Welcome to today’s Insight APSAD webinar.
We’ll be starting a little after 10am (QLD time).

• Use the chat icon for all questions and comments – select All panelists and attendees.
• If you are on a computer and Zoom enters full screen mode – you can press the escape button or visit “View Options” at the top of the screen to change the layout.
• If you are experiencing other problems or require further technical assistance call Zoom on 1800 768 027 – the webinar ID is 973-118-396-68.
• A pdf version of today’s presentation will be available soon in the chat window.
• A recording of this webinar will be available on our YouTube channel in the coming weeks.
This map attempts to represent the language, social or nation groups of Aboriginal Australia. It shows only the general locations of larger groupings of people which may include clans, dialects or individual languages in a group. It used published resources from 1988-1994 and is not intended to be exact, nor the boundaries fixed. It is not suitable for native title or other land claims. David R Horton (creator), © AIATSIS, 1996. No reproduction without permission. To purchase a print version visit: www.aiatsis.ashop.com.au

We acknowledge the Traditional Owners of the land on which this event takes place and pay respect to Elders past, present and future.
WEBINAR

Associate Professor Genevieve Dingle

- Loneliness among people in substance use treatment
Battling the Modern Behavioral Epidemic of Loneliness
Suggestions for Research and Interventions

Since ancient times, millions of people have died of epidemics of plague, influenza, and other infections. The toll of direct causality is difficult to quantify, as is probably a common underlying thread of social anxiety and disconnection resulting from the rise in mental health issues in modern society.

CIGNA U.S. LONELINESS INDEX
Survey of 20,000 Americans Examining Behaviors Driving Loneliness in the United States

A connected society
A strategy for tackling loneliness – laying the foundations for change

LONELINESS ANNUAL REPORT
THE FIRST YEAR

AUSTRALIAN LONELINESS REPORT
A survey exploring the loneliness levels of Australians and the impact on their health and wellbeing
WHAT IS LONELINESS?
Loneliness is commonly described as ‘a painful emotional state resulting from a discrepancy between one’s desired relationships and their actual ones’ Peplau & Perlman, 1982.

Social isolation is an objective state of having few social contacts. It is possible to be lonely even when surrounded by lots of people. Conversely, it is possible to be socially isolated and not feel lonely.
Social loneliness from a lack of a network of relationships in which the person is part of a group of friends with shared interests and activities.

Emotional loneliness resulting from the lack of close intimate attachment with another person.

Existential loneliness a sense of ultimate aloneness, nobody really understanding what it’s like to be you.
HOW IS LONELINESS MEASURED?
R-UCLA 20 ITEMS

Rated 1=Never to 4=Often

Items marked with $^b$ are reverse scored

UCLA loneliness scale scores range from 20-80, with a cut off of 43+ representing significant loneliness

1. I feel in tune with the people around me.$^b$
2. I lack companionship.
3. There is no one I can turn to.$^b$
4. I do not feel alone.$^b$
5. I feel part of a group of friends.$^b$
6. I have a lot in common with the people around me.$^b$
7. I am no longer close to anyone.
8. My interests and ideas are not shared by those around me.$^b$
9. I am an outgoing person.$^b$
10. There are people I feel close to.$^b$
11. I feel left out.
12. My social relationships are superficial.
13. No one really knows me well.
14. I feel isolated from others.$^b$
15. I can find companionship when I want it.$^b$
16. There are people who really understand me.$^b$
17. I am unhappy being so withdrawn.
18. People are around me but not with me.
19. There are people I can talk to.$^b$
20. There are people I can turn to.$^b$
<table>
<thead>
<tr>
<th>Statements</th>
<th>Yes</th>
<th>More or less</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>I experience a general sense of emptiness [EL]</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I miss having people around me [EL]</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I often feel rejected [EL]</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>There are plenty of people I can rely on when I have problems [SL]</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<tr>
<td>There are many people I can trust completely [SL]</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>There are enough people I feel close to [SL]</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Hardly Ever</td>
<td>Some of the Time</td>
<td>Often</td>
</tr>
<tr>
<td>---</td>
<td>-------------</td>
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<td>-------</td>
</tr>
<tr>
<td>1.</td>
<td>How often do you feel that you lack companionship?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>How often do you feel left out?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>How often do you feel isolated from others?</td>
<td></td>
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</tbody>
</table>

Items scored 1 to 3 and summed to give a total score.
Health in Retirement Study: $M = 3.89$ ($SD = 1.34$)
Chicago Health, Aging, and Social Relations Study: $M = 6.1$ ($SD = 2.10$)


LONELINESS IS WIDESPREAD

One in four (26.9%) Australian adults are lonely.

UCLA loneliness scale scores range from 20-80, with a cut off of 43+ for significant loneliness

Jo Abbott, Michelle Lim, Robert Eres, Katrina Long, & Rebecca Mathews, APS 2018
A Brief Guide To Measuring Loneliness

If your organisation is working to alleviate loneliness, it’s useful to know which events or triggers could push someone into feeling lonely at different points in life. Knowing about these could help you target your efforts where they could have the biggest impact, or understand how your activities fit into the context of people’s lives.

What Is Loneliness?

Some events which could trigger loneliness across our lives:

- Marriage
- Retirement
- Changing jobs
- Getting divorced
- Losing a family member
- Becoming a parent
- Children moving away from home

https://whatworkswellbeing.org/product/loneliness-conceptual-review/
lower incomes are more likely to feel lonely often

Proportion of individuals feeling lonely ‘often’ by various demographics

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<tr>
<th>Legal marital status</th>
<th>Never married</th>
<th>Separated/divorced/dissolved</th>
<th>Widowed/survived</th>
<th>Married</th>
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<tbody>
<tr>
<td>Household type</td>
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<td>Single parent</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Single</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single pensioner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-person</td>
<td></td>
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<tr>
<td>Couple</td>
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<td></td>
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<tr>
<td>Couple parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pensioner couple</td>
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<td>Employment status</td>
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<td>Unemployed</td>
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<td></td>
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</tr>
<tr>
<td>Inactive</td>
<td></td>
<td></td>
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</tbody>
</table>
Effect of loneliness on mortality is equivalent to smoking 15 cigarettes a day
Worse than obesity and lack of exercise
15% increased risk for depression (Lim, 2018)
30% increased risk for stroke
64% increased risk of dementia (Holwerda et al, 2012).

See Holt-Lunstad et al, 2010; Mihalopoulou et al 2019 for a review
LONELINESS AND SUBSTANCE USE
SYSTEMATIC REVIEW OF 41 STUDIES

Key Findings:

• Loneliness is related to poor physical and mental health, substance use, the quality of relationships, stigma and perception of ill treatment by others.

• Although cognitive theories have proposed cognitive patterns underlying the onset and maintenance of loneliness, they had not been investigated in relation to measurement or intervention efforts.

• Only one loneliness measure (UCLA Loneliness Scale) is valid for use with this population.

• Finally, only a single loneliness intervention had been trialled and was not found to be efficacious in reducing loneliness for people with substance use problems.

LONELINESS IN PEOPLE IN SUD TX

316 adults in residential AOD treatment in NGO services. Many indicated that they were single (59.6%) or were separated, divorced, or widowed (25.4%).

69% loneliness was a serious problem

79% felt lonely at least once per month.

PERCEPTIONS OF LONELINESS

Interviews with 20 people (aged 20-63 years, 90% males) were conducted onsite at two residential treatment facilities in NSW. Results showed substance use and loneliness drive each other. The following cognitions were identified in connection with loneliness:

• Mistrust
• Lack of perceived support
• Low self-worth
• Fear of negative evaluation

MISTRUST
‘Yeah, it takes a while before I can fully trust someone, because, yeah, I don’t even trust my family and that, yeah, so I built, you know, like a wall.’ (Henry, male)

PERCEIVED LACK OF SUPPORT
‘I was lonely, and I was surrounded by heaps of people, but if I had one person there that cared about me and knew, I wouldn’t have felt lonely…. If no-one cares about me, I might as well just write myself off. It’s like I use it as an excuse to just get fucked up.’ (Jason, male)

LOW SELF WORTH
‘You know, there’s a deep—a very deep sadness, of unworthiness I guess and—and—but there’s also responsibility in it too because a lot of the loneliness comes from self-destruction, in the way of relationship.’ (Jessica, female)

FEAR OF NEGATIVE EVALUATION
‘I really can’t share in the meeting because I’m just scared that I’m going to be judged.’ (Nathan, male)
THE IMPORTANCE OF BELONGING
307 adults entering one of five Australian therapeutic communities (TC) completed measures of ‘user identity’ and ‘recovery identity’ as they entered the TC and again at 6 months. DVs = commitment to sobriety, psychological distress (K10), and personal wellbeing at six months.

Participants’ endorsement of the user and recovery identity at T1 and T2 did not differ as a function of primary substance of concern. User identity diminished over the six months while recovery identity remained high, regardless of primary drug category.
User – Recovery Identity differentiation measured at T2 accounted for 20-25% variance in key recovery outcomes at 6 months, after accounting for participant demographics, addiction severity, and T1 identity variables.
Of 50 articles included in the review, interventions fell into 4 main types:
(a) improving social skills,
(a) enhancing social support,
(c) increasing opportunities for social contact, and
(d) addressing maladaptive social cognition

Interventions targeting social skill development, increased social contact and support have only small effects (of $d=-0.16$) on loneliness
Maybe individualized treatments are not the way to go?
GROUPS 4 BELONGING
Genevieve Dingle, Isabella Ingram, Catherine Haslam, Peter Kelly (2019)

• New 6 session group program
• Components of Groups 4 Health\(^1\) social identity program designed to help clients reconnect with existing ties and develop new ties that are supportive of their recovery
• Components of CBT and mindfulness designed to help clients overcome cognitive barriers to connecting with others

<table>
<thead>
<tr>
<th>01</th>
<th>02</th>
<th>03</th>
<th>04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Relationships and Health</td>
<td>Groups risky / supportive of recovery</td>
<td></td>
</tr>
</tbody>
</table>
SESSION 2

01 Loneliness
02 Loneliness and health
03 Loneliness and unhelpful thoughts
04 Mindfulness practice
SESSION 3

01 Quality vs quantity of relationships

02 Relationship values – Party in my honour

03 Maps – do groups reflect my values

04 Identity & group membership
SESSION 4

01 Social identity pathways
02 Relationships and needs
03 Reconnecting with former social groups
04 Overcoming knock-backs and stigma
SESSION 5

01 New Connections
02 Leisure groups
03 Overcoming fear of negative evaluation
04 SMART goals for social change
SESSION 6

Troubleshooting problems

Overcoming mistrust

Music for managing feelings

Overcoming fear of showing feelings
FEASIBILITY OF GROUPS 4 BELONGING

• N = 41 recruited in 3 residential services in NSW
• 63% males; \( M_{age} = 42 \) (SD = 12) years
• Primary substance of concern:
  – amphetamines 54%
  – alcohol 36%
  – opiates 5%
  – cocaine 2.6%

RECRUITMENT AND RETENTION

• 41 participants signed up to do the G4B trial
• 20 completed the program (at one site a new anxiety and depression program was scheduled at the same time; 8 left the treatment service during the trial)
• The average number of sessions attended was 3.7 (SD=1.76)
• No differences at baseline between those who completed and those who did not complete the program
RESULTS: LONELINESS MEASURES

RULS8 ($p = .016$)

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
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<tbody>
<tr>
<td>14.42</td>
<td>12.16</td>
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</tbody>
</table>

Emotional Loneliness ($p < .001$)

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.89</td>
<td>1.79</td>
</tr>
</tbody>
</table>
RESULTS: WELLBEING AND ‘USER’ IDENTITY

Short Warwick Edinburgh Wellbeing ($p = .001$)

Pre: 21.56  
Post: 24.69

User Identity ($p < .05$)

Pre: 4.3  
Post: 2.4
RESULTS: ADDICTION MEASURES

Commitment to Sobriety (ns)

- Pre: 23.21
- Post: 23.16

Cravings (p = .06)

- Pre: 12.32
- Post: 10
PARTICIPANT SATISFACTION (%)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I enjoyed G4B</td>
<td>95%</td>
</tr>
<tr>
<td>Helped manage emotions</td>
<td>94%</td>
</tr>
<tr>
<td>I was able to have a say</td>
<td>100%</td>
</tr>
<tr>
<td>I would recommend G4B to a friend</td>
<td>100%</td>
</tr>
<tr>
<td>I'm spending more time doing activities not involving substances</td>
<td>100%</td>
</tr>
<tr>
<td>I'm making progress towards my recovery goals</td>
<td>100%</td>
</tr>
</tbody>
</table>
SOCIAL PRESCRIBING
LINK WORKER

- AKA community development worker, wellbeing coordinator, social prescribing coordinator
- Holds detailed local knowledge of organisations, services and supports to ensure that individuals engage with meaningful programs.
- They facilitate client access and follow up to ensure a good fit and to refer on to other services as required
WAYS TO WELLNESS

HTTPS://WAYSTOWELLNESS.ORG.AU/
HTTPS://WWW.YOUTUBE.COM/WATCH?V=6NHWAEPCOAY&T=149S

Figure 2. Operational model of the Social Prescribing Network in Mt Gravatt.
Loneliness is common among people who use substances and is a driving force for substance use.

Helping people to connect with others who support their recovery is related to sustained healthy outcomes.

It doesn’t have to be AOD specific groups and communities – broader activity groups such as offered by social prescribing also address loneliness.

People have cognitive barriers to connecting with others that might need to be addressed in treatment (mistrust, fear of negative evaluation, stigma).

Groups 4 Belonging shows promise as a tailored intervention for people with SUD who want to develop their recovery social networks.
Thanks for joining us today!

Next Week…. **Wednesday 29th July 2020 10am**
Karen Blakey, Andrew Griffiths and Mark Daglish
- Designer Benzodiazepines in Queensland:
  What's in fake Xanax

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youtube.com/c/InsightQueensland