

Social Networks in Community Drug Team Service Users in Birmingham and Solihull

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Aims and Objectives

There are over 250,000 problem drug users in the UK, and there is an increasing awareness of the importance of social networks both as a risk factor for the development of substance use problems and as an important factor in treatment. The distress that may be caused by living with a substance misusing individual has led to strategies such as the Five Step approach in reducing carer stress and increasing the likelihood of users entering treatment.

In the current NICE guidelines for psychosocial treatment of drug misuse the only formal psychosocial interventions recommended are Contingency Management and Behavioural Couples Therapy (BCT). Cognitive Behavioural Therapy is only recommended for comorbid depression and anxiety and not substance misuse itself. The recommendation of BCT shows recognition that involving a non-substance using partner in therapy can enhance prognosis. However no mention is made of involving other members of the social network. Social Behaviour and Network Therapy (SBNT) as an approach that takes a different view to the more traditional individual approaches to alcohol and drug treatment by emphasising the social nature of addiction problems and the importance of social influence and social support. The core principle of SBNT is that positive change is promoted by support from a close network of family members and/or friends (referred to as 'network members') who provide a person who wishes to abstain from or reduce substance use with positive social support for change.

This poster describes evaluating the extent and quality of the social networks of service users of Community Drug teams in order to identify the composition of these and whether there may be other non-substance using individuals other than the partner who may be in a position to engage in SBNT. It also looked at how many service users had a partner with whom they could participate in BCT

Methodology

The information was collected at 4 CDTs across Birmingham and Solihull in February to July 2010. Each team has a caseload of approximately 250-300 clients. 100 names were randomly selected at each CDT giving a sampling frame of 400 and these individuals were invited for a 15-30 minute interview involving filling out various demographic details, and completing questionnaires including *Social Participation Index*, *The Interpersonal Support Evaluation List (ISEL)* and the *Important People Drug and Alcohol Interview (IPDA)*. People were compensated for their time with a £5 shopping voucher.

Results

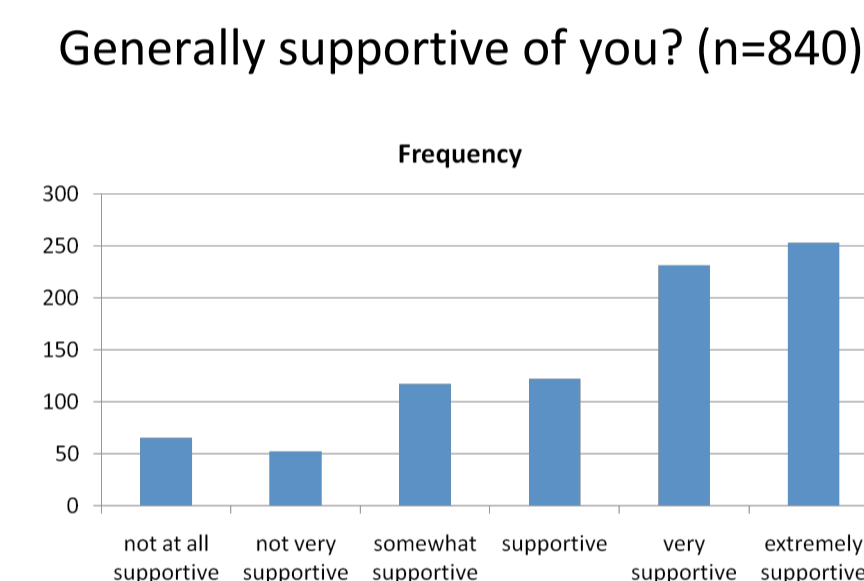
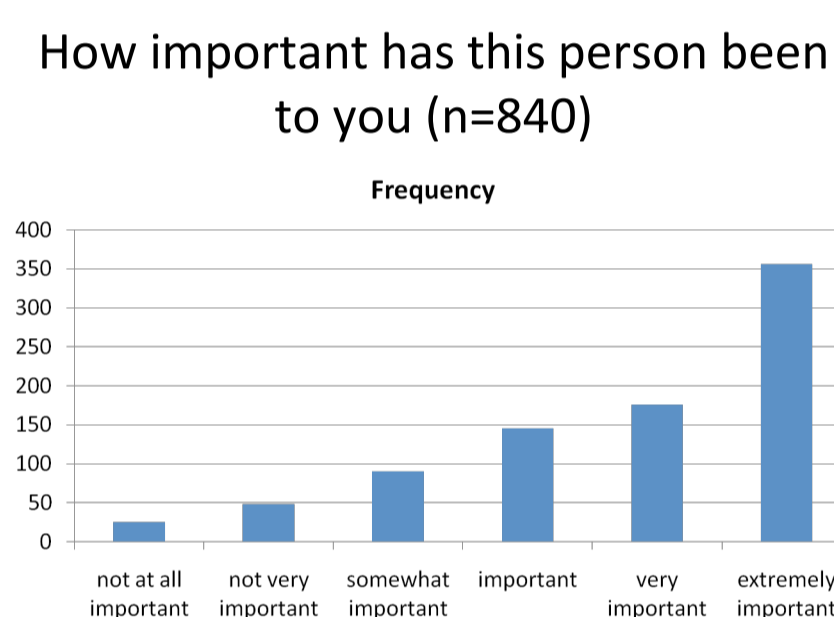
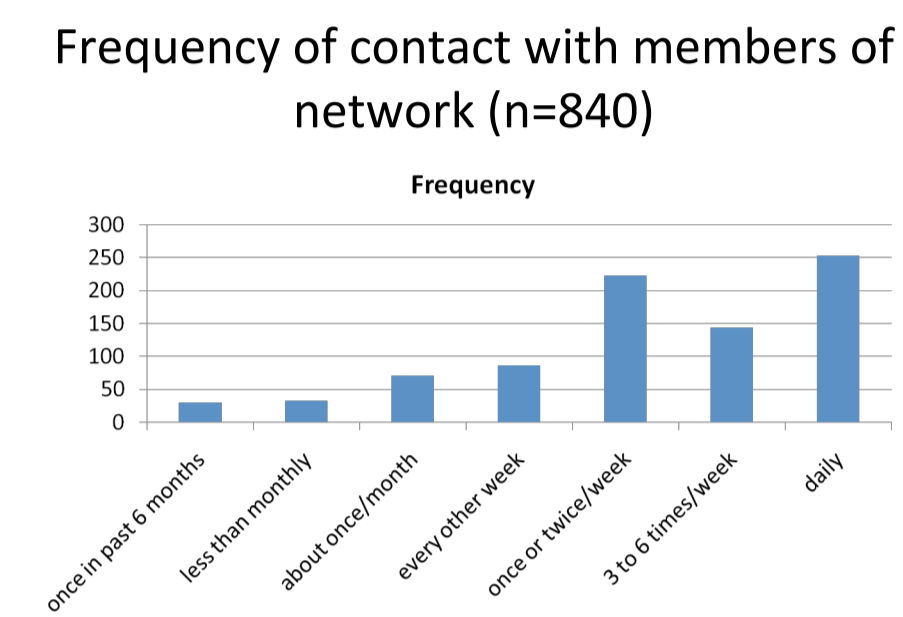
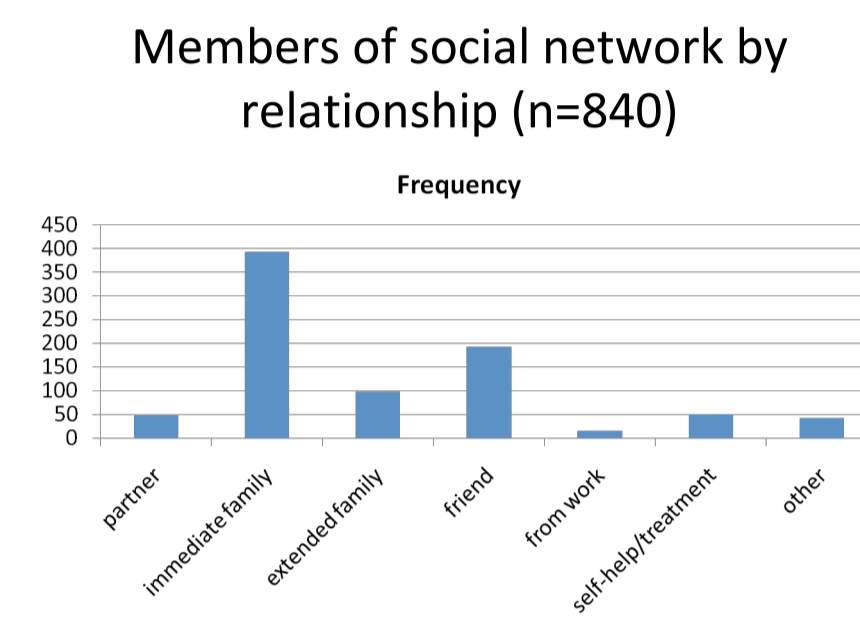
Data was collected from 119 clients. When identifying "important people" 48 (40%) identified a partner. Of the 840 people identified 6% were partners, 47% were immediate family members, 12% were extended family members and 23% a friend. Data from the IPDA and Social Participation Index can be seen in the bar charts to the right.

Of the 48 reported partners, 6 were using opiates (12.5%). This was also the case in 56 of 192 friends (29.2%). However only 11 of 392 family members (2.8%) and 2 of 98 extended family members (2.0%) were using opiates.

This body of 840 network members was further reduced to those that met the following criteria: very or extremely supportive, very or extremely important, seen once/week or more and did not use opiates, cocaine or moderate/severe alcohol. These would be people who would be suitable to be involved in network therapy.

This left 273 network members. 26 of these were partners meaning that of 119 clients only 22% had a suitable partner for Behavioural Couples Therapy. 66 clients (55%) identified a suitable immediate family member and 78 (66%) identified a suitable family member (immediate or extended) or friend. 21 clients (18%) could not identify anyone who would be suitable as per above criteria.

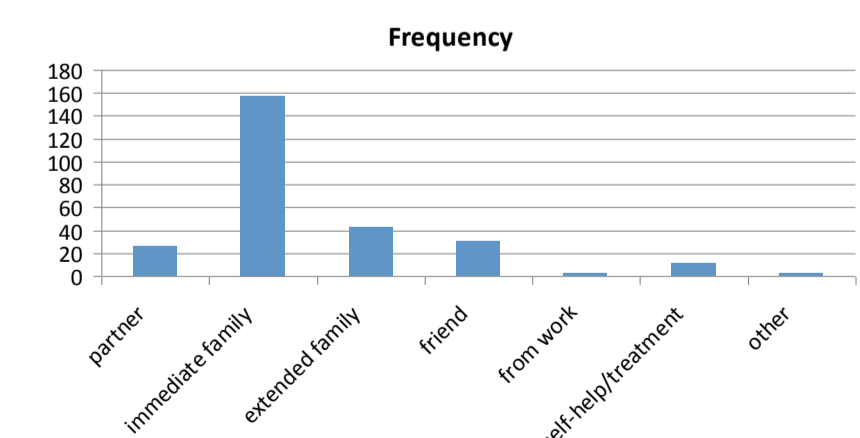
The bar charts below show the distribution of characteristics of the 840 people identified by the 119 clients in the Important People Drug Alcohol questionnaire



The above charts describe all 840 people named by the 119 interviewed service users. In order to gain a better estimate of people available to participate in a network therapy this population was reduced to only those rated highly for their importance and support and people seen less frequently than weekly and those that use opiates, cocaine or with moderate to heavy alcohol use were also excluded.

This left 273 individuals mainly consisting of immediate family members (58%) and extended family members (15%). Friends formed 11% of this group, and partners 10%.

Members of social network by relationship where contact is at least once per week and person is very or extremely important, very or extremely supportive and is not using opiates or cocaine or moderate/heavy alcohol (n=273)



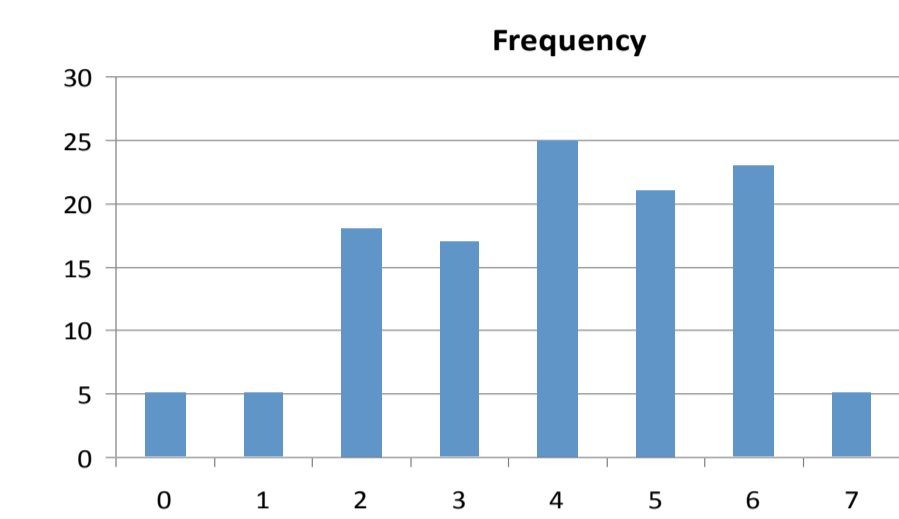
Relationship	Frequency	Percentage
Partner	26	9.5
Immediate Family	158	57.9
Extended family	42	15.4
Friend	30	11.0
From work	3	1.1
Self-help/treatment	11	4.0
Other	3	1.1
Total	273	100

References

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Social Participation Index (n=119)



Social Participation Index is used to measure general structural support, and consists of seven indices of social integration (Havassy et al., 1991, Havassy et al., 1995) The items, each scored 0 or 1, are summed to form an overall index (range 0-7), with higher scores indicating greater support.

1. Having a partner (defined as any household member to whom the respondent feels close (including an adult child, or a roommate)
2. Having a best friend and/or lover not in the household and therefore not counted in 1
3. Having close friends not in the household, excluding a best friend (included under 2)
4. Having close relatives not in the household
5. Seeing close friends at least once/month
6. Seeing close relatives at least once/month
7. Being active in social organisations (e.g. church groups)

Brief Important People Inventory (BIPI) (Zywiak et al., 2002). The adaptation reported by Copello et al (2006), *Important People Drug and Alcohol Interview (IPDA)*, was used to measure network support in relation to drug use (Copello et al., 2006). The questionnaire yields six indices including: total number of people in the client network; daily contact with the network; level of drug use by network members; frequency of drug use of network members; percentage of heavy users in the network; and the percentage of abstainers and ex-users in the network.

Conclusion

Service users of community drug teams in Birmingham were more likely to identify friends and relatives, compared to partners, as being important people involved in their life. This has implications for treatment as the only "network based" treatment recommended by NICE is Behavioural Couples Therapy despite only 22% identifying a suitable partner. Other network treatments such as Social Behaviour and Network Therapy may be more appropriate given the findings of this study. Some people (18% in this study) may have no suitable person for a network therapy. The Social Participation Index indicated a general spread from very limited to high levels of social participation.

Discussion

This poster presents only a small amount of the data collected as the intention is to provide a snapshot of the extent of clients' social networks. The bulk of "suitable" people are family members and friends. This suggests that people other than the partner, particularly family members, may be a better resource to target for network therapies.

Using the data collected further analysis will examine variations in the composition of social network by age and other demographics as well as how it relates to pattern of substance use and level of engagement in treatment.