Constantly just holding it up and together. Exploring family support in relation to problem substance use in Scotland.

John Holleran, December 2020

Scottish Families
Affected by Alcohol & Drugs

This study was carried out as part of a Masters in Contemporary Drug and Alcohol Studies at the University of the West of Scotland.

We would like to extend our gratitude to the families that came forward to participate in this research. Thank you for your time and for sharing your personal experiences with such openness and honesty. Without you all, this study would not have been possible.

Results and Key Findings

1. 14 years was the average length of time spent living with problematic substance use, with the average time taken to access support being 11 years.

2. Family dynamics and relationships being impacted by substance use was a consistent theme with the whole family network representing 41 people in total (50 if we include those using substances).

3. Families were often the first (or only) people to respond in crisis when services were not able to offer help or those using substances were not in contact with any services.

4. Support was the last resort when families were no longer able to cope alone, when their own support network had been exhausted, or life was so difficult that external help was needed to stay safe.

5. Most said family support gave them a sense of relief. With some specifically saying they felt good knowing they could talk to someone who was ‘speaking their language’.

6. The majority said having support made them feel less isolated.

7. Many participants strongly valued the opportunity to learn as part of the support.

8. Learning helped families to find new ways to work better with those using substances, maintain positive relationships or keeping people safer than before even when they were not engaged in treatment or services.

9. For most, there was more acceptance of people using alcohol or other drugs and wherever they were in life with their substance use as a result of the learning from support accessed.

10. Since receiving support, all but one has put strategies in place to improve their own health and wellbeing and found ways to work better with those using substances in their lives than before, even when not engaged in treatment or services.

Introduction

Previous studies have shown problematic substance use can have a negative impact on families in a number of ways. Much of what is known of life with substance use in the family and the detrimental impact it can have on emotional wellbeing is well documented and can include any of the following:

Anxiety/depression, feelings of guilt or responsibility for another's behaviour, the impact of stigma – public, structural, by association and self-stigma including shame, exclusion and social isolation, breakdown in relationships with support networks, financial difficulties.

Copello (2009)[1], Orford (2017)[2], McCann (2018)[3], Velleman (2005)[4] and Church (2018)[5]

All of which have significant implications for the mental and physical health of the whole family. As a result, routes to family support can often be delayed, with support being a last resort or focussed solely on getting people who use substances into treatment. In the past, families have also been referred to in unsympathetic or derogatory ways, as having character defects, or having challenging relationships that can maintain substance use cycles (Orford et al, 2017)[6]. These judgements, negative views and the labels that are placed on families often increase anxieties and the belief that support is not needed or deserved when life is challenging.

'Family members can experience psychological distress, mental and physical ill health, domestic violence, negative financial impacts (e.g. theft and paying debts), impact on employment through stress and having to care for dependents such as grandchildren.'
ADFAM, (2009)[7]

The most recent drug trend data estimates for people who use drugs to problematic levels is '*between 55,800 and 59,900*' (ISD Scotland, 2016)[8] with an estimated '*4% of the Scottish population thought to be alcohol dependant*' (The Scottish Government, 2018)[9]. These figures represent approximately 280,000 people, based on current population levels. The focus of most of the research relating to families and problematic substance use is on the causes of harm to individual health and wellbeing, children affected by parental substance misuse (CAPSM) or treatment interventions for change e.g. treatment, recovery, prevention and education or harm reduction.

The UK cost of harms to families is estimated to add up to £1.8 billion per year according to the UK Drugs Policy Commission (2012)[10] and '*Families play a critical role in supporting family members with drug problems, with benefits not only for the individual concerned, but for their communities and society as a whole*'. Living with substance use in the family has also been linked with increased healthcare needs and associated cost particularly when there is an alcohol or drug diagnosis (Ray, 2007)[11].

Aims of the Research

Family support for people living with problematic substance use is an area of increasing interest for a number of reasons including reducing harms, supporting routes to treatment and

maintenance beyond services for people who use alcohol and other drugs. Much of the evidence around families, their support experience and what this offers for families in their own right is limited.

This research attempts to address the gap in our understanding of family member experiences of support in Scotland. Three key areas of interest were explored as part of this study:

• Life with Problematic Substance Use in the Family
• Routes to Family Support
• The Impact of Family Support

Methods and Recruitment

Qualitative, semi-structured Interviews were carried out in May and June 2020 with 10 adult family members. Ethics approval was received from the University of the West of Scotland Social Science and Education Ethics Committee. Interviews took place online and were recorded, transcribed and coded in keeping with the principles of grounded theory and thematic analysis in order to draw relevant conclusions. Edwards (2013)[12], Strauss & Corbin (1990)[13], Charmaz (2014)[14], Kendall (1999)[15] and Amsteus, (2014)[16].

Families were recruited via Scottish Families Affected by Alcohol & Drugs (Scottish Families) networks and social media with participants selected on the following basis:

- A minimum of 3 years' experience of living with or supporting someone who uses substances or someone in recovery from problematic substance use
- Accessed family support within in the last 12 months (1-2-1 or group)
- Attended a minimum of 3 family support sessions (1-2-1 or group) including virtual and face to face support
- Resident anywhere in Scotland
- Be 18 years of age and above

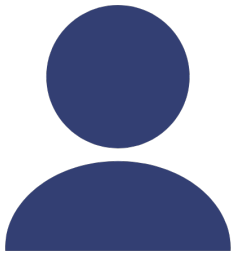
Limitations

Certain groups may have been excluded from participating in this study unintentionally due to the recruitment strategy and changes that were made due to Covid19. Recruitment relied on word of mouth, links with existing groups or social media, with the possibility that some groups are not represented here. Most who participated in this study disclosed they were financially secure; either currently working or in retirement therefore low income households may not be represented and should be considered for further research.

Reach and Scope Summary

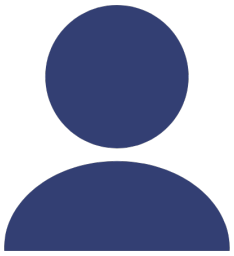
- 7 local authority areas
- All interviewed via video call
- 9 females - 1 male
- 7 parents, 3 spouse/partner
- 6 not in treatment, 1 in recovery, 2 in treatment or engaged in services, 1 died from a drug-related cause
- 7 parent of adult child using substances, 3 spouse of someone using substances
- 7 drug use, 2 alcohol use, 1 poly-substance use

Participants:



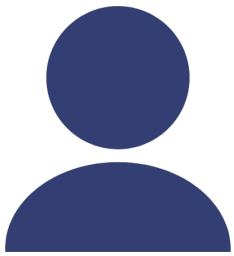
Female, 38
North Ayrshire
7 years before accessing support - CRAFT

Husband, drug use; in recovery
10 years living with use/supporting



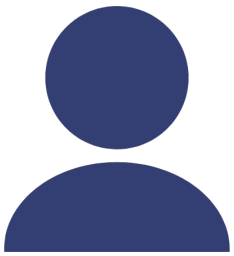
Female, 58
Perthshire
3 years before accessing support - CRAFT

Son, drug use; not in treatment
4 years living with use/supporting



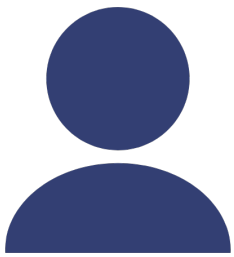
Female, 71
Stirlingshire
15 years before accessing support - CRAFT

Son, drug use; not in treatment
20 years living with use/supporting



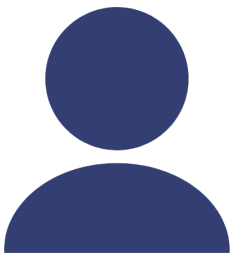
Female, 47
Falkirk
7 years before accessing support - CRAFT

Son, drug use; not in treatment
10 years living with use/supporting



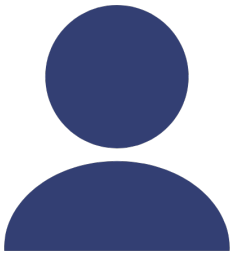
Female, 58
East Dunbartonshire
20 years before accessing support - Bereavement Counselling

Son, drug use; deceased
20 years living with use/supporting



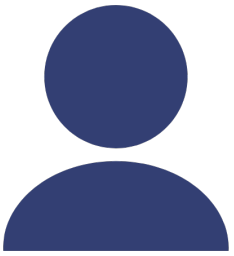
Female, 60
Argyll & Bute
12 years before accessing support - CRAFT

Husband, alcohol use; not in treatment
24 years living with use/supporting



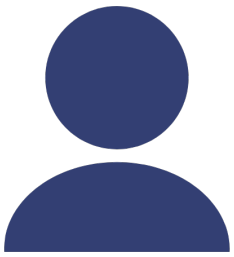
Female, 58
Argyll & Bute
11 years before accessing support - CRAFT

Son, drug use; in treatment
13 years living with use/supporting



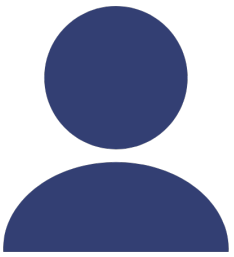
Male, 64
Argyll & Bute
11 years before accessing support - CRAFT

Son, drug use; in treatment
13 years living with use/supporting



Female, 57
Falkirk
15 years before accessing support - CRAFT

Son, drug use; not in treatment
15 years living with use/supporting



Female, 41
Angus
5 years before accessing support - CRAFT

Husband, alcohol use; not in treatment
7 years living with use/supporting

What the Literature Tells Us

The key messages to emerge from the literature can be expanded and grouped into four categories:

- Families are passively affected or impacted by substance use
- Families as key contributors to substance use
- Families as strengths in recovery from substance use
- Families need support in their own right due to substance use

Families Are Passively '*Affected*' Or '*Impacted*' By Their Links With Those Using Substances

This a protective view that is often applied to the care of children and young people more so than adult family members. This perspective often underpins family support in the context of social work practice where substance use is a factor. Resources and family support is exclusively centred on the needs of children and young people in keeping with key policies such as Rights, Respect and Recovery (2018)[17], Getting it Right for Every Child (2006)[18] and Getting our Priorities Right (2013)[19]. Early intervention, prevention and harm reduction sits at the core of this response, this is well intentioned and largely effective in keeping children known to services safe.

Whilst this approach is vital to the wellbeing and development of children and young people, this specific focus represents a narrow perspective that can limit work with the whole family to reduce risk and supporting change Gruber (2006)[20], Velleman (2005)[21]. In an era of austerity where significant cuts have been routine leading to reduced resources and capacity, a criticism is the support offered to families in this way often leaves families avoiding the support and staff feeling vulnerable and overwhelmed (Smith, 2009)[22].

Families Are Key Contributors To Problematic Substance Use

This deficit-based narrative views families in a problematic and negative light as unhelpful in the process of support and change - '*viewed with mistrust as "do-gooders"' who are obsessed with their own personal experience and have nothing to offer to the field of drug intervention*' (Bancroft, 1994)[23].

This view is commonly linked with ideas of '*co-dependency*' referring to family members as '*overly concerned with the problems of another to the detriment of attending to one's own wants and needs*' (Centre for Substance Abuse Treatment, 2004)[24]. The family is seen as contributory factor in the substance use problems developing with their behaviours associated with maintaining cycles of substance use, hindering change or causing lapses.

Harper (1990)[25] suggests these terms are largely unhelpful and based on views that emerged from historical clinical studies. Stafford (2009)[26] suggests this terminology has become part of a mainstream narrative (certainly where alcohol use is concerned) with words like 'enabling' and 'co-dependency' used to describe any perceived dysfunctional family dynamic despite limited research Hurcom et al. (2000)[27] and Sher (1997)[28]. It is also useful for us to think about how this view might influence family anxieties around substance use and levels of family involvement in the care and support of those using substances.

Involving Families In Treatment

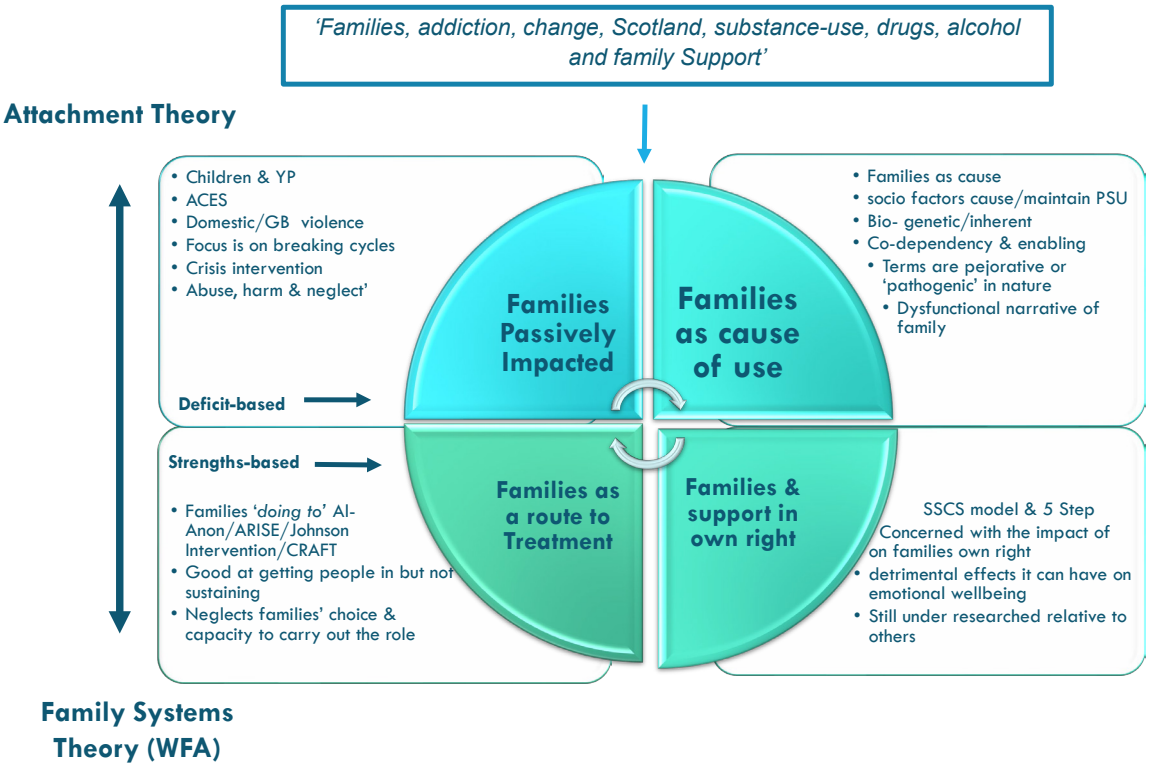
There is broad recognition in more recent literature that families play a crucial role in the care, treatment and recovery of those using substances; acting as an extension to the work carried out

by professionals working in treatment, health and care. This is linked with Family Systems Theory Bowen (1978)[29] seeing the family as a unit, where each person is emotionally linked through close bonds, interactions and connections that are built over time.

A range of models of support are available that include adult family members in the form of Mutual Aid Family groups (e.g. Al-Anon), A Relational Sequence for Engagement (ARISE) or the Johnson Intervention method. All are concerned with '*engaging reluctant drug and alcohol dependant individual's in treatment*' (Landau, 2004)[30].

Community Reinforcement Approach and Family Training (CRAFT) is centred in relationships, finding appropriate opportunities for engagement with treatment and reducing consumption over time to offer improved and sustainable outcomes, Meyers (1998)[31]. According to Roozen (2010)[32] models like this are based on change alongside the person using substances instead of '*doing to*' and an understanding of the importance of family and environment in the lives of those using substances for influencing change.

Copello (2009)[33] states family-inclusive services '*shows promise*' to minimise harm when families play a protective role, often acting as a buffer, for those using substances and other family members. Despite the evidence-base showing improved outcomes for treatment when family is involved. This does not always mean family involvement is given, particularly in Scotland, as barriers still exist to family involvement. Copello & Orford (2002)[34] suggest this is commonly linked to service provider's views of families as not being central to addiction treatment services or historical perceptions of the family role.



Families Having Support In Their Own Right

Much of the thinking around support for families in their own right has been developed by Orford (2007)[35] in the form of the Stress-Strain-Coping-Support (SSCS) model which seeks to recognise the value of support for families in their own right. This provides an alternative viewpoint to what

has been written before on families valuing the family and each individual as active agents for change in complex and challenging life situations (rather than passively impacted or affected by or contributing to substance use). This perspective is focussed on ensuring each person has the right support and effective coping strategies in place or 'tools for transformation' to stay safe and support each other.

The lack of wider support for families and their own needs having been '*so neglected in health and social care policy and provision*' in the past, has been put down to a lack of a clear model that focusses solely on their needs unlike any other intervention in the alcohol and drug field, Orford (2010)[36].

Results

This section sets out the responses from families, presented in keeping with the key themes that emerged from their responses. Direct quotes from participants in their own words have been used to present the results in their truest form. This seeks to maintain authenticity and clarity around what participants said about their experience of support and life with substance use in the family.

Life with Substance Use

When asked what life had been like prior to accessing support, all participants described their lives, relationships and the influence of substances in negative terms with a sense of being out of control, unbearable or in some cases '*hell*'. All participants detailed the adverse impact substances had on their lives and those around them including physical and mental health, relationships, work-life, social connections and overall quality of life.

All participants highlighted underlying mental-health issues or significant life-changing events for those using substances often making it difficult for their loves ones to cope with daily life. Some believed substance use was a coping tool for unattended mental health needs whilst others believed mental health issues developed as a result of prolonged use.

All participants described in great detail the care offered to people using substances. Families were routinely the first (or only) people to respond in crisis even when they were unsure of what to do or whether they were fully prepared or willing to do so. This had an impact on their own health and wellbeing. Families cited in-depth knowledge and understanding of the full extent of their loved ones substance use, common patterns of behaviour and what helped to restore stability in crisis moments

'At the time it was just survive-survive-survive. …You're worried [husband] is going to die, in your daily list of things that are gonna happen you're like… oh shit, he's gonna die today and it's constantly on your list of things to consider in today's shopping list - husband's dead! … Constantly just holding it up and together.' Participant 1

'It [living with loved one] made me ill and it's one of the reasons I retired. It's very, very hard to keep going – not that you're wanting a lot, we are the safety net. We are it, there is nothing else, and there is no other safety net.' Participant 7

'…for every parent it's a crusade, you're constantly fighting to save them and their life. It's that runaway train and you never seem to catch up and your fear is what drives you… because,

I'm sure I'm not the only one that will have said 'I'm going to find him dead' you know… that becomes your focus.' Participant 5

There was a clear difference between family member feelings towards the substance use and the behaviours they saw in those using them which were very negative. In contrast the feelings towards the person were warm, endearing and caring. Only wishing to see their loved one well, safe and happy.

'We've been trying to help [son] for years, he's intelligent, he's a lovely person with a kind, lovely heart.' Participant 7

'He was a 6ft 3 blonde hair, blue eyes – an absolutely stunning looking guy and what he used to say was – 'if I can't fix up here (in my head) I will concentrate on my body' and he always went to the gym. He looked like a Hollywood actor and that was his way of… a façade. That helped him.' Participant 5

'My son…he's a loving son, kind-hearted and decent, deep down. Yesterday for instance, in the morning at 8.30, he banged on the door, like 'muuuuuuuuuum! Bang, bang, bang! I've got you a bacon roll'. [Laughs].' Participant 4

Routes to Support

There were three broad routes to support such as families finding support by chance, others through friends and colleagues linked to the alcohol and drug sector however, the majority of family members said they had to actively search out to find local support over long periods of time as it was difficult to access. Family support tended to be very limited in terms of availability and relative to treatment options for people using substances. Some families delayed taking up support when they found it for a number of reasons including:

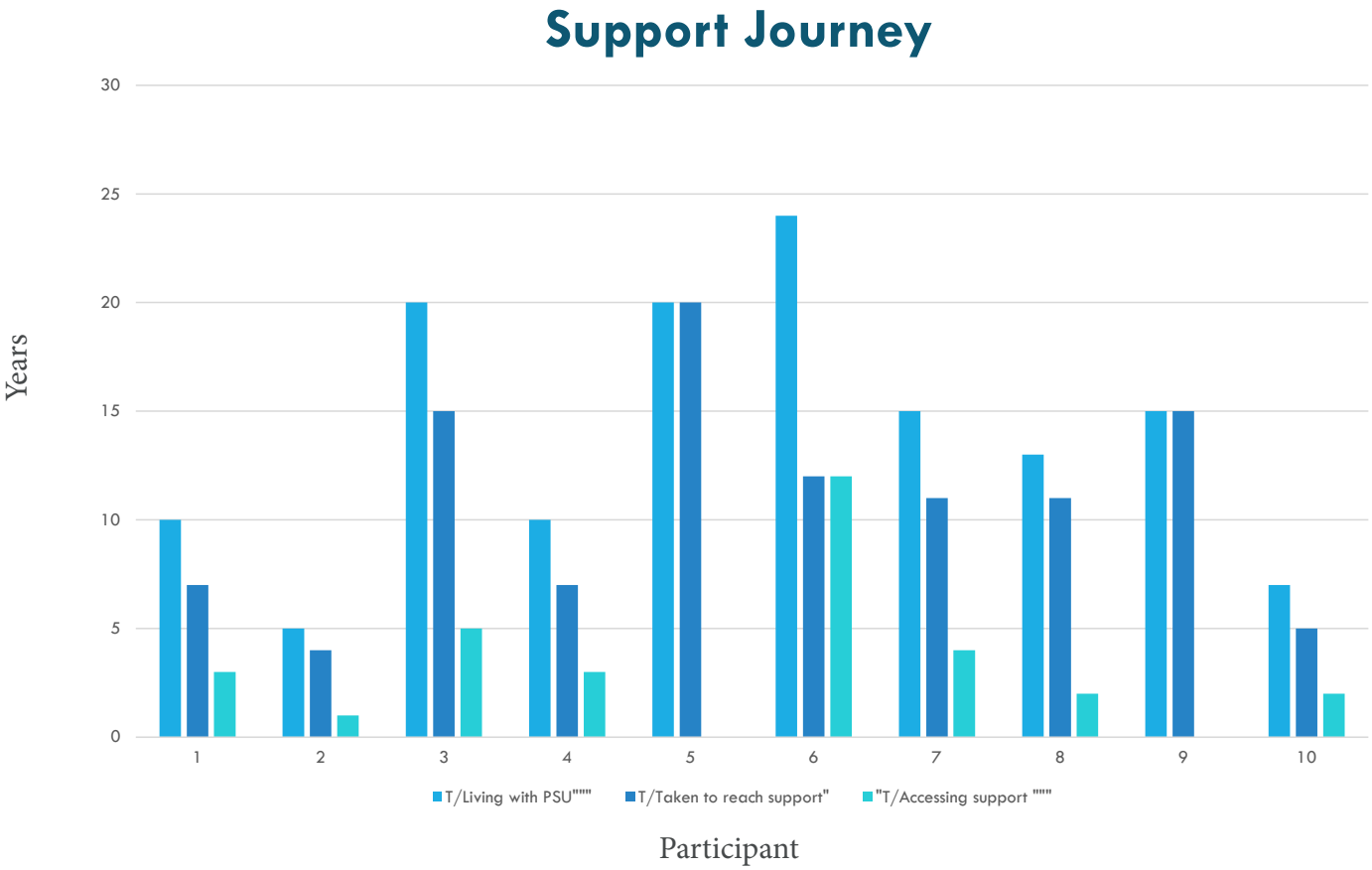
- Not recognising they needed support until crisis occurred
- Not having time to look for or get to support
- Feelings of betrayal from the person using substances in their lives
- Concerned about judgements made by others who did not know the full extent of their situation

'I just felt like, I can't do this anymore. I felt that I was getting to the stage that I didn't or couldn't speak to my friends anymore as they were sick of hearing about it and they hadn't experienced it so it was hard to confide in them.' Participant 9

'I reached out 4 months ago for specialist family support and that has made such a difference… I do live with it every day and have done but it just got to the stage where I felt so overwhelmed by living in fear and worry that I had to reach out.' Participant 2

'I can't talk about it lots; not to your friends, your colleagues and your family – they get fed up listening to you [laughs]. I can see it in my sister who is a beautiful, wonderful girl and when I talk to her and tell her some of the things that are going on you can see it instantly, she is going to start crying and she just fills up and you can see the tears and you're like, for goodness sake [laughs] noooo!!' Participant 4

'I kind of googled a few things and I thought - I'm just going to do this. It was a night when he was drunk and I felt like I had heard sorry too much. I think it was a Friday evening and I just reached out to a chat thing online and it felt quite safe reaching out there anonymously.'
Participant 10



Impact of Family Support

In this study, nine participants received Community Reinforcement and Family Training (CRAFT-based) support and one received person-centred counselling. All ten family members reported positive benefits that empowered them to learn and adopt better coping strategies to stay well.

Since accessing support:

- Six experienced no change in their loved one's substance use and were still living with some of the challenges
- Two participant were supporting a loved one alongside treatment
- One participant was supporting a loved one in their recovery
- One participant was accessing support to cope with the death of her son who died where substance use was a contributing factor.

Families were asked to describe what they felt the support they received had done for them and the whole family. Most described how quickly they felt at ease and how helpful the support they received was in helping them to make sense of their situation and feel less lone, isolated and unable to cope.

Most said having a support network that understood what life was like more than any other connection was vital to how they supported their loved ones and other family members, and this had a largely positive impact.

'As you grow through it, you grow in the knowledge of it and you recognise that person has the right to live their lives the way they want to and accepting that is very difficult to get to but it does come. We can all choose our own paths and with addiction the choice isn't always there but they still do it and the addiction removes the choice – I'm aware of that. It's still up to them, that person has to decide and I'm more aware of that. I can be there but I can't change him and I can do the best I can with the support I have and the information I've got and it shows up that side of things to you and it makes it easier to deal with it all.' Participant 3

'She [worker] helped me visualise the scenarios and prepare for how I might be if the worst of my fears happened…. She said, 'when you go into the hospital and when he says that, when he says eff off – just get up and say I'll come back at a better time' and just leave… It helped bolster me from becoming totally, totally overwhelmed and destroyed with the amount of chaos and sadness that was around so it was a really helpful tool and it worked.' Participant 4

'Getting support enabled me to say to people; you know, things are shit but do you mind if we don't talk about cos actually I just want to have a nice afternoon or just want to forget about things for a while and I always thought I couldn't really do that although it sounds very simple.' Participant 10

'I think a lot of my communication and discussion was about drugs – like you know, you're not taking drugs right now are you? And go on about the impact and the consequences and I'm letting all of this go now – I haven't brought that up lately.' Participant 2

Discussion

Each participant cited a sense of relief in finding the right support where they could open up about their experiences and talk freely to people who knew what life was like for them. This had a positive influence on all participants who self-reported improvements in their health, wellbeing and their overall outlook on life with someone using substance close to them regardless of the type of substances being used or whether (or not) their loved ones were in treatment or some kind of recovery. This has been the case with other studies of families and Community Reinforcement and Family Training (CRAFT) support interventions. Baharudin (2014)[37], Roozen (2010)[38], Miller (1999)[39] and Meyers (1998)[40].

Participants believed family support (1-2-1 or group) helped them to identify ways to work better with people using substances, maintain positive relationships and keep people safer than before even when they were not engaged in treatment or services. The learning that came with listening to other peoples' lived-experience and having access to specific sources of literature provided comfort and helped develop their understanding of substance use. Many stated this offered insight into some of the struggles they experienced as a family and not just the lives of those using substances.

This is similar to studies carried out by Orford et, at (2007)[41] where families cited support as giving them 'tools for transformation' for effective coping strategies and improved relationships.

Most of the tensions and negative emotional experiences cited by families were commonly driven by poor communication, misunderstandings around the nature and function of substance use, and the behaviours related to substance use and the impact this had on the whole family.

Support offered the space and time to reflect in a safe place to explore what could be done differently to improve their own lives, support those using substances (where there was an opportunity) and how this might benefit the rest of the family system. As Meyers (1998) and Miller (1999) set out within the Community Reinforcement and Family Training (CRAFT) approach; there is an opportunity for families to realise through family support their own unhelpful behaviours.

Through analysing their interactions and responses with the person using substances it was possible to find improved ways to offer support. Support gave most families the space and time to try and understand and arrive at more helpful ways to respond, at the most appropriate time. There was a place to practice and incorporate new approaches into their interactions with their loved ones. This helped them to facilitate change, minimise conflict and improve dynamics to benefit overall family functioning.

In most cases, participants were able to understand that some of their own responses (in the past) may not have been helpful; learning to modify and adapt to improve relationships and understand life for the person using substances.This included accepting their loved one's using substances and respecting their reasons for this and where they were in life with strong realisations for most that they could not force people to change.

What Does This Mean For Families, Policy And Practice?

Identifying and meeting the health needs of people who use substances remains a significant policy priority for both UK and Scottish Governments in reaching '*hard to reach groups*' to reduce harms to individual health and prevent deaths. Mitigating the impact and cost of problem substance use on healthcare and justice systems with those most vulnerable presenting at crisis point (often requiring more intensive and costly care) is another. Early intervention and broader harm reduction measures are crucial (such a safe injecting equipment or Naloxone) which require some connection to the person using substances.

The current focus is on assertive outreach programmes, connecting via addiction peers and recovery communities, however there could be missed opportunities to involve families sooner with the right support if the experiences of the families represented in this study is true of other families. More research into families' experience is required to understand this better, particularly families that remain hidden and still unheard.

Learning And New Insights For Policy And Future Practice

1. There is not '*one type*' of family impacted by substance use. If we consider what Smith (2009)[42] and Brown & Hohman (2006)[43] say about the focus of family support to reduce risk to children (often linked to attachment and Adverse Childhood Experiences (ACES)) it is possible many families remain hidden or give the impression that everything is fine to avoid such interventions from statutory services. Does this represent the most effective approach given the potential for added shame, guilt, fear and anxieties to impact on the whole family system? This is a significant area to consider for further research and reaching families sooner.

2. The onus for accessing support fell to all families to initiate in this study with many opportunities to support families missed in dealings with health and care services. This raises questions around gaps in our understanding about routes to support for those in need and those who lack the capacity or means to find help. This is an area to be considered for further research. How can underrepresented communities or specific demographic groups be reached?

3. The experiences of families in this study and the literature reviewed offers some insight for improved engagement with families. Moving support beyond treatment and increasing opportunities and interventions with people engaged in services may help to reduce the impact of substance use on the whole family. The focus should shift to improving relationships, whilst limiting crisis as the point of intervention for families and people using substances.

Conclusion

Overall, the review of the literature relating to families and substance use presented an in-depth and robust evidence base with mixed views about the complexities of family life in relation to substance use. Much of what has been written here demonstrates how families (children and adult family members) can be adversely impacted by problematic substance use and makes the case for supporting families whilst making it clear why a shift in our collective thinking is necessary to offer the right response that can identify individuals and families who are struggling sooner and reduce stigma.

There are many conflicting ideas around the role and influence of the family system, both as contributory causes of alcohol and drug problems or as strengths and assets for harm reduction and sustainable change. The significant imbalance in the volume and distribution of evidence across the four family perspectives explored in this study showed more focus on family dysfunction as a root cause of problems over families as protective factors. This is significant if we consider all other health-based interventions where family and social connections are viewed as strengths to protect health and wellbeing. Why is alcohol and drug use different?

There are still many gaps in the literature around adult family member experiences of support in their own right whilst living with substance use, and a growing evidence-base showing families can develop effective coping strategies to improve health and wellbeing, in the face of adversity, when they have appropriate support in their own right. This study makes an important contribution to this evidence base. There is also growing evidence that demonstrates families can be effective in supporting people who use alcohol and other drugs to stay safe when they are not in contact with treatment or health care services (and indeed when they are in contact with services). The findings here present significant implications for policy and practice in working to reduce harm and improve care for the whole family.

Endnotes

1 Copello A, Templeton L, Orford J, et al. *The relative efficacy of two levels of a primary care intervention for family members affected by the addiction problem of a close relative: a randomized trial.* Addiction. 2009;104(1):49-58. doi:10.1111/j.1360-0443.2008.02417

2 Orford, J. (2017). *How does the common core to the harm experienced by affected family members vary by relationship, social and cultural factors?.* Drugs: Education, Prevention and Policy. 24. 9-16. 10.1080/09687637.2016.1189876

3 McCann, T.V. and Lubman, D.I. (2018), *Stigma experience of families supporting an adult member with substance misuse*. Int J Mental Health Nurs, 27: 693-701.

4 Velleman, R. Tempelton, A. Copello, J. (2005) T*he role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people*, Drug and Alcohol Review, 24:2, 93-109, DOI: 10.1080/09595230500167478

5 Church, S. Bhatia, U. Velleman, R. Velleman, G. Orford, J. Rane, A. & Nadkarni, A. (2018). *Coping strategies and support structures of addiction affected families: A qualitative study from Goa, India*. Families, Systems, & Health, 36(2), 216–224. https://doi.org/10.1037/fsh0000339

6 Orford, J. (2017). *How does the common core to the harm experienced by affected family members vary by relationship, social and cultural factors?.* Drugs: Education, Prevention and Policy

7 https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Supporting%20the%20supporters_%20families%20of%20drug%20misusers%20(policy%20briefing).pdf

8 https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/

9 https://www.gov.scot/publications/scottish-health-survey-2017-volume-1-main-report/pages/51/

10 https://www.ukdpc.org.uk/wp-content/uploads/a-fresh-approach-to-drugs-the-final-report-of-the-uk-drug-policy-commission.pdf

11 Ray, G. Thomas, et al. *"The Excess Medical Cost and Health Problems of Family Members of Persons Diagnosed with Alcohol or Drug Problems."* Medical Care, vol. 45, no. 2, 2007, pp. 116–122. JSTOR, www.jstor.org/stable/40221388. Accessed 4 Aug. 2020.

12 Edwards, R & Holland, J. (2013). *What is Qualitative Interviewing?* London. Bloomsbury Publishing.

13 https://psycnet.apa.org/record/1990-98829-000

14 Charmaz. K. (2014) *Constructing Grounded Theory* (2nd Edition). London. SAGE Publications.

15 https://journals.sagepub.com/doi/10.1177/019394599902100603

16 Amsteus, M. N. (2014) *'The Validity of Divergent Grounded Theory Method'*, International Journal of Qualitative Methods, pp. 71–87. doi: 10.1177/160940691401300133.

17 https://www.gov.scot/publications/rights-respect-recovery/

18 https://www.gov.scot/policies/girfec/

19 https://www.gov.scot/publications/getting-priorities-right/

20 Gruber K.J & Taylor, M.F (2006) *A Family Perspective for Substance Abuse: Implications from the Literature, Journal of Social Work Practice in the Addictions,* 6:1-2, 1-29, DOI: 10.1300/J160v06n01_01

21 Velleman, R. Tempelton, A. Copello, J. (2005) *The role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people,* Drug and Alcohol Review, 24:2, 93-109, DOI: 10.1080/09595230500167478

22 Smith, M. (2009) *What is Family Support Work: A Case Study Within the Context of a Local Authority*. Edinburgh University. https://era.ed.ac.uk/bitstream/handle/1842/3933/Smith2009.pdf?sequence=1&isAllowed=y

23 https://lx.iriss.org.uk/sites/default/files/resources/Supporting%20families%20and%20carers%20of%20drug%20users_a%20review.pdf

24 https://www.ncbi.nlm.nih.gov/books/NBK64269/

25 Harper, J & Capdevila, C (1990) *Codependency: A Critique, Journal of Psychoactive Drugs*, 22:3, 285-292, DOI:10.1080/02791072.1990.10472551

26 Stafford, LL. (2001) I*s Codependency A Meaningful Concept?*, Issues in Mental Health Nursing, 22:3, 273-286, DOI: 10.1080/01612840121607

27 Hurcom C, Copello A, Orford J. (2000) *The family and alcohol: effects of excessive drinking and conceptualizations of spouses over recent decades.* Subst Use Misuse. 2000;35(4):473-502. doi:10.3109/10826080009147469

28 Sher K,J. *Psychological characteristics of children of alcoholics*. Alcohol Health Res World. 1997;21(3):247-254

29 Bowen, M. (1978). *Family therapy in clinical practice.* New York: Aronson

30 https://pubmed.ncbi.nlm.nih.gov/15624546/

31 Meyers RJ, Miller WR, Hill DE, Tonigan JS. *Community reinforcement and family training (CRAFT): engaging unmotivated drug users in treatment.* J Subst Abuse. 1998;10(3):291-308. doi:10.1016/s0899-3289(99)00003-6

32 Roozen, H.G., De Waart, R. and Van Der Kroft, P. (2010), *Community reinforcement and family training: an effective option to engage treatment-resistant substance-abusing individuals in treatment*. Addiction, 105: 1729-1738. doi:10.1111/j.1360-0443.2010.03016.x

33 Copello A, Templeton L, Orford J, et al. *The relative efficacy of two levels of a primary care intervention for family members affected by the addiction problem of a close relative: a randomized trial.* Addiction. 2009;104(1):49-58. doi:10.1111/j.1360-0443.2008.02417

34 Copello, A. and Orford, J. (2002), *Addiction and the family: is it time for services to take notice of the evidence?.* Addiction, 97: 1361-1363. https://doi.org/10.1046/j.1360-0443.2002.00259.x

35 Orford, J. Templeton,L. Patel,A. Copello, A & Velleman, R (2007) *The 5-Step family intervention in primary care: I. Strengths and limitations according to family members,* Drugs: Education, Prevention and Policy, 14:1, 29-47, DOI: 10.1080/09687630600997451

36 Orford, J. Copello, J. Velleman, R & Templeton, R (2010) *Family members affected by a close relative's addiction: The stress-strain-coping-support model,* Drugs: Education, Prevention and Policy, 17:sup1, 36-43, DOI: 10.3109/09687637.2010.514801

37 Baharudin, DF, Hussin, AHM. Sumari, M. Mohamed, S. Zakaria, MZ & Sawai, RP. (2014) *Family intervention for the treatment and rehabilitation of drug addiction: an exploratory study,* Journal of Substance Use, 19:4, 301-306, DOI: 10.3109/14659891.2013.799239

38 Roozen, H.G., De Waart, R. and Van Der Kroft, P. (2010), *Community reinforcement and family training: an effective option to engage treatment-resistant substance-abusing individuals in treatment.* Addiction, 105: 1729-1738. doi:10.1111/j.1360-0443.2010.03016.x

39 Miller WR, Meyers RJ, Tonigan JS. *Engaging the unmotivated in treatment for alcohol problems: a comparison of three strategies for intervention through family members*. J Consult Clin Psychol. 1999;67(5):688-697. doi:10.1037//0022-006x.67.5.688

40 Meyers RJ, Miller WR, Hill DE, Tonigan JS. *Community reinforcement and family training (CRAFT): engaging unmotivated drug users in treatment.* J Subst Abuse. 1998;10(3):291-308. doi:10.1016/s0899-3289(99)00003-6

41 Orford, J. (2017). *How does the common core to the harm experienced by affected family members vary by relationship, social and cultural factors?* Drugs: Education, Prevention and Policy

42 Smith, M. (2009) W*hat is Family Support Work: A Case Study Within the Context of a Local Authority*. Edinburgh University. https://era.ed.ac.uk/bitstream/handle/1842/3933/Smith2009.pdf?sequence=1&isAllowed=y

43 Brown, JA. Hohman, M. (2006) *The Impact of Methamphetamine Use on Parenting*, Journal of Social Work Practice in the Addictions, 6:1-2, 63-88, DOI: 10.1300/J160v06n01_04

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