Working with family members of substance misusers: A globally neglected aspect of harm reduction

Lorna Templeton
Research Manager, Mental Health Research & Development Unit (Bath – AWP NHS Trust and University of Bath); Independent Research Consultant (Bristol): L.Templeton@bath.ac.uk

On behalf of the UK Alcohol, Drugs and the Family Research Group - Professors Alex Copello, Jim Orford and Richard Velleman, and Akanidomo Ibanga

Presentation to IHRA Conference, 28th April 2010
Global impact of substance misuse on the family.

Parents who use drugs negatively affect their relatives (family members), including children.
  - All other family members can also be affected.

These family members need support *in their own right*. Such support could reduce individual and family harm.

This is a largely neglected area of research, practice and policy.

The 5-Step Method is an example of how to help family members and reduce harm.
What is the extent of the problem?

<table>
<thead>
<tr>
<th>Drug treatment population</th>
<th>General population</th>
</tr>
</thead>
<tbody>
<tr>
<td>50,373 partners</td>
<td>573,671 partners</td>
</tr>
<tr>
<td>55,012 parents</td>
<td>610,970 parents</td>
</tr>
<tr>
<td>35,208 ‘other’</td>
<td>259,133 ‘other’</td>
</tr>
<tr>
<td>Total = 140,593</td>
<td>Total =1,443,774</td>
</tr>
</tbody>
</table>

- Minimum estimates from 2009 UK DPC study about adult family members of drug misusers.
- Alcohol misuse - WHO data indicates that many tens of millions of people have a range of alcohol problems.
- In the UK, up to 1 million children are affected by parental drug misuse & up to 3.5 million by parental alcohol misuse (Manning et al., 2009).
- It is estimated that the impact of drug misuse on the family costs the UK £1.8 billion but also brings a resource saving to the NHS of £747 million through the care provided.
The impact of substance on the family: a global public health problem

- We have conducted research in:
  - England
  - Mexico City
  - Australia (with Aboriginal communities)
  - Italy

- What family members have said suggests that the impact of addiction problems on the family is remarkably similar all over the world.

- Particular elements of this experience can differ or be more prominent according to culture and social context.
Ray et al. (2007) compared family members of people with substance misuse problems (n = 45,677) with family members of similar persons without substance misuse (n = 141,722).

Family members more likely to be diagnosed with medical conditions, most commonly depression and other psychological problems, and to be higher users of health care services.

Data on symptoms from our research studies shows that family members have higher baseline symptoms of physical and psychological ill health than both family members of psychiatric outpatients and community controls.
A set of stressful circumstances

- Has the nature of severe stress, threat and abuse.
- Involves multiple sources of threat to self and family, including emotional, social, financial, health and safety.
- Can have significant impact on children.
- Can lead to a wide range of physical and psychological health problems.
- Worry for the misuser is a prominent feature.
- Attempting to cope creates difficult dilemmas, and there is no guidance on the subject.
- Social support for the family is needed but tends to fail.
- Family members can therefore be seen to experience a range of individual and family harms through living with substance misuse in the family.
Living with substance misuse: a unique experience for families

“....the experience of living with a relative with a drinking or drug problem is a very particular experience. It brings together in some combination elements of stress, threat, and even abuse, often simultaneously affecting different family functions and different members of the family. Worry about the loved relative is a core characteristic. It is bad for the health of family members and for the health of the family as a whole. There is no simple name for that kind of experience....”

(Orford et al., 2005 p117)
**Stress-strain-coping-support model**

Developed from what family members told us:

- Families are stressed by someone else’s problem drinking or drug use; this has an impact on them.

- The strain of dealing with the substance misuse leads to physical and psychological ill health. There can also be problems in other areas.

- The strain is influenced by:
  - Method(s) of coping
  - Level and quality of social support
Contrast with other Models

- Family/affected others are seen differently. Most importantly they are not blamed or pathologised.
- Family members are part of the solution, who also have needs in their own right.
- Family members are at the heart of the response.
- Focuses on present circumstances and actions.
- Considers how harms to individuals and families can be reduced.
The 5-Step Method

- Structured and brief psychosocial intervention developed from the model just described.
- It is for family members *in their own right.*
- It does not necessitate the user being in treatment.
- Applicable whatever the relationship of family member to addicted relative.
- Applicable in a wide variety of settings, including primary and specialist healthcare.
- Flexible in its application e.g. number of meetings; number of family members.
- Can be extended to include joint work with family member(s) and addicted relative.
- Works with very broad definitions of family member and substance misuse.
The 5-Steps

1. **Step One**
   - How the problem affects family members
   - Listen, reassure and explore concerns
2. **Step Two**
   - Provide relevant information
   - About alcohol and drugs but also other issues
3. **Step Three**
   - Explore coping responses
4. **Step Four**
   - Explore social support
5. **Step Five**
   - Explore further options for help & support
   - Involvement of others in the family
   - Scope for joint working
Testing the 5-Step Method

- **Mixed methodology studies** – 4 in UK and 1 in Italy:
  - Quantitative data - symptoms & coping are primary outcome measures.

- **Primary care:**
  - Feasibility study: all family members received up to 5 face-to-face sessions with a professional.
  - RCT comparing two levels of the intervention.
    - All family members received a self-help manual. In addition, some family members received 1 introduction session, whilst others received up to 5 face-to-face sessions.

- **Secondary care (statutory drug & alcohol service):**
  - 2 studies to replicate the primary care feasibility study.

- **Italy**
  - Full feasibility study involving professionals from both primary and specialist care services in 3 regions.
Findings (1)

- Data from over 250 family members.

- Family members are mainly female and mothers or partners. Using relatives tend to be male and drug (heroin) or alcohol misusers.

- Family members have been living with the situation for an average of 8-10 years, feel generally isolated with low levels of support and previous negative experiences of help-seeking.

- The lives of the family members and the substance misusing relatives are very entangled.

- Substance misuse does not occur in isolation – other problems also present in many instances.

- Children can be badly affected.
Findings (2)

- For family members:
  - A positive and significant change in coping behaviour.
  - Reduction in symptoms (physical and psychological).
  - Lessening of the impact of the problem.
  - Qualitative data supports, and adds depth to, many of the quantitative findings, although there was an overall preference for a higher level of face-to-face contact.
  - Role of the self-help manual.

- For staff (primary care and specialist workers):
  - Use of a measure of therapeutic commitment.
  - Increase in various aspects of therapeutic commitment, e.g. confidence in working with family members.
  - Awareness of the importance of working with family members.
Examples of how the 5-Step Method can influence coping responses

- Increased focus on own life and needs (gaining independence).
- Increased assertiveness over the misuse (resisting and being assertive).
- Taking a calmer approach towards the misusing relative (reduced emotional confronting).
- Increased awareness of the relative’s misuse problem and its effects on family members (cognitive change).
Quotes from Family Members

”It’s just nice to talk to someone who’s not involved... family & friends are too close I think”

”It was about the first time I felt somebody had listened to me....someone was interested in how I was feeling”

”She let me find my own way....she helped me to arrive at ways of dealing with things”

”It did me good, it was helping me....that was my time.....I felt like I was spoiling myself”

”I can’t solve the problem; I’ve got to stand back and that’s helped me”

”I feel privileged to have had this help, I can’t thank you enough”

”As a Mum, I’m used to only thinking of others”
Quotes from Professionals

“Personally, I found the sessions a positive professional experiences. I have learnt so much from this client”

“It gave me confidence to know that the stuff I had done was actually okay”

“I had a fear of working with family members...I’ve crossed that bridge”.

“...how important it is to engage with family members in people’s treatment”
The 5-Step Method programme

- Modes of delivery - self-help materials, online self-help materials, support groups for family members.
- Potential to take the Internet based work much further and this could have particular global relevance.
- Use of the 5-Step Method in other countries, particularly Mexico and Italy.
- Work in England in recent years has focussed on supporting drug and alcohol treatment services to have a more family oriented approach.
- We are looking for research funding to expand the 5-Step Method so it can cater more specifically for children and their families.
- We are about to start work with Adfam (national charitable organisation for families), supported by Department of Health funding, to roll out the 5-Step Method in voluntary services for families.
Concluding thoughts

- The indications are clear that the impact of addiction on the family is significant and that this is an international public health problem.
- Alcohol and drug policies do not adequately address the needs of family members or how they can be involved in treatment.
- Service delivery remains predominantly oriented towards the focal alcohol or drug client, although there is evidence of a wide range of interventions to support families, and some evidence that more services are becoming available.
- The 5-Step Method is an effective response to the needs of family members. It has the potential to significantly reduce harm and health problems across the world.
Some selected references


A special issue of 'Drugs: Education, Prevention and Policy' (later in 2010) will be devoted to our programme of research and the 5-Step Method.