

Exploring resilience in families living with addiction

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ABSTRACT

INTRODUCTION: Information about the impact of addiction on New Zealand (NZ) families is scarce. A good understanding of the nature and extent of family problems is essential to help families become more resilient and minimise the consequences. This study aimed to explore experiences of NZ families living with addiction, identify impacts on non-addicted family members, their coping strategies and barriers to help seeking.

METHODS: Literature and key stakeholder interviews informed the development of an interview schedule for 29 family participants recruited through health and social services. Interviews were recorded for analysis of central themes and critical elements that underpin those. Key stakeholders and informal informants were again consulted to discuss findings and interpretation.

FINDINGS: Addiction has widespread effects on NZ families. The coping strategies described by the participants in this project lacked the positive connotations of resilience, namely positive adaptation under significant adversity.

CONCLUSION: Family impacts of addiction are complex, and similar family problems arise regardless of the substance(s) involved. This small exploratory study indicates that the implications for NZ families deserve further investigation. Future research is also required to further characterise the impact of behavioural addictions on families, addiction in particular ethnic groupings and the implications of the findings for clinical practice, other social and health services, and for public health and social policy.

KEYWORDS: Qualitative research; addiction; family resilience

Introduction

Addiction prevalence in New Zealand

Alcohol, drugs and tobacco are major contributors to addiction-related morbidity and mortality, and illicit drug use has increased precipitously over the last few decades.² The New Zealand Alcohol and Drug Use Survey shows that nearly one in two adult (49%) aged 16–64 years have used drugs for recreational purposes at some point in their life, and 16.6% have used drugs recreationally in the past year (tobacco addiction excluded). Among these recent drug users, 34.5% reported driving a motor vehicle and 18.5% reported working under the influence of drugs.³

Alcohol recreational use is even higher.⁴ The 2007/08 New Zealand Alcohol and Drug Use Survey shows that three in five (61.6%) drinkers have consumed a large amount of alcohol on at least one occasion in the past year; 6.9% of alcohol users reported harmful effects on their friendships and social lives due to their own alcohol use, while 16.0% of adults reported harmful effects on friendships and 8.5% on home life due to someone else's alcohol use in the past year.⁵

Behavioural addictions, such as gambling and eating disorders, also create significant issues. The 2006/07 New Zealand Health Survey found one in 58 adults (1.7%) with either problem (0.4%) or moderate risk (1.3%) gambling⁶, while the

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2006/07 Gaming and Betting Activities Survey found that 9% of adults had gambled to a harmful level during the last 12 months.⁷ Significant social, health and welfare problems can arise out of both substance use and abuse.⁸⁻⁹ The social costs of tobacco, alcohol and illicit drug use to New Zealand (NZ), including poor health, premature death, decreased productivity, drug-attributable crime and accidents, was estimated to be NZD \$2.81 to 3.71 billion.¹⁰

The role of families

Families have important roles in attracting their addicted family member into treatment and fostering supportive environmental change. Family involvement can also foster better engagement of addicted individuals in treatment.¹¹⁻¹⁴ Community Reinforcement and Family Training (CRAFT) is a New Mexico programme to restructure the social, family and vocational facets of an addicted individual's life to promote and encourage abstinence from substance use.¹⁵⁻¹⁷ CRAFT reported 74% of previously resistant individuals becoming successfully engaged in treatment, and a corresponding decrease in physical and psychological symptoms for non-addicted family members.¹⁶ That team favourably compared the engagement six months post-intervention from CRAFT with the family self-help support group Al-Anon and other addiction treatment services.¹⁸ However, these studies do not address the likelihood that family members may have unmet needs of their own, and the potential to improve family wellbeing by addressing needs of the family as a unit.

Impact of addiction on families

The number of families living with addiction in NZ is unknown, but is likely to be significant. International research shows the widespread effects of addiction on families,^{2,10,19-23} but is mainly focused on the most visible family phenomena such as domestic abuse, foetal alcohol spectrum disorder, drug- and drunk-driving. Addiction has also been shown to disrupt family relationships, social networks, personal education or work goals, as well as contributing to financial and justice problems.^{1,14} Copello and Orford have identified behavioural impacts of addiction on

WHAT GAP THIS FILLS

What we already know: Prior research has focused mainly on the most visible and well-known addiction-related family phenomena, such as foetal alcohol syndrome and domestic abuse, while less visible phenomena such as mental or physical health or interpersonal problems are largely overlooked. There is a growing interest in the role of families in the recovery of an individual with addiction, with a developing body of international literature suggesting that involving those closest and most concerned about the substance user can better engage the user in treatment. Despite substantial literature about resilience, little is specific to collective groupings such as families, or about family resilience to addiction.

What this study adds: This project begins to fill some gaps in understanding of the experiences of NZ families living with addiction, and the factors important in their coping and resilience. A good understanding of the nature and extent of family problems in NZ is necessary to find ways to negate the impact on family/whanau wellbeing.

families, such as poor parenting, unfavourable role modelling, siblings adopting parenting roles, socioemotional difficulties and control issues.²⁰ These impacts arise from the disruptive effect of addiction, but can also contribute to the disruption. The same team²⁴ summarised two decades of family addiction qualitative research. Negative experiences included aggression, deceitfulness and lying, conflict over money and possessions, uncertainty and worry, threatened home and family life.

The literature identifies some of the help-seeking barriers for families. The Australian National Council on Drugs reported that family members living with addictions lack awareness of available resources, have problems accessing the services, but are also aware of and fear social stigma.²⁵ UK research²⁴ reported that some family members have strongly held beliefs about what it means to be a good parent or a good partner, and the shame of having the addiction known outside the family may prevent help-seeking behaviours, but sometimes addicted family members themselves may stop them from seeking help.

The role of resilience

The concept of resilience has its origin in the psychological study of individuals. It refers to an individual's capability to adapt successfully

despite risk and adversity.²⁶ Resilience is defined as the ability to persist, bounce back and even thrive, in the face of stressful circumstances.²⁷ The literature mentions resilience of individuals growing up in a family affected by substance use or addiction, but it remains somewhat unclear whether or how the concept might apply to a collective group such as the family unit. It has been suggested that the concept of family resilience should recognise family strengths, including collective family capacity to resist risk factors. One possible definition of family resilience is “a dynamic process encompassing positive adaptation within the context of significant adversity”.²⁶ Previous research also points to the importance of aspects of family functioning such as strong

emotional bonds, effective communication, intact family belief systems and family traditions in coping with adversity.²⁸ It is important to understand the protective factors that enable NZ families to adapt positively and function well, or deter other family members from taking a path to addiction. It is also important to understand how collective family resilience might be measured, given the individual and interpersonal nature of these characteristics.

The present study

The awareness of the limited information on the extent and potential impact of addiction on families in NZ provided the impetus for this current study. This was an exploratory study to start to address knowledge gaps for NZ families living with addiction, in particular the less visible impacts on NZ families living with addiction.

The project sought to explore the experiences of NZ families as they support a family member or members through an alcohol, drug or behavioural addiction, and to understand some of the help-seeking barriers for families and the coping strategies employed by family, especially whether these coping strategies had increased family resilience. Traditionally, addiction treatment services have focused on treating the individual with addiction, largely overlooking the family impact. There are likely to be many more affected family members living with addiction than the total number of addicted individuals.

Methods

Participants

Participants were adults aged 18 years or older, with one or more family member(s) with an addiction. Most participants were recruited from self-help organisations, some through an informal snowball technique via other participants or advertising. A recruitment poster was displayed at premises of addiction clinics, the needle exchange and other support services.¹ Nineteen family participants (12 females and seven males) were interviewed. Table 2 summarises the characteristics of these family participants.

Table 1. Family interview questions

Family scene setting:	<ol style="list-style-type: none"> 1. Duration living with a family member with addiction? 2. How did the family become aware? 3. How many known family members have addiction problems and the nature of their addiction?
Family-specific issues:	<ol style="list-style-type: none"> 1. What was the biggest impact on the family (hardest for the family to cope with) and what less so? 2. How have the issues changed over time? 3. What has helped the family get through?
Substance-specific issues:	<ol style="list-style-type: none"> 1. Does a drug-use problem rather than an alcohol problem change the issues for some families? 2. Has that (substance type) affected how well the family has coped?
Individual seeking help:	<ol style="list-style-type: none"> 1. Was help offered to the individual family member(s) with addiction? 2. Did that person accept their own drug/alcohol problem? Why, where and how? 3. Did that also help the family or cause more difficulties? How/what? 4. If the family could give some advice to drug/alcohol treatment services in NZ, what would that be?
Families seeking help:	<ol style="list-style-type: none"> 1. Did the family seek help for itself or for individual non-addicted members? Why, what and where? 2. What is good or not so good about the helping services? 3. If you design a service to help NZ families in this situation, what would it be like and what help would it offer?
Resilience:	<ol style="list-style-type: none"> 1. What do they see as protective factors for the family? 2. How did they cope and what helped the individual to get through all this? 3. What do they see as individual and family strengths as a result of this experience?

Table 2. Family participant characteristics

	Gender	Relationship to the addicted family member(s)	Substance of abuse	Self-addiction*
p.1	F	Daughter, ex-wife, mother	Alcohol	Yes
p.2	F	Wife, mother	Alcohol, marijuana, IV drug use	Yes
p.3	F	Daughter	Alcohol	Yes
p.4	F	Daughter, wife	IV drug use	Yes
p.5	F	Daughter	Alcohol	Yes
p.6	F	Ex-wife	Alcohol	Yes
p.7	F	Mother	Opiates, cocaine	Yes
p.8	F	Mother	Mixture of illicit drugs	No
p.9	M	Son	Alcohol	Yes
p.10	F	Wife	Alcohol, methamphetamine, marijuana	Yes
p.11	F	Ex-wife	IV drug use, marijuana	Yes
p.12	M	Extended family	Alcohol, IV drug use, marijuana	No
p.13	M	Brother, son	Opiates, marijuana, tobacco, alcohol	Yes
p.14	M	Husband	Alcohol	No
p.15	M	Son	Alcohol	Yes
p.16	F	Mother	Glue sniffing, cannabis, methamphetamine	No
p.17	M	Husband	Opiates	Yes
p.18	F	Mother, grandmother	Marijuana, methamphetamine	Yes
p.19	M	Son, sibling	Alcohol, tobacco, marijuana, party pills	Yes

* The nature of addiction is not stated to protect the anonymity of the family participants.

Procedure

Ethical approval was obtained from the Central Regional Ethics Committee (reference number CEN 08/09/057). Literature review and key stakeholder interviews (representatives of helping services and other social and family support and addiction organisations) informed development of an interview schedule for use with the family participants. These key stakeholder interviews gave an insight into how families become aware of an addiction problem, what the main impacts of addiction are on families, and how the services currently respond. Family participants' interview questions revolve around family scene-setting, family-specific issues, substance-specific issues, help-seeking behaviours of individuals and families as well as protective factors for the family (See Table 1 for family interview questionnaire).

The participant interviews were transcribed, coded and digitally stored. The interview analysis took a grounded theory approach using principles of naturalistic enquiry through

iterative semi-structured interviews.^{29–31} A comprehensive thematic content analysis was employed, with triangulation of interpretation across the research team which includes experts from primary care, psychology, sociolinguistics and addiction medicine. The analysis sought to identify central themes and critical elements underpinning the experience of family members living with addiction. Helping services, family participants and informal informants were consulted again to confer on the interpretation of the findings. The research questions required a qualitative methodology to access the richness of personal experience.

Findings

The four themes initially explored were:

1. How the families had become aware of the addiction
2. The impact of addition on the families
3. What the families did about it
4. How the families coped.

Interview excerpts use participant (P) number identification.

How did families become aware?

Many family participants said that they had lived with the addicted family member for a long time before becoming aware of the problem. Some eventually became aware through a change in the family circumstances, family financial problems or a call from hospital, police or other services:

“He got caught drink-driving. And that was pretty intense, and yeah, he just started drinking every-day. But it took a long time for us to realise, because he used to work at home, and he would drink by himself.” (P15; son)

One participant explained how the realisation that his spouse was alcoholic dawned very gradually.

“...um [quietly, surprised], I don’t really know it, sort of, you know, if, happens by stealth, you don’t really realise when it happens you know.” (P14; husband)

Another participant described that he became aware of the addiction problem in his family as he grew up, and he later sought to understand addiction to reconnect with the affected family member.

“It was in later years when I actually knew that he was a drug addict that I started to find out more about it...” (P13; brother and son)

There may be an element of family denial, choosing to overlook, or not wishing to be involved in someone else’s problem:

“When you’re a family member, it’s really, really difficult, because you don’t... Because it’s not your problem.” (P1; daughter, ex-wife and mother)

What were the impacts of addiction on the families?

The impact on family was widespread and ongoing. This was similar regardless of the substance of addiction. Negative impacts included low self-esteem, behavioural and social withdrawal, parental unavailability, difficulty developing

trust in adult relationships, and concerns about own addictive tendencies. Several adult participants quoted a phrase “Don’t talk, don’t trust, don’t feel”³² that they considered represented what they had learned as a child.

Some other excerpts about impacts follow:

“Fear, just simple fear. Fear of when your father doesn’t come home straight away from work...” (P1; daughter, ex-wife and mother)

“Some weekends he’d be drunk when you turned up, so you didn’t see him then. And then some weekends he’d be fine, so then we’d go see him.” (P15; son)

“I’m a terribly introspective person and I had become aware that I have certain [inhales] addictive tendencies. For example, at one point, I was I won’t say addicted to the pokie machines but [inhales] um I could feel myself getting very wrapped up in it.” (P13; brother and son)

Participants reported social consequences: socialising difficulties, trust problems in adult relationships or social isolation:

“I struggled a lot to trust people... I don’t let many people close to me, because I don’t want to be hurt.” (P15; son)

Financial pressures were a common theme for families:

“... Often most common times that we’d spent time together is when he was basically asking for money. Initially, I actually was giving him money because I kind of was fooled into the usual lies.” (P13; brother and son.)

The relationship determined the impact of addiction. Some who had been a child at the time experienced parental aggression, self-directed anger, childhood fear and neglectful parenting, and having to adopt responsible or parenting roles at an early age. Parents of an addicted person very commonly described self-blame and guilt, a sense of responsibility for what had happened to their child and desire to fix the problem. Spouses and significant others had experienced repeated

deceit, broken promises and attempts to control or manipulate them. One family participant said she thought she was a “rotten wife”. Siblings expressed regret while peers reported helplessly watching the self-destruction of a close friend.

“I think any parent tries to accept responsibility for making their child well... I think we are induced to believe that it's a mother's love that will save any child.” (P8; mother)

“... people with addictions become so self-centered, and so kind of compulsive-obsessive about getting the drug of their choice, no matter what, everything else in their life just gets put to the side, and that includes people, places and things. That's the biggest character defect thing. And with that goes the lying and the deceit, and the broken promises and control and manipulation.” (P6; ex-wife)

What did families do?

Family responses were mixed: some stayed together, still trying to help the addicted individual; some drifted apart; and some families ostracised the addicted person:

“The police rang up and said ‘we got your son here and he had a joint with him. You wanna come and pick him up?’ and Dad's response was ‘nah leave him there’.” (P13; brother and son)

Raising the issue of addiction with an addicted loved one was a fundamental barrier. There were explanations of the mechanisms of family denial, of choosing to overlook, of not wishing to apply an addiction label, that addiction stigma is alive and well in our communities.

“Denial is a wonderful thing.” (P1; daughter, ex-wife and mother.)

Not all of the family members were aware of the helping services available, and hence did not know how to seek help. Participants mentioned that some helping services had deterred family involvement, and they had experienced a lack of, or very little support for, the family unit. A long addiction treatment waiting list and eligibility rules meant that families had experienced delays in getting help for the addicted family member.

“There is nothing... If they're on methadone; they're not welcome at meetings for people who are drug-free. So there's no support there, so they can't go to drug support groups.” (P8; mother)

Families also reported frustration with privacy laws, especially when seeking assistance on behalf of a young person no longer deemed a minor in law. Some family members reported refusal of services to give them treatment information, which precluded family members from taking an active role in recovery of the addicted index individual, and compounded the alienation experienced. Most mainstream addiction services are not funded to also offer help to family members.

“My dad would try and ring up and say... ‘What can I do to help my son?’ (and) they'd say things like ‘Ooh that's confidential. We can't even tell that he's even here’.” (P19; son and sibling)

What are the coping strategies that families employ to get through?

Participants were asked about family resilience using lay terms such as “protective factors”, “how did they cope?” and “individual and family strengths to get through” (see Table 1). The coping strategies described by the family participants in this project lacked the positive connotations of resilience, as described in the literature, namely positive adaptation under significant adversity.

These participants did not describe positive aspects of family functioning that had got them through. Rather, participants themselves talked about ‘coping’ or ‘managing’ as if it were a struggle, and mentioned negative connotations or negative consequences of their coping strategies. Reported coping strategies have been categorised, for ease of analysis, as *minimising*, *making allowances*, *turning away* and *carrying on*. *Minimising* allowed family members living with addiction to see it as a lesser problem: the addictive behaviour may even be normalised. As one informant explained, as children they did not regard the parent as an alcoholic, but rationalised the heavy drinking as an acceptable behaviour. *Making allowances* enabled families to carry on with their daily tasks and interact with society, but this is also a form of self-deception or denial. *Turning*

away might involve physical relocation or emotional distancing from the addicted person. Many of those who had distanced themselves from the addicted person had tried to carry on with their lives and set the unpleasant experiences behind them. For some, *carrying on* meant living life as if the prior experience had been forgotten. For others, it could be actively striving to show that they were strong enough to rise above any adversity and could manage without the influence of the addicted person in their lives. These strategies may appear to be favourable adaptive behaviours in the short term; however, the participants in this study did not report an enduring sense of resilience.

Discussion

This project has provided a number of important insights into the experiences of NZ families living with addiction. Firstly, it adds to previ-

ones with addiction problems in widely varying ways. A new and unexpected finding from this study is that the concept of resilience, as defined in the existing literature, was not spontaneously acknowledged by our family participants, even though care had been taken in the interviews to use neutral lay terminology. Participants did not report using positively adaptive coping strategies that would be expected to give the family resilience, instead describing their coping strategies as “insanity in chaos”, putting up a brave front, using denial and distancing. Participants described short-term survival strategies such as minimising, making allowances, turning away or carrying on, but recognised in retrospect that these strategies had proved maladaptive in the longer term. Notably, the participants in this project did not perceive that there had been positive adaptation under adversity for their families, in the way that resilience is described in the international literature.

The coping strategies described by the family participants in this project lacked the positive connotations of resilience, as described in the literature, namely positive adaptation under significant adversity.

This study has identified a possible challenge to existing concepts and resilience needs to be explored further. Many resilience measures in the literature use self-report. There is a clear need to explore the availability of objective, rigorous resilience measures that could be used by health professionals, social workers. It is also important to test the applicability of resilience measures beyond the individual. This consideration leads to the following questions:

ous studies which deal with the visible impacts of addiction, looking instead at the less visible impacts of addiction on family members. Family impacts of addiction are complex, and the participants identified similar family problems regardless of the substance(s) being abused. Interestingly, some adult participants quoted the phrase “Don’t talk, don’t trust, don’t feel”, the three fundamental rules of the alcoholic family suggested by Wegscheider-Cruse,³² as symbolic of what they had learned as a child. These features could limit development of social, emotional and coping skills, and affect the development of trust and healthy adult relationships, as reported by participants.²¹

Secondly, the project confirms international research findings that families respond to loved

- How can the concept of resilience be applied effectively to a collective group like family or perhaps even the wider community?
- How can we reliably measure and evaluate resilience?
- Is it theoretically and practically appropriate to use resilience measures designed for individuals to measure family resilience?

Clearly this project has only just begun to fill specific knowledge gaps about NZ families living in addiction. Further research is required to address a number of important gaps in our basic knowledge to understand and help families living with addiction. A specific cultural knowledge gap exists to address and respond to the perspectives of Maori, Pacific and Asian families, using methods and approaches that are culturally appro-

priate and safe, since this exploratory study did not include all ethnicities represented in the NZ population. The impact on families living with behavioural addictions, such as gambling and eating disorders, also deserves further in-depth investigation.

Information about the impact of addiction on the resilience of NZ families is scarce. This exploratory study identified the impacts on non-addicted family members in NZ, and characterised the coping strategies employed by non-addicted family members and barriers to help seeking for the individual with addiction(s) as well as for the family itself. The findings have contributed to our knowledge and understanding of the experiences of NZ families living with addiction, and of the factors important in their coping and resilience, and has also identified avenues for further research into this important issue.

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COMPETING INTERESTS

None declared.