Editorial

Maurizio Coletti, Rome

The relationship between consumption, and use and abuse of drugs and relatives (or the family in general) has been studied for many decades. The interest in this subject is based upon two fundamental elements:

- 1 the incentive to research the natural history of drug users and
- 2 the clinical practice with these patients, which has demonstrated how frequently it is the relatives who are the first to ask for treatment.

The theoretical and research incentive in the drug field is born from the observation that almost all of the drug-dependent subjects are young adults between 15 and 25 years of age. The initial period of the continuous use of drugs corresponds to a phase normally characterized by the necessity of an evolution in the relationship between this young adult and his/her family, and their surrounding environment. Therefore, resorting to the abuse of drugs appears to block the evolutionary incentive, it hinders a healthy growth into adulthood. The tradition of research on drug use related to family factors was born in Italy in the early 1970's [1], and was based on the in-depth work carried out by a research project which investigated 142 cases of drug use.

The study on the organization and function of the family of drug users has been the topic of numerous other contributions. Shedler and Block [2] published a very interesting longitudinal epidemiological research study which was carried out over the course of 15 years, in which 101 subjects were continuously studied from the age of 3 to 18. At 18 years of age the subjects were tested for the possibility of them consuming drugs, alcohol and/or psychoactive substances. The results were analysed in

relation to all the observations collected on the subjects over the years, their psychological development and the relationships in the families. The goal was that of finding possible events or factors predictive of drug dependence in young people.

In the USA, Stanton and Todd [3] described the organization and function of a 'typical' family of a drug user. Their description entailed a strong, 'central' mother allied with her drug-using child, and a 'peripheral' father, who contributes very little to family life, and is frequently in conflict with his wife and the user who plays a very relevant role in the overall balance of the family. In some cases there were also other siblings who play the role of the 'good' child and therefore support for the mother.

There are many studies concerning this matter and even more work experiences with the family members and partners of alcoholic patients. In this field the inter-generational transmission of alcohol abuse inside the nuclear family unit, and from a clinical point of view the possibility of involving the family members in the treatment has been studied. To date, there is not one clear idea on the relation between the family and drug-using patients.

It is possible to trace three fundamental channels:

- 1 There is a strong relationship between the dynamics, the history and the organization of the family and the onset and stabilization of the addiction or of the problems related to drug use/abuse. The problems are seen as functional symptoms of the family structure.
- 2 The family is considered as the human system which suffers the consequences of use/abuse.

- 3 Some behaviours on the part of the parents are considered to be predictors or incentives to use/abuse. This is studied above all in the fields of alcohol and tobacco.

Even if all the above channels involve family members or partners in the treatment they correspond to different clinical approaches and intervention strategies, because they are based on diverse aetiopathological bases and have different therapeutic objectives. In the first case scenario, it is preferred to have as an objective the achievement of a global change of the family system which will produce the reduction of the symptom. In the second case, it is preferred to use a psycho-educational approach or the involvement of the family in order to help the patient to enter and stay in treatment. In the third case, it is preferred to use early corrective interventions on the parents' use/abuse behaviours.

In this specific field an effort on the part of clinical research to go into two directions would be advisable:

- 1 the creation of protocols of intervention which reduce the great quantity of different interventions existing up until now;
- 2 comparative evaluation studies between treatments with or without the involvement of relatives, families or partners.

References

- 1 Cancrini L (ed): *Esperienze di una ricerca sulle tossicomanie giovanili in Italia*. Milano, Mondadori, 1973.
- 2 Shedler J, Block J: Adolescent drug use and psychological health: A longitudinal inquiry. *Am Psychol* 1990;45:612-630.
- 3 Stanton D, Todd TC: *The Family of Drug Abuse and Treatment*. New York, Guilford, 1982.