

Substance misuse: through the lens of the family

The Scope of this document

Adfam, in partnership with other organisations supporting and advocating for families, has already produced a [response to the 2021 drug strategy](#) and the aim here is not to revisit that or provide further commentary on the Government's plans. Nor is this an attempt to produce an alternative drug strategy. Adfam puts collaboration, participation, and co-design at the heart of all it does and devising an alternative to the 2021 'from harm to hope' strategy would require considerable time and input from a wide range of partners.

Instead, this brief 'thought piece' considers some of the elements that a drug strategy might include, and the perspective policy makers might take, if they were strategising through the lens of the family, rather than through the more commonly used optics of individual drug users and the wider community. The aim is to spark discussion and promote consideration of the key elements of a family focused approach.

A note about terminology

Although the 2021 drug strategy relates to drugs rather than alcohol, references here to drugs or substances should be taken to mean both drugs and alcohol. The term family is used throughout in an inclusive way that covers family members, carers, partners and the wide variety of arrangements that embrace the family structure. For clarity and to distinguish between current approaches and more family focused ways of working, reference is made to individual drug users, as distinct from the family. Of course the individual drug user is in most cases also a family member. It may also be the case that more than one person within the family is using drugs in different ways and at different times. The aim of a family approach would be to accept and understand these dynamics and look at harms and support for all those affected.

Background – the 2021 Drug Strategy

In December 2021 the Government launched a new 10-year drug strategy. Titled “from harm to hope”, the strategy is both the Government’s plan to “cut crime and save lives” and their formal response to the Independent Review of Drugs, led by Dame Carol Black.

The headline aims of the strategy; breaking drug supply chains; delivering a world-class treatment and recovery system; and achieving a shift in the demand for recreational drugs, are almost indistinguishable from the commitments that appear in previous strategies; to reduce demand; restrict supply; and build recovery. The Government signaled however that this new strategy, should in some respects be seen as a break with the past.



“It’s clear that the old way of doing things isn’t working. So, this plan is different. It’s not a short-term fix but a long-term, 10-year strategy, one that treats drug abuse not just as a law enforcement issue but as a problem for all of society that all of government must deal with.”

Prime Minister Boris Johnson in his Foreword to the 2021 Drug Strategy

Alongside the new strategy there was an announcement of significant additional funding, which the Dame Carol Black review had called for, and which drug and alcohol treatment sector organisations, Adfam included, fully supported and wholeheartedly welcomed.

A Family Perspective

From debts and homelessness to domestic abuse and child neglect, families are faced with a range of social, emotional, financial and health issues when a family member misuses drugs. Whilst the attention of services is focused on the person using drugs, those suffering from its wider impacts find it difficult, sometimes impossible, to access help.

When the Prime Minister states that the old way of doing things isn't working, we agree.

Since many of the most severe problems caused by drug use are experienced within the family, it might seem self-evident that any drug strategy would automatically need to be a family drug strategy. The reality though is that drug strategies and policy discussions generally bypass the family altogether and go to either the individual or the community.

It sometimes appears as if there are just two lenses through which to view drug use. A 'wide angle', which sees it as a 'societal' problem, often in relation to crime; and a 'close up', which focuses on the individual and the problems that they are experiencing with their own health and social functioning.

Adfam has long advocated for an approach that recognises that the family is the context within which most 'problematic' drug use takes place. Across a range of indicators, including parental conflict and child outcomes, it can be argued that the biggest problem caused by drug use is the harm done to families. Indeed, it is not unreasonable to suggest that this harm to the family should in itself be one of the defining features of what is considered 'problematic' substance use.

Across Early Help and Children's Services this is widely understood. Those in daily contact with families, see first-hand that the impact of drug use is often felt most acutely by the people closest to the drug user themselves. Furthermore, the damage done to the cohesion and functioning of the family unit can outlast the drug use and persist far longer than the impacts on the individual drug user.

Despite this, within drug and alcohol strategy discussions, policy making and treatment, the family perspective is often missing.

The Family as recovery capital

Where families are included in drug strategy discussions, too often their role is only considered from the perspective of an individual drug user. We know that families are involved in supporting family members into, and through, treatment. In so doing, they are viewed as 'recovery capital', a resource available to help the person who is using drugs.

Whilst families can, and do, help people to recover, Adfam believes that positioning families as just one component of the many that make up recovery capital, downplays the absolute centrality of the family and yet again puts all the focus on the individual.

Ignoring the needs of the family in this way and valuing them only in so far as they can assist someone else's recovery, undermines the ability of families to mitigate the harms caused by drugs, prevent future harmful drug use and support resilient, cohesive communities.

The weakness of this approach is brought in to sharp relief in situations where an individual does not want to engage with treatment. If the focus is narrowly on the drug user, where does that leave the rest of the family? Family members may be impacted by the drug use as much or more than the person using substances and yet their access to help may be restricted. If the ticket into receiving skilled help is drug use itself, rather than the needs created by that drug use, then many families will miss out on the support they require.

Again, Early Help, Children's Services and Supporting Families teams, who see the family as the basic unit around which they organise, are much clearer about responding to the problems the family is facing and not just responding to the needs of one person. They are however not always well equipped to work with the impacts of substance misuse despite it being a common element in their caseloads.

Repositioning the Family

It is not a simple task to shift the thinking around drug treatment approaches to the individual and the family. The relationship between a family and a family member with a substance use problem is nuanced and complex. Families may magnify or mitigate the impact of drug use, they may be perceived as the cause or the solution, the route to prevention and early intervention, or a hurdle on the journey to recovery.

The important point is not that families may be helpful, harmful or both but that families have needs that arise out of drug use, which should not be left unaddressed.

The cost of not sufficiently supporting families are felt by individuals, the wider community and across the generations. Despite this families are often an afterthought in the planning of drug services, with family work often a marginal activity for service providers.

There are understandable reasons for this. Almost all healthcare is delivered to an individual with a presenting 'need'. The aim for services is to organise around the individual patient and ensure that resources are focused on the person in treatment. Substance misuse services do not stand apart from this approach.

There are however very particular dynamics around drug use that are not present with other health problems. The prolonged period of recovery (some argue that it is a lifelong journey), the danger of relapse, the overlap with mental health conditions and the many 'triggers' to use drugs that exist in the environment, mean that medical treatment in a health setting, is often just a small part of the overall package of care someone needs to help them recover. In these circumstances the functioning of the family becomes a fundamental part of treatment.

What is 'problematic' drug use?

The term problematic drug use is frequently used but it is not necessarily straightforward to define and can be very dependent on context. Often 'problems' are seen to either cluster around the individual, who is damaging their health, or to manifest in the wider community, which is harmed by crime and anti-social behavior.

It is easy to see how this twin track narrative of individual health harms and community crime issues, develops and comes to dominate the thinking of policy makers. The last few years has seen a worrying increase in the number of drug related deaths. There are still high levels of drug related reoffending, and county lines drug dealing spreads gang related activity out from major cities to many smaller conurbations and seaside towns.

Individuals and communities undoubtedly suffer when lives are blighted by drug use and areas are targeted by drug dealers and gangs. But in the space between the individual and

the wider community, there is often a family who are the most immediate, if not always the most visible, victims of drug use.

Adfam has seen that a failure to recognise this has resulted in family members missing out on the assistance they need whilst the person using drugs has often been unable to benefit from the help that a well supported family could bring to their lives.

To be truly family focused, any definition of problematic drug use must include any substance use that negatively impacts the family.

Interestingly this may well reset views on what constitutes a problem. Relatively small amounts of drug use which nevertheless destabilises family life, undermines the ability to parent or negatively effects a child's development, would be seen as problematic.

Use of drugs well below the level of addiction and under a threshold that would readily find any clinical treatment intervention, if genuinely considered problematic, would need a more considered response within the drug strategy and from treatment providers.

Whilst theoretically anyone can get help for any level of drug use, the reality is that referrals to drug treatment agencies are often triggered because of the level of drug use and there is little scrutiny in substance misuse circles of the impact of lower level use.

Services are largely set up to work with physical addiction or drug use that looks a lot like an addiction. Much lower level but damaging drug use within the home has become a problem without an obvious solution. Early help teams may be working with some of these families but family support workers within early help often lack the specialist skills and knowledge to work with the complex issues that arise out of substance misuse. It is also worth saying that few parenting programs or other early help interventions have been shown to work where parental substance misuse is a factor.

The problems caused by drug use don't just require drug treatment

From harm to hope recognises the high levels of physical and mental health need within the drug using population and points to the weak links between other health services and drug treatment.

That lack of joined up care has been a frustration for many years, with families unable to access help for loved ones. Adfam fully supports easier access to health services for people using drugs.

However families themselves often overlook their own health needs. Services that cluster around the individual drug user fail to recognise, or overlook, the toll that close proximity to substance misuse takes on other people's mental, emotional and physical health. The huge impact on partners and parents is rarely considered when it comes to a discussion of the problems caused by drugs and is at best on the fringes of the remit of drug strategies, policy discussions and treatment.

The result is that family members are getting unwell even when they themselves are not using drugs and are struggling to get support.

A refocused drug strategy would place the needs of those damaged by someone else's drug use on an equal footing with the needs of people who are using drugs. The question would not be, is this person using drugs, but rather, is this person being harmed by drug use? If the answer is yes, then ensuring access to suitable services would need to become part of the responsibility of those charged with treating and minimising the harmful effects of drugs.

The cross governmental ambitions of the 2021 drugs strategy would have to be realised to even get close to making this a reality, but rephrasing the questions, focussing on harms and understanding the role of the family would go a long way to genuinely reframing this as ..."a problem for all of society...".

What might a more family-orientated drug strategy include? A brief overview

1. The narrative around the problems of drug use would need to acknowledge the damage that is done to the family.
2. The family should be recognised as the context within which most drug use takes place.
3. A central aim of the drug strategy and of treatment should be to reduce the harms caused to the family.
4. There should be a recognition that the families of people using drugs have needs in their own right that should be addressed. Where appropriate, and where children are affected, this could be delivered through skilled workers based in early help teams or in Family Hubs.
5. The range of support that would be available as part of drug treatment would widen to include support needed by family members.
6. The organising unit for services, could in many cases appropriately shift from the individual to the family. Services would be expected to cluster around the family as a whole and would consider the health and functioning of all those effected by drug use not just the drug user themselves.
7. The same aims around equality and ease of access to treatment services, that are the ambition for individual service users, should be extended to families. This would include an expectation that families receive help based on need not postcode.
8. A drug strategy that had families as a central plank would necessarily have to link to other strategies and other work areas such as Early Help/Supporting Families and Family Hubs.
9. Levers and incentives to drive a family-oriented strategy would need to be put in place.
10. There would need to be a commitment to building the evidence around broad-based family interventions that have a positive impact where there is parental drug use.

Conclusion

Family members are often the first to identify a drug problem. They are often the ones encouraging someone to get help and they are the ones on hand day and night to provide the vital practical and emotional support that maintains someone's recovery.

Families can only help in this way if they themselves are supported, so there are very clear advantages for the treatment system in ensuring that families are helped.

However as important as it is to acknowledge the great work that families can do in supporting the work of treatment services, Adfam believes that help for the family must go beyond valuing their role in the recovery of the person using drugs.

It needs to extend to recognising the damage that is done to the family and seeking ways to repair that damage irrespective of how well that equips them to help others.

A drug strategy that wanted to tackle the most damaging problems caused by drugs could cast its net far wider than the health of the individual drug user or the cost of drug related crime. If the question was not, what substances are being used but rather, who is being harmed, then families would surely be drawn to the centre.

This response is endorsed by the following organisations supporting and advocating for families:

Adfam
Aquarius
Bridges Family and Carer Service
DrugFAM
Early Break
ESCAPE Family Support
Family Support Link
Phoenix Futures
The Vesta Approach
Turning Point
York Carers Centre

