during the third-grade Christmas pageant when he stood on stage with a dozen or so other children and sang both verses of "Silent Night" with his eyes crossed. She had wanted to kill him but ended up giggling instead.

Even now he can make her laugh, though tears are never far behind. David has been a heroin addict for eleven years and on methadone for the past three. She knows he still shoots up on occasion, but his latest thing is pills. He's been prescribed painkillers for a knee injury he got from falling down a flight of stairs. The pills are morphine based. David has gone through a month's prescription in four days.

"I locked them up in my safe, but somehow he got into them," she tells her group. "A drug addict can get anything if he makes up his mind to do it, you know."

A few heads nod in understanding.

"The thing is, I didn't say anything to my husband. I didn't want to get him going, because he would've been off the wall. I just told David to go wash his face and put on a clean shirt." She shakes her head. "I'm learning."

There's an extended silence. No one rushes to fill it. It's as if the group has all the time in the world to think things over and wait for Dot to conclude her tale. One woman surrepti-

tiously wipes her eyes, while a man gazes grimly at a distant wall. The sound of breathing blends with the faint whine of the lights. After two or three minutes, Dot says, "I thought it would be different when he came home this time. You know?"

She laughs, but there is no humor in the sound.

A few minutes later a man is talking. He is a big man, broad shouldered and physically powerful. He wears metal-framed glasses with thick lenses that magnify his eyes, giving him an oddly vulnerable look. He owns his own business and is thinking about retiring in a few years. What is utmost in his mind tonight is his daughter Lila. She is twenty-two and has already caused him more heartache than his other three kids combined. After almost dying of anorexia in high school, she discovered pot in college and quickly moved on to crack cocaine and heroin. She dropped out of school in her sophomore year and moved with her boyfriend a couple of states away.

"She was home last week for Thanksgiving," he says, pushing his glasses up the bridge of his nose. "She looked pretty good. Thin but not skinny, thank God. I wouldn't want to go through that again." He squints, searching for words. "My wife said she was high, but I couldn't tell. She wasn't falling into her plate anyway."

There are a few chuckles.

"I hated to see her go back, but I know she has to live her own life. I can't live it for her." Some heads nod in agreement.

"Anyway, my wife was changing the sheets after Lila left, and she found some clean needles under the mattress. I wanted to throw them in the garbage, but my wife said no. She said the next time Lila comes home we want her to have clean needles, don't we?"

A few people squirm, as if their chairs have become uncomfortable. "I'm still thinking about that one," he says. "I mean, I guess so. But I don't know."

The hands on the big round wall clock move on. “I could kill my sister for what she’s doing to my parents!” exclaims a pretty, young woman. “I told him I’m not bailing him out this time,” asserts a middle-aged man. “I went through it with my daughter, and now it’s starting all over again with my grandson,” says a woman with white hair. Her voice is angry, but before she finishes speaking, her anger dissolves into tears.

One by one the members of the group speak. They talk of children, husbands and wives, parents, brothers and sisters. They share tales of deception, theft, jail, homelessness, institutions, sickness, and poverty—bleak narratives that document the destructive course of substance abuse. At the heart of every story lies the pain of having an addict in the family.

Few experiences in life quite match the feelings of horror, fear, helplessness, and grief that families experience when someone they love becomes addicted to alcohol or other drugs. They watch in dismay as the addict becomes alienated from the family and undergoes profound changes. Activities that once brought the addict pleasure are abandoned, old friends are pushed away, and the addict withdraws into a world that is inaccessible to anyone who tries to help.

Families ask themselves if their loved one is gone forever, replaced by an untrustworthy, soulless being like the empty-eyed creatures in *Invasion of the Body Snatchers*. More urgently, they ask themselves what they can do to effect a “cure” and get their loved one back to normal. They hope for a quick fix. Maybe detox and a good treatment facility will be all it takes. All too often, they end up joining the addict on the merry-go-round of denial, anger, confusion, and blame.

It’s a depressing business, one that’s experienced annually by millions of American families. In 1999, the National Household Survey on Drug Abuse revealed that an estimated 10.3 million Americans were dependent on either alcohol or

illicit drugs. Chances are someone in your family is among them. If that is the case, you have my sympathy. I have been in your shoes. The heroin addiction of my own daughter has motivated me to write this book. After the initial shock of learning about her addiction, I began to look for answers to overwhelming questions: Had I caused her addiction? How could I have been so blind as not to see it earlier? What was it doing to her health, her happiness, her future? Was there any hope for her recovery? How could I help her get well? Was it possible to find any peace of mind and have a life of my own?

I found that while there were many books that dealt with various aspects of addiction and recovery, none seemed to fill my need for reliable information and helpful advice from people who have endured a similar crisis. I decided to expand my research to substance-abuse counselors, to other families of addicts, and to addicts themselves—both active users and those in recovery. This book is the compilation of what I have learned.

It does not promise simple solutions or definitive answers to all your questions. That would be an impossible promise to keep. What it does offer is education and support in the form of practical information, advice from others who have been there, and the healing power of shared experiences. The real-life stories that people have shared in this book are intended to do much more than illustrate a point. They are intended to reduce the feelings of isolation often experienced by families who are coping with addiction and to be a source of comfort, insight, understanding, and hope.

O N E

A FAMILY DISEASE

When Shelly began to talk about her daughter, she seemed to visibly shrink. Her shoulders slumped, her head drooped, and even the muscles of her pretty face went slack. She suddenly looked ten years older than the chic, petite blond who had walked through the door only moments before.

“I know this is hard for you,” I apologized.

She waved her hand and paused to gather her thoughts.

We were seated at a corner table set apart from the others in the bookstore café. Around us people chatted, laughed, or read one of the books or magazines set out for customers’ enjoyment. There was a pleasant smell of coffee and baked goods.

The café was one of my favorite places, full of warmth and life. But in our little corner, the air was weighted with sadness. “If someone had told me two years ago that I’d be having this conversation, I’d have said they were out of their mind,” she said with an attempted laugh. “Colleen was always the most responsible, considerate, and *respectable* girl you could ever meet. I don’t think she ever even got a parking ticket.”

I shook my head in sympathy.

“She had a perfect life. Everything she ever wanted. Her husband adored her. They had that sweet house and those beautiful babies.” Her voice caught a little, and she swallowed some water before almost hissing out her next words: “And then she met that bum!”

“That bum” was a twenty-nine-year-old drug dealer named Marlon. How he and Colleen had met isn’t clear, but soon after, her life took a 180-degree turn for the worse. She experimented with cocaine and in seemingly no time at all was hooked on crack. At first her husband had no explanation for Colleen’s wild mood swings, evasiveness, irritability, and occasional incoherence. He urged her to see a doctor, but on the day of her appointment, he came home to find a note taped to the fridge: *Jeff, I’m sick of living for everyone else. I’m going to start living for myself.*

“She dropped the kids off at my house that day,” Shelly remembered. “I thought she looked tired. And thin. Awfully thin. But I had no idea anything was going on. Jeff didn’t say anything until later.”

Colleen moved in with her dealer and quit her job as an insurance claims adjuster, a position she had held for more than four years. At first she visited Jeff and the children three or four times a week, but the visits tapered off to no more than once or twice a month.

Shelly speculated, “I think Jeff was relieved, in a way, because her behavior was so unpredictable that she upset the children. I think she scared them.” Shelly’s eyes filled with tears. “Can you imagine? My grandchildren being scared of their own mother.”

After nearly a year of begging Colleen to get help, Jeff filed for divorce and was awarded full custody of their children. Although the divorce was not final when Shelly and I talked, she was certain that reconciliation would be impos-

sible. "I think he hates her for what she's done to the kids," she said. "And all the rest of it. The lies, the stealing. He won't let her in the house anymore. Not since she walked out with the CD player and the VCR. We *know* where they ended up. At some pawnshop and up her nose."

Shelly's voice was harsh, but behind the anger was, I suspected, boundless grief. Her next words confirmed my thoughts. "Where will it end?" she whispered. "I think about it every waking moment of my life. No matter where I am or what I do, she's right there with me, filling up my head. Last month, my husband and I left for a weekend to get away from everything. We shouldn't have bothered. I was like a zombie. I was sick with fear the whole time. I can't stop worrying about what's going to happen to my daughter. I know she's done horrible, despicable things. But it's the drugs making her do it. It really is. Underneath it all she's still a good person."

She wiped her eyes with a napkin. "I'm so afraid. She's my baby, and I'm so scared she's not going to make it."

Her worry is not unwarranted. The National Center for Health Statistics (NCHS) reported 19,102 street-drug-related deaths in 1999, up from 14,843 in 1996, excluding accidents, homicides, AIDS, and other potential consequences of drug addiction. The Drug Abuse Warning Network (DAWN), which tracks drug abuse in forty-one major metropolitan areas across the nation, reported 601,776 drug-related emergency room visits in 2000, up from 527,000 in 1997. From 1999 to 2000, the total drug-related emergency room visits increased 20 percent in patients between twelve and seventeen and 13 percent in those between eighteen and twenty-five. The numbers of alcohol-related deaths, accidents, and diseases are even higher. NCHS reported 19,358 alcohol-induced deaths in 1999 and 26,552 deaths from chronic liver disease and cirrhosis. Liver disease, often the

result of chronic alcoholism, is the twelfth leading cause of death in the United States.

Addiction to alcohol or other drugs plunges its victims into lives of poverty, homelessness, crime, and jail. It stunts emotional and spiritual growth and ravages mental and physical health. Indeed, the consequences of the disease of addiction—and most mental health professionals agree that it *is* a disease—are as potentially devastating as those of most other major illnesses.

But the impact of addiction does not end there. For almost every addict who is mired in this terrible disease, others—a mother or father, a child or spouse, an aunt or uncle or grandparent, a brother or sister—are suffering too. Families are the hidden victims of addiction, enduring enormous levels of stress and pain. They suffer sleepless nights, deep anxiety, and physical exhaustion brought on by worry and desperation. They lie awake for hours on end as fear for their loved one's safety crowds out any possibility of sleep. They live each day with a weight inside that drags them down. Unable to laugh or smile, they are sometimes filled with bottled-up anger or a constant sadness that keeps them on the verge of tears.

Despite their suffering, families of addicts seldom receive the kind of support commonly extended to families of, say, cancer patients or stroke victims. Instead, they conceal their pain in the face of the all-too-common beliefs that addicts have only themselves to blame for their troubles, that addicts could cure themselves if they really wanted to, and that addicts' families probably did something "wrong" to cause the problem in the first place. Many families of addicts share these views, which only adds to their unhappiness.

"I could never tell anyone at work what's going on with

Colleen,” Shelly admitted. “They’d all look down on me. It’s too horrible, too shameful.”

Todd, a successful small-business owner, described his own feelings of guilt and shame about his twenty-eight-year-old son’s alcoholism. “Watching my son throw his life away has been the most difficult experience of my life,” he said. “The worst part is that I feel at fault. If I’d done things differently, he might not be where he is today, which is basically nowhere.”

Searching for the root cause of the problem, Todd explained how he had worked long hours while his son was growing up. “I was gone three, four days every week. Maybe he thought I didn’t love him. I don’t know. Maybe he needed more discipline. Whatever it was, Mike went wild at an early age. By the time he was fourteen, he was emptying out the liquor cabinet and filling the bottles with water. I wanted to take a strap to him. That’s what my father would’ve done. But his mother wouldn’t hear of it and thought he needed counseling. Counseling! Forty thousand dollars of counseling! Mike’s all grown up now except he’s still like a little kid. I can’t tell you the number of cars he has smashed up. And the jobs. Can’t hold a job for more than a week. Of course he still lives with us. I don’t see how he’ll ever make it on his own.”

Todd scratched his head, causing the silver-brown hair to stand on end. He took a long time getting to his next point, which for him seemed to be the most difficult. “I listen to our friends talk about what their kids are doing: graduating from college, starting careers, getting married and settling down. Normal stuff, you know? I just change the subject. What did they know that I didn’t? Where did I go wrong?”

Todd was voicing important questions that haunt anyone who has ever loved an addict: “What did I do that caused this

problem?” and “What can I do to fix it?” He had not yet discovered the simple truth about addiction that is so hard for families to accept: You didn’t cause it, you can’t control it, and you can’t cure it.

It is normal to want to help those we love, especially when they are faced with a crippling condition such as addiction. However, the burden of guilt, the sense that we have somehow “caused” the addiction, can intensify our resolve to “cure” the addict, spurring us on to sometimes unhealthy and even counterproductive levels of involvement in the addict’s life. Parents, especially, look back on all the regrettable but inevitable mistakes of parenthood and feel a heavy sense of responsibility.

Even if families recognize that they did not cause the addiction, most feel a desire, even an obligation, to do everything possible to help their loved one. As families assume more of the burden of addiction, they may spend enormous amounts of time and money in their attempts to get their loved one off alcohol or other drugs. Often, the harder they try, the more the addict resists their efforts.

This tug-of-war can last for years, with continued addiction and emotional exhaustion as the unfortunate results.

THE ELUSIVE CURE

Missy, a divorced mother of two teenage girls, was engaged to a landscaper’s assistant who played guitar in a local band most Friday and Saturday nights. She had met him at a club and was immediately attracted to his blond good looks. Early in the relationship, he had admitted to an on-and-off drug problem. After living with him for three months, she realized the problem was mostly on and that the drug was heroin.

“I felt physically sick when I found out,” she told me. “I

mean, you hear all these stories about junkies, about how they'd kill their own mother for a fix, and here I'd brought this man into my house and made him a part of my family. At first I wanted to break it off, to end it right there. But I realized he was the same person I'd fallen in love with, except he had this big problem. I thought that maybe I could help him, that with my love and support he could get better."

Missy tried to take charge of her fiancé's behavior. She got him to check into a rehab hospital for thirty days, and when he came home, she began to monitor his actions. She was afraid to let him out of her sight. When he did go out, she wanted to know where he was going, whom he was with, and when he'd be home. While he was gone, she went through his personal belongings, checking for hidden drugs. After only a week, she found a syringe. When she confronted him, he became angry. He said the syringe had been there a long time and that she had no right to go through his things. Worse, he said her hounding was making him crave drugs.

Missy tried to back off, but her suspicions ate away at her. Before long, she found herself following him around. Once, when he was parked in front of an apartment house where she suspected he bought drugs, she blocked his car with her own and waited for him to come out. He was furious when he saw her outside. They had a loud and prolonged argument in the street. "I must have looked like a crazy person," she said, blushing at the memory. "In a way I was. I was out of my mind. I thought that if I screamed, nagged, or threatened him enough he'd get clean. It didn't work."

In a way Missy was fortunate. She soon grew tired of her fiancé's increasingly irresponsible behavior and broke off the relationship. It is usually much harder for parents and other close family members to shut the addict out of their lives. Instead, when confronted with addiction, families are often

drawn into painful, lengthy, and costly attempts to help the addict get better.

“We could have bought New York with the money we spent on our daughter,” declared Elaine, a schoolteacher whose husband owned a thriving real estate business. I met with her in her home, where a collage of photographs of her daughter at various ages hung on a wall in the living room. She was a pretty girl with a wide smile.

“She started with pot and alcohol when she was just a kid,” Elaine explained. “When we found out, we had her committed to a rehab program out of state. She was there for six months, and when she came home, we thought we had the problem licked. She seemed so much better. Then she moved on to cocaine, so we sent her to a different place—someplace even more expensive. We figured the first program wasn’t right for her. We just needed to find the right fit.”

Elaine didn’t realize it, but she and her husband had taken supporting roles in a painful drama that would drag on for the next eight years. Unlike a real dramatic play, however, each new act was a repetition of the first: their daughter would check into rehab, she’d be clean for a while, and then she would relapse and end up in rehab again.

“It was so discouraging,” Elaine sighed. “And so predictable. She’d be clean for a while, sometimes more than a year. But she’d always ended up going back to the stuff. We were out of our minds with worry.”

In addition to rehab, Elaine and her husband tried everything they could think of to get their daughter off drugs, including rewards and bribery. “We’d say things like, ‘Stay clean and we’ll give you a car, or we’ll pay your rent, or we’ll send you on a nice relaxing vacation to someplace nice like the Bahamas.’ I tried rewarding her for every week she was clean by paying for a day spa, a new haircut, or buying

her clothes or jewelry.” Elaine laughed ruefully. “It didn’t work. Eventually I’d notice she wasn’t wearing a necklace she especially liked or that I hadn’t seen a certain ring in a while. Things were falling apart again. She was hitting the pawnshops.”

Other families engage in equally earnest but futile attempts to solve their loved one’s addiction problems. They make counseling appointments for the addict, try to find the addict a job, take charge of the addict’s grooming and cleanliness, drive the addict to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings, throw out the addict’s alcohol or other drugs when they find them, supervise the addict’s diet, and try to prevent the addict from hanging out with the “wrong” people. They watch the addict’s every mood with an eagle eye and gauge the addict’s condition by observing sleep patterns, appetite, pupil size, skin tone, and day-to-day behavior. They nag, scold, threaten, and beg the addict to get clean and sober.

For all their tears and heartache and desperately good intentions, most families of addicts are defeated in the end. Addicts persist in their self-destructive, addictive behavior until something *within themselves*—something quite apart from anyone else’s efforts—changes so radically that the desire for the high is dulled and ultimately deadened by the desire for a better life.

The truth most families eventually discover is that no one can cure another person’s addiction. Only addicts can do that for themselves.

Does this mean that families have no role to play in the miraculous process of recovery? On the contrary. Families can have a powerful impact on their addict’s struggle for recovery. Studies have shown time and again that addicts who feel connected to a family that supports their recovery (even

if that family is just one person) have a better chance of staying clean than those who believe that no one cares.

However, there is a catch. The families themselves must be healthy if they hope to have a positive influence on their loved one. Although this may seem self-evident, it is easy for families to lose sight of this truth as the disease of addiction threatens their own mental health. Family members can lose their ability to think clearly and behave rationally when they are confronted with the addict's world.

The process of addiction creates an alternative reality in the addict's mind. Thinking becomes distorted and values get twisted as the search for the next high takes precedence over every other consideration. Families, in their interactions with the addict, get caught up in the insanity of the disease. Lines between reality and fantasy blur as families, in their desperate attempts to control and cure the addiction, begin to think and behave in ways that, upon reflection, make no sense. The more enmeshed family members become in their addict's life, the more twisted their thinking is likely to become. As a result, their efforts to help the addict grow increasingly futile, and their own well-being is compromised. A relationship that many professionals call codependence is established, harming both the addict and his or her family.

To prevent this unhealthy relationship from occurring, or to extricate themselves from such a relationship, families must arm themselves with as much knowledge about addiction as possible. They must understand what they *can* do to support the recovery process and learn successful strategies for coping with addictive behaviors. They must recognize common mistakes that may actually prolong addiction and avoid getting trapped in unhealthy patterns. Perhaps most important, they must reaffirm the value of their own lives

and focus on their own peace of mind—regardless of what their addicted loved one does.

One of the most startling statements I heard in the early days of dealing with my daughter's addiction came from a recovering addict who told me, "Even if your daughter is living on the streets, you can still have happy days." It seemed unbelievable to me, yet after many months, I came to see the wisdom of that remark.

None of this is easy. Addicts' families walk an unhappy path that is strewn with many pitfalls and false starts. Mistakes are inevitable. Pain is inevitable. But so are growth and wisdom and serenity if families approach addiction with an open mind, a willingness to learn, and the acceptance that recovery, like addiction itself, is a long and complex process. Families should never give up hope for recovery—for recovery can and does happen every day. Nor should they stop living their own lives while they wait for that miracle of recovery to occur. As a first step toward understanding the processes of addiction and recovery, the next chapter looks at some common addictive behaviors.

T W O

THE STRANGER YOU LOVE

All addicts' stories are heartbreaking in their own unique ways. But if you hear enough of these stories, you begin to realize that they are also distressingly similar. They follow a predictable pattern of experimentation, addiction, and eventual loss of everything most of us hold dear, including family, home, job, and personal values. Addicts become estranged from the nonaddicted world and seem not to mind when they are reduced to circumstances that would be intolerable to almost anyone who is thinking clearly. My own daughter was a prime example.

A heroin addict at age twenty-three, my daughter and her boyfriend, a fellow addict, were evicted from their apartment for not paying their rent. In the four months they had lived there, their apartment had become almost uninhabitable. The filthy bathroom contained a phone book that they used for toilet paper. The living room was a chaotic jumble of dirty dishes and soiled clothing and bedding. The bedroom floor was covered with animal feces from their cats and ferret.

They eventually moved in with friends for a short time and then to the back of their car, a small station wagon. By that time they had lost or sold most of their possessions.

A P P E N D I X D

RECOMMENDED READING

For further reading on addiction and recovery, the following materials may be helpful:

- Blamed and Ashamed: The Treatment Experiences of Youth with Co-occurring Substance Abuse and Mental Health Disorders and Their Families.* Alexandria, Va.: Federation of Families for Children's Mental Health and Keys for Networking, 2001.
- Colleran, Carol, and Debra Jay. *Aging and Addiction: Helping Older Adults Overcome Alcohol or Medication Dependence.* Center City, Minn.: Hazelden, 2002.
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A B O U T T H E A U T H O R

Beverly Conyers has worked as a teacher and freelance writer for the past ten years. An avid gardener, she lives with her dog and two cats in the Northeast. She continues to be active in Twelve Step recovery programs.

Hazelden Publishing and Educational Services is a division of the Hazelden Foundation, a not-for-profit organization. Since 1949, Hazelden has been a leader in promoting the dignity and treatment of people afflicted with the disease of chemical dependency.

The mission of the foundation is to improve the quality of life for individuals, families, and communities by providing a national continuum of information, education, and recovery services that are widely accessible; to advance the field through research and training; and to improve our quality and effectiveness through continuous improvement and innovation.

Stemming from that, the mission of this division is to provide quality information and support to people wherever they may be in their personal journey—from education and early intervention, through treatment and recovery, to personal and spiritual growth.

Although our treatment programs do not necessarily use everything Hazelden publishes, our bibliotherapeutic materials support our mission and the Twelve Step philosophy upon which it is based. We encourage your comments and feedback.

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*“Watching my son throw his life away
has been the most difficult experience of my life.”*

“I look into her eyes and it’s like there’s no one there.”

*“I thought that if I screamed, nagged,
or threatened him enough he’d get clean.”*

This book is for the hidden victims of addiction—families.

For families of addicts, feelings of fear, shame, and confusion over a loved one’s addiction can cause deep anxiety, sleepless nights, and even physical illness. And the emotional distress family members suffer is often compounded by the belief that they somehow caused or contributed to their loved one’s addiction—or that they could have done something to prevent it.

As the heart-wrenching personal stories in this book reveal, family members do not cause their loved one’s addiction. Nor can they control or cure addiction. What family members can do is find support, set boundaries, detach with love—and eventually discover how to enjoy life whether their loved one finds recovery or not. *Addict in the Family* is a book about sorrow, deception, and pain. More importantly, it is a book of comfort, hope, and understanding for anyone struggling with a loved one’s addiction.

About the author

The anguish she experienced as the mother of a young heroin addict motivated teacher and writer Beverly Conyers to write this book about and for families coping with addiction. Conyers lives in Massachusetts where she is active in Twelve Step recovery programs.

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