NEWS AND BEST PRACTICE IN SUPPORTING FAMILIES AFFECTED BY DRUGS AND ALCOHOL

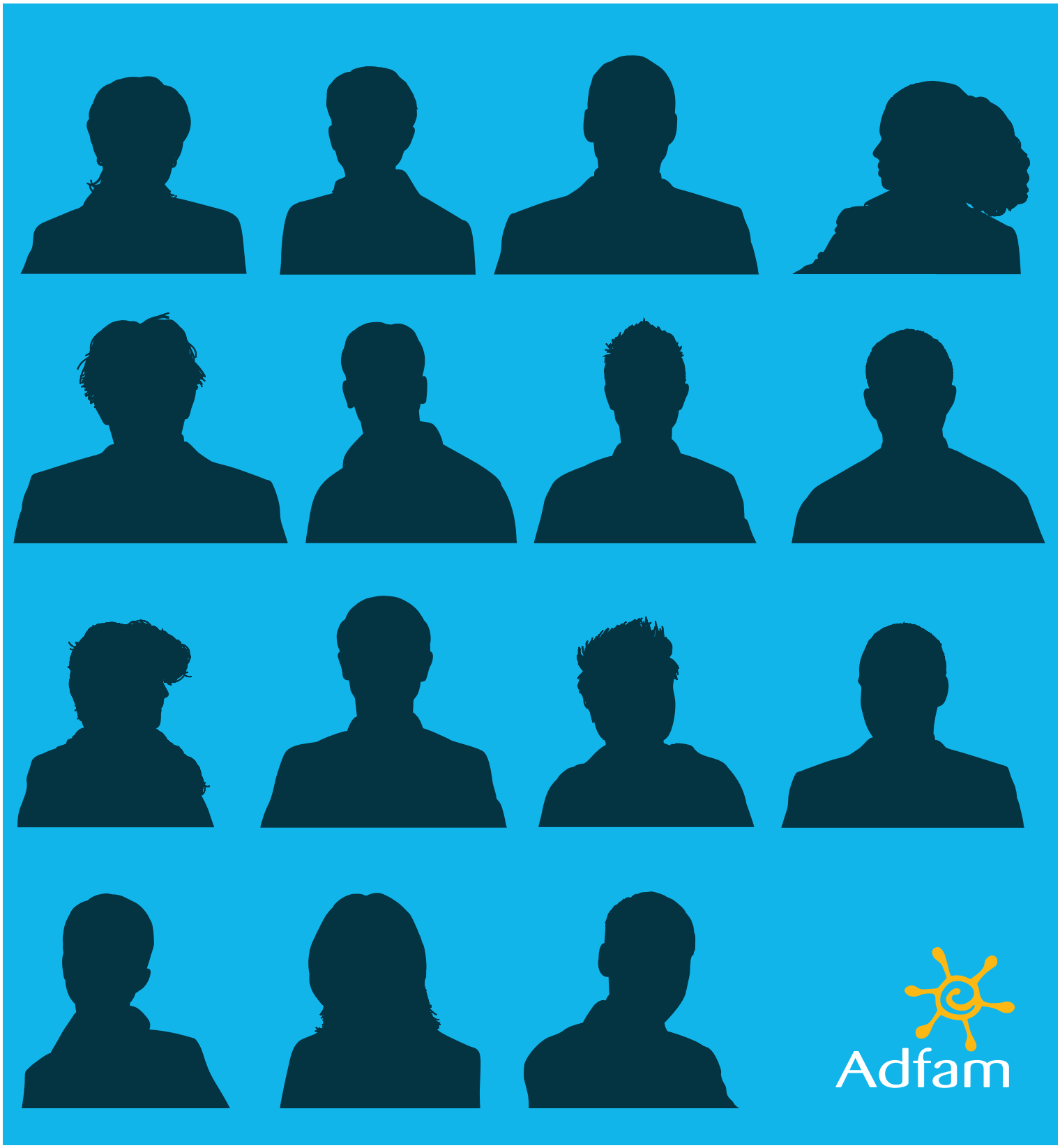
families upfront

JUNE – AUGUST 2012 ISSUE 5

> In Focus: tackling stigma

> Recovery, austerity and the workforce

> Stigma and the media



Adfam

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Adfam's services include:

- Policy briefings to help keep the sector better informed
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Adfam, 25 Corsham Street, London, N1 6DR
Tel: 020 7553 7640 Fax: 020 7253 7991
Email: admin@adfam.org.uk
www.adfam.org.uk

Design and production by Sharon Crocker

Welcome

THIS fifth edition of Adfam's magazine *Families UpFront* follows our usual format – you'll find general news and comment in the first half, plus an interesting look at what the effects of the sector's shift towards recovery and the financial pressures of budget cutting have been on the workforce, and a revisit in *Notes from the community* from PSL, an established family support group in Southampton, reflecting on what the last year has meant for them. The *In Focus* section of this issue concentrates on stigma, looking it at from a number of angles and exploring the different forms it takes for substance users and their families – turn to page 10 for further information. I hope you enjoy the magazine and find it as useful as the previous editions.

In other news, I am pleased to report that I have been elected as the new chair of the Skills Consortium, which has always played a key role in driving up standards and skills in the recovery workforce. Over the coming months, the Skills Consortium will continue developing its reach within the sector and engaging its members to set priorities for the forthcoming year – with Adfam now more centrally involved, family support will definitely not be left behind.

There has also been good news regarding the long term stability of the Skills Consortium, with a joint bid from Adfam, DrugScope and the Federation of Drug and Alcohol Professionals (FDAP) being successful in gaining funding for the consortium for the next three years. The work so far on the Skills Consortium, supported by the NTA and the outgoing chair William Butler, is greatly appreciated.

Find more about the Recovery Partnership at
www.skillsconsortium.org.uk

The Recovery Partnership, formed in 2011 by the Skills Consortium, DrugScope and Recovery Group UK, will continue to represent the voice of the drug and alcohol sector in working with Government to achieve the aims of the Drugs Strategy.

Vivienne Evans *OBE, Chief Executive, Adfam*

Funding for local schemes to tackle underage and binge drinking rolls out

Baroness Newlove, the Government's Champion for Active Safer Communities, has announced the recipients of a £1m Department for Communities and Local Government fund for grassroots projects tackling alcohol harms in local areas. The main aims of the schemes will be to reduce anti-social behaviour, A&E admissions and ambulance call-outs related to drinking, as well as cracking down on underage alcohol consumption and people buying on behalf of under-18s.

Areas with winning bids include Lincoln, Bury, Wakefield and Cornwall, and they will implement a variety of locally-focused schemes relating to public park safety, street drinking and how to forge cooperation between police, trading standards, retailers, safety wardens and street pastors. Each will receive around £90,000 over a period of two years, by the end of which "these areas will be transformed", Baroness Newlove said.

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Kinship care championed in June 'Month of Action'

Grandparents Plus is campaigning for better services for children being raised by family and friends carers, and better recognition of the contribution kinship carers make. Resources for the occasion include a 'local action guide' with information on contacting local MPs, arranging photo opportunities and raising awareness in the media, and there will also be events in London and Milton Keynes. Grandparents Plus has recently been critical of the Government's focus on adoption procedures, arguing that the role of kinship carers is being sidelined by the drive to speed up care proceedings.

See www.grandparentsplus.org.uk for details of June's Month of Action.

Forgotten Carers

The UK Drug Policy Commission has recently published *The Forgotten Carers: Support for adult family members affected by a relative's drug problems*, which provides an overview of the services available for families affected by substance use. The report recognises that although families – especially children – have been a growing policy priority for some time, how adults affected by a relative's substance use can be identified and supported has not been sufficiently prioritised in practice. To help kick-start the evidence base which the authors say is so clearly needed, the research surveyed over 250 family support providers to find what kinds of services and interventions are available for families across the country. ***www.ukdpc.org.uk/publication/the-forgotten-carers***

Munro: child protection reforms must speed up

Professor Eileen Munro, just over a year on from her original, Government-commissioned recommendations on reforming child protection, has published her *Progress report: moving towards a child centred system*. It is generally positive in its findings but warns that the pace of change needs to quicken, and that conflicting Government policies – particularly in policing and the health service – may hinder progress. Munro also calls for more 'realistic' expectations of how well the workforce can protect children from harm. 'We cannot know what is going on in the privacy of family life', the report argues, adding that the idea that 'some professional must be to blame' when things go wrong has led to an overly defensive culture based on compliance with rules and targets. Tempered expectations would therefore make it easier for professionals to have confidence in their own judgments.

Minimum pricing moves forward

The Government's Alcohol Strategy, released in March, showcased plans to introduce a minimum price per unit for alcohol in the future, with consultation on the measure due to start later this year. Scotland, however, has already moved a step ahead and has officially announced plans to implement a cost floor of 50p per unit, with the Scottish Health Secretary remarking that "too many Scots are drinking themselves to death". Previous opponents of the Bill were apparently appeased by a 'sunset clause' which allows for a repeal of the new law if it fails to have an impact after a six-year test period.

ACMD responds to Government priorities

Back in March the Home Secretary, Theresa May, wrote to the Advisory Council on the Misuse of Drugs to set out the Government's drug policies priorities for the coming year and commission the ACMD to undertake work in the corresponding areas. New research into the harms of ketamine was requested and the Home Secretary underscored the importance of new psychoactive substances and her commitment to recovery.

There will be updated advice on synthetic cannabinoids; new research into the harms of ketamine, which was specifically identified by the Home Secretary as in need of refreshing; evidence on polysubstance use, which will be delivered slightly behind schedule in the Autumn; and continued work on khat which, due to 'significant public interest', has been brought forward. Recently the ACMD also published its review of heroin 'antidote' naloxone, concluding that it is safe, effective, saves lives and should be made available more widely.

Troubled families update

Following the Government's announcement of £448m funding for troubled families that was covered in the last edition of *Families UpFront* more details are now available. The Department for Communities and Local Government has released *The Troubled Families programme - Financial framework for the payment-by-results scheme for local authorities*. This document provides a lot of the information that was missing around the actual mechanics of how local authorities will receive money from Government for the troubled families work.

The £448m the Government is putting up is estimated to constitute 40% of the money needed to successfully work with troubled families – the other 60% will have to be found by local authorities from existing local budgets. The money from Government will be made available partly up-front and partly on a payment-by results basis, with local authorities able to claim for results against certain outcomes.

The three main outcomes which can be claimed for are education (reducing exclusions and truancy); anti-social behaviour (reducing ASB and offending in under-16s); and work (adults moving from unemployment benefits to continuous work or volunteering).

Local authorities are required to appoint a trouble-shooter, who will act as a senior strategic lead in the area, bringing together all the services needed to provide the intensive interventions necessary to 'turn around' the lives of the families selected. Local authorities, rather than central Government, will be responsible for identifying the families they want to work with, and a degree of flexibility exists in the selection criteria for this.

FAMILIES DAY

Adfam, in partnership with Drink and Drugs News magazine (DDN), is organising a conference event for families affected by a loved one's drug or alcohol use. Based on the highly successful model of the service user conferences also run by DDN, this event will be an opportunity for families and the services that support them to rally around their common cause, share and learn. The details will be finalised over the next few weeks.

Legislative programme set out by Government

The Queen's Speech was delivered in May and set out the Government's legislative agenda for the year ahead. The aims of the new *Children and Families Bill*, which pledges to 'give families support when they need it most', include speeding up care proceedings and the adoption process, strengthening the law so more effective shared parenting arrangements can be made after family separation, and simplifying the assessment process for children with Special Educational Needs and disabilities.

The *Small Donations Bill* will remove the need for charities to collect Gift Aid declarations on gifts under £20 and replace it with a similar 25p 'top-up' payment, potentially allowing up to £1,250 in extra benefits per year. However, organisations including the Charities Aid Foundation have warned that the scheme is 'extremely complex and difficult to understand.

The legal status of 'drug-driving' will also be solidified through the introduction of a law that anyone found in charge of a vehicle with a certain (yet to be determined) level of drugs in their system is automatically guilty of an offence.

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Diary

● 4th UK Recovery Walk
This event, which will go through Brighton city centre and along the seafront, aims to educate the public about the 'strength, prevalence and possibility' of recovery, battle stigma and bring together recovery people in recovery, their families, friend and supporters. Saturday 29 September, Brighton. *For details see www.recoverywalk2012.org.uk .*

● Looking beyond risk: Improving outcomes for children and families affected by parental substance misuse problems
The Scottish Drugs Forum, in partnership with Parenting across Scotland and the University of Stirling School of Nursing, Midwifery and Health, is presenting this one-day conference to show how improved joint working between adult addiction services and child welfare services can improve outcomes for at-risk children and young people. Wednesday 20 June, Stirling, £120 (£96 SDF members). *For details see www.sdf.org.uk.*

● Turning around troubled families affected by imprisonment: a fresh approach to integrated working between prisons and the community
Speakers at this Pact conference include the Chief Inspector of Prisons and the CEO of Action for Prisoners' Families, and workshops will look at issues including kinship care, data sharing and the use of the Common Assessment Framework in the criminal justice system.Thursday 21 June, London, free (registration required). *For details see www.prisonadvice.org.uk/troubledfamilies.*

ADFAM UPDATE

Since the last edition of *Families UpFront*, Adfam has hosted a national conference bringing together representatives from all areas of family support.

Attendees included those working directly in drug or alcohol treatment, and professionals with expertise in parenting, child poverty, schools and prisons too. Although we are faced with a very uncertain commissioning landscape in the next 12 months, it was great to hear the commitment from delegates to work together and improve the support families receive.

We were very fortunate to have some great speakers who provided insightful commentary on the state of family support and its relevance across a wide range of policy agendas. Karen Biggs, CEO from Phoenix Futures, spoke very passionately about the media depiction of intergenerational drug misuse, where addiction plagues only the most deprived and children are pre-determined to follow in the footsteps of their parents. She argued that there was another way for these families and that by building on their strengths and supporting them as a unit, their future can be different. This message is certainly one we will continue to take forward in our discussions at a local level and we would encourage you all to do the same.

Dr Katherine Rake from the Family and Parenting Institute also spoke at the conference and focused her thoughts on the Government's troubled families agenda. She argued that specific needs stem from specific vulnerabilities, but often the common response is to provide a generic intervention which can be unfit to target the individual needs of families. The troubled families agenda offers an opportunity to develop unique support packages for families across the country; however in a time of restrained spending this could prove challenging to deliver.

For a retrospective of the conference including presentations, pictures and live social media discussion, you can visit www.storify.com/AdfamUK.

TROUBLED FAMILIES

Adfam, in partnership with DrugScope, has recently released a briefing paper exploring the Government's troubled families agenda. David Cameron has spoken publicly of 120,000 troubled families which have multiple disadvantages, face challenges and cost the public purse a large amount in service provision. The Government has pledged to 'turn around' the lives of these families by providing intensive interventions for them along the lines of the recent Family Intervention Project (FIP) model.

The briefing asks a number of questions of the work programme, covering how troubled families will be defined, how much money has been pledged and from which Government departments, who will be responsible for carrying out the work, what it will all mean for the third sector and how it will impact on the drug and alcohol service providers.

Key points of note include the lack of much explicit recognition of substance use as a contributing factor to families' troubles; how progress is to be measured, with a breakdown of the Payment by Results (PbR) scheme that local authorities can claim against; and how the work will be carried out, with a central team at DCLG and each local authority appointing a dedicated senior trouble-shooter to oversee strategy in their area.

For those looking for more detail, links to further reading on the topic are also supplied, including the full PbR mechanism. The briefing is available for free download at www.adfam.org.uk/docs/adfam_drugscope_troubledfamilies.pdf.

REGIONAL UPDATE

Adfam is currently working with regional groups of organisations on a wide variety of projects to increase their effectiveness and efficiency. Over the last few months, we've worked hard in partnership with a group of London-based family support organisations to help set up a new forum for the region, and are also working with the NTA in the North West to set up a new network there.

If you are interested in attending either of these please contact k.peake@adfam.org.uk.

We're also working directly with two organisations: one based in South of Tyne and Wear, and one in Lambeth. This is producing some exciting work: enabling us to identify in more detail some of the pressing problems being faced by organisations, gather the evidence they need to start to address them, provide advice on adapting their practices to improve the way they work, and try out different ways of supporting them and the families that they work with. Two areas that we're currently working on are the development of referral chains, particularly with GPs, and how to develop a coherent identity and marketing plan for an organisation. Information on what we've done, and useful information that we've produced from this work will be published shortly.

Partnership work at the frontline

Christine Tebano from Parent Support Link (PSL) in Southampton provided the first ever 'notes from the community' in Issue 1 A year later, she looks back at what's changed on the frontline of family support.

It hardly seems possible that a year has gone by since *Families UpFront* magazine first came to us. Where does the time go? Well done Adfam and all those who have contributed to such a meaningful publication.

PSL is based in Southampton and works throughout Hampshire to provide a service to the family and friends of people who use drugs and alcohol, something that we have been doing for nearly 19 years. Times have changed and our charity has developed; but what we do has not. PSL can provide people with the opportunity to speak with a trained worker and meet a family support worker, either at our base, in their own home or anywhere else in the community that the person feels safe. We offer emotional support groups, learning opportunities and the chance of a bit of respite from the day to day stresses of living with someone else's drug or alcohol use.

This level of support not only takes time – it also needs commitment. Commitment to the belief that the organisation you work with is doing not only a good job, but also doing it in the best way possible to meet the aims

Times have changed and our charity has developed; but what we do has not.

of the charity or voluntary group. The time spent goes to providing a service, developing it, listening to those who use it, keeping workers (paid and voluntary) safe and well, being informed about how to survive financially, staying up-to-date with the changes happening around you – especially those changes that will affect you (sometimes without you knowing) – and, for some, resisting the temptation to 'chase the money'.

PSL often works in partnership with other agencies from the voluntary, private and statutory sectors. This is good practice and if the right partnerships are formed it can be most beneficial to our client group. However, some might say that it is a compulsory component of survival in this new age of austerity, and because of this belief uneven partnerships can occur. For the smaller organisation, especially one from the voluntary sector, the whole concept of commissioning, meeting key performance outcomes and reporting can be very daunting. Indeed the language used in such arrangements can be so full of jargon that some people step back before even starting.

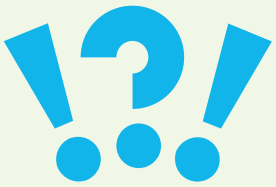
I do believe, though, that there has been a shift in awareness: the statutory sector may at last be not only able to recognise the vast pool of knowledge, skills and commitment that the groups, agencies and organisations from the non-profit sector can provide, but also be ready to work with them on an equal footing. Some statutory organisations are very happy to explore the concept of partnership working, especially if a particular area of expertise has been highlighted in a tender document and the skills or knowledge are lacking from that organisation's pool of human or organisational resources. We voluntary organisations are being invited to bring our considerable experience to the table: so what do we do now?

The aim of effective partnership work in these circumstances is not only to survive challenging times as an organisation, but to develop in a way that makes long-term survival possible and benefits the people you want to serve.

I do hope that that with all of the political rhetoric that abounds, these thoughts will help towards clear thinking in the community and voluntary sectors, even if nowhere else. This is an exciting time and a good opportunity to stride forward, but not at the expense of what we in the voluntary sector do so well.

Christine's guidelines for effective partnership work:

- ***Be really clear about your core aims and objectives***: re-visit them, and make sure everyone in your organisation understands and supports them.
- If you are asked to partner up with another organisation, ***find out what their aims and objectives are*** too. Ask yourself: do we fit together? Is this complementary to our ethos?
- ***Your group members, workers or volunteers might also have an opinion about the partnership***. Don't be afraid to ask – you need to hear what the more general opinion about the proposed partnership is.



- ***Be really clear about what the partnership would look like:*** ask who would take the lead, find out what would they expect from you and know what you would expect from them. Involve your management team (if you have one) in this discussion.
- ***Be bold:*** ask for what you need from the partnership, negotiate if needs be and remember that you have the expertise that they want.
- Look at other agencies or organisations which might have similar aims and objectives, and ***make comparisons*** with your own situation.
- ***Recognise that there is nothing wrong with change in itself*** – only the potential for it to weaken or affect your organisation in a negative way.

PARENT SUPPORT LINK

To find out more visit
www.parentsupportlink.org.uk

Recovery and austerity: challenges for the workforce

*Adfam spoke to **Carole Sharma**, Chief Executive of the Federation of Drug and Alcohol Professional (FDAP), and **Steve Broome**, Director of Research at the RSA, about the challenges facing the drug and alcohol sector workforce.*

QUESTIONS WE ASKED OUR EXPERTS

1. **Can the workforce continue its journey towards professionalism at the same time as weathering a storm of reduced budgets?**
2. **What does this new language of recovery mean for the workforce?**
3. **Hasn't everyone been 'doing recovery' anyway?**
4. **How can voluntary and community organisations adapt to the changing times?**
5. **What help can be provided for voluntary and community organisations?**

The last few years have seen some serious changes for the drug and alcohol sector. Recovery has come to prominence as the watchword for politicians and workers alike; the Government's 2010 Drug Strategy goes so far as to directly name-check it in its title *Reducing demand, restricting supply, building recovery: supporting people to live a drug free life*. There is also a hint as to the nature of recovery as the Government sees it here – that is, it involves being 'drug free'.

This takes place, of course, against the backdrop of major reductions in public spending, some of which will affect the substance use sector severely, and others which already have. DrugScope have recently voiced a 'widespread concern about the potential for significant disinvestment in drug and alcohol services given a number of competing public health priorities during a period of significant local spending constraints.'[1]

Setting out to explore these twin challenges for the workforce, Adfam spoke to two experts in the field with experience and knowledge of the recovery agenda and the needs of the workforce: Carole Sharma, Chief Executive of the Federation of Drug and Alcohol Professional (FDAP), and Steve Broome, Director of Research at the Royal Society of Arts and overseer of their Whole Person Recovery programme.

The professionalisation of the workforce

To start with, we asked if it was possible for the workforce to continue in its journey towards professionalism (the raising of skill levels through training, widely adopted standards and the growth of accreditation schemes) at the same time as weathering a storm of reduced budgets.

"Yes, hopefully!" Sharma responded. "Any sensible worker at the moment will do everything they can to get qualified - it's about becoming employable. But the time may well have now passed when qualifications and all the rest were paid for by employers. We've noticed at FDAP a few people from around the world wanting to become members but without the full accreditation we offer – I think it's because they want that membership, that stamp of approval on their CV. It's also important practitioners are as knowledgeable as possible about their own job and have some insight into their skills and competencies."

Broome concurred: "it is possible [for professionalisation to continue], and it could be argued that austerity is part of the driving force for the need to develop the workforce in order to maximise the use of more limited resources. We need to invest in the capability of the workforce, particularly given the more expansive ask of 'recovery'."

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What does recovery mean?

But what does this new language of recovery mean for the workforce? Broome believes that the recovery movement has made drug workers' jobs rather more complicated: "the notion of recovery presents an expansive challenge to services. 'Recovery workers' have to work more collaboratively with service users to

1 http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/BBlocalism.pdf

co-produce highly personalised recovery plans that understand, build and make use of all available recovery capital. They need to make use of the available evidence, but they also need to be entrepreneurial and look for opportunities to add value to recovery plans. They need to know about, be able to make use of and link to a much wider set of issues and resources than just treatment, and be able to engage the wider social support and spaces that can facilitate sustained recovery." He also cites tensions that may arise "when we start to impose a particular method or timetable on recovery – particularly if it's unrealistic, not aligned with the individual's needs, or limits their informed choice".

But despite these challenges, he notes that "some workers might feel a sense of empowerment and re-connection to the reasons that brought them into the sector in the first place – to help people have full lives and realise their aspirations."

Sharma adds that the new language might not be as revolutionary as is often thought: "in some ways, I don't think there is anything new going on. We've got to carry on doing what we do. The issue has perhaps become clouded by different understandings of recovery and people wanting to define it on behalf of those they serve, instead of in partnership with them. That's why we've now ended up with sub-categories of 'recovery'".

But in that case, hasn't everyone been 'doing recovery' anyway? "I believe that we have!" Sharma replies. "I can't imagine coming to work and not thinking I was going to do some good and help people recover. But workers can get overwhelmed and lose objectivity with certain cases – it's sometimes hard to move on clients. There can be too much focus on talking about medication and not enough time talking about wider stuff - life and what makes people happy. Some workers are sometimes reluctant to engage with the wider questions, but sometimes if a service user wants a dog then recovery might just mean getting them a book on dog care! It's a first step – recovery is about the little things too."

Broome, however, sees that "there are clearly some examples of where the workforce has not been recovery focused. However, the job of the front line worker is largely determined by the ethos, objectives and performance measures of their employer, and by the contracts and performance measures that those employers work to. While we need to invest in the capability of the workforce, we also need to ensure that commissioning allows for personalised recovery. Recovery support has certainly improved in recent times, but there is more we can do to improve it."

The third sector

The interview moves on to the role of the third sector in drug and alcohol recovery provision: how can voluntary and community organisations adapt to the changing times? And what help can be provided for them?

"The third sector should do what it has always done and continue innovating",

some practitioners and services have been more ready than others to adapt to the recovery agenda and work around budget cuts

replies Sharma. "At its best, it can be more proactive and quicker to change working practices than the private sector. But this definitely isn't just about the third sector – it's relevant to everyone. I don't think any practitioner isn't working for the good of the people they serve."

In a new commissioning environment, there may be a growth in collaborations, she continues: "one challenge is that in order to bring about recovery, charities need to build partnership with large statutory organisations and get a place at the table. Psychiatrists, housing, and lots of others need to be involved and to see that you are bona-fide and not just well-meaning amateurs – another reason we need to get our workforce qualified".

"As a charity," Broome adds, "the role of the RSA is to be an independent voice, collaborate and innovate, and share our learning about recovery with a broad set of stakeholders including those in the third sector. There is much that is 'new' in the recovery context: the national strategy is only some 18 months old and some commissioned services are still transitioning to this overarching approach, there is a new alcohol strategy, there is substantial change in the health policy and institutional landscape, Police and Crime Commissioners will be elected in November, and payment by results – fast becoming the Government's preferred way of doing business – is new and yet to reveal how it works in practice. The RSA will help support third sector through learning in all these areas.

"More broadly, there is significant economic anxiety. Recovery does not happen in a vacuum and third sector organisations are often well placed to capture learning and intelligence about how things are playing out on the ground and can feed this back."

Historically the drug and alcohol workforce has been disparate in background, employment status and level of qualifications. Adfam's own research into practitioners supporting families indicated that 44% of practitioners surveyed identified as working full time, 25% as volunteers, 22% as part time and 5% as self-employed. When asked about qualification levels, responses revealed 33% NVQ, 21% diploma, 17% other, 16% BA or BSc, 6% MA or MSc, 4% QCF Level 3 and 3% none[2].

Whilst this variety has always been a great strength and provided the sector with a diverse set of skills and approaches, with many people driven by their own experiences of substance use in their family or community, it has meant that some practitioners and services have been more ready than others to adapt to the recovery agenda and work around budget cuts. We hope that these contrasting but complementary policy and practice insights help illuminate some of the challenges we face as a sector and as a workforce.

The Federation of Drug & Alcohol Professionals (FDAP) is the professional body for the substance use field and works to help improve standards of practice across the sector.
www.fdap.org.uk

The Royal Society for the encouragement of Arts (RSA) is committed to finding innovative practical solutions to today's social challenges
www.thersa.org

2 Family support in the drug and alcohol sector - Findings from Adfam's workforce development questionnaire http://www.adfam.org.uk/docs/wd_survey.pdf

Double stigma – substance using children who abuse their parents

Adfam collaborated with Against Violence and Abuse (AVA) in 2010 for a Comic Relief-funded project looking at how the dual issues of domestic abuse and substance use affect groups of vulnerable people.

Part of the project consisted of research conducted by Dr Sarah Galvani of the University of Bedfordshire. Practitioners at a number of family support groups were interviewed regarding their responses to domestic violence within families affected by drug and alcohol use, and a number of under recognised and under researched areas were uncovered and explored; prime among these was that of domestic abuse suffered by parents from their own drug or alcohol using children.

Adfam and AVA are now collaborating again on a project looking specifically at child to parent domestic violence. So far almost a hundred parents who have suffered abuse from their substance using children have been consulted across nine focus groups.

The research has uncovered some interesting issues.

1 When do parents pick up on the problem? The reported ages of the children perpetrating abuse ranged from 11 to the late 40s, with 13-15 often identified as the starting point. Many parents were confused over the initial signs of drug use and didn't know whether to ascribe changes in behaviour to normal teenage rebellion or substance use. Some were confused even further when trying to understand the roots of the domestic abuse.

2 Where do parents look for information on drug/alcohol use and relevant support? Generally from a variety of sources. Ironically *Talk to Frank*, which was set up by the Government to provide teenagers with information on drugs, was a very popular port of call for parents looking for information on the drugs they were worried their children were taking.

3 What are families' experiences of support services? A huge variety was reported – GPs were commonly accessed, with reports varying from 'the best GP on the planet' to much lower opinions. Churches, Youth Offending Teams, the Police, paramedics and other services all came into contact with parents, with varying feedback. Many parents felt that 'there was no one out there' who was going through what they were experiencing and that they were alone. Before experiencing abuse, most parents were not aware of the existence of support networks.

4 What do you call it? Confusion over how to actually describe the abuse suffered by parents was mentioned by many practitioners and parents. Whilst some felt it could be legitimately described as domestic abuse, others were reluctant to use this terminology. Abuse is usually conceptualised by parents as a result of the drug and alcohol use – and the corresponding assumption made that interventions are needed for the child's substance use rather than for the parent's suffering of abuse. In general, families do not turn to domestic violence agencies when faced with abuse.

5 How is the abuse dealt with? A high tolerance of abuse was widely reported by parents. The bond of parent-child (or grandparent-child) was looked upon as sacred or somehow unbreakable. One family member who had been assaulted by a relative who had been to prison for his crime still described having a 'soft spot' for him.

6 How does stigma affect parents? It plays an important role in the experiences of most parents. A 'double stigma' of sorts was identified – the first layer stemming from the damaging drug or alcohol use of the child, and the second from the abuse that follows. Stigma has often prevented parents disclosing the substance use and abuse to friends and family, with one mother reporting having hidden it from her own twin sister.

7 Were family support groups effective in helping parents? The peer group setting of parents going through – and sharing – similar experiences of substance use in the family was considered invaluable, and the most effective type of support: 'a lifesaver', 'a God-send' and more.

What's clear is that abuse is taking place in a large number of cases where people use drugs and alcohol and either live with, or are in regular contact with, their parents. For the majority of parents this abuse was non-physical, with emotional manipulation, economic exploitation, bullying, shouting, rages, destructive behaviour towards furniture and stealing commonly identified. For some parents the abuse did become physical, with death threats, attacks with weapons and physical assaults all reported.

Whatever the form of the abuse, or the name it is given, it's clear that parents are not getting the support they need and deserve in order to cope with it effectively. Stigma needs to be lessened, awareness levels raised, local networks improved and services made more alert to what many normal families are going through day to day. Adfam believes that the learning from this project can go some way to starting the debate.

The findings from the focus groups are currently being written up into a report which will be published later in 2012. Training will then be developed and delivered to the services that come into contact with the parents affected by these issues to bolster their awareness and recognition of child to adult violence and consequently improve the support they provide to parents.

'Supporting families affected by substance use and domestic violence' by Dr. Sarah Galvani is available from www.adfam.org.uk.

For further information on Adfam's work email o.standing@adfam.org.uk.

Your organisation – top 5 resources

Recently published resources to help your organisation during this time of transition

1 Promoting positive mental health at work ACAS

This guide aims to help employers deal better with the issues presented by mental health problems in the workplace. As well as setting out simple information what do and don't constitute 'mental health problems', how prevalent they are and how they can affect the workplace, the guide aims to help employers recognise mental health issues, know what they can and can't influence and promote positive mental health at work. The paper also contains a number of case studies and representative scenarios for employers to work through.
www.acas.org.uk/media/pdf/j/i/Promoting_positive_mental_health_at_work_JAN_2012.pdf

2 Theory of change: the beginning of making a difference New Philanthropy Capital

A 'theory of change' aims to demonstrate a causal relationship between what a charity does and its stated aims and objectives: how and why its activities lead to outcomes and impact. The basis of this report is that a sound theory of change can help charities refocus their work where it is most effective and illustrate the changes they make to service users and funders. After a brief rundown of how to create a theory of change (including identifying realistic goals, working out which activities lead to which outcomes, and finding what outside factors are needed for interventions to work), the guide examines how a theory of change can be used in strategy, for evaluation, and to support collaboration between different organisations working in the same area.
www.philanthropycapital.org/publications

3 Payment by results for local services Audit Commission

This briefing aims to help local commissioners and anyone else involved in improving services to understand the implications of Payment by Results (PbR) systems at the local level. The briefing explains in simple terms what PbR is, how it works, how it fits in with Government priorities and what its risks are, before moving onto the key elements of PbR systems: identifying whether PbR is the right approach and what its clear purpose is, for example saving costs or bringing about innovation; understanding the risks and ensuring financial and practical accountability is set out clearly; designing a reward structure with the right mix of incentives, core funding and competition elements; planning for the whole life of the scheme, including contingencies for failure, a range of payments for success and future changes in circumstances; and finally, implementing a robust system of measurement and evaluation, including baseline data and methods for deciding future payments.
www.audit-commission.gov.uk/SiteCollectionDocuments/Downloads/20120405localPbR.pdf

4 Big Society Audit Civil Exchange

The Big Society, the authors note, is one of the Coalition Government's 'flagship' policies, but not one without precedent: successive Prime Ministers have had one version of it or another, and 'opening up public services' and 'empowering local communities' have been governmental themes for some time. Though the report is quite positive about the potential for growth in social action, noting for example the relatively high levels of donating and volunteering for charities compared to membership of the main political parties, there are serious concerns elsewhere. The Government, ironically, lacks the capacity to lead a growth in local civil society engagement, which by definition is outside its sphere of influence; there has been insufficient buy-in from the voluntary sector itself, which struggles to present a united voice and lacks meaningful influence commensurate to its size; and funding for the voluntary sector is falling.
www.civilexchange.org.uk/wp-content/uploads/2012/05/THE-BIG-SOCIETY-AUDIT-2012_Civil-Exchangefinal.pdf

5 Human Resources 'how to' guides NCVO

This resource bank for charities contains a number of guides for voluntary sector organisations, including *How to successfully recruit to your organisation*; *Surviving the recession: alternatives to redundancy*; *How to train and develop your workforce on a tight budget*; and *How to conduct 360 degree feedback*, which is a method of performance management which gathers information from a variety of colleagues and service users or customers, rather than being traditionally manager-led.
www.ncvo-vol.org.uk/how-to-guides.

In Focus **Tackling stigma**

THE stigmatisation of drug and alcohol users has been a popular topic of debate in the substance use field for some time; what's less explored is the impact of this stigma on families. In this section we investigate stigma from a number of angles, including the ways in which it affects families, how it relates to alcohol, its effects on black and minority ethnic communities, its impact on recovery and how the media views the family's side of the story.

Regardless of how much you think a drug or alcohol user should shoulder the blame for their own actions and lifestyle, the stigma attributed to families in their personal, professional and public lives is a different matter altogether. Rather than being to blame for their loved one's addiction, many families are a huge source of support and ambition for substance users, play a crucial role in their recovery, and suffer the effects of addiction in a way which negatively impacts on their own mental and physical wellbeing. We want families to feel confident in seeking support, as so many wait so long to do so; for this to happen, we need to break down the stigma, shame and isolation that they so commonly feel.

However, there are still some difficult answers for the family support sector to answer on the question of intergenerational drug use. Families – especially parents – often blame themselves for what's happened in their family, despite having provided the best and most caring environment for their children; but for some young people, it is likely that a troubled upbringing has indeed put them on the road to a chaotic adulthood. We have to be very careful with the attribution of blame and the stigma associated with it, and work hard to distinguish these cases from the people struggling with addiction in the family despite all their best efforts and support: as Charles Dickens said, 'accidents will occur in the best-regulated families'.

Joss Smith *Head of Policy and Regional Development, Adfam*

"I've had absolutely nobody to talk to about it..."

Setting the scene

A short summary of the key issues around families, substance use and stigma.

What is stigma?

Stigma can be defined as a mark of disgrace associated with a particular circumstance, quality or person. It can reach a point where it obscures all other parts of a person's identity; according to the UK Drug Policy Commission, which has led work in this area, problem drug use is one such stigma and becomes a 'master status' which defines someone in the absence of all the other qualities and characteristics they possess.

Stigma is not something which ebbs and flows with changing habits and behaviours. A label such as 'drug addict' or an 'alcoholic' can define someone during their attempts to get help and long after they've stopped using – even for life. Such labels can be so pervasive that they define families too.

Why does it matter?

Stigma stops people from accessing services and makes reintegration into society more difficult. As well as written rules excluding people with a substance-using past, a lack of confidence that they'll be treated equally can stop people from trying in the first place, thinking that there's no point: if a drug or alcohol user doesn't think their life will be any better and that society will still not offer them the opportunities they need, this is a major disincentive to seeking support.

By and large, society places responsibility for drug use in the hands of the user, and sometimes their families too; but it can also deny them the tools to take responsibility for their own recovery by excluding them from services, facilities and social acceptance. No single reason, such as a few 'bad choices' or a chaotic upbringing, is behind someone's journey to addiction, and no one thing can lead someone out of it. Current and ex substance users and their families need to be able to access a range of services to help rebuild their lives, without feeling stigmatised.

Stigma and the family

Families are often stigmatised by association. Everything from idle neighbourhood gossip to fully-fledged condemnation and blame that it's a 'bad family' or that it's 'all the parents' fault' contribute to families feeling extremely high levels of shame, stigma and guilt, losing friends and being ostracised by social groups. This then leads to families isolating themselves and not seeking support for their own needs, and often believing that it really is their own fault. The children of substance users can also suffer from bullying and isolation, both from other children at school and parents who think they're a 'bad family' to socialise with.

As well as being blamed for their family members' problems in the first place, families can also be judged for the kind of support they try to provide – comments like 'why are you helping that waste of space?', 'why can't you just leave him/her?' or 'just kick them out' can be aimed at people trying to support their family into and through recovery, and make them feel further victimised by their own communities. Many family support services draw a lot of their success from simply letting families know that they're not alone: that there are others who understand what they're going through and will treat them as equals.

Legal and practical barriers

Whether deliberately or otherwise, laws, rules and common practices can all discriminate against current or former drug users and their families. Despite the efforts of the Rehabilitation of Offenders Act (1974) to support the move of ex-offenders into employment, many are still excluded from some jobs on account of convictions which, in the eyes of the law at least, are long considered 'spent', and CRB checks can be especially problematic for ex-users with an offending history. Almost two-thirds of employers would not employ a former heroin or crack user, even if they were otherwise suitable for the job.

Addictions to non-prescribed substances are specifically excluded from the Equality Act, which was intended to protect disabled people *and those associated with them* from discrimination. Discrimination can also be manifested in the rules and regulations of a number of private organisations, for example needing a fixed address to open a bank account.

'Good' and 'bad' stigma

In its simplest form of disapproval, stigma can perform a positive role by expressing society's disapproval of certain damaging activities and therefore deterring people from partaking in them. This means that efforts to destigmatise drug use and people in recovery have sometimes been painted as attempts to 'normalise' or 'legitimise' substance use. However, as set out above, the 'bad' side of stigma in this case is that it harms the chances of reintegration for people in recovery and denies them the opportunities afforded to other members of society.

Stigma and recovery

There have been concerted efforts, especially from service user-led organisations, to show that recovery is visible and contagious, to improve the reputation and influence of people in recovery and to celebrate their progress.

It is now largely accepted that getting off drugs is only one part of someone's recovery journey: employment, education, family support, training, housing and psychiatric services are all vital elements too. This means that in order to receive the support they need, equal access to a number of services is required and if discrimination is evident in any of them, this can hinder overall progress in others.

What will they think of me?

***Brian Morgan** discusses his own recovery journey, the role that stigma played along the way, and his work organising the UK Recovery Walk.*

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STIGMA is the biggest barrier to recovery there is. 'What will they think of me?' is a question that kept me from seeking help for a very long time, and then continued to hold me back once I began to explore my own recovery. Stigma, materialised as the fear of what others may think of you, is very powerful indeed.

Before I go into some of my own experiences it is important to say that, nowadays, I prefer to talk about my recovery rather than my addiction. Not to do so would be somewhat hypocritical of me, as I have been incessantly reminding others recently of this very point.

I am part of a team who are organising and delivering the UK Recovery Walk, to be held in Brighton & Hove on 29th September this year. It has two broad aims: to celebrate recovery, and to tackle stigma. Members of the team are increasingly being asked to talk with the media, and I constantly remind people to keep the message focused on talking about your recovery, not your addiction.

Simple, you'd think? Not so. The media nearly always want to know about how bad it was, how low you went, what trouble you got into. This is good journalism, isn't it? A good story? Well, yes – but this has an effect. The UKDPC report *Getting serious about stigma* found that where adjectives and labels are used in articles, they are more likely to be negative, with words such as 'vile', 'hopeless', 'dirty', 'squalid' or 'evil'.

My own experience is that no matter how many times you remind the reporter that the recovery is the most important part, the addiction will surface more in the final piece. It may just be what sells newspapers, but I go back to that original thought that kept me quiet for so long – what will they think of me?

> ***The power of stigma is that it makes you accept things quietly, because to kick up a fuss would be to draw attention to yourself***

So I'm aware that I don't want to focus too much on the past, but I would like to share a few of my personal experiences. I always try to remember that if you are in recovery, sharing is good for you; and try not to be exploited and reinforce stereotypes by only talking about the addiction.

I kept my addiction quiet for a very long time. Maybe I thought I was keeping it quieter than I was. However, its consequences started showing up more and more. People at my work noticed, and asked if I wanted help - how dare they! There was no way I was going to admit this – this of all things. When I was finally signed off work for a while, I was relieved that the GP asked, "shall I put depression on the certificate?"

I went to a rehab. I completed, and then relapsed. Living in a homeless hostel, I was confronted by attitudes from some staff that were less than understanding. Some people working in the field, perhaps more on the fringes, brought with them the beliefs and prejudices that exist in wider society. This keeps you down and feeling unworthy of help.

Being on long-term sickness benefit, I came across a sympathetic GP who urged me to fill in an application for a free bus pass. He signed it (saying he shouldn't really), and this little piece of plastic became one of the most important items I owned – an essential part of my recovery really. Yet, when I moved to another part of the country and went to replace it, I was told by the local council that I couldn't. If you had 'substance misuse issues', you were not allowed to have one. It stated it, in bold letters, on the pamphlet. I often wondered if it could be challenged, what the reasoning behind it was. But the power of stigma is that it makes you accept things quietly, because to kick up a fuss would be to draw attention to yourself.

Eventually, I got into recovery. I found my path. I'd had a good job before, so I began to search again;

there are many obstacles here, where stigma can raise its ugly head. We have to explain away the gaps in our employment history – not too difficult if you have a creative mind, but the dilemma is really one of honesty. If stigma didn't exist at the level it currently does, we could happily explain that we had our problems, and we are 'better' now. But this stigma does exist, so it's a judgement call on the organisation and how enlightened you think it is. Or you can hedge your bets on the nice people you get to meet and hope for the best.

Relationships can prove tricky too, as we seek to begin a new life with someone... there can be issues around disclosure

I tried both ways – I concealed at one interview, and disclosed at another. I didn't get either job (though of course I know I may just be rubbish at interviews!). The discomfort in the room at my disclosure was not pleasant for anyone, even though I thought this was an enlightened employer. It's often thought that the British don't like that style of conversation, with everything out in the open.

But it's also said that we do like to queue: at around six months into my recovery, I walked into a local 'Express' store and was told – in front of said queue – to get out, as I was barred. Even though I had never done anything wrong in that store, I had in others, and the manager recognised me from some police photos that circulate in those 'Shopwatch' schemes. Some colleagues and I have recently discussed this blanket banning by supermarkets, as it could quite easily lead to some damaging situations for people in recovery.

Relationships can prove tricky too, as we seek to begin a new life with someone. Similar to finding work, there can be issues around disclosure – when to say you had an addiction, how to explain it, and so on. Again, the UKDPC report indicates that many people would never consider dating someone who has used drugs, even if they are in recovery. My attitude is that if someone has difficulties dealing with your history – and they have had with mine – then they are just not the right person anyway. But it's a tough one to take at times.

A service user group taking part in a previous Recovery Walk event.

Part of my recovery has been to re-establish a relationship with my son. The court process for this has been beset with people who have, no doubt, the welfare of my child in their interests; but this means that the addiction, and more precisely what happened (or didn't) many years ago, is the centre of attention. Little or no aspect of recovery, or how and why you managed to stop using drugs, seems to be taken into account. World-weary judges and officers of family courts have seen many people come through their system, and perhaps are not open to the possibility that people change.

That is what is central to this ongoing stigma: people do not see that people ever recover. So the aims for the Recovery Walk, and the movement itself, are simple. We hope to see you on 29th September.

Brian Morgan is a Director for the UK Recovery Federation and the Service User Project Coordinator for West Sussex Drug and Alcohol Action Team.

See www.ukdpc.org.uk for the cited research on stigma.

Recovery Walk & UK Recovery Federation aim to:

- ***Make recovery visible***
- ***Demonstrate*** **that recovery is a reality and is contagious**
- ***Demonstrate*** **that there are many pathways to recovery and all are a cause for celebration**
- ***Celebrate the achievements*** **of individuals, families and communities in recovery and offer hope and support to those that are recovering**
- ***Bring people together*** **to share some of their experiences and learning, make new friendships and celebrate the many strengths and abilities that people have**
- ***Demonstrate*** **that people in recovery and recovering are assets within their communities and have a valuable role to play in the transformation of communities**
- ***Honour and promote*** **those individuals, groups and organisations that support people, families and communities in defining and achieving recovery**
- ***Support*** **individuals, families and communities that are still struggling to achieve their vision of recovery**
- ***Challenge*** **stigma and discrimination and champion equality.**

News and views

Adfam spoke to a journalist and a family support provider to explore where families fit into media coverage of drug and alcohol stories.

AS is made clear by other articles in this issue, drug users and their families experience many different kinds of stigma – from friends, from other members of the family, in the workplace, from the general public. But why do people have these views, where do they come from, and what influences them?

One suggestion is that some of these negative views come from the media – they may not be *created* by journalists, but there's little doubt that what is written in newspapers, shown on television and heard on the radio can help mould and influence public opinion. As the UK Drug Policy Commission (UKDPC) notes in its research *Sinning and sinned against*, 'the media are a crucial influence in how the general public forms an understanding of addiction and problem drug users'.

As well as actively campaigning on wider social issues and taking a specific stance on drugs (for example *The Sun* calling for the banning of mephedrone), newspapers can exert a more subtle influence on how people view substance use through the language they use, which elements of a 'drug story' they emphasize and how they present information to the reader. It's not just about whether terms like 'junkie' appear in newspaper coverage, which is actually quite rare: it's more subtle. It's about which stories the media do and don't cover, what they don't say as well as what they do, how they present different drugs and how the people using them are portrayed.

Why do families matter?

According to the UKDPC, stigma 'impacts on the family members of people with drug problems who, because of the negative attitudes displayed towards drug users, are fearful of seeking help and hence become increasingly isolated, with serious consequences for their health and wellbeing'. Reducing stigma could not only lessen the emotional impact of substance use by a loved one, but also mean that more families seek support more quickly.

To the general public, the media can appear faceless – so who exactly can be challenged to change their ways of reporting? And who will do the challenging? Families affected by substance use tend to avoid drawing attention to themselves; if stigma is strong enough to prevent families from seeking support they desperately need,

> the media are a crucial influence on how the general public forms an understanding of addiction and problem drug users

it's likely to mean that it also prevents them from complaining about bad media reporting. Families can find themselves in a vicious circle where the media both contributes to their stigmatisation and disempowers them from taking a stand against it.

Where do families fit in?

For drug stories in general, it can be quite easy to identify the triggers which have piqued the media's interest. UKDPC research found that crime triggers a quarter of stories related to drugs, by far the largest amount; drug deaths account for 8% of stories, in which cases the effect on families can be especially damaging. Finding out when the family is deemed important to the story, however, is a little more difficult and unfortunately research does not extend this far. Adfam spoke to Kate Smith*, a journalist with extensive experience in covering drug-related stories for a variety of print media, to try and find out what really matters when writing up a story.

Stories about drugs in tabloid papers inevitably involve a celebrity angle, Smith notes; there is an element of notoriety, of "seedy glamour" and drugs being linked with musicians and the pop scene. Anything involving footballers is also guaranteed column inches. This is backed up by research showing that most spikes in media coverage for drug issues occur when there is a trial or investigation that involves a celebrity, public figure or sports star. "It's a big draw if someone in the public eye in prepared to speak about their addiction", as in the case of ex-Arsenal footballer Paul Merson and his struggles with alcohol, drugs and gambling. Smith notes that broadsheets "tend to have more sympathy for people on the margins of society", and stories about drugs may be put in the context of wider issues like funding for support services.

All papers tailor their coverage to their audience, including drug stories but much more generally too – for example, the *Daily Telegraph* is more likely to cover stories relevant to an older readership. "People need to relate to the story", Smith explains. Adfam frequently receives case study requests from a wide range of media outlets, but what they always have in common is a note on what kind of person they are seeking, most commonly age or by family relation.

In terms of when the family is part of the story, a mixture of celebrity links, a campaigning stance and an openness to speaking candidly about their own experiences appear to give the best chance of families helping to set the agenda. Mitch Winehouse's Amy Winehouse Foundation, Elizabeth-Burton-Phillips' DrugFAM and Maryon Stewart's Angelus Foundation have all combined these factors in one way or another, and succeeded in gaining a significant media profile for their work and their stories.

In drugs reporting, just as with any other news subject, a powerful picture can make a story more likely to run. Shock value clearly has some currency

*not her real name. The journalist spoke to Adfam off the record

– the images of Leah Betts in hospital and the body of Rachel Whitear in her flat stand out as particularly tragic examples. Emotional impact can also be important: "the picture of the child in their school uniform" in especially popular, notes Smith. In these cases, she says, it's not attractive for the family to be portrayed in a negative light or as blameworthy, as the key points of the story are that the family's characteristics chime with the reader – "it's all about identification" – and that they did everything they could to help and support the drug or alcohol user. Going back to the Amy Winehouse example, there is an acknowledgement that, in the face of an adult making their own choices, there are limits on what the family can really do to stop them.

Working effectively with the media

Local media is more likely to look at the family side of the story, Smith says, because the readership is defined by its proximity alongside issues of political leanings, age and class. On this point Adfam spoke to Linda Bradley from Oasis Family Support in Lincolnshire, who has spent a long time nurturing positive relations with local newspapers and radio broadcasters. Media coverage of drugs is often "based on fear", she says, which "latches onto people's preconceived ideas and helps to reinforce stigma".

So her approach to media is "getting our message across to people we couldn't otherwise reach and telling them they're not alone...when we first started working with the media it was for their benefit, but as time has gone on it's been more useful to us too, in terms of promoting our service", she explains. She wants to challenge the idea that "there must be something wrong at home" when someone uses drugs.

The 'human interest' section of the story is important to media outlets, often with good reason as it helps make the story relevant to the audience. But as Bradley advises, "be careful with vulnerable families, don't discuss individual, identifiable case studies publicly, and don't rush into answers".

What's changed?

Whether in terms of drug users themselves or their families, markers of progress would seem to be acceptance that people need support, recognition that it's out there, agreement that it works and knowledge that someone can leave behind a history of substance use. Stigma for families can be broken down, with the help of the media, by showing that drug problems aren't just something that happens to other people; or "alcohol and drugs don't have any respect for class", as Smith puts it. Another UKDPC survey found that almost a quarter of people agreed with the statement that 'most people would not become dependent on drugs if they had good parents' and, though that leaves 75% who disagree, there is clearly room for improvement in lessening the blame, guilt and stigma routinely experienced by families.

Smith believes "there is a growing awareness that shock campaigning doesn't work"; it's less of a surprise to hear that some people use drugs these days. On the business side, some newspapers need to appeal to new, younger audiences in order to attract the subscribers of the future in a competitive and digital age, so avoid moralising too righteously; this helps to explain *The Guardian's* relatively sympathetic coverage of drug stories, including possible reform of the law, legal highs and the clubbers' drug survey in partnership with Mixmag.

"Things have changed for the better", agrees Bradley. "The more contact journalists have had with us, the more empathetic and less judgmental they've become. It's taken a while but they understand the issues better now, and even use our language instead of things like 'junkie', which is a very painful word for families to be associated with". Stories about drugs in local papers now routinely include mentions of the Oasis support service.

It can also be argued that people affected by substance use represent a greater portion of the media's audience than they think: DrugScope research shows that one in five people have been affected by drug use in their network of friends and family. But pursuing this argument without accusations of 'normalising' drug use may be difficult.

After the Leveson enquiry into the culture, practices and ethics of the press, maybe more journalists will be more careful about the way they report stories of all kinds. But drug stories aren't the only thing in the media that's sensationalised, and every day they have to find a place in a highly competitive information marketplace which can push balanced reporting without groundbreaking content or unprecedented conclusions down the priority list.

There may be barriers to the improvement of substance use reporting to mirror the progress that's been made in mental health and HIV/Aids coverage, most notably the notion that drug and alcohol users are to blame for their own bad decisions. But even if you do believe that substance users have 'brought it upon themselves', it shouldn't follow that their families have too.

The UK Drug Policy Commission's research papers are available from www.ukdpc.org.uk.

Oasis can be contacted by emailing oasislincs@hotmail.com.

DrugScope's Media Guide to Drugs is available online from www.drugscope.org.uk/resources/Media+Guide.

Inclusive and sensitive practice

People from different cultures and ethnicities can have different conceptions of substance use which make it harder for services to engage them effectively. A free Adfam toolkit looks at how to overcome the common barriers.

ADFAM's *Including Diverse Families: good practice guidelines* (2010) outlines how to provide inclusive and sensitive support services for specific groups who have historically been hard to engage, including rural communities, men and LGBT people. Another 'hard to reach' group is black and minority ethnic (BME) substance users and their families, and the toolkit provides insight into the different barriers that may prevent them getting the most out of services.

Prevailing attitudes in certain BME communities may lead to stigma which prevents open debate and help seeking around substance use – verses in the Qur'an forbid Muslims from consuming alcohol, for example. Research carried out by the National Treatment Agency and the University of Central Lancashire, *Black and minority ethnic communities in England: a review of the literature on drug use and associated provision*, suggests there is sometimes a basic lack of acknowledgement in BME communities of drug use because of the stigma and shame attached to it. This can lead to substance users being slow to seek help and reluctant to even admit the problem exists at all.

These barriers can be exacerbated by a number of factors. Generational differences may make things worse – a parent or grandparent can perceive drug use and associated stigma very differently from their child or grandchild. "There's a lack of education about drugs: often parents, unlike their children who were born here, don't know much about Western culture, and don't know, for example, that drug use can be experimental", said Zeynip Thirlwell, a drug worker in Hackney quoted by the London Drug and Alcohol Network (LDAN). He added that "there's an enormous stigma which makes it difficult for Turkish people to acknowledge and talk about their drug problems".

It's also possible that an additional stigma exists for women who use substances based on gender values within communities – the UK Drug Policy Commission (UKDPC) suggests that women users of khat (a chewable plant with stimulant effects) in Somali communities are more likely to feel shame, hide their khat use and judge it to be problematic than male users, for whom it is an accepted practice.

Family members are, of course, also affected. 'Among some BME groups, particularly South Asians and the Chinese, high levels of stigma are attached to drug use and directed at both drug users and their families', the UKDPC found. Further research into drug use in UK Bangladeshi communities, presented by the Indian Journal of Psychiatry, found that 'this problem is not publicly acknowledged by the Bangladeshi community because stigma affects the status of the family in society and the notion of shame in the family is very strong… it seems that where a problem exists, people prefer to keep it hidden and try to deal with it within the family. This is done in an effort to save the family name and honour'.

> *Prevailing attitudes in certain BME communities may lead to stigma which prevents open debate*

The stigma affecting BME communities also has ramifications for service provision. A drug user who feels ashamed of their substance use is most likely reluctant to come forward and make contact with services. This means of course that it's harder for services to support the very people that most need their help, but also that services may end up underestimating the level of need that exists. Drug services have also often traditionally focused on supporting what are considered the drug users with the most acute need – heroin and cocaine users; these drugs may not necessarily be the ones that are most widely used in BME communities. The Somali community in London, for instance, uses khat, which is not a drug which services have much experience of dealing with; this issue is explored in Adfam's report *Becoming Visible: substance use and the Somali community in London*. All these factors, coupled with other potential barriers such as a lack of BME representation amongst professionals or a language barrier putting off potential service users, mean that extra measures and sensitivity in setting up service provision may be necessary.

The Adfam toolkit identifies various good practice guidelines for overcoming stigma and improving engagement with BME substance users and their families. These include understanding the needs of BME clients by acknowledging that gender, religion and other cultural factors may play a role in determining when, where and how someone seeks help; addressing communication barriers by translating resources into other languages, for instance, or arranging for somebody to translate if necessary; and ensuring information leaflets and other resources are relevant to the community in mind and address the issues that matter to them.

Read more

- **Becoming visible: The Somali community and substance use in London** Adfam
- **Drugs and Diversity: Ethnic minority groups** UKDPC
- **Including Diverse Families: good practice guidelines** Adfam
- **Newsletter October 2007** LDAN
- **Perceptions of drug use within a UK Bengali community** Indian Journal of Psychiatry

Putting up with it: how families deal with stigma

Adfam presents some initial findings from a project looking at substance use and stigma through the eyes of the family.

The UK Drug Policy Commission (UKDPC) has led research on stigma and substance use over the past few years. In 2010, it carried out a large UK-wide survey of people's attitudes towards drug users and their families, which found that 23% of people believe that most people would not become dependent on drugs if they had good parents; and a third agreed that parents would be foolish to let their children play with the children of a person with a history of drug dependence.

The findings of this study were compared with similar questions on attitudes to mental health problems, and found that people with substance use issues face significantly more negative public perceptions and are more likely to be 'blamed' for their condition.

So far, Adfam's project has found that many family members single out **blame** as a key issue: other people, including friends, held the parents responsible for their children's substance use without knowing the reality of the situation. "Reactions were ones of disgust and distrust", one mother said of her child's drug use, "and maybe that my parenting that was the problem". Another mother said simply "you're the mum – so you're to blame, aren't you?"

"It's your own fault for sitting there and putting up with it", another family member said. This idea – that that people who stick by and try to support alcoholics or drug users in their family are somehow 'mugs' or 'fools' – came up from a number of people.

Social isolation has been reported as one of the key manifestations of stigma. Families frequently told Adfam that friends, neighbours and even other family members cut down visits and held back invitations to social events because of the perceived behaviour of the drinker or drug user.

"This means our social life is affected", one partner told us. "We don't go out much, not even as a couple for dinner, and we don't see our friends as a couple. I go and see people on my own, but only if they live locally. I am not seeing as much of the friends and family who live further away. I'm also sensitive about inviting people round to the house because I don't want anyone to guess what's going on."

One mother reported that the stigma she felt even extended to behaviour from her peers at work – "I used to go out with colleagues at lunchtime, window shopping or to have lunch out, but that stopped after a while".

Discrimination is essentially stigma put into practice, and in this case refers to someone being treated differently because someone in their family is known to use drugs. One parent recalled cash-handling responsibilities being taken away from her at her place of work once colleagues and managers found out her child was using drugs. Other family members reported on how different services and professionals treated them, as relatives of a drink or drug user: "one of the policewomen that came to the house was very rude to me and our older son – he goes to work and is dead sensible and they were horrible to him, because they thought he had an attitude", one mother said, recalling an incident when the police came to her house looking for one of her sons. She felt that she and her other son, who had no history of trouble with the police, were treated in a disrespectful way.

As this example illustrates, parents are not the only ones who face judgmental attitudes because of having a drug or alcohol user in the family:

> *my son's getting it on facebook at the minute – 'your brother's nowt but a smack-head' and all that*

siblings or extended family members may also feel prejudice against them. One parent said of their son, the brother of a heroin user, "my son's getting it on facebook at the minute – 'your brother's nowt but a smack-head' and all that". A grandparent who tried to help the progress of her substance using grandchild by talking to social services reported "I just got told that I was an interfering grandmother". Another grandmother also recalled how "my granddaughter was excluded from some of her school friends' parties when my son's drug use became public knowledge".

Adfam's work has revealed multiple ways in which families are affected by stigma, with effects often wide-reaching and long-lasting. The points here present just a taste of what was shared with Adfam – it's clear from the messages from families that the struggle continues and there is much work still to be done.

To find out more about Adfam's stigma project please contact policy@adfam.org.uk

Bringing stigma back?

***Emily Robinson** from Alcohol Concern examines the stigma – or lack of – associated with alcohol use.*

AFTER having spent some time late at night hidden away in a radio studio of BBC Television Centre, responding to a documentary made by Ann Widdecombe on binge drinking and taking calls from the public, I have a new insight into the issue of stigma and alcohol use!

Miss Widdecombe, not exactly known for being backward in coming forward with her views, bemoaned the lack of stigma around public drunkenness, particularly of binge drinking young women. The producers knew what they were getting when they signed her up. Or did they? I couldn't help but agree with Ann on her fundamental point; so did most of the callers. The producers wanted screaming outrageous headlines but most people do feel it's a problem that we've lost some of the stigma around drinking and drunkenness. It has to be a problem that our country is so at ease with alcohol that not only do we accept public drunkenness, but in many cases it's even celebrated. It's what young people do, isn't it?

Stigma is normally something you would try and get rid of rather than seek to create. The *Time To Change* campaign, for example, has been quite successful in tackling the stigma associated with mental illness. Broadly speaking, the campaign said that this is an illness that happens to one in four of us, so let's talk about it. It deployed a series of TV adverts showing people returning to work following time off for mental illness and giving people suggestions of how to approach their colleague. The campaign groups warn, though, that changing public attitudes towards stigma is a long slog and takes time. *Time To Change* aims to improve public attitudes towards people with mental health problems by 5% over eight years, and also achieve a 5% reduction in discrimination.

> *It has to be a problem that our country is so at ease with alcohol that not only do we accept public drunkenness, but in many cases it's even celebrated*

It's interesting of course that *Time To Change* does not have to deal with a well-funded industry which profits from people locked into a cycle of mental health problems. It's no surprise that we no longer have any stigma around public drunkenness when we are bombarded with £800m of advertising spend each year promoting drinking. And despite the self-regulation around alcohol

advertising, there are adverts frequently showing young people at great big parties, or slogans such as 'great times are waiting' (a Budweiser campaign), suggesting that that the more you drink, the better time you have.

So the stigma issue with alcohol is different for a number of reasons, with drinking not vilified in the same way illegal drug use often is. But I had to disagree with Ann regarding her point that, because of this lack of stigma around public drunkenness, society should seek to recreate it through naming and shaming – shame of course being a big part of creating stigma. Her suggestion is that police do more to arrest incapacitated drunken people and that their names and photos be printed in local papers. Police already have these arrest powers, but they are difficult to implement; selling alcohol to people who are drunk is also an offence, though convictions are incredibly low. But naming and shaming is not the way to go, especially when it was clear from the radio programme that the levels of knowledge about the health problems associated with alcohol are so low. There is more that we can do with the carrot first before we reach for the stick.

Throughout the radio phone-in a range of different viewpoints were raised which help to frame the debate about around alcohol. The **fatalism** attached to alcohol in this country, with the belief that our drinking habits are ingrained and part of our national DNA. The **normalisation** that drinking heavily is 'what everyone does' – one caller aged 21 stated that he drinks eight cans before setting out for the evening and thought this unexceptional. The **peer pressure** to drink and feeling that opting out, or having less, means you're a killjoy. That's without even having discussed the real stigma that does exist around alcohol for dependent drinkers and people seeking alcohol treatment.

we can't expect one behaviour from our children when parents set an entirely different example

I thought a caller from Belfast hit the nail on the head when he said that we can't expect one behaviour from our children when parents set an entirely different example. It's much safer for politicians, journalists and yes, even charities, to point out the dangers of young binge drinkers rather than point the finger closer to home. Yet the statistics quite clearly show that it's middle aged and middle class professionals who are much more likely to be drinking more than the recommended upper limits for alcohol every day. And while costs are indeed high for A&E departments from alcohol, hospitals are spending almost double on beds being occupied by people with longer term conditions caused by alcohol. But we know even health professionals such as GPs can be reluctant to ask this group of people about their drinking habits for risk of causing offence. Questioning someone's drinking habits is still taboo.

Our annual Alcohol Awareness Week will take place from Monday 19th November this year and will present us with an opportunity to discuss all these issues – the focus will be specifically on stigma. The date was difficult to pin down with so much happening in autumn, and the warnings that we're too close to the Christmas party season have been heeded. But if we don't tackle head on the time when people drink the most then we're not doing our job, and we're allowing the taboo to take a stranglehold.

To find out more about Alcohol Concern's Alcohol Awarenes Week please visit www.alcoholconcern.org.uk/campaign/alcohol-awareness-week

ADFAM'S TOP TEN TIPS – TACKLING STIGMA FOR PRACTITIONERS AND SERVICES

1. **Education and information are the best ways to combat stigma – get up to speed on the realities faced by people affected by drugs and alcohol**
2. **Provide adequate training for your staff on equality and diversity and make it clear that service users will be judged on their present behaviour – not past history**
3. **Adopt a clear equal opportunities and anti-discriminatory statement, display it in your service and produce an action plan that sets out how you're going to achieve its goals**
4. **Use appropriate language at all times – pejorative or slang terms can sometimes be used thoughtlessly, but can be damaging to recovery**
5. **Remember that people change – their actions in the past will not always dictate their current behaviour**
6. **When looking to employ someone, any past history of substance use should not matter. Recovery will take a different path for each person and there is no single period of being 'clean' that can be applied to everyone**
7. **Make it clear to families that they will not be held accountable for the actions of drug or alcohol using family members. Families need and deserve support in their own right, regardless of what the substance user has done**
8. **Don't be too prescriptive about how you 'should' treat a drug or alcohol using relative. All families are different, and you shouldn't risk alienating potential service users by telling them they're 'doing it wrong'**
9. **Don't assume that all members of a certain community hold a common opinion. Be aware that some communities may have specific views on drugs and alcohol but don't assume that this is true of everyone**
10. **Don't forget about alcohol. Drinking itself may not be frowned upon, but being dependent on alcohol very much is; in fact it's partly because 'everyone does it' that the people for whom it's become a problem feel so stigmatised.**

Breaking the Cycle

addaction

A BETTER FUTURE FOR FAMILIES:

The importance of family-based interventions in tackling substance misuse.

If someone has a drug or alcohol problem, their whole family can suffer. That's why treatment is most effective when it works with everyone, including someone's parents, siblings and children.

A BETTER FUTURE FOR FAMILIES shows the importance of family-based interventions in tackling substance misuse. Authored by Addaction's 'Breaking the Cycle' commission (made up of experts from across the sector) its an important report and one we feel you should see.

For a free copy, email: **n.roe@addaction.org.uk**.

Registered office 67–69 Cowcross Street, London EC1M 6PU **Tel:** 020 7251 5860 **Fax:** 020 7251 5890 **E:** info@addaction.org.uk **www.addaction.org.uk**
Registered charity no. 1001957 Scottish Charity no. SC040009 VAT no. 735842515 Company registration no. 2580377

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DrugScope

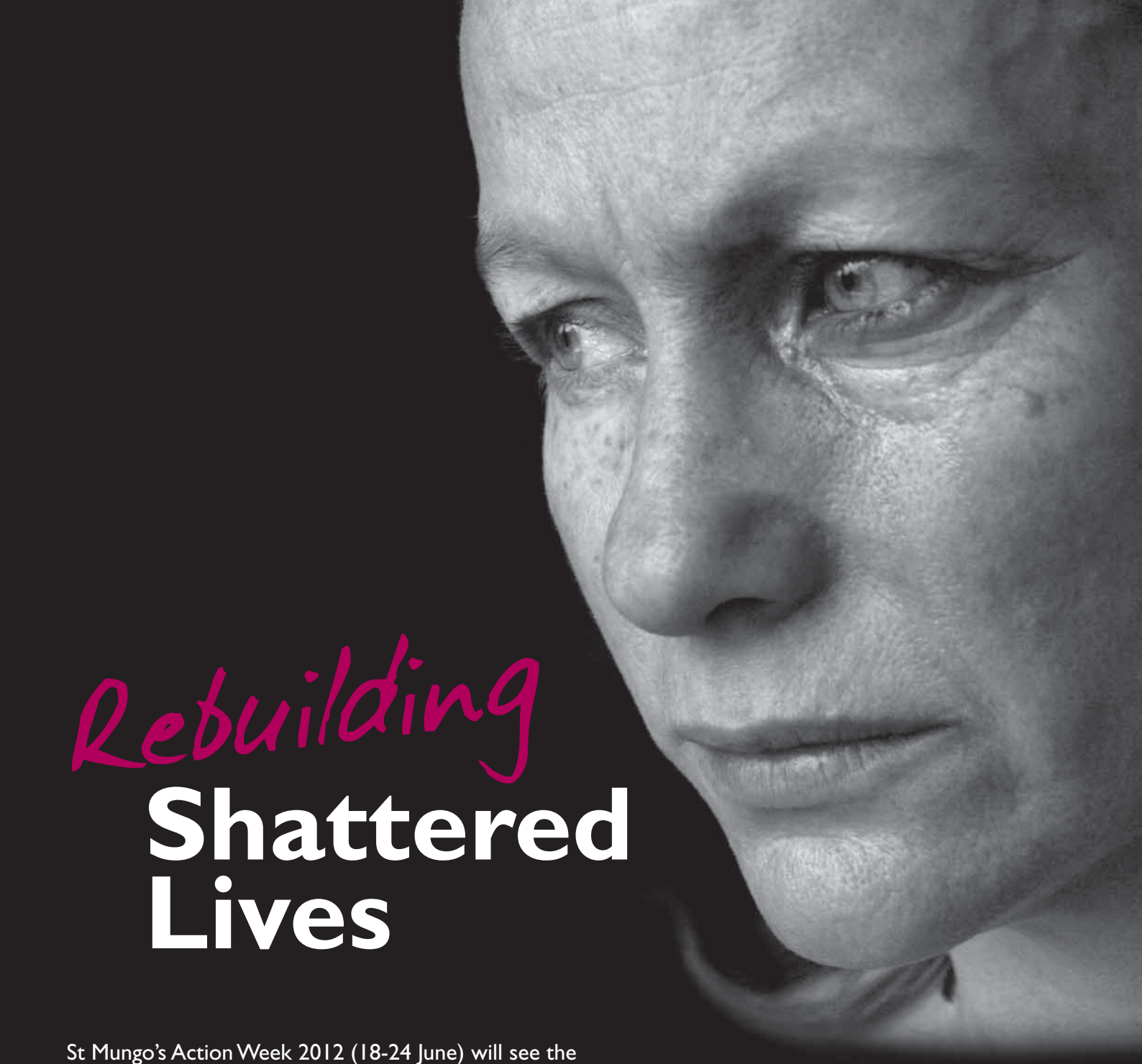
DrugScope conference

A question of balance: delivering an inclusive treatment and recovery system

Tuesday 6th November 2012

Connaught Rooms, Great Queen Street, London WC2B 5DA

www.drugscope.org.uk/Documents/PDF/Events/QuestionofBalanceConferenceBrochure.pdf



Rebuilding Shattered Lives

St Mungo's Action Week 2012 (18-24 June) will see the launch of a new campaign **Rebuilding Shattered Lives**.

We want to develop the first national showcase of best practice, ideas and innovation around supporting homeless and vulnerable women.

The **Rebuilding Shattered Lives** campaign will run for 18 months, covering nine themes including families, drug and alcohol use, domestic abuse and homelessness.

Help us use this campaign as a springboard to showcase successful services and to stimulate debate and innovations. See **www.mungos.org/women** and email **rebuildingshatteredlives@mungos.org** for email alerts.

ST MUNGO'S
ACTION WEEK
18 - 24 JUNE '12

St Mungo's
Opening doors for homeless people