

Recovery and drug dependency: a new deal for families

Summary

The true meaning of recovery and the effect of drug use on the family are two topics of debate in the drug sector, but so far have not been sufficiently addressed as intertwining issues. With families increasingly recognised on the government agenda and a broad, holistic understanding of recovery becoming more accepted, it is wise to examine the links between family involvement and 'true' recovery. Drawing on a seminar held by Adfam and DrugScope on the positive role families can play in supporting recovery from drug dependency, this paper considers recovery and the family as mutually reinforcing and suggests ways of moving forward to improve outcomes for problematic drug users, their families and wider society.

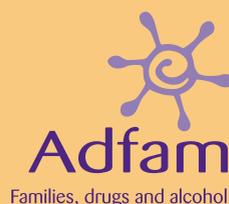
Introduction

People who develop drug or alcohol problems have families – sometimes they will be estranged from them, often they will be in contact with them, frequently they will be living with them. 'Problem drug users' are also sons, daughters, parents, partners, grandchildren, siblings and members of extended family networks. The nature of these family relations and circumstances are extremely variable and depend on a whole range of other factors – including divorce and separation, closeness and geographical dispersal and culture and ethnicity. For some families, the nature of their relationships and care arrangements will be affected by problems like unemployment and debt, insecure housing and health and mental health issues.

Whatever the exact nature of these relationships and circumstances, the impact of problem drug use on families is profound, and often devastating. It can include anguish and unhappiness, experience of stigma and discrimination, isolation, poverty, mental health problems and social exclusion. Some families feel that their only option is to withdraw support and to break their ties with a family member with a substance misuse problem – but this is very difficult to cope with too. Many families struggle on, often on the margins of communities and with limited support.

At the same time, families play a critical role in supporting family members with drug problems, with benefits not only for the individual concerned, but for their communities and society as a whole – for example, providing emotional support, housing, access to leisure and other forms of meaningful activity and initiating and supporting engagement with formal treatment services. In short, families play a big part in making a reality of recovery, but this has not always been recognised or supported.

The 2008 UK Drug Strategy – *Drugs: protecting families and communities* – gives much greater recognition than its predecessor to the role of the family in supporting its members to address drug problems, and also recognises family members' needs in their own right¹. It pledges to 'support family self-help groups to provide improved advice and guidance'; and it promises to 'improve the involvement of family and carers, including in the shaping and



¹ See <http://drugs.homeoffice.gov.uk/drug-strategy/>

'Families play an important role in the treatment, care and support for those using drugs'

delivery of services'. It also recognises that tackling a serious drug problem is as much about accessing housing, education or employment as about drug services; as much about (re)building family, friendship and other support networks as about methadone or abstinence.

The role of the family has been recognised before, but more often in the context of prevention and education; acknowledgement of the family's role in treatment engagement and retention, recovery and social (re)integration is a more recent development, but one that also shows signs of progress in other parts of the UK. For example, the Welsh strategy, *Working Together to Reduce Harm*, sees the family as providing all-round and ongoing support – from education and prevention to maintenance of recovery – rather than being one step in the journey towards recovery, and accepts the need to give it support appropriate to this role².

The Scottish strategy, *The Road to Recovery*, states that 'families play an important role in the treatment, care and support for those using drugs', continuing: 'families can contribute to the assessment process and provide support, from attending appointments to helping loved ones turn their lives around.' It also recognises that 'the level of intensive commitment can come at a heavy price for the family' and that 'ongoing support for families is vital'.³

So, what exactly are the implications of the recovery agenda for families? How do we measure the contribution families make to recovery from drug dependency? What are the real issues for families coping with drug problems in Britain, and what sort of help and support do they get, and do they need?

To begin to explore some of these issues, Adfam and DrugScope held a seminar on 'Recovery and the Family' in October 2008 at the Princess Diana Memorial Fund, County Hall, London. The seminar brought together family members, service providers and policy specialists to discuss the key issues. This was followed in November 2008 by a national conference hosted by Adfam entitled 'The new drug strategy – A clear focus on families?' which picked up on these themes.

The idea of recovery

Recent debate about drug policy and drug treatment has been occupied with the relative merits of substitute drugs, like methadone, on the one hand, and 'abstinence-based services' on the other. Critics of substitute prescribing argue that too few people complete drug treatment and emerge from it 'drug free'; but supporters respond that abstinence is an unrealistic goal for many people with serious drug problems – at least in the short term – and point to the substantial evidence base for substitute drugs, which are recommended by both the National Treatment Agency and the National Institute of Clinical Excellence (NICE) for the treatment of opiate dependency.

In the past, the idea of recovery has sometimes been equated with abstinence. More recently, however, a new kind of recovery-based approach has been developed as a basis for consensus across the drug field. It acknowledges that different people will need different kinds of services at different times, and shifts the focus to achieving the outcomes that matter to people and their families and friends – such as improved health, a place at college or a job, somewhere decent to live, leisure activities and positive relationships with others. A range of different approaches can facilitate these outcomes for different people and at different points in their journey out of drug dependency.

The Adfam/DrugScope seminar began by considering a 'consensus statement' on recovery developed by an expert group brought together by the UK Drug Policy Commission. It declares that 'the process of recovery from problematic substance use is characterised by

² See <http://wales.gov.uk/topics/housingandcommunity/safety/publications/strategy0818/?lang=en>

³ See <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

voluntarily-sustained control over substance use which maximises health and well-being and participation in the rights, roles and responsibilities of society'.⁴ This represents a significant step in the promotion of a broader understanding of what recovery from problematic substance misuse is about and what may be involved in achieving this.

The family and recovery

The idea of recovery has always tended to have a deeper, more overarching, meaning for the families of drug users than for the public or policymakers. Recovering from a drug or alcohol problem is more complex than not having a substance in your system any more. Both substitute prescribing and 'abstinence' (or less harmful drug use) needs to be supported by other life changes which, in many cases, family networks are instrumental in providing, preserving and promoting. It is families who worry when someone on methadone appears to mope around the house all day – isolated and with nothing to do – or when someone who has successfully completed detoxification appears to be anxious and depressed because employers won't give them a chance, or no landlord will give them an opportunity to set up in accommodation on their own.

Recovering from a drug or alcohol problem is more complex than not having a substance in your system any more

A growing number of research projects testify to the need for a larger role for families in substance users' treatment, and – if only by implication – the need to invest in and expand the dedicated support that is available to families and carers. The majority of family support is delivered on an informal, peer-led basis and often by families who have had experience of a relative's drug use themselves. The availability and nature of services varies from place to place, but many of these local groups are becoming increasingly sophisticated, providing a robust evidence base that testifies to the demand for, and effectiveness of, family support.

There is also a growing evidence base for the effectiveness of a range of therapeutic interventions, including 'five step interventions', 'behavioural couples therapy', 'family therapy' and the 'community reinforcement approach'.⁵ A particularly interesting development is the use of multi-systemic therapy (MST), which has been promoted and supported by the Social Exclusion Task Force in the Cabinet Office. MST is a family and community-based therapy for young people with complex problems, including drug abuse. A significant body of international evidence shows it can improve outcomes by tapping into and supporting family and community networks.⁶

Overall, however, provision of services for families, and the effective involvement of families to improve drug-related outcomes, is patchy across the UK and often based on insecure or inadequate funding. What is available in terms of policy and service provision is unclear, and without that knowledge it is difficult to plan or deliver an improvement in services. In addition, there are issues about the approachability and effectiveness of a range of mainstream agencies and services in supporting families of people with drug or alcohol problems, particularly given issues of isolation and stigma (for example, GPs and other community health care services, social services and projects offering support to carers more generally).

What we do know is that the development and delivery of the new recovery approach must place a greater focus on the role of families – on what they can (and cannot) contribute and on what support they need.

4 For discussion of this definition of recovery, see UKDPC (June 2008), 'Developing a Vision of Recovery' at http://www.ukdpc.org.uk/Recovery_Consensus_Statement.shtml

5 See, for example, Copello, A. and Orford, J. (2002) 'Addiction and the family: is it time for services to take notice of the evidence?' *Addiction*, 97, 1361-1363; Copello, A., Velleman, R. and Templeton, L. (2005). 'Family interventions in the treatment of alcohol and drug problems', *Drug and Alcohol Review*, 24, 369-385; and Copello, A., Templeton, L. and Velleman, R. (2006). 'Family intervention for drug and alcohol misuse: is there a best practice?', *Current Opinion in Psychiatry*, 19, 271-276.

6 For more information see http://www.cabinetoffice.gov.uk/social_exclusion_task_force/multi_systemic.aspx

Key messages from the Adfam/DrugScope seminar

Families are relied upon to provide support without being adequately supported themselves

'The family as a recovery resource is being harnessed by Government', but without support to fulfil this function. As one family support worker testified, 'it's not an issue of not knowing what services/types of support are required for families of drug users – it is about identifying the funding that is needed in order to provide them.'

'Families are often contacted by prison, probation, courts, residential rehab and other agencies as the family member is being released', and they may feel under pressure to give support, which they can feel insufficiently equipped to manage without support for themselves and recognition of their own needs.

Families subsidise treatment provision, paying privately to give drug users options they should have within NHS/social care provision

'Families sometimes have to finance rehab in order to ensure that their relative is not just left on methadone.'

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There is growing concern that the publicly funded drug treatment system does not provide enough access to intensive interventions, such as residential rehab. It is sometimes only because the family dips into its own – often extremely tight – resources to pay for treatment, that family members with drug problems get the choices they are entitled to under the new NHS Constitution.⁷

The welfare system penalises families of drug users

'If individuals lose their benefit entitlement for failing to comply with treatment, as the Government is proposing, then this will place additional pressure upon families to financially "support" a family member who will probably still be using drugs.'

Measures to sanction drug users set out in the Welfare Reform Bill⁸ could leave families footing the bill. There were also concerns about other issues raised by the welfare system, for example a drug using parent being responsible for receiving a family's benefits.

Families do not get support when they want to disengage from supporting a drug using family member

'Where and how do you support families when they want to draw a line underneath supporting their family member with their drug issues? What type of support is available to help them to manage this process of withdrawal?'

Withdrawal of support by the family can mean withdrawal of support from the family. Much existing support is attached either to problem drug users themselves or – to a much lesser degree – to families only for so long as they are providing support. It was commented: 'what stops families from detaching from the drug user is fear of who will provide replacement support, the fear there will be none and the guilt that results.'

⁷ See www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093419

⁸ See <http://www.dwp.gov.uk/welfare-reform>

Families need to recover too

'The process of recovery requires repairing relationships with the family and in general with others in their lives...once the individual has physically recovered from the drug use, their family may still be in recovery.'

A contributor described how much can be lost by the families of people with serious drug problems, concluding that *'the idea of recovery may be understood to include re-integration with the family, and the re-establishment of family relationships'*, but *'recovery for family members can take a much longer time...sometimes the situation is irretrievable, and they do not want any more contact with the user. As a family member you need to place a lot of trust in the process of recovery if you are going to re-engage and rebuild family relationships.'*

'As a family member you need to place a lot of trust in the process of recovery if you are going to re-engage and rebuild family relationships'

The role of the family needs to be recognised at grassroots level, and not just within policy circles

'We cannot underestimate the importance of key workers developing trust with clients to build upon the family as a resource that can be positively accessed to help to achieve and maintain recovery.'

There was a perceived lack of attention to the contexts of drug misuse and to the potential to mobilise existing support networks. It was commented that *'key workers and drug workers look at the individual drug user and not at the system and context in which drug use is taking place'*, and *'family involvement needs to be brought in at all stages within an individual's recovery process'*. Where appropriate, the beneficial role of the family should be explicitly recognised in care planning.

Families want more information to support their role in recovery

'There need to be leaflets and public information if we want to engage families in recovery.'

A particular concern was the lack of information and resources available to families. As with anyone taking on a caring role, the need for information on their family member's condition – as well as the more complex medical, social and legal implications of this, such as having drugs in the house – should not be underestimated. Providing families with resources 'just for them' is a valuable first step.

There is a great deal we do not know about the family's role

'There needs to be a strong requirement for an evidence base around the design and implementation of services and whether families have been involved at all stages.'

We know surprisingly little about the extent and quality of the existing support available to families of drug users. Little is known about people who recover from drug problems with support from the family and without accessing professionalised drug services, as they are by definition hidden: *'lots of individuals do not need external support services...in cases of self-recovery, families are very important. To know how families support self-recovery would be very useful.'* By the same token, the burden taken on by families remains poorly defined: *'it is really important to remember families' economic contribution to treating drug addiction, which is huge and we don't yet know its value.'*

'To know how families support self-recovery would be very useful'

Key themes and issues

There were four broad themes that emerged from the debate, which make a powerful case for saying that the new emphasis on recovery requires a new deal for families.

Families can be a source of hope, aspiration and ambition, and rebuilding family relationships is a key constituent of recovery

'I don't want to just sit in my flat for the next 20 years thinking how great it is to be off drugs'

One of the strongest arguments against 'parking' people on substitute drugs like methadone, without providing other forms of support, is that it sets the bar too low. This can be true of abstinence too. As one service user commented in the recent report *'In from the margins'*: 'I don't want to just sit in my flat for the next 20 years thinking how great it is to be off drugs'.⁹ The recovery movement – particularly as it evolved in learning difficulties and mental health – is all about hope, aspiration and ambition for people with labels and diagnoses that have too often resulted in them being written off for a decent quality of life and social participation. Families are natural champions of a fuller conception of recovery because they want the best possible outcomes for the people they care about.

Families provide many millions of pounds worth of vital recovery capital every year

A recent study concludes that 'despite an abundance of evidence detailing the impact of substance misuse on the family, it is hard to accurately estimate how many people may be affected by the substance misuse of someone else'.¹⁰ We do know, however, that there are an estimated 332,000 problem drug users in England alone and only 82,381 people commenced drug treatment in 2007–08; a significant number of those not in treatment are living with their families. Families provide invaluable recovery capital that is now so coveted in 'holistic' drug policy – such as supporting better health, housing, help to navigate services and access to leisure and other forms of meaningful activity – to problem drug users who are in treatment or who have completed treatment. Without this support treatment services would be far less effective.¹¹ A study commissioned by Carers UK estimated the total economic value of the contribution made by carers in the UK at £87 billion a year. This covers all carers, and may have excluded many families coping with a drug problem who may not identify with the 'carer' label, but it does give some indication of the scale of the economic and social contribution likely to be made by families supporting drug users.

Families are well placed to help to map individualised routes away from drug dependency and to ensure a genuinely personalised approach

There are many routes into drug dependency and many journeys away from it

A key motif of the recovery approach is the importance of personalised interventions, rather than a standardised 'one size fits all' approach. There are many routes into drug dependency and many journeys away from it. Picking up an interest or hobby again, or repairing a particular relationship – with a former partner or parent or child, for example – can be every bit as important to recovery as clinical or therapeutic interventions. Families can be uniquely well-placed to engage with people with drug problems in a way that is responsive to their unique personalities, interests, needs and motivations, and so should have a special role to play in the personalisation agenda.

9 Clincs, DrugScope, Homeless Link, Mind (2008), 'In from the margins - Making every adult matter' is available online at <http://www.homeless.org.uk/newsanddiary/sectornews/meamreport/>

10 Templeton, L., Zohhadi, Z., Galvani, S. and Velleman, R. (2006) 'Looking Beyond Risk': Parental Substance Misuse: Scoping Study. pp.iii + 51. Edinburgh: Scottish Executive.

11 Nor is family support exclusively targeted at those who meet the criteria for 'problem drug use' (heroin and/or crack cocaine) - families have to address drug problems that take a variety of forms, as recent debate on 'skunk' cannabis and poly-drug use has demonstrated.

Families can be broken and damaged by drug problems and they need to recover too

A family member with a serious drug problem can place a huge strain on family relationships, and can have a very damaging impact on other people. Families have much to offer the recovery agenda, but they certainly should not be viewed as a cheap source of recovery capital, or expected to operate an open access service for people who may behave in challenging ways and have very complex needs. Whether they disengage or not, families of people with drug problems can lose a great deal and they need help to recover – in the literal sense of getting back something that has been lost. Often services are not available to support them.

Recommendations

1. There should be a detailed cost-benefit analysis of the economic value of investing in family support

At present, we do not even have a robust estimate of the number of adult family members who are affected by drug use. Identifying this population would be a long overdue first step to estimating the economic and human costs to families of problem drug users and the benefits of their involvement to the community.

The more we look to families to support recovery, the more important it is that we also invest resources in families to help them recover too

2. The support available to families of drug users must be improved and increased

This applies both to initiatives which harness the family as an integral part of treatment and services supporting families in their own right, even if they have disengaged from the substance user. The more we look to families to support recovery, the more important it is that we also invest resources in families to help them recover too. The family's contribution to positive treatment outcomes far exceeds the money that is currently allocated to family support, and the Government should make a clear commitment to increase the funding available for services to support families. Indicators at local DAT level regarding family support provision would be a positive step forward.

3. There should be a full inquiry into the experiences of the families of drug users and the services available to help them, with recommendations to government

Though recognition of the support provided by families is increasing, understanding of their contribution to delivering health and social outcomes is still limited. A full inquiry could be undertaken by the Advisory Council on the Misuse of Drugs, or perhaps by the Children, Schools and Families Select Committee as part of a wider investigation into the contributions made by informal carers. Alternatively, an independent inquiry could be commissioned by the Government, and led by a public figure.

4. The contribution of families to recovery should be at the centre of policy development, not at the margins

Though there has been some progress here – notably the Supporting and Involving Carers guidance from the NTA¹² – there is much further to go. Decisions about investment in supporting families should be made on the same basis as decisions about investment in

¹² See http://www.nta.nhs.uk/areas/users_and_carers/supporting_and_involving_carers.aspx. For further information see Adfam (2nd Edition, 2009) 'We Count Too' and DrugScope (2009) 'Drug Treatment at the Crossroads'

'professionalised services', including evidence of effectiveness and value for money. It is encouraging that the National Treatment Agency has a dedicated lead on families and carers and carer representation at Board level; this involvement within the NTA should be further developed and expanded to ensure that the family perspective is recognised at all levels and across the whole drug policy spectrum.

5. There is an urgent need to improve support for families that have lost contact with or disengaged from a family member with a drug problem

Families need to recover too, and often the support available to them is attached to the service user and can be withdrawn at the most critical time. The Government should develop an effective model for providing support in these circumstances, backed by an adequate commitment of resources. We would also like to see all policy affecting families and carers across Government to include consideration of the families of people with drug problems.

Further information

DrugScope is the UK's leading independent centre of information and expertise on drugs and the national membership organisation for people working to reduce the harm caused by drugs.

www.drugscope.org.uk

Adfam is the leading national umbrella organisation working with and for families affected by drug and alcohol use, and the leading charity driving forward good practice in substance-related family work.

www.adfam.org.uk

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