

From the Editors

Welcome to the 6th issue of the AFINet Newsletter. This issue includes contributions from Australia, England, Finland, Germany, Hong Kong, India, Northern Ireland, New Zealand and Scotland. The diversity and breadth of your contributions is testament to the significant ways family members and families can be affected by alcohol and drug use and the growing recognition of understanding and addressing that impact.

We have very much enjoyed this, our first foray as your editors. If you have any comments or suggestions for how we can improve this newsletter and make it as relevant as possible to your needs, we would love to hear from you.

Wishing you all a pleasant summer – or winter, depending where you live!

Please feel free to contact either of us with your comments and suggestions:

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From the Chair of Trustees

What an exciting and rewarding field this is to work in! Two things have reminded me of this in the last few days. One is the enthusiastic response that we have had to our plan for an AFINet Project that we are calling *Country policies and practices regarding affected family members (AFMs)*. The aim of this project is to find out how adult and child AFMs are recognised and responded to in a number of geographically and economically contrasting countries. In each of those countries, the project will attempt to determine how well or poorly recognised AFMs are, as well as the adequacy of service provision available for helping affected family members. We shall start by examining relevant policy documents such as government health and social policy documents. We have approached AFINet members in a number of countries who expressed an interest and we have already had very enthusiastic responses from members in a number of countries. It looks as if, despite AFINet having no financial resources for the project, members will be able to make a start, on this important work in

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... from the Chair of Trustees

Brazil, India, South Africa, New Zealand, Australia, Canada, Germany, the Republic of Ireland, Scotland, England and Wales, and perhaps in other countries too. The project is being led by Fatima Padin (Brazil), Megan O'Leary (Ireland) and myself (England). If we have not already heard from you, but you think your country, or you personally, might like to be involved, please get in touch with us.



My other very different kind of reminder of how stimulating this area of work is, was the recent Service of Celebration and Hope held in Westminster Abbey in London, organised by the British charity (non-government organisation) *DrugFam*, based I believe on similar services which the National Family Support Network in Ireland have held very successfully in Dublin for a number of years. *DrugFam* aims to get greater recognition for the impact of addiction on families and to reduce the hurt and shame that they often feel. In the course of the service a number of people spoke movingly about the loss of loved ones through addiction. In the days following the service, one attendee referred to it as '*one of the most moving experiences of my life*'. For an academic researcher like me, the service was another powerful reminder of the personal stories behind the facts and statistics and of the power that lies in shaping the belief that addiction is a 'disease' or that co-dependency is a useful concept for understanding the experience of affected family members – but perhaps that doesn't matter at the end of the day. Or does it? What do you think?

Jim Orford J.F.Orford@bham.ac.uk
Chair of Trustees, AFINet

Australia

CHECKMATE update

Checkmate, an online intervention and support package for family members and friends of loved ones using crystal methamphetamine, is a project led by AFINet member Frances Kay-Lambkin and her team (Jenny Geddes, Sally Hunt, Kate Ross), funded by the Australian Government Department of Health. Central to this project is the support from an International Expert Group which includes Richard and Gill Velleman and other AFINet members - Jim Orford, Lorna Templeton, Abhijit (Abhi)

Nadkarni, Urvita Bhatia, Megan O'Leary, and Rob Brown.

The development of *Checkmate* is being informed by a consultation process carried out directly with affected family members/friends of people using crystal methamphetamine ('Crystal Meth', 'Ice', 'Glass') and evidence from the published literature. A brief update on these foundational steps is provided below.

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Consultation with family members/friends of people using crystal methamphetamine has been undertaken – 39 volunteers completed an in-depth online interview and 17 of these also completed an in-depth phone interview with team member Jenny Geddes.

Accounts of coping with the challenges associated with someone else's use of methamphetamine were analysed. Key themes included:

- 1) The need to upskill health professionals in Australia to better support affected family members/friends. Support should acknowledge the desperate need of the affected family member/friend to assist the person using methamphetamine and the relationship between (and values associated with) the affected family member/friend and the person using methamphetamine. Navigating the complexities of family relationships was important for parents caring for their grown children using crystal methamphetamine, particularly when other children were also present.
- 2) More information about crystal methamphetamine was requested by the family members/friends, as was the ability to access emotional support in a confidential, safe, and accessible environment.
- 3) Online (internet/app-based) support was widely endorsed.
- 4) Finally, a theme that resonated throughout these interviews was the need

to "live with it, not in it". This phrase has become the philosophy of the *Checkmate* programme.

The team will now complete a systematic review of the literature on interventions to support family member/friends of people using crystal methamphetamine specifically, and alcohol/other drugs more generally, in order to inform the content of the *Checkmate* online programme. A *Checkmate* prototype will be available from 1 July 2017. *Checkmate* will be available to a limited number of workforces in Australia from 1 August 2017, whilst an evaluation of the programme takes place. Please subscribe to the [Cracks in the Ice](#) website to be kept abreast of the wider launch plans.

Throughout the second half of 2017, the *Checkmate* project team will engage with key workforce stakeholders who currently support affected family members/friends to train them in the *5-Step Method* and use of the *Checkmate* programme.

For more information, contact:

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Parenting Plus – a framework for intervening in adolescent substance use

The *Parenting Plus (PP)* framework provides a systemic intervention for families experiencing adolescent substance use. The framework is based on the highly successful *BEST* (Behaviour Exchange Systems Training) and *BEST Plus* group programmes devised by Dr. John Bamberg through his work with parents and families in

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Victoria, Australia. Originally, both the BEST (developed in the late 1990s) and BEST Plus programme (developed in 2003), were designed to involve parents and families in a group setting. However, recruitment was often a challenge as families could be reluctant to discuss substance use behaviours in a public forum. To address these concerns, the framework was developed to allow families to seek assistance on an individual basis.

The PP approach enables practitioners to support parents and families to build their capacity in responding to the problems associated with adolescent substance use. The approach promotes: reducing parental stress, anxiety and guilt; increasing parental confidence to respond to their adolescent's substance use; parenting consistency; and parental knowledge of substances, their effects and treatment options. The PP approach benefits practitioners through enhancing their ability to engage families in treatment. It also allows practitioners to understand the difficulties faced by parents and families when coping with behaviour associated with adolescent substance use as well as to recognise when, where and how to intervene within various stages of the work.

Two publications which describe the BEST Plus approach are listed below:

- Bamberg, J. H., Findley, S., Toumbourou, J.W. (2006). The BEST Plus approach to assisting families recover from youth substance problems. *Youth Studies Australia*, 25(2), 25-32. ISSN: 10382569

- Toumbourou, J. W., Bamberg, J. H. (2008). Family Recovery from Youth Substance Use-Related Problems: A Pilot Study of the BEST Plus Program. *Substance Use and Misuse*, 43(12), 1829-1843. doi: 10.1080/10826080802297385

For more information, contact: **John Bamberg**, Johnhb2@bigpond.com; or **Jacqui Sundbery**, J.Sundbery@latrobe.edu.au

England

SURVEY: Families Living with Addiction and Recovery

In the UK, a partnership between the *Desistance and Recovery Research Group* at Sheffield Hallam University and *Adfam*, the national UK charity for families of addicts, has been funded by Alcohol Research UK to create an amended version of the *Life in Recovery Survey* that specifically targets the family experience. It has been pilot tested in the UK with a range of family support groups and is available online until the end of July. If you want to have your say, and have your story told, and at the same time to contribute to a new body of research on family experiences please complete the survey: [Families Living with Addiction and Recovery](#).

While the survey primarily targets the UK, responses from any country are welcome. AFINet members are encouraged to circulate the survey via their networks. Included below is a brief background to the survey.

Evidence shows that recovery is a process or journey that lasts around five years before people can sustain their own recovery without

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help. Recovery is intrinsically social and key individuals in the person's life are critical to supporting, encouraging and facilitating change - we know much of how this happens through a survey of recovery experiences conducted by [*Faces and Voices of Recovery*](#) in 2013 in the USA, which showed the extent of the recovery journey.

Family members and loved ones are often critical to the recovery process. Yet the family journey has not been well documented in research. Similarly, their experiences have not been served as well by an advocacy movement that has focused primarily (although not exclusively) on the experiences of the person in recovery.

From what we do know, the family also have their own recovery road to travel and this may not match, in chronology or in context, that of the person overcoming their own addiction. But we know very little about this process and there has been a limited opportunity to give a voice to this hidden group. This survey aims to discover what recovery means for family members and a summary of the findings will be published.

For more information, contact: **David Best**, D.Best@shu.ac.uk, Helena Kennedy Centre, Department of Law and Criminology, Sheffield Hallam University.

Announcing the Bereaved through Alcohol and Drugs (BEAD) website

Adfam and *Cruse* are delighted to announce the launch of the *Bereaved through Alcohol and*

Drugs (BEAD) website. The website, funded by the Big Lottery Fund, will serve as a vital source of practical and emotional support and information for anyone who has been bereaved in this way.

For most of us, bereavement will be the most distressing experience we will ever face but we also know that the death of a loved one as a result of alcohol or drugs can present additional issues including:

- Shame and stigma
- Traumatic circumstances
- Suddenness and shock
- Intensity of emotion

The new and engaging [BEAD website](#) aims to broaden the support already offered by outlining where and how to access appropriate support. There is information on what to expect when you are grieving as well as practical information on the next steps that have to take place as a result of a death. Throughout the website there are personal accounts from people who have themselves been bereaved through a loved one's alcohol and drug use and we hope reading these accounts will make people in a similar situation feel less isolated.

The site was developed in close partnership with one of our fantastic peer support volunteers who understood the needs of people accessing this service. The site can be accessed at: www.beadproject.org.uk

For more information, contact:
Robert Stebbings,
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Testimonial: A member comments on the 5-Step Method training for practitioners (November, 2016)

I am an independent practitioner who set up a charity in my local area to work with people struggling with their control of alcohol. Throughout the years I have worked with many individuals to support their change. One of the questions I ask clients is; 'How many people do you think are negatively affected by your use?' The answer is, a lot. As I became increasingly aware of family members who were under constant stress, feeling helpless and isolated if their loved ones are losing control of their use of alcohol or drugs, I wanted to be able to offer a service to support them.

As a lone worker, I value good quality courses: after all it's me that has to pay for them! I am selective in the courses that I attend and who I choose to train me. I attended the 5-Step Method course facilitated by Richard and Gill Velleman, run in Maidenhead, UK, in November 2016. I was not disappointed.

This is an extremely useful training that is very well thought through and organised, with a brilliant reminder to 'begin at the beginning': that is to say, ask what is on the client's mind, feeding back their concerns and allowing them to correct you if necessary, putting them at their ease and gaining their confidence.

The course allows time to practice the skills in small groups (after the trainers have first demonstrated them) and to receive feedback, conducted in a very supportive and friendly way. The steps are structured in a way that flows and is engaging. I very much doubt if any attendee will be disappointed.

John Hill, AFINet member

Finland

Changes in the Finnish gambling scene occurred recently when the three gambling monopolies were merged into one single state-owned entity in January 2017. According to the Finnish Government, the rationale behind this merger was to help strengthen its commitment to reduce the social harms associated with gambling.

The *National Institute for Health and Welfare* is testing the impact of this merger through two waves of research. The first wave involves a "Gambling Harms survey" to study gambling, gambling-related harms and exposure to gambling marketing before and after the merger. This population-based data, collected in January-February 2017 using web and postal surveys, included a random sample (n=20,000) of 18+ aged Finns in three geographical areas, with 7186 respondents. Cross-sectional reference data on gambling harms from the gamblers' perspective was also collected from 119 help-seeking gamblers. In addition, the perspective of others affected by gambling was gathered using a 13-item harms list. The first wave report will be published later in 2017.

For further information, contact **Anne Salonen**, Anne.Salonen@thl.fi, Principal Investigator from the National Institute for Health and Welfare, Finland.

Another Finnish AFINet member, Sari Castrén, also from the *National Institute for Health and Welfare*, brings news from a pilot study on gambling which she conducted with Senior Planning Officer, Minna Kesänen. This pilot

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study took place in Vantaa, Finland, during December 2016 and January 2017. Health and social care professionals working in four separate units/departments and their young adult clients took part to this study. The units/departments included a student health care unit, a preventive substance use work unit, an addictions aftercare unit, and a social work unit for young people. Professionals were trained to screen all clients over a one month period and offer a brief intervention to promote behaviour change to reduce or stop gambling, and if required, to refer the client to the Helsinki Gambling Clinic.

Preliminary results, from the interviews with professionals who took part of the study, reveal that professionals were surprised how often their young clients raised concerns about someone close to them who had a problem with gambling. This lends weight to our belief that a clear model of helping others affected by someone else's gambling is required. More emphasis and active planning is needed to establish a network of trained *5-Step-Method* professionals in Finland.

For more information, contact: **Sari Castren**, Sari.Castren@th.fi, National Institute for Health and Welfare, Finland.

Germany

SHIFT (Crystal Meth and the Family) study

Methamphetamine use in Germany has sharply risen, and as a result, both addiction treatment and child welfare services have been challenged

in supporting these families and the demand for targeted interventions has grown rapidly. In response, the German Institute of Addiction and Prevention Research developed a parenting intervention named **SHIFT**, funded by the Federal German Ministry of Health. It is the first of its kind – adapted to the specific needs of methamphetamine dependent parents. It is currently being evaluated in a randomised controlled trial: '*Crystal Meth and the Family II: Conceptualisation and evaluation of a parenting intervention for methamphetamine abusing parents in Germany*'.

Methamphetamine-involved families are characterised by complex socioeconomic and psychosocial problems. Children affected by parental methamphetamine use often exhibit behavioural and emotional difficulties and frequently experience instability and disruption of the relationship with the parents.

The overarching goal of SHIFT is to improve the care-giving environment for children. Besides strengthening parenting skills, a special focus is placed on the promotion of family resilience and sustained abstinence. The intervention involves parents who are former or current methamphetamine users who have children aged between 0 and 8 years. The content and didactics of SHIFT are based upon current research findings and include both elements of cognitive behavioural and addiction therapy. Currently the parenting intervention is being implemented in cooperation with 12 addiction treatment and child welfare facilities in the Federal States of Saxony and Thuringia in

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Germany. The first results of the randomised controlled trial will be available later in 2017.

For further information, contact the SHIFT research team: **Michael Klein, Diana Moesgen & Janina Dyba**, German Institute for Addiction and Prevention Research, Catholic University of Applied Sciences, Woerthstrasse 10, 50668 Cologne, Germany. Email: shift@katho-nrw.de

Hong Kong



A team comprising Richard Velleman, Gill Velleman, Gracemary Leung and Jessica Lam have successfully completed a *5-Step Method* training workshop for 60 Hong Kong helping professionals through Project Bridge, which was funded by the *Beat Drugs Fund Association* and administered by the Department of Social Work and Social Administration at The University of Hong Kong (HKU). The project aims to investigate the adaptation and application of the *5-Step Method* among the local Chinese population.

The workshop was held at HKU between 12th and 14th January, 2017. Qualified Trainees, upon completion of the training and follow-up

supervision (delivered by Gracemary Leung), will deliver the *5-Step Method* to affected family members of substance users in 2017/2018 and research data will be collected along the way. Professor Samson Tse of HKU, Principal Investigator of Project Bridge, commented:

“We hope this pilot project could be the starting point of bridging overseas evidence-based practices and local addiction services in Hong Kong”.



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India

The SAFE study - Supporting Addiction Affected Families Effectively (SAFE) - a contextually adapted intervention to support family members affected by a relative's alcohol use: a Pilot Randomised Controlled Trial.

SAFE is being conducted in Goa, India, by AFINet members Urvita Bhatia, Abhijit Nadkarni, and Richard Velleman.

Background

SAFE is a treatment development and evaluation project that aims to culturally adapt

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the *5-Step Method* for the Indian context. The preliminary effectiveness of the surface-adapted *5-Step Method* is being assessed through a pilot Randomised Controlled Trial (RCT), where affected family members (AFMs) are being randomised to receive either the adapted 5-Step Method or Enhanced Usual Care (an information leaflet). Outcomes measured at 3 months' follow-up included the: Symptom Rating Test; Coping Questionnaire; Family Member Impact Questionnaire; and Alcohol, Drugs and the Family Social Support Scale.

Milestones completed

- 1) Skills building of seven lay counsellors to deliver the adapted 5-Step Method, through regular training and supervision sessions throughout the project period. All the trained counsellors reached sufficient competency levels to deliver the intervention.
- 2) Networking with community stakeholders, such as community health workers, to build awareness about the intervention and to recruit participants into the study.
- 3) Pilot RCT with AFMs: 115 participants referred into the study - 20 (17.4%) self-referrals and 95 referred by community gatekeepers; 111 were approached to assess eligibility and 102 completed eligibility assessment; 101 were eligible, consented to randomisation and completed baseline assessments; 51 of these were randomised to the treatment arm (5-Step Method) and 48 the control arm. All 48 completed 1 session, 47 (97.9%) completed 2 sessions, 44

(91.7%) completed 3 sessions, and 40 (83.3%) completed sessions 4 & 5 (full treatment); 96/101 participants completed their 3-month outcome assessments.

- 4) Some adaptations were made to the 5-Step Method manual and associated documents (handbook and other materials used in intervention delivery), based on the data from the key activities described above.

Some observations

Our preliminary experiences reinforce our thinking that it is possible to identify AFMs through gatekeeper/self-referrals, and recruit most of them through a systematic process involving community engagement. We saw high rates of participation and good treatment completion rates, indicating good acceptability of the intervention. Furthermore, it is possible to efficiently implement procedures that are critical in conducting a full scale RCT of the SAFE intervention, which is our next step.

Anecdotal evidence suggests that successful delivery of the programme includes: a positive response from referral agencies (e.g. community gatekeepers who expressed interest to refer AFMs into the programme); a positive response from AFMs (e.g. as evidenced by the recruitment rate and observations from field staff); use of technology to collect data (e.g. a mobile-based platform was used to collect data from participants), and; flexibility in venue for treatment delivery (e.g. most participants preferred receiving the treatment at home). All of this resulted in good engagement in

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treatment sessions (e.g. average duration of treatment sessions was approx. 62 minutes), and willingness to take part in the research programme (e.g. majority of the participants completed the specified number of treatment sessions).

Some barriers in programme delivery included: limited resources to recruit participants (e.g. counsellors were recruiting participants as well as delivering the intervention and had to balance their time across a range of tasks); difficulties in arranging treatment sessions (e.g. in some cases, the drinking relative didn't know or give consent for the participant to engage in treatment); difficulties in the use of the treatment handbook (e.g. many participants cited difficulties because of lack of time); expectations from the counsellor to change the drinking relative's behaviour, and; poor quality of other formal support for participants who needed further help.



Intervention session in progress, delivered by one of our lay counsellors [right]

The way forward

The next step is to conduct the nested-qualitative study to understand perspectives and

experiences of AFMs who received the intervention. Our study also highlighted the need for understanding the burden of violence amongst AFMs, which we will propose to do in another sub-study. We will then aim to analyse the pilot RCT data, write up our findings, share our findings through our multi modal dissemination strategy, and make final adaptations to the intervention to make it suitable for the Indian context.

For more information, contact:

Urvita Bhatia, Urvita.Bhatia@sangath.in

New Zealand

5-Step Method in NZ

Matua Raki (the national addiction workforce development centre in New Zealand) has been working closely with AFINet members, Richard and Gill Velleman, to implement the 5-Step Method throughout the addiction sector in New Zealand. There are a number of components to the implementation strategy and the full accreditation process has three parts:

- 1) Train and accredit addiction practitioners in the *5-Step Method*.
- 2) Train these accredited 5-Step practitioners to deliver training to other practitioners in the *5-Step Method*, and accredit them as trainers.
- 3) Train them to become accredited assessors.

Matua Raki will continue to support the ongoing process and implementation and are very hopeful that once New Zealand has enough accredited trainers and assessors they

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will be self-sufficient in the Method. The first practitioner training was held in Auckland on 17-19th May 2017 with seventeen experienced addiction practitioners from around the country, who were also able to reflect upon the potential cultural adaptations that may be required for the *5-Step Method* in the New Zealand context. Hopefully, most of these practitioners will go on to become accredited in the method, and then go on to become trainers when Richard and Gill Velleman return to do a 'train the trainers' workshop in early 2018.

For more information, contact:

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Professor Richard Velleman and Gill Velleman with the 5-Step Method practitioner trainees in Auckland New Zealand, May 2017.

Northern Ireland

Editors's note: Ed Sipler reports on one of the two AFINet projects which were outlined in the 2016-2019 Strategic Plan, Project 1. As a reminder, Project 1 addresses how AFM's can be reached effectively in larger numbers around the world: Project 2 is meant to document

policies and practices regarding AFM's in a number of specified countries.

Project 1 is underway: How affected family members can be reached effectively in larger numbers around the world

When AFINet members were surveyed last year, 58% of you who responded said you would be willing to actively help with this project. By now I would have written to those of you who said yes to get the project started sending you an outline of the project and asking for volunteers to form a steering group to oversee the project.

I think most of you would agree that support for affected family members in many countries have been under resourced and the isolation for family members that follows only adds to the suffering and hardship they experience. What we aim to do is to identify how to reach family members effectively in large numbers.

Our first task is to define what we mean by reaching family members. Our hope is this will create a productive discussion that will start the work and move forward from this.

This project will run over the next year and conclude in the summer of 2018.

While it seems at the start to be a big project, I am encouraged by the views of a family member who spoke of her experience of receiving the 5-Step Method intervention at a recent seminar - ***Power of Family Support*** - in our part of Northern Ireland. She said:

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“For years I did not seek any help for myself for varied reasons and that went on for years. One day a message I had seen many times before told me there was help for me. I finally took up the offer and it’s the best thing I ever did.”

Her message to us, *“Keep getting your message out there that there is help for family members over and over again. It is when you do it consistently like this in a drip drip drip kind of way, it may just finally hit home”.*

It finally did for her.

For more information, contact: **Ed Sipler**,
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Scotland

Drugs Research Network Scotland (DARN)

In 2015, the Scottish Government and key stakeholders developed a [Scottish National Research Framework for Problem Drug Use and Recovery](#) (Scottish Government, 2015) in response to the recommendations made in the [Independent Expert Review of Opioid Replacement Therapies in Scotland](#) (Drug Strategy Delivery Commission, 2013).

Four key research themes were identified – **Prevention, Harms, Families and Recovery** – with an emphasis on research into the associations between problem drug use, deprivation and inequalities and the unique context of drug-related problems within Scotland.

Since then, the Scottish Government has made resources available (£240K over 3 years) to

support the sector to develop a multi-disciplinary, multi-institutional approach to addressing the Research Framework. The aim being to facilitate a strategic and co-ordinated approach to increasing drugs research through attracting additional funding and effective knowledge exchange with practitioner and policy development agencies. The collaborative will be hosted by a Scottish Higher Education Institute (HEI) and supported by the appointment of a dedicated Research Co-ordinator.

On 1 November 2016, the *Scottish Funding Council* (SFC), working in partnership with the Scottish Government, announced the call and invited Scottish HEIs and other stakeholders to submit a research collaborative proposal. In response, several stakeholder meetings were organised and a small ‘Interim Steering Group’ (ISG) was established to take the lead on writing a grant application, in consultation with members of the collaborative. The ISG includes AFINet member Dr. Anne Whittaker and others Dr. Brian Kidd, Dr Catriona Matheson, Dr Aileen O’Gorman, Dr Alison Munro and Dave Liddell (CEO, Scottish Drugs Forum).

An ambitious *Drugs Research Network Scotland (DRNS)* bid was submitted in March 2017. Following initial positive feedback from the Scottish Funding Council (SFC), the host HEI is now being selected. This will mean that the contracting process for the award can be progressed and the key performance indicators for the 3 years’ funding can be agreed.

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We hope that the award will be announced in the near future and the collaborative set up by the end of the year!

AFINet members should note that:

- ‘families’ is one of the key research themes for Scotland
- the collaborative proposal places a strong emphasis on international collaborations in order to answer key gaps in evidence

- membership of the collaborative aims to be as inclusive as possible so will be open to researchers and other stakeholders outside Scotland.

For further information on the DRNS collaborative and what it hopes to achieve, contact: **Anne Whittaker**
Anne.Whittaker1@nhs.net



Journal Corner

AFINet Trustee Richard Velleman takes a brief look at three recent papers about the impact of addiction problems on Affected Family Members (AFMs): a paper from South Africa about the impact of Methamphetamine on AFMs; one first authored by AFINet member Cassandra Bortolon, giving 6-month outcomes from an RCT of an intervention for affected family members of drug users; and finally one from AFINet’s Chair, Jim Orford, about the impact of such factors as the type of relationship, and social and cultural factors, on the common core to the harm experienced by affected family members.

Kwaku Oppong Asante and Antonio Lentoer (2017). Use of crystal methamphetamine among male adolescents in Cape Town, South Africa: Caregivers' experiences. *Substance Abuse Treatment, Prevention, and Policy*. 12: 18. <http://dx.doi.org/10.1186/s13011-017-0102-9>

Crystal methamphetamine (colloquially known as “tik” in Western Cape, South Africa, where this study was undertaken) is extensively used by Coloured youth who are part of the emerging working class in Cape Town. This excellent exploratory qualitative paper looks at the experience of mothers of sons who have been misusing Tik. The researchers conducted 1:1 semi-structured in-depth interviews with sixteen (16) purposively selected mothers, recorded and then translated and transcribed them, and used thematic analysis to identify themes related to their experiences. Their categorisation of themes corroborates findings from other qualitative research, showing that these mothers felt full of shame and embarrassment, whilst also

experiencing many personal challenges, including emotional problems, fear, self-blame, and major family disruption and financial drain as a results of their sons' drug use and related behaviour. There is a Table of illustrative quotes (page 4) which is extremely evocative and very heart-rending. The results highlight the psychosocial challenges for mothers of children who use Tik and underscore the need for effort to be directed at the development of formal support interventions for mothers of young people who are troubled with addiction.

Cassandra Borges Bortolon, Taís de Campos Moreira, Luciana Signor, Bárbara Léa Guahyba, Luciana Rizzieri Figueiró, Maristela Ferigolo & Helena Maria Tannhauser Barros (2017). Six-month outcomes of a randomized, motivational tele-intervention for change in the codependent behavior of family members of drug users. *Substance Use & Misuse*, 52(2), 164-174. <http://dx.doi.org/10.1080/10826084.2016.1223134>

This was both an interesting and a challenging paper for me to read. It is challenging as the descriptions of AFMs are very alien to the way that I think about them. I view AFMs as being people caught up in often chaotic situations, where they are trying to both make sense of what is happening to themselves and their families, and to deal with things as best as they can. The terminology of this paper runs very counter to this. It uses very negative and blaming terminology about AFMs – it describes these AFMs as ‘co-dependent’ (as if they are not trying to deal with the problems of a relative’s addiction, but instead have equal and serious dependency problems of their own – as if they are dependent on their relative having an addiction problem) and instead of seeing their responses as being ‘the best that they can manage’, it describes them as being ‘maladaptive’. Finally, instead of offering help to these AFMs because they have such serious problems in their own right (as outlined in the previous paper), it provides a rationale for the intervention based around what they can contribute to their relative’s recovery.

However, having said all this, I also found this paper extremely interesting, because the intervention described (a telephone intervention, based on motivational interviewing and stages of change) is both very different to the 5-Step Method with which I am most familiar, and because the results appear to be positive, in terms of helping AFMs to alter their behaviours (albeit behaviours which the authors describe as ‘co-dependency’ ones, such as focus on others, self-sacrifice and reactivity). The study had a number of problems (for example, the majority of FMs in both the intervention and the control group were lost to follow up), but for the AFMs who remained, this study demonstrates the possible impact of a telephone-based and hence affordable intervention to help AFMs – and one that is based on a model of help which is very different to the 5-Step Method.

Jim Orford (2017). How does the common core to the harm experienced by affected family members vary by relationship, social and cultural factors? *Drugs: Education, Prevention and Policy*, 24(1), 9-16. <http://dx.doi.org/10.1080/09687637.2016.1189876>

In this paper, Jim looks at data collected in a variety of studies which our group (comprising in the UK, Jim, myself, Lorna Templeton, and others over the years such as Alex Copello; and elsewhere colleagues in a variety of other countries) has undertaken into the harm to close family members caused by addiction. So he looks at qualitative data based on semi-structured interviews conducted in Mexico, England, Australia (an Indigenous sample), Nigeria, and India; and at quantitative data based on the use of a standard set of questionnaires collected in Mexico, England, Italy, Brazil and the USA.

In the past, our group have focused most on the similarities of AFMs experiences across the world – the fact that, irrespective of the country or cultural group, or the ways that families are constituted, there appears to be a common core of experiences, of ways that AFMs are affected, of ways that family members attempt to cope, and of the types of social support that they receive. In this paper, Jim concludes that, although there is this common core to the harm experienced by all AFMs, the family harm is variable, dependent in important ways on relationship, social and cultural factors.

From this analysis, Jim poses a number of hypotheses which can then go on to be tested in future research, including hypothesising that AFMs experience greater coping difficulty and higher levels of strain under conditions of greater accumulated burden; a family position of structural subordination and dependence; and lack of good quality social support.

A highly stimulating read, and ‘compulsory’ for all of us interested in AFMs and how best to understand their problems and how to help them.

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The next AFINet newsletter will be published in December, 2017, and we will be soliciting submissions starting in early October. In the meantime, please access [Addiction and the Family International Network \(AFINet\)](#) website and encourage others to join!