What the science shows, and what we should do about it (Part 3)

Professor David Clark continues to describe the main findings and recommendations from a major new book based on the views of America's leading clinicians and researchers of how treatment would look if it were based on the best science possible.

Leading US addiction scientists met in 2004 at a 'think-tank' conference to share research findings in their respective areas and discuss possible implications for treatment and prevention interventions.

The conference resulted in a seminal book, in which the authors draw together the wealth of scientific understanding from the range of topic areas considered to produce a set of ten cross-cutting principles, and then reflect on their implications with ten recommendations for interventions.

In this Briefing, I continue with the last three principles.

8. Drug problems occur within a family context

Problematic use of drugs and alcohol is a risk factor for young people's drug use, and is also linked to a variety of family problems and more general risk factors.

Parents with drug and alcohol problems are less likely to provide the kind of parenting that reduces their child's risk. For example, children of parents with substance use problems are less likely to develop self-regulation skills, particularly if parenting is disrupted before the age of six – a critical age for learning self-control.

This is particularly true for children who have other developmental risk factors, such as a difficult temperament or attention-deficit hyperactivity syndrome.

The likelihood of domestic violence and child abuse is greatly increased when parents have drug and/or alcohol problems.

Conversely, family environments can be protective against future substance misuse. Factors that decrease first use of substances, decrease risk of future problematic use.

Parental disapproval of drug use is protective. An optimal parent style is one that is, 'consistent, supportive, and authoritative (moderately structured and midway between the extremes of permissive-negative and neglectful and authoritarian-punitive)'.

Parental monitoring of children's whereabouts, activities and friends is a particularly important factor. A family involvement in religion or other conventional activities is also a strong protective factor. In adolescence, these family factors counterbalance the influence of peers.

Children who are particularly susceptible to adverse peer influence include those who are 'extroverted, present- (not future-) focused, have low self- esteem and low grades, use avoidant coping styles, spend more time away from home (*eg* part-time work), and tend to be followers'.

Effective interventions with families have tended to concentrate on two factors. Firstly, strengthening family skills for positive communication and monitoring. Secondly, building family reciprocity in exchanging and sharing positive reinforcement.

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9. Substance use problems are affected by a larger social context

An individual's larger social context influences the risk, severity and length of time of substance use problems.

Environments in which drugs are more readily available promote use. On the other hand, the availability of other reinforcers and activities is protective against substance use problems.

Social modelling can promote or deter use. Cultures in which abstinence is the norm, and in which drug use is stigmatised, have lower rates of drug use and drug-related problems.

On the other hand, criminal sanctions for use are relatively ineffective in suppressing drug use, particularly once it is an established pattern.

Norms about substance use play an important role. Clear norms and modelling of moderation influence drinking rates.

However, some people misperceive behavioural norms. Young people who overestimate the percentage of peers who smoke or drink are more likely to do so themselves, and start to engage in these activities at a younger age. Communicating the actual behavioural norms for a group (norm correction) can have a deterrent effect on use.

The normative social meaning of substance use, which often has symbolic value, is also important. When psychoactive drugs become marketable commodities, advertising tends to normalise use and to associate it with attractive and symbolic outcomes.

10. Relationship matters

There is something therapeutic about certain relationships. For example, it matters who is delivering a treatment for substance use problems.

Research has shown that the clients of randomly assigned counsellors often differ widely in outcomes, even if they are receiving the same manual-guided treatment.

The clients of counsellors who are higher in warmth and accurate empathy show greater improvements in substance use problems. As early as the second session, clients' ratings of their working relationship with the counsellor are predictive of treatment outcome.

Motivation for change seems to emerge in the relationship between client and counsellor, even in relatively brief periods of counselling.

Some counsellors have consistently worse outcomes than their colleagues. A confrontational style that puts clients on the defensive is counter-therapeutic.

The American addiction experts indicated that these ten principles suggest 'particular directions in designing programs, systems, and social policy to reduce drug use and associated suffering, societal harms and costs'.

I will consider their ten broad recommendations for addressing substance use problems in society in my next Briefings.

Rethinking Substance Abuse: What the science shows, and what we should do about It, edited by William R. Miller and Kathleen M. Carroll, Guilford Press, 2006