

Drugs in the family: the impact on parents and siblings

The tendency for policy and practice to focus on the individual with the drug problem has eclipsed consideration of the severe and enduring impacts of problem drug use on many families. The influence of a child's drug problem on any younger brothers or sisters has been overlooked, despite evidence that such siblings are at higher risk of developing drug problems themselves. This study by Marina Barnard at Glasgow University found that:

- At the outset, families would try to solve the family member's drug problem alone, usually without recourse to agencies. The apparent intractability of the drug problem had a profoundly negative affect on the dynamics and functioning of most families.
- Many parents linked deterioration in their physical and psychological health to the stresses of living with their child's drug problem.
- Significant family conflict developed between parents and between the problem-drug-using child and their brothers and sisters, especially if the drug-using child was stealing goods and money from the family home.
- Family relationships were skewed as the family member's drug problem assumed centre stage, with less time and attention for the other children.
- Siblings often lamented the loss of a close relationship with their older drug-using brother or sister.
- There was a mix of anger, sadness, anxiety, shame, social isolation and loss as parents, brothers and sisters struggled to adapt to the impacts of drugs on all their lives. This was greatly compounded by a sense of being impotent to alter the course of the drug problem.
- In some cases, brothers and sisters were exposed to drugs simply because they shared the same house. In others, older children deliberately introduced their younger brothers and sisters to drug use.
- There was an increased likelihood that younger brothers and sisters would themselves use drugs and develop drug problems.
- The researcher concludes that a greater role for family support groups and therapeutic respite might be considered, along with measures such as mentoring for siblings.



Background

Problem drug use has a profound impact on all family members. Mothers and fathers, brothers and sisters are caught in the maelstrom that drug problems almost inevitably create. Furthermore, when drugs come into a family, there is the danger that siblings might become involved in problem drug use, thus adding to family problems. This study considered the difficulties confronted by families in trying to respond to and cope with the changes that drug problems had brought about in sons and daughters, brothers and sisters.

The research took place in Greater Glasgow and involved 65 qualitative research interviews with problem drug users, parents and younger brothers and sisters. Where possible, these were members of the same family. Additionally, 10 interviews were carried out with practitioners whose area of work was directly or indirectly concerned with problem drug users and their families.

Discovering a family member's drug problem

Families were almost universally thrown into shocked disarray by the discovery that one (or more) of the children had developed a problem with drugs. For most, if not all, families it was an event of such deep significance that it completely and forever changed the family and its sense of itself.

“Oh it's totally changed the family. It's no' a full family any more ... We all still love her. I do to bits. You don't treat her differently, but in ma mind it's been spoiled ... the relationship. But back then there was good times when she wisnae on drugs that I can remember. Just you know, like a family that sat down eating together and all that. It was just a normal family.” (Brother, Nick)

Commonly, the family response upon discovery was utter confusion and panic, often in a context of profound naïveté about drugs, their effects and consequences. A characteristic of all the families interviewed was the impulse to contain the problem within the family and resolve it without recourse to external agencies. At most, parents would consult with their GP for help and advice. The often-felt shame of having a child with a drug problem further cemented the impulse to contain the problem. At this stage, the family focus was the child with the drug problem, not the impact it had on the family.

The impact of problem drug use on the family

“It's like a hell, a real living hell.” (Parent)

The problematic use of drugs by a family member had many significant and enduring impacts on family dynamics and functioning. Families routinely reported great stress, conflict and anxiety as a consequence of trying to protect the family member from the dangers and harms associated with drugs, and to limit the damage arising from their behaviour towards the rest of the family. Parents and their children reported bitter and often destructive disagreement over how best to respond to the child with the drug problem. The ongoing push and pull between whether to help, to what extent and in what ways created a great deal of stress among family members. All the elements of family trauma are illustrated in this father's depiction of family life once two of his sons developed drug problems:

“The wife was wantin' tae keep them in and I was wantin' tae fling them out, ye know, and me and her wid end up arguing. She wid kinda stick up for them and I wid be slaughterin' them ... and things were steadily goin' missin' out the house and they other two boys were, they were sayin' tae me, 'Da, I'm goin' to this and this on Friday, could you come?', know, and I widnae come of course ... so I wis kinda neglectin' they two and stayin' out the other two's way and me and her wis like two strangers, ye know, tiptoein' about each other an' it just ... it just continued tae get worse ye know.” (Parent, Mick)

The tendency for the family member's drug problem to take centre stage drained parental time and energy, resulting in an imbalance in the attention and resources available for their other children. The interviews with younger brothers and sisters confirmed this. And while they might empathise, they were also aware of the costs to themselves.

“... it wis just everything about ma sister and I wis just left aside a bit.” (Brother, William)

The younger brothers and sisters interviewed described the myriad ways in which they were inevitably drawn into the family problem. They mediated between parents and the drug-using sibling, and were often enlisted to prevent theft from the house.

“Because when she’s coming in and she’s doing stuff, like trying to steal stuff and all that and it just makes your head just ... when you could be doing something else, it just makes your head really sore and you just feel knackered.” (Sister, Danielle)

These younger brothers and sisters felt that the drug problem devalued their expectations of a good relationship with their older sibling, whose preoccupation with drugs made them uninterested, self-centred, argumentative and unreliable. The older sibling’s drug problem was corrosive of a relationship they valued. They also worried about their sibling’s health and well-being, knowing them to be vulnerable to overdose, infection, homelessness and drug-related violence.

The impact on younger siblings of exposure to drugs

The increased likelihood reported by other research that more than one sibling will develop drug problems was borne out in this study. Younger brothers and sisters were both routinely and deliberately exposed to drugs. However, despite the high levels of exposure and drug initiation across the sample, the reasons why one sibling developed a drug problem but not another – even in the same family – evaded simple determination. The quality of the family environment and relationships between brothers and sisters were influential factors, along with the peer environment.

Routine exposure to drugs came about through close familial proximity. Unsurprisingly, many younger brothers and sisters had seen drug paraphernalia and witnessed drug use. Many saw their older sibling as someone to look up to and provide an example for them. When these older siblings went on to use drugs problematically, some younger brothers and sisters modelled these behaviours, often out of a sense of curiosity.

“He [brother] wid sit and dae it [smoke heroin] in front of me all the time, I used tae sit and say, ‘gee’s a smoke, gee’s a smoke,’ and one time he did ... an’ I wis sick!” (Sister, Chantelle)

It was not necessarily the older sibling who actually initiated the drug use – this could happen with the younger children’s peers. However, being consistently exposed to drugs and drug-taking demystified drug use for some brothers and sisters, taught its use, and through proximity made casual experimentation possible.

Some younger brothers and sisters were deliberately exposed to drugs by their older siblings, most usually to advocate use. However, in a small number of cases, the older sibling’s avowed intention was preventive,

as a means of quelling curiosity or to dissuade drug experimentation. Younger brothers and sisters generally resented this didactic role, given that these were lessons which their drug-using older sibling seemed unwilling or unable to learn.

“Cos’ like my brother never, ever gave me it or anything, or like the guy that I was seeing never, ever gave me it. They just says like, ‘don’t take it’, but at the end of the day they were sitting taking it in front of me so ... I was like, well, if they can take it how can I no’ take it? Know what I mean, it can’t be that bad ... it’s ... contradicting yourself really innit? But that’s what they were daeing so I tried it myself.” (Sister, Martina)

Those brothers and sisters who did not follow in their older sibling’s footsteps referred to their sibling’s poor appearance and behaviours and the devastating impact of drugs on their family life as compelling reasons for not taking drugs. They saw their siblings as sad, angry people who were being destroyed by drugs. For these young people, exposure to the effects of drugs was a deterrent to experimentation. Yet there was no guarantee that this would endure. Some of the older siblings who had developed problems with drugs had themselves once been similarly anti-drugs. Even first-hand experience of problem drug use might not prevent subsequent drug involvement.

Family support groups

Those parents who had accessed a supportive infrastructure, usually a local community family support group, found this to be valuable. The parents met others in similar circumstances and felt less isolated as a result. Some groups were able to offer families much needed respite through short stays away. However, family support had often only been accessed after many years of living with the drug problem.

Conclusion

The impact of problem drug use on families has not been a policy focus. Yet the drug problem of a close family member creates enduring stress, anxiety and conflict that greatly affect the health and well-being of the family unit and its individual members. Also, having a drug-using older sibling creates the conditions in which younger brothers or sisters appear to be at increased risk of exposure to, and use of, drugs. Both these dimensions of the effects of a family member’s problem with drugs underline the importance of recognising the enormous strains on families and the need to assist in reducing those strains. However, grafting a solution onto something as complex as the way in which a family

responds to problem drug use requires acceptance of the paucity of our current understanding. The ways in which services might mesh with families, and their reach and efficacy, are largely unknown quantities.

A greater role for family support groups might be considered, although it is recommended that this would need to be scoped first. Family support groups can be short-lived as they are often informally constituted and self-funded. The reach of such groups might also need to be considered, as on the whole it is mothers rather than other family members who are most in evidence. Efforts to attract families to support at a much earlier stage – particularly at the point of discovery – could both inform the family and alleviate stresses, as well as assisting the family to help their drug-using child before their drug use becomes intractable.

Although younger siblings were negatively affected by the experience of having a brother or sister with a drug problem, they tended not to construct the problem as having much to do with them directly. This makes it difficult to engage siblings in isolation from their families. The provision of therapeutic respite for the whole family might therefore be better for reaching and helping siblings.

In this study, the brothers and sisters of a problem drug-using child were at increased risk of similarly developing problems with drugs. Situations where siblings are deliberately offered drugs by a brother or sister, who is a trusted familiar – and often in the context of the home environment – have to be seen as posing a high risk of encouraging drug initiation. The rates of drug exposure and initiation reported by siblings in this study suggest a particular vulnerability to drug involvement that merits preventative work. This is an area where the use of mentors might hold particular promise.

This study has highlighted some of the difficulties confronted by drug-affected families. The severity and intractability of impacts on the family, coupled with the tendency for families to focus on the drug-affected child rather than considering the negative effects on themselves, make it difficult to reach and engage families effectively. We need to respond to this challenge with both compassion and imagination.

About the project

The study was carried out by Dr Marina Barnard at the Centre for Drug Misuse Research, Glasgow University. It was a qualitative study in which semi-structured interviews were conducted with problem drug users and their parents, brothers and sisters. Recruitment was largely initiated through contact with problem drug users who were in contact with crisis drug treatment. Interviews with family members took place in the family home.

For further information

The full report, **Drugs in the family: The impact on parents and siblings** by Dr Marina Barnard, is published by the Joseph Rowntree Foundation as part of the Drug and Alcohol series (ISBN 1 85935 319 3, price £13.95). You can also download this report free from www.jrf.org.uk (ISBN 1 85935 320 7).

Published by the Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. This project is part of the JRF's research and development programme. These findings, however, are those of the authors and not necessarily those of the Foundation. ISSN 0958-3084

Read more *Findings* at www.jrf.org.uk

Other formats available. Tel: 01904 615905,
Email: info@jrf.org.uk