



**Center on
Rural Addiction**
UNIVERSITY OF VERMONT

The Impact of Addiction on Families and Families on Addiction

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Disclosures

- No Financial Disclosures related to this topic
- My world view and understanding of this topic is shaped by my lived experiences and by the experiences I have never had to live through. I have implicit biases that impact how I interpret patients' histories, provide treatment, and respond to treatment non-adherence. I am the product of many things, including the privilege that I am granted because I am an educated, able-bodied, able-minded, cis-gender, straight, white, male.

Outline/Objectives

- Identify some of the ways that an individual's addiction and substance use impacts their family
- Explore how families affect the individual's substance use, treatment adherence, and recovery





Defining Family

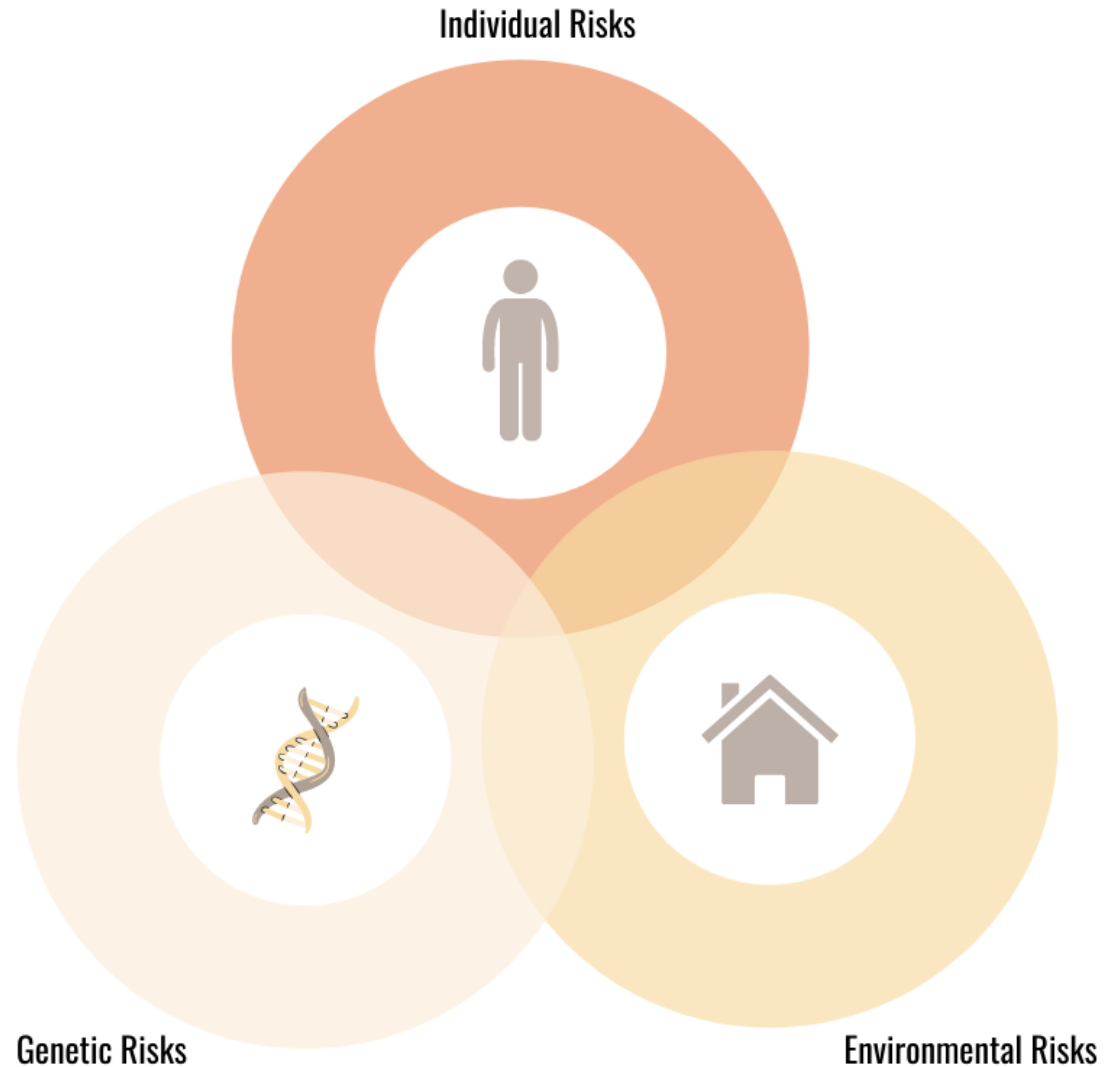
- Britannica Definition: “A group of persons united by the ties of marriage, blood, or adoption, constituting a single household and interacting with each other in their respective social positions, usually those of spouses, parents, children and siblings.”
- Family ≠ Household ≠ Kindred
- “Although many people view “family” as the group of people with whom they share close emotional connections or kinship, there is no single definition of family.” (SAMHSA, TIP 39)

The Impact of Addiction on Families

Complex Etiology of Addiction

Biopsychosocial model of
addiction

Social determinants of
addiction



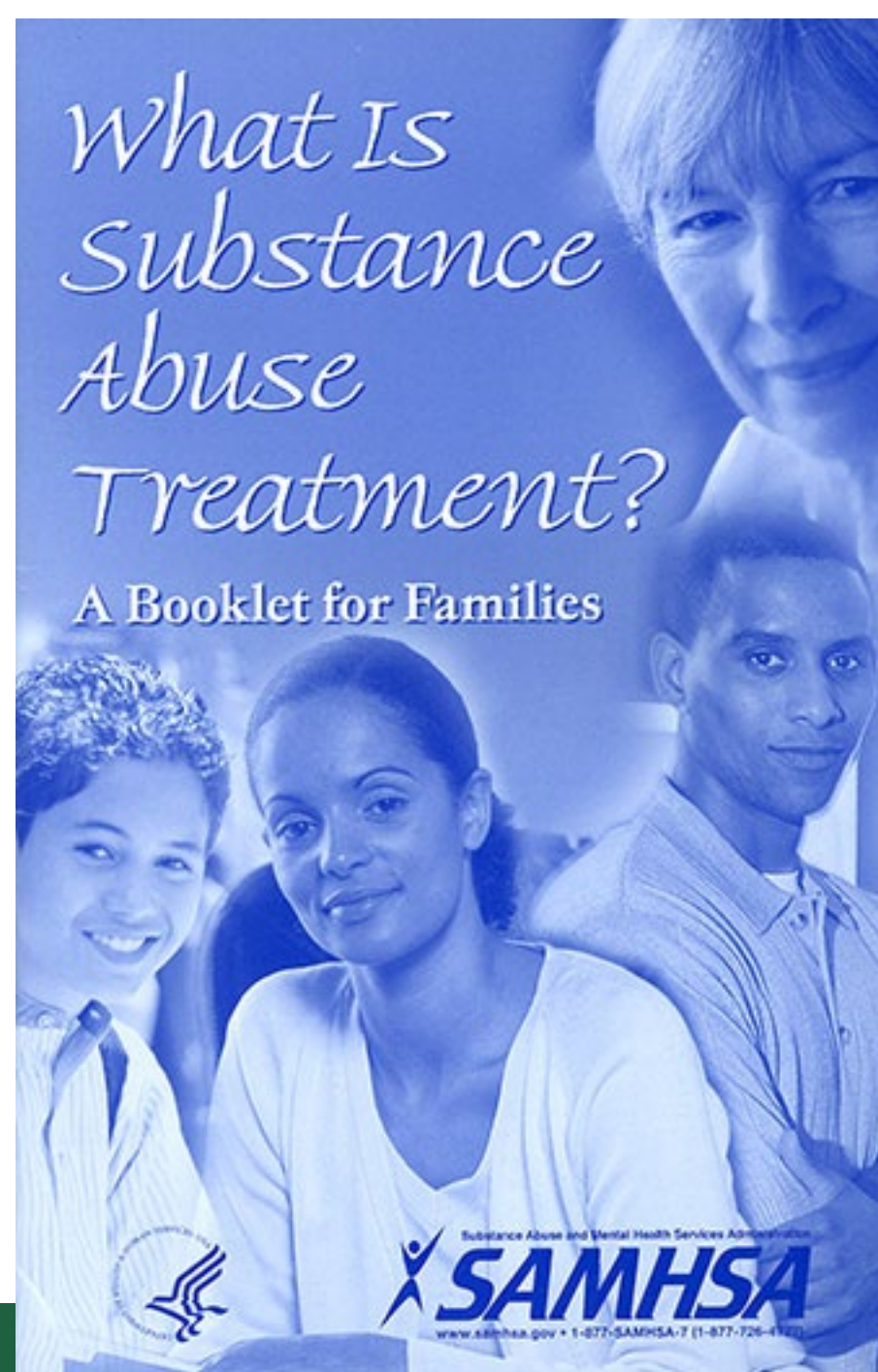
Ways Addiction May Impact Families

- Intergenerational Transmission/Spread of SUDs
 - Genetics and Epigenetics
 - Developmental Biology
 - Modeling
- Trauma and Stress
 - Stress
 - Adverse Childhood Experiences
 - Domestic Violence
- Loss of Relationships



“Stigma is defined as a set of negative beliefs that a group or society holds about a topic or group of people.”

drugabuse.gov



DSM-5 Criteria and Family Relationships

DSM-5 Diagnostic Criteria for Substance Use Disorders

- A. A problematic pattern of use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
1. Larger amount or longer periods of time than intended
 2. Persistent desire to cut back or multiple failed attempts
 3. Great deal of time spent obtaining, using or recovering
 4. Craving
 5. Failure to fulfill role obligations at work, school or home
 6. Social or interpersonal problems caused or exacerbated by use
 7. Important social, occupational or recreational activities have been given up
 8. Use in situations which may be physically hazardous
 9. Use despite knowledge of physical or psychological problems associated with use
 10. Tolerance
 11. Withdrawal

1-4	Loss of Control
5-9	Negative Consequences
10-11	Physiologic Dependence

Genetics

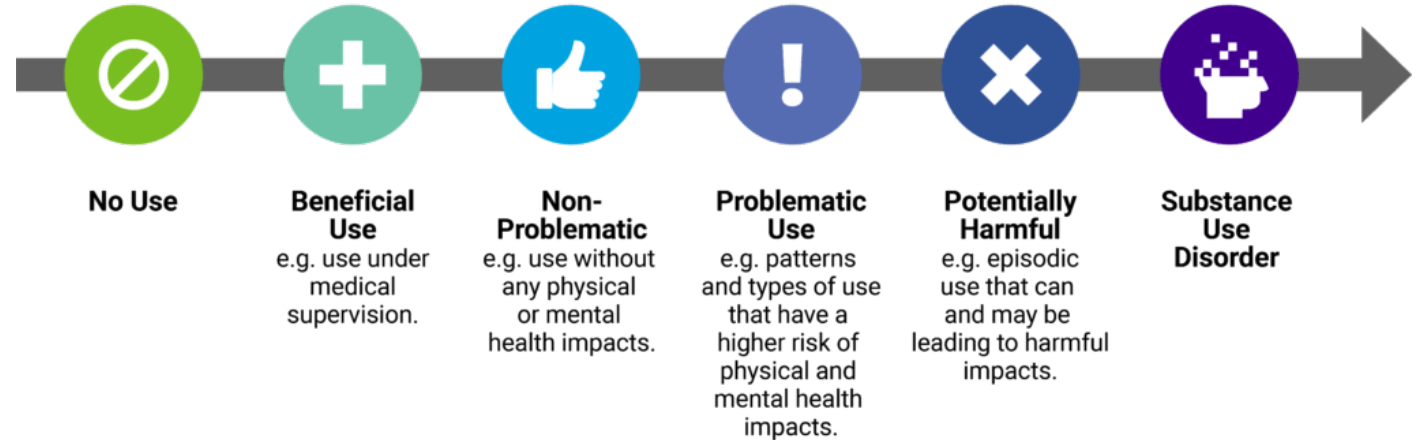


Genetics of Addiction

Heritability

- Nicotine 33-71%
- Alcohol 48-66%
- Cannabis 51-59%
- Cocaine 42-79%
- Opioid 23-54%
- Gambling 49%

Substance Use Continuum

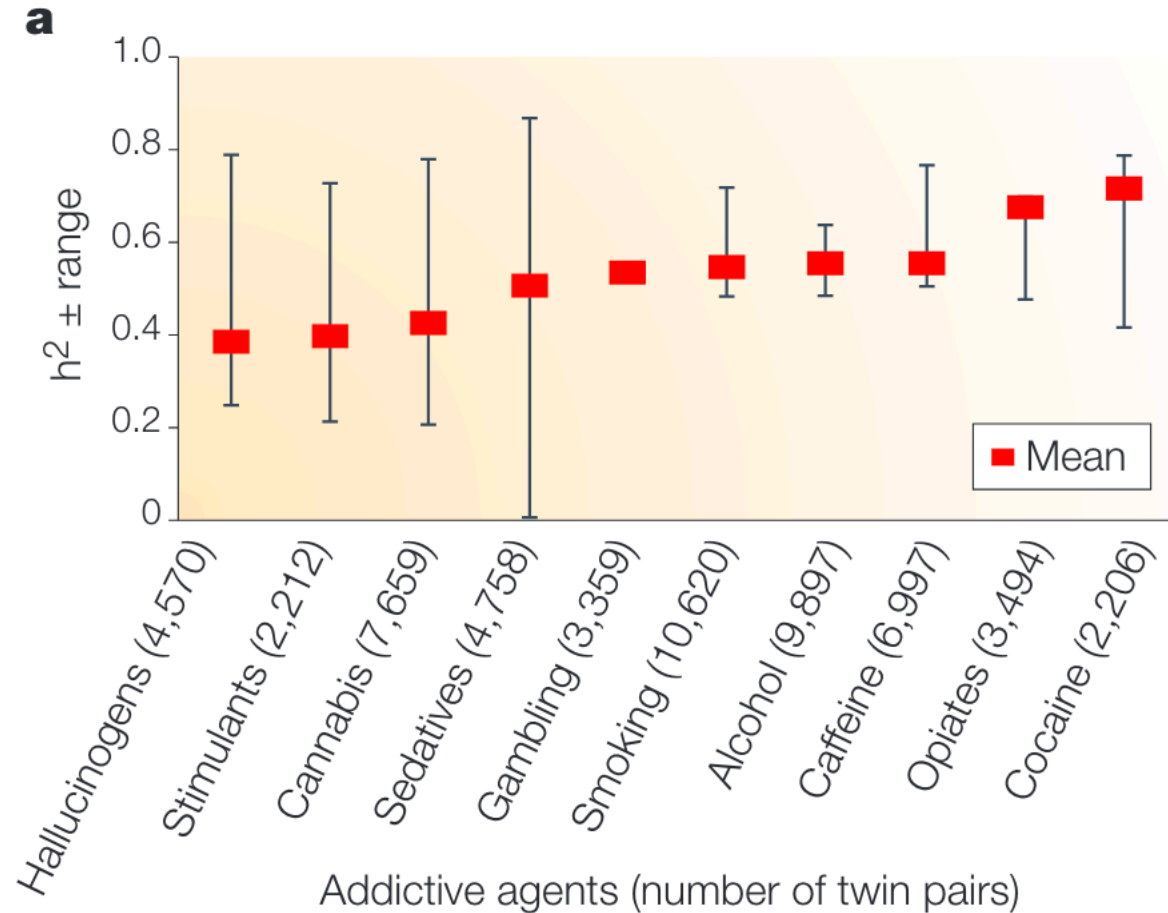


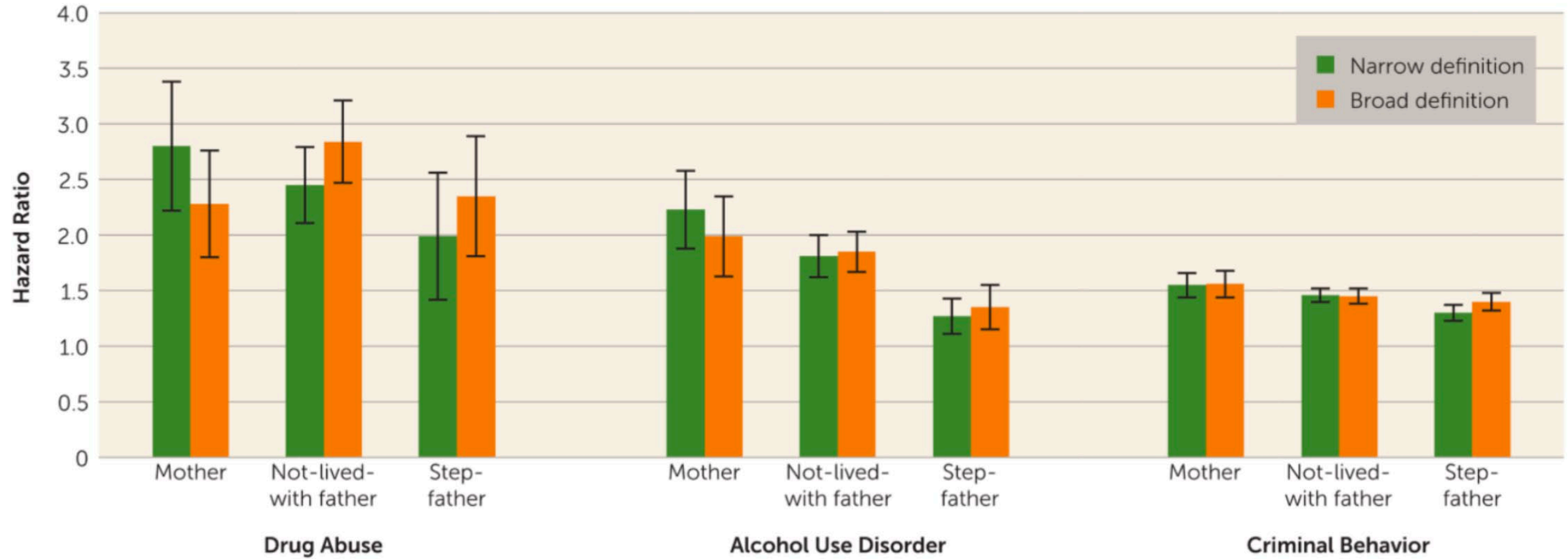
Later stages of substance use tend to be more heritable, while early stages seem to be more dependent on familial environmental factors. (Agrawal 2012)

Genetics Continued

Heritability tends to be more pronounced for earlier use (adolescent use) with decreasing heritability for older ages.

(Goldman 2005)





Modeling? Exposure?

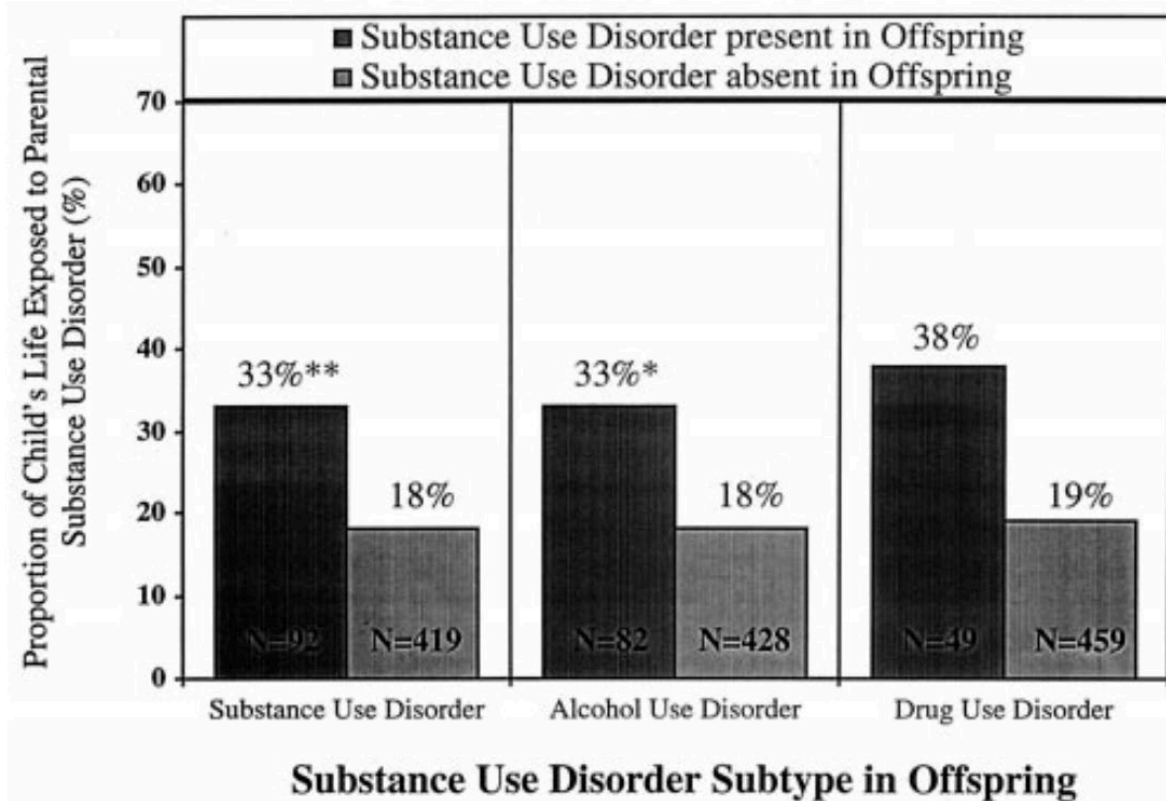


Fig 1. Relationship between exposure to parental substance use disorders and substance use disorder subtype at follow-up.

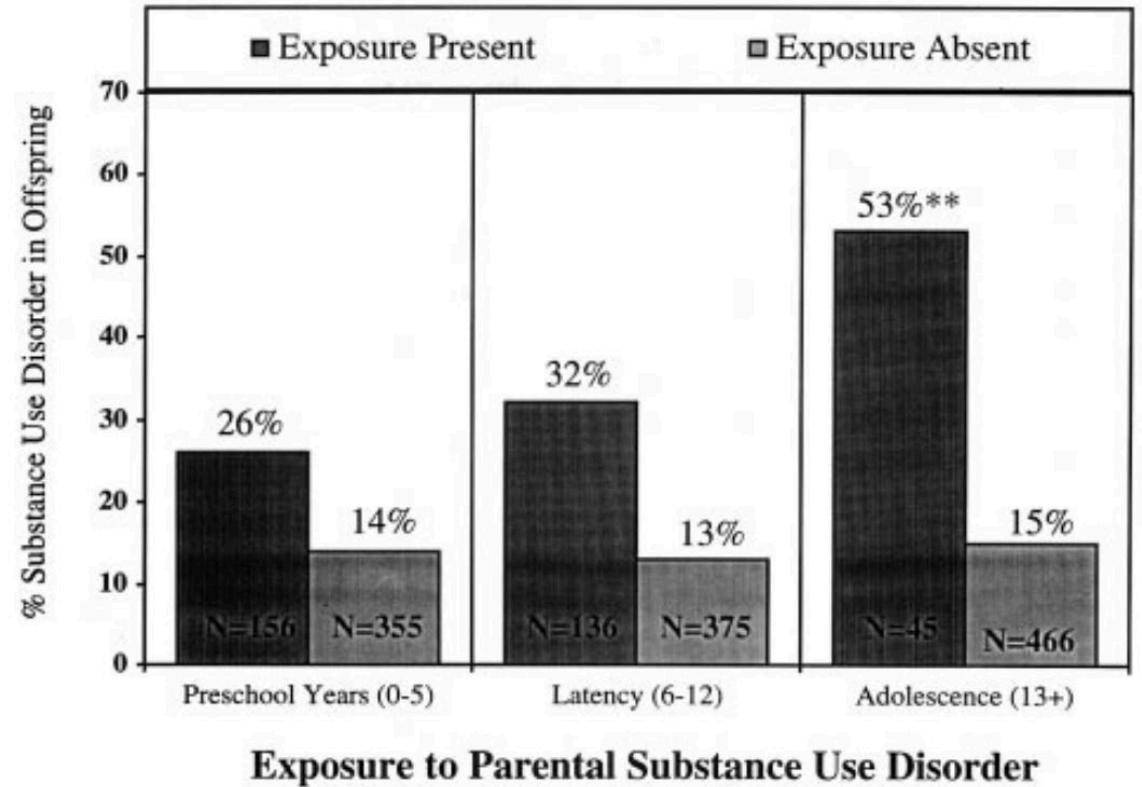


Fig 3. Critical periods of exposure to parental substance use disorder.

Stress and Trauma in Families

- How does addiction stress a family?
- What can be the affects of stress on the family?



Adverse Childhood Experiences

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently

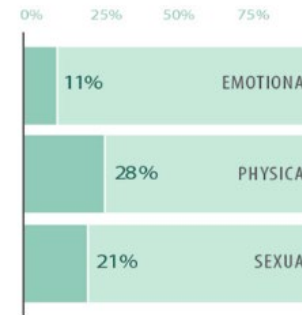


Substance Abuse

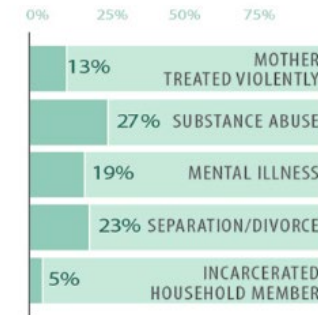


Divorce

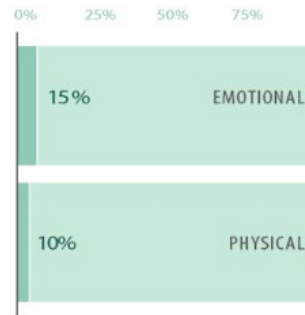
ABUSE



HOUSEHOLD CHALLENGES



NEGLECT



Adverse Childhood Experiences

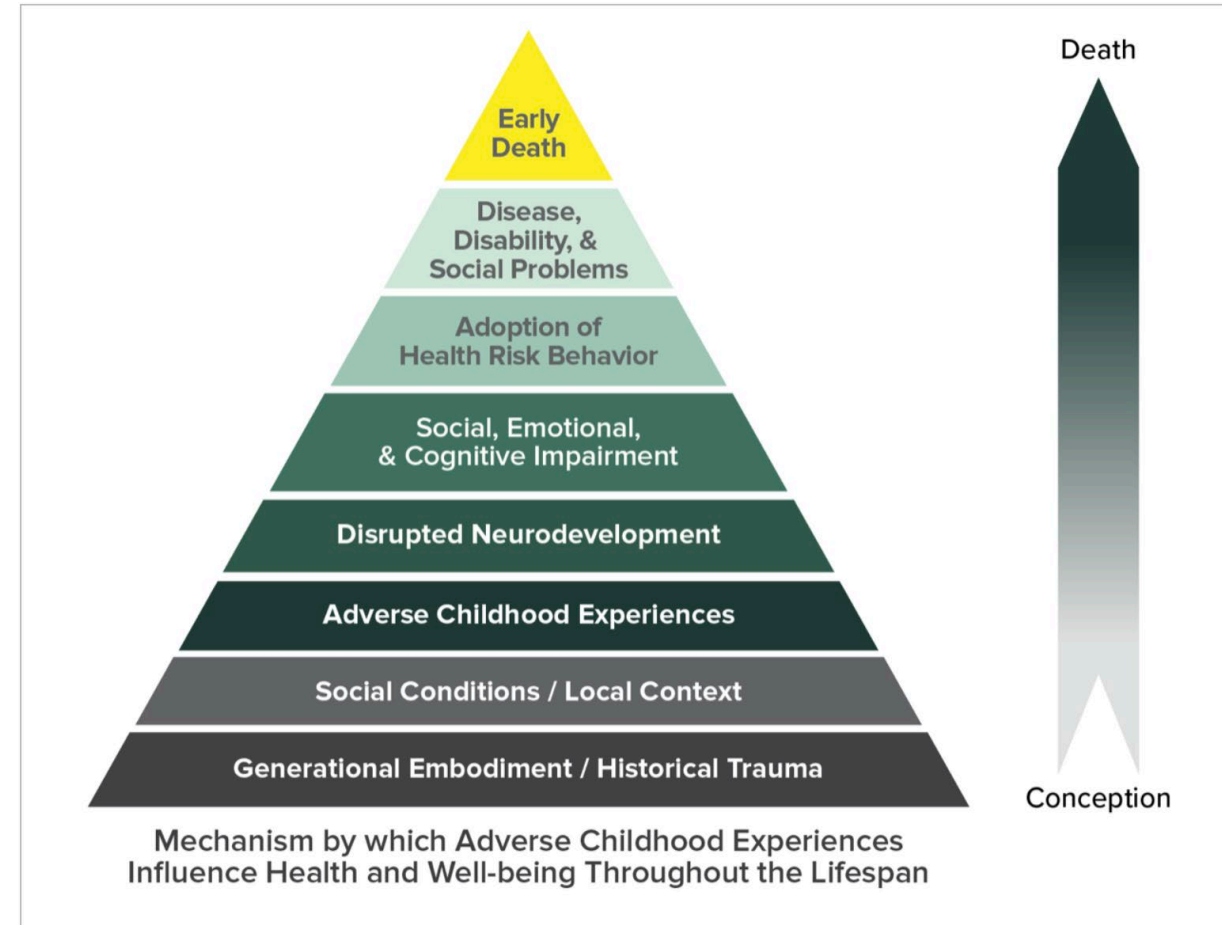
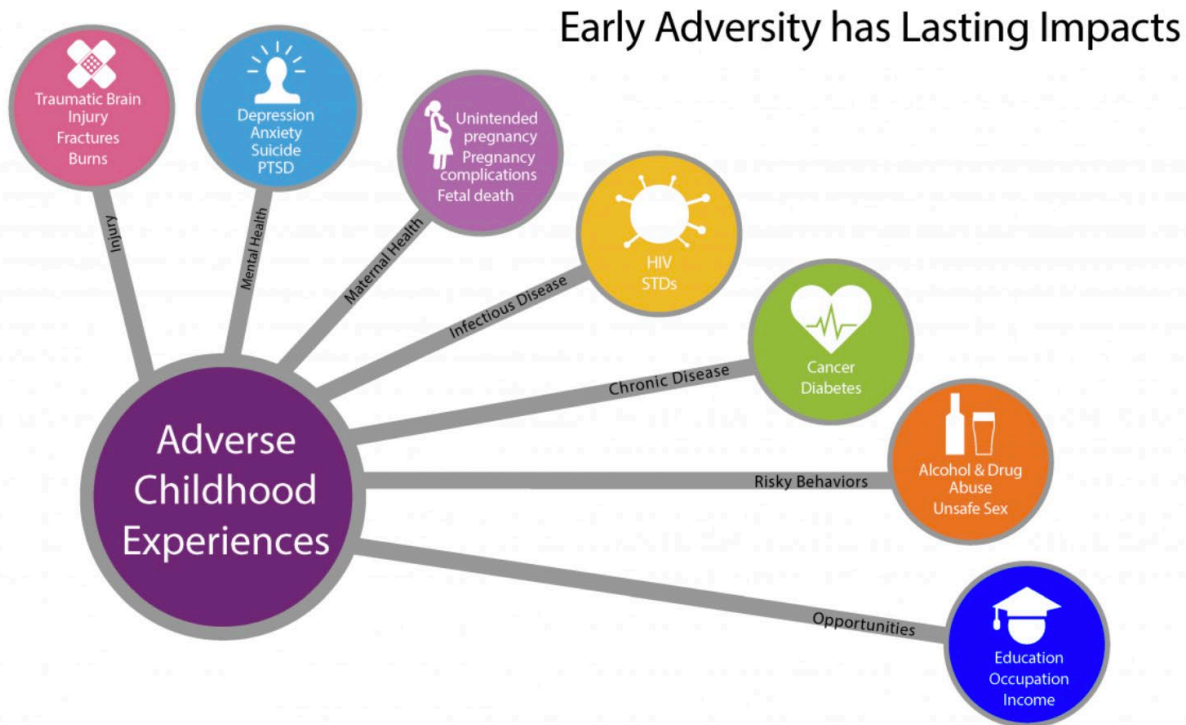
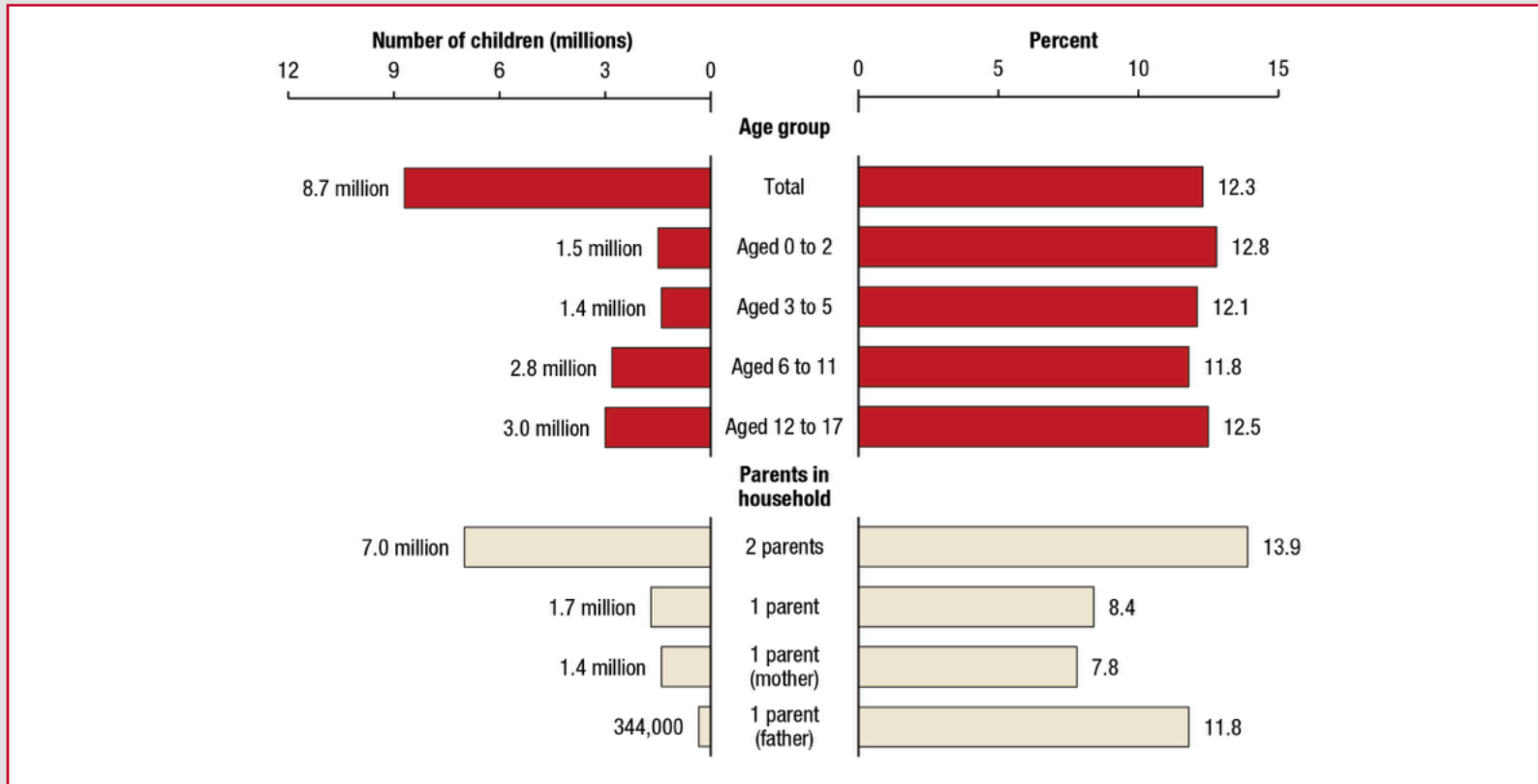
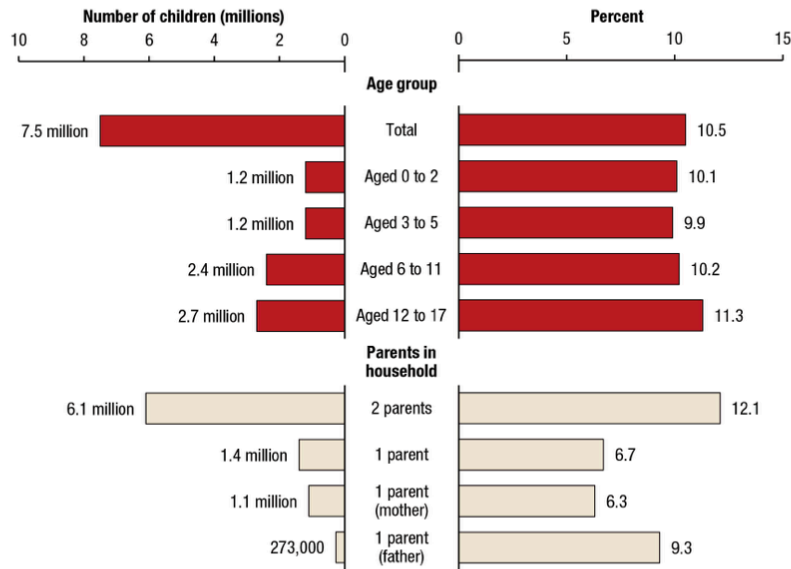


Figure 1. Number and percentage of children aged 17 or younger living with at least one parent with a past year substance use disorder, by age group and household composition: annual average, 2009 to 2014



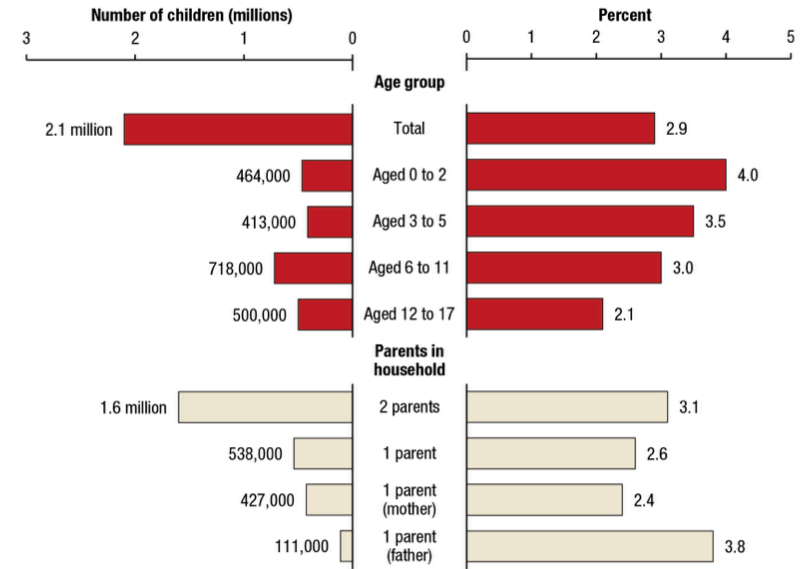
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2009 to 2014.

Figure 2. Number and percentage of children aged 17 or younger living with at least one parent with a past year alcohol use disorder, by age group and household composition: annual average, 2009 to 2014



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2009 to 2014.

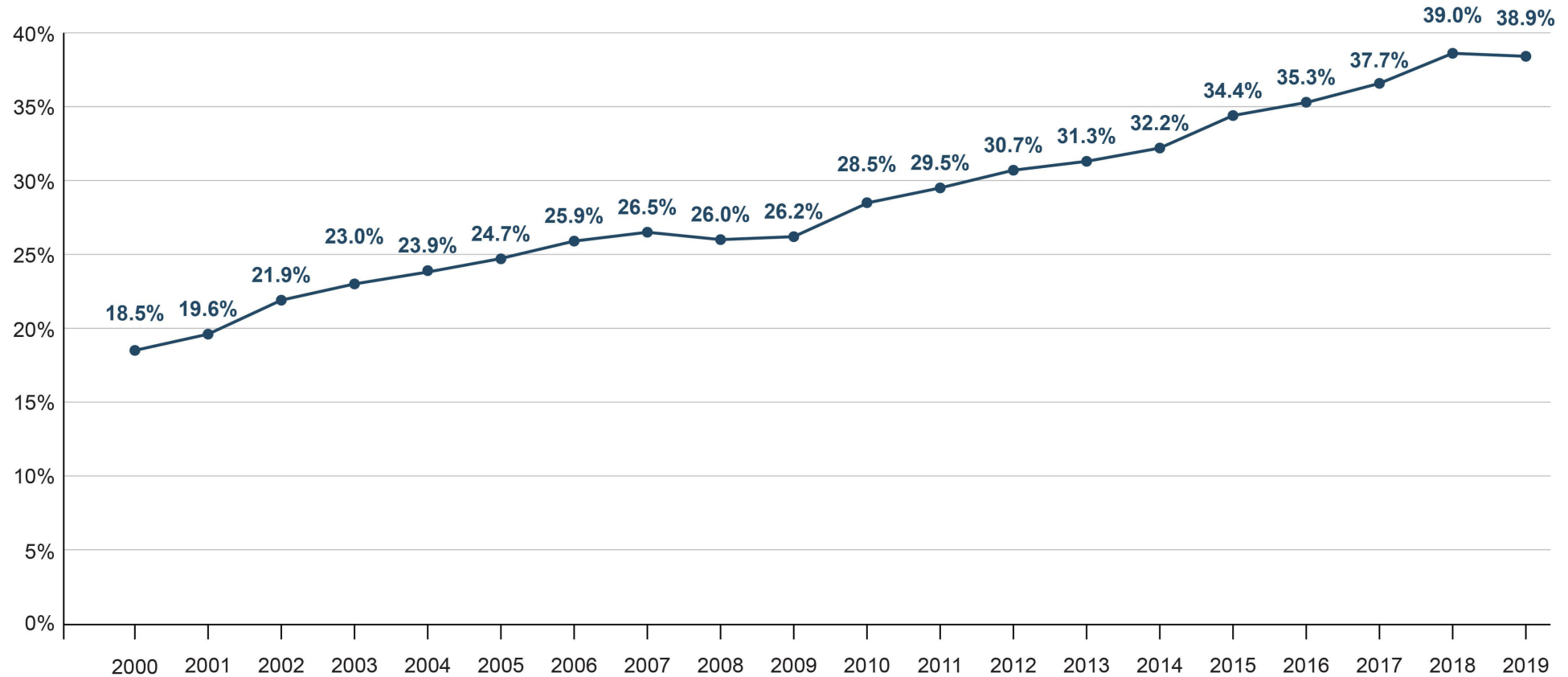
Figure 3. Number and percentage of children aged 17 or younger living with at least one parent with a past year illicit drug use disorder, by age group and household composition: annual average, 2009 to 2014



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2009 to 2014.



Prevalence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal in the United States, 2019



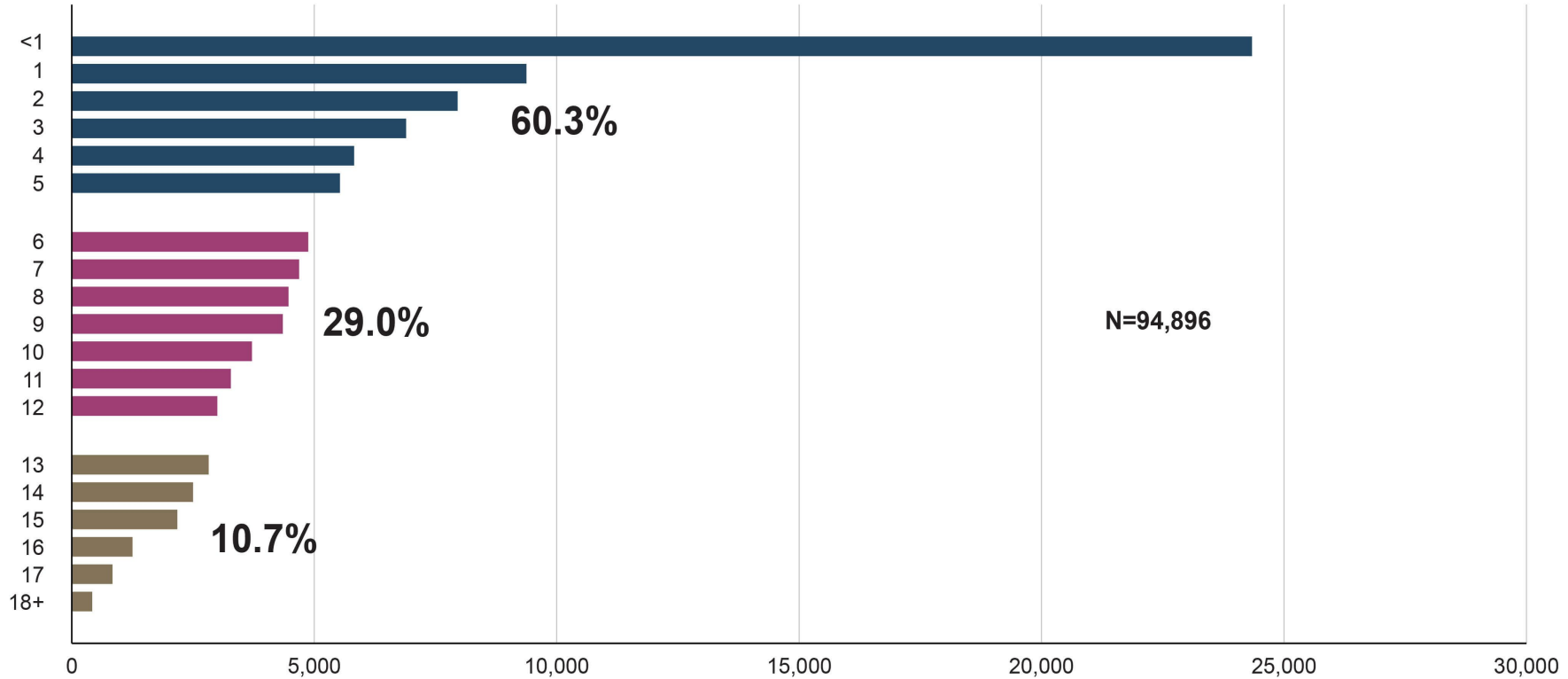
These data indicate that the prevalence of parental alcohol or other drug (AOD) abuse as an identified condition of removal of children and placement in out-of-home care has increased from 2000 to 2019. Data from 2000 show a prevalence rate of 18.5%. This increased to 38.9% in 2019, an increase of 20.4 percentage points.

Note: Estimates based on all children in out-of-home care at some point during Fiscal Year

Source: AFCARS Data, 2000-2019



Number of Children who Entered Out-of-Home Care with Incidence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal, by Age at Removal in the United States, 2019



Data regarding parental alcohol or other drug (AOD) abuse as an identified condition for removal is organized by three age groups (children birth – age 5, children age 6 –12, and children age 13 – 18+). When looking at these three groups, 60.3% (N=57,250) of children birth - age 5 had parental AOD abuse as an identified condition for removal during Fiscal Year 2019. For children age 6 – 12, 29.0% (N=27,529) had parental AOD abuse as an identified condition for removal and for children age 13 – 18+, 10.7% (N=10,117) had parental AOD abuse as an identified condition for removal during the same time period.

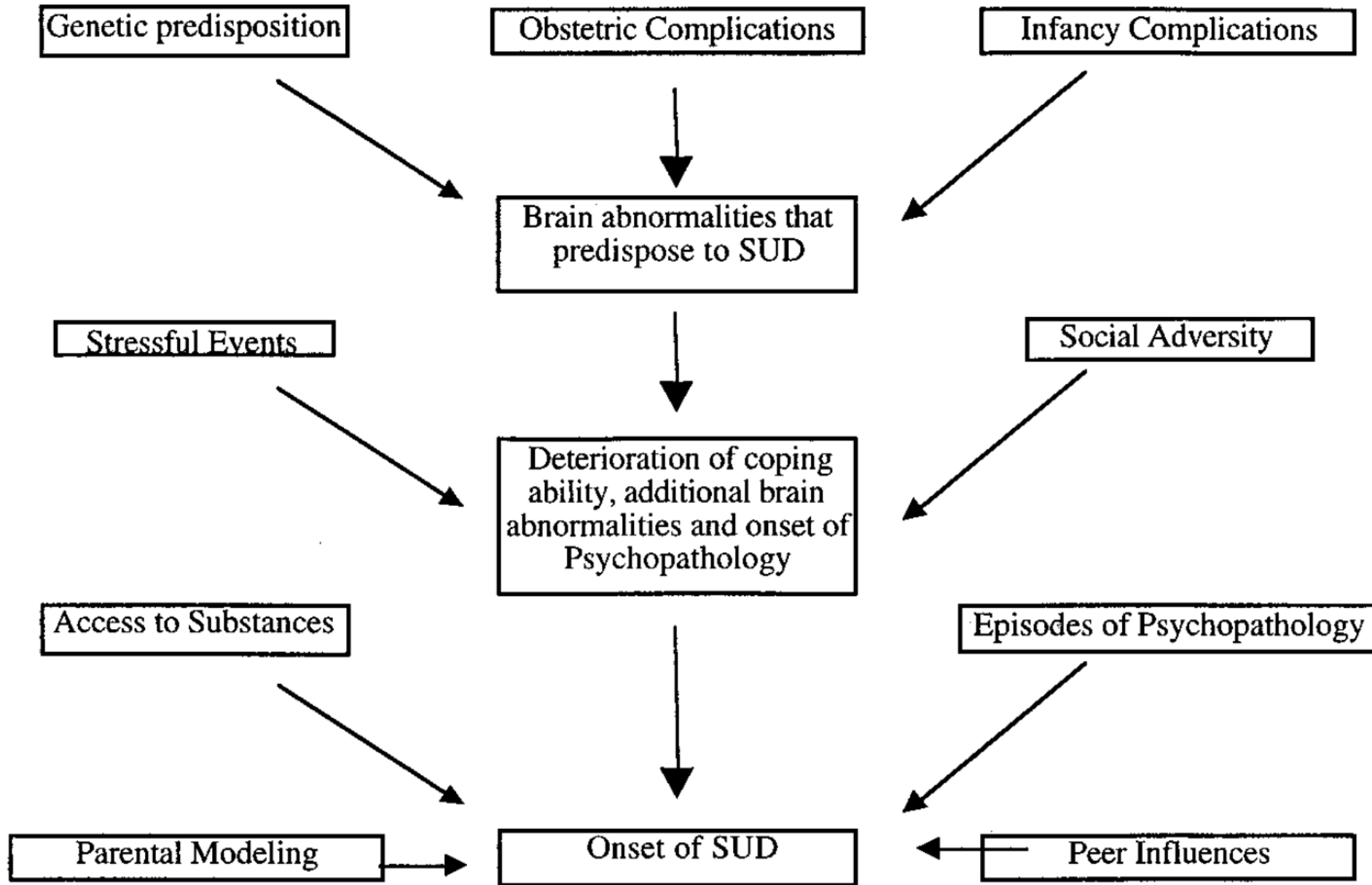
Note: Estimates based on children who entered out of home care during Fiscal Year.

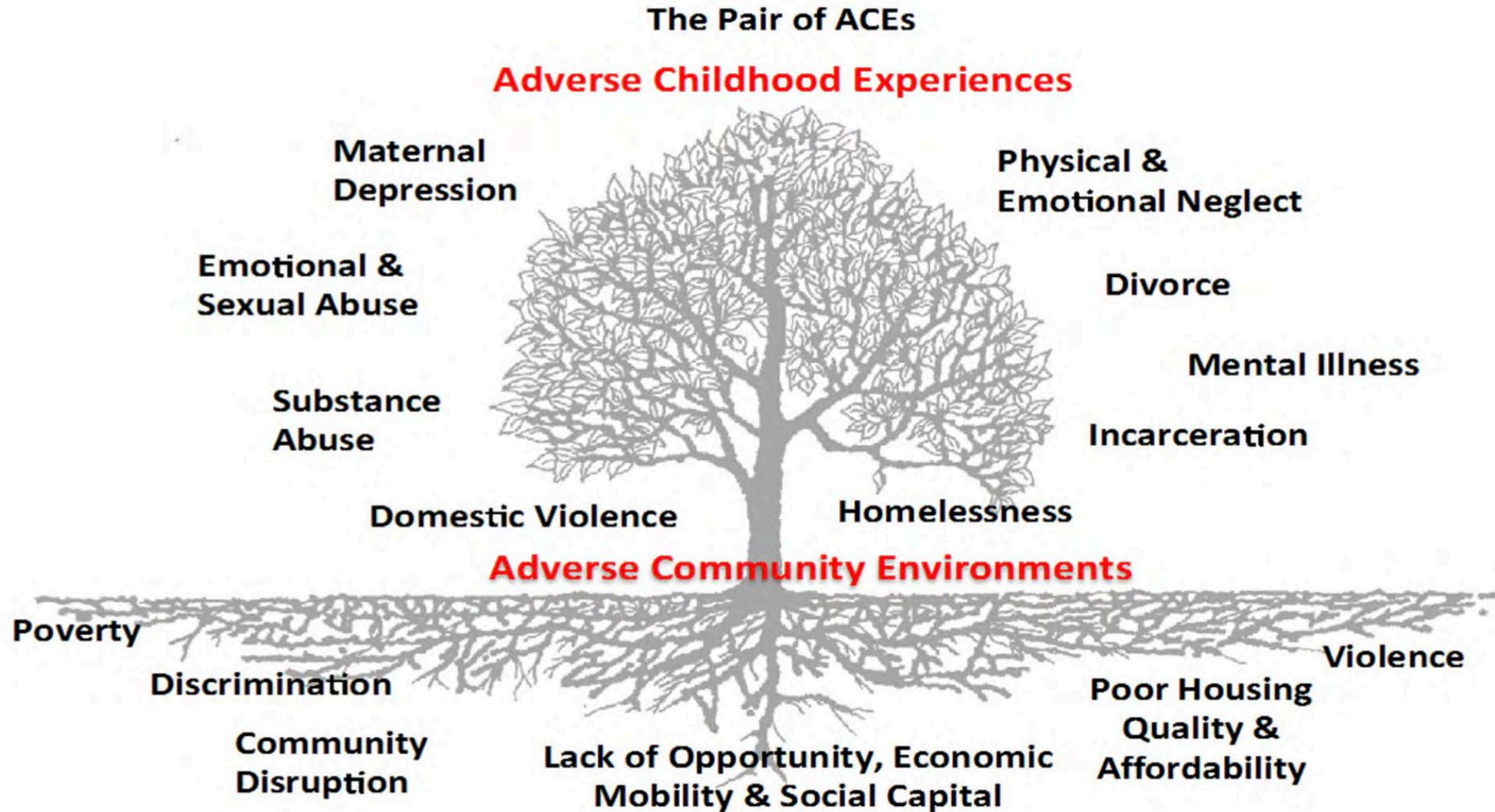
Source: AFCARS Data, 2019 v1

Domestic Violence



- Estimates of 25-50% of individuals “who commit acts of domestic violence also have substance (use) problems” (SAMHSA, TIP 25)
- 40-60% rate of co-occurrence of substance use and intimate partner violence (ASAM, 2021)





The Impact of Families on Addiction

Ways Family Impact Substance Use Treatment

- Modeling, Education and Attention
- Support of and Involvement in Treatment
- Family-based Treatment
- Recovery

Modeling, Education and Attention

- Strong relationship between Parental Monitoring and decreased substance use. (Lac 2009)
- Exposure to Parental Substance use is associated with increase substance use. (Biederman 2000)

Stem	Leaf
.0	1
-.0	8, 9
-.1	0, 2, 2, 3, 3, 5, 7
-.2	1, 1, 2, 3, 4, 5, 6, 6, 8
-.3	0, 1, 1, 1, 2, 6

Fig. 1.
Stem and leaf plot of effect sizes.

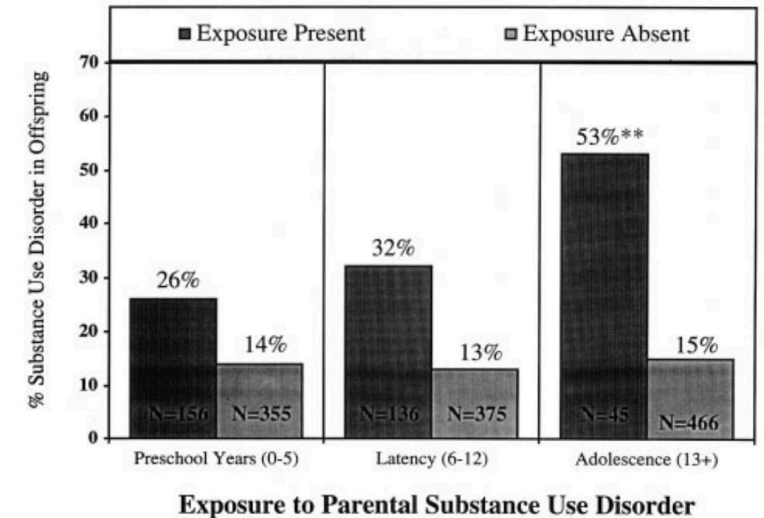
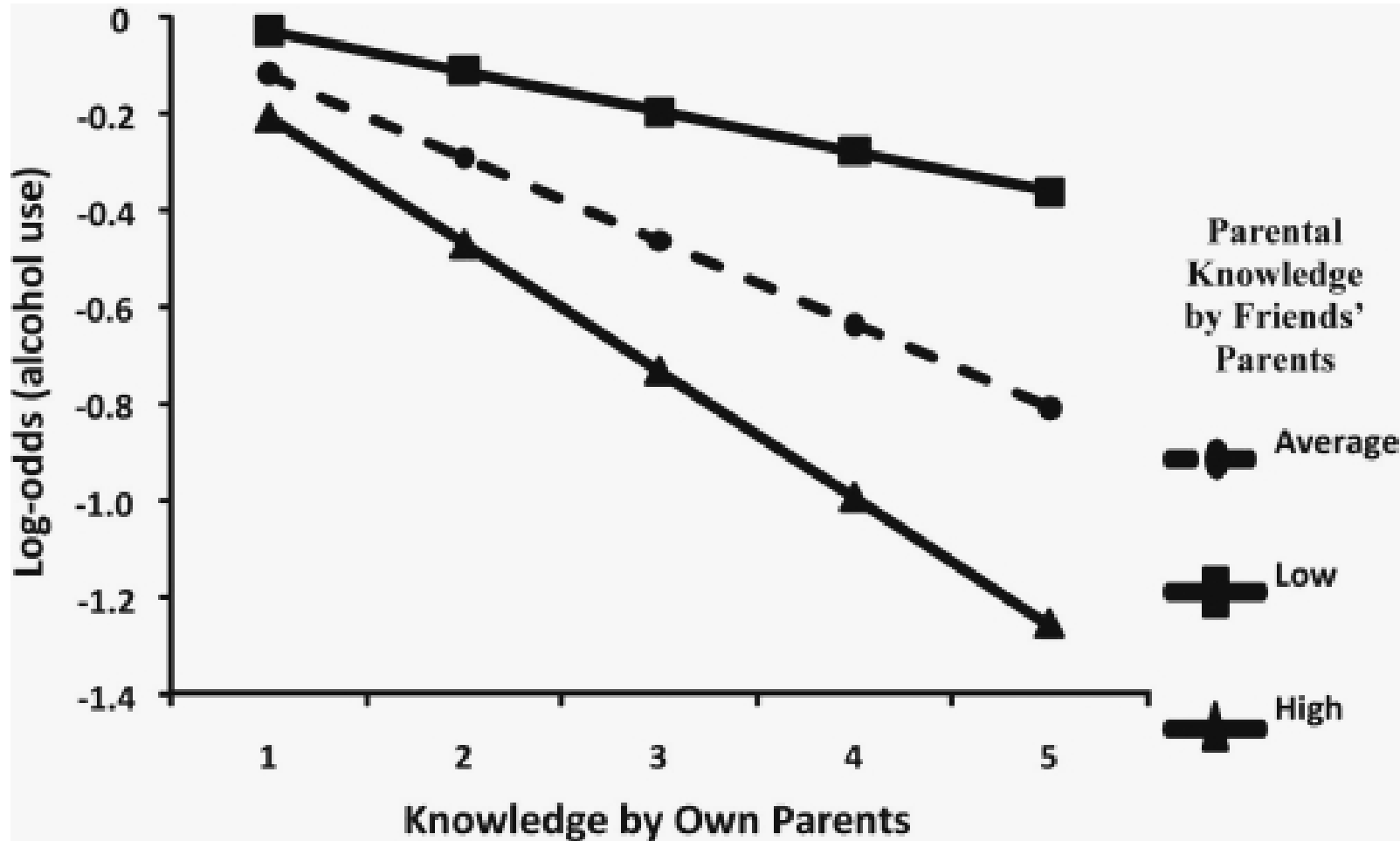
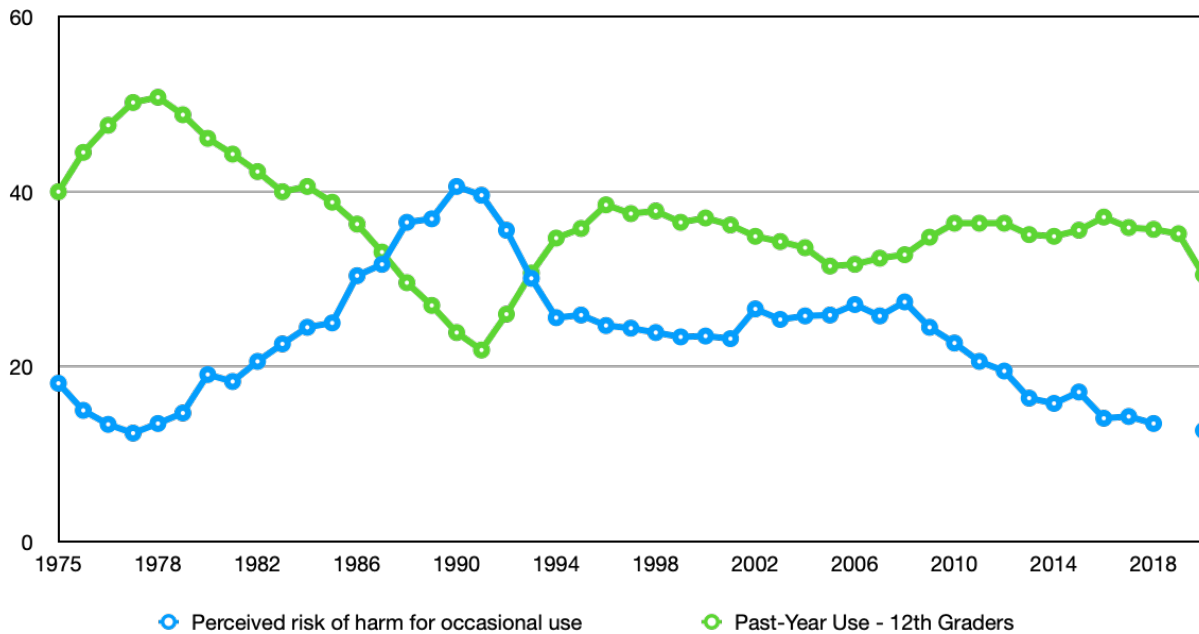


Fig 3. Critical periods of exposure to parental substance use disorder.

Parental Influence: Knowledge



Speak Up



Express Disapproval

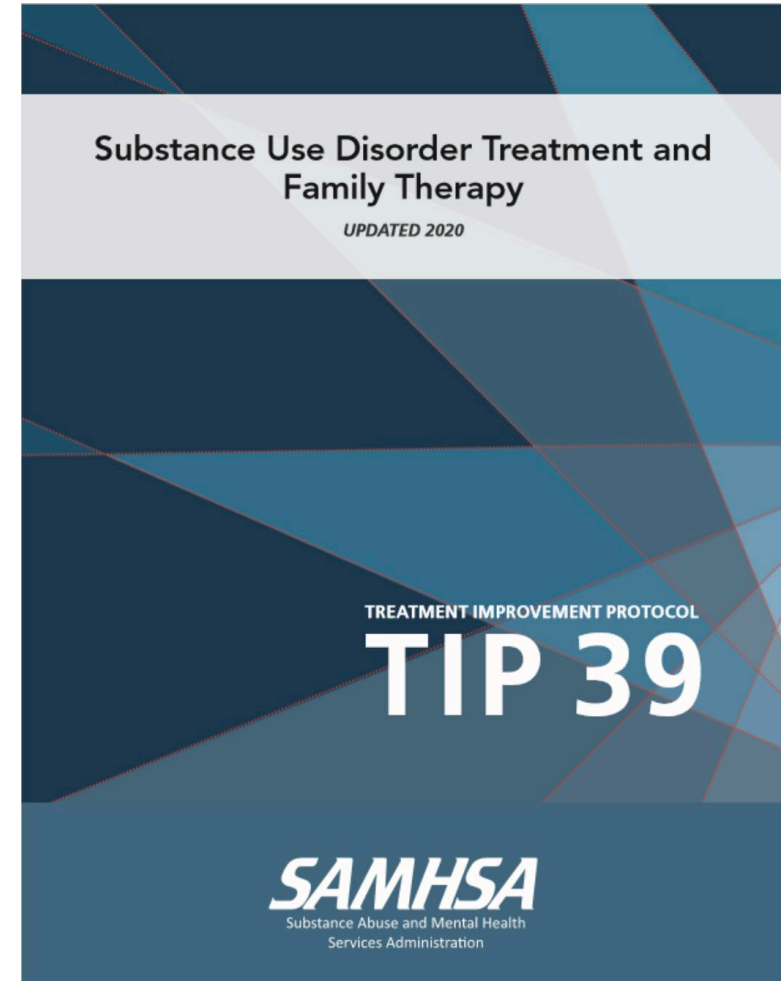
- Actions speak louder than words. (Ebersole et al, 2014)
- Words speak louder than no words. (Mrug et al 2013)
- Permissive parental attitude associated with 8-fold increase in past 30-day cannabis use, 14-fold increase in weekly use. (Olsson 2003)
- Difference more dramatic for 9th graders than 11th graders.

Support of and Involvement in Treatment

- Positive Impacts?
- Negative Impacts?
- How has it impacted treatment adherence? Treatment choice?
- How does stigma play into family involvement?
 - Shame?
 - Denial?

Family-Based Substance Treatments

- Multisystemic Family Therapy
- Systemic-Motivational Therapy
- Psychoeducation
- Multi-Dimensional Family Therapy
- Behavioral Couples Therapy
- Behavioral Family Therapy
- Brief Strategic Family Therapy
- Functional Family Therapy
- Solution-Focused Brief Therapy
- Community Reinforcement and Family Training
- Network Therapy



Family-based treatments for Adolescent SUD

- In a meta-analysis reviewing psychosocial treatments for adolescent SUD, 5/6 promising treatments were family-based (Waldron, 2008):
 - Multidimensional Family Therapy
 - Functional Family Therapy
 - Multisystemic Family Therapy
 - Brief Strategic Family Therapy
 - Family Behavioral Therapy

Evidence-Based Family Interventions

Community Reinforcement and Family Training (CRAFT)

Structured, family-focused approach that assumes environmental contingencies are important in promoting treatment entry

Teaches family members and CSOs strategies for encouraging the family member who is misusing substances to change his or her substance use behaviors through positive reinforcement and enter SUD treatment

Suitable for all families dealing with SUDs

CRAFT Principles

-
- “The goal of community reinforcement is to work together to provide positive incentives for people with SUDs to stop using substances;
 - get progressively involved in alternative, meaningful, positive social activities not associated with substance use;
 - and enter or stay in treatment.”

CRAFT Principles

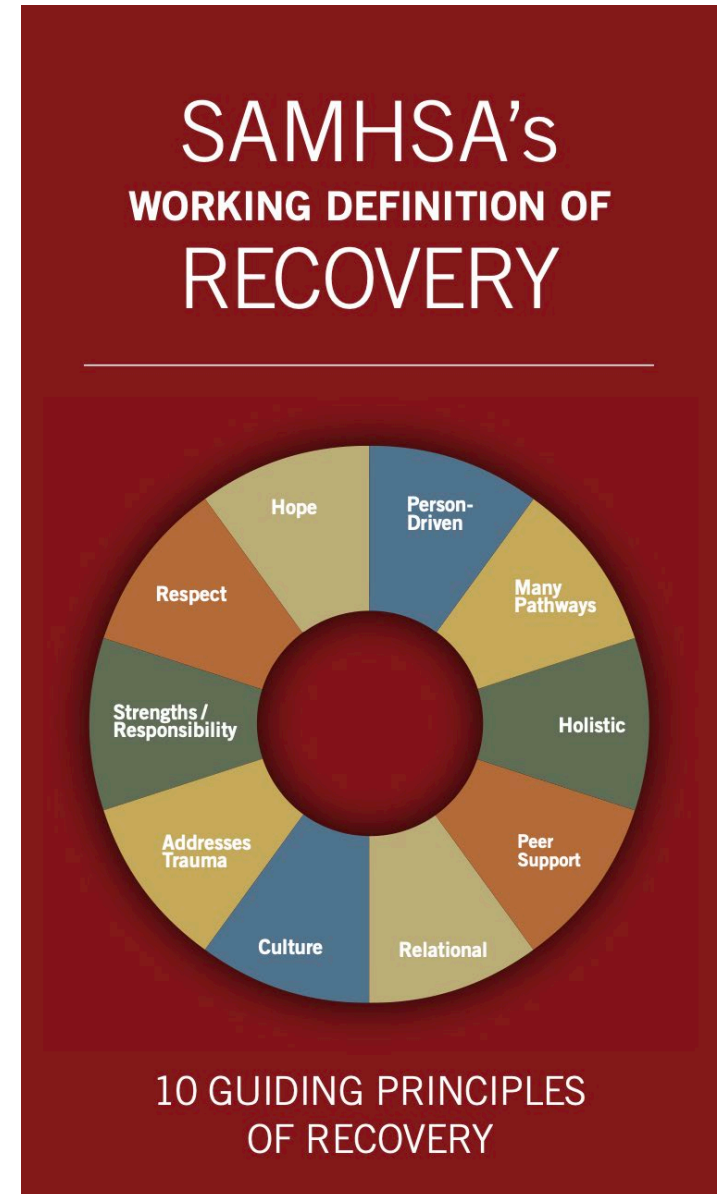
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- Safety training
 - Functional analysis
 - Positive reinforcement/contingency management
 - Competing reinforcing activities
 - Natural consequences
 - Communication skills training
 - Treatment entry training (preparing to invite)
 - Life enrichment for parent

Recovery

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

- **Health**
 - Overcoming or managing one's disease(s) or symptoms and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- **Home**
 - A stable and safe place to live
- **Purpose**
 - Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society
- **Community**
 - Relationships and social networks that provide support, friendship, love, and hope

<https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>



Family Narratives and Stories

-
- Stories of stress, disruption, and conflict.
 - Stories of resilience, hope, and strength.
 - Stories that frame family stigma
 - Stories that promote abstinence, healthy use, or recovery



***DISRUPTING STIGMA:* How Understanding, Empathy, and Connection Can Improve Outcomes for Families Affected by Substance Use Disorders**

Stigma affects the attitudes and actions of medical professionals; social service agencies and workers; as well as family, friends, and most notably, the person with the SUD.

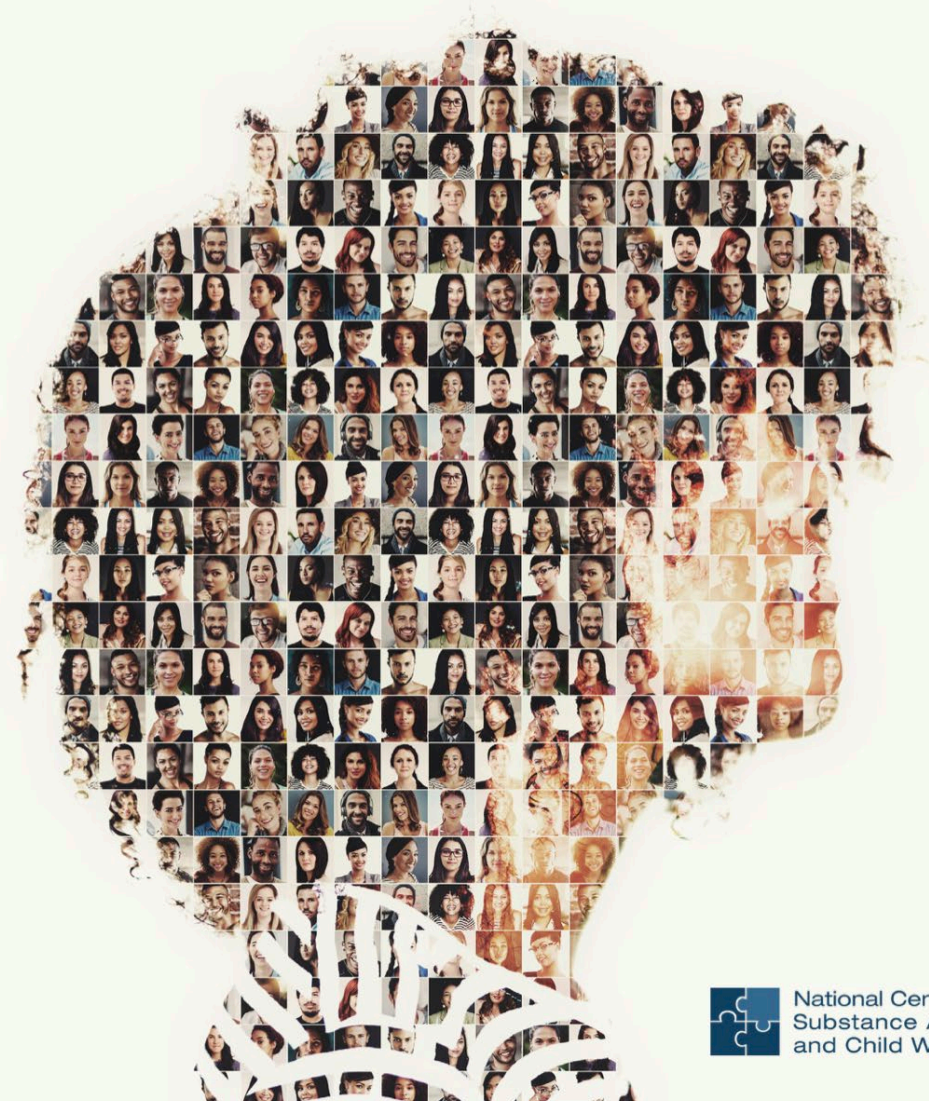
[VIEW RESOURCE](#)



- How does Stigma affect families struggling with SUDs and Addiction?
 - Structural Stigma
 - Public Stigma
 - Family Stigma
 - Self-Stigma
- How can we work to decrease stigma in families?
- <https://ncsacw.acf.hhs.gov/files/disrupting-stigma-brief.pdf>

DISRUPTING STIGMA:

How Understanding, Empathy, and Connection Can Improve Outcomes
for Families Affected by Substance Use and Mental Disorders



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