

Alcohol, Drugs and the Family: results from a 35-year research programme within England, Mexico, Italy, and Northern Territory, Australia

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I want to cover 4 things today:

- **Alcohol, Drugs & the Family (ADF) Group**

Look at two main areas:

- **Adult family members living with someone who misused substances;**
- **and Children living with parents who misuse substances.**
- **Outcomes of this work**



Acknowledgments:

In Bath, Lorna Templeton (12 years);

In Birmingham (and Exeter before that), Jim Orford (32 years), Alex Copello (18 years);

Internationally, In Mexico, Institute of Psychiatry, Mexico City, Guillermina Natera, Jasmin Mora, Marcela Tiburcio;

In Australia, Darwin, Northern Territory, Ian Crundall, Carol Atkinson;

In Italy, Caterina Arcidiacono.



I want to tell you about the work of a group of researchers and practitioners in England (and our work with some folk from other countries too), to do with Alcohol, Drugs and the Family.

The ADF Group is a rather loosely formed group.

- **1977: Jim Orford and I started working together**
- **Before 1977, Jim had been working in this area for about 10 year**
- **Mid 1980's: I moved to Bath, and Jim and I started the ADF group**



A very neglected area of research and practice

Task of ADF Group:

**collaborate on undertaking research in this area,
and**

attempt to raise the profile of the area by

- **developing good practice and**
- **putting pressure on commissioners of services
and on government bodies to pay it more
attention.**



Since we started this group, lots of colleagues have joined the group for different projects and then moved on; for many years now though, 2 other key members have Alex Copello and Lorna Templeton –

Alex joined the group in about 1991, and Lorna in 1997.



Alcohol, Drugs and the Family



Two main areas:

- **Adult family members living with someone who misused substances.**
- **Children living with parents who misuse substances.**

Methods we generally use:

- **Mixed, involving both quantitative and qualitative elements: they complement each other well, and different sub-questions are better examined using one or other approach.**

ADULTS



Spouses:

- *Orford and Edwards, 1975.*

2 important variables related to a positive outcome for the husband's drinking:

- **‘Marital cohesion’** (incorporating ideas of affection, participation in household tasks, how the wife viewed her husband when he was sober and the degree of optimism held about the future of the marriage)
- **‘Coping’** (how the female, non problem-drinking spouses coped. Strategies incorporating elements of avoidance and withdrawal were indicated as less helpful than strategies involving more engagement.)



- ***Living with Drink, 1998***

Girl on a swing

- **six biographies**
- **six different perspectives** (co-dependency, psychodynamic, systems, stress-coping (now the SSCS model), feminist, and community)
- **understand the accounts** given in the biographies from each perspective, and suggest how **interventions** based these might have helped
- **two of the women** reflected on the usefulness of each of these different ways of looking at their **problems.**



Family members: parents, spouses, siblings, adult children, aunts, grandparents

50 families of drug misusers

- Impact
- Effects
- Coping
- Help received
- Support
- Attributions

Plus: Parents vs partners



Family members of misusers of either/both of Alcohol & Drugs

- 100 SW England
- 107 Mexico City
- 48 Australia: urban and rural indigenous Aboriginal inhabitants in Northern Territory
- 113 Italy: three very different regions: Naples, Rome, Bologna.

Plus: perceptions of substance misusers about the coping strategies employed by family members, and the impact that this has on the misuser.



Huge similarity

Four highly contrasting geographical / cultural areas.

- Overwhelming demonstration that the experiences and ways of dealing with them across such diverse cultures are highly similar.
- Apparent from both quantitative and qualitative analyses.



Alcohol, Drugs and the Family

People say extraordinarily similar things when they are trying to tell us about what it is like to live with someone who has an alcohol or drug problem, seemingly irrespective of where they come from.

There are remarkably few significant differences between the populations on any of our quantitative measures: physical or psychological health, family environment, or on coping methods.

There are some interesting differences between these groups, but the overwhelming picture these results present is one of comparability.



Clearly, some cultural differences. For example:

- **Religion:** Mexican and Italy vs England or Australia. (Praying as a coping method, and receiving back-up and help from a priest as a method of support).
- **Family Obligations:** Australian Aborigine, and Southern Italy.



- **Collective versus individualistic** culture: Mexican and Italy, versus English and Aborigine cultures which are more private; hence more gaining of support from the wider community in former; in latter, support is more commonly forthcoming from close family and friends.
- **Visibility:** Mexico and Australia: fact that someone had a problem with alcohol or drugs much more well-known (overcrowded accommodation, visible and impact); less hidden; hence impact on how people coped, and gained support.)



BUT - local variations on a more universal theme. It seems to us that we have been observing something that may be as universal in human experience as is the ability to develop problems with substances in the first place.

CHILDREN

- **AGAIN:** Jim Orford (with and Claire Wilson (Wilson & Orford 1978), who first looked in the UK at the experience of children of problem drinkers.



Alcohol, Drugs and the Family

Jim and I started working on this area in 1980.

Lots of research on the impact of parental substance misuse on children; less had been conducted on adolescents and young adults who had grown up in this environment.

Previous research had assumed these young people would be at greater risk for both substance misuse problems and other negative mental health outcomes.



Our study - two aims:

- to **compare the retrospective accounts** of their childhoods given by young adults who came from this background (the ‘offspring’ group) with those of a comparison group of young adults (the ‘comparison’ group), and
- to **compare their current adjustments** as young adults.



Alcohol, Drugs and the Family

Interviewed 244 young adults aged 16-35 years,

- a battery of measures and very in-depth interviews
- two phases of data collection 12 months apart
- 164 were the children of problem drinkers (the ‘offspring’ group);
- 80 did not have a problem drinking parent and formed the comparison group.
- Around 90% of the overall sample were followed-up a year later and interviewed a second time.

The findings have been reported in series of papers and a book.



Our main conclusions were:

- The children of problem drinkers are **significantly more likely** than other children to have experienced **disharmony**, often involving domestic violence, in their families of upbringing. The majority of offspring of parents with drinking problems are exposed to such problems at home, continuously, throughout most of the years of childhood and adolescence. Most of their parents' drinking problems remain untreated during this time.



Childhood family disharmony is an important **mediator** between having a parent with a drinking problem and experiencing childhood adjustment problems.

Because of the disharmony they experience, the children of parents with drinking problems are at significant risk for a range of emotional, conduct, and educational and learning problems whilst they are children or adolescents living at home and in contact with a problem drinking parent.



There is considerable variability in whether and to what extent such difficulties are experienced. **Boys** are particularly likely to experience problems of an **anti-social behaviour** kind, whilst **girls** are particularly at risk of experiencing problems of **withdrawal, demoralisation and distraction at school**.

Offspring are also more likely to report **friendship difficulties** as children or adolescents, including embarrassment, concern about being shown up in front of friends and worry about bringing friends home. They report a **greater degree of division** between their home and peer group.



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Offspring are particularly likely to report **cop**ing with **detachment**, including avoiding the problem drinking parent, switching off, and blaming oneself or feeling guilty. Such coping correlates with emotional adjustment problems and a greater home-peer division in adolescence for daughters.

Detached ways of coping in childhood are related to both transitional problems and poorer adulthood mental health, for both sons and daughters. Another common way of responding, correlated with family violence and disharmony, **combines emotional and openly challenging ways of attacking the parent** with actions directed **against the self** such as threatening to kill oneself, refusing to eat or getting drunk. Such coping is correlated with anti-social adjustment and friendship problems for boys.



Adolescent offspring are more likely to be **‘early starters’ in their use of alcohol or other illicit or prescribed drugs.**

As young adults, offspring **are at increased risks of excessive alcohol and/or other drug use, but only a minority are affected in this way**, and the majority do not take after their parents by developing drinking or drug problems themselves. There is tendency for more offspring than others to be abstainers or very light drinkers as adults. They are more likely to be heavy smokers.



Offspring describe a **variety of ways of escaping** childhood adversity. They leave home significantly earlier than others. Some ways of ‘escaping’ are beneficial, but others are costly in terms of an unplanned and problematic transition to adulthood and an unsettled or unstable early adult life. Young men are more likely to be socially unsettled as young adults and are less likely than others to have improved on their fathers’ socio-economic status. There is a slight tendency for daughters to have adulthood relationships with heavy or problem drinking men. Daughters are more likely to be in relationships as young women but only a small minority go on to marry men with drinking problems.



In general offspring are as mentally healthy and as satisfied with themselves and their lives as young adults as are other people who have not had parents with drinking problems. Childhood family disharmony and childhood adjustment problems are mediators between having had a parent with a drinking problem and adjustment problems as young adults.



In the absence of childhood family disharmony and adjustment problems, **offspring have a somewhat increased risk of transition problems but have no increased risk of poor adulthood mental health.**

In fact they may be **strengthened by the experience** and may be particularly successful in various walks of life, including parenting. In general the adulthood risks run by offspring of parents with drinking problems have been over-emphasised in the past, and the resilience of the majority of such offspring overlooked.



Overall, this project led to the development of a model of

- **risk,**
- **protection and**
- **resilience**

for the children of problem drinkers

More recently we have been looking at our findings in terms of **factors which increase risks, or which promote resilience.**



Risk factors include parental disharmony, violence, both parents drinking problematically, the drinking taking place within the family home, and the child developing adjustment problems in childhood.

Our ADF work, and other work, suggests that, despite the evidence that demonstrates the negative side of growing up with a problem drinking parent, some children do not develop problems, either when they are young or when they reach adulthood. It seems that some children and adults are more **resilient**.



We have undertaken a lot of work exploring this issue and identifying factors that could ‘protect’ these children, or increase the likelihood of resilience, or which could be used to promote resilience in others.

These **resilience factors** include **positive family functioning**, available **support** within and external to the family such as the presence of a **stable adult figure** within the family, **family cohesion** and harmony, and, external to the family:



and **good support** external to the family (e.g. a teacher), **deliberate planning** on behalf of the child to make their life less disruptive, both as children and in their adult life.

Most important: elements or factors which can produce **attachment and security** as opposed to unpredictability, insecurity, exclusion and isolation; and attachment and security are the key elements that lead to resilience.



Many of these are similar to the risk and resilience factors uncovered in other, non-substance misuse specific, work.

Our subsequent projects have built on the model, have developed interventions based on it, and have evaluated projects based on the model

LOTS OF OUTCOMES:

Concentrate on 5.



- **1st Outcome** is our model: Stress-Strain-Coping-Support.

As a result of these studies, we have concluded the following

- **First, individuals who develop a serious problem with their use of alcohol or drugs can and often do behave in ways that have a significantly negative impact on family life in general, and on other individual members of the family.**

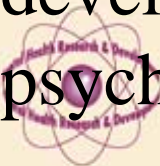


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The substance misuse can impact negatively on a range of family systems and processes, including family rituals, roles within the family, family routines, communication structures and systems, family social life, and family finances. The substance misuse can also often impact negatively on other individuals within the family, as well as on family systems: problems such as domestic and other types of violence, child abuse, individuals driving whilst intoxicated, or disappearing for days on end, are all typical of the types of behaviour which people have described as stressful and with which they have to cope.



Second, when someone in the family develops a serious problem with their use of alcohol or drugs, **family members of all age groups (children, partners, siblings, parents, other close relatives) are often very negatively affected.** They are uncertain how best to respond, they are unsure if it is ‘their fault’, they do not know where to go for help, and often whatever they try to do seems not to make life any easier. The results of these and other uncertainties are that family members commonly develop problems in their own right, often developing high levels of physical and psychological symptoms.



There are of course exceptions to this, and, as with the work reported above on children, some family members are resilient. However, **the vast majority**, when faced with what seems to them to be a relatively long standing and sometimes intractable problem, **seem both to show serious signs of strain (that is, their symptom levels are significantly raised) and to find it very difficult to cope in ways which seem to make their lives more manageable or bearable.**



Third, family members in this situation are often faced **with a difficult life task** involving trying to understand what is going wrong and what to do about it (we refer to these ways of understanding and of responding as **‘coping’**);

Fourth, family members can be helped or hindered in how well they respond by how other people react and interact. This is the **‘support’** component, and the other people include other family members, friends, neighbours, and professionals

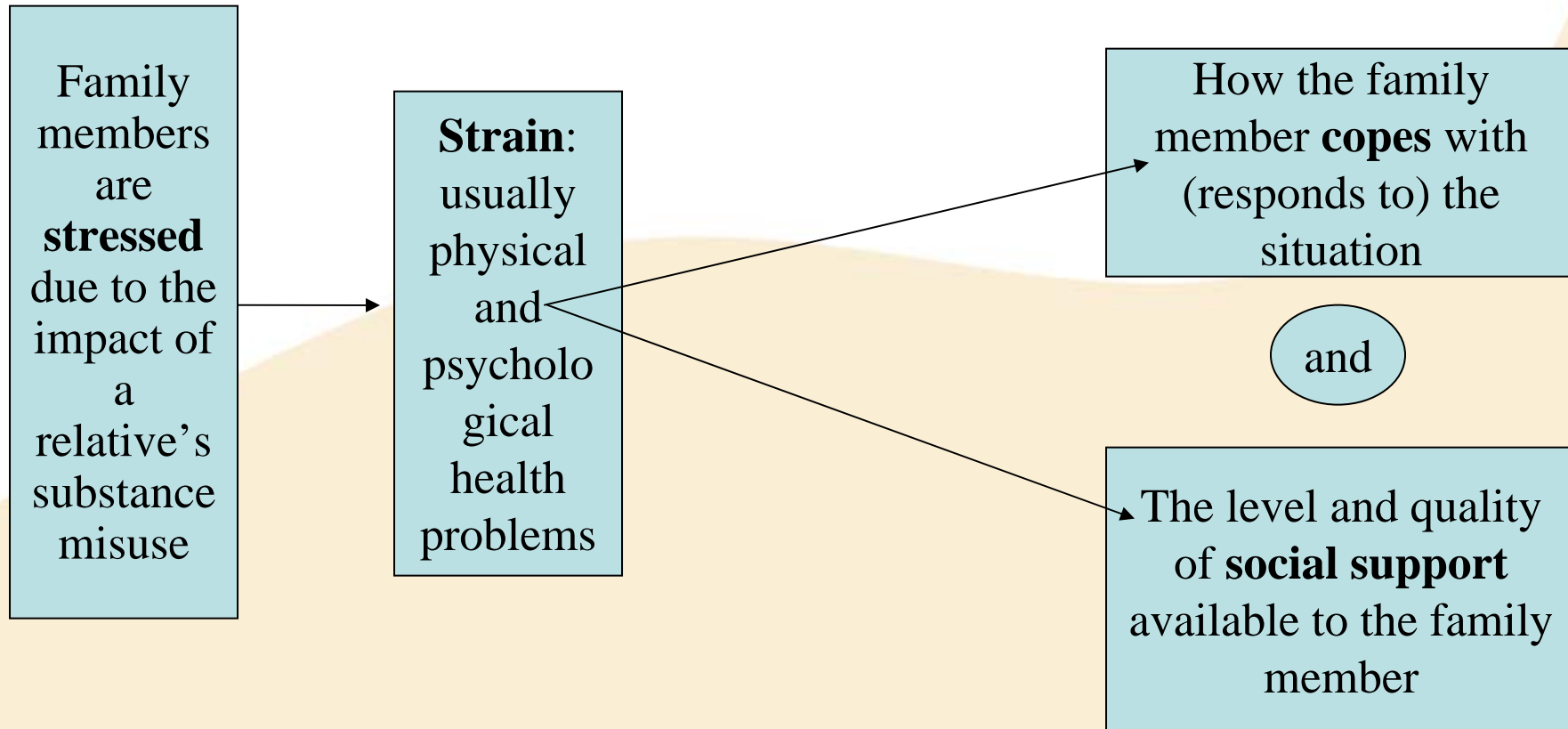


The model suggests that the stress and strain, which together describe the impact of the problem drinking or drug use on the other members of the family, are mediated by the positive or negative impact of these two other factors:

- the method(s) of coping used (that is, their attempts to try to understand what is going wrong and what to do about it); and
- the level and quality of social support.



This suggested that



This is simple, but more importantly, useful, and testable!

Is it the case that the greater the stress, the greater the strain? Is it the case that how people cope, and what type of social support they receive, moderates the strain experienced?

The 2nd Outcome is the development of a brief intervention aimed at helping adult family members: the 5-Step Intervention.



Using the SSCS model, we developed a simple and brief (so it could be delivered in primary care) 5-step therapeutic intervention which worked at each stage of the model.

The 5-step approach involving

- 1) giving the family member the opportunity to talk about the problem;**
- 2) providing relevant information;**
- 3) exploring how the family member responds to their relative's substance misuse;**
- 4) exploring and enhancing social support; and**
- 5) discussing the possibilities for onward referral for further specialist help.**



- Developed the intervention, feasibility work undertaken, RCT undertaken comparing the brief 5-session version with a single introductory session plus a SH manual version.

Tested in

- Primary Care
- Secondary Care
- Italy
- Demonstration Sites



The 3rd Outcome is a model for children and young people living with substance misusing parents: the Risk & Resilience model, which I've briefly discussed already.

It used to be thought that children were always damaged (cf court work etc); our model: specifies the Risk and Protective factors, and the Resilience skills that need to be developed.

Big impact on court process as a result, and in service development.



The 4th Outcome is that this focus on protective factors, and the development of resilience skills in children, has led to a growing number of services orienting themselves towards developing interventions that can decrease risk factors, increase protective ones, and focus on developing resiliency skills.



Services include:

- **Action on Addiction's Families Plus** service (which includes their M-PACT [Moving Parents and Children Together] programme),
- **Addaction's Breaking the Cycle and Young Addaction Plus,**
- **Turning Point's Base Camp** service for the children of alcohol misusers,
- the **Family Alcohol Service (FAS)**, London
- **CASA Family Services**, London,
- **CoreKids** (part of the Westminster Drugs Projects – covers London and adjacent areas),
- **KWADS** in Bristol.



One key development has been ENCARE, a Europe wide network.

ENCARE, the *European Network for Children Affected by Risky Environments within the family*, exists to provide information and resources for professionals across the whole of the European Union who want to understand more about these problems and how to help the children who are affected by them.

<http://www.encare.info/>



Alcohol, Drugs and the Family

Initially established (through funding from the EU) as a collaboration between 13 (now 20) EU countries, providing information and resources for professionals across the entire EU who want to understand more about these problems and how to help the children who are affected by them. ENCARE was launched in May 2004, during the tenth anniversary of the United Nations International Year of the Family. We developed an informative website for both generalist and specialist professionals, and links to public website in individual's natural languages; we've organised EU-wide symposia focusing on how to help children with substance misusing parents; produced professional reports, and run further projects.



The first risky environment within the family which ENCARE considered is where children are affected by **parental problem drinking**;

we then looked at the **co-existence of parental drinking and family violence**;

future projects will look at other environments within the family that are risky for children, such as parental problem drug use and parental mental health problems.



Other key developments have been

- Alcohol Concern toolkits (website)
- Scottish Executive scoping study
- Hidden Harm
- National Children & Families Forum for alcohol and drugs



5th Outcome is policy and other outcomes for adult family members:

- **NTA:** (UK NHS National Treatment Agency for Substance Misuse) new and specific guidance for commissioners on commissioning services for families and carers. Equal focus on how families can get involved in the treatment of their misusers and how families can be helped in their own right (RV wrote this).



NICE: (National Institute for Health & Clinical Excellence) guidance (2007) on psychosocial interventions for drug misuse (particularly supportive of the US developed BCT approach and its potential role in English drug treatment) (Alex Copello was on this group),

NTA: the NTA review on effectiveness of alcohol treatment which considered various couples and family approaches (Alex, Jim, and RV all contributed to this)



Isle of Man Strategy for Significant Others Living with Substance Misuse (Lorna and Richard wrote for the Isle of Man Government).

- Commissioned to write Toolkit on setting up services <http://www.bath.ac.uk/health/mhrdu/adf/toolkit.html>
- Some major organisations (in England at least) have addressed (wholly or partly as part of their work) the needs of families for some years. Examples include Adfam (a national 'umbrella' organisation for a very large number of local voluntary services for families), Al-Anon, Families Anonymous, and Alcohol Concern.



So – 35 years;

- **hundreds of adult family members and children and young adults interviewed,**
- **interventions developed and tested,**
- **policy and practice moved in the right direction**



But still lots to do!

- **Getting it mainstreamed (eg getting alc & drugs onto SW curricula!; getting services to routinely offer help to affected family members!)**
- **Emphasising resilience and protection, not only risk.**
- **Helping family members in their own right.**
- **Not just ‘someone should do all of these things but not me!’**

But – lots of interest in Australia!

