

Seventh Family Research Network (FRN) Forum

“The Social Cost of Addictions in Singapore”

Thursday, 20 October 2011
Auditorium, Level 1, Civil Service College



7th Family Research Network Forum
20th October 2011

Stress-Coping Morbidity among Families of Addiction Patients

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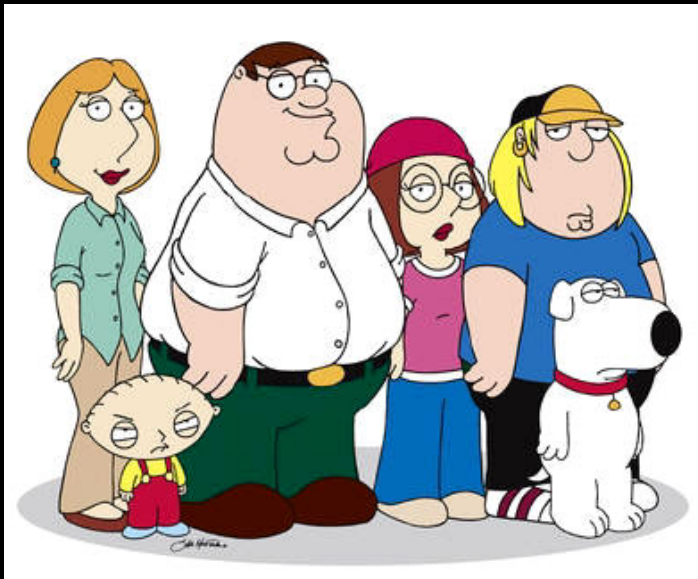


**NATIONAL
ADDICTIONS
MANAGEMENT SERVICE**



Who else is affected?

- Literature suggests that up to 12 others (5 FM) are affected emotionally/ psychological for every addicted individual
- 34-39% of drug users in treatment have a significant other who is affected by the addiction, equivalent to 1.4 million adult care-givers (DTORS, UK, 2007)



- 91 million globally (Copello, 2010)
- Given close-knit family living arrangements ~ tens to hundreds of thousands in Singapore

- **Loss of Trust**

Lies to mask addictive behaviour, loss of trust can have LT emotional and psychological effects on trust in others

- **Financial Stability**

Spending money earmarked for rent/mortgage, groceries, utilities, etc. Can result in loss of their home, poor diet, essential school supplies, etc. & increase debt

- **Emotional Stability**

Families (particularly children) are impacted emotionally, can suffer from feelings of fear, shame, guilt and lack of self-worth

- **Physical Safety**

Violent /dangerous behaviour, domestic violence, children may live in unsafe conditions, exposure to substances, loan sharks, negative role-models

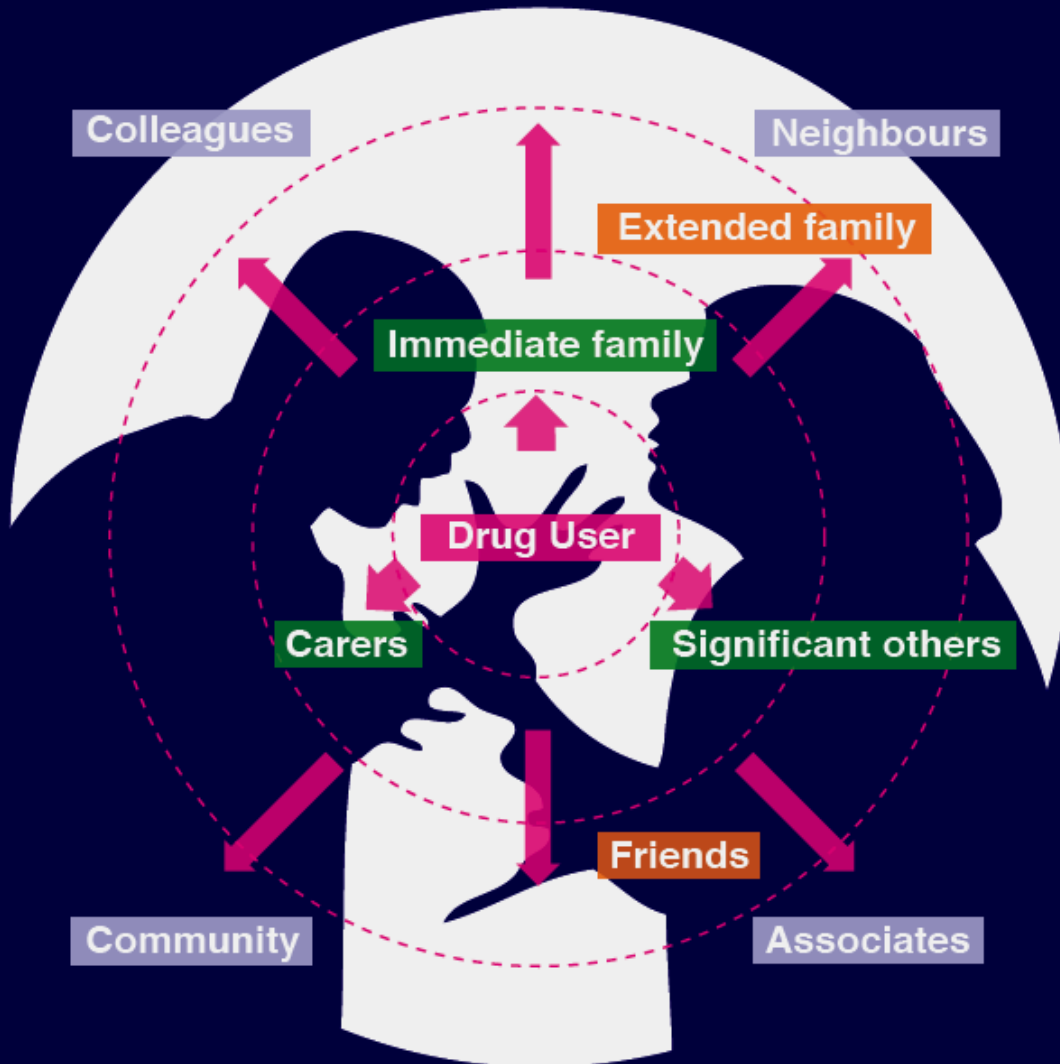
- **Isolation**

As the addict isolates more and more, so does the family, diminished interest in family-friendly “secret” environment, friends & family stop visiting

- **Complete Loss or Breakdown of the Family**

Worst-case scenarios addict dies, jailed/ institutionalized, changing the entire family dynamic...e.g. divorce

Figure 1: The impact of drug use on families and others

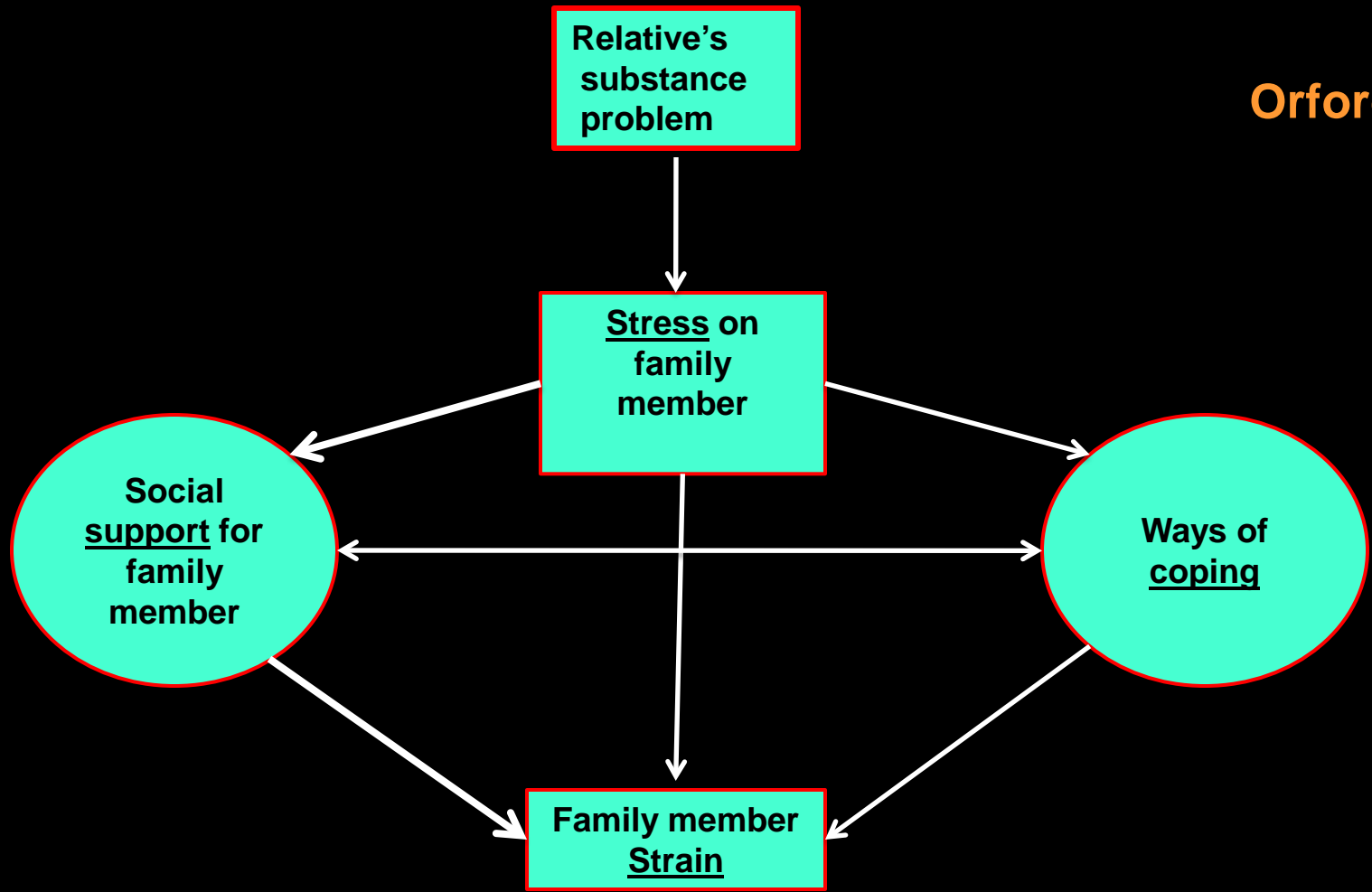


Family members of addiction patients report heightened stress and psychological morbidity (Copello et al., 2009)

The impact on family members can increase of healthcare service utilization up to 4x than average (Lennox et al, 1992; Svenson et al, 1995)

Stress-Strain-Coping Support Model

Orford, 1998



3 Main Coping Styles

Coping Styles	Description	Examples of Item on Qu'r
<p>Engaged coping 'Standing up to it'</p>	<p>Trying to change a relative's excessive behaviour by being emotional, controlling, supportive; resisting, refusing, confronting & assertive, protecting self & family</p>	<p><i>"Tried to limit his drinking by making some rules about it e.g. forbidding drinking in the house"</i></p>
<p>*Tolerant-inactive coping 'enabling or putting up with it'</p>	<p>Putting up with a relative's substance abuse, accepting it, making sacrifices, compromising, resigned to or accepting it</p>	<p><i>"Felt too frightened to do anything?"</i></p>
<p>Withdrawal coping 'disengaging'</p>	<p>Withdrawing from the relative, avoiding, escaping, gaining independence</p>	<p><i>Avoided her as much as possible because of her drinking?</i></p>

Drug and Alcohol Review (July 2011), 30, 441–447
DOI: 10.1111/j.1465-3362.2011.00301.x

ASIA-PACIFIC COLUMN

Stress-coping morbidity among family members of addiction patients in Singapore

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AIMS

- Measure perceived stress and stressors of family members
- Determine the types of coping behavior exhibited/used
- Determine the extent of medical and psychiatric morbidity
- Measure the resource utilization
- Determine the kinds of support received/not received.

Methodology: Matched case-control design:

100 FM of NAMS patients and 100 healthy controls

Stress

- Family Member Impact (Orford, 2005)
- Perceived Stress Scale (Cohen, 1983)

Strain

- General Health Questionnaire-28 (Goldberg, 1978)
- Beck's Depression Inventory II (Beck, 1996)
- Health Survey SF-36 (Ware & Sherbourne, 1992)

Coping

- Coping Questionnaire (Orford et al, 1975, 1976)

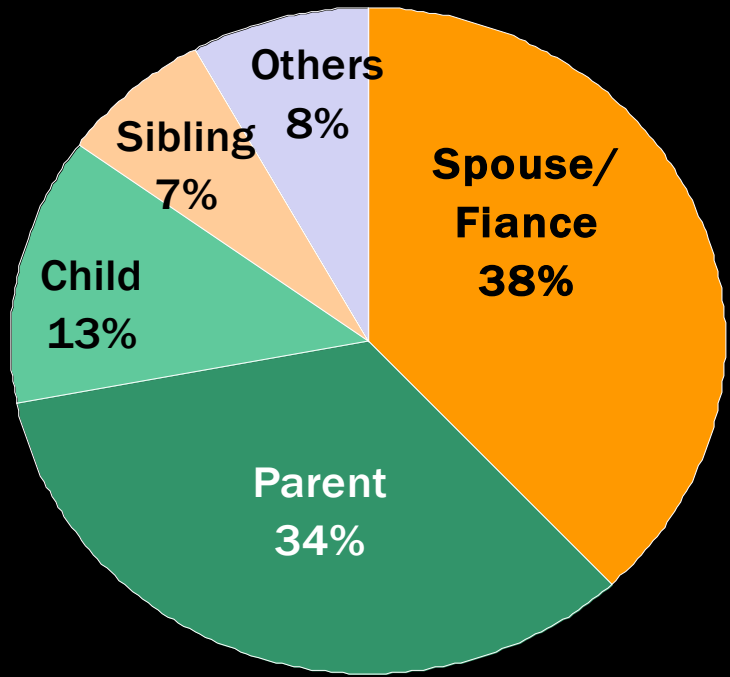
Support

- Service Use Resource Utilisation Grid

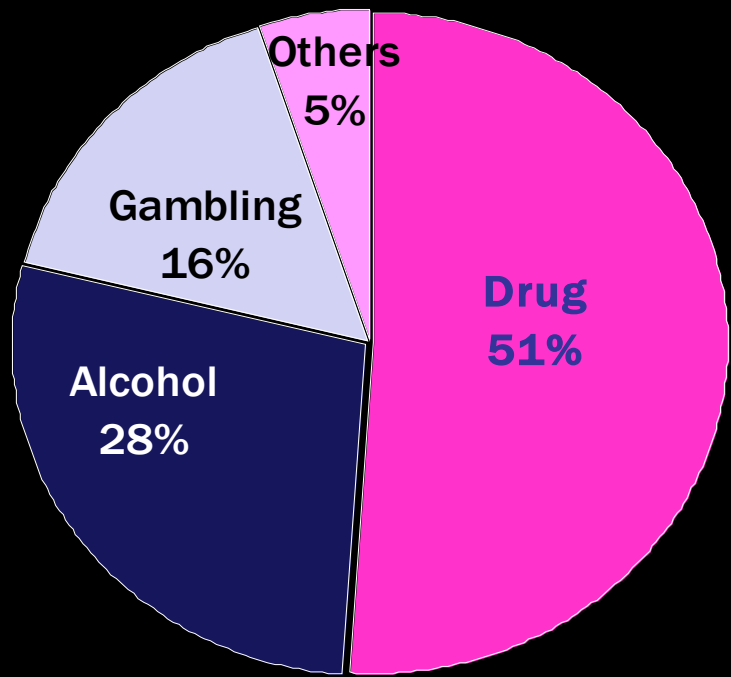
The sample

Majority of our family members were **spouses/ fiancé or parents** ,
and just over half were relatives of drug patients

Relationship to Patient



Addiction Type

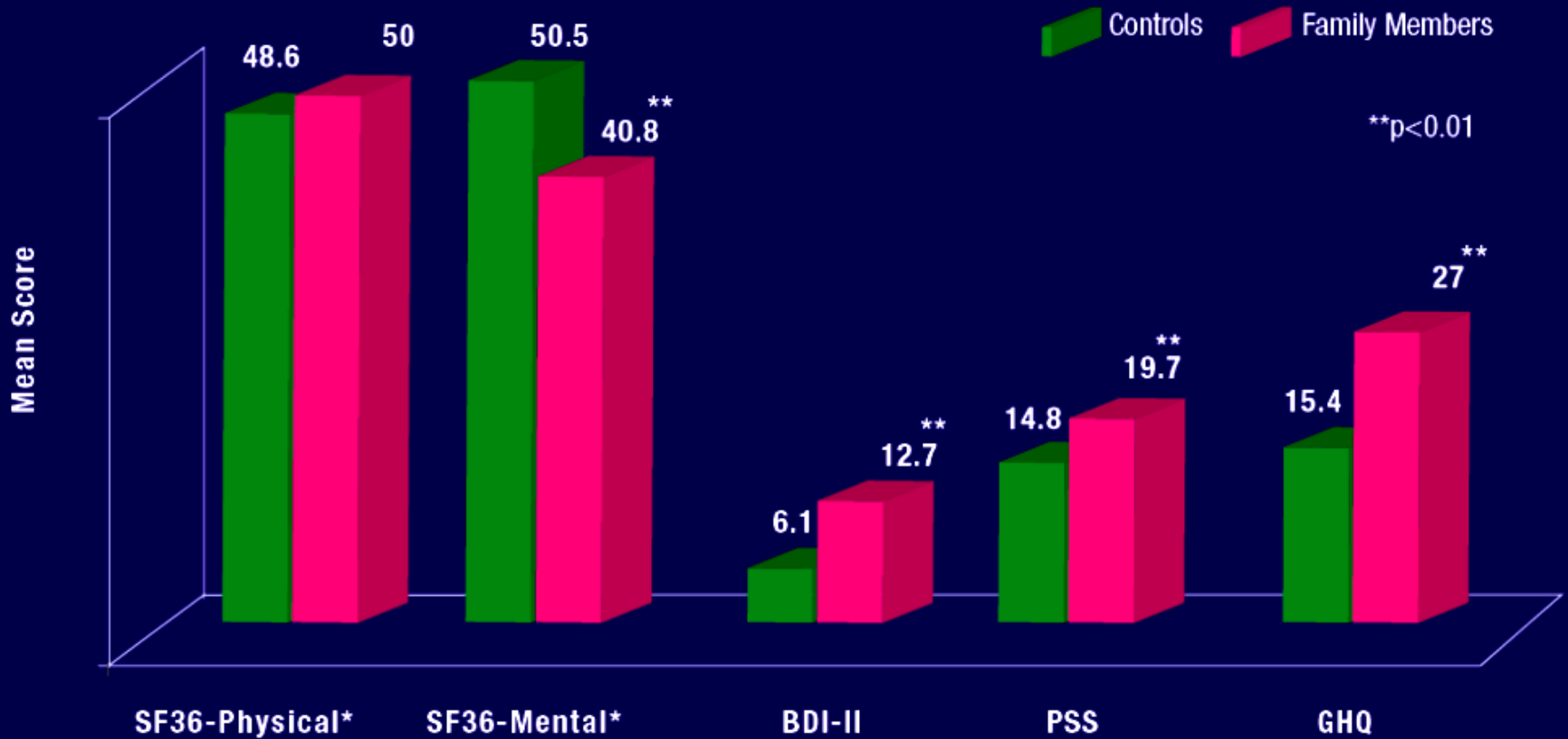


	Family Member N (%)	Controls N (%)	Significance
Age (Mean)	43.7	43.6	$\chi^2 = .93$
Gender (Females)	81	77	$\chi^2 = .50$
Married	72	74	$\chi^2 = .75$
Chinese	52	56	$\chi^2 = .57$
<Secondary Education	64	61	$\chi^2 = .66$
Employed	61	72	$\chi^2 = .10$

73% reported at least 1 (average 3) FM affected emotionally, financially or socially by the patients addiction

Family members versus controls

Group Differences in Physical & Mental Health Measures



*higher score = better functioning

..but no differences in service utilisation

Correlation matrix of age, coping styles, stress, psychological/functional health and well-being

	SF-36 MC	GHQ	BDI	PSS	FMI	CQ-E	CQ-TI	CQ-W
SF-36 MC								
GHQ	0.82**							
BDI	0.76**	0.75**						
PSS	0.77**	0.74**	0.64**					
FMI	0.56**	0.51**	0.47**	0.56**				
CQ-E	0.36*	0.30**	0.34**	0.40**	0.43**			
CQ-TI	0.50**	0.58**	0.58**	0.59**	0.45**	0.48**		
CQ-W	0.01	0.02	0.06	0.07	0.22*	0.05	0.23*	

48% felt the need to seek support

72% expressed interest in counseling

Predictors of Strain

Logistic Regression on Predictors of Strain (GHQ)

	Odds Ratio	Sig.	95% C.I for Exp (B)	
			Lower	Upper
Age	1.00	.99	.95	1.05
Engaged Coping	.99	.64	.93	1.05
Tolerant Inactive Coping	1.04	.53	.92	1.17
Withdrawal Coping	.92	.20	.80	1.05
Perceived Stress	1.37**	.00	1.16	1.61
Family Impact	1.05	.12	.99	1.12
Constant	.00	.00		

FM's showed >psychological morbidity

BUT not physical morbidity or service use (*contrasting literature*)

- Higher tendency to use engaged coping style may reflect efforts to 'deal with the problem' within the family and the stigma of addiction in Asian countries
- Having an tolerant-inactive style was associated with worse psychological functioning
- Multivariate analysis indicates perceived stress is the strongest predictor of overall strain
- At least half expressed an interest in receiving formal support / advice/ help / treatment

Addiction Services should offer **treatment / support to family members** for their individual needs, in addition to family interventions

Since coping behaviors correlate with wellbeing, it is important to **assess family members' coping styles** for intervention

Brief interventions such as Copello's (5-step intervention) can bring about positive changes by **targeting coping skills** (reducing tolerant-inactive coping)

Since **perceived stress is the strongest predictor of strain**, services need to offer interventions addressing effective **stress-management & empowerment skills** to family members of their patients

-designed to support family members 'in their own right' ..taught to cope more effectively & use social support
- Long : 5 face-to-face sessions with professional & manual
- Brief : 1 face-to-face session with professional + self-help manual
- Significantly reduces maladaptive coping, psych/physical symptoms and neg impact on family
- Brief and Full interventions equally as effective
- As powerful with long term suffering family members

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Coping with alcohol and drug problems in your family

An on-line self-help programme offering support to family/network members whose relatives have an alcohol or drug problem.



Welcome to the web-based support resource

This 5-Step self-help programme is designed by the Alcohol, Drugs and Family (ADF) research group. The programme supports family / network members who are concerned about their relative's alcohol or drug misuse.

If you are a family or 'network' member (for example: a good friend, a house-sharer, maybe a concerned employer) of someone who is using alcohol or drugs problematically then this self-help programme may be of help to you.

It has been found effective in different formats; both in face-to-case delivery by General Practitioners, nurses, health educators and counsellors, as well as in a self-help manual. This support is now being made accessible on the web. If you are a family member use the taps on your right to register and access the programme.

Sign In

If you are not a registered member you can [register for free](#).

Enter your Username:

Enter your Password:

Sign In

If you have forgotten your username or password you can [request they be sent via e-mail](#).

<http://www.alcoholdrugsandfamilies.nhs.uk/>

For more info on the 5-step intervention see *Drugs Education Prevention & Policy*, December 2010

Challenges

- Funding
- Stigma
- Legal implications for drug users
- Disseminating findings on sensitive issues



Gaps

- Number of family members affected unknown
- True impact of Family interventions on wider family is unknown
- Needs/impact on young children
- Social cost of addiction
- Brief interventions e.g. 5-steps need testing locally

Thank you

For further enquiries:

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