

Submission: the 2010 Drug Strategy

About Adfam

Adfam is the national umbrella organisation working to improve the quality of life for families affected by drug and alcohol use. We do this by working with a network of organisations, practitioners and individuals who come into contact with the families, friends and carers affected by someone else's drug or alcohol use. We provide direct support to families through publications, training, prison visitors' centres, outreach work and signposting to local services, and work extensively with professionals and Government to improve and expand the support available to families.

Throughout this response, the term 'families' is used to refer to relatives or close friends affected by someone else's drug use. This includes parents and carers; spouses and partners; children and siblings; grandparents; extended family members and close friends with respect to those supporting current drug users, recovering users and those that have been bereaved by drug use.

Questions have been answered in the order they appear in the consultation document, but Adfam has only responded to those with an immediate relevance to its work.

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Vision for the new Drug Strategy

A1. Are there other key aspects of reducing drug use that you feel should be addressed?

Damage from substance use can be multi-dimensional, long lasting and profound for users, their families and the communities in which they live. Ideally a commitment to minimising this harm using all the tools and policies available should be explicitly made by the Government.

The role and importance of supporting families and communities around substance use should also be made explicit in the strategy. Families can suffer enormously when a loved-one uses drugs or alcohol – mental and physical health, financial stability and employment opportunities can all be damaged.¹ Families need and deserve support in their own right. Having supportive families engaged in the treatment of substance users has also been demonstrated to improve outcomes for those entering treatment². It is for both of these reasons that Adfam urges the Government to consider families in every aspect of policy.

A3. What do you think has worked well in previous approaches to tackling drug misuse?

The recognition of drug use as a problem with multiple causes and effects, not just on the individual but also on those around them, has been a key marker of progress in recent years. The last drug strategy, *Protecting Families and Communities*, recognised this explicitly in the title; though there is obviously work to be done in achieving these objectives, this is a positive starting point. Families should be recognised at all levels: the effects that drug and alcohol use has on them and their own need for support; the effects of parental drug use on children; the contribution families can make to prevention and education; and the asset they can be to treatment engagement, success, reintegration and recovery. Families are at the forefront of addiction, and they should be engaged as full partners in tackling drug problems.

Though many may think the system of national targets is unworkable and has lost its way, it is only wise to look at where improvements have really been made in the last decade and maintain these. For example, major improvements have been made in waiting times for treatment and the workforce has become increasingly professionalised; these are major institutional advances which should not be lost in a rush to change the other, less successful parts of the current system.

A4. What do you think has not worked so well in previous approaches to tackling drug misuse?

As mentioned above, there has been improvement in this respect but historically there has been too much focus on the individual and the drug, rather than taking into account the myriad factors related to this. This has also contributed to the entrenchment of ‘silos’ in the professional arena, with small areas of responsibility split off from one another and often fiercely guarded. In reality,

¹ UKDPC, [Supporting the Supporters: families of drug misusers](#), 2009

² National Treatment Agency for Substance Misuse, [Supporting and involving carers](#), 2008

only a flexible, broad-ranging support system which tackles the reasons for drug use - and not just the use itself - can make lasting improvements.

Though some results are easily measurable and numerical (for example waiting times), there has been too much focus on outputs rather than outcomes. The number of people accessing treatment doesn't represent real change unless these people are making improvements in their overall life situation; someone in treatment is not simply a 'patient', but someone in need of a broad range of support measures to help them back on their feet.

Prevent Drug Use

B1. What are the most effective ways of preventing drug or alcohol misuse?

Education is an important tool. Specifically, drug and alcohol education can provide people with information (including on risks) and enable them to make informed decisions. More generally, ongoing education (including PHSEE) for young people will help build up the life skills they need to deal effectively with the issue of substance use – confidence, social skills, knowledge of health and physical wellbeing and the ability to develop a supportive social network.

Parents and families must also have access to clear and robust sources of information around substance use and the resources available to support those affected by it. Teachers and other professionals working with young people must be given the training and support they need to ensure they can recognise the signs and impact of substance use and make appropriate referrals when needed.

Early interventions have been shown to improve outcomes for families affected by substance use. Evidence demonstrates that with support from the Family Intervention Projects, rates of drug misuse fell from 33% to 18% and alcohol misuse from 30% to 14%³. There is potential that early interventions such as, FIPS and parenting programmes may also be successful in the prevention of substance use.

B2. Who (which agencies, organisations and individuals) are best able to prevent drug or alcohol misuse?

Adfam believes that most families represent an immense and credible source of expertise, support and dedication. Given sufficient support and information, families and parents can, where appropriate, provide the guidance needed to help prevent other family members using drugs and alcohol dangerously. Many families are the best placed individuals to provide information and set boundaries around substance use. In a recent survey, 74% of young people surveyed cited parents as a good source of information about smoking, alcohol and drugs.⁴

Teachers or other sources of pastoral care for young people, such as youth workers, can also be effective sources of information. Adfam supports the idea that basic drug and alcohol education should be part of mandatory training for teachers and that teachers are well placed to intervene and advise in cases of substance use in schools.

Although the current evidence base is limited, public education campaigns can help people who may be unsure of the facts on certain topics provided by the media, for instance surrounding

³ National Centre for Social Research, [ASB Family Intervention Projects: Monitoring and Evaluation](#), 2010

⁴ National Centre for Social Research/National Foundation for Educational Research, [Smoking, Drinking and Drug Use among Young People in 2009](#), 2010

mephedrone. A visible and high-profile campaign of public education programmes could also help to reduce stigma by normalising discussion around substance use, families and communities.

B3. Which groups (in terms of age, location or vulnerability) should prevention programmes particularly focus on?

Substance use can affect anyone and any family and a level of universal service provision must exist for all, regardless of geographical location, socio-economic status or any other factor. All children and parents should have access to education and prevention programmes.

Adfam acknowledges that circumstance sometimes make certain families more likely to be affected by substance use than others and believes that families with complex needs are amongst the most vulnerable. These are families with many issues concurrently affecting their lives in a negative way – possibly unemployment, mental health, disability, child protection or anti-social behaviour.

Inter-generational substance use can significantly reduce positive outcomes for entire families who require a high level of support: more targeted positive information and support is therefore required for these families. If an individual has a parent who uses drugs or alcohol dangerously, then he or she is more likely to end up using substances themselves⁵. Support therefore needs to be targeted at those young people growing up in an atmosphere where substance use is normalised to avoid an inter-generational trend emerging.

Both families with complex needs and families with inter-generational substance use are likely to experience some form of social stigma. A recent UK Drug Policy Commission report on stigma⁶ describes how as well as substance users ‘the families of users are also stigmatised, being seen as partly responsible for their relative’s addiction.’ This additional stigma means that family members may be reluctant to access services to support themselves or their loved-one. Because of this, both these types of families need additional support to prevent family members starting to use drugs or alcohol problematically.

B4. Which drugs (including alcohol) should prevention programmes focus on?

Prevention programmes should provide information and support for all drugs.

⁵ ACMD, [Hidden Harm](#), 2003

⁶ UKDPC, [Sinning and Sinned Against: The Stigmatisation of Problem Drug Users](#), 2010

B5. How can parents best be supported to prevent young people from misusing drugs or alcohol?

A clear and non-stigmatising source of information for parents may be the first stage for improving parents' influence on young people: they cannot effectively advise if they don't have access to clear information, and some parents may lack the confidence needed to broach the sensitive topic of drinking or illegal drug use with their children. An educational public awareness campaign at community level to raise awareness and confidence in parents and enable them to initiate important conversations with their children could be extremely effective.

B6. How can communities play a more effective role in preventing drug or alcohol misuse?

We know from our role as an umbrella organisation for family support groups that communities can play an important role in supporting families affected by drugs and alcohol; they can also have a preventative role given improved information and guidelines. Parents or community groups can conduct education and prevention campaigns in the local neighbourhood, although these would benefit from clear guidelines and a policy steer at a national level. Communities are also the key to changing attitudes - good education and public health campaigns can change views widely, as evidenced by changing views on drink driving over the decades. If a community in general - and parents and teachers specifically - hold the view that it is acceptable to talk and ask about drugs, this will inform how future generations react to the challenges of thinking and talking about substance use.

Those that regularly work with children - whether teachers, youth workers or others - should all receive basic drug and alcohol training to give them a good level of knowledge and the capability to give advice and support to others.

B8. What barriers are there to improving drug and alcohol prevention?

There is a risk that the current evidence base around prevention is not strong enough to support decisive action or the commissioning of potentially expensive interventions and programmes. More research is needed in this area, but in times of lean funding this could be hard to secure. We need to ensure there is a good evidence base from British studies and not just evidence taken from the USA and elsewhere.

There is also a risk that inconsistent messages and a lack of sector consensus cloud the issue somewhat. People receive messages from many sources, each with its own agenda - the varying sections of the media, parents, PHSEE and support and advice from professionals. If these all vary greatly in tone, message and content then there is a risk people will be confused and the authority of even the valid information is undermined.

As it stands, early PHSEE in schools is not mandatory and this represents a potential barrier to alcohol and drug use prevention amongst young people. Adfam believes that ensuring basic drug

and alcohol education is taught to young people as part of a larger programme of social education would help empower and inform young people to make sensible and safe choices in their lives.

Training for teachers, family workers and other practitioners who work with young people is also a barrier to efficient prevention and ensuring that any professional who comes into contact with young people, especially the most vulnerable ones, has a basic grasp on the signs, risk and effects of substance use is a practical and effective step that can be taken to improve prevention.

Finally, inconsistent funding for community projects around drug education and prevention means that the hard work and expertise of people trying to answer local problems with local solutions is not maximised.

Strengthen enforcement, criminal Justice and legal framework

C1. When does drug use become problematic?

Drug use can be harmful to an individual, a family, a community and a society at different stages. For families, Adfam has always taken the view that drug use is problematic if it is having an effect on family life – this can be true throughout the spectrum of drug-using behaviour, from the parents of teenagers concerned about their lack of knowledge of an ever-changing drug market, all the way to relatives living with the day-to-day effects of a relative's serious a drug dependency. Adfam's view is that 'problematic' substance use is not determined by the amount used of a particular substance; rather, that drug use is problematic when the behaviour associated with it begins to affect the lives of people around them.

C2. Do you think the criminal justice system should do anything differently when dealing with drug-misusing offenders?

From the point of arrest, through a term of imprisonment and beyond release, there should be greater involvement of the offender's family, better support throughout the process of imprisonment, and more recognition of their vital role in improving rehabilitation and reducing reoffending. Adfam has support services in several prisons (HMPs Brixton, Holloway, Bronzefield and Peterborough) which do invaluable work to improve relationships between prisoners and their families - for example through support on visiting procedures, how to deal with pressures relating to contraband, preparing for release and re-establishing family ties. Feedback from family members accessing these services indicates that this could be a staple of reintegration work in prisons, but is sadly lacking in consistency across the country. Not only do families provide a source of aspiration and ambition whilst in prison, they also provide a huge source of 'resettlement capital' on release through accommodation, motivation and rebuilding meaningful and supportive relationships.

C7. Which partners – in the public, voluntary and community sectors – would you like to see work together to reduce drug-related reoffending in your local area?

Families and the services that support them are a key partner in this area. As explained above, work with offenders and their families - from arrest to release and beyond - can be a very effective way of tackling the underlying causes of reoffending. Families contribute to the reintegration and rehabilitation of offenders by providing supportive networks and structures, and an environment where real change is possible.

C8. What results should be paid or funded?

Adfam recognises the need for proper accountability in public finance and that each pound of taxpayers' money should be used appropriately and for a recognisable purpose. However, there are major concerns that installing a new system of 'payment by results' without properly designing the desired outcomes could result in an unwanted fall in the quality and availability of services for people with drug problems, or affected by them. A new system of outcomes which acknowledges the need for all-round improvement in quality of life would be welcomed, but this should not discount the progress made under the current system – for example reduced waiting times.

Outcomes need to be decided in partnership to reflect local problems and priorities, and existing local agencies – community groups tackling drugs, treatment agencies, family support groups – should be fully involved in this process. In line with the ethos of the Government as a whole, the new drug strategy should empower local communities to respond to their own needs in an effective – and cost-effective – way.

Any system of payment by results should also take care to minimise the risk such a system could create in terms of services not taking on the people who are most in need of support. Without properly considered safeguards, there is a real risk that services which are paid according to narrow outcomes could cherry-pick the people it thinks it has the best chance of helping, and neglect those with more entrenched and complex problems because the positive result (and therefore the accompanying money) would be harder to reach.

To fit properly with the recovery agenda, results that are paid or funded should reflect quality of life measures such as health, relationships, housing and education; this should also apply to families.

Family support is a vital part of the holistic, balanced and well-rounded approach to drug-related problems. Any movement towards payment by results should be made in full consultation with family support providers and, crucially, their service users, and in a time of tightened spending it is vital that family support and its importance are properly understood. The measurement of 'soft' outcomes can be problematic when applied to relationships and family support – for example the impact of treatment on parenting capacity is a vital part of recovery, but this is not easily measured or monitored.

Family support is relevant to various Government initiatives and if they are to be evaluated on results, then their full range should be taken into account. Family support services work towards goals in drug education and prevention, treatment engagement, mental health, community activism and safety, child protection and many more – any system of monitoring should therefore be managed on a detailed level which truly understands the value of this work in a local community, and not simply by a reduction in one or two symptoms of drug problems.

The challenges facing the family support sector relating to monitoring and evaluation are also covered in detail in [Adfam's 2010 manifesto](#).

C9. What measures do you think should be taken to reduce drug supply in prison?

Adfam's existing work with the families of offenders involves extensive advice and information on pressures to bring drugs and other items into prison, with a view to preventing supply and raising awareness of the consequences. Given that drug use is often the consequence of other life problems such as difficult relationships, Adfam also works with offenders on the reasons for their drug use and the impact it has on others.

The Blakey report in 2008⁷ identified 5 ways drug get into prisons: with visitors, 'over the wall', in post and parcels, brought in by prisoners themselves, and through corrupt staff. Adfam touches on several of these points through work with prisoners themselves, their families and other visitors, and education initiatives with other prison staff. This kind of partnership work is vital in tackling the drug problem in prisons and should be rolled out more widely.

C10. What impact would the measures suggested have on a) offenders and b) your local community?

a) Better work with families and offenders around drug issues would not have the unplanned or complex consequences that other measures to combat drug supply in prison – for example stronger enforcement – may have. Working with offenders and their families on the impact of drug use and the pressure to bring drugs into prison are examples of working *with* families, not against them, which may subsequently have an effect on the community.

Clear boundaries set in partnership with families can help to reduce drug supply into prisons, cut reoffending and maximize the opportunity for change that the prison environment provides. Prison should be a space where drug-using offenders can gain the skills and tools they need to succeed in society.

b) Local communities should be able to feel that prisons are an environment where offenders can be rehabilitated and emerge more ready, and better equipped, to take on the challenges of everyday life that they have struggled with before; they should not be thought of as just somewhere that criminals are kept temporarily. Part of this is knowing that appropriate action is being taken by all relevant parties to challenge drug use in prisons and help offenders to recover, and give them something of value on the outside, like family relationships.

⁷ David Blakey CBE, [Disrupting the Supply of Illicit Drugs into Prisons](#), 2008

Rebalance treatment to support drug free outcomes

D1. Thinking about the current treatment system, what works well and should be retained?

An effective measure currently in place that should be retained is the open and fairly quick access to treatment for those using substances problematically. This must be preserved at all costs so all people, especially parental substance users and the most vulnerable, have a clear and quick pathway into treatment. Having an obvious path to treatment means that those who use drugs or alcohol in a problematic way know where to go for help, and can refer themselves or be signposted into treatment. Any move towards measuring treatment by the outcomes of clients successfully exiting it (rather than those entering) should not overlook the good progress that has been made under the previous system. Waiting times have been reduced greatly and the quick access for parental substance users should not be lost if effectiveness monitoring methods change.

The onus must be kept on treatment services to involve families – this been developed and should be retained. The message that services must look beyond the individual to the family which supports them must continue to be heard and acted upon. Family members who are kept informed of treatment progress are likely to be engaged and supportive of the substance user, and they can improve the likelihood of the individual maintaining positive recovery.

Improvements made in training the workforce is something that has been timely and welcome and should be extended even further. A trained and supported workforce is well placed to help clients through recovery towards a drug free future. A workforce well trained in working with both substance users and their families will make for high levels of engagement in treatment, improved outcomes for substance users and happier family members.

D2. Thinking about the current treatment system, what is need of improvement and how might it need to change to promote recovery?

Adfam believes strongly that an increase in the involvement of families in treatment, when and where appropriate, will lead to improved outcomes for those in treatment. Evidence suggests that individuals going into treatment are more likely to stay in the treatment programme, successfully complete it and achieve some level of recovery⁸, though ideas of what this constitutes vary. The work of involving families in treatment has made significant progress but further work needs to be undertaken by treatment providers. Practitioners currently lack clear and practical guidance on how best to engage families and, lacking training in working with families, may feel unqualified in attempting to involve them. Clearly this needs to be remedied through the creation of that guidance and training of the workforce.

⁸ National Treatment Agency for Substance Misuse, [Supporting and involving carers](#), 2008

Some families end up shouldering a huge caring burden when a family member uses substances and families tell us that this causes a great deal of stress and often a decline in financial stability, physical and mental health and other outcomes. Just as substance users must tread an individual path of recovery, so families must themselves recover from the long and draining process of caring for a loved one using drugs or alcohol. Improved provision for families and involvement, where appropriate, in the treatment process could improve their outcomes and give them the support they need and deserve.

D3. Are there situations in which drug and alcohol services might be more usefully brought together or are there situations where it is more useful for them to be operated separately?

In general Adfam supports the bringing together of services to share information and good practice. Families sometimes report to us that the number of agencies and professionals involved in their everyday life can be confusing, with each bringing their own message, agenda and methods which may not always join up with those of colleagues. A joined-up 'one-stop-shop' of information and support would therefore greatly benefit substance users and their families. It would make more sense to the service user if treatment was continuous and less fractured. This would in turn lead to both individuals and families being more informed and secure in the treatment programme.

Services for drugs and alcohol need to be more fully aligned since problematic drug use is often accompanied by alcohol use. Families often tell us that the lack of provision for alcohol users and the differences between services can be a barrier to treatment and recovery.

D4. Should there be a greater focus on treating people who use substances other than heroin or crack cocaine, such as powder cocaine or so called legal highs?

Families suffer when loved ones take a variety of substances, both legal and illegal. What matters is not the chemical nature of a substance that a person puts into their body, but the behaviour that results from this. The behaviour will vary between individuals, even if the substance is the same, and it's the impact of this behaviour on substance users' families that matters. The focus should therefore be on the support individuals and families receive rather than the substance that they use.

Adfam acknowledges that different substances have different effects, public perceptions and levels of information and would therefore favour a balanced and evidence-based approach to tackling them. Many families struggle to access information about substances and find media coverage of different drugs especially "legal highs", confusing. Clearer treatment options and information around these substances would therefore greatly help both the individuals and the families affected.

D5. Should treating addiction to legal substances, such as prescribed and over-the-counter medicines, be a higher priority?

If there is evidence to suggest that these substances are causing problems for substances users and their families, Adfam supports a corresponding level of provision. As noted in response to question D4, the priority should be in addressing the problematic behaviour that substances cause, not the actual nature of substances themselves. Although there may be a strong clinical evidence base around the effects of these drugs, the level of knowledge and support about how they affect users and families in everyday life is much weaker. More research therefore needs to be done into how and why people problematically use legal drugs and how this damages communities and families. To complement the treatment of people using legal substances, Adfam believes an educative public health campaign would help de-stigmatise the matter and enable substance users and their families to make informed choices about treatment and recovery. However, given the speed at which new substances are appearing, this may be difficult to achieve.

D6. What role should the public health service have in preventing people using drugs in the first place and how can this link in to other preventative work?

Adfam believes that primary care professionals, including GPs, should have compulsory drug and alcohol education as part of their training. The public health service has a role to play in encouraging this area of education to be taught to professionals as a matter of course.

The public health service has the potential to play an important part in an educative role by providing the easily accessed and objective information around substance use that individuals, parents and families need to make informed decisions.

D7. We want to ensure that we continue to build the skills of the drug treatment and rehabilitation sector to ensure that they are able to meet the needs of those seeking treatment. What more can we do to support this?

Adfam is carrying out a workforce development project which will hopefully culminate with the development of a qualification for practitioners working with families affected by substance use. This project represents just one part of the ongoing workforce development programme that must continue in order to ensure the workforce and can access qualifications that reflect the level of expertise and dedication they hold. The projects around workforce development would benefit from a central steer from Government policy-makers and more consistent funding streams.

Similarly, Government and the public health service have an important role to play in the encouraging of qualifications for the workforce. Practitioners who are already doing a good job deserve the recognition that a qualification brings and the people they work with deserve to be supported by professionals who have demonstrated their competency.

The mandatory training of health professionals, including GPs, in drug and alcohol use and families affected by substances is also something to be encouraged. Government should work to ensure that this forms part of core training for professionals and that drug and alcohol workers are correspondingly trained in work with the whole family.

D8. Treatment is only one aspect contributing to abstinence and recovery. What actions can be taken to better link treatment services in to wider support such as housing, employment and supporting offenders?

Some established working practices have tended to create silos, with each group of professionals not always linking up with others. Adfam believes that an increase in communication and joined-up working between agencies would benefit both the system and its outcomes. This has its own challenges, but some direction from policy makers in encouraging the existence of genuinely effective local partnerships would be welcome. Improved links between statutory services and family support organisations would help, alongside mutual aid organisations, stable employment and secure housing, in the creation of a network of non-using and supportive people around an individual.

Adfam would also encourage the involvement of families where appropriate. This will enable the whole family to work together to address the secondary issues around substance use such as housing, employment and the route to a full and positive recovery.

D9. How do you believe that commissioners should be held to account for ensuring that outcomes of community-based treatments, for the promotion of reintegration and recovery, as well as reduced health harms, are delivered?

Adfam believes that increased involvement and clearly defined communication structures between commissioners and the public would be extremely useful and allow commissioners to be accountable to the communities they provide services for. An ombudsman type role at national level could help allow the voluntary sector to make complaints or raise concerns about the process without fear of adverse consequences.

Commissioners should clearly outline how they intend to involve and commission voluntary sector services in their local areas to help meet the needs of substance users, including those entering recovery. Local priorities must be defined and the outcomes desired identified, allowing a structure on which the commissioning process can be built. The routine consideration and inclusion of community-based programmes should be encouraged to run through all associated guidance and good practice for commissioners. For this to happen a policy steer from a national level may be needed, with clear guidelines provided for commissioners on what they are and are not expected to do.

There should be a requirement to undertake an impact assessment (possibly to be made public) prior to the reduction or withdrawal of funding from services active in this area.

Support recovery to break cycle of drug addiction

E1. What interventions can be provided to better support the recovery and reintegration of drug and alcohol dependent offenders returning to communities from prison?

When offenders return to the community this often entails them returning to their families too. Support structures should be in place so offenders and their families, where possible, can re-establish productive relationships. Families can be a huge source of support and ambition for those coming out of prison and wishing to rebuild their lives; better work with these families whilst preparing for release has clear potential for supporting reintegration into the community. Working closely with local family support services can ensure that support continues.

Housing needs, the continuation of medications and financial circumstances all need to be taken into account when preparing for release, so the transition into the community is smooth and well supported. Families should not be unfairly burdened when offenders fall through gaps within the system (for example by having to provide accommodation and funds), which is a real risk if the process of reintegration is not sufficiently in tune with the various support needs of recently released offenders.

E5. Should we be making more of the potential to use the benefit system to offer claimants a choice between:

- a) Some form of financial benefit sanction, if they do not take action to address their drug or alcohol dependency; or**

Whilst it is an obvious and reasonable goal to help people become free of their dependencies on drugs and alcohol, it is not to be forgotten that many drug users struggle to engage effectively with treatment, even when they have the original motivation and support to do so: positive and sustained outcomes will be difficult to achieve through a system of sanctions alone. It is also evident that those with serious substance addictions will find a way to source drugs regardless of the amount of money immediately available to them through legitimate channels. A serious drug habit is already more expensive than simple benefits can adequately provide for. For these reasons, Adfam is concerned that benefit sanctions implemented hastily could result in many unintended consequences – for example increased crime and increased pressure on families to support or fund a family member's dependency.

Government departments also need to consider the implications of their own policies on other Government priorities and strategies. For example, mandating treatment or other 'actions to address dependency' can affect areas outlined by the NHS, such as patient choice, the new NHS white paper (particularly GP commissioning), NICE guidelines, personalised care and the NHS constitution.

- b) n/a.**

E9. Based on your experience, how effective are whole family interventions as a way of tackling the harms of substance misuse?

Structured whole family interventions require a high level of skill and expertise and therefore investment in training. Most family support is currently delivered by local community groups and families report it brings them huge support and benefits.

E10. Is enough done to harness the recovery capital of families, partners and friends of people addicted to drugs and alcohol?

Not at this moment, no. While there is growing acceptance of families' positive contributions to recovery and also their own support needs, confusion remains about how this is best put into practice, and by whom. There is a lack of involvement for families in treatment for various reasons; many are unable to access simple information about their relatives for confidentiality reasons, and even when the family is keen to become more involved many treatment staff are insufficiently trained and supported to deliver these interventions. The treatment needs better supervision and training in this area in order to fully realise the potential of whole-family interventions.

Adfam's 2010 Manifesto also deals with family involvement in treatment as one of five key issues facing the sector⁹. Adfam would be extremely keen to work alongside the new administration to help increase and enhance the support available for families, which has always been our mission.

Harnessing the recovery capital of families is not a one-way relationship: families are not simply an untapped mine of free support which simply requires opening up and needs nothing in return. Calling on the motivation of loving family members to improve rates of treatment success without offering them support in their own right could have the major unintended consequence of actually making families lives worse: they should not be expected to deal with the pressure of helping recovery without an equal and corresponding recognition of their own support needs.

Families can also hold the key to effectively personalised care plans. The latest NTA business plan makes reference to 'ambitious and individualised service responses', and pledges to identify 'what treatment is most helpful to people, given their needs and circumstances'; in both these areas families are ideally placed to act as full partners, with the appropriate consents. The Adfam/DrugScope briefing *Recovery and drug dependency: a new deal for families* (2008)¹⁰ expands on the contributions families can make to personalised care pathways, for example an acute knowledge of someone's likes and dislikes, ambitions, motivations and history.

⁹ Adfam, [2010 Manifesto](#)

¹⁰ Adfam/DrugScope, [Recovery and drug dependency: a new deal for families](#), 2009

E11. Do drug and alcohol services adequately take into account the needs of those clients who have children?

There have been vast improvements in recognising risks related to children since Hidden Harm (REF) but parenting support and childcare during treatment are still major issues. There is a lack of training for the workforce in this area, and gaps in knowledge as to where extra support is available. There is also some confusion about remits and what is whose responsibility; communication between drug and alcohol agencies and social services needs to be more efficient and along clear guidelines. Despite the significant efforts for example from the NTA and the DfE, some of this confusion and lack of effective communication still remains a concern.

As the new national strategy recognises the impacts and influences of drug and alcohol use on a number of departments, this should be mirrored at a local level by clear channels of communication, areas of shared responsibility and partnership working practices, particularly where the safety of children is concerned.

E12. What problems do agencies working with drug or alcohol dependent parents face in trying to protect their children from harm, and what might be done to address any such issues?

The lack of effective communication with social services needs to be improved. There is confusion around professional remits and fear of stepping into the unknown, which has been exacerbated by high-profile child protection cases. Adfam's experience of working with FIP keyworkers, which has been highly evaluated and positively received, demonstrates that key issues need to be addressed.

Further information

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