

From the Editors

Welcome to the last AFINet Newsletter for 2017. This issue provides us with a chance to reflect on ongoing international research activities on family members affected by their relative's substance use. It includes contributions from Brazil, England, Finland, Germany, India, Northern Ireland, New Zealand, Scotland and United States. Although in this edition the Journal Corner's section is not reported, we have included a special section on the 5-Step Method with regards its aims, benefits, accreditation process and recent training sites.

Thanks to those of you who contributed to it as these contributions are essential to the newsletter's success. If you have any ideas or suggestions for our next newsletter, we would love to hear from you.

We hope that you will enjoy reading this issue.

Season's greetings to you all!

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From the Chair of Trustees

The School of Psychology at the University of Birmingham, England, where I have worked for the last 23 years is moving to a new building and for the first time for many years I shall be sharing a room. I am having to be ruthless in throwing out most of the stuff I've accumulated during that time and earlier. This is difficult for a hoarder like me! Anyway, in the process I've come across all sorts of things that I and colleagues have been doing and saying over the years on the subject of family members affected by their relatives' addictions. What has struck me is how we have been talking about the neglect of affected family members for a very long time and yet, despite what we have been saying, that state of neglect persists.



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... from the Chair of Trustees

I know we have made some progress but I can't help feeling that somehow we are getting the message wrong. Are we missing something obvious? Do we need a new way of talking about addiction (if indeed that is the right word) that does not continue to marginalise affected family members? Should we push the idea of AFMs being 'carers' like other carers who are officially recognised in the UK and elsewhere? Should we put our weight behind the concept of 'harm to others' favoured by the World Health Organisation? Is there mileage in the idea of 'passive drinking, drug taking or gambling' by analogy with 'passive smoking' which was influential in bringing about change in tobacco policy? None of those seem to me to be quite right. Perhaps our term 'affected family member' is catching on. Meanwhile there is ongoing debate about whether addiction is 'a brain disease' or perhaps a 'habit disorder' or something else. But I don't hear it being suggested that addiction is, first and foremost, a threat to family life.

Am I 'barking up the wrong tree' as we say in English? Or should we be giving some thought to how we get our basic message across so that you don't all have the same experience that I've been having as I clear out my years of accumulated stuff?

Jim Orford j.f.orford@bham.ac.uk
Chair of Trustees, AFINet

Brazil

Editor's note

The authors, Cassandra Borges Bortolon, Maristela Ferigolo and Helena MT Barros, wish to report that they published the following commentary: "Families that Live with Disorders Related to Substances and Addiction" in the Journal of Drug Use (vol. 3, n.1:3, 2017). DOI: 10.21767/2471-853X.100044.

Interested readers can access the commentary via the following link:

<https://drugabuse.imedpub.com/families-that-live-with-disorders-related-to-substances-and-addiction.pdf>

For more information, contact
Cassandra Borges Bortolon-
Acurarte (cassandra.bortolon@gmail.com)

England

["Like sugar for adults" The effect of non-dependent parental drinking on children and families \(pdf\)](#) – Institute of Alcohol Studies, Alcohol and Families Alliance & Alcohol Focus Scotland (2017).

This new report brings together the findings from involving experts and practitioners, focus groups and an online survey into the impact of non-dependent parental drinking on children and families. It shows that parents do not have to regularly drink large amounts of alcohol for their

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children to notice changes in their behaviour and experience negative impacts.

Mentor and Adfam

[The Parents' Handbook: Talking with your children about New Psychoactive Substances and Club Drugs: A Handbook for Parents and Carers.](#)

Mentor and Adfam have updated and re-launched their resource providing information and advice to parents and carers about New Psychoactive Substances and Club Drugs. It details the range of new substances, their effects, risk factors and the law. It also gives helpful advice on how to have effective conversations about drugs with children to keep them safe.

For more information, contact
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Finland

UPDATE from the A-Clinic Foundation's Fragile Childhood activity

'Shadow World' is the first and only online service for young people aged 12 - 22 affected by parental substance use in Finland. It provides information, support and a means to break the silence anonymously. In 2017, three online groups counselled by child protection professionals will take place. The main objective is to help and support children who suffer from parental substance use and offer them peer experiences in matters that are typically kept a secret.

For adults, Fragile Childhood has developed a new three-month online group staffed by counsellors where peer support is emphasised. After getting acquainted, participants share life stories and then move on into discussions about identity and personal resources, relationships, dealing with emotions, personal boundaries etc. In the latter part of the group more positive themes and approaches are supported. For example, occasional live chats are introduced to lighten up the atmosphere a bit. Since the demand for peer support was so overwhelming a message board was opened in March 2017. In seven months, 1150 adults signed up to the forum. The message board has gathered about 700 messages so far which means some participants are either passive readers or did not find the board useful.

Fragile Childhood has made inquiries about introducing the 5-Step Method in Finland in near future.

For more information, contact **Janne Takala**,
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Germany

AFINet symposium at the German Addiction Conference 2017

From the 18th-20th September, the largest German interdisciplinary conference on Addiction took place in Luebeck with approximately 400 participants. One of the main topics this year was research on affected family members. We are very pleased that Jim Orford contributed as a plenary speaker on "Power, Powerlessness, and Addiction" and that

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we could host the first AFINet symposium in Germany, chaired by Jim Orford and Gallus Bischof.

In four presentations, a wide range of findings were presented showing the burden of family members as well as evidence about ways to deliver adequate help.

- Jim Orford outlined basic principles and the evidence-base of the 5-Step Method that has yet to be introduced to the German treatment system.
- Ursula Buchner and colleagues reported results of a study on a web-based programme for family members of gamblers.
- Renate Soellner and Christine Hofheinz reported data on burden and social support in family members of individuals with problematic substance use compared to family members of people with dementia.
- Gallus Bischof and colleagues reported data from the Burden, Expectancies, Perspectives of Addicted Individuals' Significant Others Study (BEPAS).

Some of the presentations can be downloaded from the conference website

<https://www.suchtkongress2017.de/programm/>

For more information contact **Gallus Bischof**,
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University of Luebeck, Germany.

India

We recently published a paper based on the findings emerging from our formative work to adapt the 5-Step Method in Goa, India¹. We briefly summarise our key findings below.

Family members of individuals who drink problematically (Affected Family Members-AFM's) hold a large burden of caring for the health of their drinking relatives. Furthermore, they face major barriers to accessing support such as limited skilled staff, stigma, and lack of contextually appropriate interventions. SAFE (Supporting Addictions Affected Families Effectively) aimed to contextually adapt the 5-Step Method to develop an acceptable, feasible intervention for AFMs delivered by lay counsellors (LCs) in Goa, India.

In-depth interviews with 30 AFMs revealed substantial physical/emotional violence, financial difficulties, shame, poor health, impaired interpersonal relationships, and change in the AFMs family roles; all related to living with a drinking relative.

A different group of 21 AFMs received the surface adapted 5-Step Method delivered by LCs. Following the intervention, there was an increase in engaged coping and informal social support, but worsening of stress and strain. Some of our results were consistent with those from other contexts; however, three distinct findings emerged in the Indian context:

- 1) the need for more behavioural strategies for AFMs, and simultaneously, a focus on

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engaging drinking relatives in their own treatment,

- 2) AFMs feeling trapped (often with extreme levels of violence), and instead of withdrawing, they take up roles traditionally fulfilled by the man, possibly to preserve the sanctity of the family unit, and
- 3) although knowledge and understanding of the AFMs increased through the intervention, they may have not felt empowered to make changes in their situation thus experiencing worsened stress and strain.

Based on these findings, the SAFE intervention will be further adapted to the Indian cultural context. In the future, a Randomised Controlled Trial to test the effectiveness of the adapted intervention will potentially inform the scale up of a cost-effective, acceptable, and feasible intervention for AFMs delivered by non-specialist health workers in low-resource settings.

¹ Nadkarni A, Bhatia U, Velleman R, Orford J, Velleman G, Church S, Sawal S & Pednekar S. [Supporting addictions affected families effectively \(SAFE\): a mixed methods exploratory study of the 5-step method delivered in Goa, India, by lay counsellors](#). *Drugs: Education, Prevention and Policy*. 2017:1-10. (Published online ahead of print).

For more information, contact **Amruta Houde**, urvita.bhatia@sangath.in
Intern, Addictions Research Group, Sangath, Goa, India.

Northern Ireland

Working together: Collaboration through AFINet

Working together is a means of pulling together our resources and a recent example came through AFINet.

Fragile Childhood in Finland has developed two powerful media clips:



- “*Monsters*” is a campaign that shows how their loving parent turned into something totally different when drinking or struggling with a hangover.
- “Orphanage” raises the question, “if kids could choose their parent, would they choose you. Are you the loving, caring parent every child has a right to?”

Through sharing their work through AFINet we saw how useful these clips could be in Northern Ireland. It started discussions and from those conversations Fragile Childhood has given the *Alcohol and You Partnership* in Northern Ireland permission to use images from their clips in a brief advice tool for parents and alcohol. The need for this resource came from requests by safeguarding social workers struggling with parents who don’t see the harm their drinking is having on their families.

In turn, Fragile Childhood is considering translating the resource into Finnish. This was

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only possible through the sharing of information through AFINet. Thank you!

For more information, contact **Ed Sipler**,
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New Zealand

New Zealand's first accredited 5-Step Method practitioner

Addiction services in New Zealand are often working on a daily basis with the families and whānau (extended family) of people affected by addiction. In the last few years however mental health and addiction services have been asked to make a paradigm shift in the way they offer mental health and addiction support to ensure more effective engagement and support for family, whānau and the children of the people they work with.

To support this process and to build on the work that addiction services are already doing, Matua Raki has joined with AFINet to implement the 5 Step-Method in New Zealand. In May, Matua Raki hosted Professor Richard and Gill Velleman from AFINet to run an initial three day 5-Step Method Practitioner training and accreditation programme. Since this time the participants have been busy becoming accredited in the method. This process involves audio recording (with consent) their work with family and whānau members, and being evaluated against the assessment criteria for each of the 5 Steps in the Method. It also involves collecting data and using the Family Member Questionnaire (FMQ) at pre, post and 3 month follow up with the family and

whānau members they are working with. This allows us to measure how well the Method is working.

Congratulations Steve Staunton, Northland District Health Board (DHB)

As a result of this robust process, we warmly congratulate Steve Staunton (AOD clinician) from Northland DHB Community Mental Health and Addictions service in Whangarei, as New Zealand's first accredited 5 Step Practitioner. Steve is Australian Born and came to New Zealand 10 years ago with his whānau. He has been with Northland DHB for 10 years, in a variety of roles but mostly in the AOD sector. His current role involves facilitating groups and providing individual counselling. He has been running groups for affected family members based on the 5-Step Method for the last 5 years.

According to Steve *"it is really easy to follow the 5-Step Method and whānau find it really useful. It gives them space to be listened to and given information relevant to their needs and to explore what is useful and not useful for them to do. It also makes them put the focus on their own wellbeing"*. In the context of group work he says *"it allows people to be with others who understand what they are going through and be given ideas about how to cope with and respond to their family members behaviours"*. The next step for Steve is to become an accredited 5-Step Method trainer and assessor.

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Congratulations Steve!

For more information, contact

Anna Nelson Anna.Nelson@matuaraki.org.nz

Programme Manager, Matua Raki within Te Pou,
part of the Wise Group Te Pou Ltd.

Website: <https://www.matuaraki.org.nz/>

Scotland

Drugs Research Network Scotland (DRNS)

The new Scottish Drugs Research Network, funded by the Scottish Government, has now been established! The Scottish Funding Council awarded a three-year grant (£240,000) for the Network to the University of Stirling who were successful in their bid to host the collaborative.

DRNS aims to provide a co-ordinated, collaborative and strategic approach to drugs research in Scotland, delivering evidence to address the four priority research themes in the Scottish Research Framework for problem Drug Use and Recovery (2015): prevention, harms, recovery and families.

Key objectives of the DRNS collaborative include:

- To progress the delivery of high quality, interdisciplinary research into the developmental pathways and natural history of problem drug use and its common comorbidities;
- To deliver an evidence-based understanding of the nature and extent of problem drug use and its effects on individuals, families, carers and communities with the intention of reducing the harms associated with problem drug use and facilitating recovery;
- To address the gaps in the evidence-base around effective interventions regarding prevention, harm reduction, recovery and family-based approaches to drug use;
- To maximise synergy by attracting external research/infrastructure funding;
- To improve knowledge exchange with practitioner and policy-development agencies to facilitate better understanding of which interventions are effective for whom and when;
- To build on existing relationships to further develop active links with leading researchers and practitioners in other parts of the UK and across the world.

Work has already begun to create the network operational infrastructure, including the selection of members for the DRNS Steering Committee.

Research Theme Leads, and recruitment of the DRNS Research Coordinator and Administrator. In the near future, DRNS will be setting up a peer expert group including people with lived/living experience of drug use and dependence, who will

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contribute to the work of the collaborative as equal partners. A membership application system is in development. The Research Theme groups will be meeting in the new year to agree research priorities and workplans. Meantime, DRNS advertised its first lunchtime seminar which was delivered on Wed 6 Dec with other knowledge exchange events planned for 2018.

DRNS has appointed the following people to date:

- Catriona Matheson (Honorary Professor and Convenor of the DRNS Steering Committee)
- Tessa Parkes (Research Director and Deputy Convenor of the DRNS Steering Committee)
- Joe Schofield (DRNS Research Coordinator)
- Dave Liddle (CEO, Scottish Drugs Forum and NGO representative for the Steering Committee)
- Duncan Hill (Specialist Pharmacist in Substance Misuse and Clinician with Relevant Experience)
- Lauren Johnston (Attainment Challenge Programme Manager and Social Scientist representative of Steering Committee)
- Alex Baldacchino (Professor, Consultant Psychiatrist in Addictions, NHS R&D Director representative of Steering Committee)
- Aileen O'Gorman (Senior Lecturer and Academic Lead for the Harms Research Group)
- Alison Munro (Senior Research Fellow and Academic Lead for the Health, Social Care and Wellbeing Research Group)
- Anne Whittaker (Associate Professor and Academic Lead for the Families Research Group)

The collaborative bid to establish the network involved ambitious targets related to its key objectives so the network is keen to involve other interested academics, clinicians, policy makers and stakeholders. **If you would like more information about DRNS, or to be added to their distribution list, please email: drns@stir.ac.uk**

Anne Whittaker is particularly keen to hear from anyone who may want to join the **Families Research Theme** to work on collaborative research grants. Anne.Whittaker1@nhs.net

Salvation Army Centre for Addiction Services and Research (SACASR)

The Salvation Army Centre for Addiction Services and Research (SACASR) has recently been established at the University of Stirling, Scotland

It is a three year partnership between the Salvation Army and the University of Stirling to take forward the Salvation Army's Drug and Alcohol Strategy.

The Centre will deliver:

- New, interdisciplinary research on addictions and on interventions that can prevent related problems for individuals, families and communities;
- Research on the impact of the Salvation Army services;
- Research synthesis through literature reviews, practice reviews and knowledge exchange activities;

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- Dissemination of new and synthesised research through on-line and other publications;
- Policy analysis and policy briefing to inform the work of the Salvation Army;
- Education through accredited university programmes;
- Training for front-line Salvation Army workers through cascaded training, short courses, workshops and stand-alone accredited modules.

Our focus in the first year is on the interconnections between homelessness, substance use, and physical and mental health.

We are conducting a meta-ethnography to examine perceptions of those who are homeless in terms of effective substance use treatments. We also have funding from the Scottish Universities Insight Institute to host three knowledge exchange events (late 2017 / early 2018) to bring together interested stakeholders to identify key issues in relation to homelessness and substance use in Scotland. These events will explore innovative local, national and international approaches and facilitate dialogue on the key issues and opportunities for research, policy and practice. In addition, we are also developing a programme of research on children and families, developing connections with AFINet members to work collaboratively in Scotland and beyond. We would welcome AFINet members getting in touch about working on family-related projects. We also have a number of PhD students associated with the Centre including some whose doctoral study focuses on addiction within the family e.g., Andy Rome's thesis is examining service users and family members' perceptions of

changes in family dynamics and functions following treatment.

The Centre team members are:

- Dr Tessa Parkes (Director)
- Dr Hannah Carver (Knowledge Exchange Fellow)
- Marcus Cusack (Knowledge Exchange Assistant)
- Dr Maria Fotopoulou (Lecturer in Criminology)
- Honorary Professor Catriona Matheson (previously University of Aberdeen)
- Honorary Professor Bernie Pauly (University of Victoria, British Columbia).

For more information, our contact details are provided on our [Centre website](#).

United States

CMC: Foundation for Change and the Partnership for DrugFree Kids

CMC ([The Center for Motivation and Change](#)): [Foundation for Change](#) and the [Partnership for Drug Free Kids](#) have been developing a parent-to-parent support network (PSN). The goal of this collaborative effort is to offer parents who have been affected by their child's substance use a platform for receiving support and guidance on evidence-based strategies for helping their child.

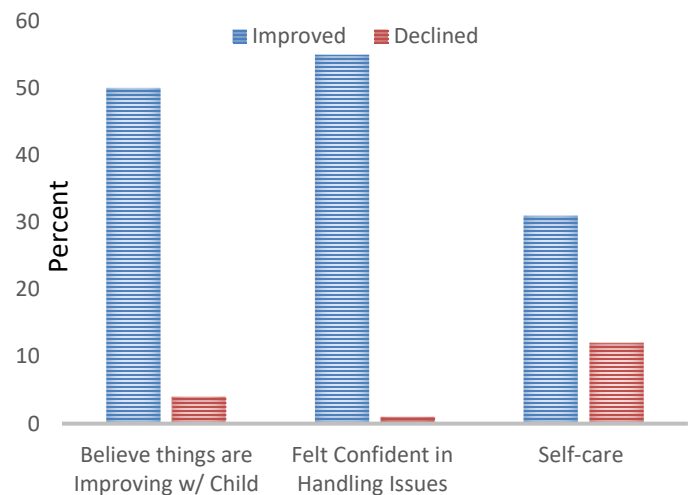
The core mission of this developmental project is to create a parent-to-parent support network, with national reach, that can address the notable unmet need for help among families affected by excessive substance use, facilitate exposure to evidence-base strategies and principles, and using peer parent support, act as a counterforce to the

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culturally accepted stigmatizing view of addiction.

The PSN is anchored in a shared-experience model of helping where parents are introduced to the communication and behavioral helping strategies found in Motivational Interviewing and Community Reinforcement and Family Training (CRAFT). Over the past 4 years, 173 parents who have had a child struggle with excessive substance use and who were interested in helping other parents in evidence-based strategies participated in a 2.5-day training workshop and ongoing support calls for 6 months. In turn, these parents have provided support and guidance by phone to over 200 hundred parents across the continental United States. Support and coaching episodes are time limited (the goal is a maximum of 5 phone calls) and strive to provide an understanding of excessive substance use, highlight the importance of support and self-care, and discuss strategies for improving communication with and helping their affected loved ones.

In a preliminary evaluation of the programme pre and post coaching surveys among 117 parent callers indicated the coaching is feasible and acceptable to the callers and has been associated with improvements in a range of outcomes including increased parent self-care, confidence in handling the situation, and the belief that things are improving with their child. Further work continues to improve the training program and plans to conduct a more rigorous test of the programs efficacy.



For more information contact:

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CMC:Foundation for Change, New York, NY.

International

5-Step Method Update

[The 5-Step Method](#) helps affected family members where they have loved ones with addiction problems. It is one of the few methods that gives support to family members for themselves, in their own right, rather than seeing family members primarily as being supporters of their loved one. It is grounded in rigorous research and has a clear theoretical model (the Stress-Strain-Coping-Support model) which underpins the intervention. The approach is both simple and effective in filling a gap that exists for family support. Numerous international research papers have been published about this well respected model. The current developers of the 5-Step Method are all members of the Addiction

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and the Family International Network Addiction and the Family International Network.

Practitioners in a range of services who work with family members can use the 5-Step Method once they have been trained.

Editor's note

People can become accredited in three elements of the 5-Step Method: as a Practitioner; as a Trainer who can train others in the 5-Step Method; and as an Assessor, who can assess whether or not a practitioner (or trainer) meets the competency framework for the 5-Step Method. The process of accreditation as a practitioner/trainer/assessor is outlined in the above link ([The 5-Step Method](#)) however, we thought it might be useful to briefly summarise the process. For more detail, contact: gilvelleman@gmail.com

Levels of expertise/accreditation in the 5-Step Method:

Trained Practitioners

- 2 days training in the Method (a prerequisite of entering the training course is having basic competent counselling skills. If these are NOT already there, then the initial training needs to be much longer, to cover basic counselling skills).
- Agreement from the practitioner's Manager that they will have the flexibility to use the 5-Step Method once trained.

- Certificate of completion issued

Accredited Practitioners

- Audiotapes (with consent) of sessions with family members are submitted (along with self-assessment)
- These are reviewed/assessed for competency by an Accredited Assessor.
- If assessed as competent, Certificate of Accreditation issued

Accredited Trainers (to become an Accredited Trainer, one must already be an Accredited Practitioner)

- 2-day course followed by participants running and video-taping their own 5-Step Method training session, which are assessed against established criteria.
- If criteria are met, practitioner is accredited as an Accredited 5-Step Method Trainer.

Accredited Assessors (to become an Accredited Assessor – someone who is trained to assess others - one must already be an Accredited Practitioner)

- Accredited Practitioner listens to audio-recordings of 5-Step Method sessions, rates each against the agreed key competency framework, and provides comments demonstrating the evidence used to make the ratings, with suggestions for improvement.
- This process is repeated until the potential assessor provides ratings and comments which are equivalent to those already provided by an Accredited Assessor.

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An update on the current numbers trained in various aspects follows on Page 14.

Recent courses have been held in: Southampton with practitioners from [Parent Support Link](#) (Supporting and Informing the Families and Friends of People Who Use Drugs and Alcohol) - (see picture below); Addaction; and Aspire/RDASH in Doncaster, which works with statutory & non-statutory drug and young people's services. In December 2017, training is taking place in Melbourne, Australia; and in Dublin, Ireland. In addition to the courses, information on the 5-Step Method has been presented at numerous local, national and international conferences and workshops.



Southampton 5-Step Training with practitioners from Parent Support Link (Supporting and Informing the Families and Friends of People Who Use Drugs and Alcohol)

For more information, contact
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Richard Velleman, r.d.b.velleman@bath.ac.uk
AFINet Trustee

Editor's note

What is the benefit of the 5-Step Method to Affected Family Members (AFM)?

For those unfamiliar with the 5-Step Method intervention for family members, information (including both the professional and the family member self help handbooks) is available in the Resource section of the AFINet website:

<http://www.afinetwork.info/5-step-method>, and see also the article earlier in this Newsletter: '5-Step Method Update'.

A quick summary of the focus for family members in each step is:

1. Hearing about you and the problems you are having
2. Increasing your knowledge and understanding
3. Clarifying various ways of responding
4. Getting help from others
5. Reviewing Steps 1-4, and getting further help

During the 5th Step of the 5-Step Method, practitioners undertake a review of the first four Steps, exploring what the AFM has found helpful about the sessions and what changes s/he has made. The following comes from an audio recording of a Step 5.

- *Step 1:* The FM discussed the benefits of airing her fears and concerns in Step 1 and getting 'things off her chest'. This in itself helped her to prioritise the changes she

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wanted to make: for example, the FM's money worries drove her to get a job; she stepped out of the relationship between her daughter and grandson and gave her more responsibility for him.

- *Step 2:* The FM was very clear of the benefits of the information provided to her: *"I got information as I had a lot of fears coming in first. Although information is readily available on Google or whatever you aren't in the head space to look for it. I manage better even when stuff is going awry". "As soon as they were put in front of me I realised they were my options. It was a learning curve for me and also a little safety net. Should you need them they are there"*.

- *Step 3:* FM discussed the importance of Step 3 and learning the different styles of coping and the different approaches that she could take in a given situation: *"I think that's a massive word - confidence. I just feel so confident now that if one doesn't work I can try another. I am going to get a result somewhere I just need to keep my head focussed and keep trying. Confidence gives you clarity"*.
- *Step 4:* The FM looked again at the social support diagramme and she was able to identify that her siblings had moved from mixed support to positive support and her relationship with her mum had also improved: *"It made me*

see that I had more help than I thought. That I wasn't as isolated as I thought. It was after that that I started to open more, to let people in more and then it all really shifted". I stopped locking them out. I stopped being ashamed. I stopped being embarrassed. I stopped feeling totally hurt or abandoned by them".

- Overall the FM's feedback on her 5-Step experience was summed up as: *"It's not all hearts and flowers. But the positive change is genuinely there. I manage 'me' differently"*.

Another part of Step 5 is to have a discussion with the AFMs about their need for further help and how this can be actioned. The following is from the same audio recording as above.

- FM had identified a number of personal goals for herself. She had a weekend away booked and another weekend of activities arranged. She is planning for a trip to Canada in 2018.
- FM is very happy in her new job and is going to keep progressing with this.
- The FM said she was: *"Going out more. My new word to everything is yes. I don't say no anymore"*.
- FM sought reassurance that she could come back to the service if things started to go downhill again. The practitioner reassured her of this support if required.

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- FM was also reminded / informed of other support she could access if needed in the future for example a local family support group.

Note: details within these quotes have been changed to protect the identity of the FM.

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The next AFINet newsletter will be published in June, 2018, and we will be soliciting submissions starting in early April. In the meantime, please access [Addiction and the Family International Network](#) (AFINet) website and encourage others to join!



→ Update from the 5-Step Method

