Role of the Family in Prevention and Treatment of Substance Abuse

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Abstract

The problem of substance abuse became worse and worse in Egypt in the eighties. Different authors attributed the involvement in drug use to the interaction of many factors. Among these factors are personality of the individual, peer pressure and the family role. Although family factor alone cannot explain all the variance in the use of illicit drugs, yet its role is so important to the extent that for any intervention or rehabilitation to be effective, family should be put into consideration. The paper will discuss how important is the role of family in initiation, maintenance as well as prevention and treatment of substance abuse.

Introduction The problem of substance abuse in Egypt became worse and worse in the eighties. It started to be prevailing among youth and teenagers. Many factors contributed to the predisposition as well as the direct causes of this problem.

There were some contradictions in the reresults of research work in this field. some researchers found emotional restraints (such as low self-esteem, depression, anxiety, impulse control, aggression .....) to be significant factors in drug usage (Amini, Salasnek & Burke 1976, Farrell & Danish 1993) while others like Swaim et al., (1989) and Siegel & Ehrlish (1989), proved otherwise.

Some authors found that peer drug association explains a major portion of the variance in drug use (Alexander 1964, Huba, Wingard & Bentler 1979, Brook et al., 1982, 1983, Stein, Newcomb, Benther 1987. Others found the reverse (Farrell & Danish 1993), and others considered personality to be the determining factor (Jones 1968, Hogan et al., 1970, Jessor 1976, Kandel 1980, Bry, McKeon & Pandina 1982, Lavouvie & McGee 1986, Mayer 1988, Mayer & Ligman 1989).

In the midst of all these controversies, the family has, in many instances, been accepted as one of the major keys to the understanding of the problem. Parents can influence their children's attitudes, behavior and psychological make up directly or indirectly (Chiam 1983). Parents can provide the model directly through substance use and indirectly through possessing characteristics which predispose a person to use drugs. Characteristics such as aggression, defensiveness, resentment, stubbornness, rebelliousness, irresponsibility, impulsivity emotional instability, immaturity, inability to exercise self control have been identified to be related to drug use (Gulas and King 1976, Mayer & Ligman 1989, Brook, Whiteman & Finch 1992, Farrell and Danish 1993)

Children of extremely permissive parents were found to be highly immature and overly dependent and demanding. They also had great difficulties in controlling their impulses. (Baumrind 1967).

More drug users perceived their parents to be laissez-faire than democratic (Hunt 1974), others perceived them as authoritarian, controlling, demanding

and expecing obedience (Baumrind 1971). Between these two extremes is the authoritarian parents who are demanding but nurturant. They neither give in to children's unreasonable demands nor are they harsh, arbitrary and irrational in their responses. Furthermore, their demands are appropriate to their children's developing capacities, that is they adjust their expectations according to their children's abilities to take responsibility for their own behavior. So, the sense of competence and ability to do things successfully is communicated to the children. As a result, these children tend to be socially, emotionally and mentally mature (Kuczyanskik Zahn-Walker & Radke - Yarrow 1987, and Steinberg, Elmen & Mounts 1989).

Adolescents, whose parents took little interest in their school-life and were not positively involved in their life, were found to show low frustration tolerance and emotional control, possessed no long-term goals and often had records of delinquent acts than those with involved parents, (Pulkkinen 1982).

Lack of contact and inadequate parenting are related to drug use (Kandel 198o, Zucker 8~ Comberg 1986), while parental supervision was observed to be significantly and negatively related to substance use (Buckhalt et al.,1992).

The families need to have warm, supportive relationships in order to decrease the chances of child drug involvement (Stein, Newcomb and Bentter 1987).

There is evidence of the relation between family disruption and drug use and children from divorced household were found to engage in deviant and delinquent behavior (Dornbusch et al., 1985).

Absence of fathers, poor father model and troubled father-son relationship were proved to be prevailing among drug users (Chandraseagran 1983). Male children of alcoholics had higher rates of lifetime diagnoses of alcohol and drug abuse than men who were not children of alcoholics. (Mathew et al., 1993). Youngsters who spend more time in family activities are less likely to be involved in drugs. (Buckhalt 1992).

Subjects and Methods: Twenty five poly-drug male addicts fulfilling the criteria of substance abuse disorder according to DSM-III-R who attended an anti-drug program, "The Best Life Program", during the first half of 1993, were subjected to several interviews.

Some parents of this group (18 mothers and 8 fathers were also available to be interviewed and to perform the psychometric tests. (Eysenck Personality Questionnaire).

All addicts and a matched control group (25 persons) performed the "Shifer's Parent-Child Attitude Questionnaire", which explored the attitudes and behavior of parents towards their sons, from the sons' point of view.

Results: In this study, 80% of substance abusers reported family problems play a role in their initiation to use of drugs. Parents were found to be completely ignorant about the problem of drugs and substance abuse when their sons started to be abusive in 36% of cases.

64% of cases reported their fathers to be using drugs compared to 12% of control group and the difference was found to be very highly significant. At the same time, 40% of cases described their fathers as being absent for long periods.

Table I presents the characteristics of both fathers and mothers of substance abusers.Iit showed that fathers were described as rejecting and restrictive in 48% of cases and as hostile, brutal, threatening, aggressive and/or rigid in 40% of cases, while the mothers were found mostly to be passive, inadequate, insecure, over-anxious and over-protective in 76% of cases.

Tables III and IV show the results of the "Eysenck Personality Questionnaire". The fathers of substance abuse group got higher scores on the scale of extroversion (100% of cases) with a high statistically significant difference compared to the control group, 50% of fathers got high scores on the scales of neuroticism and lie. On the other hand, mothers of substance abusers got high scores on the scale of lie (where the difference with the control group was found close to be significant), neuroticism (in 50%) and psychoticism (in 50%).

Extroversion which was found in 100% of fathers was found in 16.7% only of mothers of drug addicts.

Table V presents the results of "Shifer's Parent-Child Attitude Questionnaire" of fathers of substance abusers and control group. It shows that there was a very high statistically significant difference regarding acceptance (M.V. 25.68 in cases and 41.74 in control), indulgence in child (M.V. 14.16 in cases and 19.12 in control), constraint (M.V. 18.40 in cases and 12.72 in control), positive involvement (M.V. 28.24 in cases and 40.48 in control), parasitic behavior (M.V. 17.90 in cases and 11.92 in control), control through provoking guilt feeling (M.V. 19.80 in cases and 14.16 in control), hostile control (M.V. 34.76 in cases and 22.56 in control), non constraining attitude (M.V. 13.24 in cases and 18.48 in control), acceptance of individuation (M.V. 25.04 in cases and 36 in control), implantation of anxiety (M.V. 19.40 in cases and 12.24 in control), hostile detachment (M.V. 28.50 in cases and 21.60 in control) and detachment (M.V. 18 in cases and 10.96 in control).

There was a high statistically significant difference regarding rejection (M.V. 34.9 in cases and 30.32 in control), control (M.V. 22.56 in cases and 15.92 in control), permissive attitude (M.V. 14.44 in cases and 17.68 in control) and a significant difference at level of $p < 0.05$ regarding non conformity and extreme independence.

Table Vl presents the results of the same questionnaire for the mothers. It shows a very high statistically significant difference (at level of $p < 0.001$) regarding acceptance (M.V. 30.70 in cases and 42.70 in control), rejection (M.V. 30.9 in cases and 20 in control), parasitic behavior (M.V. 18.2 in cases and 12.56 in control), control through provoking guilt feeling M.V. 19.4 in cases and 14.8 in control) hostile control (M.V. 30.8 in cases and 22.56 in control), non constraining (M.V. 14.7 in cases and 18.32 in control), acceptance of individuation (M.V. 29.2 in cases and 36.32 in control), implantation of anxiety (M.V. 18.6 in cases and 11.44 in control), hostile detachment (M.V. 27.9 in cases and 21.60 in control), and detachment (M.V. 15.1 in cases and 11.76 in control).

It showed high statistically significant difference (at level of $p < 0.01$) regarding indulgence in child (M.V. 17.4 in cases and 20.88 in control), constraint (M.V. 15.5 in cases and 12.08 in control), non conformity (M .V. 16. 6 in cases and 12 . 24 in control) and extreme independence (M.V. 18.6 in cases and 14 in control). A significant difference at level of $p < 0.05$ was found regarding positive involvement (M.V. 31.9 in cases

Table I Characteristics of Fathers and Mothers

	Fathers (25)		Mothers (25)	
	no.	%	no.	%
1. Hostile, brutal, threatening, aggressive and/or rigid	10	40	3	12
2.Rejecting & Restrictive	12	48	3	12
3.Passive, inadequate, insecure, over-anxious and/or over protective	3	12	19	76

Table II Substance Abuse among Fathers of addicts and control group

	Fathers of Addicts		Fathers of control group		P
	no.	%	no.	%	
Substance abuse	16	64	3	12	<0.01

Table III Reslts of Eysenck Personality Questionnaire of Fathers of Addicts and Control group

High Scoe	Fathers of Addicts		Fathers of control		Tests of	P
	no.	%	no.	%	proportion	
Neuroticism	4	50	2	25	0.632	>0.05
Psychoticism	2	25	0	0	--	--
Extroversion	8	100	1	12.5	2.646	<0.01
Lie	4	50	5	62.5	0.378	>0.05

Table IV Reslts of Eysenck Personality Questionnaire of Mothers of Addicts and Control group

High Scoe	Mothers of Addicts		Mothers of control		Tests proportion	P
	no.	%	no.	%		
Neuroticism	9	50	6	33.33	0.656	>0.05
Psychoticism	9	50	0	0	--	--
Extroversion	3	16.7	3	16.66	--	>0.05
Lie	15	83.3	9	50	1.73	>0.05

Table V Results of Shifer's Parent -Child Attitude Questionnaire of Fathers of addicts and control group

	Fathers of adddicts(25)			Fathers of control (25)			T	P
	Total score	Mean	SD	Total	Mean score	SD		
1.Acceptance	643	25.68	10.2	1073	41.74	3.56	7.396	***
2.Indulgence in child	354	14.16	5.3	499	19.12	3.10	3.868	***
3.Possesive attitude	394	16.5	4.5	102	16.56	3.37	0.089	--
4.Rejection	915	34.9	9.4	454	30.32	1.57	2.412	**
5.Control	564	22.56	10.1	411	15.92	3.77	3.104	**
6.Constraint	460	18.4	5.4	322	12.72	2.46	4.789	***
7.Positive involvment	706	28.24	8.8	989	10.48	6.43	5.652	***
8.Parasitic behaviour	475	17.9	6.0	259	11.92	2.0	4.743	***
9.Control through provoking guilt feeling	530	19.8	4.0	369	14.16	4.30	4.768	***
10.Hospital control	869	34.76	8.2	533	22.56	5.87	6.038	***
11.Non conformity	393	15.72	6.2	297	12.88	1.8	2.169	*
12.Non constraining attitude	331	13.24	3.2	492	18.48	3.81	5.334	***
13.Acceptance of individation	626	25.04	7.4	946	36.0	5.06	6.12	***
14.Permissive attitude	361	14.44	3.8	455	17.68	3.56	3.152	**
15.Implantation of anxiety	486	19.4	3.8	280	12.24	3.22	7.247	***
16.Hostile detachment	683	28.5	7.7	505	21.06	3.21	4.137	***
17.Detachment	456	18.0	4.0	273	10.96	1.71	8.053	***
18.Extreme independence	428	17.5	8.4	332	13.84	2.39	2.118	*

Table V Results of Shifer's Parent -Child Attitude Questionnaire of Mothers of addicts and control group

	Fathers of adddicts(25) Total score	Mean	SD	Fathers of control (25) Total	Mean score	SD	T	P
1.Acceptance	622	30.7	1.1	1138	42.7	2.63	19.345	***
2.Indulgence in child	344	17.4	5.6	544	20.88	1.8	2.975	**
3.Possesive attitude	400	17.1	5.0	404	16.72	3.34	0.334	--
4.Rejection	872	30.9	7.2	457	20.0	0.0	7.569	***
5.Control	564	17.4	5.5	397	16.4	2.99	0.798	--
6.Constraint	460	15.5	5.7	295	12.08	2.00	2.814	**
7.Positive involvment	7705	31.9	9.2	965	36.96	5.69	2.356	*
8.Parasitic behaviour	466	18.2	5.3	322	12.56	2.97	4.568	***
9.Control through provoking guilt feeling	506	19.4	3.8	358	14.8	1.6	5.578	***
10.Hospital control	869	30.8	8.5	537	22.56	5.87	3.3936	***
11.Non conformity	393	16.60	7.7	301	12.24	1.99	2.765	**
12.Non constraining attitude	344	14.7	3.9	453	18.32	3.74	3.348	***
13.Acceptance of individation	655	29.2	8.2	936	36.32	5.3	3.277	***
14.Permissive attitude	361	16.5	4.4	421	17.84	3.66	1.131	***
15.Implantation of anxiety	485	18.6	4.2	272	11.44	1.92	7.809	***
16.Hostile detachment	713	27.9	6.6	493	21.6	3.26	4.269	***
17.Detachment	487	15.1	4.0	284	11.76	1.99	3.69	***
18.Extreme independence	423	18.6	7.4	330	14.0	2.26	2.968	**

and 36.96 in control).

In our study, 36% of cases claimed that their families were behind their relapse after treatment. On the other hand, 76% of cases who attend the therapeutic activities of the program reported that their families are playing positive role in their treatment through continuous support and cooperation with the therapeutic team. Their involvement in a weekly family meeting helped them to change their attitude towards their sons and teached them how to help maintain the sobriety of their sons.

Discussion: The results of our study came in accordance with our expectations. It seems that the family is playing a central and important role, either directly or indirectly, as it is the role of the family to shape personality of the children and it is the characters of the parent's personality and their attitudes towards their children that decide the type of peers and their effects on them.

Family problems which were present in 80% of our sample, gave us a hint about how important is the role to be played with families in combating the problem of substance abuse.

The ignorance of the parents about substance abuse which was present in 36% of cases, throws light on the importance of raising awareness among parents .

In our study, we found 64% of fathers were abusing alcohol and drugs, a result which came in accordance with that of Gulas and King 1976, Mayer and Ligman 1989, Brook, Whiteman and Finch 1992 and Farrel and Danish 1993 and also with that of Mathew et al., 1993.

Our results showed also some discrepancy in the results of both fathers and mothers regarding their characteristics and personalities. So, although 100% of fathers were found to be extrovert, 16.7% only of mothers got high scores on extroversion scale, again 40% of cases reported the continuous absence of their fathers from home a result which may reflect an impression about the external interest of the father away from the family. Regarding both neuroticism and psychoticism which were found to be prevailing among parents of our sample, there was no significant difference when compared to parents of control group. The mothers gave high scores on the lie scale and the difference was found close to be significant, a result which might reflect the danial attitude of the mothers of substance abusers.

When we came to the attitudes of the parents towards their children, described by the sons, our results came in accordance with the results of Pulkkinen 1982, who reported lack of interest of parents in adolescents life (Rejection) and with Kandel (1980), and Zucke and Gomberg (1986) who described lack of contact and inadequate parenting to be related to drug use and with Buckhalt (1992), who described parental supervision (acceptance, control, positive involvement and indulgence in child) to be significantly and negatively related to substance abuse.

Our results came in accordance also with that of Baumrind (1967), who described extreme permissiveness (extreme independence) to play a role and Hunt (1974) who found that drug users perceived their parents to be laissez-faire.

Our results proved also, the important role of the family in relapse if they are not involved in the program of treatment and on the other hand, their important role in supporting and maintaining their sons in their treatment.

Conclusion: The family plays an important role in initiation, maintenance and treatment of substance abuse. The family should be involved in all efforts to combat the problem. In prevention, it is through raising their level of awareness and in treatment and rehabilitation of addicts through their involvement in family therapy program.

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دور الأسرة فى الوقاية من الإدمان و علاجه

تتعدد أسباب الإدمان ولكن يبقى للإسرة دور هام يتحتم معه أخذ الأسرة فى الإعتبار عند القيام بأى إجراءات وقائية أو علاجية أو تأهيلية.

فى هذا البحث تم دراسة عينة مكونة من ٢٥ من المدمنين يستخدمون أكثر من نوع من العقاقير و تنطبق عليهم مواصفات الإدمان حسب دليل التشخيص الأمريكى، أخذوا من برنامج الحياة الأفضل للمدمنين (برنامج تابع لهيئة إجتماعية غير حكومية) ، وكذلك عينة ضابطة من غير المدمنين وعددهم أيضا ٢٥ فردا وقد تمت مقابلة كل العينة و تم تطبيق إختبار شيفر لقياس الإتجاهات الوالدية فى التربية من وجهة نظر الأبناء. كذلك تم مقابلة عدد ١٨ أم و ثمان آباء للمدمنين و تم تطبيق إختبار أيزنك للشخصية. و لقد أثبت البحث أن هناك فروقا ذات دلالة أحصائية فيما يخص مواصفات آباء وأمهات المدمنين و كذلك إتجاهاتهم التربوية.