



Adfam's 30th birthday celebration

Families, drugs and alcohol - policy and research since 1984

Introduction

The past 30 years has seen a huge amount of change in the policy, practice and politics around both families and drug/alcohol ('substance') use. Laws, behaviours and public perceptions have all altered substantially. In **1984** the Misuse of Drugs Act which created the ABC classification of drugs we still have today was only 13 years old; five times as much alcohol was drunk in the pub than bought off-license¹; and nobody had heard of alcohol strategies or drug czars.

Stigma was rife. The country and its health communities were adjusting to a society with AIDS on the radar, with a Chief Constable describing in **1986** the mainly gay men and drug users who contracted the disease as '*swirling around in a human cesspit of their own making*'², and *The Sun* cheering him on - '*what Britain needs is more men like James Anderton*'. Drug treatment was minimal, with a small number of voluntary sector community projects and rehabs and some specialist, hospital based Drug Dependence Units (DDUs) operating in major cities, but little in the way of a developed network of services integrated into wider health and social care structures.

There was also a lack of support for, and recognition of, the needs of family members struggling with the drug or alcohol use of a loved one. Whilst there is little from the time in the way of anecdotal evidence or systematic data on the experiences of family members, it is possible to deduce from the lack of activity in terms of law and policy that it was not a subject high on the agenda of politicians or policy-makers. As part of Adfam's 30th birthday celebrations this document tracks the policy focus on the families of drug and alcohol users since 1984 – the year Adfam was founded.

National policy

One of the earliest mentions of families of drug or alcohol users is found in the Advisory Council on the Misuse of Drugs' (ACMD) **1982** report 'The Treatment and Rehabilitation of Drug Users', which states the need to establish community drug teams around the country to act as gatekeepers for treatment services and offer advice and information to drug users and their families³.

A recent analysis of 1980s drugs policy suggests that by **1986** '*162 projects...ranging from clinics, drug cleaning equipment, nurse training courses, counselling services, telephone help lines,*

¹ 2007 Statistical Handbook (British Beer and Pub Association)

² James Anderton, Chief Executive of Greater Manchester Police

³ Mentioned pg 184 'From a Policy on Illegal Drugs to a Policy on Psychoactive Substances' By Richard Muscat

rehabilitation hostels’ had been set up, as well as *‘therapy services for drug takers and their families’*⁴.

Though there is a lack of readily available ‘official’ policy material from the late 1980s and early 1990s, Martin Barnes (writing as DrugScope Chief Executive in a recent retrospective) usefully noted of the period: *‘drug policy had become high-profile and a clear priority for government and politicians: writing in 1987 in the British Journal of Addiction, Gerry Stimson commented: ‘...we are seeing the politicisation of drug problems...the arena for debate is no longer confined to professional and advisory committees. The next election is likely to be the first where each of the major parties has a drug strategy to offer the electorate.’*⁵

Whilst no strategic document containing an approach to tackling drug use was produced ahead of the 1992 general election, by 1995 The Conservative Party had published a White Paper entitled *‘Tackling Drugs Together (1995-98)’* which, whilst not describing itself as a strategy nonetheless is of interest in terms of the overall national narrative around drug use. Though not available online it has been described usefully thus: *‘Here drug harms are no longer viewed as a public-health problem but are intrinsically linked to criminality as drug-related crime came to be viewed as the primary scourge for families and communities’*⁶. Perhaps the most notable feature of the document was the creation of Drug Action Teams (DATs) in local areas which was to help shape the delivery of treatment, and the level of engagement with families, for many years to come.

Three years later The Labour Party published their first drug strategy – 1998’s *‘Tackling Drugs to Build a Better Britain’*⁷. This continued the close linking of drug use with crime, by talking about *‘the vicious cycle of drugs and crime which wrecks lives and threatens communities’* for instance, but also suggested that *‘a truly imaginative solution’* was needed to tackle drug use in the UK. *‘Helping young people resist drugs’*, *‘protecting communities from drug related harms’*, *‘enabling people with drug problems to come forward for treatment’* and *‘stifling the availability of drugs on the street’* were put forwards as the four chief strands of this intended solution. The voluntary sector and parents were both mentioned – but solely as tools for the delivery of the four aims. The word ‘family’ appears in the strategy just two times – in both cases describing how familial and domestic unrest and stress may make young people more likely to use drugs.

Although families had not been widely recognised in drug and alcohol policy by this point the increasingly prominent carers’ agenda presented another opportunity for their support needs to be considered – this time from the other side of the paradigm. By 1999 carers had their own strategy – *‘Caring about Carers’*⁸ which made some mention of the caring duties that might arise for those whose loved ones used drugs or alcohol. Having a parent with a mental health or drug/alcohol problem was cited as a reason a young person may end up caring for an immediate family member,

⁴ British Drug Polices in the 1980s: a preliminary analysis and suggestions from research, British Journal of Addiction (1987), <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.1987.tb01504.x/pdf>

⁵ Available at www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Events/Drug%20treatment%20-%20a%20potted%20history.pdf (2013)

⁶ The recent evolution of UK drug strategies: from maintenance to behaviour change?, 2012, http://extra.shu.ac.uk/ppp-online/issue_1_300312/documents/evolution_uk_drug_strategies_maintenance_behaviour.pdf

⁷ Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/259785/3945.pdf

⁸ Available at http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4049323.pdf

with the document rightly stating that for *'families where alcohol or drug abuse is a problem, children can be faced with a caring role which can create great anxiety or worse.'*

'Tackling Drugs to Build a Better Britain' was updated after four years⁹ with immediate results. Families are mentioned in the very first sentence of then Home Secretary David Blunkett's **2002** introduction – *'the well-being of individuals, families and the wider community'* is cited as of crucial importance, and as something profoundly damaged by the use of drugs. Family life appears again in the third sentence; mentioned as one of three realms which can be negatively affected by drug use. The narrative had by this point evolved from one of criminal and anti-social behaviour to one of broader social damage.

"We need also to provide direct support to parents and families. My heart goes out to those who have struggled to prevent their offspring falling into addiction and to cope with the trauma and effect on the family of those addicted to Class A drugs. We will be looking to improving substantially support to families at local level." This laudable statement is again taken from the strategy's introduction – marking quite a sea change in emphasis from just four years earlier. The strategy is littered with mentions of families, with the words *'the harm drugs cause communities, families and individuals'* a recurrent phrase throughout.

Given this increase in focus on the families of drug and alcohol users it's perhaps unsurprising that the landmark 'Hidden Harm' report arrived just a year later in **2003**¹⁰. This seminal document arose from an inquiry held to ascertain the scale and nature of a single issue which had previously been somewhat overlooked – how children are affected by the drug use of their parents. A working group was established (which included Adfam's Chief Executive Vivienne Evans) to hear powerful testimony and evidence from service-managers, practitioners and family members, and over 700 responses to a wider consultation were received.

Although Hidden Harm focused on parental drug use (but not alcohol), and considered the effects on children rather than the whole family, it was a report of great impact. Even 11 years later 'the Hidden Harm agenda' is still talked about, and the term 'hidden harm worker' often used to describe practitioners dedicated to working with drug using parents. Perhaps its most important result was the highlighting of the profound, multi-faceted harms to family members that substance use can cause – and the implicit imperative for practitioners and policy-makers to consider substance users as existing within social and relationship contexts, influencing and influenced by those around them, particularly family members.

The same year, Every Child Matters was launched – a policy agenda, a shift in emphasis and a series of government papers culminating in the **2004** Children's Act. The Act stressed the importance of organisations working together to identify and support vulnerable children, and to ensure they did not 'fall through the gaps' between services, as had happened to Victoria Climbié, whose murder had at least partly led to the creation of Every Child Matters. Parental substance use was mentioned, although not extensively.

⁹ Available at http://image.guardian.co.uk/sys-files/Guardian/documents/2002/12/03/Updated_Drug_Strategy_2002.pdf

¹⁰ Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf

The Drug Strategy of that year, 'Tackling Drugs, Changing Lives: Keeping Communities Safe from Drugs'¹¹, continued in a similar vein to the previous iteration of 2002, with the FRANK initiative noted as a useful resource for parents, and support for families named as a priority, although without any detail on delivery. Families were specifically cited as a group damaged by the use of drugs in society, with the pledge made that the police would '*focus on the dealers and drug users whose actions devastate their own lives and those of their families and communities*'.

2004 also saw the publication of 'Alcohol Harm Reduction Strategy for England'¹², the first ever alcohol strategy, nearly ten years after its drugs counterpart was released. Families were mentioned multiple times. They were characterised as a group adversely affected by certain patterns of alcohol consumption, in need of support in its own right and, in a way that never appeared in the drug strategies, which could exert a potentially moderating influence on the substance use of others.

2007: three years later and 'Safe. Sensible. Social. The next steps in the National Alcohol Strategy – a summary'¹³ was launched under the joint auspices of the Department of Health and the Home Office. The plain White Paper like appearance of 2004 had disappeared to be replaced with something much more colourful and varied. The document suggested that whilst the majority of British adults drank alcohol without coming to any significant harm (or causing harm to others) there were three populations which demanded attention: young drinkers aged 18 and under; 18-24 year old binge drinkers; and harmful drinkers who drank more than the recommended sensible limits on a regular basis. Families had minimal mention, although this may be explained by the document's status as a summation of progress and an overview of case-studies rather than a strategy in its own right.

The wide and damaging effect drug use can cause was recognised in the actual title of **2008**'s strategy 'Drugs: protecting families and communities'¹⁴. '*Drug misuse can prevent parents from providing their children with the care and support they need*', it stated, although the document made no significant mention of harms caused in other types of relationships – by siblings or adult children for instance.

As well as discussing families at risk of harm, the strategy also made it clear that they act as what we might now term 'recovery capital' for those with drug issues, by encouraging them into, and supporting them through, treatment. The importance of working with the whole family was stated, as was '*involv[ing] families and carers in the planning and process of treatment*'.

This strategy also singled out specific programmes of intervention that engaged families experiencing problems with drugs or alcohol as part of their core operation – Family Intervention Projects (FIPs) and Family Pathfinders. This use of targeted social support interventions which focus on families with multiple or complex needs (drug use being perhaps one of the most obvious) has continued in the national policy narrative until the present day through the Troubled Families agenda and other programmes of work.

¹¹ Available at www.justice.gov.uk/downloads/youth-justice/health/ChangingLives.pdf

¹² Available at www.erpho.org.uk/Download/Public/14668/1/AlcoholHarmReductionStrategy.pdf

¹³ Available at

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_075219.pdf

¹⁴ Available at <http://webarchive.nationalarchives.gov.uk/20100413151441/http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-20082835.pdf?view=Binary>

Created by the Labour Government in 2001, The National Treatment Agency (NTA) was the national body overseeing drug treatment. ‘Supporting and involving carers: A guide for commissioners and providers¹⁵’ was published in **2008** as a ‘how to’ guide for those commissioning and delivering treatment services. This document was important as the first piece of central, national guidance that specifically focused on families in this way.

In the introduction it stated: *‘Having a relative or friend who is a drug misuser is an extremely stressful experience, which can affect individuals’ physical health and psychological wellbeing, finances, social lives, and relationships with others. These impacts often mean that families, kinship carers and other carers need help in their own right, to enable them to cope better with what are usually ongoing, long-term issues.’* These two sentences well encapsulate the whole issue of why having a loved one with a drug or alcohol problem can be so difficult (and could happily sit verbatim in Adfam’s own policy material) stressing, as they do, the importance of support for families *in their own right* and not just as auxiliary sources of support.

‘Carers at the heart of 21st century families and communities¹⁶’ was published in the same year (2008) but had very little on the role that drug or alcohol use can have in complicating or extending the caring duties of those looking after loved ones.

The UK Drug Policy Commission (UKDPC) was created in 2006 with a remit of providing objective analysis of drug policy and practice in the UK. **2009** saw the publication of two useful and influential UKDPC reports – ‘Adult family members and carers of dependent drug users: prevalence, social cost, resource savings and treatment responses¹⁷’ (a large research report) and ‘Supporting the Supporters: families of drug misusers¹⁸’ (a shorter summary of its findings and highlighted key findings).

The UKDPC published research and analysis on all elements of drug policy; this study represented the first attempt ever in the UK to provide a serious research overview of the experiences of families affected by substance use. It covered how families experience stigma; estimated how many families are affected; calculated the social worth of the support provided by families, and the corresponding cost saved by the state (£750m per year); and provided an overview of interventions proven to be effective in supporting this cohort of families. The study remains a corner-stone of the evidence base that exists today.

‘Recognised, valued and supported: next steps for the Carers Strategy¹⁹’ was published in **2010**, two years after the strategy it built on, and makes just one reference to drugs or alcohol – by quoting Adfam on the importance of involving carers in treatment! The necessity of recognising the contribution of carers affected by substance use was also apparent in some grandparent policy, with

¹⁵ Available at www.nta.nhs.uk/uploads/supporting_and_involving_carers2008_0509.pdf

¹⁶ Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/136492/carers_at_the_heart_of_21_century_families.pdf

¹⁷ Available at www.fead.org.uk/docs/UKDPC_Families_of_drug_users_research_report_final.pdf

¹⁸ Available at www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Supporting%20the%20supporters_%20families%20of%20drug%20misusers%20%28policy%20briefing%29.pdf

¹⁹ Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/213804/dh_122393.pdf

Grandparents Plus publishing in 2010 ‘What if we said no?’²⁰ which stated of grandparent carers that ‘nearly half (47%) say they are looking after the children because of parental drug or alcohol abuse’.

Interestingly **2010**’s drug strategy lost its predecessor’s headline mention of families. A sea change of some sort, though, was signpost by its title: ‘Reducing demand, restricting supply, building recovery: Supporting people to live a drug free life’²¹. The recovery era had begun. Indeed, families were themselves mentioned within the recovery context – that ‘*individuals and their families [are] supported to recover fully*’ is stressed as important. Whilst this was a welcome recognition that families affected by drugs, as well as the substance user, need to recover– a concept which it might be useful to think of as ‘whole family recovery’ – there was overall less mention made of families or carers than in the previous strategy, although they did appear in relation to supporting loved ones through treatment.

The Troubled Families programme was mentioned (although not by name) and the necessity of supporting families with complex needs more generally covered, but this all took place under a heading of ‘reducing demand’ – suggesting that working with families with complex needs was considered worthwhile because it would lead to decreased drug use. This, presumably, would happen through fewer children and young people using drugs due to improved parenting and support, and drug users being supported by families into treatment. Perhaps unsurprisingly, families as recipients of support *in their own right* were not mentioned in the same level of detail, although local areas were encouraged to develop a ‘whole family approach’ to recovery services which covers support for families and carers.

‘The Triangle of Care - Carers Included: A Guide to Best Practice in Mental Health Care in England’²² was published in **2010** by the Carers Trust and the National Mental Health Development Unit and proved a useful tool in thinking about families affected by substance use from a slightly different standpoint. The document proposes a triangular model of working, where the service-user, practitioner and carer are in close contact with each other, and stresses collaboration, co-design, information sharing and empowerment of the carer. Although developed more generally for the mental health sector, this model is relevant to family members affected by substance use. Whilst many in this group do not readily identify as carers, the emphasis on working together and sharing information fits neatly with the needs described by families in anecdotal evidence shared with Adfam.

A second NTA document specifically covering families was released in **2012** - ‘Parents with drug problems: How treatment helps families’²³. Narrower in focus than the previous NTA publication, this paper provided an overview of the experiences of parents (and other adults with childcare responsibilities) in treatment. With just over half of all adults in treatment having some kind of childcare duties they represent a significant proportion of all those engaged by services. Whilst much of the work on parental substance users rightly focuses on the damage that is caused to their children, this paper also outlined how being a parent who lives with their child can be a protective factor – that is to say make those struggling with addiction more likely to engage with and successfully complete treatment.

²⁰ Available at www.grandparentsplus.org.uk/wp-content/uploads/2011/03/Findings2010_ONLINE_NEW.pdf

²¹ Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/118336/drug-strategy-2010.pdf

²² Available at www.rcn.org.uk/__data/assets/pdf_file/0009/549063/Triangle_of_Care_-_Carers_Included_Sept_2013.pdf

²³ Available at www.nta.nhs.uk/uploads/families2012vfinali.pdf

2012 also saw the production of a second set of UKDPC resources focused on families – ‘The Forgotten Carers: Support for adult family members affected by a relative’s drug problems²⁴’ which provided an overview and summary of the research contained within three associated documents published under the heading of ‘Adult Family Members Affected by a Relative’s Substance Misuse’: ‘A UK-wide survey of services for adult family members²⁵’; ‘A Review of Policy and Guidance Documents across the UK²⁶’; and ‘Qualitative interviews with Commissioners and Service Providers in England and Scotland²⁷’.

This important piece of work built on previous UKDPC research to specifically consider the support available to families affected by substance use. It used a review of national policy and guidance, a web survey and an in-depth mapping of existing support provision to build up an accurate picture of what exists ‘out there’ for families. Conclusions and observations included: an increasing recognition of the needs of families in some areas of substance use policy; a lack of routinely gathered data on affected families; a lack of evidence-based training for practitioners; and the need for integration of generic and specialist services providing support to families.

Another important part of the research/policy literature was published the same year – ‘Silent Voices²⁸’, produced by The Office of the Children’s Commissioner’. Described as a ‘*Rapid Evidence Assessment (RAE) of the needs and experiences of children and young people where there is parental alcohol misuse*’ Silent Voices was a vital contribution to the evidence-base around families and substance use. It drew heavily on what children themselves reported, and used their testimony to inform the exploration of how children and young people are affected – and how help can be provided. Concluding that the current support provision for this group of vulnerable under-18s is patchy and lacking in capacity, the report concluded with recommendations for policy, practice and research. Among these were: a plea for Safeguarding and Health and Wellbeing Boards to fully build the needs of children affected by parental drinking into the planning and commissioning of local services; a suggestion of further research into how universal services can better support this cohort, and into how protective factors for children evolve and function; and a greater use of both children’s testimony and the available research by the many services that come into contact with these children.

The final document to be considered in terms of national policy is the alcohol strategy of **2012**, called simply ‘The Government’s Alcohol Strategy’²⁹. Mirroring the drug strategy of two years previous it highlights the Troubled Families programme as crucial in supporting families with multiple/complex needs (including alcohol dependence). The effectiveness of FIPs is cited as evidence for engaging and supporting this cohort of families.

Other than that, mentions of family are thin on the ground, although the paper points out that a significant proportion of those in treatment for alcohol use are parents and that there has been an

²⁴ Available at www.ukdpc.org.uk/wp-content/uploads/the-forgotten-carers-support-for-adult-family-members-affected-by-a-relatives-drug-problems-.pdf

²⁵ Available at www.ukdpc.org.uk/wp-content/uploads/adult-family-members-affected-by-a-relative%E2%80%99s-substance-misuse-a-uk-wide-survey-of-services-for-adult-family-members.pdf

²⁶ Available at www.ukdpc.org.uk/wp-content/uploads/adult-family-members-affected-by-a-relative%E2%80%99s-substance-misuse-a-review-of-policy-and-guidance-documents-across-the-uk.pdf

²⁷ Available at www.ukdpc.org.uk/publication/qualitative-interviews-with-commissioners-and-service-providers

²⁸ Available at www.childrenscommissioner.gov.uk/content/publications/content_619

²⁹ Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf

increase in the links made between treatment services and organisations supporting children and families.

Adfam research and policy

Founded in 1984, Adfam was through the 1980s and 90s not a centre for good practice, policy or research but an organisation nurturing and supporting grassroots family support services, providing advice to family members via a telephone helpline and delivering direct services through workers based in prisons. As such there is little Adfam policy material until around **2009**.

'We Count Too' was published in that year, and whilst certainly not an out-and-out policy document it was Adfam's first attempt to thoroughly outline the needs of families and the corresponding areas of good practice for practitioners, services and commissioners. It still serves as a useful and comprehensive resource for anyone setting up, running or commissioning support services for families.

The same year saw the publication of 'Recovery and drug dependency: A new deal for families'³⁰ by Adfam and DrugScope. This paper embraced the notion of recovery for families and provided a useful overview of their needs and roles – both in their own right and in supporting drug users. It '*consider[ed] recovery and the family as mutually reinforcing*' and reminded us that '*problem drug users' are also sons, daughters, parents, partners, grandchildren, siblings and members of extended family networks*'. The document included a précis of the contents of a seminar held that year on the same topic and identified key themes stemming from it, including: families as sources of hope, aspiration and ambition; the many millions of pounds worth of vital recovery capital provided by families; and the fact that families can be broken and damaged by drug problems and need to recover too. It finishes with five headline recommendations, covering the need to improve support for families, the importance of starting to build an evidence-base on the economic benefits of investing in family support and increasing the recognition of families' contribution in policy material.

'Adfam's manifesto for families: 5 key challenges for supporting families affected by drug and alcohol use'³¹ (**2010**) drew and expanded upon the themes contained in the paper of the previous year. Its contents were based on the findings from nine regional consultation events held around the country which were attended by a range of practitioners in contact with families affected by substance use.

The five central challenges demanding attention from the incoming government, as well as more local decision-makers and commissioners, were set out as: supporting families in their own right; involving families in treatment; monitoring effectiveness; public services 'thinking family'; and commissioning effectively. Referencing UKDPC work of the same year, the paper neatly outlined the case for each of these five priorities and stated why they were necessary areas of focus for the benefit of families, but also for the good of service-users and society in general.

2011's 'A Partnership approach: Supporting families with multiple needs'³² was a sequel of sorts; building, as it did, on the findings from a second round of regional consultations with practitioners.

³⁰ Available at www.adfam.org.uk/docs/recovery_dependency.pdf

³¹ Available at www.adfam.org.uk/docs/Adfam_manifesto_2010.pdf

³² Available at www.adfam.org.uk/docs/adfam_partnership_2011.pdf

This time the focus was on partnership working: both its essential role in supporting families affected by substance use, and the many challenges that arise from it.

The document examined specific processes or concepts such as peer support and recovery capital in relation to families and partnership working between services. Its emphasis is more on local than national decision-making; each section concluding with a box offering four points for local areas to consider.

2011 also saw Adfam release a discussion paper – ‘Family Support in Times of Economic Hardship³³’, based on a seminar exploring some of the issues facing families affected by drugs and alcohol during economic hard times. The seminar group included families, practitioners, senior policy-makers, government advisors and academics with Adfam also undertaking research with 48 families from across the country to see how financial issues affected their own recovery, as well as that of their loved ones. The report summarised the discussions and set out the challenges that exist for local and national policy makers in supporting families with diminished resources.

‘Challenging stigma: Tackling the prejudice experienced by the families of drug and alcohol users³⁴’ was published in **2012** and specifically explored the stigma felt by family members as a result of their loved one’s drug or alcohol use. It too was based on consultation, this time with 36 family members, and sought to outline their experiences of stigma, bring together the existing literature on the topic and act as a platform for engagement with stakeholders on the topic. A series of themes were identified from the consultation work, with quotes from the personal testimony of family members used to powerfully articulate them. The report also included testimony from a GP with a special interest in substance use as well as a list of measures that could be taken to generally better support families and specifically reduce the stigma they experience. These focused on: the importance of highlighting families’ role within the wider recovery movement; responding to unhelpful or sensationalist media coverage the perpetuated myths around stigma; and building links between substance users in recovery and their communities.

In **2012** Adfam also published a paper following a roundtable discussion focusing on reducing demand for drugs and alcohol, attended by a variety of policy-makers, campaigners, charitable organisations and service providers. ‘Adfam Discussion Paper: Demand reduction, drug prevention and families³⁵’ was informed by the debate at the event and drew on previous relevant research to focus on the role of parents and families in reducing demand and preventing drug use. The paper outlined some of the mixed messages young people receive around drug and alcohol use and stressed the key roles families and schools have to play in this area.

‘Parental substance use: Through the eyes of the worker³⁶’ was published in **2013**, ten years after Hidden Harm, and looked at the issue of parental drug and alcohol use from the point of view of the practitioner rather the parent, child or policy-maker. A literature review, focus groups and phone interviews were all used to build an evidence base of how practitioners support parents, how partnership working and information sharing as concepts and ways of working all impact on the real day-to-day work of the busy worker and service-manager. The report lists ‘calls to action’ for

³³ Available at www.adfam.org.uk/docs/families_poverty.pdf

³⁴ Available at www.adfam.org.uk/docs/adfam_challenging_stigma.pdf

³⁵ Available at www.adfam.org.uk/cms/docs/adfam_reducing_demand.pdf

³⁶ Available at www.adfam.org.uk/cms/docs/adfam_parentalsubstanceuse_2013.pdf

government, professional bodies, Child Safeguarding Boards, service providers and local authorities covering a wide variety of areas including improving the professional support available to practitioners through supervision and training; making pre-qualifying training on parental substance use compulsory for all social workers; and commissioning 'Hidden Harm: Ten Years on' to assess progress since the original report.

In **2014** Adfam published an extensive report entitled 'Medications in Drug Treatment: Tackling the risks to children'³⁷. This was based on a literature review and survey of media coverage of OST related deaths, consultation with practitioners and research into all serious case reviews from the last ten years which took place following the ingestion of Opioid Substitute Therapy (OST) medication by children. The report provided an overview and background to the issue and identified common themes that emerged from many of the serious case reviews. It concluded with a series of recommendation including a call for full overview reports of all serious case reviews to be published online and the importance of improved training and awareness for practitioners of all stripes. The recommendations are taken together *'constitute a call for more coordinated, national action and awareness to stop more children from dying these unnecessary deaths'*.

Looking back at where we have come from can sometimes be as useful as looking forward to where we are going. Evolving, as it has, from a starting point of grassroots, do-it-yourself family self-help Adfam has a foot in both camps: contributing to the national research and policy discourse but working with and being informed by the many voluntary sector groups around the country still providing most of the direct support to families affected by substance use. It is both gratifying and sobering to look back at some of the activity over Adfam's lifespan: gratifying because it's clear that much progress has been made, and also, hopefully, that Adfam has contributed to that progress; and sobering because it's evident how much work remains for us all.

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³⁷ Available at www.adfam.org.uk/cms/docs/adfam_ost_fullreport_web.pdf