The Impact of Substance Misuse on the Family:

A Grounded Theory Analysis

of the Experience of Parents

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Abstract

The aim of this study was to conduct a detailed qualitative analysis into the impact of substance misuse on the family, from the point of view of parents of users. Semi-structured interviews (adapted from the work of Velleman et al., 1993) were conducted with ten parents, who were recruited from a drug and alcohol agency and a family support agency. A Grounded Theory approach was adopted to analyse the transcribed interview data. Eight major themes emerged from the analysis, which are referred to as confusion, imbalance/pervasion of the substance misuse problem, heightened negative emotions, family support/treatment, coping, general outcomes, family outcomes, and other stressors. Although the emphasis is slightly different, the results have been integrated to form a model that strongly supports the stress-strain-coping-support model, described by Velleman and colleagues (1998). The study highlights the need for more research on the family, and the results clearly provide a sound basis for future study.

Introduction

Drug and alcohol misuse, and the problems associated with this, are clearly escalating within the UK. As Velleman et al (1993) note, the vast majority of substance misusers exist within a social context, which includes family members, either as parents, siblings, partners, children or wider kin. Despite this, it is only in recent years that the impact of substance misuse on the family has started to become increasingly more recognised. Prior to the 1980s, only sporadic research had been conducted to examine the impact of having a problem drug or alcohol user as a family member. Over recent years, significant attempts have been made to alter this, and it seems that steps are being made to ensure that the affects on the family are being documented (and understood) much better than they have been in the past.

Recent figures suggest that in the UK there are about 250,000 to 300,000 people with a serious drug problem (Home Office, 2002) and over 1.8 million adults using alcohol at a harmful level (ONS, 1997). Using Copello and colleagues' (2000) conservative assumption that every substance misuser will negatively affect at least two close family members, suggests that there may be at least 4.2 million people in the UK alone, living with the negative consequences of someone else's drug or alcohol misuse.

However, according to Velleman & Templeton (2003) there are a number of reasons to assume that the number of family members affected is even greater than this. Firstly, since the level of substance use set as 'harmful' is quite high, it is probable that in reality problems for families may be caused at a much lower level. Secondly, it is likely that far more than two family members or close friends are negatively affected by the dangerous levels of somebody else's substance abuse. Whatever the true figures, it is clear that the conservative estimates alone are high enough to warrant this an extremely important area of research.

Within the family literature, the emphasis seems to have shifted somewhat from older theories, which tended to hold the family responsible for the substance misuse problems of its members (e.g. Blechman, 1982; Cermack, 1986). Despite this, Copello (1999) indicates that some professionals and researchers still hold such views, which can make it more difficult to understand the needs of relatives in their own right, and to deliver these needs. Despite the difficulties that still exist (in terms of blaming families rather than treating their needs), it is increasingly more recognised that living with someone who has a serious drinking or drug problem can be very stressful for families and often this stress is long lasting (Jackson, 1954; Velleman and Orford, 1990; Dorn et al., 1994).

Although our understanding of substance misuse and the family has increased considerably, Orford and Vellman (2003) argue that for a long time much of this work remained highly specialised and failed to become mainstream. They suggest that this was partly attributable to the lack of a widely acceptable model, and partly due to the lack of service commitment to families. However, in recent years this is slowly changing, and the UK is playing a leading role in these developments (Orford and Velleman, 2003). In particular, advancements in raising the profile and increasing our understanding of how substance misuse impacts on the family have been associated with the Alcohol, Drugs and Family Special Interest Group (ADF Group), which involves a collaboration between Bath and Birmingham University and the associated NHS services.

The ADF Group adopt a mixed methodology (using both quantitative and qualitative methods) in their research, and over recent years have examined a range of issues in relation to children, spouses and family members generally, as well as across cultures (Velleman and Templeton, 2003). Although much of their research has focused on alcohol, they have also examined how families deal with drugs, and more recently they

have examined both together, since their evidence suggests that the experience of such families can be remarkably similar (Velleman and Templeton, 2003). Research by both the ADF Group and others in the field has focused on several main areas. These are in terms of impact or effects substance misuse has on the family, the various ways of coping with it, the influence of support, and the treatment available.

Recent research has recognised that a relative's substance misuse problem can impact upon family members in numerous ways. Cross-cultural research by Orford et al. (1998a) suggests that there is a set of universal or core experiences for those living with someone with a drug or alcohol problem. This includes finding the user difficult to live with; financial difficulties for the family; concern for the health of the user and his/her future and safety; concern for the harmful affects on the family as a whole; experiencing personal anxiety; feeling helpless; and feeling low or depressed (Orford et al, 1998a). A study conducted by Velleman et al (1993) highlights why it can be especially difficult and disruptive to live with a user, since the user often adopts many problematic behaviours such as violence, unpredictability and stealing. According to Velleman et al (1993), the substance misuse problem can also cause a restriction on relatives' social life and a negative impact on family relationships.

As mentioned previously, another very apparent consequence of substance misuse problems is in terms of the stress it causes families, which is often severe and long lasting (Jackson, 1954; Velleman and Orford, 1990; Dorn et al., 1994). This stress can often result in higher physical and psychological morbidity of relatives (Orford et al, 1998a) and can lead to increased rates of primary care consultations (Svenson et al., 1995). Most of these various findings are summarised in a recent review by Macdonald and colleagues (2002), which identified the impact on families as being concentrated in four key areas. These are the physical and psychological health of relatives, finance and employment, social life, and family relationships.

Despite the common overall effects that can occur as a result of having a user in the family, it is clear that there can be a differential impact of drug use on family members. This can depend on a number of factors, including role and position in the family, gender, and relationship with the user (Bancroft et al., 2002). Although a great deal of research on this issue has concentrated on the experience of children of substance misusing parents (Velleman, 2001, 2003), there are other areas of focus. In particular, a study conducted by Velleman et al (1993) demonstrated marked differences in the patterns of events experienced by partners and parents of users. For example, partners reported experiencing significantly more violence and unpredictable mood changes, whereas parents reported more lying and manipulation. It is also suggested that initially parents are often more shocked than siblings are (Bancroft et al, 2002).

It is currently understood that families attempt to cope with the substance misuse problems of a relative in a number of ways. According to Orford et al (1998b) relatives' coping falls into three broad types. Firstly, engaged coping includes attempts by relatives to modify or control the substance misuse behaviour, for example, by making it clear that the substance misuse is causing them upset. Secondly, tolerant coping involves actions which are inactive or accepting of the use, such as making excuses for the use or taking the blame. Finally, withdrawal coping involves attempts to put distance between the family member and the user, for example by avoiding the user (Orford et al, 1998b).

Although three distinct methods of coping are described, it is clear from Velleman et al's (1993) study that relatives find coping with a drug abuser in the family very difficult, and as a result they do not simply choose an optimal way of dealing with it, but oscillate from one method to another, seeking desperately for some ideal solution.

Results from a subsequent study have suggested that compared to the other methods, tolerant-inactive coping is associated with feelings of worry, guilt and powerlessness, and with negative physical and psychological symptoms for relatives (Orford et al., 2001) However, it is important to note although causality may be inferred it is yet to proved. Furthermore, although it is demonstrated that coping actions may be changed as a result of relatively brief interventions (Copello et al, 2000), it should be remembered that coping actions may pose different advantages and disadvantages depending on a family's specific circumstances (Copello, 1999).

Macdonald et al (2002) also highlight a number of ways that family members respond to the negative impact of drug use. In a similar way to Orford et al (2001), they recognise that different responses can be associated with increased problems for some families. Various responses by families include denial, self-blame, blame of others, and 'tough love', which basically involves creating distance between the user and the rest of the family. However, this particular response is sometimes difficult for some families, since it demands a substantial amount of detachment (Macdonald et al, 2002).

The study of how family members cope with substance misuse problems is also of considerable importance to the issue of social support, which is an area that has become increasingly popular within psychology in recent years (Orford et al., 1998c). A detailed study conducted by Orford et al (1998c) has provided particularly informative results in relation to this area. The study provides support for the hypothesis that culture plays a significant role in determining social support. For example, the results show that positive social support for Mexican relatives came mainly from family, whereas for English relatives support was as likely to come from 'professionals' as it was from family, and almost as likely to come from friends (Orford et al, 1998c).

The results of the Orford et al's (1998c) study also demonstrated that there is a wide variation to be found in the perceived adequacy of social support. It was often the case that potential support from others did not translate into actual or adequate support. Most commonly, this was due to a lack of involvement, which was influenced by a variety of factors, such as physical distance, and a lack of awareness or understanding. Orford et al (1998c) concluded that generally it is remarkably difficult for parents and partners of substance misusers to locate 'supportive' people from within their social network. Although relatives often recognise their role in cutting themselves off from potential support by concealing the problem, it is argued that much of the responsibility lies with others (Orford et al, 1998c).

The suggestion by Orford et al (1998c) that families find it difficult to receive adequate support is extremely concerning, and indicates why successful treatment or external support is so essential. However, even though there is overwhelming evidence that families are very negatively affected by substance misuse, the service provision for families has tended to be inadequate (Copello, 1999). Services are strongly oriented towards helping the problem user and not the relatives, and services for family members or family units in their own right are scarce (Velleman and Templeton, 2003). A national mapping exercise of services for families and children found only 14 such services in existence in the UK (Robinson and Hassle, 2000).

Despite this lack of service provision, one form of support that is commonly available to many families is in the form of family support groups (Bancroft et al, 2002). Although family support groups are widespread throughout the UK, there is very little research about them, since they are mostly voluntary and there is little funding available for research. Bancroft et al (2002) suggest that what is known about them indicates that they are affective in addressing some of the problems experienced by families of users. Kenny (2000) notes that one of the most important features of family support groups is as providers of information on drug-related information. They are also extremely important in terms of improving coping and emphasising to family members the

importance of their own health and needs (Bancroft et al, 2002). Marshall (1993) notes that some of the other benefits of joining a self-help group include empowerment; social support; the development of skills; and reassurance about the commonality of their experiences.

However, Marshall (1993) also describes some of the potential problems with family support groups. In particular, anxiety of relatives can be increased if people hear about problems worse than their own or if the group dwells too much on negative accounts. Another problem is the lack of anonymity. For some people other methods of support such as individual counselling may be preferable and more beneficial. However, Bancroft et al (2002) suggest that these other types of support can be much less widespread than family support groups. Recently, research has also been conducted into the possible effectiveness of primary care interventions (Copello et al, 2000). Although the results are positive and this approach may offer another useful way of understanding and working with families experiencing addiction-related problems, these interventions are also far from widespread. Consequently, family support groups remain the most likely source of support available to most families.

After much focused research in recent years, the ADF Group propose that a clear theoretical perspective has emerged in relation to substance misuse and the family, which is referred to as the stress-strain-coping-support model (Velleman et al, 1998). According to Copello (1999), the model is influenced by health psychology theories. The model is interactional since both family members and users are seen as victims of stress, and family members are not seen as the cause of the problem (unlike older theories).

According to the model outlined by Velleman et al (1998), living in a family where someone misuses alcohol or drugs is commonly very stressful, as the misuser can often do things which have a negative impact. It is proposed that affected and concerned family members are likely to show signs of strain, including physical and psychological ill-health. Within the model, stress and strain together describe the impact of the substance misuse on the family. Both are mediated by the positive or negative impact of coping (i.e. how the family understand and react to the problem) and the level and quality of social support (from family, friends, neighbours and professionals).

Without doubt the increased interest in this area of research, particularly from those in the ADF Group, has significantly improved our understanding of how substance misuse impacts on the family. However, since this area of research has only come into focus fairly recently, it is likely that there is a considerable amount of information yet to be discovered and understood.

Indeed, a review by Bancroft et al (2002) identified that within all of the 104 articles that they reviewed on this general topic (from 1990 to 2002), there was very little literature that directly related to the needs of families of drug users or how those needs might best be met. They found that few studies focused directly on eliciting families' own views of what their needs were. Clearly, this suggests that there is a need for more basic research into the experiences of families affected by substance misuse. This view is echoed by many in the field, such as Copello (1999), who suggests that the needs of family members and their potential contribution have for a long time been relatively neglected.

Although there is much more awareness of the visible impact on relatives, in terms of the health, family, financial and social affects, as well as the role of coping and support, there appears to be a lack of understanding regarding some of the underlying stressful processes or factors which lead to these various consequences.

The necessity for more research was confirmed in a focus group that I conducted with parents of users, prior to this research. Although this focus group confirmed much of the previous research with respect to the visible affects of substance misuse on families (Orford et al, 1998a), it failed to establish any of the deeper consequences that are likely to exist for families. It is suggested that in order to achieve this more detailed qualitative analysis is required. Although some qualitative analysis has already been conducted by the ADF group through their mixed methodology, apart from their contribution there is a significant lack of this type of research within the field.

According to Smith (2001), qualitative research is important since it allows an attempt is made to capture the richness of the emerging themes rather than reducing participants' responses to quantitative categories. Smith (2001) also describes the 'natural fit' that exists between qualitative research and semi-structured interviews, since this method allows much more flexibility than the more conventional structured interview, questionnaire or survey, as the respondent can give a fuller picture and the researcher is free to follow up interesting avenues that emerge in the interview.

Hence, the aim of this pilot study was to conduct detailed qualitative research on the impact of substance misuse on the family, from the point of view of parents of users. The research was exploratory in nature, and it was hoped that by getting detailed reports from parents via semi-structured interviews, important issues would emerge that would help to provide a clearer insight into the experience of families. The interview material was analysed using a Grounded Theory approach (Strauss and Corbin, 1990), which allowed a conceptual framework to emerge from the data.

According to Strauss and Corbin (1990), Grounded Theory analysis is different from other methods in the sense that it allows the generation of theory that closely approximates the reality it represents, rather than the testing of theory. The inductive nature of this method assumes an openness and flexibility of approach, which is advantageous since it allows the researcher to follow the leads gained from the data (Charmaz, 2001). This approach can also help the analyst break through the biases and assumptions that can be brought to or developed during the research process (Strauss and Corbin, 1990). The study took on the same approach recently used by the ADF Group, in terms of examining the overall impact of substance misuse, rather than focusing specifically on either drugs or alcohol (Velleman and Templeton, 2003).

Method

Participants

The sample contained ten participants, all of whom were parents of substance misusers (apart from one who was a grandparent that had assumed a parental role). Three of the participants were recruited from a local drug and alcohol agency (through the family counsellor) and seven from a family support agency. Seven of the participants were female, and three were male. Within the sample, there were two couples. However, all of the interviews were conducted on an individual basis, hence each interview was treated as a separate account and therefore analysed separately. In effect, although there were ten separate accounts, these refer to eight problem users.

All of the users referred to by the participants were adult users, although the addiction had often first developed during their teenage years. The duration of the addiction problem ranged from four to twenty years, and the users were all at various stages of their addiction or recovery process. At least two were still using and showed no signs of stopping, several were detoxing or on methadone programmes, and one was clean. Four of the users were polydrug users, two were addicted to heroin, one to alcohol, and one to alcohol and heroin. Five out of eight of the users lived mostly in the parental home, with the others having done so for some period of time during the addiction problem.

Materials

Standardised guidelines for the interview outlining the proposed layout were read to each participant. Subsequently, participants were issued a standardised consent form. Each interview was based on a set of standardised semi-structured guidelines, which was adapted from the work of Velleman et al (1993). An Olympus voice and music DM-1 Dictaphone was employed to record each interview, which were subsequently transcribed into Microsoft Word.

Procedure

A drug and alcohol agency and a family support organisation were contacted and asked to participate in the study. The family counsellor (at the drug and alcohol agency) and the manager of the family support organisation provided contacts and facilitated the organisation of the interviews. No incentive was offered to the participants during recruitment.

Before the interview commenced, a standardised plan of the interview was read out to each participant, and they were assured of participant confidentiality. Participants were also informed that they were under no obligation to answer any questions that they were uncomfortable with, and that they were free to pause for a break or terminate the interview at any time. Each participant was then asked to sign and date a standardised consent form.

A qualitative design, using semi-structured interviews was adopted. The interviews explored the way in which substance misuse impacts upon the family, from the point of view of parents of users. After each interview was completed, the participant was thanked for their time and co-operation. The interview recordings, which ranged from 42 to 129 minutes, were subsequently transcribed onto Microsoft Word. A Grounded Theory approach was used to analyse the data, which allowed for the emergence of themes and concepts from the interview data (Strauss and Corbin, 1990).

Results

A number of significant themes emerged from the Grounded Theory analysis of the interview data. Each theme is made up of a series of concepts, and in some cases these concepts have been grouped together into sub-themes, which exist within the overall theme. To avoid any ambiguity the themes are presented in separate sections, with each section beginning with a series of bullet-points of the concepts (and if applicable the sub-themes) contained within the overall theme. Then, following a brief definition/explanation of the overall theme, there is a more detailed interpretation of the data, where each of the concepts and the sub-themes are examined more thoroughly. This analysis is frequently exemplified by extracts from the interviews.

The analysis focuses on the following eight main themes, which emerged from the study:

1. Confusion/lack of awareness
2. Imbalance/pervasion of the problem
3. Heightened negative emotions
4. Family support/treatment
5. Coping
6. Outcomes
7. Family
8. Other Stressors

1. Confusion / lack of awareness

- Lack of knowledge
- Gradual process of realisation
- Deceitful behaviour of the user
- Denial
- Self-contradictions
- External factors

For the majority of participants, finding out about and understanding the substance misuse problem of their child was surrounded by a considerable amount of confusion. This confusion about their child's substance misuse related to a range of issues such as being unsure of what substances were being misused, the seriousness of use, or the method of administration.

For most of the parents this confusion or lack of clear awareness was influenced by a **lack of knowledge** relating to substance misuse issues. This lack of knowledge is illustrated in the following extract:

> "… I look back and think… I must have been thick, but I just knew nothing about drugs, it was totally alien to me or my generation…"

For many of the participants, this confusion tended to be more pronounced at earlier stages, when parents first started to become aware of the problem. This lack of knowledge and confusion regarding how to cope is demonstrated in the following quote:

> "… He came off for about two weeks and… he was going through the withdrawal symptoms…which was very difficult at that time. I'd never experienced (it), I was playing by ear whatever I was doing with him…I didn't know where I was going…"

For some of the participants, this sense of confusion and uncertainty seemed to continue for some time, and was not just concentrated at the beginning.

For many of the participants, the surrounding confusion was exacerbated by what appeared to be a **gradual process of realisation** rather than a clear-cut understanding of what was going on, as described in this extract:

> "… looking back I think I must have been blind, because he was a very caring boy… but gradually that changed. And it was such a gradual process that you don't notice…"

The following extract demonstrates that parents often became aware of different problems gradually as a result of consequences of the use, rather than through a clear demonstration or admission of the substance misuse:

> "…I found out within less than a year that he was injecting himself. Purely I found out because… he had phlebitis in the legs, he had infections there (and) ulcers… and this is how I became aware that he was injecting…"

For most of the participants, this process of realisation tended to be made even more confusing due to the **deceitful nature of the user's behaviour**. The following quotes demonstrate that this tended to provide a climate of confusion and mistrust:

> "… you can't believe a word they say cos they lie so much, and they are so convincing when they lie…"

> "… one of the main problems I have found is that he's so deceitful, you can't believe any of it…"

Closely related to this climate of mistrust is the issue of **denial.** According to many of the participants, when confronted the user often denied or only admitted partially to his/her addiction problem. Clearly, this further confused the situation for the parents, since the user did not make them fully aware of the extent of problem. For some participants, there was also evidence of **denial by the parent**, as is illustrated in the following examples:

> "… it's like anything, you hold onto that last thread that it's not happening…"

> "… I didn't want to deal with it, cos I didn't know how, so I blocked it off…"

Clearly this self-denial did not help to make the confusion any more clear for the parents.

Many of the participants also reported experiencing feelings of **confusion and self-contradictions,** which seemed to further confuse what was already a very unclear situation for the parents. The following quote provides an example of the contradictory/mixed emotions that many of the parents reported feeling towards the user:

> "… I seemed to be looking for the good in him…I know he hurt me by pinching (stealing), but he's family… As a son he leaves a lot to be desired, but he's still my son, and this is the hard part about it…"

There were also numerous indications of mixed emotions or feelings of uncertainty regarding how to successfully cope with the problem, as the following extract illustrates:

> "… I think sometimes she's gone to rely on me too much and I feel I should back off… I know I should, but if only I could find the way to do it. It's very, very hard because the bond between us is so close…"

Finally, many of the participants reported a number of **external factors,** which further accentuated the confusion. A common example of such a factor was when the user was not living in the family home, and the impact of his/her use was much less visible. Other factors which further contributed to the confusion were various health problems of the user or the need for prescription drugs, which often masked/confused the substance misuse problem.

2. Imbalance/pervasion of the problem

- Worries/negative expectations
- Neglect/Restrictions

According to many of the participants, at one stage or another they felt that their lives had been taken over somewhat by problems associated with the user. There appeared to be some kind of **imbalance** as these problems **pervaded** the parents' lives, and they became preoccupied/dominated by the problem user. This process is described in the following extract:

> "… her problems have come so much into my life… She's taken over my life really. I work my life around her, I plan my week around her up to now, it's crazy… They just get into your head all the time and it sort of takes you over…"

This pervasion/dominance of the problem appeared to be characterised by a series of **worries and negative expectations.** Indeed, at one stage or another every participant reported having experienced some kind of worry. Most frequently, these worries/fears related to the user's health/safety, as is illustrated in the following example:

> "… I was frightened we were going to have a phone call to say he was dead or he was in hospital with an overdose… we were just waiting for a…knock on the door to say they'd found him in the gutter or something like that…"

Many of the participants also reported experiencing more general worries, such as those provided in the following extracts:

> "… it's everlasting… you sometimes think it's never gonna end…"

> "… you've always got that worry that they will relapse and go back, and I think I will always have that, I don't think I will ever get away from that…"

For the majority of the parents, this preoccupation with problems associated with the user seemed to lead to various **restrictions/neglect**. Generally, this was most evident in terms of **self-neglect**, whereby participants were so preoccupied with the user that they generally did not have or give themselves enough time or effort. One participant described how difficult it is to regain an appropriate balance in order to look

after her own as well as the user's needs, since the problems of the user have overtaken her life so much:

> "… I don't give myself enough time… All the time… got swallowed up by my husband and (the user) and… when my husband died I let (the user) take over… I'm trying very hard to back off, and I'm finding it very, very hard to take that time back for me. I've got into this way now, it's ruining my life…"

This self-neglect was commonly reported to lead to restrictions in the participants' social activities or work life. An example of how the pervasion of the problem led to social self-neglect is provided by the following quote:

> "… My life totally revolved around this boy… my every waking thought was this boy… I became totally obsessed… My life stopped with him, I mean I wasn't going anywhere, I wasn't doing anything, I wasn't going out with my friends…"

For at least half of the participants there were also reports of the **neglect of others**. It seems that this preoccupation with the user also restricted the adequacy of providing the needs of others within the family (as well as the self). Most commonly, it was the user's siblings who were affected, as this extract demonstrates:

> "… what tends to happen is that all our attention was going towards him (the user), so that attention pushed her (the user's sister) out of the equation a little bit…"

3. Heightened Negative Emotions

- User
- General

For all of the participants the anxieties surrounding their child's substance misuse problem appeared to be associated with various heightened negative emotions/feelings.

The majority of parents reported experiencing heightened negative emotions directed towards the user, such as hatred and dislike. The following extract typifies the feelings of many parents:

> "… I'm not saying I don't love him (the user)… but I don't like the person he's gone to be… it's not a nice feeling to have as a mother to feel resentment against your child… but that's the way they make you feel…they turn the love you have into hatred…"

> "… I mean there are occasions when I really hate him…when things have been bad. I really hated him…and there have been times that I thought, 'I hope I go home and find him dead'. The thing is they make you feel that bad on occasions…"

The previous extract demonstrates how many of the participants' feelings towards the user became so extreme/desperate that their hatred extended to hoping that the user would die or disappear. Similar feelings of desperation are also portrayed in the following quote:

> "… there was days six months ago I couldn't care less if he was dead or alive, which is an awful thing to say but I didn't, because of what he did to me, and everyone round him…"

Several participants also reported feeling so desperate that they had experienced the feeling of wanting to kill the user themselves. This is illustrated in the following extract:

> "…what I did was terrible…to think that I would have killed him, but…how I interpreted it was I was so desperate I couldn't see no way out of it…this was the only way I could see an answer to it…"

These heightened negative emotions were often contradictory in the sense that they existed along side feelings of parental love and obligation to the user. A particular example of this ambivalence is provided within the self-contradictions section of the confusion theme (pp. 10).

Apart from feelings of desperation, many participants also reported experiencing lots of other **general** negative emotions such as feelings of isolation, grief/sadness, and anger. Several illustrations of these heightened emotions are provided in the following examples:

> "… I was… so ashamed, I felt so isolated, I really felt that only us were having this problem…"

> "… it's very difficult to explain how I feel… I suppose the anger, the guilt, the grief. I do feel desperately sad…"

> "… it devastates you completely, because you just don't know what to do and you feel like you're alone…"

4. Family support / treatment

- SUB-THEME: Positive experience
  - Improved coping
  - Increased knowledge/understanding
  - Positives of common experience
- SUB-THEME: Barriers System
  - Personal

Since the participants were accessed through a family counsellor or a family support organisation, it was inevitable that all of the participants had received family support/treatment of some kind. The following quote demonstrates how this treatment was consistently reported to be a **positive experience** for all of the participants:

> "… I think that's the best thing I ever did… I dunno what I would have done without them…"

Although some of the parents had received and benefited significantly from counselling treatment, most of the comments in the interviews referred to the positive experience of various family support groups.

Several main reasons why treatment was considered positive emerged form the interviews, one of the most common of which was in terms of how it aided the **learning or improvement of various coping methods**, as illustrated in the subsequent comment:

> "… I felt a lot better because I had Al-Anon, and I learnt the right things to do, because up to then I'd been doing all the wrong things… I learnt I shouldn't be a prop for her… I learnt so much in Al-Anon…"

According to many of the parents, treatment was also positive in terms of helping them to **increase their knowledge and understanding** of various issues relating to substance misuse. The following extract demonstrates how important this was for many participants, since they felt that parents generally lack sufficient knowledge or awareness of substance-related issues:

> "… we know a lot more now because we've been involved in it for 15 years… (but) if we hadn't been involved I don't think there's enough emphasis… in the media… about addictions…"

For all of the participants, **common experience** was clearly a crucial element in the provision of successful and positive support for families. The following extract illustrates some of the reasons why being able to talk to people who are in a similar situation was important for the participants:

> "… I came out feeling marvellous… these people know what I'm going through, nobody else had known. I thought I was the only one that was going through this terrible time… Listening to these people's stories I realised how other people… had coped, how things had got better… Every week I go… I get something out of it, and if I don't get anything out of it then at least I think I've helped somebody else…"

As highlighted in the previous extract, family support groups were helpful in the sense that they gave parents the opportunity to learn from the experience of others, and to reduce isolation (by routinely seeing others that were in a similar situation to themselves). Other positive aspects (some of which are also highlighted in the preceding quote) included providing parents with an empathetic and hopeful social environment, which often helped participants to put their problems in perspective, as well as providing them with an opportunity to help others. The following quote suggests that the family support setting was also important in terms of providing an external environment for participants to talk freely to others:

> "… we had a lot of support from people… but still not somebody you can talk it over, you need somebody away from it, which was great when we were put in contact with… the others (in the family group). Total strangers we bonded straight away through our experiences…"

Many of the participants also reported various **barriers,** which prevented or restricted the access to family support. For most of the participants these barriers were in terms of the **system**, and included for example a lack of services dedicated to families or a general lack of awareness regarding the existence of such services and how to access them, as highlighted in this quote:

> "… I never thought there was anything for me, I knew there was AA for the actual alcoholics but I didn't know there was anything for the relatives of alcoholics. I'd never heard of it anywhere…"

Some of the participants also reported various **personal barriers** to gaining family support, such as not being ready personally to talk about or admit the problem to others. As the following quote demonstrates another personal barrier for the parents was a preoccupation with the user's needs rather than their own:

> "… our concern was for him… you sort your children out and then look after yourself after. Our primary concern was getting him help, although we were… both on anti-depressants because of the situation… our initial thing was to get help for him…"

In a sense these personal barriers represent a type of self-neglect similar to that referred to previously within the imbalance theme (see pp. 11). Overall, these barriers meant that often parents often waited a long time before they received the treatment they needed.

5. Coping

- SUB-THEME: Methods
  - Non-confrontational
  - Avoidance
  - Active
  - Day-to-day
  - Attribution of cause

- SUB-THEME: Changes
  - Fluctuations
  - Improvements (Experience)
  - Improvements (Treatment)

It was clear from the interviews that participants adopted a series of different methods of coping, and that these methods tended to change or vary quite frequently. Hence this theme was subcategorised into the different **methods of coping** and the **changes in coping**, which will be considered respectively.

One of the methods of coping adopted by most parents was **non-confrontational coping,** which basically refers to the tendency of participants not to directly confront the substance misuse problem or the user. This involved things like giving the user money, buying substances for the user, and caring for the user.

Another method of coping for most participants involved **avoidance,** whereby the parent avoided accepting or actively dealing with the problem and its consequences. Examples of this method included denial by the relative (see pp. 10), concealment of the problem, rejection of the user and refusing to let the user move back to the family home.

Most parents also tried to deal with various situations using **active coping.** Essentially, this involved actively trying to do something to improve the situation, for example, by threatening or giving the user an ultimatum, or aiding the user's treatment, or refusing to give in to cravings when withdrawing, as the following extract illustrates:

> "… he was climbing the walls… he wanted a fix, and I refused to give him the money for it… he was trying to come off… I said I know what you're going through, but it's no good giving in to you now…"

Many of the parents also reported coping on a **day-to-day** basis. The following quote demonstrates how for some of the participants this meant living in uncertainty, not knowing what would happen next:

> "… you're just living day-to-day. I come home from work thinking…what am I going to expect now… what have I got to deal

> with now… you can't look ahead because there isn't a way forward. You just live day-to-day and hope you can cope with it…"

Although day-to-day coping was considered negative for some of the participants, many of the other participants had learnt (either from treatment or personal experience) that this could represent an improved method of coping. For example, it allowed them to be more flexible or less disappointed if promises or plans were broken. The following quote describes how one of the participants was able to use this method of coping advantageously:

> "… we do tend to look at things day-to-day now instead of long-term planning… I tend to look at today, got plans for tomorrow but if it doesn't work out, it doesn't… I'm a bit more happy-go-lucky than I used to be…"

Finally, for many of the participants it seemed important to be able to explain or **attribute a cause(s)** to the substance misuse problem. The most frequently reported explanations were in terms of the disease model of addiction or in terms of self-blame or blaming others. It seems possible that for parents, this may be a way of trying to get back some control on what seems to them to be an extremely confusing and uncontrollable problem.

It was evident from the interviews that none of the participants consistently employed the same methods of coping. Instead they appeared to **fluctuate** their methods frequently in response to different problems and in a quest to find the best way to cope. Fluctuations in coping also seemed to be related to the uncertainties or contradictions in coping reported by many of the participants, as example of which is provided within the confusion theme (see pp. 10). Some participants also reported how fluctuations in their coping often existed along side 'opposing' fluctuations in their partner's coping, which in some cases caused further tension within the family. An example of this fluctuation between partners is provided here:

> "… when it all started… I think I was the stronger one… I was trying to do more things… but I think as it's gone, sometimes the roles changes round, sometimes (the husband) would me stronger than me. Then I'd take back over and I'd be stronger…"

Many of the participants also reported changes in terms of **improvements** or increased confidence in their coping. Generally these improvements were due to the **family treatment/support** the participants had received (as discussed previously within Theme 4) or as a result of building from **previous experiences,** as the following quote depicts:

> "… over the years I've just got better at it (coping). It's like most things, it just comes with practice…you do get used to it, and you do learn to cope with it…"

6. Outcomes

- Psychological/Emotional health
- Physical health
- Family impact
- Financial impact
- Social impact
- Altered views

It is clear from the participants that the substance misuse problem of their child led to several main outcomes/consequences.

One of the most apparent outcomes was in terms of the participant's **psychological or emotional health.** The substance misuse problem of their child had a negative affect on the emotional health of all of the participants, to some degree or another. The following quote reflects the common opinion of many of the participants, that the problem had left them generally feeling more emotional:

> "… I feel I've gone a lot more weepy now than I used to be. I used to be able to cope with things, but now I feel when I talk about things…sometimes and… when I think about it… I can feel myself starting to cry… I do find that I am more emotionally affected…"

For nearly half of the participants, the emotional impact was so severe that the participant's had suffered depression to a level that warranted the use of anti-depressants.

Another clear outcome was the impact that the substance misuse problem had on the participant's **physical health**. As the following extract highlights, the stress and anxieties associated with the substance misuse problem was reported to have caused or contributed to a wide variety of health problems for the majority of parents:

> "… I lost two stone in weight because of not eating properly. My husband developed two ulcers… We weren't sleeping…my oldest son thought we were having problems in our marriage because we'd both gone to looking terrible…"

The most common symptoms that participants reported related to eating and sleeping problems, with other health problems including high blood pressure, stomach problems or irritable bowl syndrome, and tension aches.

Another clear consequence for all of the participants was in terms of the **family outcomes.** However, since this encompassed so many factors it is discussed more fully as a separate theme, rather than as a concept within this theme (see Theme 7).

A further outcome for most of the parents was the **financial cost** that the substance misuse problem had on them. This cost is highlighted in the following quote:

> "… if we want to spend money on anything we've got to think about it because… we've got so many bills to pay off because of problems caused directly or indirectly through my son's habit… I really would like to be out of debt…"

The parents reported this financial cost to be the result of various different factors relating to their child's substance misuse problem, such as payment for the user's treatment, paying off the user's debts, and funding the user's habit.

Another major consequence that was reported by many of the participants was the **social impact**. Most parents social activities', such as going out socially or going on holiday, were disrupted or neglected in some way as a result of their child's problems. For many of the parents fear or negative expectations were cited as the major cause of social disruption, as the following extract highlights:

> "… we were afraid to go out, cos we didn't know what we would come back to…"

Participants' fears generally revolved around two main things. The first related to how the user's safety/health might be compromised if they went out. The second related to more general worries, such as what condition house would be in when they returned, due to the unpredictable and sometimes thieving nature of some of the users. A further example of this kind of social neglect is provided previously within the imbalance theme (see pp. 11).

Other factors such as not feeling well enough to socialise or simply not being able to afford to due to the financial implications (as exemplified in the previous paragraph), were also reported to lead to a negative social impact for the participants. It is significant perhaps that for the few participants who did not report a negative social affect, they had described themselves as not being particularly social people prior to the problem.

A final outcome for many of the parents was the **altering of views** that occurred as a direct result of their child's substance misuse. This included reports of a changed opinion of substance-related issues such as addiction or of various substances. Examples of this altering of views are illustrated in the following extracts:

> "… I think finding out about addictive behaviour has affected my attitude particularly towards the consumption of alcohol… and smoking as well…"

> "… I think I've become a lot more tolerant to addictive behaviour… Whereas before my initial reaction was… making a moral judgement…I've really moved away from that to… feeling a bit sorry for people who've fallen into what I see now is a trap…"

For some of the parents, this altered outlook was carried through further as they made practical changes in their lives and became more involved or even worked within the substance misuse/counselling field. The following extract provides an example of such a change:

> "… It pushed me down a really different road to which I would have gone… I think I'm a lot stronger now… and I think I've achieved something since then. I got back into education, I've become a counsellor, I've done a management course, I'm running this (family support organisation)…"

7. Family

- SUB-THEME: Immediate family interactions
  - Disruption
  - Dependence of user/roles
  - Arguments
  - Contradictions
  - Neglect
  - Relationships
- SUB-THEME: Wider family interactions
  - Lack of active involvement

As mentioned previously, all of the participants reported various consequences or negative affects for the family as a result of the substance misuse problem, either in terms of the **immediate family** or the **wider family**.

The substance misuse problem seemed to produce a range of negative consequences for interactions specifically within the immediate family. One of the major problems, which was reported by all of the participants was some kind of **disruption** to the family. This disruption was most commonly due to the unpredictable and sometimes thieving nature of the user. For example, the user might disappear for several days at a time without any contact, as the following extract illustrates:

> "… he started to go out and he wouldn't come home or ring…things got…really bad… he'd go missing for two or three days, we wouldn't see him…"

Other examples included disruptions to family events, or as the following extract describes, disruption in terms of the user repeatedly moving in and out of the family home:

> "…from the age of 17 he's moved out, back in, moved out, back in, I've lost count the number of times… he moves out, after some point in time things go horribly wrong and he comes back…"

The fact that the user often repeatedly returned to live in the family home seemed to be quite a common finding. Related to this is the feeling reported by some of the parents that the user was still largely **dependant** on them, even though he/she was a grown-up adult. The implication being that in many cases the user was adopting an inappropriate **role**. This idea is articulated in the following extract:

> "… I would not have expected to still be responsible in the way I feel responsible for a son of 30… it feels almost as though I still have a child in the home… even though in some ways he is an adult…overall it's like still being responsible for a child…"

The following quote demonstrates how many of the parents felt or would feel increased pressure on them if the adult user had failed to achieve full independence and was still living in the family home:

> "… without a shadow of a doubt… if he was (living) here it would be absolutely mayhem. I don't think we'd cope… It's pressure, isn't it?…"

For many of the participants, the substance misuse problem also led to an increase in **arguments and tension** within the family. This is likely to be linked to the numerous reports of **contradictions** in feelings and coping between the participants and other members of the family. These contradictions were most notable between the participant and his/her partner, as this extract demonstrates:

> "… I approach it a completely different way my wife approaches it…I mean at the end of it she was telling me I can't go on with this, he's (the user) gotta go. And at that time I was (saying) no, we've done so much work… So we bicker about that quite a lot…"

As a result of a preoccupation with the users' problems, many participants also reported some kind of **neglect or restriction** in terms of adequately providing for the needs of others within the family. This concept is considered in more detail within the imbalance section (see pp. 11).

For every participant there was some evidence of a **negative affect on relationships,** as a result of the stresses associated either directly or indirectly with the substance misuse problem. For many of the parents this was most evident in

terms of the relationship between themselves and the user, which is acknowledged in this example:

> "… I think it's nearly destroyed… our relationship. It's only because of perseverance on my side that I keep thinking… we'll try again, and again and again… you keep thinking how many more times can I try…"

Most of the participants also referred to other relationships within the immediate family that were negatively affected. The majority of participants (who had other children apart from the user) reported negative affects on the relationship of the user with his/her siblings, as depicted by the following quote:

> "… it's created a lot of tension between my son (the user) and my daughter. She couldn't understand why he was doing what he was… she was split between arguing with him and defending him…"

For those users who had children, the relationship between the user and their children was also reported to be negatively affected, in a sense that the children started to become aware of the problem or contact was stopped or affected due to the substance misuse problem. Finally, some participants also reported that the substance misuse problem had caused difficulties for their relationship with their partner. As mentioned previously, this was mostly the result of tensions caused by contradictions in how to cope with various substance-related problems, and/or the divisive behaviour of the user, which is described in the following quote:

> "… he's (the user) nearly forced us to split our marriage up, because they're so devious… that he's putting a wedge. I could see it, but he (the husband) couldn't see it… I was sort of fighting him (the husband) and the boy (the user)…"

In terms of **interactions outside the immediate family,** the majority of participants reported a **lack of wider family involvement.** According to these participants, although the wider family did generally provide some support in terms of talking to participants about their problems, there was a lack of active/practical involvement. Several possible contributors/reasons for this were reported, including a concealment of the problem from the wider family for as long as possible, a lack of understanding of the issues involved or of how best to help, and the physical proximity (as the wider family tended to live quite far away). Some of these aspects are highlighted in the following extracts:

> "… they all live away so…there is not really that much involvement…"

> "… one sister… sort of says she wishes there was something she could do, but she doesn't know what to do… I think the general affect is…they just kind of stand back and think… what can we do, because it just seems to be an insurmountable problem…"

Many participants reported that friends were often an important source of support. Friends were generally similar to the wider family in the sense that they sometimes failed to understand the problem fully and they did not provide practical support. However, they were often reported as providing emotional support, companionship and distraction from the substance misuse problem. The importance of friends is highlighted in the following example:

> "… we were so frightened to tell people… and yet your friends are the best ones to tell… they were so helpful… a shoulder to cry on…"

8. Other Stressors

- Treatment for user
- Stigma

For most of the participants, there were two other major factors, which caused particular stress or intensified the anxiety they already felt as they coped with the substance-related problems of their child.

One of the major stressors for most of the participants was the **treatment system** for users, which on the whole was viewed in very negative terms. Although there was some general negative criticism, the vast majority of comments focused specifically on the long process or long waiting times for getting treatment for the user. These feelings are depicted in the following extract:

> "… I get annoyed about it, angry and frustrated as well…I think the access (to treatment) is very, very slow, and I think this is where a lot of problems arise. As is the case with my son, they get frustrated, and they get despondent, and they think… what's the use… The access needs to be a lot, lot quicker…"

This was a major stressor for families in the sense that they were left with the responsibility of caring for and/or living with the user for long periods before they received treatment. Some participants, akin to the one in the preceding extract, reported how this system left them feeling extremely frustrated since during this prolonged period of time, the user either relapsed or the habit continued to develop. In many cases the addiction got progressively worse, as the user became increasingly despondent with the system.

The other major stressor for many of the participants was in terms of the **stigma** that they felt was associated with substance misuse problems. It should be highlighted that apart from a few isolated incidences, the majority of the participants reported not having experienced any stigma directly. However, that is not to say that stigma did not cause any problems or stress for parents. The following quote highlights how some of the parents were negatively impacted by implications of parental blame:

> "… you could tell by the tone in her voice that she was pointing the finger… how do you fetch your children up in a round about way… it makes you feel that you haven't done things right for your family, where have you gone wrong is what you say to yourself…"

Other parents felt anger and frustration at being held responsible for various negative behaviours of the user such as aggression, which they felt were out of their control.

Many parents also reported how stigma that was directed towards the user indirectly produced a negative affect on them. Furthermore, although many of the parents had not actually experienced stigma, they did tend to conceal the problem for fear that they might be stigmatised. The final extract indicates how this fear of experiencing stigma even prevented some participants from forming new relationships:

> "… I'm probably a bit more guarded in striking new friendships… you know because… you don't want them to find out that your son is a drug addict. So I think it does close down quite a bit if you allow it to…you don't have to allow it to, but I think I have…"

Discussion

The objective of this study was to conduct detailed qualitative research into the various ways that substance misuse impacts or influences the family, from the point of view of parents of users. An account of the interview data has been presented in terms of eight major themes, which have emerged from the analysis. Within the themes, numerous important concepts and sub-themes have been highlighted. Although the themes are presented separately, there is clearly an interrelationship between the themes, and some overlap as aspects within certain themes relate heavily to those contained in other themes.

The first major theme that was recognised was the tremendous confusion that surrounded many of the parents regarding their child's substance misuse problem. This confusion related to a variety of different things, such as a lack of clear awareness of the types of substances involved, the seriousness of use, or the method of administration. This confusion seemed to contribute to the stress experienced by families, and the study indicates a range of factors, which caused or at least exacerbated this confusion. A major factor was a significant lack of substance-related knowledge.

This finding is supported by Copello et al (2000), who argue that the lack of accurate knowledge relating to alcohol and drugs is an important contributor to the stress experienced by families. It was evident from the present study that finding out about and understanding the substance misuse problem of their child seemed to involve a learning process for parents. Often it was not simply a case of knowing about or understanding the problem substance, but in order to achieve clarity parents had to learn numerous different things. For example, to fully understand their child's problem and his/her behaviour, parents might need to learn about different drugs/polydrug use, the consequences of use, and the associated lifestyle, as well as issues of overdose, withdrawal, treatment and relapse.

The study indicates that confusion tended to be more pronounced at earlier stages, i.e. when parents first started to become aware of the problem. However, for some of the participants this sense of confusion seemed to continue for some time. This is likely to be because some parents are constantly trying to 'catch-up' with this knowledge in order to fully understand new/different stages in their child's addiction/recovery process. In addition, it may be due to a continued lack of adequate information. Indeed, Macdonald et al (2002) recognise that one of the needs for families is for access to accurate information. They argue that many family members receive their information from questionable sources such as the media, and as a result are not fully and accurately informed about drugs and alcohol, their effects, and the nature and course of dependency. Clearly, accurate and clear information is essential in order to attempt to alleviate some of the confusion and to make the proposed learning process as productive as possible for parents.

The study indicated that becoming aware of the substance misuse problem was characterised by a gradual process of realisation for parents. This is consistent with the suggestion by Dorn et al (1994) that often parents may have suspicions that gradually build up until the situation becomes clear. In part, it is likely that this is influenced by an inadequate knowledge of substance misuse issues (since parents are unaware of what to look for), but also by a lack of a clear demonstration or admission by the user. Within the study, this lack of admission existed within an overall climate of mistrust, which was created by the deceitful and sometimes criminal/thieving nature of the user. This finding is comparable to that of Velleman et al (1993), whose qualitative results reported similar conclusions regarding the disruptive nature of users in terms of their lying, deceit and stealing, which contributed to a negative and mistrusting family atmosphere.

Velleman et al (1993) also found that relatives almost invariably express highly ambivalent feelings to the user, as well as feelings of uncertainty about how to understand and cope with the problem. These ambivalent and uncertain feelings are also consistent with the feelings of confusion and contradictions towards the user and how to cope that were reported by many of the participants in this study.

The present study also highlights that another clear contributor to the confusion was denial, both by the users and by the parents. Perhaps understandably, some parents seemed to find it particularly difficult to accept that there was a problem with their child. This finding corresponds to that of Macdonald et al (2002) who report that initially families often go through a process of denying the problem. The present study also indicated the existence of external factors, which often exacerbated the confusion for parents. Examples of this included when the user was living outside the parental home, or the presence of other health problems or prescription drugs, which tended to mask the substance misuse problem. The existence of such factors do not appear to have been considered yet within existing family literature.

The second major theme that emerged from the analysis is referred to as 'imbalance', since it seemed that at some stage most parents' lives were knocked off balance, as the substance misuse problem pervaded and dominated the family. This imbalance was characterised by a series of worries, which tended to dominate parents' thoughts, and cause a significant amount of stress. These worries were either general in nature or specifically related to fears regarding the user's safety or health. This finding supports that of Velleman et al (1993), whose interviews demonstrated that although some parents had learnt to worry less, nearly all had at some stage found their lives to be taken over by various worries related to the user.

The present study also highlights how this preoccupation with the user often caused 'neglect' or restrictions in terms of parents looking after or providing their own needs and the needs of others within the family. It is possible that apart from the obvious stresses, this self-neglect contributed in some way to the high incidences of health-related problems reported by participants both in this study and in others (Orford et al, 1998a). In terms of the neglect of the needs of others, the study indicates that siblings were most affected, as parental attention was often focused primarily on the user. This suggests that siblings of substance misusers might benefit from specialised attention or treatment. However, the needs of siblings are not yet well documented (Bancroft et al, 2002), which suggests that this may be an important area for future research. Macdonald et al (2002) reinforce the need for more focus on siblings, since potentially there can be a considerable impact on them and often little support available to assist them. It is suggested that younger siblings especially can often feel ignored, and as a result may feel resentful towards the user and the level of attention that they receive (Macdonald et al, 2002). Siblings may also have to cope with seeing their parents or family in danger of collapsing under the strain of the substance misuse problem (Dorns et al, 1994).

The third major theme to be highlighted in the study is the heightened negative emotions experienced by parents. These heightened emotions generally revolved around dislike or hatred towards the user or more general feelings such as isolation and grief. The fact that many of the parents reported feeling so desperate that they wished that the user would die or that they could kill the user themselves, demonstrates how extremely difficult and despairing the substance misuse problem can get for some families. These heightened negative emotions were likely to cause stress in the sense that they often contradicted feelings of parental love, support and obligation for the user. As mentioned previously, these contradictory feelings support the findings of Velleman et al (1993), who report how anxieties for relatives are associated with highly ambivalent feelings towards the user.

The fourth key theme that was evident from the results relates to family support/treatment, which was viewed in very positive terms by all participants. This is unsurprising considering the fact that reported psychological health can improve very quickly, once family members are able to talk to an informed person about their experience and options, even if relatives substance misuse remains unchanged (Copello, 2002). Although some parents in the study had received and benefited significantly from counselling treatment, the majority of comments referred to the positive support that various family support groups had provided. This is probably reflective of the fact that family support groups are a very common form of support for such families (Bancroft et al, 2002).

The treatment or support received by parents was considered positive for a number of reasons, most notably in terms of aiding the learning or improvement of coping, and increasing parents' knowledge and understanding of substance-related issues. The common experience of others (like that provided in the family support group setting) was highlighted as a crucial factor in providing successful support. This was because it provided an empathetic and external environment, where parents could learn from and help each other in their coping, and reduce their isolation by meeting regularly with others in similar situations.

Most of the benefits of support/treatment that are highlighted in this study correspond with those already specified within the existing literature (see Marshall, 1993; Kenny, 2000). Other potential benefits of family support groups, not explicitly clear from this study include empowerment, social support, and the development of skills (Marshall, 1993). Marshall (1993) also suggests that one of the potential problems of family support groups is that anxiety can be increased if people hear about problems worse than their own, or if the group dwells too much on negative accounts. However, it should be noted that none of participants in this study reported any negative effects of their support. In fact, some parents even suggested that if other peoples' experiences were more negative then their own, this tended to help them to put their own problems in perspective and feel better about their own situations. Nevertheless, it is important to bear in mind this potential problem when evaluating family support groups.

Within the study, although treatment/support needs of participants were generally expressed in terms of informational and emotional needs, such as needing to talk to understanding people, it is probable that the nature of these needs was distorted by the choice of sample. Since participants were accessed specifically through a family counsellor or through a family support organisation, their needs were likely to revolve around informational and emotional needs, rather than other needs. It is important to remember that generally a great deal of variability exists between families (Copello, 1999), and as a result needs are likely to vary considerably for different people. Macdonald et al (2002) specify some of the other potential needs for families as a need for practical support, financial assistance and health information, as well as more specific needs required for carers, young carers, rural families, ethnic minority groups, families coping with HIV/AIDS or hepatitis C, men and (as mentioned previously) siblings.

The study also highlights the existence of various barriers to gaining family support, many of which related to the system, including a lack of services dedicated to families, and more commonly a lack of awareness about the existence of such services. Clearly these barriers need to be broken down to ensure that families receive adequate support. Equally, the personal barriers which are highlighted in this study, such as a preoccupation with the user or concealment of the problem, also need to be broken down. Marshall (1993) indicates that often family members can try to cope on their own for a long time before they look for help, a finding that is supported by this study.

According to Marshall (1993), this is because families can often feel ashamed when seeking outside help, as it is often taken as an admission that the family has failed in its primary function of caring for its members. As Bancroft et al (2002) point out, concealment within a family can worsen the isolation of relatives, and can mean that support does not reach them. Clearly these are important issues, which need to be kept in mind when trying to engage or make families aware of the support that is available to them. Further efforts need to be made to increase our understanding in this area, particularly in relation to family support groups. As Bancroft et al (2002) note, apart from informal pieces there is relatively little research into family support groups, since they are mostly voluntary and lack the funding for research.

The fifth major theme to emerge from the analysis was coping, which for the purposes of this study relates to the various ways parents responded to or coped with the substance misuse problem. It was clear from the study that parents adopted a series of different methods of coping, which may or may not have been beneficial, and which tended to vary frequently. These different ways of coping were divided into five main methods.

Firstly, avoidance coping involved avoiding accepting or dealing with the problem. Secondly, non-confrontational coping referred to the tendency not to directly confront the substance misuse problem or the user. Thirdly, active coping involved actively trying to do something to improve the situation. Fourthly, day-to-day coping referred to living with and coping with the problems one day at a time. Finally, many parents responded to the substance misuse problem by attempting to attribute a cause to it.

The first three methods of coping correspond closely with the three methods described by Orford et al (1998b). Engaged coping clearly relates to active coping, since it represents the attempts by relatives to change unacceptable and excessive substance misuse. Withdrawal coping is similar to avoidance coping, as it involves withdrawing from interactions with the user. Tolerant coping is comparable to non-confrontational coping, as it refers to inactive, accepting, sacrificing and supporting actions of relatives (Orford et al, 1998b). Although causality is yet to be proved, Orford et al (2001) argue that of these three principal ways of coping, tolerant-inactive coping is associated with negative physiological and psychological symptoms for relatives. It is also inferred that other factors such as culture, sex and position in the family might be influential in determining the way that people cope (Orford et al, 2001), and that coping actions can be changed as a result of relatively brief interventions (Copello et al, 2000). Clearly, this is an interesting and potentially crucial area of research, but it is one that requires further analysis, not least because it is possible that coping actions may pose different advantages and disadvantages depending on a family's specific circumstances (Copello, 1999).

The other two methods of coping evident in the present study (day-to-day and the attribution of blame) do not seem to fit neatly within the methods of coping described by Orford et al (1998b). However, that is not to say that they are not important findings. The fact that many parents responded to the substance misuse problem by attributing it a cause is consistent with findings from Macdonald et al's (2002) review, which indicates that some families respond to the problem by blaming themselves for the situation, or blaming others such as dealers. This finding is also supported by Dorn et al (1994), who suggest that one of the things that families do when a relative gets involved in drug taking, is to try to get to grips with the reasons why. It is plausible that this method of coping offers a way for parents to attempt to get back some control on what to them seems to be an extremely confusing and uncontrollable situation. However, it should be remembered that this type of blame response may further increase the problems experienced by families (Macdonald et al, 2002).

Within the study, day-to-day coping either represented a stressful method for some parents in the sense that they were living in uncertainty, or a more successful method in the sense that it allowed parents to be more flexible and less disappointed if plans were broken. The unstable nature of day-to-day coping may in part reflect the frequent fluctuations in coping that were evident within this study. The fact that family members' coping can change very quickly is consistently supported (Howells, 1996; Fairburn, 2001; Copello, 2002). These fluctuations in coping were generally a response to uncertainty regarding how best to cope, and as part of a quest to find the best method of coping.

The existence of fluctuations in coping are also strongly supported by Velleman et al (1993), who report that relatives find coping with a drug abuser in the family very difficult. As a result, they do not simply choose an optimal way of dealing with it, but oscillate from one method to another, seeking desperately for some ideal solution. Similar to findings in the present study, Velleman et al (1993) also highlighted that changes in coping are related to the huge dilemmas and contradictions families face about how best to cope. They point out that there is an uncertainty about whether it is best to engage or leave the user to his own devices, and whether to be 'tough' or 'caring' on issues such as borrowing money or helping the user in crises. Velleman et al (1993) indicate that these issues are well addressed by self-help groups such as Al-Anon with their philosophy of 'detaching with love', which is perhaps part of the reason why participants in this study viewed the support of such groups in such positive ways. Clearly successful family support groups can help relatives to improve their coping by addressing the dilemmas or contradictions they face when coping with the problem.

The sixth main theme that emerged from the study was the overall outcomes that occurred because of the substance misuse problem. Most of the outcomes identified in this study are already established and well covered within relevant family literature, and are consistent regardless of whether research focuses specifically on the parents (as in this study), or on other members of the family, or on the family as a whole. The common outcomes for relatives include a considerable negative impact on their emotional and physical health, their social and financial situations, and on the family in general (M Velleman et al, 1993; Orford et al, 1998a; Macdonald et al, 2002).

In particular, findings from this study are consistent with research that highlights the significant stresses that family members suffer as a result of living with this problem (Jackson, 1954; Dorn et al, 1987; Velleman and Orford, 1994). As this and other studies demonstrate, this stress often results in higher physical and psychological morbidity (Orford et al, 1998a), which can lead to increased rates of primary care consultation (Svenson et al, 1995). Velleman et al (1993) also note that anxieties associated with the problem can also produce an increase in relatives appetitive behaviour, such as eating and smoking, or more worryingly in terms of alcohol and drug use. Although an increase in appetitive behaviour was evident to some degree in the present study, it was only evident in terms of eating, and so in this respect was a less concerning problem in the short-term than it has been in previous studies.

In terms of the financial outcome, the study indicates that the cost of the substance misuse problem was influenced by various things such as theft by the user, repaying user's debts and paying for user's treatment. Macdonald et al (2002) suggest that the financial problems for relatives are often increased due to problems associated with coping with the demands of the user as well as the demands of work. However it should be noted that generally employment was not reported to be affected in this study, possibly because some parents were already retired. For some of the parents, despite the potential problems that could be caused at work, employment was actually regarded as a positive distraction from the substance misuse problem. The study also highlights a variety of factors which led to a social impact on parents, which included being isolated from friends due to concealment, and not being able to go out for fear

of leaving the user at home, or having little energy. Again these findings are corroborated by Macdonald et al (2002) and Orford et al (1998a).

Another major outcome for parents which is evident from the study, but which is not apparent in the relevant literature, is the altering affect the substance misuse problem had on parents' views towards various substance related issues. This often included being much more tolerant and understanding of addictive behaviours and being more cautious towards the use of various substances generally, particularly alcohol. Some of the parents were so affected by their views that they went on to work or volunteer their services and experiences within the substance misuse field. Clearly, if this enthusiasm is widespread it might provide a potentially valuable source for helping to improve the services provided for families, especially considering that to date the needs of family members and their potential contribution to the treatment process have been relatively neglected (Copello, 1999).

The seventh key theme to emerge from the analysis was the affect that the substance misuse problem had on the family. Although this represented one of the outcomes within the previous theme, since it encompassed so many factors, it emerged as a theme in its own right. The results showed a range of negative consequences for interactions within the immediate family, which in this study included those members living in the parental home, or the user, his or her parents and siblings. One of the major problems reported was the disruption that the substance misuse caused to the family. Essentially this was due to the disruptive nature of the user, who was often unpredictable, and disrupted family events or got involved in criminal/thieving activity (to fund the habit), as well as frequently moving in and out of the family home. This finding strongly corresponds to that of Velleman et al (1993), who reported disruption as being part of one of the three major themes to emerge from their qualitative analysis.

Another difficulty within the family was caused by the dependence of the user on the parents, despite the fact that users were all of adult age, the suggestion being that the user was adopting an inappropriate role within the family. Although much of the focus within previous research has been on the roles of children who take on caring roles of parent misusers, this study highlights the importance of remembering other roles within the family. As Bancroft et al (2002) note, there is an important difference between role and position within the family, where position is the 'defined' place the individual has in the family, whereas role is the actual functions and responsibilities the individual takes on (or does not take on). In many families, particularly those affected by drug misuse these are not the same, a point which services often overlook when assessing the needs of families (Bancroft et al, 2002).

The study also highlights how the substance misuse problem can cause increased tension within the family. Very often this was related to the contradictions parents had with other family members regarding how best to cope with various problems. As mentioned previously a preoccupation with the user can also lead parents to inadvertently neglect the needs of other family members, (or at least for members to perceive themselves as neglected). As previously highlighted, both this and other studies indicate that this neglect can be especially true in the case of siblings (Dorns et al, 1994; Macdonald et al, 2002). It was also clear from the study that the substance misuse problem in combination with the factors already highlighted (such as disruption and arguments) contributed to overall negative relationships within the family, which is another finding that is consistently supported. For example, an Effective Interventions Unit survey reported that for nearly all respondents relationships within the immediate family were affected by the substance misuse problem (Family Support Scotland National Conference Report, 2002).

The present study also demonstrates a lack of active wider family involvement in dealing with the substance misuse problem, with many parents reporting that wider kin often failed to support them on a practical level. Instead wider family tended to provide support in terms of talking or asking parents about the substance misuse problem. This is consistent with the findings of a social support study conducted by Orford et al (1998c), who reported that the largest sub-category of supportive actions was simply 'talks and listens' to the family member. In corroboration with existing social support theory, Orford et al (1998c) highlight other common types of social support that are required by people coping with substance misuse in the family, including companionship, informational and material support. However, it should be noted that in the present study many participants did not report receiving such support from the wider family. Several possible reasons for this were reported including concealment of the problem from the wider family, a lack of understanding and physical proximity. This finding is consistent with that of Orford et al (1998c) who show that relatives often feel unsupported in their coping, particularly from other family members.

Within the present study, participants often reported receiving support in the form of companionship from friends rather than family. It is possible that this type of finding relates to the argument by Orford et al (1998c), that cultural factors play a significant role in influencing social support. Orford et al's (1998c) findings demonstrate that in countries like Mexico, positive social support comes mainly from family, whereas in countries like England friends figure much more prominently, and relatives are more likely to mention 'professionals' or family support groups as sources of support than they are to mention family.

The detailed social support study by Orford et al (1998c) concluded that there is a wide variation to be found in the perceived adequacy of social support. Clearly a distinction needs to be drawn between 'availability' and 'adequacy' of support (Cohen and Willis, 1985), since the potential availability of support does not always translate into 'adequate' support. Although some families do have their part in influencing this (through concealment), in many cases this lack of adequate support is the result of others who fail to provide support, due to a lack of involvement (Orford et al, 1998c). As demonstrated by Orford et al (1998c) and in the present study, this lack of involvement was most evident in terms of the wider family. These findings indicate that it can be remarkably difficult for families to locate the support that they perceive to be adequate from within their social network. In light of this, it is understandable why parents in this study viewed family support groups in such positive terms, and why they appear to be such important sources of support for families.

The final theme to emerge from the analysis was other factors, which caused particular stress or anxiety for parents. One of these major stressors was the treatment system for the user, which was generally viewed in very negative terms. By far the most common criticism was in terms of the long process or waiting times for getting treatment. This unsatisfactory experience for families trying to access support for the user is a finding that is confirmed by Macdonald et al (2002). The system seemed to be a major stressor for parents in the sense that they were left with the responsibility of caring for and/or living with the user for long periods before they received treatment. This system left many parents feeling extremely frustrated, since during the prolonged periods of time, the user either relapsed or the habit continued to develop, and in some cases got progressively worse, as the user got increasingly despondent with the system.

The other major stressor for parents was stigma. As Kenny (2000) suggests, there is enormous stigma attached to being the parent of a user or being a member of a family where there is a user in it. However it should be highlighted that the results from this study were positive in the sense that apart from a minority of isolated incidences,

most parents had not experienced any sigma directly. Despite this, stigma was still problematic in a number of ways. For example, some parents had to deal with implications of parental blame or being held responsible for behaviour of the user. Also, many parents reported how they were negatively affected by the fear of experiencing stigma or stigma that was directed towards the user. In relation to the latter point, Orford et al (1998c) point out that despite all the problems families experience from the user, most relatives want other people to support the user or support them so they can help the user. Although they want people to listen to and accept all the problems a user can cause, they also want them to maintain a view of the user as someone who should be helped and supported, and who can potentially change (Orford et al, 1998c). As Bancroft et al (2002) suggest, the problems associated with stigma need to be carefully considered when trying to engage parents to come forward and share their experiences.

It is clear that numerous interesting themes have emerged from the grounded theory analysis of the interview data, much of which is supported by other findings in the field. Although the themes are presented separately, there is clearly an interrelationship between them, and some overlap as aspects of certain themes relate strongly to those contained in other themes. From an examination of these interrelationships, a loose model has been developed from the study, which is subsequently described.

Overall, the substance misuse problem led to a range of factors, which caused stress for parents. Some of these potential stressors included confusion about the substance misuse problem (due to a range of factors), imbalance as the problem took over (which was characterised by worries and neglect), negative and contradictory emotions, and other stressors including stigma and the long treatment system for users. The overall substance misuse problem, combined with these stressors, produced various negative outcomes, which ultimately showed themselves in terms of physical and psychological health outcomes. Other negative outcomes included social, financial and family outcomes, which often related to each other, and caused even more stress and further influenced the health outcomes.

Throughout the course of the problem parents' coping methods varied frequently, and different methods may have been helpful or caused further stress for parents. Another outcome that occurred is the altering of views on substance-related issues, which may have been influenced by both personal experience and treatment/support. Treatment for families related to coping in the sense that it served to improve it, and positive treatment often alleviated some of the stress/stressors and negative outcomes for families. For a diagrammatic representation of these interactions please see pp. 36).

Clearly many of the concepts described above are comparable with those described in the stress-strain-coping-support model (Velleman et al, 1998). Both models are interactional, in that family members are not seen as causing the problem, and both family members and users are seen as victims of stress. Both models outline that living in a family where someone misuses alcohol/drugs is commonly very stressful, and as a result affected and concerned family members are likely to show signs of strain, including physical and psychological ill-health, as well as negative impacts socially, financially and on the family. Also, in both models coping and social support can mediate the stress and strain felt by the family. Despite the similarities there are some minor differences in emphasis between the models. For example, the stress-strain-coping-support model describes the role of social support in more detail than the present study has allowed. In this study, support is mostly referred to in terms of family treatment, with less consideration being given for other forms of support. Instead, the present study has focused more on identifying some of the potential stressors or causes of stress that exist for parents. Despite these differences, the

results of the present study clearly provide strong support for the stress-strain-coping-support model (Velleman et al, 1998).

When carrying out a qualitative study of this nature, there are several important issues which need to be considered. When conducting interviews, particularly on topics as sensitive as this one, it is essential that the trust of the interviewer is gained and that a good rapport with the participant is established. In order to help this, participants were reminded of their anonymity in the research, and the interviews were conducted as informally as possible, on a one-to-one basis to ensure that a 'natural' or conversational style of interview developed. Since the study covers such a sensitive subject certain ethical considerations needed to be addressed, since it was possible that the interview might raise some points that might be particularly upsetting or uncomfortable for the participants. In order to avoid potential problems, participants were reminded that they did not have to answer any questions that they were uncomfortable with, and that they were free to pause or terminate the interview at any time, if they so wished. Despite the potential for problems, the interviews were extremely successful in the sense that for the most part participants seemed to be at ease during the interviews, and were generally very happy to be involved in the research.

The interviews were recorded for several reasons. Firstly, this avoided the need to make notes during the interview, which allowed the interviewer to focus completely on the participants in order to maintain rapport and to follow up any interesting areas not already stipulated within the interview guidelines. Secondly, this avoided the potential difficulties of relying on the interviewers' memory, since memory can often be a selective and inaccurate source. Finally, this allowed for subsequent transcription verbatim, which provided a rich source of data on which to conduct the analysis. Generally the digital recordings provided high quality recordings, which were imperative for successful transcription and analysis of the data.

Participants were recruited through a family counsellor at a drug and alcohol agency or through a family support organisation, and no incentives were offered to take part in the research. The accounts therefore were taken to be truthful and accurate, since participants were accessed through reliable sources and realistically participants would have had nothing to gain from being untruthful.

In the study, semi-structured interviews were conducted in order to gain a detailed picture of participants' experiences as parents of drug or alcohol misusers. According to Smith (2001) this method provides much more flexibility than the more conventional structured interview, questionnaire or survey, as the respondent gives a fuller picture and the researcher is free to follow up interesting avenues that emerge in the interview. Smith (2001) also describes the 'natural' fit that exists between semi-structured interviewing and qualitative analysis. By employing qualitative analysis an attempt is made to capture the richness of the emerging themes rather than reducing the responses to quantitative categories, and wasting the opportunity provided by the detail of the verbatim interview data (Smith, 2001). Therefore, qualitative methods were employed to analyse the data in the form of Grounded Theory analysis.

According to Strauss and Corbin (1990), Grounded Theory analysis is different from other methods in the sense that it allows the generation of theory that closely approximates the reality it represents, rather than the testing of theory. The inductive nature of this method assumes an openness and flexibility of approach, which is advantageous since it allows the researcher to follow the leads gained from the data (Charmaz, 2001). This approach can also help the analyst break through the biases and assumptions that can be brought to or developed during the research process (Strauss and Corbin, 1990). This choice of method was especially important since (with the exception of the ADF Group) it is probable that some of the previous work in

this area has been influenced by the assumptions of 'professionals'. For instance, Macdonald et al (2002) suggest that the lack of research into how families cope with drug use means that little is known about the needs of families and the methods of meeting these needs, which leads to a tendency to report professionally-defined needs, which may or may not correspond with the needs of the relatives. Clearly, more effort should be made to conduct research which focuses on directly eliciting the views of those who have experienced a substance-misusing relative in the family.

Although the process of transcribing the semi-structured interviews for analysis was long and arduous, it was deemed necessary in order to achieve sources of data that were detailed and rich enough to successfully conduct the analysis on. This was especially important since the study was a pilot. However, for future research it may be useful to consider the adoption of a method described and used by the ADF group (Velleman and Templeton, 2003). Rather than transcribing the interview data verbatim, the ADF group has refined what they describe as a far more economical and effective method, which involves writing detailed reports of the interviews, summarizing the key points and providing examples and verbatim quotations. It is these detailed reports that are then analysed using Grounded theory or Framework techniques (Velleman and Templeton, 2003). However, careful consideration needs to be given as to whether this method produces a rich enough source of data when compared to the verbatim accounts, and whether rapport can be successfully maintained if the researcher is writing notes during the interview.

The results of this study cannot be generalised to all parents who experience having a substance-misusing child in the family, for a number of reasons. Firstly, the research formed a pilot study, which contained a small sample of ten participants. Secondly, a huge variability exists between families (Copello, 1999). Thirdly, the treatment that participants in the sample had received is likely to have influenced their experiences in some way. For example, it is probable that parents without any access to family support/treatment would interpret their experiences differently to those who have had access. Nevertheless, the study has provided a valuable insight into a research area which until fairly recently has largely been ignored. A number of interesting themes, processes and interactions have emerged, which suggests that it would be worthwhile continuing or extending this study further.

In particular, it would be of interest to conduct more qualitative research of this nature with more subjects in order to establish whether the potential stressors/themes identified within the results are valid. It would also be interesting to establish whether there are any other potential factors that cause particular stress for families, which are not already explicitly clear within the existing literature. It may also be possible to examine some of the individual themes that have been highlighted from this study in more detail. For example, by investigating the theme of confusion, one could examine the possibility that there are other components to this that have not yet been highlighted, or whether the inference of a learning process for parents (in terms of their substance misuse knowledge) is an accurate one. It may be also particularly useful to examine how significant a role factors like clear and accurate drug/alcohol information can play, in terms of mediating parental stress. Ideally a comparison could be conducted between the stress experienced by parents/relatives who have access to some kind of support/treatment that provides information on addictions, and those relatives/parents who do not. However the viability of gaining access to an appropriate sample would cause particular difficulty for such a study.

Conclusion

The present study clearly indicates that the impact of substance misuse on parents is a complicated issue, which relates to numerous different factors. Eight important themes have emerged from the Grounded theory analysis of the interview data, which are interrelated and have been integrated to form a loose model of the results.

Basically, it is suggested that the substance misuse problem led to a range of factors, which caused stress for parents. These potential stressors included the themes of confusion about the substance misuse problem, imbalance as the problem took over, negative and contradictory emotions, and other stressors including stigma and the long treatment system for users. The overall substance misuse problem, combined with these stressors, produced various negative outcomes for parents, for example on their physical and psychological health or on the family in general. During the analysis, the themes of coping and treatment emerged as mediators of the stress and outcomes experienced by parents. The results have produced a model that (despite a slight difference in emphasis) strongly supports the stress-strain-coping-support model proposed by the ADF Group (as described by Velleman et al, 1998).

The emergence of numerous key themes in the present study clearly demonstrates the merits of qualitative analysis. This pilot study provides a sound foundation for future exploration into the impact of substance misuse on the family. Clearly, more research is required since this area has only come into focus fairly recently and it is probable that there is still much to be discovered and understood. The study has highlighted numerous key areas for future research, in particular, similar qualitative research with more subjects might validate the findings in this study and/or uncover other potentially important issues. Other related areas of study that also require further research include an examination of the experiences and needs of the family as well as the specific needs of siblings, an evaluation of family support groups, and more investigation into the possible benefits and negatives of coping actions, as indicated and studied by the ADF Group.

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Appendix: Diagrammatic Representation of the Results