Welcome to the latest edition of the AFINet newsletter, where we update you all on how the organisation is going and summarise some of the innovative, important and valuable work which AFINet members across the globe are involved with. Ultimately, our aim is for AFINet to be run by its members for its members. We hope that AFINet members across the world will take an active role in a range of activities, such as organising events in their country or continent, developing the website, forming inter- and intra-country collaborations, and editing these newsletters. We are also keen for AFINet to be a forum for debate and discussion and Jim’s article on page 9 is an excellent example of the kinds of debates which we would like to be having.

AFINet Update: a membership milestone!

As of the end of November 2015 we have 100 members! One third (36) are from the UK. In addition, we have 18 members from South America (Brazil and Mexico), 17 from Europe (excluding the UK – covering Finland, Germany, Hungary, Ireland, Italy, Poland, Spain and Sweden), 8 from North America, 7 from Australia and New Zealand, 5 from Africa (South Africa, Kenya and Uganda), and 9 from other countries (Hong Kong, India and Iran).

A number of our members have told us in this newsletter about some of the AFINet related work that they are involved with in their country.
AFINet Newsletter
December 2015

AFINet Update:

In July 2015 AFINet became a small charity. To run the charity we have appointed a Board of 8 Trustees (Jim Orford, Chair; Richard Velleman, Finance; Laura Nice, Secretary; Viv Evans, Megan O’Leary, Fatima Padin, Ed Sipler and Lorna Templeton). We have met twice (one meeting included our first AGM) and to guide the work of AFINet Jim is writing a strategic plan which he tells us all about on page 9. We are also undertaking a review of the website and we will be in touch about this in 2016.

Harm to Others - Is this a Great Idea We Can Work With?

By Jim Orford

I recently attended The Kettil Bruun Society meeting on Alcohol’s Harm to Others (AH2O) held in a lovely place on the edge of the Baltic Sea outside Helsinki. There were people there from all over the world, particularly but not only from countries that are taking part in a World Health Organisation project on AH2O.

Although the idea of H2O is not limited to the harm that excessive drinking can cause family members – for example, much of the harm that was discussed at the meeting was harm to other people and communities in the form of things like traffic accidents, harassment, or street disturbance – the harm to children and other family members was the most recurrent theme. The concept of H2O is one that WHO is running with and for that reason alone it may be important for us.

It is a relatively new idea and one that I think is very exciting. The WHO group, and others, are collecting survey data on H2O of a kind that most of us in AFINet are not in a position to collect, but which complements the kind of much more detailed information about smaller numbers of families which we are mostly more familiar with. But not everyone agrees that the expression Harm to Others is the right one.

To all AFINet members: if you want to tell members about the work that you’re involved with, or to expand on the summaries in this newsletter, then you can do so via the website – either by using the Forums or by uploading articles and documents – please get in touch with Laura Nice who can help you with this. We will be producing the next newsletter in Summer 2016 and we will be in touch nearer the time to ask for contributions.
AFINet: news from around the world

The following pages contain an update on activity that is taking place around the world. In this section we have updates from Finland, Germany, Hong Kong, India, New Zealand, Nigeria, Mexico and the UK.

If you would like to find out more about any of the work that you read about through this newsletter then please contact the authors directly. You can also find out more about much of the work through the AFINet website.

www.afinetwork.info

Mexico

By Guillermnia Natera

A paper will soon be published in the Pan American Journal of Public Health, reporting on a study in Mexico which has considered the cost-effectiveness of the 5-Step Method with indigenous Mexican women. The study compared the depressive symptoms reported by a group of women who received the intervention (N=43) with another group who did not (N=30). The groups were evaluated before, immediately after the intervention, and at 12 months. An estimation of pharmacological treatment was selected as an alternative comparison.

The brief intervention proved more effective than pharmacological intervention in the remission of depression symptoms, as well as less costly ($31.24 USD vs. $107.60 USD). Only if the brief intervention increased its cost to over 338% or its effectiveness was less than 22.8% would it stop being cost effective.


In other news from Mexico, in order to disseminate the 5-Step Method intervention we have developed two training modalities. The first one is a seminar offered once a year to the students enrolled in the Master’s degree program in Psychology of Addictions at the National Autonomous University. The second is an online course also offered once a year since 2007. So far approximately 3,500 health professionals have been trained to administer the intervention.

Nigeria

By Akan Ibanga

In news from Nigeria, several researchers (Akan, Juliet and Zamani) are working together to raise the profile of family members affected by a relative’s alcohol and drug use. They are gathering primary research data (using focus groups and interviews with both professionals and family members) on the experience of family members in Nigeria. A household survey has also been completed in two geo-political regions to determine the extent and nature of harms that people are experiencing as a result of other people’s drinking.
Nigeria
By Akan Ibanga

In June 2015 the National Drug Master Control Plan for 2015-2019 was launched. The Plan aims to address issues of illicit drug supply and control as well as drug demand reduction. Most importantly the Plan (under the theme of Treatment and Continuing Care) is inclusive of services for family members. In output 9.2 of this theme for instance, it states: “Increased access to treatment and continuing care services for drug users and affected family members” and, in output 10.1 it states: “Guidelines, toolkits on treatment and continuing care services for drug user and affected family members aligned with international standards”.

This is a major step forward in the recognition of the needs for health care professionals to be trained and for family members to have access to such services. Additionally, the National Household Survey on drug use will soon be undertaken across Nigeria; this will be supplemented by another national assessment of drug users – it is hoped that both studies will include questions about harms experienced as a result of other people’s drug use.

Germany
By Ursula Buchner and others

A programme of work called “Don’t gamble away my life” is underway in Bavaria, Germany for those affected by their relative’s problem gambling. An e-mental health programme has been developed for family members of disordered gamblers. Called “EFA” Entlastung für Angehörige: Relieving the Strain of the Relatives of Disordered Gamblers), the programme consists of six self-help modules and is accessible for free and anonymously on www.verspiel-nicht-mein-leben.de.

Early results from an evaluation of the programme show that: the relatives and affected others of disordered gamblers can be reached via the internet; conversion rates and adherence in EFA are comparable to other similar e-mental health programmes; participants experience the programme to be helpful and suitable to their needs; and public advertising and search engine optimization are needed for the programme to have a wider reach.

To support this work we (supported by Jim Orford & Alex Copello) translated the Short Questionnaire for Family Members Affected by Addiction (gambling version) into German and administered it to a sample of participants from the aforementioned e-mental health programme. Results from this evaluation will be published shortly (via our own website and also via AFINet.

We hope that the questionnaire will be soon be available from ZPID (Leibniz Institute for Psychology Information), a platform for accessing recognised psychological tests within German-speaking countries.
India
By Richard Velleman and Urvita Bhatia

In Goa, India, a small group of us at the Addictions Research Group are working on the development of a new project to help AFMs. The project is named “Supporting Addiction Affected Families Effectively” or “SAFE” and is concerned with developing a psychosocial treatment for family members affected by addiction. The project is funded by a grant from Grand Challenges Canada, and the grant-holders are Dr Abhijit Nadkarni and Professor Richard Velleman. SAFE aims to contextually adapt the 5-Step Method using a systematic methodology to make it acceptable, safe and feasible for delivery by lay health workers (LHW – a comparatively low cost human resource) in Goa.

A number of activities have been completed or are underway. This includes two systematic reviews (to support the cultural and contextual adaptations of the intervention which are required), interviews with 30 AFMs (60% of whom were wives) and workshops (involving 25 family members, LHWs, community gate keepers, and mental health professionals) to better understand the potential adaptations to be made to the 5 Step Method, recruitment of 9 new LHWs and training them in generic counselling skills, adapting the 5 Step Method handbook and related documents, translation and back-translation of the outcome tools and handbooks, and development of other tools and resources including measures of competence and quality of the LHWs.

In December 2015 the LHWs were trained in the 5-Step Method, and in January 2016 they will be supported to use the 5-Step Method to recruit and work AFMs in Goa.

Ultimately, the data emerging from the various components of the research will shed light on the adaptability of an evidence-based intervention in a different cultural setting. This understanding will inform future research efforts (including we hope funding for an RCT), clinical practice, and potentially the landscape of Indian mental health services.

New Zealand
By Helen Moriarty

New Zealand health and social services are now taking a much greater interest in the needs of families affected by addiction. The topic featured in an annual addiction sector conference, “Cutting Edge 2015”, with the conference theme of “it’s all about whanau”. Whanau is the Maori word for family groupings. Presentations at Cutting Edge ranged from personal family member accounts, to details of service initiatives for families, guidelines development and health policy.

Family is now firmly on the radar in this country, but for New Zealand this slow change took over a decade, facilitated by visits of Professors Richard Velleman and Jim Orford. The New Zealand Families Commission funded Dr. Helen Moriarty to undertake some exploratory addiction research, and a collaborative paper placing that work in the context of AFINet research has just been submitted for publication.
**Finland**

By Tuuli Pitkanen

*(Tuuli is currently visiting the Institute of Health and Society at Newcastle University in England)*

There is no research network concerning affected family members in Finland. Here Tuuli, from the A-Clinic Foundation (the largest NGO in Finland on the field of substance use and addictions) tells us about some of the work and initiatives which she is involved with.

“The most well-known initiative in Finland is Fragile Childhood ([http://www.lasinenlapsuus.fi/en](http://www.lasinenlapsuus.fi/en)) and it works in a number of ways to raise the profile of, and support, children of parents with alcohol/drug problems. A research project started this year in partnership with 12 NGOs (substance abuse and mental health) across Finland. One of the aims of the project is to study the wellbeing of the people that are reached by these organizations, including those who have problems, those who recover, and the affected friends and adult family members.

Also, it is possible to combine data from different registers in Finland. Professor Marja Holmila (National Health Institute of Health and Welfare) conducts cohort studies concerning the children of substance using mothers.

At A-Clinic Foundation we have a large follow-up study, including the analysis of data from clients who attend the family unit. Finally, the National Institute of Health and Society and the A-Clinic Foundation, worked together to produce (in Finnish) a report called “Parents in substance abuse services - support, involvement and co-operation”.

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**Hong Kong**

By Richard Velleman and Jessica Lam

Over the past two years Richard and Gill Velleman and Gracemary Leung have run training courses in the 5-Step method in partnership with the University of Hong Kong. To progress this work a funding application has been submitted to the Beat Drug Fund to undertake qualitative work to examine how best to contextualise the 5-Step Method in Hong Kong, train counsellors in the adapted 5-Step Method, implement the intervention, and to examine the potential for a ‘collective Motivational Interviewing’ approach with AFMs and the substance misusing relative.

Also in Hong Kong a research project has been exploring the effectiveness of the 5-Step Method in helping spouses of Chinese male problem gamblers in reducing family pressure. Four wives of problematic gamblers were recruited, and attended 5-6 sessions of structured one-to-one counselling at a local Chinese church. Data were collected both before and two weeks after the intervention, using the Short Questionnaire for Family members Affected by Addiction (SQFM-AA) and an semi- structured interview. An additional family member of the same household was interviewed by phone and the effectiveness of the counsellors was self-assessed based on playback of audio recording of sessions.

The findings indicated that there was a reduction in overall family pressure for the participating wives, who also reported an increase in their confidence in coping with their relative’s gambling problem. Despite the small sample size the findings are encouraging about the potential for using the 5-Step Method with family members of gamblers in Hong Kong.
A media clip has been circulated via a range of websites and other social media outlets: you can see the film here:

[www.alcoholandyouni.com/fis](http://www.alcoholandyouni.com/fis)

In the first three days this clip was viewed 4,000 times! **For more information contact AFINet member Ed Sipler.**

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In **Northern Ireland** the *Steps to Cope* service (for children and young people affected by parental alcohol misuse) was officially launched in November in Northern Ireland (all aspects of the service are currently only available in Northern Ireland).

There is now a new intervention workbook and a comprehensive website which includes an online version of the *Steps to Cope* intervention (adapted from the adult 5-Step Method). To raise awareness of parental alcohol misuse and of the new service a national television campaign (support also by radio and online advertisements) is running across Northern Ireland for four weeks between November-December 2015. **To find out more contact AFINet members Ed Sipler or Lorna Templeton.**

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Also in **Northern Ireland** the Family Intervention Service (FIS) (funded by the Big Lottery’s Impact of Alcohol Programme) has turned to social media to try and increase awareness of, and referrals to, this much needed service for affected family members.

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In **England**, Alcohol Concern and Adfam have announced a new project to support family members to respond to change resistant drinkers. Following the success of the Blue Light Project, the project aims to provide the families and carers of change resistant drinkers with the skills and confidence to deal with, and support, their loved one. While many people believe that if a problem drinker does not want to change, nothing can be done, this is not true; a negative attitude which has hampered the response to many of the riskiest and most vulnerable drinkers. However, research has demonstrated that families who are supported with skills and strategies to manage their dependent drinker become more resilient, and better able to safeguard their own wellbeing and encourage the drinker towards treatment.

This new project will be co-funded by Local Authorities from across the country and work with families and treatment services locally to develop a toolkit of approaches and training based on a supportive, harm-reduction and risk-management approach. **To find out more contact Adfam or AFINet member and Trustee Viv Evans.**
In **Scotland** (in the Lothian region) in March 2016 a feasibility study of Behavioural Couples Therapy (BCT) will start. BCT is an effective psychosocial intervention for the treatment of alcohol and drug problems, developed and evaluated in the USA over three decades.

It is recommended by the National Institute for Clinical Excellence (NICE) for discordant couples where one person has an addiction and the other does not. Evidence suggests that: BCT can be effective with patients on opioid substitution therapy such as methadone; it can also be used with couples where both parties have an addiction and; it can improve outcomes for children living in the household. However, to date, BCT has not been implemented or evaluated within routine clinical practice within the UK.

Our feasibility study, which involves implementing BCT with eighteen families over a 12 month period, will determine its suitability for a pilot Randomised Controlled Trial (RCT), including the acceptability of BCT in the UK drug treatment setting, collecting data on couples and their children, and an economic evaluation.

Our innovative project, which is supported by the USA developer of the BCT intervention, Professor Timothy O’Farrell and Master Trainer in BCT from the USA, Dr Keith Klostermann, will be the first study to examine the implementation of BCT in the UK National Health Service and only the second worldwide to involve drug dependent patients.

**For further information contact the Chief Investigator: Dr Anne Whittaker**

[Email: a.whittaker@napier.ac.uk](mailto:a.whittaker@napier.ac.uk)

On 12th November 2015 Scottish Families Affected by Alcohol and Drugs (SFAD) hosted an event in the Scottish Parliament, sponsored by John Mason MSP, to present the findings and recommendations of a recently commissioned research study in collaboration with University of Edinburgh: *Exploring the impact and harms on families of those experiencing substance misuse: anxiety, depression and mental wellbeing.*

This work was carried out as a direct result of the findings from the 2013 Independent Expert Review of Opioid Replacement Therapies (ORT) in Scotland. This research is the first step towards a fuller understanding of the impact on health and wellbeing of individuals supporting a loved one in Scotland, and of the need for robust actions that will help ensure that there is vital recognition and support for families within communities and workplaces to reduce harm and improve overall health and wellbeing for those affected.

**Christine Duncan**, CEO of SFAD said ‘this collaboration with the University of Edinburgh underpins what families have been telling us for many years’. To find out more SFAD and their range of projects and services go to [www.sfad.org.uk](http://www.sfad.org.uk)
An AFINet Strategic Plan for the next three years

(2016-2018)

By Jim Orford

As part of my role as newly elected Chair of the AFINet Trustees, I have agreed to draft an AFINet Strategic Plan. We had a brainstorm about this at our first Trustees meeting in October. Our initial thoughts were that the plan might include at least some of the following four things, covering research, policy, practice and organisation.

1. First, we might work up an AFINet project, to be carried out in the first instance in a small number of countries where we have members, are which would try and summarise what is known about affected family members (AFMs) in that country, what policy attention AFMs are given in the country, and what services, organisations and interventions are available to them.

2. A second idea was that we might set up a working group to report back to the AFINet membership on ways of reaching a larger numbers of AFMs, using both existing and new communication methods.

3. Thirdly, we thought the plan should include something about understanding the needs of those working with AFMs and supporting their practice. Fourthly, we should attend to the question of how AFINet can be developed as a sustainable international organisation, not just one driven by AFINet-UK or the Trustees. This is an important moment for AFINet. We are now an established organisation with a substantial international membership. We need to be clear about the direction we are going in and what our objectives are.

Please have your say. Tell us what you think AFINet’s priorities should be for the next few years. http://www.afinetwork.info

This newsletter was developed and designed by Lorna Templeton & Laura Nice.

Thank you for all your contributions!