

Treatment for drug and alcohol misuse should involve families and communities, say researchers

April 25 2023, by Katinka van de Ven, Alison Ritter and Erin Cunningham



Credit: AI-generated image (disclaimer)

Alcohol and other drug treatment in Australia is generally only provided for individuals, often away from their families.



Treatment can include withdrawal from the substance, counseling and residential rehabilitation. <u>All these treatments</u> work to improve health and well-being and reduce the harms from substances.

But people's families and communities can <u>influence</u> <u>substance</u> use and have the potential to <u>aid the healing journey</u> of people in treatment.

For a lot of First Nations peoples, health and well-being is not just about the individual. It's <u>interconnected</u> with family, culture, belonging and Country.

That's why treatment services such as <u>Pinangba</u> in Queensland—a First Nations alcohol and other drug service whose approach we have been researching—includes families, culture and Country in treatment.

This way of pursuing treatment should be available for everyone.

The role of families in treatment

Families and community can play an essential role in giving up alcohol and other drugs and avoiding relapse. Research shows advice or encouragement from family members is an important reason for giving up or reducing problematic substance use.

However, some people who attend treatment facilities alone often <u>have</u> <u>limited support</u> back home in their communities to maintain sobriety or reduced consumption.

Family and communities do not always have the right tools to support the individual in treatment, and some family members may experience problematic substance use themselves.



What happens at Pinangba?

Pinangba is an Indigenous-led residential rehabilitation service in Queensland. It's one of a small number of alcohol and other drug treatment services in Australia that take in the entire family unit of adults and children for the residential stay.

Pinangba adopts a <u>systemic family therapy model</u>. The therapist is invited to consider not only the context of the individual within their family but also consider the context of the family in relation to the broader social, political and historical systems.

There is an emphasis on building, strengthening and repairing relationships as part of the healing work of the client.

Pinangba also considers the environments most influential in a client's life (<u>social services</u>, work, court) that may impact their healing journey.

Its family-based approach helps clients to engage and stay in treatment, stay abstinent and improve relationships. This approach also positively impacts the alcohol and other drug use of other <u>family members</u> and improves the functioning of their children.

Pinangba family therapy approach to addiction has been <u>positively</u> <u>received</u> by clients, families, community, and other health and social service providers.

Non-Indigenous people also benefit from this model. Family-focused interventions for non-Indigenous people with substance use issues have been effective for both young people and adults. Not only do these interventions reduce substance use, they also improve family functioning compared to individual-based treatment.



Despite these <u>positive outcomes</u>, family-focused interventions within alcohol and other drug services is still uncommon.

Barriers to implementation are not only related to the individualized treatment focus, but also to issues such as difficulties of involving family in treatment, limited staff time, lack of experience and insufficient training.

Expanding access 3 ways

For this family-focused model of care to be incorporated into both Indigenous and non-Indigenous alcohol and other drug services we need better data collection and better funding. Here are three important steps towards this implementation:

1. Careful evaluation of programs with family engagement, family therapy and holistic treatment.

There is currently little knowledge about the effectiveness of this model for First Nations people. That is exactly what we are doing with Pinangba: with funding from the <u>Queensland Mental Health Commission</u> we are building an evaluation integrated into routine service delivery, to demonstrate how such holistic, family-oriented treatment works.

It is vital that data are collected as part of routine practices so an evidence-base can be built up.

2. Routine data collection practices that does not rely on external funding.

Organizations that fund alcohol and other <u>drug treatment</u> for First Nations peoples (including the Commonwealth, Primary Health



Networks and state governments) should ensure funding levels adequate so services can spend time collecting and entering data on client progress and outcomes.

This is currently not the case. Collecting evaluation data is seen as an added extra, not as an essential part of ongoing service delivery. This needs to change.

3. Funding that looks beyond individual models of care.

Newer ways of working, where families become the "treatment unit" will involve new costs, new buildings, new ways of working, new data collection, and will require more funding and planning.

If we were really thinking about families, we need to think about treatment with a <u>family</u>, not an individual. This shift in thinking needs to occur across all levels of the system.

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Provided by The Conversation

Citation: Treatment for drug and alcohol misuse should involve families and communities, say researchers (2023, April 25) retrieved 27 April 2024 from https://medicalxpress.com/news/2023-04-treatment-drug-alcohol-misuse-involve.html

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