

Supporting families affected by drug and alcohol use: Adfam evidence pack

For many years, support for the families of substance users has operated on an often unstructured basis and has not tended to put an emphasis on evaluation and monitoring for a variety of reasons – including the financial and bureaucratic costs of setting these systems up, the informal nature of emotional support, and the reluctance of services to see families as ‘patients’ to be ‘tested’ at regular intervals for their progress. However, services are increasingly finding outcome measurement useful and in the current political and economic climate, it is becoming almost indispensable as organisations struggle to show they are worth a slice of scarce funding.

Therefore, Adfam has developed this short ‘evidence pack’ to set out some key supporting arguments and information on areas including the resource savings incurred by family support, the positive contribution families can make to treatment and recovery, and the importance of supporting families in their own right. As well as academic literature and research, the pack also illustrates how families’ importance is recognised and supported in a variety of official strategies, guidance documents and protocols.

This briefing will help local support services present a compelling argument to funders, commissioners and other decision makers on the importance of delivering effective family support at the local level, and provide a useful complement to more in-depth information about services’ own activities, evaluations and outcome measurements.

The national context

- According to the UK Drug Policy Commission, at least 1.5m adults in the UK are affected by a relative’s drug use. These families experience harms amounting to £1.8 billion per year, and provide support for drug users which would cost the state £750m to provide.
- A DrugScope/ICM poll found that 1 in 5 people have direct or indirect experience of drug addiction
- The Advisory Council on the Misuse of Drugs report *Hidden Harm* stated that 250-350,000 children in the UK are affected by parental drug use
- Figures from the National Treatment Agency for Substance Misuse show that 1.2 million people are affected by drug addiction in their families, and 120,000 children have a parent currently engaged in treatment services,
- 705,000 children are living with dependent drinkers, according to Alcohol Concern and the Children’s Society
- Treatment provider Turning Point estimates that 2.6m children live with parents who drink hazardously and 33,000 people in treatment for alcohol misuse have parental responsibilities.

Argument 1

Families provide support for substance users which would otherwise have to be provided by the state (e.g. health services) – so helping families cope effectively with their supportive role, should they choose to take it, saves money. Investing in support for families saves money elsewhere in local budgets.

Who might you need to convince?

Directors of Public Health, Councillors, Commissioners.

What's the evidence?

The UK Drug Policy Commission states that 'families can and do contribute to routine care and support of drug misusers, and in some cases provide detoxification services at home – relieving the pressure on NHS services as well as providing accommodation, support and day-to-day care that might otherwise need to be provided by the state'. The report estimated these cost savings to the state at **£750 million per year**.

Adfam commissioned a Social Return on Investment evaluation of a family support service in the West Midlands, which looked at the outcomes the service created and contributed towards, and then assigned them with financial values to see how they compared with the resources put into the service. This then gives an indicative measure of the value for money the service provides.

Working with the family was shown to produce a variety of positive outcomes including improved boundary setting and better coping skills, which meant that families saw health and wellbeing benefits, improved relationships with friends and a greater level of independence. Subsequent effects on the life of the substance user were also identified, including acceptance of their problems, increased likelihood of seeking treatment and a greater chance of retention in services and recovery. In turn, these benefits could be quantified not only in terms of positive health and wellbeing improvements within the family, but also in terms of the cost savings that their reduced impact on public services (primarily the criminal justice system and the NHS) created.

The evaluation concluded that for every £1 invested in the service, social value worth £4.70 was created, and that the savings to the state alone were greater than the total financial investment needed to operate the service, even before taking into account the positive health and wellbeing effects on the families themselves. In short, the SROI concluded that providing support for families affected by substance use created positive outcomes and was good value for money.

Argument 2

Families deserve help in their own right because they experience significant harms, including mental and physical health problems, suffering from crime and financial hardship, when someone in their family uses drugs. They are more likely than families of non-users to be diagnosed with their own medical condition (most commonly depression and other psychological problems associated with stress) to levels of seriousness comparable to psychiatric outpatients.

Who might you need to convince?

Local GPs, Directors of Public Health.

What's the evidence?

According to the UKDPC study *Supporting the supporters: families of drug misusers*, the cost of the harms experienced by families as a result of their relative's drug use amounts to £1.8 billion per year. These harms include psychological distress, mental and physical ill health, domestic violence (which can often accompany substance misuse), negative financial impacts including theft and paying off drug debts, and the impact on employment through stress or the need to provide care for the user (or the user's children, in the case of many grandparent carers).

Guidance from the National Treatment Agency states that 'having a relative or friend who is a drug misuser is an extremely stressful experience, which can affect individuals' physical health and psychological wellbeing, finances, social lives, and relationships with others. These impacts often mean that families, kinship carers and other carers need help in their own right, to enable them to cope better with what are usually ongoing, long-term issues'.

Academic research into family support has found that 'many who participated... were living in difficult circumstances, where there were often multiple and complex problems impacting upon several members of the family unit. As a result, family members were experiencing a wide range of symptoms of ill health'. In its guidance on opioid detoxification, the National Institute for Health and Clinical Excellence also recommends that healthcare professionals 'consider the impact of drug misuse on family members and any dependants'.

Argument 3

Families exhibiting signs of problems such as truancy, antisocial behaviour and domestic violence often have issues with substance use as well, so tackling the impact of drug and alcohol use should form part of any local strategy for tackling 'troubled families', and taking a 'whole family approach' to service provision improves results.

Who might you need to convince?

The new Troubled Families Coordinators, Directors of Children's Services, new Police and Crime Commissioners.

What's the evidence?

Substance use problems are commonly identified for families which are the subject of Serious Case Reviews. *Building on the learning from serious case reviews: A two-year analysis of child protection database notifications 2007-2009*, which analysed 268 such reviews, parental drug use was mentioned in 22% of cases, and 22% also noted parental alcohol use. Since such information is only what was known at the time of the incident in question, 'these figures are highly likely to be under-estimates'.

A third of families working with a Family Intervention Programme (FIPs) faced issues associated with substance use, and 28% had problems related to drinking. These FIPs were designed as an intensive intervention whereby a single keyworker supports a family to navigate a multi-agency package of support, and 'overwhelmingly positive improvements across a wide range of measures' were reported in evaluations, including in domestic violence, antisocial behaviour, mental health, truancy and family functioning.

Argument 4

Involving families in drug and alcohol treatment improves the chances of successful recovery outcomes, from influencing the substance user to access services in the first place all the way through to maintaining the positive changes made on the recovery journey. The development, improvement and repair of family relationships are also key elements of recovery in themselves.

Who might you need to convince?

Local treatment providers, Directors of Public Health, Health and Wellbeing Boards, Councillors.

What's the evidence?

In its national Drug Strategy, the Government states that 'treatment is more likely to be effective, and recovery to be sustained, where families, partners and carers are closely involved'. The National Institute for Health and Clinical Evidence states that 'if the service user agrees, families and carers should have the opportunity to be involved in decisions about treatment and care'. Also, two of the Government's stated recovery outcomes are 'improved relationships with families, partners and friends' and 'the capacity to be an effective and caring parent'.

NTA guidance is also clear that involving families and carers increases a user's chance of entering and engaging with treatment, reducing or stopping their use, being retained in treatment and concluding it successfully. Their *Supporting and Involving Carers* guidance therefore recommends that commissioners and service providers involve and consult carers in 'every stage of service design and delivery'.

Evaluations of one structured intervention for families, the 5-step method, found that 'the gains achieved for family members through the intervention sometimes had a knock-on effect on other family members. Most notably, there were reports of positive change for the [substance]users...and also for children'

Argument 5

Families should be supported in their own right, regardless of the treatment status of their substance using relative. This support does not have to be expensive or complicated in order to have positive effects on families' health and wellbeing.

Who might you need to convince?

Drug treatment providers, Directors of Public Health, Health and Wellbeing Boards, GPs.

What's the evidence?

The National Institute for Health and Clinical Evidence (NICE) advises that treatment agencies 'offer family members and carers of their personal, social and mental health needs', 'provide information about self-help and support groups for families and carers' and that families 'should be given the information and support they need'. The Government also pledged to encourage local areas to consider the provision of support for families in their own right.

The **5-step method** is a type of intervention specifically designed for supporting the families of substance users, based around stages of listening to the family member's concerns; providing them with relevant information; exploring their coping responses; looking at their social support; and discussing further options for help and support. Evaluations of this intervention have shown that it

can contribute to significant positive changes in families' coping strategies and physical and psychological stress symptoms.

Evaluations demonstrate that 'significant reductions in engaged and tolerant coping are evident' and 'in relation to symptoms of stress, the results appear to consistently show a significant decrease in physical and psychological symptoms'. These positive results applied to support delivered in a number of different settings – for example face-to-face, as part of a support group and even online – and for both brief and long-term interventions, and 'support the need to offer intervention to family members in their own right'.

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For further information about Adfam's work, please contact policy@adfam.org.uk.

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