

### From the Editors

As you read through this, our 15<sup>th</sup> newsletter, you will note that we continue to make adjustments to our format with the goal of improving the usefulness and readability of our content. We are working towards converting to a more web-based format in time for the end of year newsletter, and as we do so, we welcome your feedback – both in respect to format and content.

With this edition, we've chosen to list all of the relevant dates of AFINet sponsored programs that are coming up as our first item. We hope this is helpful as you manage what we know is a demanding calendar.

Finally, this newsletter is for you, our members and interested AFINet friends. Please feel free to submit content to us ([efarrar200@aol.com](mailto:efarrar200@aol.com)) at any time. As a reminder, we are actively soliciting contributions about affected family members in the following categories:

- Research
- Service evaluations or audits of practice, service delivery, or training
- Service delivery/Practice/Interventions/Policies which represent new or novel approaches
- Your critical appraisals/reflection on any of the above
- Notices of conferences, events, etc. that would be of interest to AFINet members.

Your editors,

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# Dates for your diaries

## Next AFINet Webinar

Tuesday, 16th August 2022 at 12:30pm UK time - *see details below*

## Upcoming 2022 Webinars:

**Note:** All Webinars are recorded and those recordings are made available a few days later on the [AFINet website](https://www.afinet.org.uk/)

	UK Time	Description
16th August	12:30 pm	<b>Title: Family resilience in caring for drug addiction in Indonesia</b> Presenters: Dr Ira Kusumawaty Mental Health Nursing Department, Politeknik Kesehatan Kemenkes Palembang, South Sumatra, Indonesia
18th October	14:00 pm	<b>Title: Effectiveness of the Strengthening Families Programme in the UK at preventing substance misuse in 10–14 year-olds - pragmatic RCT</b> Presenters: Dr Jeremy Segrott, Centre for Trials Research, College of Biomedical and Life Sciences Cardiff University, UK
8th November	15:00 pm	<b>Title: Mothers experiences of caregiving for their adult children with substance use disorder</b> Presenters: Dr Oona St-Amant, Associate Professor, Daphne Cockwell School of Nursing, Toronto Metropolitan University, Toronto, Canada
13th December	14:00 UK	<b>Title: Affected Family Members of Disordered Gamblers during the COVID-19 Pandemic in Italy during Lockdown</b> Presenters: Daniela Capitanucci, Associazione Azzardo e Nuove Dipendenze [Gambling and New Addictions], Gallarate, Italy, and Maria Anna Donati, Department of Neuroscience, Psychology, Drug, and Child's Health, University of Florence, Italy

Participation is free, but registration is required. Please register in the few days before it starts, through this [link](#)

AFINet is a small charity and is dependent upon contributions. We would therefore welcome a small donation of 25€ or £20 if possible, payable via the [AFINet website](https://www.afinet.org.uk/)

## Online AFINet 3rd International Conference, 29 & 30 September 2022

Please share with your networks and social media

**AFINet**  
Addiction and the Family  
International Network

**AFINet 3rd International Conference (online)**  
APPLY NOW

29 & 30 SEPTEMBER 2022

The conference is designed for people involved in research, policymaking, and practice and experts by experience - all welcome!

**KEYNOTE SPEAKERS**  
Professor Jim Orford (UK)  
Drs Guillermina Natera and Marcela Tiburcio (Mexico)

Please join us for an exciting programme of presentations and discussions on policy, practice and research.

Times for the event are designed so that people from around the world can attend.

**Thursday 29 Sept:**  
16.00 start, 20.30 finish (UK time)

**Friday 30 Sept:**  
08.00 start, 12.45 finish (UK time)

Programme & Registration  
<https://bit.ly/3vdBi4A>

[PROGRAMME and REGISTRATION](#) for the conference

See [AFINet website](https://www.afinet.org.uk/) for further information on the aims:

## AFINet 4th International Conference 2023, 15-17 June (Evening reception June 14)

Rotterdam, Netherlands

Face-to-Face at last!

Registration and abstract submissions will be open later this year.

## From the Chair of Trustees

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In Germany, where I live, all counselling centres offer free counselling (and often treatment) for individuals with substance use disorders and - explicitly - their family members. However, affected family members (AFMs) rarely utilise these services. We estimate, based on data from a representative sample, that services reach less than one out of every 1,000 affected family members. The situation apparently is not much better in other countries. Of course, stigma is an important barrier for seeking help. However, I wonder if the problem lies in the services being offered as well. Recently, I was contacted by a journalist who undertook some research on family members and had talked to a mother of a young man with a severe drug addiction. The mother reported several bad experiences that she had had in the primary health care sector as well as in the counselling centres for drug addiction that she dealt with. One possible reason for this could be that counsellors who work in drug and alcohol centres in Germany are not obliged to learn any evidence-based interventions or non-stigmatizing concepts for family members, and the available literature is still frequently based on the concept of “co-dependency“. I feel this situation perfectly reflects a mindset that is symptomatic (in Germany at least) – qualifications are needed for working with individuals suffering from addictive disorders, but no specific training is required for working with their family members. Could giving voice to AFMs solve this problem? Certainly not on its own, but my view is that it would be a good start. But what is needed for improving the situation of AFMs further and providing the support they need? What do you think?

AFINet is moving forward not only by increasing its membership (we are close to 500 members by now), but also by continuing to provide webinars and by planning two conferences, starting with a virtual conference on September 29-30 (see comments by Richard Velleman in this Newsletter) and then a face-to-face conference that is planned for June 15-17 in Rotterdam. We would like to encourage all of you to become actively involved in both conferences. So please submit abstracts and/or enrich the discussions which we will have at these events, with your experience.

Another option to become actively involved could be to support AFINet as a trustee – we are especially looking for members who would like to take an active role in AFINet. In particular, we would like to encourage members with technological or marketing skills and/or fund-raising expertise to come forward. And of course we would like to encourage members from low and middle income countries to help AFINet improve its diversity. Election for the Board of Trustees will be held at the Annual General Meeting

# Updates for Members

during the conference in September. If you are interested, please let me know. I hope to see you soon at the conference and the AGM,

Stay healthy,

Kind regards,

Gallus Bischof *Chair of Trustees, AFINet* ([gallus.bischof@uksh.de](mailto:gallus.bischof@uksh.de))

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## Updates for members

### **AFINet's 3<sup>rd</sup> Conference – Thursday 29<sup>th</sup> / Friday 30<sup>th</sup> September 2022**

AFINet is delighted to announce that we are holding our 3<sup>rd</sup> International Conference, on Thursday 29<sup>th</sup> and Friday 30<sup>th</sup> September 2022. The conference will be held virtually, on-line.

A core aim of the conference is to offer room for AFINet members to present their work!

AFINet members may remember that we held our first Conference in the UK (Newcastle) in 2018, and intended to hold a conference every two years. Covid19 required us to cancel the 2020 Conference in Rotterdam. However, we convened a highly successful virtual Conference in September 2021 and we will be holding another virtual conference this September. In 2023 however, we are planning an in-person conference in Rotterdam (June 15 -17, 2023).

We already have a strong line-up for the September 2022 Conference, with two Keynote presentations, one from Mexico (Dr Guillermina Natera and Dr Marcela Tiburcio) on Thursday September 29, and the other from the UK (Professor Jim Orford) on Friday, September 30.

Drs. Natera and Tiburcio will speak on 'The 5-Step Method program in rural Mexico: from cultural adaptation to efficacy and cost-effectiveness evaluation'. Professor Orford will speak on 'Mainstreaming work with Affected Family Members: How far have we come and how far have we still to go?'

In addition, we have (so far) accepted a variety of abstracts from countries including Australia, Scotland and the USA. These papers include:

- The power of family member lived experience stories in understanding gambling addiction (Australia)
- 'I Am Not Alone': a short film produced by a Scottish young person's group (Scotland)

# Updates for Members

- “Why would we not want to keep everybody safe?” The views of Affected Family Members on the use of Drug Consumption Rooms (Scotland)
- Reaching children of parents in detoxification treatment - The Pepe-Kids project (Germany)
- The role of primary care in the prevention of drug deaths: the views and experiences of Affected Family Members (Scotland).
- The experiences of affected family members and friends attending BreakThrough: weekly sessions helping participants understand addiction and access support networks (Australia)
- Round Table panel presentations and discussion on: Situations that family members face when a loved one is incarcerated and struggles with mental health issues/addiction (USA)

The Conference is offered at a very reasonable cost, which is less if you are an AFINet member - and as always, AFINet membership is free – for further information please visit the [AFINet website](#).

Conference fees are also less if you are from a Low or Middle Income Country (LMIC) or are a student – see the link to the Registration form at the beginning of the newsletter under the *Dates for Your Diaries* section, which provides registration and cost information.

**Gallus Bischof, Chair of Trustees, and  
Richard Velleman, Trustee  
June 2022**

## The AFINet monthly Webinar Series

*Please attend our next webinar on **Tuesday, 16th August, 2022, 12:30 pm UK time (18:30 pm South Sumatra time)**. This will be our first webinar from Indonesia: Dr Ira Kusumawaty from the Mental Health Nursing Department within the Politeknik Kesehatan Kemenkes Palembang, South Sumatra, Indonesia, will talk on *Family resilience in caring for drug addiction in Indonesia*.*

*Editors Note: see dates and times for all the webinars in the **Dates for your Diary** section of this newsletter and in the [AFINet website](#)*

### Webinar schedule change notice

So far, Webinars have been held on a Tuesday, usually the 2<sup>nd</sup> or 3<sup>rd</sup> in each month. However, this means that people who have a regular commitment on a Tuesday can never attend, so we have decided to move the day for each Webinar, between various days of the week. Also, because we are worried that people may struggle to find the time to attend

# Updates for Members

monthly webinars, we have decided to make the Webinars every 2<sup>nd</sup> month, to take effect from January 2023 onwards.

## Past Webinars

Since October 2020, we have held 18 Webinars, from 13 countries, as far afield as Australia, Brazil, Canada, England, Finland, Germany, Holland, Malaysia, Northern Ireland, Scotland, Spain, USA and Wales.

**Editors note:** *Links to past recordings and PowerPoints of past Webinars can be found [here](#). Note that occasionally the recordings are embargoed until the data has been published or permission received from the grant-awarding body.*

Over the past 6 months our webinars have covered a wide range of topics, including:

- *Ask the Family! Family Perspectives on Whole Family Support and Family Inclusive Practice in Scotland*, describing an exciting project which enabled them to develop family perspectives on whole family support and family-inclusive practice in Scotland;
- *Addiction and the Family in Malaysia*, which looked at the interface between how families are caught up in addiction problems and how that plays out in both a Malaysian and a Muslim culture; and also looked at how policy is framed in Malaysia;
- *The SMART Australia Family and Friends programme*, which both described the programme and its' research and evaluation;
- *A new model of Couples Treatment for Addiction*, which examined a new intervention that includes relationship reparation and forgiveness, and aspects of emotionally-focused couples therapy;
- *Bereaved Mothers' use of Media Advocacy in advancing drug policy reform in Canada*, which discussed the advocacy work undertaken by members of Moms Stop the Harm;
- *Parental substance use: dynamics, parenting and associations with child educational outcomes*, which provided an overview of research concerning parental substance use and children's educational outcomes; and
- *Passive Drinking*, which examined whether we ought to use this terminology and concept far more in our work.



# Research Updates

Some 560 individuals have logged onto our virtual Webinars so far (these numbers do not take account for when a number of people within the same team or organisation are together and sharing one logged-in computer, so the actual numbers are larger than this). In addition, recordings of individual Webinars have been viewed on the website more than 530 times; and these viewings increase each quarter.

However, it is also the case that some of the individual Webinars do not have a large 'live' audience. We recognise that there are large pressures on many of our members – conflicting meetings, problematic time zones, language (for those not fluent in English). Ideas are welcomed from YOU – the readership – as to what we might be able to do to increase attendance and we encourage you to advertise the webinars via your networks. You are also welcome to provide suggestions of speakers who we could invite. Just contact me, Richard Velleman on [r.b.d.velleman@bath.ac.uk](mailto:r.b.d.velleman@bath.ac.uk)

**Richard Velleman, AFINet Treasurer and founder Trustee.**

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## Research Updates

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### **PuP4Dads: Parents under Pressure (PuP) parenting programme for opioid dependent fathers and their families – study findings and recommendations.**

*'I think [PuP4Dads] should be made compulsory, especially if the social worker's thinking of removing the children, I think it might be, like, giving the parents more of a chance, and having more things in place to help parents, rather than just stepping in and taking the child away straightaway'* [Father participant]

**Background** : Improving outcomes for children and families affected by parental drug use is a key policy and practice objective across the world. To date, research on parenting and family support programmes for this population of

families has focused on mothers. Fathers have been largely ignored.

**Aim:** The PuP4Dads feasibility study aimed to test the acceptability and implementation of the Parents under Pressure (PuP) programme for fathers/male carers on opioid substitution therapy (OST) with children aged 0-8yrs old. It also aimed to establish the parameters for a larger evaluation of the effectiveness and cost-effectiveness of the PuP4Dads programme.

**Methods:** Mixed methods intervention study, conducted in Scotland, involving: quantitative data collection on uptake and retention, measures of parenting and parental psychopathology, parental substance use, child development and child welfare; fidelity and economic evaluation data; and qualitative interviews with fathers and mother/partners, PuP practitioners, supervisors, service

# Research Updates

managers and focus groups with referrers.

**The intervention :** Parents under Pressure (PuP) is an evidence-based early years' parenting and family support programme, specifically designed for parents with a substance use disorder. It was developed in Australia and aims to prevent child abuse and neglect and improve child developmental outcomes by improving parenting and the caregiving environment. It is a manualised home-visiting programme, delivered flexibly to families over a 6-12 month period by a PuP-trained practitioner. See further details on the intervention [PuP website](#).

**Key Findings :** PuP4Dads was successfully delivered within a specialist pregnancy service and a family support service and was considered acceptable and suitable by study participants. Referrals (n = 44) resulted in 38 (86%) eligible fathers, of whom 25 (66%) fathers and 17 partners/mothers consented to participate, with 20 fathers and 14 mothers engaging in the intervention. Most fathers reported no previous parenting support and the families presented with complex needs. A total of 248 sessions were delivered to the families. Father and mother attendance rates were equal (mean 71%) and length of engagement comparable (median 26 weeks fathers, 30 weeks mothers).

Some of the perceived benefits of PuP4Dads reported by fathers, mothers, and professionals included: a clear therapeutic focus on fathers and fathering, improved parental emotion

regulation, improved understanding and attending to child's needs, and better multiagency working. The programme was a good fit with the policy agenda in the UK to adopt 'whole family' approaches, prevent children from entering the care system, and to promote recovery, stability and retention of parents in OST programmes. Learning highlighted the importance of managing the complex needs of both parents concurrently.

*'PuP4Dads helped me to set small goals, and go out and get, you know, taking [my child] to school and things like that. It helped me to know I'm not a bad dad. I know I'm doing all the right things, but I'm doing more things now, and I'm enjoying it'* [Father]

**Recommendations :** Further research on the effectiveness and cost implications of delivering PuP4Dads at scale is feasible. Research should also focus on developing a better understanding of how the intervention works, for whom, under what circumstances and why.

Funder: UK National Institute for Health Research (NIHR) Public Health Research (PHR) programme (project no: PHR 15/82/01).

**Final report and open access publication of the findings:** [The Parents under Pressure parenting programme for families with fathers receiving treatment for opioid dependence: the PuP4Dads feasibility study \(nihr.ac.uk\)](#)

**Citation:** Whittaker A, Elliott L, Taylor J, Dawe S, Harnett P, Stoddart A, et al. The Parents under Pressure parenting programme for families with fathers receiving treatment for opioid



dependence: the PuP4Dads feasibility study. *Public Health Res* 2022;10(3)

Further information, contact Professor Anne Whittaker:

[Anne.Whittaker@stir.ac.uk](mailto:Anne.Whittaker@stir.ac.uk)

## Scottish Drug Deaths Taskforce Final Report published – ‘Changing Lives’ – with key recommendations for better support and involvement of the family

Scotland has the highest rate of drug-related deaths in Europe. In response to this public health crisis, the Scottish Government established a Drug Deaths Taskforce in July 2019 to identify measures to prevent and reduce drug use, harm and related deaths. The taskforce published its final report after 3 years work on the 21<sup>st</sup> July 2022. It included 20 recommendations and 139 actions. Affected family members featured prominently in the report, with the taskforce recommending ‘family-inclusive practice’ and support for AFMs *in their own right* as key action points. The report also included ‘**Core Values**’ related to families:

**‘Families need support:** Separate, ring-fenced family support pathways that are not dependent on access to services for the person who uses drugs should be available for all families to help them manage and overcome any harms they experience as a result of their loved one’s drugs use.’ (p.26)

**‘Families as support:** Services must recognise that families play a critical role in supporting the care of people who use drugs and should ensure that family-inclusive practice is embedded in their work.’ (p.26)

## Recommendation #2. FAMILIES

‘Families must be involved in the [care] process wherever possible, and steps should be taken to embed family-inclusive practice into all aspects of the sector’s work. This means services should start with a presumption of family involvement. Family members must be part of the solution to the drug-deaths crisis. They have been active contributors to the development of the Taskforce recommendations and action points and must continue to be involved in the development of the response to this public health emergency. It is also critical that families have access to meaningful support that is not dependent on their loved one’s treatment.’ (p.13)

The report contained several **actions** specific to AFMs, for example (p.28-30):

**Action 14.** The Scottish Government should continue to support the wholefamily approach and implement the actions set out in the framework at pace.

**Action 15.** The Scottish Government and chief officers should ensure that family-inclusive practice is embedded across the public sector, with mandatory training provided for the workforce.

**Action 16.** ADPs should ensure that specific, ring-fenced support, including psychological and wellbeing support, is available for family members. This should not be dependent on the person who uses drugs accessing support.

# From the Field

**Action 17.** The Scottish Government should develop and rapidly implement a national stigma action plan, co-produced with people with lived, living and family experience and built on the Taskforce stigma strategy.'

Read the Drug Deaths Taskforce report in full '[Changing Lives – Final Report](#)'.

Read the [What about Families – Taskforce Family Reference Group](#) report.

Posted by Professor Anne Whittaker  
[Anne.Whittaker@stir.ac.uk](mailto:Anne.Whittaker@stir.ac.uk)

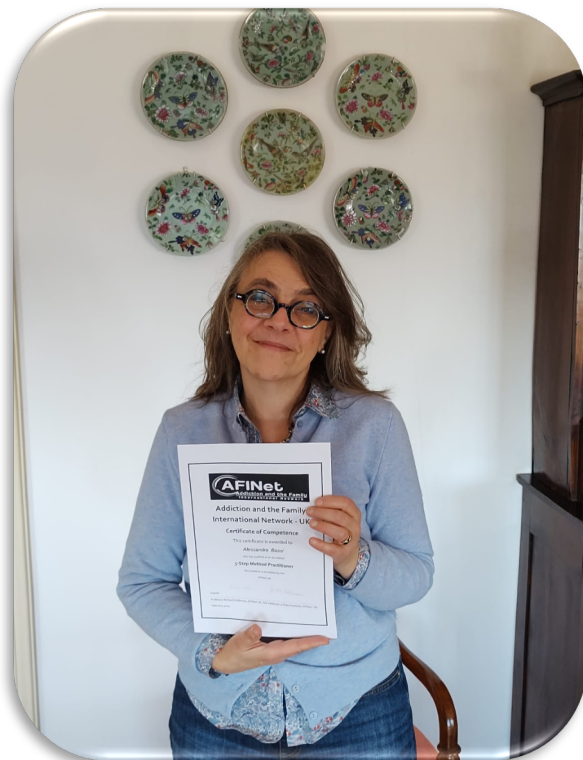


Fausta Fagoni

For more information, contact Gill Velleman at [gillvelleman@gmail.com](mailto:gillvelleman@gmail.com)

## From the field

Congratulations to the latest 5-Step Method Accredited Practitioners in Italy!  
Alessandra Bassi & Fausta Fagoni



Alessandra Bassi

## Family Drug Support in New Zealand

[Family Drug Support Aotearoa New Zealand](#) aims to provide support based on science, compassion and human rights. The organization has built a strong, high quality 5 Step delivery system. All practitioners delivering the 5-Step programmes are either accredited practitioners or practitioners completing their accreditation. Of the 20 practitioners delivering the programme, 18 are volunteers.

Because impacted family members live all over New Zealand, 95% of 5-Step programmes are delivered by Telehealth (Zoom) by practitioners (who also live all over New Zealand).

For most family members served by Family Drug Support Aotearoa (FDS), the

# From the Field

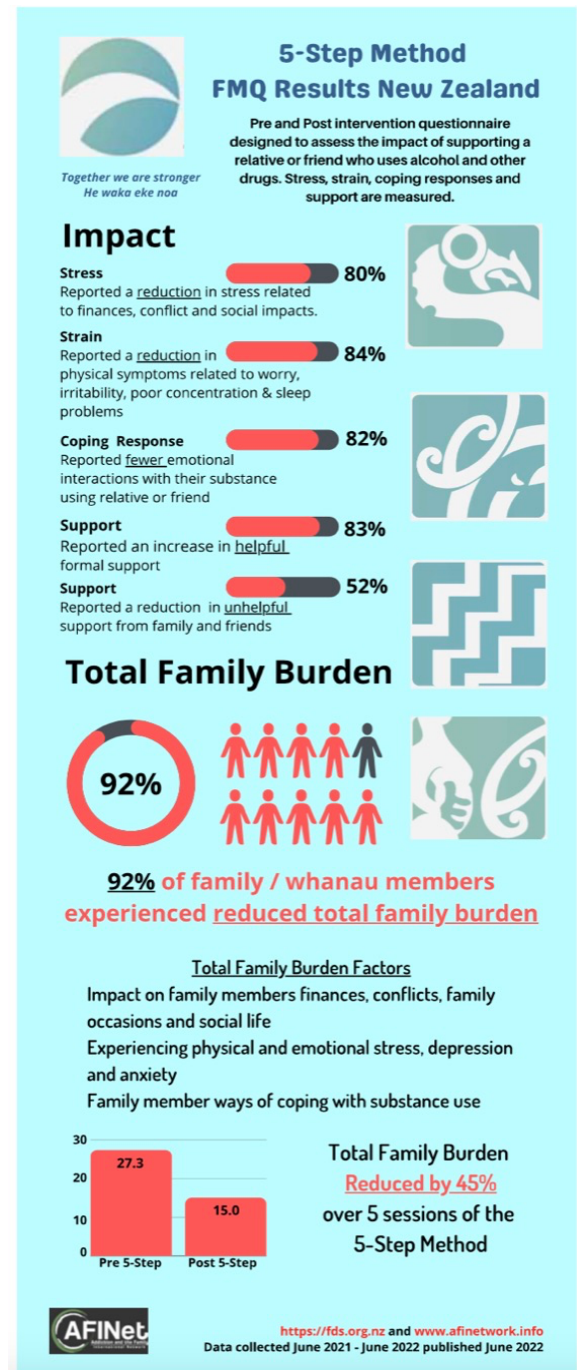
focal person with the alcohol and other drug use is not in any service. FDS believes a strength of the service provided is that it focuses on providing family members with support in their own right to build coping and resilience rather than engaging them in a service which focuses on the focal person. In addition, telehealth enables accessibility, confidentiality and engagement to be at the centre of delivery.

The graphic below presents the results of a 5 Step Method intervention delivered to 116 Affected Family members (AFMs), between June, 2021 through June, 2022. Participant AFM's were mainly mothers (participants were 82% female), with an average age of 52.

The family members of concern were mainly male (69%), with an average age of 31. This group was 67% New Zealand European and 19% Maori. The substance use problem when reported, was recorded as alcohol (31%) and cannabis (27%).

The chart elegantly presents that collectively, 95% of participants experienced an average 45% reduction in family burden (as measured by impact on family life, physical and emotional stress, depression and anxiety, and an improvement in effective coping behaviors).

**For more information**, contact Pauline Stewart, Director, Family Drug Support Aotearoa New Zealand, [paulinestewartphd@gmail.com](mailto:paulinestewartphd@gmail.com). Pauline is a 5-Step Method accredited practitioner, assessor and trainer



### 5- Step Method : Update in Ireland and a resource for AFINet members



### Changes in Ireland: C&F Training now sole licensee for 5 Step Method Administration in Ireland

The 5-Step Method has been developed as a National Scheme in a number of countries including New Zealand and Holland; but Ireland, through the Irish Family Support Network (FSN), was the first country to ask us to help them become self-sufficient in the Method and to help them implement the 5-Step Method across the country.

This was early on in the life of the 5-Step Method, and working with the FSN helped us develop a much clearer training programme, and also helped us develop the Accreditation scheme that has proved to be so important. The FSN were the first organisation in the world to become entirely self-sufficient in the 5-Step Method, taking responsibility for running training, supervising new 5-Step Method practitioners, assessing them for Accreditation, and then accrediting trainers and assessors as well; and as such, Ireland successfully developed a network of 5-Step Method practitioners, trainers, assessors and ran the whole administration of that scheme across Ireland.

Unfortunately, the FSN in Ireland ceased operations in April 2021. Individual trainers and assessors continued to hold events, but there was no central organisation holding everything together. Two people who had worked within the Irish FSN, one as Company Secretary (Clara Leonard) and the other as Training Officer (Fionnuala O'Brien), decided that they would create a new social enterprise, named C&F Training (based in Dublin, Ireland - the name is based on Fionnuala and Claras's first names), in order to carry on the work of delivering and organising the 5-Step Method in Ireland.

After careful consideration, C&F Training have been given the sole license for 5-Step Method Administration within Ireland, so that they can continue and further develop the self-sufficient system that has served Ireland so well. Their plans include the development of a governance and quality framework; and the development of further work to monitor consistency of trainers, assessors and practitioners.

### C&F Training to be a resource for AFINet members interested in 5 Step training and delivery worldwide

Because C&F Training has been a leader in responding to the challenges of the COVID-19 global pandemic by adapting the delivery of the 5-Step Method so that it can be delivered and undertaken on-line, AFINet have asked them to take a lead in offering on-line 5-Step Method training to others, outside



## From the Field

of Ireland. Interestingly, C&F Training have found that participants have reported greater satisfaction with the on-line training delivery, both with respect to skills application as well as accessibility. Finn and Clara would be happy to share their experience with on-line delivery (and participant feedback) with any interested AFINet member; and also their experience of attaining self-sufficiency as an organisation and as a country (contact C&F training at candf2021@outlook.com).

*More information about C&F Training can be found on the AFINet website [5-Step Method resource section](#).*

**Gill and Richard Velleman**

### **AFINet Trustees / 5-Step Method leads**

*(Note: one of this Newsletter editors (Eileen) recently completed the on-line 5-Step Method Training offered by C&F and can attest to the high quality, and improved accessibility of training. In addition to Eileen, one other USA-based AFINet member (Therese Collins) participated in the Ireland based training.)*

### **Reporting of Substance Media Toolkit**

The 'Reporting of Substance Toolkit' is an online resource for journalists and editors who are looking to report on alcohol and drugs with dignity and respect. The toolkit encourages journalists to follow key recommendations such as appropriate imagery and avoiding stigmatising language such as 'user' and 'addict'.

Scottish Families Affected by Alcohol and Drugs and Adfam have created the toolkit together with the support of a partnership working group with a family member, a person in recovery, a journalist, Drink and Drug News and Alcohol Health Alliance UK.

<https://www.sfad.org.uk/reporting-of-substance-media-toolkit>

For more information, contact: Rebecca Bradley [rebecca@sfad.org.uk](mailto:rebecca@sfad.org.uk)  
Communications Development  
Officer Scottish Families Affected by Alcohol & Drugs



## Journal Corner

*AFINet Trustee Richard Velleman lists recent papers about the impact of addiction problems on Affected Family Members (AFMs).*

### **The List of Papers**

As readers of this column will know, I keep a list of all the AFINet-related papers that I come across. Since the December 2021 Newsletter, a much larger than usual number of papers (177 to be exact, up from my last 6-monthly report where there were 81 additional papers) have come

to my attention. This is partly because I have followed up many of the references that recent Webinar presenters have provided in their talks, which have been extremely helpful; and partly because I have decided to list some pre-2000 papers as they were coming up in various references – so this group of papers includes some of the earlier work that the English group (including Jim Orford, myself, and other colleagues) undertook in the 1990s. These additional papers, added to the 800 or so AFINet-related papers in these lists, means that we now have almost 1,000 papers on this topic listed on our website

These lists of papers are situated on the new updated [website](#).

I have added this list of new (to me) papers there under this title: *'Updates to AFINet papers 8th November 2021-30<sup>th</sup> June 2022'*.

As before, there is also a copy there of the complete list of all of the papers I know of, which were published between 1990 and 2022, under this title *'AFINet-related papers, 1990-2022, 30<sup>th</sup> June 2022-updated'*

As always, I have copies of almost all of these papers so if anyone wants a copy of any of them, just ask. And if any of you come across papers which are NOT on the list, please let me know (r.d.b.velleman@bath.ac.uk) and I'll add them, so we can continue to build this more comprehensive list of who is publishing what in our area.

## **Four papers to note**

Finally for this Newsletter, I want to look at four of the recent papers. To be honest, I could focus here on many more of the papers from the last year or two, but these jumped out at me. They concern (respectively) 4 things:

- Family burden resulting from Substance problems as compared to Schizophrenia or Bipolar Disorder (Turkey)
- The difference between Anticipation of death and shock following death, comparing overdose and suicide (Norway/USA) Grieving problems
- The need to address drinking problems in the context of domestic abuse (UK).
- A National cross-sectional study of prevalence and self-rated health and depression of Affected Family Members (Germany)

• Kahya, Y., Erdoğan, A., Önder, A., Kulaksızoğlu, B. and Kuloğlu, M. [Turkey] (2022) Comparison of patients with Schizophrenia, Bipolar Disorder, and Substance Use Disorder in terms of Family Burden. *Addicta: The Turkish Journal on Addictions*, 9(1), 16-22. DOI: 10.5152/ADDICTA.2022.21078.

The aim of this study was to compare the family burden of relatives of patients diagnosed with schizophrenia, bipolar disorder, and substance use disorder. 150 patients were included: 50 patients diagnosed with substance use disorder, 50 patients diagnosed with schizophrenia, and



50 patients diagnosed with bipolar disorder according to DSM-5 diagnostic criteria. A total of 150 caregivers were included, 50 for each group. Caregivers had been providing continuous care to patients for at least 1 year. Along with a semi-structured sociodemographic data form, the Addiction Profile Index for patients diagnosed with substance use disorder, Positive and Negative Syndrome Scale for patients with schizophrenia, Hamilton Depression Rating Scale, and Young Mania Rating Scale for patients with bipolar disorder were administered. Zarit Caregiver Burden Scale and Family Assessment Device were administered to patient caregivers. The mean Zarit Caregiver Burden Scale score of the group with substance use disorder was found to be significantly higher than the bipolar disorder and schizophrenia groups ( $p < .05$ ). There was no significant difference between the bipolar disorder and schizophrenia groups in terms of the Zarit Caregiver Burden Scale ( $p > .05$ ). They conclude that Substance use disorder can cause more family burden than other chronic disorders such as schizophrenia and bipolar disorder.

- Feigelman, W., Bottomley, J. and Titlestad, K. [USA/Norway] (2022) Examining grieving problem correlates of anticipation of the death vs. shock among overdose death and suicide bereaved adults. *Death Studies*. DOI: 10.1080/07481187.2022.2081267

An online survey was conducted with individuals bereaved by drug deaths ( $n=115$ ), suicide ( $n=185$ ) and sudden natural deaths ( $n=103$ ), including questions about anticipating the death vs. shock, other behaviours, established measures of mental health and grieving difficulties. Results showed more drug death bereaved anticipating their loved one's death while suicide bereaved were more shocked. Death shocked respondents showed greater PTSD, other mental health, and grieving problems; those anticipating the death had less PTSD, grieving problems, and engaged in more meaning-making. These contrasting patterns should call for diverging clinical strategies in offering aid to these traumatically bereaved mourners.

- Daves, N. Domestic abuse and the case for alcohol interventions . In The Society for the Study of Addiction. Available at <https://www.addiction-ssa.org/the-case-for-alcohol-interventions/>

Domestic abuse and the case for alcohol interventions. The article in this link examines the need to address drinking problems in the context of domestic abuse, *and presents serious case reviews as an important adjunct to academic research. The article examines the link between alcohol and domestic abuse, the impact of alcohol interventions on violence and abuse in intimate relationships, and what it means to be positive about change when there is a threat of serious harm*

- Bischof, G., Bischof, A., Velleman, R., Orford, J., Kuhnert, R., Allen, J., Borgwardt, S. and Rumpf, H.J. [Germany] (2022) Prevalence and self-rated health and depression of family members affected by addictive disorders: results of a nationwide cross-sectional study. *Addiction*. DOI: 10.1111/add.15960

I have focussed on this paper, partly because of the topic, and partly too because the authors are led by AFINet's Chair of Trustees, Gallus Bischof, and include two other Trustees (Jim Orford and myself) and also another AFINet member (Anja Bischoff). The paper reports results from 24,824 residents aged 15 years or older who participated in the German Health Update study (GEDA) 2014/2015, a nationally representative panel of German residents aged 15 years or older. They were asked if they had a family member with current or past addictive disorder, the type of addiction and the relationship status. In addition, self-rated health and depression were assessed using standardized questionnaires. Of the respondents, 9.5% reported being affected by a current addictive disorder of a relative (cFMA), with a further 4.5% reported having been affected by the addictive disorders of a relative in the past but not within the last 12 months (pFMA). Most FMAs reported having been affected by disorders due to alcohol, followed by cannabis and other drugs. Compared with life-time non-FMAs, FMAs reported significantly ( $P < 0.001$ ) higher odds ratios for depression (cFM = 2.437; pFMA = 1.850) and ill-health (cFMA = 1.574; pFMA = 1.297). The authors conclude that, in Germany, family members affected by addictive disorder are a substantial group within the general population; that they are characterized by ill-health; and that this group has not yet been adequately addressed by the addiction treatment system.

**Richard Velleman, June 2022**

**Next newsletter: December 2022!**