

Family misfortune

Far too little attention and support is given to the families and carers of people with a substance misuse problem. Professor David Clark and his research team have been investigating the impact that substance misuse can have on the family.

Families face a number of difficult issues when one of their children develops a substance misuse problem. They are likely to feel extremely stressed about a whole range of problems – initial confusion about the nature of substance misuse, imbalance as the problem takes over, a barrage of negative and contradictory emotions, the stigma associated with substance misuse, and problems associated with the treatment system.

Confusion increases because of a lack of knowledge about substance misuse. There is usually a gradual process of realisation, as they witness the consequences of use, rather than a clear-cut understanding of what is going on. The deceitful nature of the user's behaviour makes this all the more confusing, and both user and parent can be in denial that it is even happening.

Parents often feel that their lives have been taken over by the user's problem. In the turmoil of worry about their health and safety, they often feel as if they dislike or even hate their child, hoping that they would die or disappear to remove the problem altogether. In most cases, this contradicts concurrent feelings of parental love and obligation and serves to further confuse and stress the carer.

The treatment system offers little initial comfort, as parents become frustrated with long waiting times. Then comes the stress of stigma. Although most parents don't experience it directed at them directly, they suffer when it's targeted at their child and often try and conceal the problem. There's a tendency to feel it's their fault: '...you could



tell by the tone in her voice that she was pointing the finger... 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'. It doesn't take long for the effects of stress such as this to manifest themselves in physical and psychological health problems.

Physical symptoms come in the form of eating and sleeping problems, high blood pressure, stomach problems, irritable bowel syndrome and tension aches. The emotional effect is often so severe that parents are prescribed anti-depressants.

Other practical concerns can soon weigh in, not least the financial implications of paying for the user's treatment, paying off their debts – and in some cases the impact on the family of paying for the user's habit. Parents often put their social life on hold, fearing for the health and safety of their child every time they go out, or worrying what condition their house might be in when they return. They might not feel well enough to socialise, or they might simply not be able to take a holiday any more because of lack of money.

Immediate members of the family feel the disruption, as they become wary of the unpredictable, and sometimes thieving, nature of the user. Often the user repeatedly returns

to the family home after living away, and the parents are faced with a grown adult being dependant on them again. Arguments and tension increase, which is not helped when there are contradictions in the way that different members of the family feel and act. The user often steps in to divide the parents, creating further problems between them.

With all attention on the user, it is not surprising that their siblings can be neglected. The parent spends so long worrying about the user, that they have little time to see to others in the family – let alone themselves. Relations between the user and their brother or sister can have little hope of staying civil.

The wider family may provide whatever support they can by talking about problems, but there is rarely any active involvement. This is not usually intentional – merely a symptom of a lack of understanding of the issues involved, or how best they could help.

Parents use different coping methods – these are sometimes helpful and at other times cause further stress.

Most parents are deliberately non-confrontational, giving the user money, buying substances for them and caring for them – but not confronting them directly

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about their problem.

Others use avoidance coping, avoiding actively dealing with the problem and its consequences, denying the problem, concealing it and refusing to let the user move back into the family home.

Many parents try their best at active coping, trying to do something to improve the situation by threatening, giving the user an ultimatum, or helping them with their treatment.

Many parents also reported coping on a day-to-day basis. Some parents feel that this way of getting by is an improvement, at least offering them flexibility and exposing them less to the risk of feeling let down if plans or promises are broken. Others feel this is a negative approach.

For many parents it is important to be able to explain, or attribute some cause to, their child’s substance misuse problem. They might turn to the disease model of addiction, or look at blaming themselves or others.

There is no consistent method of coping and parents are likely to vary their method in response to different problems, and in an effort to find the best way to cope. The fluctuations in coping may clash with their partner’s opposing fluctuations, further

increasing tension within the family.

Parents who belong to a family support group find tremendous support from sharing experience with others in the same situation. Learning about various issues relating to substance misuse is, in itself, a way of learning to cope, and the groups reduce isolation by bringing them into an empathetic and hopeful social environment. Parents report that they can put their problems into perspective and feel better by having the opportunity to help others.

Many of the barriers that parents experience, in trying to get family support, relate to ‘the system’. Parents find that there is a lack of services dedicated to families – or if they are there, they don’t know about them, or how to find them.

Sometimes the long delay in accessing treatment is more about personal barriers. Parents are often reluctant to talk about or admit that there is an alcohol problem in the family. Often, they are simply too preoccupied with the user’s needs to seek help for their own.

Finally, it should be noted that parents often alter their views on substance-related issues, through their personal experience and interacting with the treatment system. Many make practical changes in their lives and some start to work in the substance misuse and counselling fields.

This study of family members who have accessed a family support group, was small-scale, but intensively analysed. The insights from it show the multi-faceted nature of the impact of substance misuse on the family. One message is clear: that society must learn to attend to the many needs of the families and carers of people with a substance misuse problem.

This research was conducted by Gemma Salter and Sarah Davies.

The research involved semi-structured interviews with nine parents and one grandparent (who had assumed the role of parent) of people with a drug and/or alcohol problem. The participants were recruited from West Glamorgan Council on Alcohol and Drug Abuse (Swansea) and Drug and Family Support (Blaenau Gwent).

Interviews were analysed using a qualitative analysis known as Grounded Theory. Eight important themes emerged from the analysis. These inter-related themes, each comprising various concepts, were integrated into a preliminary model describing the impact of substance misuse on the families interviewed.

When the tables are turned

Anger, shame, and the fear of people finding out, can be very hard for the child of an alcoholic parent to deal with, as Fergal Keane knows only too well.

Even while he was successful in his demanding role as the BBC’s special correspondent, Fergal was still trying to come to terms with the legacy of a childhood coping with his alcoholic father.

‘I was always worrying about hiding my father’s drinking,’ he says. ‘It was impossible. I could read the embarrassment on people’s faces.’

As a teenager he became angrier, losing his temper and walking away from his father when he was drunk.

‘Why are you like this?’ he wanted to ask. ‘But we only really spoke when he was in dry periods. There was little communication – but it was better than no communication.’

The young Fergal would watch his father go from hospital to hospital, his liver ravaged. Later, evicted from the family home, his father peered out from filthy lodgings in Dublin, his clothes in the corner, weeks of unwashed dishes in the sink, letters scattered everywhere and a bucket of urine in the corner.

Fergal stopped going to see his father, because by this time he had found a way of coping – by turning to drink, himself. It took years of binge drinking and a breakdown, before he had to face his problems and get help. He realised that he had become ‘that person I had seen disintegrating before my eyes. I was still trying to cope the way he had as a child – by retreating into myself. I had emotional lapses... I was a million miles away.’

The only way through this confusing time was to tackle the anger that had been building up all his life.

‘I felt rage against my father – and against my mother for staying with him for so long,’ he says. ‘Why did we have to stay with him until we were twitching wrecks?’

A ‘moment of clarity’, when he became a parent himself, probably saved his life and gave him strength to make sure the cycle was not repeated.

‘I realised that the alcoholic wasn’t a gibbering wreck in the psychiatric ward, nor a tramp on a park bench. It was me.’

Fergal Keane spoke at meeting of NACOA, the National Association for Children of Alcoholics. www.nacoa.org.uk