Familial Risk Factors in Substance Use Disorders

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Several investigators have stressed the importance of family factors in predisposing their youngsters to the risk of substance use. A troublesome family atmosphere, parental divorce, the father's absence from home before the son or daughter has reached the age of 18, other substance use among and the presence of parents and close relatives are but a few of those factors. The current study was undertaken to investigate these factors in a population of Saudi Arabian substance users and compare them with a group of controls. Literature, revealed the responsibility of the husbands towards their wives and stressed the importance of a family approach in the management of the problem of substance use.

(Egypt. J. Psychiat.,1992,15:10-16).

Introduction

It is virtually impossible for teenagers in modern society to avoid some degree of exposure to drug use. Psychoactive drugs are glamorized in movies, television dramas, music and advertisements. As a result of a combination of social learning experiences, including exposure, curiosity, modelling, imitation and peer reinforcement. It is statistically predictable that the majority of teenagers will sample psychoactive drugs on one or more occasions. Only a minority of young people will progress from the experimental and social recreational use of drugs to drug behaviours that could be labelled as abuse. As young people progress from use to abuse, identifiable family factors are likely to take on greater importance (White, 1989).

The importance of the family factors is derived from the family being the most fundamental universal institution. It has many functions that vary over time and from one society to another, and yet a common function accepted at all times and places is the supply of care and protection to the young, socialization and early development of personality. Also it can provide the individual with initial social status, love, emotional support and affection. Perhaps, some other family is also the first group to instill in a child attitude, norms, values and practices in evaluating his/her own behaviour (Hilgard et al., 1979).

While traditionally the substance user held to carry the prime responsibility in developing substance dependence, investigators have been recently concerned with other factors that could predispose the individual to such risk.

The quality of parent child interaction is an important correlate of adolescent drug abuse (Kandel, 1980).

Salamon (1990) reported personal risk factors in becoming chemically dependent to include attitudes, family history of similar pathology and coping styles. Also Bry (1983) while listing the psychosocial risk factors of drug abuse, mentioned distance in the family relationships as a first risk factor, based on his findings that users perceived distance in their parental relationships and lack of adequate warm comfortable home atmosphere as contributing factors to their conduct.

Two family factors were found by McDermott (1984) to correlate with

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adolescent drug use, namely drug use by one or more family members and inadequate parenting.

Data on 1478 first degree relatives of 350 hospitalized drug dependent patients showed that the prevalence of alcoholism was highly correlated with the occurrence of similar psychopathology in the probands, a finding that again suggests a role of familial factors in the transmission of these disorders (Mirin et al. 1991).

Egger et al. (1978) reported about the role of distorted parental influence and poor father child relationship in discriminating between narcotic users and non users. Also, Giele (1979) and Gordon (1985) stressed the positive role of the father in child development and the potentially harmful effects of father's absence which may foster drug use. Also the father's death before the age of 18 was reported by several authors to be associated with an increasing risk of heroin dependence (Brown, 1977; Okasha and Lotaif, 1979; Soueif et al., 1984).

The current study was carried out to examine familial risk factors in a sample of Saudi Arabian substance users.

Subjects and Method

The sample consisted of Moslem Saudi Arabian substance users who presented to the outpatient psychiatric clinic, the casualty department and / or the inpatient psychiatric department of a private general hospital in Jeddah, Substance Use Disorder was diagnosed according to the criteria of the DSM -III-R. The controls were selected from the relatives of patients coming to the surgical outpatient clinic or casualty department for minor operations. They were matched for number, age and sex of the patients, group. None of the controls had any history of experience with substance use. We also excluded those controls with a history of psychiatric disorder. The controls were 170 in number, 150 males and 20 females.

The study took place within the period between the beginning of August 1989 and the end of August 1990.

Patients were assessed by means of the semi-structured psychiatric interview used in the Psychiatric Department of Ain Shams University hospital with some modifications to stress upon the history of substance use. Both patients and controls were asked to give a detailed family history of their families. Data were tabulated and comparisons drawn by means of appropriate statistical methods. The chi square and Fisher exact tests were used.

Results Included in tables1- 6

The patients' sample included 170 substance users, 150 males and 20 females. The age range of the majority of the group ranged between 16 - 25 years, followed by a group of an age range between 26 - 35 years. The mean

Table 1

Means of Getting the Substance For the First Time

	Males		Females		Total	
	No	%	No	%	No	%
Friends	129	86	5	25	134	78.8
Pushers	6	4	0	0	7	4.1
Husband / Wife	0	0	15	75	15	8.8
Sibs / Halfsibs	5	3.3	0	0	4	2.4
Other Relatives	10	6.7	0	0	10	5.9
Total	150	100	20	100	170	100

N. B. : While males usually get introduced to their substance use through friends, females are usually given their substance by their husbands.

Table 2

Relations Between Parents Before Substance Use (As Evaluated By Their Children).

	Users				Controls			
	Males		Females		Males		Females	
	No	%	No	%	No	%	No	%
Harmonious	36	24	4	20	47	31.3	5	25
Adequate	43	28.7	13	65	88	58.7	14	70
Disturbed	51	34	2	10	6	4	1	5
Divorced	20	13.3	1	5	9	6	0	0
Total	150	100	20	100	150	100	20	100

Users reported a more disturbed parental relationship than non users. The difference was insignificant in the case of females ($p > 0.05$) and highly significant in the case of males ($p < 0.001$).

Table 3

Family Relations Before Substance Use:

	Users				Controls			
	Males		Females		Males		Females	
	No	%	No	%	No	%	No	%
Family Turmoil								
Yes	101	67.3	9	45	52	34.7	8	40
No	49	32.7	11	55	98	65.3	12	60
Lack of Communication								
Yes	90	60	7	35	50	33.3	6	30
No	60	40	13	65	100	66.7	14	70

Male users described their family relations as significantly more disturbed, with lack of communication than did male controls ($p < 0.001$). There was no significant difference between female users and female non-users ($p > 005$).

Table 4 (A)

Description of Fathers By Their Children

	Users				Controls			
	Males		Females		Males		Females	
	No	%	No	%	No	%	No	%
Kindhearted	5	3.3	2	10	47	31.3	6	30
Domineering	18	12	3	15	31	20.7	3	15
Passive	36	24	7	35	30	20	5	25
Indifferent	81	54	6	30	27	18	3	15
Aggressive	10	6.7	2	10	15	10	3	15
Total	150	100	20	100	150	100	20	100

Table 4 (B)

Description of Mothers By Their Children

	Users				Controls			
	Males		Females		Males		Females	
	No	%	No	%	No	%	No	%
Kind hearted	15	10	4	20	48	32	6	30
Domineering	72	46.7	6	30	35	23.3	5	25
Passive	21	14	3	15	34	22.7	4	20
Indifferent	12	8	3	15	11	7.3	2	10
Aggressive	32	21.3	4	20	22	14.7	3	15
Total	150	100	20	100	150	100	20	100

Users thought more negatively about their parents than control non-users. The father was mostly described as indifferent, the mother as domineering. In the case of males the difference was significant < $p<0.001$), and in the case of females the difference was non-significant insignificant < $p>0.05$).

Table 5 (A): Absence of Fathers Before the Age of 18

	Users				Controls			
	Males		Females		Males		Females	
	No	%	No	%	No	%	No	%
Travel	27	18	1	5	7	4.7	1	5
Divorce	20	13.3	1	5	7	4.7	0	0
Separation	22	14.7	1	5	8	5.3	0	0
Work	20	13.3	4	20	6	4	0	0
Death	6	4	1	5	6	4	1	5
Total	95	63.3	8	40	34	22.7	2	10

Father's absence was more among users than nonusers. Significant for both male and female users. ($p < 0.05$)

Table 5 (B): Absence of Mothers Before the Age of 18

	Users				Controls			
	Males		Females		Males		Females	
	No	%	No	%	No	%	No	%
Travel	0	0	0	0	0	0	0	0
Divorce	10	6.7	1	5	9	6	0	0
Separation	0	0	0	0	0	0	0	0
Work	0	0	0	0	0	0	0	0
Death	1	0.6	0	0	2	1.3	0	0
Total	11	7.3	1	5	11	7.3	0	0

No significant differences between male and female users or between users and controls ($p > 0.05$).

Table (6 A): Substance use Among Fathers:

	Users				Controls			
	Males		Females		Males		Females	
	No	%	No	%	No	%	No	%
Occasional Use	65	43.3	1	5	2	1.3	0	0
Abuse / Depend	5	3.3	0	0	0	0	0	0
Total	70	46.6	1	5	2	1.3	0	0

Fathers of male substance users were themselves substance misusers significantly more than fathers of male controls ($p < 0.001$). No significant difference was found between the incidence of substance misuse among fathers of female users and female controls. ($p > 0.05$).

Table (6 B): Substance use Among Brothers

	Users				Controls			
	Males		Females		Males		Females	
	No	%	No	%	No	%	No	%
Occasional Use	61	40.7	2	10	4	2.7	0	0
Abuse/Depend.	10	6.7	1	5	1	0.7	0	0
Total	71	47.4	3	15	5	3.4	0	0

Brothers of users used substances, both on regular and occasional basis, more than those of controls, the difference being highly significant in the case of male users ($p < 0.001$) and non significant in the case of female users ($p > 0.05$).

duration of substance use was 6 years for males and 4 years for females.

Discussion

Stanton (1980) put a family theory for drug abuse, where dependence is conceived of as a cyclic process involving the drug dependent individual and two other persons, usually the parents. Our results are in support of these statements.

The predominant age group for starting substances use in our sample was adolescence and young adulthood in both the male and the female groups. Okasha et al. (1990) reported that the age of initiation of heroin abuse was between 20 and 24 years. Kandel and Logan (1984) concluded that those who have not experienced with any substance by the age of adolescence or young adulthood are unlikely to do so after that.

Male substance users in our sample came from homes where the family

atmosphere was clearly disrupted and the male users had a negative image of their parental relationships with each other and with the family as a whole. In our male cases the father's image seemed to play a major role than that of the mother, a finding which is attributable to the key status the father still occupies in our societies. These results are also in agreement with those of Fahmy (1989) in a study on a sample of Egyptian male heroin users. She found highly significant differences between users' and controls' home atmospheres, where controls' parental relationships were significantly better than users' parental relationship. The same study revealed that large proportions of heroin users had negative fathers' images, where 54.2% of users perceived gaps in their relationships with their fathers, these gaps being filled with lack of understanding and disrespect of feelings, compared to 73% of controls who enjoyed warm intimate relationships with their fathers.

The absence of a father image altogether, in the male and female groups, like in cases of paternal death, parental divorce or the father being away most of the time was also reported in our results to be a significant factor in the children's later substance use, a finding again in agreement with other authors. Runeson (1990) reports early parental separation or divorce or paternal death to be more frequent among subjects with substance use disorder than among other subjects.

The presence of substance use in the family is another factor that our results revealed highly significantly associated with substance use in the sample of users, where 46.7% of male users' fathers were substance users themselves. Similar findings were obtained by Fahmy (1989), where the results revealed that more than one third of male users' fathers (15.4%) used substances themselves.

The difference was nonsignificant between female users and female controls as regards parental relationship, family relationship, description of parents and substance use in the family. This could be explained by the fact that all the female users began substance use in their marital homes. Absence of the father was the only factor which showed a significant difference between female users and female controls. This could be explained by the fact that absence of the father could lead to an improper choice of the husband, who, later on, introduces his wife to substance use.

As a matter of fact, our results not only reveal the responsibility of the father towards his offsprings but also towards his wife, where 15 out of 20 female users got the substance from their husbands in the first place. In a study by Okasha and Raafat (1988), on a sample composed of 100 heroin abusers (92 males and 8 females) 50% of the female users were admitted to the hospital with their husbands to treat both partners.

It is clear that substance use can no longer be regarded as an individual problem, but rather as one of the family and society at large, i.e. drug dependence is no longer conductive to a unidimensional explanation, the myth that addiction solely results from exposure to chemical substances. As drug abuse increases world wide, any hypothesis explaining the drug explosion is unlikely to suggest a universal increase in psychological pathologies predisposing to addiction, but would rather focus more on the increased social acceptance and the family modelling of drug use and its availability.

Prophylactic youth programs should involve the whole family and the family should be part of the therapeutic program, which hitherto has been focussing on the user alone. In this context it is important to mention that such a major, multidimensional problem

as that of substance use can no longer be left in the hands of specialists alone, but should acquire a community perspective, with its roots deeply ingrained in the primary health care services, where the family doctor has access to the family details and dynamics within which the substance user develops. In agreement with this Robertson (1989) stresses the role of the primary care physician in preventing illness and promoting less damaging drug use among drug users and their social, sexual and domestic contacts. Extensive involvement with family and non statutory workers is considered by him as the best way to understand the pressures and dangers to which individual patients are exposed. Bunton (1990) argues that the broadening concerns of the public health persepctive may be viewed as a part of growth of new, more pervasive forms of social regulation and control which should be a concern for those working to reduce substance misuse. We totally agree.

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Facteurs de Risque Familiaux dans les Troubles liés à l'Utilisation de Substances Psycho-actives

Cette étude à pour but d'évaluer les facteurs de risques familiaux dans une population d'utilisateurs de substances psycho-actives Séoudiens en les comparant avec un groupe controle. Parmi les facteurs impliqués nous avons considéré: une atmosphère familiale querrelleuse, le divorce, l'absence du père avant que les enfants n'atteignent 18 ans ainsi que que la présence de troubles similaires dans la famille. Nos résultats confirment l'importance de l'approche familiale dans la prise en charge de ces troubles.

العوامل العائلية المنذرة بالخطر فى حالات الاضطرابات الناجمة عن استخدام المواد

قام هذا البحث بدراسة العوامل العائلية المنذرة بالخطر فى حالات الاضطراب الناجمة عن إستخدام المواد على مجموعة من السعوديين مستخدمى المواد مع عمل مقارنه مع عينه ضابطه.

وقد أظهرت النتائج أهمية العوامل العائلية فى استخدام الأبناء للمواد. مثل اضطراب الجو الأسرى ووجود الأب الذى يتصف باللامبالاة، والأم المستبدة، وكذا غياب الأب عن المنزل قبل بلوغ الأبناء سن ١٨ سنه، و تناول أحد الوالدين أو أحد الأقارب المقربين المواد بطريقة خاطئة.

كما أظهرت النتائج مسئولية الزوج فى استخدام الزوجة للمواد وأكدت أهمية العائلة فى علاج استخدام المواد.