



## THE CANNIBAL ON THE BALCONY

Addiction involves losing all sense of shame, and addicts are able to do things that ordinary people would never dare do. Addicts—let’s face it—live more colorful lives than most of us do. For this reason, they can be kind of fascinating.

After a recent meeting of our national addiction consulting team, we took time to recall the more memorable interventions we’d been part of during the previous year. Many of the stories were sad, some were depraved yet humorous, and many more were filled with hope and grace.

We talked about heroin addicts shooting up whiskey and others forced to drink “spit-back” methadone. We remembered alcoholics fleeing the scene of a hit-and-run, and others with livers so distended that they hung over their belts. We spoke of meth addicts who “tricked out” their girlfriends to pay for their next fix. And we recounted many sad stories of families who were destroyed by the actions of their addicted loved ones.

Someone in our group mentioned his favorite addict

excuse from the past year: “I don’t remember a thing; I was in the middle of a lupus blackout.” The addict didn’t really have the disease lupus erythematosus. In truth, lupus doesn’t even involve blackouts. It was all nonsense—and a great example of the outrageous way addicts think and manipulate.

But of all our stories, one stood out: Susie M., nineteen, a blond, green-eyed girl from a moneyed family living in the heart of Texas. She was a perfect example of the progress and horror of this disease.

From the outside looking in, Susie had everything. She was smart. She was beautiful. She had been a student at Emory in Atlanta—until she dropped out in the middle of her sophomore year.

That had been a year earlier. Since then she had been in one gigantic, expensive, downward spiral. Her mother had cut her off—she stopped paying rent on Susie’s apartment, stopped subsidizing her bank account, and almost stopped believing anything she said. Susie hadn’t bothered to pay the utilities, so there was no water or gas in her apartment.

Our intervention team consisted of Susie’s mother, Eleanor, the point person for the intervention; Eleanor’s second husband, Phil; Susie’s fourteen-year-old brother, Peter; her best friend from high school, Marcia; the pastor from her former church, the Reverend Tom; and the interventionist, Brian.

We arrived at her apartment building around nine in the morning. It was a sunny, cloudless, Texas day.

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## WHY DO WE INTERVENE IN THE MORNING?

Early morning is the best time to hold interventions and to make help available. First thing in the morning anything seems possible. By the afternoon, “tomorrow” always looks like a better option. In the morning most addicts have gotten at least some sleep, so chances are you will find them at their most sober point of the day. By scheduling interventions in the morning, we also have the better part of the day to get them to treatment before withdrawal symptoms set in.

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We knocked on the door, and Susie opened it with the chain on. Although she was clearly pretty, she was a mess. Her complexion was pale and drawn, and it looked as though her hair had not been washed in weeks. An infected red spot surrounded a recently installed nose ring. She weighed maybe 95 pounds.

A common sign of crack use is filthy hands. Addicts use cigarette ash or copper scrub pads to filter the crack, and handling all that is dirty work. Fingers turn black and dirt gets lodged under the nails. They also have blisters on their fingers from the constant flicking of disposable lighters, as well as blisters on their lips from putting a hot glass pipe against them. It’s not cold sores they’re suffering from.

Susie had it all—dilated eyes, dirty hands, and blistered lips. Her eyes flared as she figured out why we had

come. “I’m not going to talk to you,” she said firmly. “You get the hell out of my place now!”

We peered over her shoulder. Perched on the edge of a green couch were three of her running partners. All three sat forward on the couch, shoulders hunched—sulking, sneaking ghosts, their eyes by turns angry and afraid.

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### THINGS THAT GIVE ADDICTS AWAY

Eyes sometimes reveal a person’s drug of choice. People on speed have dilated pupils, like saucers. People addicted to opiates, like heroin, have tiny, pinlike pupils.

Intravenous drug addicts often wear long sleeves, even in the summer, to hide the sores and scarred veins on their arms.

Crack addicts are often skinny and dirty. Alcoholics’ hands shake. People on benzodiazepines can lose control over their facial muscles, especially around their mouths.

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“Sus, we need to talk to you,” her mother said. “Please, honey.”

“Why don’t we sit down and talk this out?” Phil, Susie’s stepdad, suggested. Susie would have none of it. “Get out!” she hissed, closing the door in our faces.

We regrouped, descending the stairs until we stood right below her apartment, next to a swimming pool filled with beautiful clear water. Susie stood inside the open glass doors on the balcony above us.

We strained our necks and called up to her. “Susie, we love you,” her brother, Peter, cried. Tom, the pastor, said, “We came to give you the help you need.”

This went on for a full fifteen minutes—a crackhead version of the balcony scene from *Romeo and Juliet*. Susie literally held the high ground, always a tactically advantageous position. Here was this spoiled, affluent, intelligent young woman who had morphed into something closer to a cannibal—untamed, hostile, living outside the law. She shook her fist at us and cursed us like a sailor.

Her mother and stepfather wondered: What could we have done differently? We provided her with a beautiful home, the best schools, everything to ensure a wonderful life. What did we do wrong that caused her to transform into the monster in front of us today?

The answer: nothing.

Addiction is a disease and should be treated as such, not a proper parenting issue. The three Cs for parents looking to understand their addicted child are

- you didn’t Cause it,
- you can’t Control it,
- you’re not the Cure.

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### THE CANNIBAL’S CREED

Over time, addicts lose their personalities. Although the real people are still there, inside, they are consistently outvoted and outgunned by their addiction,

turning them into cannibals who devour their own families:

- **Cannibals lose interest in doing normal things.** Over time, healthy activities and roles (like holding down a job; earning a living; or being a spouse or partner, a parent, a citizen, or a friend) take a backseat to the need to secure alcohol or drugs.
- **Cannibals destroy the family's finances.** Even if they are able to hold down a job and draw a paycheck, money is still going to the drug or the addictive behavior. Innocent families lose their houses every day in drug seizures.
- **Cannibals destroy the family's reputation.** Stories get around about “things not being right” in the home. Addicts commit crimes to get money for drugs or the addictive behavior. There are too many embarrassments, too many public scenes. Eventually the family withdraws from the community and pulls the curtains around its shame.
- **Cannibals destroy the family's mental health.** It's bad enough that the cannibals themselves lose control and “go crazy.” But they take their families with them. Addicted families are depressed, angry, secretive, codependent, and confused. Not one or some of these things. All of these things.
- **Addicts/cannibals live like parasites.** They feast on the family's resources—their home, their finances, and their sanity—until the family is gutted and empty. They stop at nothing, because addic-

tion survives by feeding itself at the expense of others.

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We knew how much Susie's parents were hurting and how much they cared for their daughter. Despite all the abuse they suffer, families usually feel great loyalty to the addict. People remember the sweet things their loved ones did and how likable they could be, before the addiction took control. The family usually feels enormous sympathy for the addict's struggle, and they want to meet the addict halfway . . . or three-quarters of the way . . . even 99 percent of the way, if that will help. Unfortunately going the extra mile for the addicted loved one doesn't usually benefit anyone. Sympathy alone doesn't get people well.

This day, yelling up from the courtyard at Susie, the family had their say. Her brother reminded her of the good times they had had as kids and what a good sister Susie could be. The minister reminded her of a mission trip she had been part of during her sophomore year of high school.

Eventually Susie just smiled, closed the glass doors, and disappeared inside the dark apartment. Our meeting was over.

There was some distress among the family. In their minds Susie had won, and everyone else had lost. Phil, the stepfather, was blunt about it: "Well, that was ridiculous. I doubt we'll ever see her again."

Brian corrected Phil. "Actually, this intervention is

going just fine. Let's regroup and talk this through a bit," he said.

Later, at home, Brian said, "The truth is, all interventions, when done properly, are successful. Today, by intervening, you have successfully broken the conspiracy of silence that has paralyzed this family. This paralysis is part of the disease of addiction, which is very much a family illness. As long as everyone around Susie was helping her to keep her secrets, she was free to continue getting high.

"But as of this morning," Brian said, "those secrets have disappeared. You did your part for someone you love who's in trouble. Susie made herself very clear. It's more important for her at the moment to continue getting high than to be a part of this family the way you need her to be—healthy and drug-free.

"Here is how I think this plays out. Probably by this afternoon Susie will start to make some phone calls, looking for the weak link in this family's newly developed boundaries. Susie doesn't actually want to live like this, nor does she want a life without her family. However, we have to prepare to answer those calls and to hold the line on this family's request that she go to treatment.

"But remember, even if Susie doesn't call today, she now knows that this family will no longer support her addiction but that you all will absolutely support anything to do with her recovery. We all make choices and as a family and as individuals we will walk forward from where we stand—you all, as a family, back to your lives,

and Susie back to hers. Remember, this is a process not an event. I need you all to be strong, support one another, and be patient.” Before we broke up for the day, we agreed on a plan of what to say when Susie does call.

Sure enough, a week later the phone rang at the family home. “Mom, it’s Susie. I can’t do this anymore. I’m really sorry about the other day. . . . Will you guys still help me?”

Eleanor rose to the occasion. “Susie, that’s the news we’ve been waiting to hear. If you truly want to go to treatment, and you really mean it this time, then you give Brian a call.”

And Susie did. As this book went to press, Susie had been clean and sober for two full years. And she’s enrolled in school again, studying history.

## The Conspiracy of Silence

In an intervention, the conspiracy of silence is destroyed. Family members stop keeping secrets—from one another and from the outside world. Each one states the consequences he has seen arise from the cannibal’s actions, how this behavior has affected him, and how the relationship will change unless the cannibal accepts the help that is offered.

An intervention is often more of a declaration and an offer than it is a discussion. Once these words are spoken, the intervention is by definition a success, even if the addict chooses not to accept help that day.

Because the conspiracy of silence has been broken, the family is now unfettered, the cannibal has been identified and named, help has been proffered, and the chains of codependency have been broken.

The difference between life before and life after an intervention is this: *It is now possible to tell the truth.* And the truth is that it's not okay to be a cannibal. It's not okay to be an addict at the family's expense. It's not okay to hold your loved ones hostage to your addiction.

While the family may love the brother or father or daughter or son who occupies the same body as the cannibal, after the intervention they have gone to war against the cannibal. With this idea planted firmly in each family member's mind, the whole family takes a giant step toward healing.

## A Message of Tough Love

The term *addiction intervention* is only about forty years old. Before then the general public imagined that an alcoholic or other addict had to hit "rock bottom" before change was possible. Hitting bottom meant he had to experience something dreadful in order to realize he had to change his ways. The "something dreadful" could be arrest, losing a job, illness, or causing injury to another. It's an extremely painful way for an addict to learn. Many die reaching rock bottom. For many, rock bottom is death.

What changed this philosophy was the work of Vernon Johnson, a minister from Minneapolis. Using

his intuition as a pastor, Johnson helped an alcoholic parishioner seek treatment. The process he developed is the backbone of what we now call addiction intervention. It is also called the Johnson Model, because it originated in the intervention center he set up called the Johnson Institute.

It was Johnson who did an intervention on Betty Ford, the wife of former U.S. president Gerald Ford. Betty Ford became a spokesperson for the process, and one of the best-known treatment centers in the world today bears her name.

The remarkable discovery Johnson made is that a person who is talked into seeking help has the same success rate in recovery as someone who actively seeks recovery on his own.\*

Addiction is a strange phenomenon. It has been described as the only disease that tells you that you don't have it. In many cases, the person who is afflicted with this illness is the last one to know how sick he or she is. Such is the power of the addict's denial.

Vernon Johnson changed the current thought about addiction. We are followers of his method, with a twist. Like him, we try to create a "false bottom" so the addict can break through his own encasement of denial. The twist is that, while most other intervention approaches are about the addict, ours is directed primarily at family. Our primary emphasis is on the family's health, not the addict's.

\* J. Fearing, "Statistically Speaking: A Comparative Analysis of the Inpatient Chemical Dependency Treatment Experience between Professionally Intervened Patients and Self-Referred Patients," *Treatment Today* 8, no. 2 (1996): 10-11.

Addiction is a family disease, because it harms everyone in the family or household. It tears at our souls because we love the person trapped by the addiction and do not want to do anything to hurt him.

This book delivers a radical message of tough love: The person you love is sick, crazy, and overruled time after time by the cannibal who has taken up residence in his body. If you wish to save the person you love from the cannibal, you must first save yourself. Otherwise, the cannibal will eat all of you alive—not just the addict but your whole family.

Intervention is a hard prescription. By its very nature it causes everyone involved to feel extremely uncomfortable for a short time. But if you bear with us, we will show you why an intervention may be the best chance your family has to survive. And we'll show you the right and wrong ways to conduct an intervention.

This book differs radically from the so-called War on Drugs that our society has been waging for the past thirty-five years. That war is being waged largely as an advertising campaign, broadcasting a general message into every school, office, and home about the dangers of drugs. This campaign has failed to work. Why? Because it is an air war, directed from high above the people who are affected by it. It is a war conducted by governments and foundations and academics who are looking for global solutions to what is actually a household problem.

Our alternative is closer to home, down to earth, and far more powerful. We tell families that the way to win

the war on addiction is to confront addicts with the truth, get them off the couch and into treatment, and not give them access to our lives until and unless they change.

If the War on Drugs is an air war, this is house-to-house fighting. It is intense, and it can be ugly. But it works. We've seen it work, time after time, for family after family.

The most heartening thing about this kind of fighting is the success rate. About 90 percent of interventions succeed—maybe not the first day, but over the following few months. That success rate is better than you will get for most life-threatening diseases. It is a miracle to families who may have felt paralyzed by the problem for many years.

## **The Problem with Freedom**

In industrialized democracies, a primary social value is freedom. The principle that lives in the minds of most people is that we are free to do what we like.

Freedom is our glory. It is what drives much of our accomplishments and our high standard of living. But it can be a problematic concept. It applies equally to good and bad behaviors. All an addict is doing by shooting up heroin or exposing himself in the park is expressing personal freedom. If family members try to rein that freedom in, and say it is freedom run amok, the cannibal complains that his rights are being violated.

Addicts of every stripe believe that they are not

hurting anyone and if people would just leave them alone, the world would be a better, freer place. This thought is an excellent window through which we can examine the delusions of the addicted. It is a place in which they, and not the family members whose lives they attach themselves to parasitically, are the victims. We have heard addicts express this conviction as if they were constitutional scholars.

The truth is that we have the legal right to some addictions, such as alcohol, overeating, and gambling, while other substances and behaviors, like heroin and some sexual activities, are against the law.

Regardless of the addiction's legality, one thing is clear: It is not the family's responsibility to pay for the addiction. No family is obligated to pay for the cannibal's rent, to feed him, to do his laundry, to pay his health insurance premiums, or to lend him the family car.

Having an addict in the family should not mean the family can't ever have company over, or that the floor of one room should be strewn with dirty dishes, or that the family be unable to sleep because the addict insists on blasting his stereo at seventy decibels at four in the morning.

The addict is right. This is the land of the free. And it is very, very, very difficult to deprive another citizen of his freedom. That is one reason that homelessness is such a large problem in the United States. Many of these people are mentally ill or addicted, and there is no ready legal means to deprive them of their freedom.

No, we can't flip a switch and have our addicted

loved ones carted off to the asylum, as people did a few generations ago. Those institutions don't exist any more. But there are actions families can take to decrease the amount of stress in their households, to increase feelings of safety and security, and to feel confident that they've done everything possible to wrest their loved ones from the grip of addiction.

There are no guarantees that intervention will get your loved one to stop using. But we have the power to fight this affliction. Our belief systems strongly influence the outcome of a situation. If we *believe* change is possible, then it becomes possible.

The following chart lists some basic truisms. Many people are stuck in the thinking patterns listed in column 1. Column 2 describes behaviors that will effect change.

WHAT DOESN'T WORK	WHAT DOES WORK
Expecting things to get better by themselves	Being proactive and taking responsible steps to improve the situation
Remaining silent about the things you know	Speaking up and out to anyone who will listen
Refusing to call the authorities and have them take your addict away	Involving knowledgeable professionals and asking for help
Destroying your family system (relationships, finances, respect) in an attempt to save one person	Making decisions based upon the greater good of the family as a whole, making help available to the addict, and setting livable boundaries