Standing up to addiction: From disempowerment to empowerment

Jim Orford
School of Psychology, University of Birmingham, England
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Power, Powerlessness and Addiction
(Cambridge University Press 2013)

Addiction reduces autonomy

- Family interests compromised
- Powerless have less resistance
- Power on the supply side
- Expert power to help
The Stress-Strain-Coping-Support (SSCS) Model

Addiction

FM’s stress

Coping

Information

Social support

FM illness-health

Adults

Children
Addiction Dilemmas
Coping dilemmas for affected family members

- **Withdrawing** from it, being independent of it

- **Engaged** in trying to change it, standing up to it

- **Accepting** it, putting up with it
How the Family Member Experience Varies: it is more difficult to cope and the level of strain is higher:

- Where *accumulated burden* is greater: greater exposure to family disharmony; fewer material resources to draw on; more additional hardships
- Where the affected family member is in a family position of *structural subordination and dependence*: women and children; particularly women living in families and cultural groups where a higher value is placed on hierarchy
- Where good quality *social support is lacking*: from within the same household; from friend or extended family member; local neighbourhood; or from a professional source(s)
The 5-STEP Method

1. Listen non-judgementally
2. Provide information
3. Discuss ways of coping
4. Explore sources of support
5. Review and arrange further help as needed
Features of the method

- Applicable whatever the relationship of family member to addicted relative
- Applicable in a wide variety of settings, including primary and specialist healthcare and social care
- Flexible in its application e.g. number of meetings; number of family members; self-help handbook format
TRANSFORMATIONS DESCRIBED BY FAMILY MEMBERS RECEIVING 5-STEPS IN PRIMARY CARE

• Increased focus on own life and needs (gaining independence)
• Increased assertiveness with the relative (resisting and being assertive)
• Taking a calmer approach towards the relative’s behaviour (reduced emotional confronting)
• Increased awareness of the relative’s problem and its effects on family members (cognitive change)
• Someone listened, now talk about it more easily and feel better supported (social support)
Two Challenges

• How to reach more concerned and affected family members

• How to help family members campaign for policy change
Challenge Number One: Reaching Affected Family Members

- Changing personnel in specialist organisations to be more family focused (increased awareness and confidence)
- Raising awareness in non-specialist organisations (social work, primary healthcare, etc.)
- Using new modes of communication, e-health
- Reaching family members in low and medium income countries and rural areas
- Reaching family members at an earlier stage in their relatives’ addiction
Reaching family members early: are there any useful general messages?

- Don’t ignore what might be early signs of addiction, express your concerns to the person you are worried about, and seek professional help if necessary
- If you are in a position of authority or the person you are worried about is dependent on you, use your authority kindly but firmly
- Avoid engaged-emotional ways of coping with it (i.e. shouting, arguing, etc. or ineffective ways of controlling)
- Keep yourself and others safe, only use engaged-assertive ways of coping if you think it is safe to do so, and seek expert help
- If you think it is safe to do so, address addiction directly with the person concerned using engaged-assertive and supportive ways of coping
- Make use of available personal, and if necessary professional, support
Family members: Disempowered
By What? By Whom?

- Social psychology of the less powerful
- Social dominance theory
- System justification theory
- Post-colonial theory
- Capabilities theory
- Coercion and domestic abuse
Challenge Number Two: Helping family members campaign for policy change

• For the inclusion of family members in their relatives’ treatment
• For more help for affected family members in their own right
• For improved professional training about addiction and its effects on families
• For better consideration for family members bereaved as a result of addiction
• Against new local outlets or concentration of outlets for the sale of addictive products; the sale or promotion of addictive products to children or young people; or addiction-relevant local criminal activity
• For greater awareness amongst local or state representatives; point out how national policy is thought to be putting people at risk
• For legislation that recognises the contribution and rights of addiction ‘carers’
EXAMPLES OF COLLECTIVE ACTION BY AFFECTED FAMILY MEMBERS

- *Mothers against drunk driving*: a national campaign in the USA
- *Voice of Southmead*: a local community project in Bristol, England
- *Silent Voices Speak*: Women and prohibition in the Truk islands in the Pacific
- *Grog War*: Campaign for grog-free days in Tennant Creek, Northern Territory, Australia
Two Further Ideas

1. Extending the idea of coping beyond the immediate family

2. Helping clients see the bigger picture
Beyond the Immediate Family:
How do we all cope with addiction in others?

• The extended family
• Close friends
• Colleagues
• Team members
Addiction strikes where power is already weakened

- Social gradients for problems not consumption
- Powerless groups: indigenous, immigrant, LGBT
- Vulnerable areas: in New York, Glasgow
- Outlet density
- Social-economic structure, the labour market
- How areas are affected: needles, reputation, betting shops
The Four Faces of Power (Lukes 2005)

- Overt power – control by powerful others

- Agenda power – control by keeping things off the agenda

- Ideological power – we accept things as they are

- Self-disciplinary or ‘under the skin’ power – we control ourselves
The Four Faces of Power

1 Control by coercion
2 Control of the agenda
3 Control of ideology and knowledge
4 Control by self-discipline
The Trade – Legal and Illegal

- Global, powerful, innovating, expanding, free trade agreements
- CSR, SAPROs, HM, co-opting scientists, fraternisation
- Discourses, ideological hegemony and the 3rd face of power
- Responsibilisation and the 4th face of power
- The illicit trade: multiple roles, inequality, poverty
Discourses that Support Power in the Alcohol and Gambling Establishments

• The leisure entertainment discourse
• The ordinary business discourse
• The cultural and economic enhancement discourse
• The harmless product discourse
• The freedom to choose discourse
• The personal responsibility discourse
The consequences of not seeing the bigger power picture

- Differential power maintained, power masked, beyond the ‘power horizon’ for most
- Attributions of responsibility and blame
- Confusion, mystification
- Need ‘outsight’ not ‘insight’
- No collective voice, no ‘class’ consciousness
- Individualistic, priviledges bio and psycho characteristics
- Supports ‘safe’ research, education and treatment
The Psychotherapy to Social Action Model
(Holland, 1992; Holmes, 2010)

- **Individual therapy**
  - **Person, Self**

- **Groups**
  - **People with common interests**

- **Social action**
  - **Citizens**
Addiction and Family Research Programme

Colleagues

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Some references

The Alcohol, Drugs and the Family Research Group (2010), The 5-Step Method: A research based programme of work to help family members affected by a relative’s alcohol or drug misuse, Drugs: Education, Prevention and Policy, Volume 17, Supplement No. 1, December


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