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Part Two: Social Implications of Drug Abuse

Lecture 1: Family and Community

Objectives

By the end of this lecture, the students should be able to:

1. Understand Family Dynamics: Explore the complex roles of families in providing support, nurturing, and stability, as well as their potential to contribute to tension and pathology.

2. Analyze External Influences: Examine the impact of peer groups on children's behavior, particularly regarding drug use, and how this influence interacts with parental roles.

3. Identify Risk Factors: Recognize family-related factors that can lead to or exacerbate substance abuse, including parental absence, harsh discipline, and instability.

4. Promote Prevention Strategies: Discuss how knowledge of family dynamics can inform effective prevention strategies for drug abuse, emphasizing the importance of maintaining healthy family relationships.

5. Challenge Assumptions: Encourage critical thinking about the responsibilities of parents and the complexities of family issues related to substance use, avoiding simplistic blame.

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Family and Community

Rapid social, economic, and technological developments pose challenges to the stability and influence of families. Families are often regarded as fundamental sources of strength, offering care and support to their members while also ensuring stability and continuity across generations within the community and culture. However, the reality of family dynamics is much more intricate. Four distinct conceptual perspectives on the family have been recognized. Firstly, families can be seen as protective entities that support both strong and vulnerable members, assisting them in coping with stress and mental health issues while nurturing younger, more at-risk individuals. Secondly, families can also be a source of conflict, challenges, and dysfunction, negatively impacting weaker members through harmful behaviors such as substance abuse. Thirdly, families serve as a means for members to engage with larger social and community networks, including peers, educational institutions, workplaces, and religious organizations. Lastly, families are viewed as crucial points for intervention, acting as natural units for the transmission and cultivation of social and community values.

Under specific conditions, swift changes in society, the economy, and technology can diminish familial bonds and lessen feelings of connection to others, communities, and locations. The stability of relationships, surroundings, and expectations plays a crucial role in assisting individuals in navigating their lives, which is particularly vital for children and young adults. In certain cultures, the traditional challenge of finding a balance between disciplining and controlling children while providing nurturing support for their exploration, comprehension of the world, and personal growth can be further complicated by issues such as substance abuse and various other factors.

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Families play a significant role in shaping children's attitudes, values, and behaviors, but how does their influence stack up against that of peers regarding drug use? During the formative years, peer groups often exert a strong influence, which can sometimes surpass that of parents. One researcher has discovered that friends tend to have more similar patterns of marijuana use than in any other behavior or belief. In such cases, the drug use of peers may have a more substantial impact than parental attitudes. This researcher noted that the influences of peers and parents can work together, with the highest rates of marijuana use found among adolescents whose parents and friends both use drugs. Conversely, other studies suggest that peer influence is significant primarily when parents have stepped back from their traditional roles of supervision. Therefore, when parents actively engage in their roles, they may effectively mitigate the impact of peer groups on their children's views about drug use, thereby playing a vital role in shaping their behavior.

Addressing drug-related issues can benefit from an understanding of family dynamics, which can help tackle the personal and social challenges faced by family members that might otherwise lead to substance abuse, applicable to both dysfunctional and healthy families. It is crucial to refrain from assuming that "parents are always to blame for their children's issues or that substance abusers are solely responsible for the difficulties faced by their families" (4, p. 2). Factors within families that may contribute to or exacerbate drug use include extended or traumatic parental absence, strict disciplinary measures, lack of emotional communication, chaotic family members, and parental substance use, which sets a poor example for children (5). Instability in the household, along with a parent's lack of income or employment, can heighten family stress and vulnerability, leading some individuals to seek "solutions" or comfort in alcohol or drugs. Single-parent households may face additional challenges, as the single parent often has to manage responsibilities beyond their capacity.

Research has examined the prevalence of alcohol and substance abuse, as well as mental health issues, among family members. It is widely recognized that individuals with alcoholic relatives face a heightened risk of developing similar issues. Additionally, families with a background of psychological and social problems may also be more susceptible to alcohol-related difficulties. However, the extent to which these patterns apply to other substances is less clearly defined. Individuals who heavily consume alcohol or other drugs often exhibit psychiatric symptoms, including depression. Moreover, problematic substance use can sometimes conceal deeper emotional disorders. Clinical evaluations frequently reveal a "dual diagnosis," indicating that an individual may suffer from two or more concurrent mental health conditions. Furthermore, it is common to encounter multiple issues within families. While the concept of an addictive personality type lacks scientific validation, the evident signs of distress in individuals—often presenting various symptoms—are readily identifiable by both professionals and non-experts.

Literature frequently highlights the impact of drug-related issues on family life. In Ireland, research indicates that unstable family environments are a significant risk factor for drug abuse among certain youth, with reports suggesting that up to 10 percent of individuals aged 15 to 20 in northern Dublin are addicted to heroin. Similarly, India has seen a rise in the number of heroin addicts seeking help at treatment facilities. Estimates suggest that during the 1980s, between 500,000 and 1 million individuals developed addictions, posing challenges to cultural norms and available services.

The family unit can sometimes be a source of drug-related issues; however, it can also serve as a powerful ally in the treatment process. Family therapy has become more widely accepted, characterized by the participation of multiple family members in therapy sessions at the same time. Women often play a crucial role in supporting and caring for their families. They are typically instrumental in educating the younger generation, ensuring access to healthcare, and fostering community connections and support when needed. Acknowledging and effectively leveraging women as valuable

resources in drug prevention and treatment can enhance efforts to decrease both the supply and demand for drugs (8, p. 2).

Women who do not engage in drug abuse can still experience issues stemming from their male partners who do. The challenges faced by these men can impact women through strained relationships, instability, violence, child maltreatment, financial insecurity, lack of educational opportunities, and increased risk of sexually transmitted disease infections, including HIV.

Information is scarce regarding the connection between substance abuse and the health and social circumstances of children. A report addressing health issues and substance use in Honduras, which is among the poorest nations in the western hemisphere, with a GNP per capita of $580 in 1992, highlights the challenges faced by street children in this context;

> *Trouble with the police, substance abuse, and sexual activity are additional risk factors and all of them are much more common among abandoned street children than among market children (10). ... More than half sniff glue; four in ten also drink alcohol at least occasionally; six in 1 0 smoke cigarettes; one in five smokes marijuana. (In contrast, substance abuse is nearly absent among the market children.) Thus, inhalants are the most commonly abused substances among abandoned street children in Honduras, as opposed to alcohol and crack among homeless teens in the United States, but the overall rate of substance abuse turns out to be about the same in both contexts.*
> *Glue is a popular intoxicant among street children throughout the nations of the developing world because it is very cheap, diminishes pain, reduces fear, increases bravado, and suppresses hunger (11).*

Additional studies support these conclusions. In Mexico, a study (12) revealed that 22 percent of street children under 18 in a southern area of Mexico City reported using solvents daily. Furthermore, 1.5 percent admitted to daily marijuana use, and the same survey indicated that 36 percent of homeless children utilized solvents. Considering the well-documented effects of these substances, along with the associated social, nutritional, and health issues, it is evident that many of these children are deprived of a proper childhood.

References for further reading & Notes

1. Community is used here to mean not a uniform geographic or political entity but the network of people who live in a neighborhood, village, town or city and who are concerned with the lives of their fellow human beings.

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3. Richard Blum et al., *Horatio Alger's Children: The Role of the Family in the Origin and Prevention of Drug Risk* (San Francisco, Jossey-Bass, 1972).

4. WHO, Programme on Substance Abuse, "Preventing substance abuse in families: A WHO position paper", Geneva, 1993.

5. Anthony P. Jurich et al., "Family factors in the lives of drug users and abusers", *Adolescence* 20
(77): 143-159, 1985.

6. D. Corrigan, "Drug abuse in the Republic of Ireland: An overview", *Bulletin on Narcotics* 38 (1-2): 91-97, 1986.

7. D. Mohan et al., "Changing trends in heroin abuse in India: An assessment based on treatment records", *Bulletin on Narcotics* 37 (21-23): 19-23, 1985. Also see Sanjoy Hazarika, "Heroin addiction big new problem in India", *The New York Times*, 15 February 1987.

8. United Nations, "Women and drug abuse: A position paper by the United Nations", 11 February 1994.

9. World Bank, The World Bank Atlas 1994, Washington, D.C.. 1994, p. 18.

10. Market children are those boys and girls who are sent to work in the markets, usually selling something. These children retain some contact with family members. In contrast, street children are primarily abandoned and without families.

11. James D. Wright, Donald Karninsky and Martha Wittig, "Health and social conditions of street children in Honduras", American Journal of Diseases of Children, March 1993, vol. 147, p. 282.

12. LaMond Tullis, Illegal Drugs in Nine Countries: Socioeconomic and Political Consequences, Draft report prepared for UNRISD at Geneva and the United Nations University at Tokyo, 23 December 1993.