



Families are a key element in reducing the harm caused to individuals and communities by drug use. But, say **Katie Burrell** and **Henry French**, relatives who want to help those closest to them lack support

## Families on the frontline

**S**O much focus has been given to treating drug users, reducing crime and helping the blighted communities that drugs create, that those most immediately affected by problematic drug use – the family – are overlooked. Families are an important part of helping individual users and they are integral to the very communities affected by drug problems.

Although help for families affected by substance use has begun to attract more attention from statutory bodies, the quality of services around the UK is inconsistent. As a result, the Government's Drug Strategy risks losing ground in key areas, notably within treatment and prevention.

"Family support services are still patchy and underfunded despite the inclusion of families in the Updated Drugs Strategy 2002," says Vivienne Evans, Chief Executive of Adfam, an organisation dedicated to the needs of substance users' families. "Families' needs, which are very different from users' needs, are often neglected, yet well delivered family support could underpin the aims of the strategy."

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### WE COUNT TOO

Adfam believes families need support in their own right. "We recognise," says Evans, "that well-supported families can increase the chances of successful drug treatment. There is a strong business case for supporting families because they are the most important avenue of help for the user."

Historically, voluntary support services have been set up by families directly affected by drug-using relatives. Frustrated by the lack of external help and information, they have created small communities of people going through similar experiences. These small services take time, resources and dedication to maintain and provide important help for families with no-one else to turn to.

But can families of substance users be expected to deliver services to others when they are still battling with their own situation? It's a fine line between the *benefits* of allowing people with first-hand experience of the situation to help others and the *risks* of expecting people with little no training and possibly no knowledge beyond their own experience to

provide generic and specialist services.

Families should be able to access a range of well-delivered services, such as one-to-one support, group work and specialist information in areas like criminal justice and bereavement. The best support agencies explore new ways to reach different family members, seek out training and work with other agencies to develop the services they provide.

*We Count Too* (2005), a Home Office funded report by three agencies led by Adfam, provides clear and comprehensive advice on running family support services. It reviewed services across the country to find the best of what is on offer, advice for up and coming groups and information for those commissioning services.

#### MOTIVATION

Voluntary services run by families of drug users are important but, says Christine McEvoy – a family support worker funded by Leicester Drug and Alcohol Action Team (DAAT) – must be augmented by statutory support. A phone poll carried out by Adfam in 2004 revealed less than half of DATs funded a family worker. Of those workers, family support was not necessarily their main role.

McEvoy says families are seldom motivated to forming support groups in the middle of their own crises. “Families come to receive support, not give it,” she says. Even with dedicated funding, resources are stretched. “It still feels like we’re just scratching the surface. Our vision is to have a drop-in centre with specialised workers for different family members like grandparents and siblings.”

Because families are often reluctant to seek out help for themselves, statutory services such as GPs, other healthcare professionals and police need to promote family support to increase the likelihood of them accessing services. Where drug treatment services know that the family is aware of a relative with a drug problem, they should encourage families to address their own needs.

In any community the stigma attached to drug problems also prevents families from seeking help. Until families access support they often don’t have the coping mechanism to say, ‘this isn’t my fault’ and recognise that the drug user made choices that are beyond their control.

‘Collaborative working’ and ‘service user involvement’ are the buzzwords of the Drug Strategy and should therefore be a quick win for family support, but this isn’t always the case. In June, the NTA launched its drug treatment effectiveness strategy. While families’ needs were included in some presentations, it seemed as if family work is still seen as an afterthought rather than integral to the entire process of treatment. A family member present at the launch pointed out how disheartened she was that family members hardly got a mention.

Allan Johnstone, the NTA’s User & Carer Involvement Programme Manager says progress is being made: “More than ever there is a real desire to improve the situation of families and carers and look at their needs – even beyond the needs of the user,” says Johnstone. “In areas like disability and mental health, carers’ needs are carers’ needs – regardless of the person they are caring for. We should be applying that same principle to drugs issues.” In its guidance

for carers for 2006, he says the NTA will recommend that services include family work in treatment and offer guidance on commissioning services for families – whether their user is in treatment or not.

But even with the NTA’s growing support, they can only issue guidance, not directives, and it could be a while before this translates to changes on the ground.

#### SHOW ME THE MONEY

Despite the thin spread of support for those affected by drug use, there is cause for hope. Government departments often involve family agencies in drug strategy work, even though being part of stakeholder groups can sometimes be frustrating because of the difficulty translating words into action. That we have space at the table at all is a good start.

Most importantly, there is still no ring-fenced funding for family support. Without a guaranteed

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funding stream, it seems impossible to see how family support will improve beyond the passionate and dedicated work that small, local agencies are able to provide. Currently families seem to slip between two funding streams: communities and young people. The danger remains that, so long as treatment providers and DATs are not made to have family support as a target, then funding, resources and acknowledgement will continue to elude many groups.

There is so much knowledge out there of what works that it can be confusing why more hasn’t been implemented, especially when the Home Office has funded a good deal of the research. Most voluntary agencies still spend too much time chasing funds.

Adfam is relatively lucky, having received funding from the Home Office and other government departments to enable it to develop terrific resources for family members and support services, but securing future funds is always tough. “It’s difficult to be critical when we have been funded for some excellent projects,” says Evans. “But it’s impossible not to say, ‘there is still so much to be done’ if we are to develop this area of work adequately.”

We know what works and we’re learning how to reach more people all the time. Ring-fenced funding and well-supported, well-trained service providers would vastly improve families’ situations – and therefore of individual drug users and the communities in which we live. ■

→ To access the report ‘We Count Too’ go to [www.drugs.gov.uk](http://www.drugs.gov.uk) and enter ‘we count too’ into the search engine or contact [publications@Adfam.org.uk](mailto:publications@Adfam.org.uk)