

Consequences of Substance Abuse on Non-addicted Family Members and their Role in Treatment and Rehabilitation Initiatives

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Abstract

Addicts aren't the only ones whose lives are altered by drug abuse. Active addiction has repercussions for many people other than the user. When a loved one struggles with substance abuse, everyone in the family feels the effects. Addiction changes the life of everyone who cares about the addict, whether they are the addict's parents, children, or spouse. Most academics and theorists now agree that families are the basic unit of society. Both healthy and unhealthy lifestyles may have their origins and flourish inside families. Numerous studies have shown its significance and effect in defining health and sickness and presenting paradigms for typical and atypical conduct. As a result, the family unit has been widely recognised as the primary and primary source of health. Ban-dura argues that, as a social species, people are best understood in the context of their interpersonal connections, starting with their families. According to popular theories in the field of family psychology, early life experiences, including those with one's own family, have a profound impact on shaping one's identity. As individuals of the same household negotiate their own situations, symptoms, and emotional senses via the interchange of a wide variety of behavioural, affective, and abnormal aberrational models, it is also the setting for the vast majority of our fears, failures, and accomplishments.

Keywords: Substance use disorder, attachment theory, family systems theory, impact, treatment

Introduction

Recent years have seen a rise in research exploring the connections between drug misuse and family dynamics, with some studies focusing particularly on the possible impact of family dynamics on drug abuse and other aberrations. Only a handful have delved into what families do for a living. The key measure of their surroundings was considered to be the parents' lack skill in expressing their emotions correctly, since studies indicated that persons who developed a dependency on drugs had had significant affective issues throughout formative years. The youngsters in these homes were subjected to relentless criticism and expected to perform beyond and beyond their capabilities. From his study of 51263 drug-using teenagers of the same age, Eitle found that a lack of parental supervision and a lack of bond between parents and children made addiction and drug use predictable.

The lack of explicit and injunctive rules on using drugs, low control by parents, and the absence of appropriate penalties following rule violations are all factors that, according to some theories, contribute to drug use and, eventually, drug abuse and dependency. Family discord, poor parent-child communication, and a lack of positive

guidance or discipline from parents are all well-documented contributors to adolescent substance usage. It is widely believed that dysfunctional family relationships have a significant role in both the initiation and continuation of substance abuse. The families of those who are dependent have lost their ability to problem solve, interact, communicate, be emotionally responsive and involved, exercise behavioural control, and know how to find suitable remedies that do not distress individual family members. Because of their inefficiencies, these households are far more prone to substance misuse. Members of dysfunctional families are more likely to engage in risky behaviours like substance abuse because they lack the emotional and cognitive skills necessary to handle challenging situations, are not emotionally or physically supported by family members, and have unmet basic needs.

Furthermore, connection or its quality, together with good family and parent-child connections, are at the heart of troublesome behaviours and neurotic illnesses. Without a strong and loving family network, a person is more likely to gravitate towards peers their own age, join peer groups where they have a greater tendency to experiment with substances, and develop unhealthy friendships. Drug misuse is more common in low-performing families, according to other research that has also shown a correlation between family functioning and such outcomes as youth homelessness, mental health issues, and sexual harassment. Drug use is strongly linked to feelings of insecurity, which stem from the breakdown of traditional family structures. These results can be explained by the fact that adolescents who grow up in homes where negative relationships prevail and where parents do not take an active interest in their children's lives and problems are less likely to develop a healthy sense of identity, to feel competent and in control of their impulses, and to avoid drug use. According to Newcomb and Richardson, adolescents are less likely to experiment with substance use when they have close, positive interactions with adults.

Substance use disorders (SUDs) have far-reaching consequences for loved ones. How SUDs begin, how they are sustained, and what factors might aid or hinder therapy are all things that can be gleaned from the family setting. The theoretical frameworks of family systems theory or attachment theory provide a foundation for comprehending the effects of SUDs on families. In addition, knowing the family's present developmental stage aids in assessing impairment and selecting effective solutions. Poor outcomes for children and people with SUDs may be traced back to early on in the family's development, when unfavourable emotional and behavioural patterns are established. There are several methods in which social workers might assist in the fight against SUDs.

People's primary source of love, support, and socialisation is still their family. The impact of addiction to substances (SUDs) may be catastrophic, both socially and personally. Unmet developmental needs, broken bonds, financial hardships, legal problems, emotional agony, and even assault are just some of the many bad outcomes that may result from substance addiction among families and individuals. Young people are at far greater risk than adults for developing an SUD. Therefore, it is futile to cure just the individual who is showing signs of the disease of addiction. Unlike other medical professionals, social workers have known for a long time how important it is to assess a patient in the context of their loved ones. The social work curriculum stresses the importance of this two-way street. This discussion illustrates the value of including loved ones in substance abuse treatment. Evidence-based family therapies outperform those that just target the patient or a limited group of patients. There are two main reasons why treatment may not be as effective if the patient is treated in isolation from his or her loved ones: (a) the devastating consequences of SUDs on the family structure are ignored, and (b) the household is not regarded as a potential source of encouragement for change.

Attachment theory & systems theory are two essential frameworks for understanding the causes and consequences of SUDs within families.

(i) **Attachment Theory** : Eight million children under the age of 18 are anticipated to be living with at least one adult that has an SUD, which is more than one in ten children. U.S. Department of Health and Human Services (HHS) data from 2010 indicates that the vast majority of these kids are under the age of five. Research on families affected by SUDs has shown trends that have a major impact on their offspring's maturation and the possibility that they would face their own share of mental health and addiction issues later in life. Disruptions to attachment, ceremonies, roles, routines, interaction, social life, and money are just some of the ways in which substance use disorders among parents affect children. Parents with substance use disorders often create a home filled with secrets, arguments, physical or verbal abuse, emotional turmoil, a shift in parental roles, and a climate of dread for their

children. Family members are able to talk to each other because of the relationships between them. The notion of attachment may provide light on how and why relationships within a family flourish or flounder. Clinical research with humans and other mammals led John Bowlby (1988) to establish his theory of attachment. He proposed that an infant's first relationship—typically with his or her mother, but not always—sets the stage for all future interactions. Within the framework of the family, this connection creates its own subsystem. Infants develop a foundation for later language acquisition and socialisation via this early attachment. Their cries, coos, roots, and clinging all serve this purpose. The main caregiver's reaction to these signals will determine the attachment's strength. A strong sense of connection might be thought of as a mental defence mechanism. The relational bonding system serves as a kind of psychological immunity, just way the body's immune system serves to ward off physical sickness. A child's susceptibility to stress, trauma, anxiety, depressive disorders, and various other mental health issues is directly proportional to the strength of his or her attachment system. According to attachment theory, a parent's capacity to build strong connections to their children and other adults is influenced by the quality of their own attachment system, which formed during infancy.

(ii) Family Systems Theory: The more nuanced family systems approach developed from the general systems theory that has its roots in biology. General systems theory focuses on the dynamics between the various parts of a system. In the theory of general systems, a single cell is considered a system, while in family systems theory, a family unit is considered a system. Since feedback, equilibrium, and limitations are crucial to both perspectives, they are examined in depth. Family systems theory was developed between the years 1966 and 1973. "Nathan Ackerman, Jay Haley, Murray Bowen, Salvatore Minuchin, Virginia Satir, and Carl Whitaker" are just a few of the prominent members of this movement who have made important contributions to its therapeutic applications. The multisystemic family therapy (MFT) paradigm is the most recent offshoot of this theory in family therapy, but it paved the way for many others. That an individual's conduct and state of mind can be most effectively understood and handled in the context including their family is the central concept of the theory of family systems, which is shared by all forms of family therapy. The pathology of the patients who seek therapy in our clinics may be seen as an attempt to maintain familial balance. The principle of homeostasis states that systems tend to stay in equilibrium on their own. Homeostasis, the idea that all parts of a system will choose actions that keep the whole in balance even if they are bad for the individual, is crucial to understanding the impact of SUDs on families. A kid with developmental delays may assist in hiding her alcoholic father by taking care of him when he is sick, putting him to bed when he falls out, or playing down the way he drinks to her mother. Because of her efforts, he is able to maintain his substance abuse problem with little impact, and the family structure remains relatively stable. While it's true that this adjustment helps preserve peace within the family unit, it also keeps the underlying issue alive and well. In a feedback loop, components of the system continuously share information with one another. The bond between a parent and kid develops via a process of feedback. An unhappy woman who feels ignored by her husband may develop an addiction to painkillers. The husband can respond by saying he stays away from his depressed and drugged-up wife. Each person's actions provide positive reinforcement to the other. Boundaries are set up to safeguard a system by limiting its access to the outside world and so reducing its overall energy consumption. They govern how members of a family interact with one another. Boundaries in a healthy family serve to divide the parent subsystem from the kid subsystem. Boundaries between the parental and child subsystems tend to be porous in SUD families because the parental subsystem does not work effectively as a coherent unit. To protect their secret of drug usage, the family sets up strict boundaries inside the family unit. Setting appropriate limits is crucial to the growth and development of a family and its young members.

Impact of family on Drug Abusers

The onset of SUDs is influenced by both genetic and environmental variables. Both are affected by one's upbringing, thus it's crucial to study how substance use disorders affect families. Research on the relative strength of these factors reveals that they both contribute significantly. The effects will differ based on the gender and position of the family member who is struggling with substance use disorder. The effects on a family may vary depending on who is diagnosed with a substance use disorder (SUD). Family members' ideas and attitudes towards substance use disorders (SUDs) are especially significant since they have a bearing on the success of recovery and treatment efforts.

Impact of Parental Substance Abuse on their Children

Overtly accountable in connections or taking in adult roles prior to they are ready for development are more severe adverse effects of having either one or both parents with an SUD, while covert harm can be mild and appear when an adolescent or kid has issues establishing trustworthy connections with people. Maternal drug addiction may begin before conception, potentially putting the unborn child at risk of birth abnormalities, foetal alcoholism, and other adverse outcomes. Disabilities exacerbated by these factors need preventive actions, as well as ongoing medical, interpersonal, and psychological support. Social workers may be helpful by counselling their clients to take actions to prevent pregnancy and talking to them about the risks of drug use throughout pregnancy.

As was previously said, primates acquire the ability to self-regulate their emotions by observing and mimicking the actions of their key attachment figures. The inability to control their own emotions is a risk factor for, or a direct outcome of, parental drug abuse. As a result, young people will have a tough time learning to control their emotions in a healthy way. This can lead to increased risk for internalising problems like depression, anxiety, substance abuse, etc., as well as increased risk for externalising problems like opposition, behavioural issues (stealing, lying, or truancy), anger eruptions, aggressivity, impulsivity, and substance abuse among children and adolescents. Direct practise social workers see children in a variety of settings, including community mental health centres and schools.

Helping these clients involves monitoring the child's behaviour in group situations and during play for indicators of parental drug abuse. It is important for social workers to investigate whether or not the child's exhibiting symptoms have a purpose in the context of the family. Social workers may be useful in a variety of settings, including outpatient clinics, schools, and clients' homes by providing individual and group therapy, as well as specialised services like play therapy, interpersonal instruction, and coping mechanism development. There are circumstances in which involving CPS is necessary.

Parental Substance Abuse Leading to Child Abuse and Neglect

There is a threefold increase in the likelihood of physical or sexual abuse by a parent who has a substance use disorder. As a result, these kids have a more than 50% increased risk of being arrested as minors and a 40% increased risk of committing a violent crime. Neglected children are more prone to suffer from internalising diseases like depression, anxiety, withdrawal from society, and poor peer relations, whereas abused children are more likely to display externalising disorders like rage, violence, conduct, and behavioural difficulties. Parental drug addiction is strongly linked to all forms of sexual abuse, including incest. Two-thirds of incest offenders admit to drinking alcohol just before committing the crime.

A parent's inability to develop bonds and give healthy role models in regards to emotion regulation may have disastrous implications on their connection with their child if their substance abuse is serious and ongoing. Because of parental imprisonment, the need for long-term therapy, or a visit by child protective services, a child may be put in an out-of-home environment like foster care, a relative's treatment, a group residence, or a residential facility. Parental drug abuse may have dire consequences, including the loss of a parent to an overdose, an auto accident, or serious health problems. The rise of the foster care system in both the 1980s and the 1990s coincided closely with the drug misuse crisis that swept across the nation at the same time. If a kid is separated from their carer for an extended period of time, it may cause them to develop attachment issues, emotional dysregulation, and trauma reactions including numbness or hyperarousal (the inability to discriminate and react correctly to stimuli). These deficiencies in the mental health crisis response system significantly raise the likelihood of future trauma victimisation. Children whose parents have an SUD are at a higher risk for acquiring drug misuse issues themselves, as well as having inferior physical, academic, social, and emotional consequences.

The parent's needs are prioritised above the child's in dependency reversal. This may prevent a youngster from developing the crucial triad links between ideas, emotions, and actions throughout their lives. It causes people to stop caring about their own needs and focus instead on those of others. These challenges are well-documented in studies focusing on children of alcoholics as well as adult offspring of alcoholics.

Effective communication is a crucial social ability for making connections with others. Parents who are struggling

with substance use disorder may have trouble being assertive and communicating well. There are many topics that are tacitly "off-limits" for conversation. Children in these households are typically exposed to the culmination of parental difficulties in communication and emotion control, which manifests itself in abusive relationships. Although these challenges may not be easily classified as a mental or physical illness, the recurring nature of them has serious implications for the individual's growth and the lives of others around them. Anxiety, fear, melancholy, guilt, humiliation, loneliness, perplexity, and rage are all common feelings for these kids. They may feel responsible for their parent's SUD, or they may be pressured to hide it from friends and relatives.

Parental Substance Abuse and Educational Functioning

Some children whose parents have drug abuse issues also tend to struggle in school. Childhood issues with unexcused absences might escalate into truancy issues in adolescence, leading to school dropout. Parents read less to their newborns and toddlers and give less opportunities for them to learn. In school-age years, parents are less available to provide assistance with homework, monitor school performance, and track assignments. Because of the stress and disorganisation they experience at home, these kids may have trouble paying attention and staying focused. Learning difficulties and behavioural challenges at school are exacerbated for these children because of their unstructured bedtimes, meals, and exposure to domestic violence and safety concerns. When children's fundamental needs aren't satisfied, it's hard for them to concentrate on more complex topics. Poor communication between parents who abuse substances and teachers and the greater school system is a reflection of the situation at home. Many parents who are also dealing with an SUD avoided the school system when they were young because of negative experiences.

The Impact of Substance Abuse on Parents of Adult Children

Even as they become adulthood, children are profoundly influenced by their parents. Family enabling is a common element that may contribute to the persistence of substance use disorders. Protecting the person with SUD from feeling the full effects of their drug use is an example of enabling. A parent is enabling their adult son when they continually pay for his legal representation and bail him out of prison after he gets arrested for drug use. The parents are trying to assist their son and keep the system in balance by keeping him out of prison, but the unintended result is that their kid faces no repercussions for his drug usage. This increases the likelihood that his SUD will persist. Not all families can agree on the best method to "assist" an adult child who is struggling with a substance use disorder. Social professionals might advise parents of grown children to join groups like Al-Anon and Nar-Anon for mutual support. Family members may find loving support in disengaging from the cycle of enabling via programmes designed specifically for them. Parents often feel guilty for their children's drug abuse issues and blame oneself for their onset. They realise they are not to blame for the SUD and have no power over it or cure it in Al-Anon and Nar-Anon.

Conclusion

The effects of substance use disorders on an individual's loved ones must be taken into account in order to properly diagnose and treat the condition. Scientists studying addiction have discovered a two-way connection between the illness and its setting. Each individual both contributes to and is shaped by the community in which they live. Successful continuous therapy requires an awareness of the disease's origins and maintenance, as well as the active participation of the patient's family. The prevention of juvenile drug misuse requires the active participation and assistance of loving adults.

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