The Menace of Drug Addiction in the Family: Challenges, Coping Strategies and Recommendations

Paramjit Singh Jamir Singh[1], Azlinda Azman[1], Syazwani Drani[1]
[1]Social Work Programme, School of Social Sciences, Universiti Sains Malaysia (USM), 11800 Penang, Malaysia

Correspondence: Paramjit Singh Jamir Singh (paramjit@usm.my), Azlinda Azman (azlindaa@usm.my)

Abstract

_____

Malaysia is witnessing a significant impact of drug use among its population which has seen an upward trend in the last decade. Family members of drug users and drug abusers have borne the heaviest brunt and therefore, this research examines how the family member cope with the latter's' addiction. Eighteen (18) family members of drug users in Penang, Malaysia were interviewed in this qualitative research. Primary data gleaned from these in-depth interviews were analysed, and findings showed that family members adopted many different coping mechanism and strategies, namely emotional, avoidance, controlling, inactive, assertive and supportive in dealing with challenges of intra family drug addiction. External and internal resources as well as support systems were also accessed. Specifically, close relatives and counsellors from National Anti-drugs Agency were approached for emotional support and practical guidance. This research found affected family members who formed self-help and support groups as part of their coping strategies were able to discover meaningful and useful ways to deal with the destructive effects of drug abuse. Government and non-governmental agencies also assisted affected family members in offering practical help. However, it is important both government and non-governmental agencies play a more proactive role. The National Anti-drugs Agency in particular, it is recommended provide tailor made programmes and coping skills in addressing these traumatic situations and enable families deal with this destructive habit of addiction.

Keywords: drug users, family members, coping strategies
_____

Introduction

Malaysia has seen an exponential increase in substance abuse. Peer pressure, stress and pain, dealing with trauma are the primary reasons for drug addiction. Drugs offer a way out to users to find 'calm and peace', for increased energy and self-esteem, as a form of escapism, and for recreation. Harbin and Murphy (2000) reported that drug addiction has a negative impact on neurological functions and behaviour of users, in particular, difficulty in regulating one's behaviour. It has been well documented that drug abuse not only impacts the user but also his/her family (Oreo & Ozgul, 2006). This manifest in estranged or strained relationships, emotional and physical stress, problems at the work place, and financial difficulties in addition to social stigmas and discrimination (Franco, 2010; Butler & Baulds, 2005; Stewart, 2010; McDonald, Russell, Bland, & Morrison, 2002; Fisher, 2002; Mehra, 2002; Butler, 2010; Murphy, 2002). This research has examined in detail how drug addiction and abuse causes immense and intractable problems within the family and how the latter can adopt certain successful coping strategies to maintain their emotional, economic and social well-being.

Methodology

Study Design

A qualitative research design and purposive sampling were employed to help the researcher to gain a deep understanding of motivation behind drug use and subsequent addiction to it as well as its impact on family members of drug users. This approach was useful in helping the researcher develop effective coping strategies for the affected people.

Study Respondents

A qualitative study in the form of an in-depth interview was conducted with eighteen (18) drug users family members in Penang, Malaysia. The obtained primary data was subjected to rigorous analysis to generate findings and possible solutions to the challenges of drug use and its impact on family members living with the drug user.

Interviews were held with 18 respondents, all residing in the state of Penang, Malaysia. The respondents were also the head of their household. In terms of ethnicity, ten (10) of the respondents were Malays, three (3) Chinese and five (5) Indians. The respondents' age ranged from 22 to 70. They were either the wife, mother, father, husband, son or brother of the drug user. Full consent was obtained from them and the interviews were conducted at their homes.

Data Collection

A semi-structured interview method was adopted to glean vital information, with each session lasting between one and one and half hours. They were audio-taped as well since first, face to face interview alone was not able to capture all the required data, and second to ensure data reliability and validity.

Data Analysis Procedure

The interviews were transcribed and their contents subjected to careful analysis to ensure data integrity and accuracy. They were later grouped into different themes and sub themes that align with the study objectives.

Ethical Considerations

As to maintain a strict discretion of the data and information of the interviews, an approval was obtained beforehand from the Universiti Sains Malaysia ethics board (USM/JEPeM/16110485) prior to the commencement of study. The researcher briefed each respondent on the study objective and scope. They were also aware that they could terminate the interview anytime. Written informed consent were obtained for participation, and no respondents pulled out of the study.

Results

Respondents employed various coping strategies, namely emotional, avoidant, controlling, inactive, assertive and supportive. They had also accessed available external resources and support systems to manage the challenges of dealing with the fallouts of drug addiction among their family members. The following is a discussion of key findings of the study.

Emotional Coping: Most (14) of the respondents admitted to feelings of negativity which manifested in them losing their temper resulting in arguments, nagging, threats of physical violence and fatigue. **Avoidant Coping**: A total of four (4) respondents decided to physically distance themselves from the user, such as not being at home when the latter is around, not talking to them, staying in a different room, and telling them to leave. **Controlling Coping**: A total of six (6) respondents reported that they controlled the amount of drugs consumed by the user in addition to carefully monitoring their

activities, and also not allowing them to stay alone at home. **Inactive Coping**: Interestingly, six (6) respondents admitted to not taking any concrete action to manage the situation as they were frightened and refused to get involved. Additionally, they were unsure on how to handle the situation and had hoped to push the problem under the carpet. **Assertive Coping**: The majority (15) of the respondents confessed they had categorically told the user their drug abuse would not be tolerated; they also had transparent discussion with the latter on how to deal with the situation. **Supportive Coping**: All of the (18) respondents have used supportive coping to deal with the challenges of drug addiction in their family. This included spending time with the drug user and offering helpful and meaningful advice and soothing words to help him/her deal with the addiction, in order to ensure the family suffers only minimal trauma. **Resources and Support Systems:** The respondents also accessed other resources and support systems, namely relatives and drug addiction experts from National Anti-drugs Agency (NADA). Only five (5) respondents though approached NADA on ways to effectively manage the problems when it became clear the problem created disharmony and disruption in the family. All the respondents received emotional support from their immediate family members, relatives, neighbours, families facing the same challenges, as well as religious guidance and support.

Discussion, Conclusion and Recommendations

This research found that six types of strategies - emotional, avoidance, controlling, inactive, assertive and supportive - were adopted by affected families to cope with the drug addiction menace. Additionally, as a measure of desperation, the families accessed external resources and support system. One common feeling among all the respondents were negativity and despair towards the drug user. Krishnan, Orford, Bradbury, Copello, and Velleman (2001) suggested that drug abusers did not find emotional coping to be supportive. Specifically, the drug users felt the negative emotions expressed by the rest of the family members led to feelings of guilt which did not lead to them turning over a new leaf.

Current findings also revealed avoidance and inactive coping strategies employed by the affected family members to deal with the fallouts of familial drug abuse. The respondents almost unanimously distanced themselves from the drug user. One respondent even at the hostel where he worked refusing to go home as he was not able to cope with his son's drug abuse. These findings are consistent with those of earlier studies (Moriarty, Stubbe, Bradford, Tapper & Lim, 2011). These studies reported how affected family members physically and emotionally distanced themselves from the offender. Krishnan et al. (2001) found that in majority of the cases, avoidance and inactive coping strategies failed to yield results, namely there was no change in the drug user's addictive behaviour. A plausible reason for this is the offender may feel the family is not confronting the issue head-on. This is called unsupportive coping.

The current study found movements and attitudes of the drug user were controlled by the family, and this was also reported by Krishnan et al. (2001). Unfortunately, most drug users find these 'control mechanisms' unsupportive, worse, it did not lead them to reduce or eliminate their addiction or even seek treatment (Krishnan et al., 2001). The current study also found the respondents directly prohibited the offender from using drugs by commenting on their appearance or showing concern over their health. This is known as assertive coping. Studies have revealed that many offenders found this effective in minimising their drug use.

All the respondents of the current study stated they offered full emotional support to the user to change over a new leaf, and this finding was corroborated by earlier studies, namely Krishnan et al. (2001), Lee et al. (2011) and Moriarty et al. (2011). The respondents also accessed external resources and support systems to manage the challenges of drug addiction in the family by approaching family members, relatives, neighbours, friends and other drug users' families, as well as seeking spiritual guidance. According to Krishnan et al. (2001), affected family members note a sense of relief and support when they are able share their problems with other family members. The NADA is another source of external support and assistance affected families approach to gain an understanding on the motivation behind and causes of addiction.

The current study recommends family members of drug users form self-help and support groups as a way to manage the family crisis since they may get burnt out with challenges of dealing with drug addiction. These self-help groups will enable them to learn about constructive coping strategies and they can share mutual experiences and resources. Through this kind of engagements, the affected families can gain emotional strength and social support from each other. Both government and non-governmental agencies also have a role to play, whereby the former, in particular NADA, can provide relevant training strategies for family members to better cope with their problems. Therefore, it is clear dealing with drug addiction within the family requires a multipronged strategy that is beneficial and useful both for the user and the affected family members.

Acknowledgement

References

Butler, A. (2010). *The effects of drug abuse on family members*. Retrieved from http://www. livestrong.com/article/195215-the-effects-of-drug-abuse-on-family-members/.

Butler, R., & Bauld, L. (2005). "The Parents' Experience: Coping with drug use in the family" *Education, Prevention and Policy*, *12* (1), 35-45.

Fisher, M. (2002). *Supporting families and carers of drug users: A qualitative study*. Scottish Executive: Effective Interventions Unit.

Franco, V. (2010). *Family effects of drug abuse*. Retrieved from http://www.livestrong.com /article/89757-family-effects-drug-abuse/.

Harbin, F., & Murphy, M. (2000). *Substance misuse and child care: How to understand, assist and intervene when drugs affect parenting*. Lyme Regis: Russell House Publishing.

Krishnan, M.Y.A., Orford, J., Bradbury, C., Copello, A., & Velleman, R. (2001). Drug and alcohol problems: The 'users perspective on family members coping'. *Drug and Alcohol Review*, *20*, 385-393.

Lee, K.M.T., Manning, V., Teoh, H.C., Winslow, M., Lee, A., Subramaniam, Y., Guo, S., & Wong, K.E. (2011). Stress-coping morbidity among family members of addiction patients in Singapore. *Drug and Alcohol Review, 30*, 441-447.

McDonald, D., Russell, P., Bland, N., Morrison, A., & De la Cruz, C. (2002). *Supporting families and carers of drug users: A review*. Scottish Executive: Effective Interventions Unit.

Mehra, P. (2002). "*Women carry addiction cross*". Retrieved from http://www.blonnet. com./2002/05/02/stories/2002050200601400.htm.

Moriarty, H., Stubbe, M., Bradford, S., Tapper, S., & Lim, B.T. (2011). Exploring resilience in families living with addiction. *Journal of Prim Health Care*, *3* (3), 210-217.

Murphy. L, J. (2002). *Fighting Back: Women and the Impact of drug abuse on families and communities*. Dublin: Liffey Press.

Oreo, A., & Ozgul, S. (2007). Grief experiences of parents coping with an adult child with problem substance use. *Addiction Research and Theory*, *15* (1), 71-83.

Stewart, N. (2010). *Effects of drug abuse on families*. Retrieve from http://www.livestrong. livestrong.com/article/223262-effects-of-drug-abuse-on-families/.