PRACTICE NOTES

DRUGS: A FAMILY PROBLEM?

Having returned to work in an NHS drug dependency clinic after working in a family-based psychiatric service, I was naturally interested in the relevance of working with problem drug users in a family context.

My first impression was that for those clients who attend a drug clinic, there is nearly always a family member involved, even if the person is living on his/her own. However, what is striking is that in some families problematic drug use can continue or stop without affecting family dynamics, except in the most superficial of ways. The implication is that simply because a family is heavily involved with a problem drug user, family work is not always indicated, and can sometimes be more harmful than beneficial.

The second point is that there seem to be two types of family problems and that both these 'types' require distinct interventions, both in terms of therapy and in terms of prescribing.

The first type is where the drug user becomes a problem drug user *because* of a pathological family system. Like the work of family therapists with schizophrenia, it seems that because of faults within a family, one member presents with a mental illness. My experience is that similar types of families and individuals now find themselves being referred to drug clinics, with the 'problem' individual not being schizophrenic or mentally ill, but a problem drug user. (My impression is that this type of referral has increased since the government anti-heroin advertising campaign.)

The second type is one where, because of long-term drug use by one member, relationships within the family have started to revolve around that individual's drug use. It may be that parents are making allowances and arrangements (such as supplying money) which facilitate continued drug use by their adolescent son or daughter. Here the normal exercise of parental authority has been turned into a collusive relationship.

Problem family

In the first type, the problem that needs to be resolved first is the pattern of family relationships that is producing the problematic drug use. In one family I dealt with, the individual identified as having a drug problem stopped using drugs and left the family, only for his younger brother to start using drugs. In this case, simply helping one family member with his drug use was insufficient, because the conditions creating the 'diagnosis' of problem drug use were only going to produce further symptoms.

In such cases the prescribing of heroin substitutes such as methadone has little to do with solving the basic problem. In fact prescribing is secondary, and detoxification attempts will be 'sabotaged' by other family members, until the family has been able to resolve the basic differences which are creating the pressures that cause problem drug use.

Once the family intervention has been made, then a successful detoxification programme can be planned. However, even in these cases, methadone prescription can be a useful tool for engaging both problem drug users and their families.

Problem drug use

The second pattern starts from the opposite perspective. Since the drug use has become the central feature of family life, until it is either controlled or discontinued, it is not possible to look at the family patterns that have been created by the drug use. But it is surprising how many people, including myself, attempt to resolve family conflict while drug use still dominates this type of family.

In one family I dealt with all four members were using heroin, though only two were clinic patients. At our first meeting with them as a family, they were interested in when they'd get a prescription, whilst the therapist attempted straightaway to tackle relationships within the family. After one more meeting like this, one family member stopped coming to the clinic and the family as a unit was lost to further therapeutic intervention. If priority had been given to stabilising drug use before dealing with underlying relationships, then a more lasting and beneficial therapeutic intervention might have resulted.

Of course, life is not always as simple in practice as it is in theory. Recent experience suggests that some families are so problematic that it is not clear where one pattern started and another finished, or even if there is any continuity between the two. Eliminating problem drug use as the focus of family interaction may merely reveal further family problems, and it may be unclear whether these were caused by or caused the drug use, or were unrelated.

As a rule, the first type of family tends to present, at least at my drug clinic, as an adolescent or young adult, often accompanied by another family member, usually a parent, while the second type is a person in their 20s or early 30s, who come on their own.

Tom Aldridge
Social Worker, University College Hospital Drug Dependency Unit

***Practice Notes** will provide a regular opportunity for 'grassroots' workers to pass on lessons learnt from experiences in working with drug use or drug users.*

TALKING POINT from ISDD's library collection

Heroin-related crime — all bad?

"Probably the most important implication of chapter 12, however, lies in the jarring realisation that, from a purely economic standpoint, heroin-abuser criminality [in New York] is not all bad. In fact, although crime victims sustain important economic losses (not to mention non-economic considerations, such as fear of crime, anger, frustration), more persons gain than lose.

On an annual basis, the average heroin abuser probably committed about 25 crimes (robbery, burglary, and larceny) against individual victims who would complain to police. But he also committed an additional 75 non-drug crimes without clear victims (mainly shoplifting for resale, burglaries of abandoned buildings, and larcenies considered as losses by victims). The merchandise stolen during these shopliftings, other larcenies, and burglaries are purchased by many low-income neighbourhood residents at a relatively substantial discount. In addition, the heroin abuser supplied valued services (eg, sex or three-card-monte games) to 60 other persons.

The victims involved suffered economic losses of about $14,000, and the heroin abusers received about $5,800 in cash income. The purchasers of the stolen merchandise thus received a net gain of $8,200 worth of products with a higher economic value than they could afford."

Johnson B.D., Goldstein P.J., Preble E. *et al, Taking care of business: the economics of crime by heroin abusers.* Lexington, Mass: Lexington, 1985. xxi, 278 pages.