

# Seeing the Bigger Picture: Some Ways Ahead for AFINet

Jim Orford

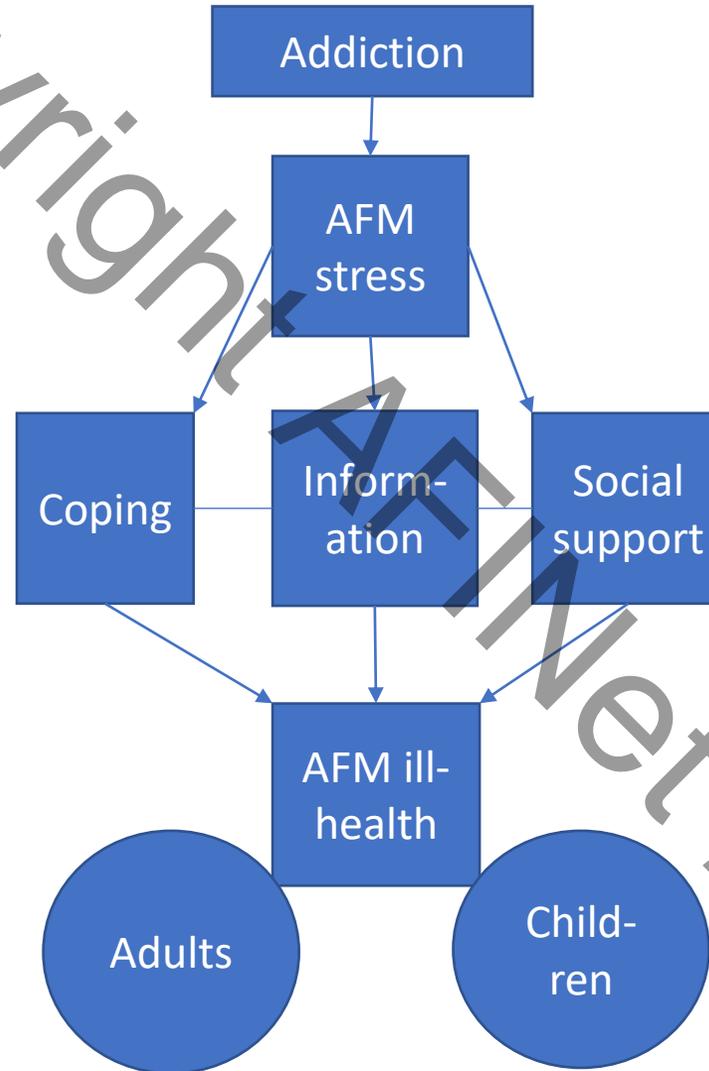
School of Psychology, University of Birmingham,  
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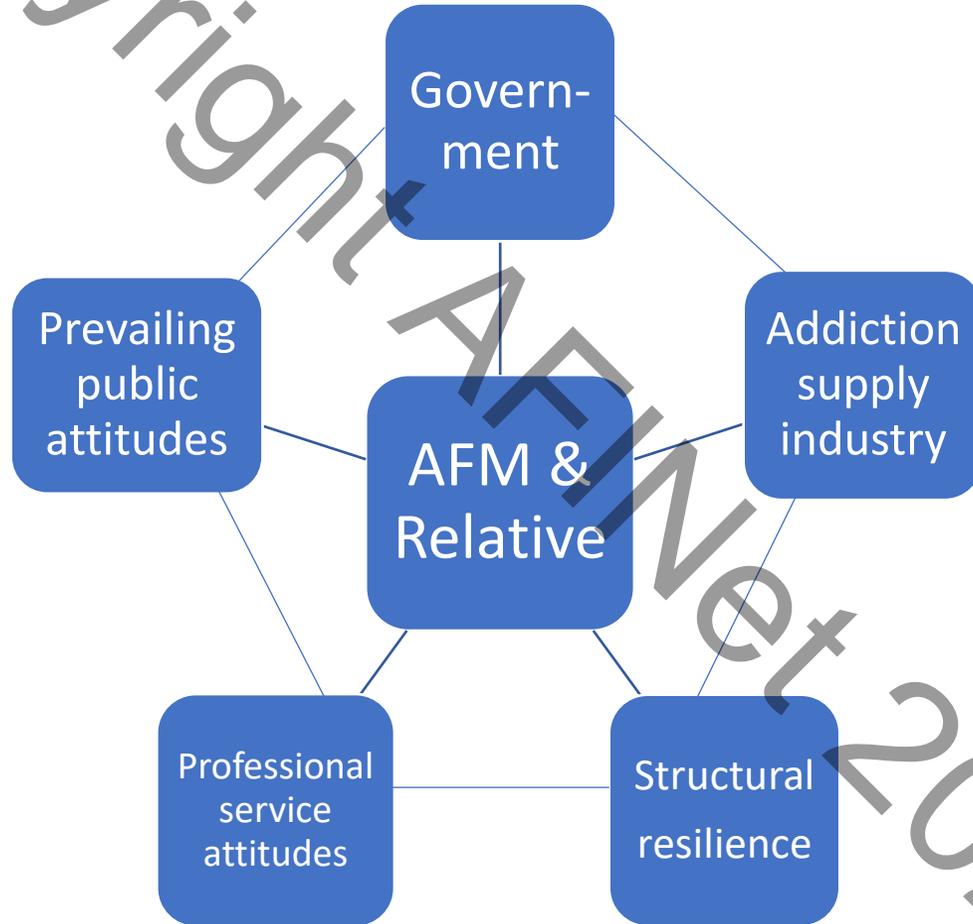
# My background

- Clinical psychology
- Community psychology

# The Stress-Strain-Coping-Support (SSCS) Model



# The Bigger Picture



## *Affected Family Members: A Group with No Voice*

- Difficult to identify
- Not associated with any one priority health problem
- Do not create a problem of public disorder
- Have no collective voice or identity
- Have no name
- Neglected
- Often blamed
- Feel ashamed

## Social and community models which provide a broader perspective

- *Conservation of resources theory* (Hobfoll, 1998) – stress occurs when people’s resources, necessary for survival and achievement of goals, are lost or threatened.
- *The capabilities approach* (Nussbaum, 2000) – no one should be so constrained by powerful other people or by circumstances in such a way that basic capabilities are threatened.

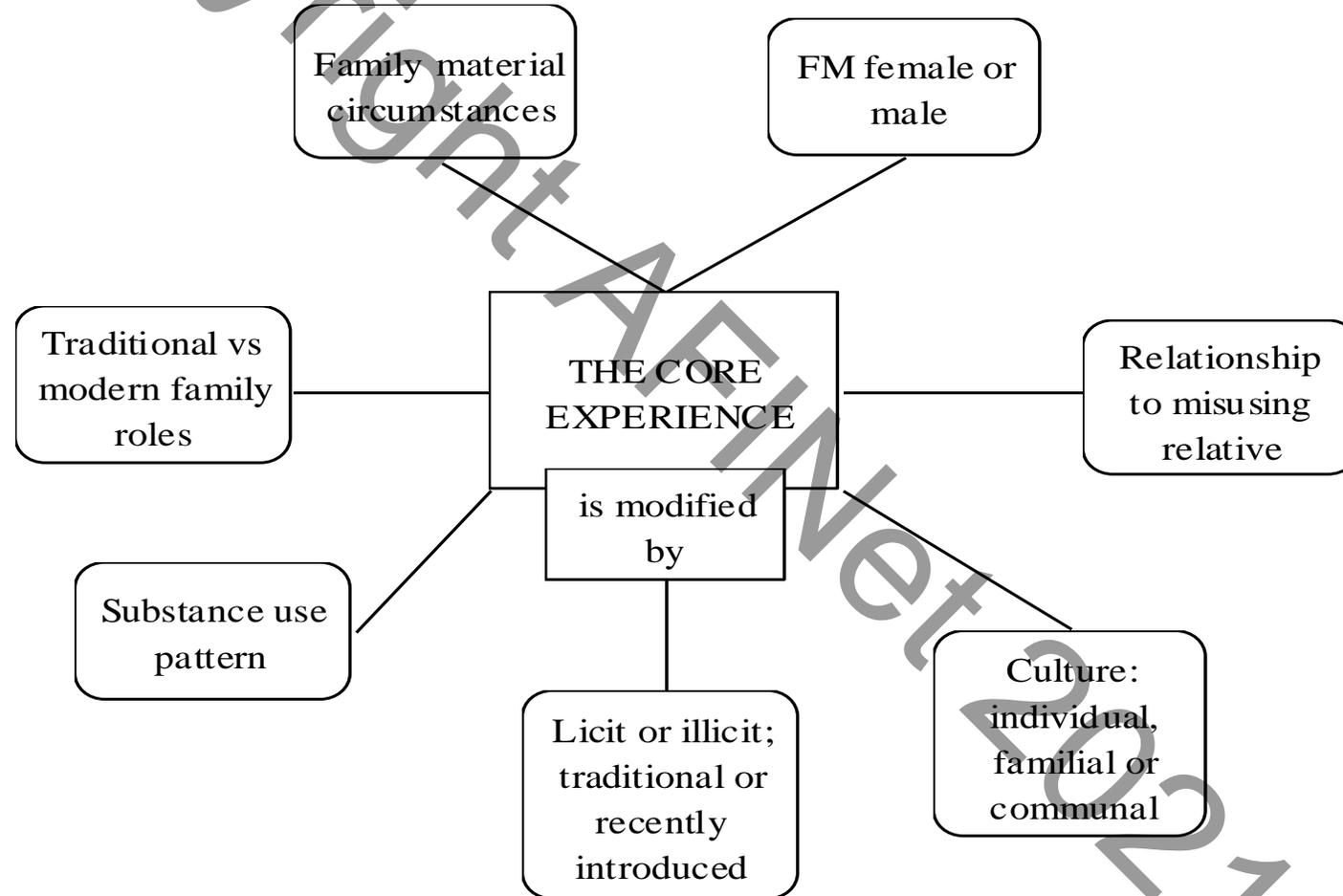
# Resilience Index Measurement and Analysis (RIMA 2016)

- *Access to basic services* (ABS) accounts for the household's access to enabling institutional and public services environments (e.g. improved sanitation, improved electricity supply, distance to school, distance to hospital)
- *Assets* (AST) includes income and non-income-related assets that enable a household to make a living (e.g. wealth, agricultural wealth, land)
- *Social safety nets* (SSN) refers to the network upon which a household can rely when faced with a shock (e.g. access to credit, transfers, others can rely on)
- *Adaptive capacity* (AC) refers to household ability to adapt to the changing environment in which it operates (e.g. years of education, salary, training)

# Cultural Variations

- Threat to family poverty
- The position of women
- Non-kin support
- Threat to autonomy
- Drink as a public issue
- Obligations to kin

# Main Modifiers of the Core Family Member Experience



How the Family Member Experience Varies: it is more difficult to cope and the level of strain is higher:

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- Where the affected family member is in a family position of *structural subordination and dependence*: women and children; particularly women living in families and cultural groups where a higher value is placed on hierarchy
- Where good quality *social support is lacking*: from within the same household; from friend or extended family member; local neighbourhood; or from a professional source(s)

# Two Challenges

- How to reach more affected family members
- How to help family members campaign for policy change

# The Number of Affected Family Members is Huge

It is estimated that there are approximately 15 million people with drug use disorders globally and 76 million with alcohol use disorders

A cautious estimate of just one person seriously affected in each case suggests a minimum of 91 million affected family members

Most people would use a greater multiplier and produce a higher figure

# Challenge Number One

## Reaching More Affected Family Members

- Changing personnel in specialist organisations to be more family focused (increased awareness and confidence)
- Raising awareness in non-specialist organisations (social work, primary healthcare, etc.)
- Using new modes of communication, e-health
- Reaching family members in low and medium income countries and rural areas
- Reaching family members at an earlier stage in their relatives' addiction

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- If you think it is safe to do so, address addiction directly with the person concerned using engaged-assertive and supportive ways of coping
- Make use of available personal, and if necessary professional, support

Beyond the Immediate Family:  
How do we all cope with addiction in others?

- The extended family
- Close friends
- Colleagues
- Team members

# Addiction Dilemmas

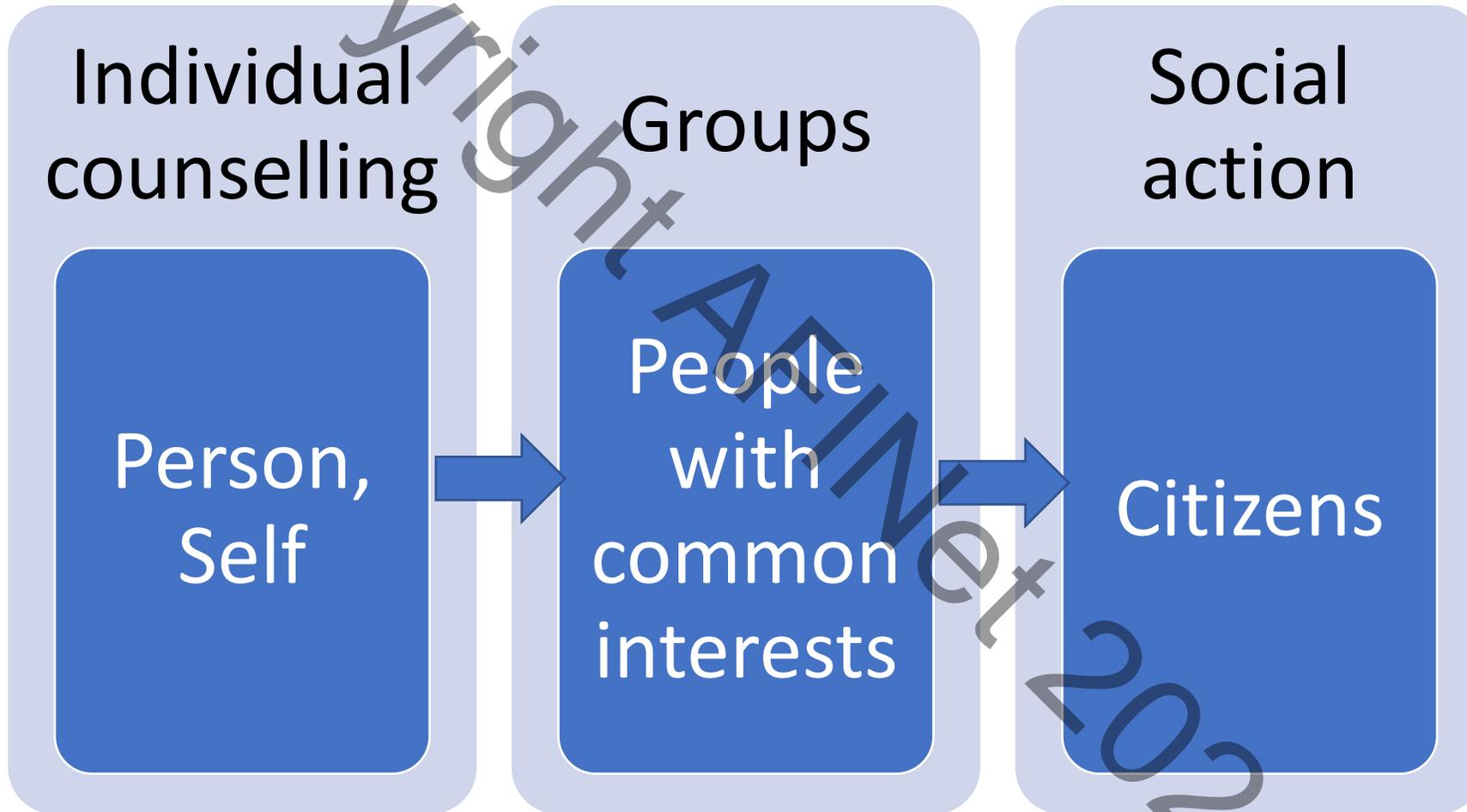
Coping dilemmas for affected family members

- **Withdrawing** from it, being independent of it
- **Engaged** in trying to change it, standing up to it
- **Accepting** it, putting up with it

# Challenge Number Two: Helping family members campaign for policy change

- For the inclusion of family members in their relatives' treatment
- For more help for affected family members in their own right
- For improved professional training about addiction and its effects on families
- For better consideration for family members bereaved as a result of addiction
- Against new local outlets or concentration of outlets for the sale of addictive products; the sale or promotion of addictive products to children or young people; or addiction-relevant local criminal activity
- For greater awareness amongst local or state representatives; point out how national policy is thought to be putting people at risk
- For legislation that recognises the contribution and rights of addiction 'carers'

# The Psychotherapy to Social Action Model



Do Governments recognise the needs of  
affected family members (AFMs)?  
First indications from an AFINet project

On behalf of AFINet project participants in South Africa, India, Brazil,  
Mexico, Germany, the Irish Republic, the Netherlands, the UK

Presented at: 1st AFINet International Conference, Newcastle upon Tyne, UK,  
November 2018

Overall there is very limited recognition of affected family members in official government policy documents

- 1. No mention of AFMs at all.
- 2. Mentioned in name only
- 3. Mentioned but AFMs in general remain largely peripheral to the document's main concerns
- 4. Mentioned but not followed through
- 5. Mentioned: mostly children who are the focus

# There are good examples of supporting family members as a priority

Example A: Substance Misuse Strategy for Wales 2008-18

- The Strategy is structured around four Priority Action Areas of which 'Supporting and protecting families' is one
- A Figure in the Executive Summary shows 'Support for Families and Carers' as a main element of relevance to all points on a continuum from prevention to treatment and recovery
- Inclusive: adults too although children still biggest priority
- Harm is a central idea in this document, appearing in the title and repeated often

## Example B: Reducing Harm, Supporting Recovery - A health-led response to drug and alcohol use in Ireland 2017-2025

- The most recent Irish National Drugs Strategy had considerable input from the National Family Support Network
- From the outset the impact on families is acknowledged
- This is seen in both the vision and five main objectives of this strategy
- Throughout the document the involvement of family members in supporting the rehabilitation of a service user and in the design and delivery of services is emphasised

## EXAMPLES OF COLLECTIVE ACTION BY AFFECTED FAMILY MEMBERS

- *Mothers against drunk driving*: a national campaign in the USA
- *Voice of Southmead*: a local community project in Bristol, England
- *Silent Voices Speak*: Women and prohibition in the Truk islands in the Pacific
- *Grog War*: Campaign for grog-free days in Tennant Creek, Northern Territory, Australia
- *Family Support Network*: Network of Family Support Groups, Ireland
- *Gambling with Lives*: an English campaign group

## What AFINet might Do More of: Reaching More Affected Family Members

- Work with non-specialist organisations (social work, primary healthcare, etc) to raise awareness of the impact of addiction on AFMs
- Explore new modes of communication (e-health etc) to reach AFMs
- Work with those in low and medium income countries and in rural areas in order to reach AFMs
- Explore ways of reaching family members at an earlier stage in their relatives' addiction

## What AFINet might Do More of: Helping AFMs Campaign for Change

- For more help for affected family members
- For improved professional training
- Against the sale or promotion of addictive products harmful to the health of children or young people
- For greater awareness amongst legislators and local or state representatives of the risks for and rights of addiction 'carers'
- Join with AFM EbEs (experts by experience)

## Some references

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