Family experiences and the role of the family in the development of substance use in adolescents and young adults in Zimbabwe: a qualitative study

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ABSTRACT

Background

Mental disorders including substance use disorders are a leading cause of disease burden, contributing 16% of the global burden of disease in young people aged 10 to 19 years. Substance use in adolescents and young people cannot be viewed outside of the family system. The family may influence the development of substance use problems in young people and the family system is an important part of recovery. The burden of substance use on family members is, however, often overlooked with emphasis being placed on the need to involve families in treatment of individuals using substances but little said about care for the family members themselves. There is need for a better understanding of the experiences of family members affected by substance use in young people and their own perceptions of the family's role in influencing adolescents' substance use. This study aimed to explore the experiences of families who have dealt with adolescent psychoactive substance use and their perceptions on how families can influence the development or avoidance of substance use in young people.

Methods

This was an exploratory qualitative study eliciting the experiences of nineteen family members dealing with substance use in young people aged less than 24 years purposively sampled from families of young people being managed for substance-related conditions at a tertiary mental health unit in Harare, Zimbabwe. Potential participants were identified using admission and outpatient registers and invited to take part in the study. In-depth interviews were conducted in Shona or English using a semi-structured interview guide exploring the experiences of family members dealing with substance use in a young person as well as their perceptions on the role of the family in development of substance use. The interviews were voice recorded, transcribed verbatim and the data were analysed in NVivo 12 using the framework approach. Ethical approval was granted from the University of Cape Town, Faculty of Health Sciences Human Research Ethics Committee and the Medical Research Council of Zimbabwe and the Institutional Ethics Review Boards for Harare Central Hospital.

Results

Five themes emerged from the data namely: Perceived causes of substance use in young people; Discovery of the substance use; Impact of the substance use; Family coping strategies and Family suggested interventions. Substance use by a young person affected

family life, affecting family members and siblings emotionally, causing conflict in the family and burdening the family finances. Family members struggled with physical health problems; emotional distress, fear; helplessness; hopelessness; guilty, stigma and isolation, social and occupational consequences as a result of substance use by a young person in the family. Families also described various ways in which they attempted to cope with the challenges with spirituality highlighted as a key coping strategy. Participants suggested the family can be a mitigating factor against substance use in young people through having a better understanding about substance use, improved communication; providing an emotionally supportive home environment; creating healthier value systems in the family; actively supervising and monitoring of young people; encouraging young people to engage in meaningful work; facilitating admission for medical rehabilitation when needed as well as providing spiritual support.

Conclusion

There is a substantial but hidden burden of substance use on families and caregivers. This study illustrates the need for health services to provide better support for affected families, improving access to care and support for family members of young people using substances at risky levels. Further research is needed to explore how existing frameworks for structured support may be adapted for and implemented in the local setting. Substance use, particularly in young people, remains a family condition and the family needs to be not only included in treatment of young people but to be cared for themselves as well.

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CHAPTER ONE

1.1 INTRODUCTION

Mental disorders, including substance use disorders, are a leading cause of disease burden, accounting for 5% of Disability Adjusted Life Years (DALYs) and 15% of Years Lived with Disability (YLDs) (1). Young people aged 10 to 19 years constitute 16% of the world population and 23% of the sub Saharan African population (2). Mental and substance use disorders contribute to 16% of the global burden of disease in this age group, with 10 to 20% of adolescents experiencing mental health problems (1). Alcohol and illicit drug use are significant causes of disease burden in young people with prevalence of heavy drinking being over 13 % of 15 to 19 year olds with almost 5% of this group using cannabis (3,4). In Sub Saharan Africa it is estimated that over 40% of adolescents use alcohol or other psychoactive substances (5). In Zimbabwe where this study was conducted, representative data from adult Zimbabwean samples, and data from school-based studies in the country, suggest that the burden in Zimbabwean youth is high, in keeping with other countries in the region (6,7).

Apart from the direct burden due to alcohol and substance use disorders, substance use also leads to other diseases. Substance use contributes significantly to injury and chronic disease (8). Over three million deaths a year globally are linked to alcohol use (6% of all deaths) (8,9), while harmful use of alcohol is linked to over 200 diseases and injuries. These include mental health conditions such as depression and anxiety; gastrointestinal conditions and cancer; cardiovascular disorders such as hypertension and strokes; as well as effects of maternal alcohol use on the unborn child (9). Intentional and unintentional injuries from road traffic accidents, interpersonal violence and suicides have also been linked to alcohol and substance use (8,9). Alcohol use has also been associated with the transmission and progression of HIV and other infectious diseases, such as tuberculosis and pneumonia (8).

Identifying and addressing risk factors for substance use in adolescents and young adults could make a significant impact on reducing the disease burden. Many factors influence the initiation and continuation of substance abuse in adolescents. These include individual factors such as genetic predisposition (10,11), neurological development (12), poor impulse control, a propensity to sensation seeking, poor self esteem, aggressive behaviour and mental health challenges (10,12); peer-related factors such as association with drug-using

peers; and community factors such as low economic status and high crime neighbourhoods (10,13). All these factors contribute to initiation and continued use of substances in adolescents and young adults, however, family factors have also been found to play an important role.

Many quantitative studies have shown associations between family factors such as parent-child communication, parenting style, and substance use in the family with adolescent substance use (10,14–28), but there are few studies that explore qualitatively how and why these factors influence adolescent substance use. The qualitative studies available have mostly been done in high income countries (25–27), and report challenges regarding family members discovering adolescents' substance use, the impact of substance use on families, and challenges in coping as families. However, these results may not be applicable to low- and middle-income countries such as Zimbabwe. This study by exploring the families perceptions on what influences substance use in adolescents and young adults could help influence how the development and progression of substance use in young people is addressed particularly in low to middle income countries. Additionally, this study will explore family members' perceptions on how the family itself can influence the development of substance use in adolescents and young adults in Zimbabwe.

1.2 Aim

To explore the experiences of families who have dealt with adolescent substance use and their perceptions on how families can influence the development or avoidance of substance use in young people

1.3 Objectives

1. To explore the experiences of family members who are living with or have lived with an adolescent or young adult who uses substances.
2. To explore the perceptions of family members on the influence that family can have on the development or avoidance of substance use in young people.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This chapter will focus first on the burden of substance use disorders among adolescents and young people and then on adolescence as a period of vulnerability associated with the development of risky behaviours. This will be followed by an overview of risk and protective factors associated with substance use in this population, including biological and environmental factors, with a specific focus on family-associated factors. Detailed literature on experiences of families dealing with substance use in young people will then be presented to conclude the chapter.

2.2 Prevalence and burden of substance use disorders in adolescents

Substance use among adolescents and young adults is increasingly becoming a public health burden. Substances commonly used by young people include alcohol, tobacco and cannabis (13). Globally, WHO estimates that 46% of 15 to 19 year olds have used alcohol in their lifetime and 34% drink regularly (29). In Sub Saharan Africa, a systematic review of 27 studies involving 143200 adolescents done in 2018 showed prevalence of any substance use to be 41.6% with alcohol being the most common (32%) followed by tobacco products (23.5%) and cannabis (15.9%) (5).

In South Africa, several studies have been done determining the prevalence of substance use among adolescents. A survey of 20227 of young people in the Western Cape aged 10 to 23 years showed a 30 day prevalence of alcohol use of 23%, tobacco use of 19% and cannabis use of 8% (30). In a smaller study in peri-urban Johannesburg that surveyed 822 adolescents showed that 20% had used drugs in their lifetime and 53% had used alcohol in the last 6 months. The most common substance used after alcohol was cannabis (31). Older studies had shown that up to 59% of 10 to 19 year olds have consumed alcohol in their lifetime while 37% drink regularly (27). Thirty percent of male adolescents and 20% of females admitted to binge drinking (i.e. taking more than five drinks on one occasion) in 2011 (27).

National statistics on adolescent and young adult substance use in Zimbabwe are limited, particularly for out of school youths; however, in 2004, it was found that 6% of adult males and 1% of adult females admitted to drinking heavily while 3% of the population has an

alcohol use disorder (32). A number of school-based studies investigating the prevalence of substance use among adolescents and young people have been conducted in Zimbabwe. Zindi et al. (1992), in a survey of 2000 adolescents aged 13 to 16, found that 93% had tried alcohol in their lifetime (33). In a Global School Based Health Survey, Rudatsikira et al. (2003) found a 9% prevalence of cannabis use in a study of 1984 Zimbabwean students aged 13 to 15 years (6). In a survey of first year university students, Nkoma et al. (2014) found that 60% of the participants admitted to drinking alcohol regularly and 3% drank daily while 18% of the participants admitted to binge drinking in the month prior to the study (7).

2.3 Adolescence, young adulthood and their influence on development of substance use

Adolescence is a transition period between childhood and adulthood, and a time of rapid physical and psychological development (108). Adolescence is also a vulnerable phase of life where biological and environmental influences can affect physical health and psychosocial development (108,34). Adolescents tend to be impulsive and may engage in a range of risky behaviours such as risky sexual behaviour, violent behaviour and substance misuse, that can compromise physical and mental health in adolescence and later in life (34).

Substance use often starts in adolescence, increases in late adolescence and peaks in young adulthood (13,35). In the USA, the average age of onset of alcohol use is between 16 and 19 years, and most smokers start smoking before 18 years, while initial use of illicit drugs is often before 16 years (35). In South Africa, 12% of adolescents start drinking alcohol before the age of (28). In Zimbabwe, Rudatsikira et al. (2003) found that the majority of first year university students reported starting drinking between 17 and 20 years of age; however 20% of participants had started drinking at less than 13 years of age (6).

Use of alcohol and substances in young people is associated with physical, psychological and social harm (36). Early substance use puts adolescents at risk of developing substance use disorders and delaying initiation of use decreases this risk by up to 5% for every year delayed (35, 37). Adolescents are at greater risk of ‘telescoping, which refers to rapidly progressing into alcohol dependence (38). Earlier onset of use has been associated with poor psychosocial functioning (including behaviour, occupational function, family and peer relationships) later in life (39). Substance use affects brain development in adolescence and may result in deficits in cognitive function leading to impaired school performance(36).

Additionally, risks for injury, mental health disorders, and a range of other physical conditions are increased, partly due to the direct effects of substances on the developing brain and body, and partly due to an increase in risky health behaviours (9). Adolescents are prone to mood and anxiety disorders as well as suicide and self- harm when using substances (9,36). Substance use may also lead to cardiovascular, respiratory and gastrointestinal disorders especially if age of initiation is early in life (9,36). Binge drinking, which is common among young drinkers, is also associated with risky sexual behaviour and HIV infection (29). In the study by Nkoma et al. (2014) surveying first year university students, many students who admitted to alcohol use reported missing lectures, failing to submit assignments as well as engaging in risky sexual behaviour (7).

2.4 Risk factors associated with substance use in young people

Risk factors associated with adolescent substance use can be biological as well as environmental. Biological factors include brain development and genetics, while environmental factors include community-, peer-and family-related factors (15). These will now be discussed below.

2.4.1 Biological risk factors for substance use in adolescents and young people

The adolescent brain is particularly susceptible to substance dependence via a number of mechanisms. First, this is partly due to under-development of the brain, particularly the frontal lobes and the reward system of the brain, which are involved in executive function, emotion regulation and decision-making (40,41). Therefore, impulse control is underdeveloped in adolescents and this makes adolescents more likely to be impulsive and to seek thrills. Second, the adolescent brain is more sensitive to the toxic effects and neuropsychological effects of substances, making adolescents prone to developing dependence (40). Use of alcohol before 14 years of age is associated with a greater risk of developing alcohol use disorders (9). Third, adolescents are also developing social cognition and socio-emotional processing during puberty which allows an individual to interpret and prescribe meaning to other peoples' behaviours (particularly peers). This increases the risk of experimentation with substances as part of the peer group which eventually progress to substance dependence (40).

Genetic factors also have a part to play in the development of substance dependence in adolescents and young people. It is estimated that 40 to 60% of vulnerability to substance dependence may be due to genetic factors (42). Twin studies have shown that monozygotic twins are more likely to be concordant for substance dependence compared to dizygotic twins, while adoption studies have also shown that sons adopted away from alcoholic

families to non-alcoholic homes still had an increased risk of developing alcohol dependence (10). Several genes have been localised and associated with increased risk of substance dependence (36). Genetics seem to have a stronger influence on development of problem drug use and dependence once drug use has started, while environmental factors play more of a role in initiation of use (37).

2.4.2 Environmental factors affecting substance use in adolescents and young people

Environmental and social factors affecting adolescent substance use include macro-environmental factors such as the socioeconomic environment and the neighbourhood/ physical environment as well as micro-environmental factors such as school-related factors, peer influence and family-related factors.

Macro-environmental factors

Easy access to substances, low socioeconomic status and residing in high crime neighbourhoods have been found to increase the risk of developing substance use problems (13,38,43). Availability of substances in the community is linked to permissive social norms about substance use and this increases the risk of early substance use initiation (44). Permissive community norms often affect retailers of alcohol and tobacco who then believe selling to adolescents acceptable (44).

Low socioeconomic status may possibly increase the risk due to permissive attitudes towards substances in lower income communities, however depression may be a mechanism by which low socioeconomic status influences adolescent substance use (45). Risky drinking in particular has been found to be associated with lower socioeconomic status and lower education level in South Africa (28). Higher socioeconomic status has also been associated with increased substance use and is postulated to be due to higher pressures to achieve as well as poor parental bonding and poor parental supervision in affluent families (45).

Micro-environmental factors (School, Peer and Family related factors)

School-related factors

In Europe, absenteeism from school is associated with increased alcohol and cannabis use (38). Poor commitment to school and poor school performance have also been linked to problem behaviours like substance use in adolescents (46). Positive school environments with good support for students together with adequate discipline have been found to reduce the risk of early initiation of alcohol and substance use and the risk of heavy drinking (47).

Adolescents who feel bonded to their teachers are less likely to engage in risky behaviour such as substance use (43).

Peer-related factors

Adolescents often value the opinion of their peers more than opinions of adults in their lives and associating with substance-using peers has been found to increase the risk of adolescent substance use (48,49). In a cross sectional study in six European countries, it was found that regular use of alcohol, tobacco or illicit drugs was associated with having a friend or sibling that uses substances (38). The risk for substance use due to associating with substance-using peers is also influenced by an adolescent's perceptions of what they believe are peer norms (50). Associating with peers with positive social behaviours is protective against problem drinking in adolescents (51). Parental monitoring and increased time spent with family often mitigates against the effects of substance-using peers (13). The impact of peers on substance use can be explained as an effect of peer selection or peer influence or socialisation. People with similar personalities tend to relate well with each other and become friends and thus some of the peer effect on substance use is due to this effect (42). However, the influence of the peer group can result in modification of behaviour resulting in risky behaviour that the individual may not have engaged in otherwise (42).

Families and substance use in young people

Substance use in adolescents and young people cannot be viewed outside of the family system. The family plays an important r ole in decreasing or increasing the risk of developing substance use problems in young people (42). The family is also important in rehabilitation and recovery from substance dependence. Family relationships and interactions have been shown to influence the initiation of and continued use of substances (51). Healthy families can reduce the risk of development of risky behaviours like problem substance use as well as reduce the association of adolescents with deviant peers who may influence their substance use (42,46). There is therefore increased research interest in factors influencing substance use in young people including how the family contributes to, or mitigates against, this problem (52).

2.4.3 Family factors affecting substance abuse in young people

Family factors that influence adolescent substance abuse include:1) family structure; 2) quality of family relationships; 3) parent-child communication and emotional attachment; 4) discipline and behaviour control; 5) parenting styles; 6) adult supervision of children; and 7) risky substance use in the family (10,29,53).

First, how a family is structured has been associated with either increased risk or protection from problem substance and other adolescent risk behaviours. Mak et al. (2010) surveyed over 32 000 adolescents in China and found that adolescents from non-intact families (single parent mother or father and no parent families) were more likely to smoke, drink every week, or to have used drugs before when compared to intact families (families with both parents present) (14). They further found that adolescents from father-led single parent families were more likely to use substances compared to mother-led single parent families (14). In the USA, Hemovich et al. (2009) found similar findings after surveying over 37 000 adolescents (15). In a study across eleven European countries, surveying 34000 adolescents, heavy alcohol use was found to be more common in non-intact families (single parents or step families) compared to intact families and that this was the same across the different countries and cultures (16).

Second, the quality of family relationships has been found to influence adolescent substance misuse. Parental emotional warmth has been associated with good adolescent outcomes with less substance use and lower rates of internalizing behaviours (54). Additionally, the closeness of the parent-child bond influences the adolescent's choice of friends which also has an impact on adolescent substance use (17). In a qualitative study on substance use among youth in a South African community Mudavanhu (2014) found that uninvolved families was a common theme in relation to reasons for youths abusing substances (55). The quality of family relationships also protects against excessive substance use beyond adolescence (18,19). Ralston et al. (2012), in the USA followed 456 participants from grade 12 up to two years after high school and found that the warmth of the parent child relationship significantly affected subsequent substance use (18). Brook et al. (2001), in Columbia looked at factors affecting illegal drug use among young people and found that adolescents who had conflict with their mothers were more likely to use illegal substances (20).

Third, parent-child communication has also been implicated in adolescent substance abuse. Communication on substances and family disapproval of excessive substance use is associated with decreased adolescent substance use (56). Hoeck et al. (2012), in Belgium in a qualitative study on experiences of parents of young people abusing substances found that a shared theme among parents was poor communication with their child (24). They found that conversations were superficial with little communication about emotions, and that these parents knew very little about drugs altogether (24). A qualitative study done in Zimbabwe focused on risk and protective factors for adolescent substance use found that adolescents felt that some parents made substance use by adolescents worse by failing to talk about substances with their children (57). Ryan et al. (2012), in a systematic review on

twenty studies mostly done in the USA found that good parent child communication was associated with prevention of drug initiation, delayed alcohol initiation and increased alcohol refusal (21).

Fourth, consistent discipline and close parental supervision has been found to be protective against adolescent risk behaviours like substance abuse, while inconsistent or harsh discipline is associated with both internalizing and externalizing behaviours while effective supersivion delayed onst or prevented substance use (22,58). Mpikelelo (2014), in Zimbabwe interviewed 163 adolescents and found that adolescents themselves thought that low parental monitoring contributed to adolescent substance abuse (57).

Fifth, certain parenting styles have been associated with increased risk of adolescent substance use. A number of studies have identified and defined parenting types or styles (23,59,60). Two dimensions of parenting have become the basis for differentiating parenting styles: the level of control or demand on a child from the parent, and the level of emotional responsiveness or warmth demonstrated by the parent towards the child. Four basic parenting types have been described through these two dimensions: high control-high response parenting, called authoritative parenting; high control-low response, also called authoritarian parenting; low control-high response parenting, called permissive/indulgent parenting; and low control-low response parenting called uninvolved/neglectful parenting (23). Authoritative parenting has been associated with favourable adolescent outcomes (57,58). Calafat(2014), surveyed 7718 adolescents in six European countries and found that authoritative style parenting was found to be associated with less alcohol, tobacco and illegal drug use (59). A Swedish cohort study following up 1268 adolescents found that neglectful parenting was associated with the worst substance use outcomes (60).

Finally, substance use in the family has been found to influence adolescent substance use. Ruutel et al. (2014), in the Saving and Empowering Young Lives in Europe project found that adolescents exposed to intoxicated family members in the family environment were more likely to use alcohol(61). Brook et al. (2001), in a sample of 2800 adolescents in Columbia also found that drug use in the family by parents or other siblings was associated with illegal drug use by the adolescent (20). Mpikelelo (2014) conducted a qualitative study in Zimbabwe interviewing adolescents which revealed that some adolescents drink alcohol at home with their parents, which seemed to encourage substance use in young people (57). A 2001 literature review, of mainly American studies, also supported this finding and found that family drug use influenced the choice of substance used as well (62). This review found that siblings acted both as friends or peers as well as role models, and substance use by a

sibling increased the risk of earlier initiation into substance use. It was also found that use of drugs by parents and parental attitude towards drugs influenced adolescent substance use.

These factors show that families have a significant impact on development of substance use in adolescents and young adults, however, few qualitative studies have been done to explore this, particularly in low- and middle-income countries.

2.5 Experiences of families dealing with substance use in young people

The family is a valuable but often unappreciated resource in the rehabilitation and care of a young person with substance use problems, yet caring for such a young person can take its toll on family members. There is, however, limited knowledge on the experiences of family members in families where adolescents abuse substances, especially in African settings.

A literature search was carried out on Google Scholar, Medline, PsycINFO and PsycArticles databases looking for published studies focused on the experiences of families dealing with substance use in an adolescent or young person up until 2019. Search terms used were: “family experiences of adolescent substance use”; “parent experiences of adolescent substance use”. Only studies published in English up until 2019 when the literature review was concluded, were considered. Sixty-nine titles were initially selected and abstracts were then reviewed. Of these, 15 full journal articles were then included in this review after removing those considered not relevant and duplicate articles. Of the 15 studies considered at the time, only five were conducted in Africa and all five were conducted in South Africa(63–67). The other studies were conducted in the USA(68,69), Australia(26,70,71), United Kingdom(72,73), Canada(25), Belgium (24) and Puerto Rico(74).

The major themes identified in these studies were as follows: 1) Discovery of the substance use/ realising the problem; 2) Impact of the substance use on the family; 3) Emotions experienced by family members as a result of the substance use; 4) Coping strategies.

Table 1 below summarises the major themes and subthemes identified in the 15 selected studies. Thereafter the major themes are then discussed in greater detail.

Table 1: Summary of Literature Findings

Study	Country	Year	Study participants	Major themes	Sub Themes
Schultz P, Alpaslan AH. **Our brothers' keepers: Siblings abusing chemical substances living with non-using siblings**	South Africa	2016	Siblings	Discovery of Use	Accidental discovery
				Emotions experienced by family members	Sorrow, grief, misery, depression
				Means of coping	Becoming resilient, choosing self preservation
Swartbooi CM. **A phenomenological study on parents' experiences of their adolescent's substance abuse**	South Africa	2013	Parents	Discovery of Use	Lack of knowledge about drugs, Changes in behaviour
				Impact of substance use on the family	Disrupted lives, family and marital conflict, impact on siblings, Financial burden
				Emotions experienced by family members	Sorrow, grief, misery, depression, Helplessness and hopelessness
Masombuka J. **Children's addiction to the drug "nyaope" in Soshanguve township: parents' experiences and support needs**	South Africa	2013	Parents	Discovery of Use	Changes in behaviour
				Impact of substance use on the family	Family and marital conflict
				Emotions experienced by family members	Stigma, shame, guilt; Fear and anxiety
				Means of coping	Seeking help and challenges seeking for help; Support groups
Rebello SP. **Mothers' sense of coherence in the face of their children's struggles with substance abuse: a qualitative study**	South Africa	2016	Parents	Emotions experienced by family members	Stigma, shame, guilt; Fear and anxiety
				Means of coping	Seeking help and challenges seeking for help
Groenewald C, Bhana A. **"It was Bad to See My [Child] Doing this": Mothers' Experiences of Living with Adolescents with Substance Abuse Problems**	South Africa	2016	Parents	Impact of substance use on the family	Family and marital conflict; Financial burden
				Emotions experienced by family members	Stigma, shame, guilt; Fear and anxiety
Dion K. **"That's What I Mean by a Hundred Little, a Thousand Little Deaths...': A Case Study of the Grief Experienced by the Mother of a Substance Abusing Child**	USA	2014	Parents	Impact of substance use on the family	Disrupted lives; Financial burden
				Emotions experienced by family members	Stigma, shame, guilt

Study	Country	Year	Study participants	Major themes	Sub Themes
Cohen-Filipic K. **Guilt, blame, and responsibility: The experiences of parents and clinicians providing services to adolescents with co-occurring mental health and substance abuse challenges**	USA	2013	Parents	Emotions experienced by family members	Stigma, shame, guilt; Helplessness and hopelessness
Usher K.. **Shattered dreams: Parental experiences of adolescent substance abuse**	Australia	2008	Parents	Discovery of Use	Confrontation
				Impact of substance use on the family	Disrupted lives; Family and marital conflict; Financial burden
				Emotions experienced by family members	Stigma, shame, guilt
				Means of coping	Becoming resilient, choosing self preservation
Jackson D, Usher K, O'Brien L. **Fractured families: parental perspectives of the effects of adolescent drug abuse on family life**	Australia	2007	Parents	Discovery of Use	Lack of knowledge about drugs
				Impact of substance use on the family	Disrupted lives; Family and marital conflict; Financial burden
				Emotions experienced by family members	Fear and Anxiety
				Means of coping	Becoming resilient, choosing self preservation
Incerti L, Henderson-Wilson C, Dunn M, et al. **Challenges in the family: Problematic substance use and sibling relationships**	Australia	2014	Siblings	Impact of substance use on the family	Impact on siblings
Salter G, Clark D. **The impact of substance misuse on the family: A grounded theory analysis of the experience of parents**	UK	2004	Parents	Discovery of Use	Lack of knowledge about drugs
				Impact of substance use on the family	Financial burden
				Emotions experienced by family members	Anger
Butler R, Bauld L. **The parents' experience: coping with drug use in the family**	UK	2005	Parents	Discovery of Use	Accidental discovery
				Impact of substance use on the family	Disrupted lives; Family and marital conflict; Financial burden
				Emotions experienced by family members	Stigma, shame, guilt
				Means of coping	Support groups

Study	Country	Year	Study participants	Major themes	Sub Themes
Hoeck S, Van Hal G. **Experiences of parents of substance-abusing young people attending support groups**	Belgium	2012	Parents	Discovery of Use	Lack of knowledge; Accidental discovery
				Impact of substance use on the family	Family and marital conflict; impact on siblings
				Emotions experienced by family members	Fear and anxiety
				Means of coping	Becoming resilient, choosing self preservation
Choate PW. **Adolescent Alcoholism and Drug Addiction: The Experience of Parents**	Canada	2015	Parents	Discovery of Use	Accidental discovery; Confrontation
				Impact of substance use on the family	Impact on siblings
				Means of coping	Seeking help and challenges seeking for help
Laboy-García GM, Cruz-Bermudez ND, Sosa-Arrufat R. **Parents' perceptions and perspectives about their sons' drug addiction and rehabilitation process**	Puerto Rico	2016	Parents	Discovery of Use	Changes in behaviour
				Means of coping	Becoming resilient, choosing self preservation

2.5.1 Discovery of the substance use

One of the first themes that was evident in the literature was the various ways in which the family discovered that the young person was using substances. Families are often the most affected by substance use in a young person, however realising that there was a problem with substance use seemed to be difficult. Parents and caregivers admitted to having limited knowledge about the effects of drugs. They struggled to understand changes in behaviour caused by the substance use and then struggled to confront the young person about the substance use. These various challenges will now be discussed.

2.5.1.1 Lack of knowledge about drugs

The literature demonstrated that often, parents admitted that it took a long time for them to even suspect substance use in their child because of their own limited knowledge about drugs and their effects (24,64,70,72). Jackson et al. (2007), in a study done with mothers of young people with substance use in Australia, found that many of the mothers felt very naïve and some only discovered the substance use up to three years after it had started (70). Salter and Clark (2004), in a study done in the United Kingdom, with parents of adult substance users who started using substances as teenagers also echoed this finding (72). The parents felt they were initially unaware of the substance use because they did not have enough information about the drugs and were initially in denial or confused about what could be happening. Parents felt they delayed in identifying the signs of substance use because of a lack of knowledge (64). In a study done in Belgium with parents of young people who used substances who were attending a parent support group, some parents felt they had previously never thought it necessary to read or be better informed about drugs because they never thought it would happen in their family (24).

2.5.1.2 Change in behaviour

Parents and family members often reported noticing a gradual change in behaviour that made them suspicious that their child could possibly be taking substances. This included staying out of the home for long periods, coming home late, withdrawing from family, changing friends and associating with ‘bad’ friends (64,65). Parents also noted deterioration in school performance and absenteeism (65,74). Some young people would have changes in appearance and self care and some would become aggressive or show signs of drug withdrawal (64,65).

2.5.1.3 Accidentally finding out

Choate (2015), in a study done in Canada with caregivers of young people with substance use problems, found that some caregivers found out about the drug use accidentally often due to a drug-related emergency (25). In the study by Hoeck et al. (2012) in Belgium, some parents were informed of the drug use by the police or a hospital after their child was involved in some drug-related emergency or crime (24). Butler and Bauld (2005), echoed this finding in a study done in the UK with parents of heroin users where some parents were informed by the police (73). Parents also reported accidentally finding the substances in the home or accidentally finding the child actually using the substances (24,64).

2.5.1.4 Confrontation

The literature showed that parents admitted having to eventually confront the adolescent or young person due to the worsening behaviour (25). In a study done by Usher et al. (2007), in Australia, some parents admitted to looking for evidence to confirm their suspicions before attempting to confront their child, but when confronted, the adolescent would often lie about the substance use resulting in strained communication (26).

2.5.2 Impact of the substance use on the family

Substance use by a young person was seen to affect family life, including parents, caregivers and other siblings. The substance use also caused conflict in the family and inevitably had an impact on family finances.

2.5.2.1 Disrupted lives

Parents felt they their lives were disrupted by the behaviour of the substance user and they had to rearrange their lives. In a study done in the USA, one participant reported failing to meet commitments with other family members and at work due to the disruptive, unpredictable behaviour of her daughter and she eventually lost her job because of this. In South Africa, Swartbooi (2013), also found that parents became preoccupied by the adolescent's problems and had to often take leave from work, some eventually gave up working or were dismissed from work (64). Salter and Clark (2004), similarly reported that parents felt that their lives revolved around the child who was using substances, that their lives had been taken over by that childs' problems and they even neglected their own needs (72). Butler and Bauld (2005), echoed these findings in their study where parents felt their schedules were disrupted because the child would come home at odd hours and parents also felt isolated from friends and family because they could not honour commitments to

them (73). Some parents felt they had to be hypervigilant in monitoring the child and increased surveillance (26,70).

2.5.2.2 Family and marital conflict

In several of the studies reviewed, parents reported having disagreements and fighting over how to handle the situation(24,64,67,73). Hoeck (2012) found that fathers of users often became disengaged from the family as a result of the substance use problem(24). Conflict between the substance user and the family was also a common finding with some families reporting verbal and physical aggression by the user(26,70,73). Parents also blamed each other and this resulted in marital conflict while some spouses became estranged as the child seemed to become more important than the marriage(64,65,67). Swartbooi (2013), reported that families fell apart and became fragmented due to the substance use(64).

2.5.2.3 Impact on siblings

Substance use by adolescents or young people in the family was found to disrupt the relationship between parents and other children in the family. Siblings of the user often felt neglected (25,64). Incerti (2014) reported that 13 siblings of young substance users reported feeling overlooked and ignored (71). They also felt they had no voice in the family. Swartbooi (2013) in a study done in South Africa, siblings felt betrayed by the user and some came to resent the user (64).

2.5.2.4 Financial burden

Substance use in the family was also reported to have financial implications. Parents reported financial problems because of loss of employment due to distraction by the user (64,68). Families also had to deal with theft by the user of family property and property of their neighbours that the family would then need to replace (64,67,73,75,76).The adolescent or young person would also accrue debts with drug suppliers in some cases and the families would then have to settle these debts (72,73). Swartbooi (2013), also found that some parents reported being threatened or manipulated into giving the user money for substances (64). Families also had to pay for the costs of treatment and rehabilitation (64,68,72).

2.5.3 Emotions experienced by family members

Having a young person struggle with substance use in a family came with a range of emotions including shame and guilt; grief and depression; fear and anxiety; helplessness and hopelessness as well as disappointment and anger.

2.5.3.1 Stigma, shame, self blame and guilt

Parents reported feeling stigmatised by family and friends about their adolescents' substance use and they found it difficult to tell others about their experiences (68). Some parents felt society blamed them for the situation and they would then withdraw from people and would not seek help (26). Cohen-Filipic (2015), in a study in the USA with nine parents of young people who abuse substances found that parents blamed their own substance use for what had happened to their children (69). They also felt blamed by the schools, case workers, the judicial system, the health system and in some cases even the young person abusing substances also blamed their parents (69). Guilt was found to be a barrier to seeking help and it also made parents defensive. Rebello et al. (2016) , with mothers of young adults with substance use problems found that some mothers internalised responsibility for the substance use, blamed themselves and felt like a failure as a parent (66). This was echoed in other studies where parents kept asking themselves where they had gone wrong (65,67,73).

2.5.3.2 Sorrow, grief, misery, depression

On first discovering the substance use in the young person, many parents felt devastated and emotionally unstable (64). Some parents described feeling chronic sorrow and misery (65,68). Dion (2014), found that the grief was disenfranchised, as other people did not recognise it as legitimate grief (68). Siblings in a study by Schultz (2016), felt they were mourning the relationship they once had with their brother or sister (63). In some cases parents isolated themselves from family as they became more and more depressed and some even abused alcohol as an attempt to cope (67).

2.5.3.3 Fear and anxiety

Parents of young people who abused substances expressed feeling fearful for the child as well as for themselves. Hoeck (2014) in Finland, a common theme was a feeling of uncertainty over the child's wellbeing (24). In 2007, Jackson found that parents were afraid the child may harm themselves or commit suicide and some feared they would end up in jail (70). Groenwald (2015), found that parents struggled to relax or sleep when they did not know where their child was and feared their child may die from the drug use (67). Masombuka (2013), on the other hand found parents would often be intimidated by the young person abusing substances as they would become aggressive towards them and break windows and furniture in the house when intoxicated (65).

2.5.3.4 Helplessness and hopelessness

Parents dealing with substance use in their children often felt helpless. Masombuka (2013), in a study done in South Africa, found that parents felt they could not do anything to help the

situation and could not seek for help (65). Cohen (2013), found that guilt made the helplessness worse as parents blamed themselves for the substance use (69). Swartbooi (2013) in another South African study, found that parents eventually became hopeless and even considered taking their own lives as they failed to cope with the situation (64).

2.5.3.5 Disappointment

Families dealing with substance use in a young person often felt disappointed by the child. Some parents felt that the child was acting against all the values they had tried to instil in them (64). Schultz (2016) study done with siblings of substance users found that siblings too felt disappointed by the substance users (63).

2.5.3.6 Anger

Siblings of substance users in the study by Schultz (2016), often felt angry at the substance user especially when they first found out about the substance use (63). Salter and Clark (2004), found that parents felt resentment and even hatred towards the young person abusing substances however these feelings were experienced alongside love and obligation, and this was confusing to parents (72).

2.5.4 Means of coping

The literature review also found that families grappling with substance use by young people found various ways of coping. Some sought religious help, others from the health sector. Support groups were also highlighted as a coping strategy. Families also found ways in which to become more resilient in order to cope with the immense challenge they were faced with.

2.5.4.1 Seeking help and challenges in getting help

In two South African studies by Masombuka (2013) and Rebello (2016), parents would often seek religious help believing that the substance use was possibly a spiritual issue (65,66). Rebello found that spirituality helped families make sense of a difficult situation. They expressed that as they handed over responsibility of the young person to God, they were able to distance themselves from the situation and prioritise their own needs (66). Some families however expressed that they had difficulties getting help from their primary care health providers and some health professionals seemed reluctant to help. In the study by Choate (2015), parents felt that some of the solutions suggested by health workers were inappropriate, such as turning the child out of the house (25). Another challenge in getting help was finances, and Masombuka (2013), found that families eventually exhausted all their resources as they attempted to get help for the young person (65).

2.5.4.2 Means of coping, becoming resilient, choosing self-preservation

Families of young substance users had several ways of handling the situation, including denial and avoidance of the problem initially (63,72), covering up for the young person and taking on too much responsibility for the situation (24,66,72), and increasing supervision (24,66). Some parents acknowledged that they did not cope well and felt defeated. Some families however became resilient and found that they had to reconsider their expectations of the young person and reconstruct the relationship (76). Laboy (2016), in the study done in Puerto Rico found that parents eventually realised that recovery from substance use depended on the person and not wholly with them (12). Parents in the study by Hoeck (2012), found that distancing themselves physically and emotionally from the young person helped (24). In the study by Usher (2008), this distancing helped preserve the parents' own identity and helped them let go of the burden they seemed to carry for caring for the child (26). However, some parents would no longer want to be involved in the child's life at all and some even made the child leave the home (26).

2.5.4.3 Support groups

Support groups for families dealing with substance abuse in young people were found to help families cope better. Masombuka (2013), found that support groups provided reassurance and affirmation (65). Support groups were also a place to share experiences, let out emotions and learn more about substance use and its complications (72,73). However, it was found that there was very little support for families in general and for siblings in particular (63,72).

2.6 Conclusion

In conclusion, this focused literature search found that families dealing with substance use in young people faced numerous challenges, ranging from discovering the substance use, dealing with conflict and disruption as a result of the substance, and facing their own difficult emotions. It also found that families found it hard to cope in the situation as there were limited support structures available for families. This literature review helped bring better insight into the experiences of these families and also helped shape the data collection tool in this study. Most of the studies were conducted in high income settings with only five being done in Africa and all five of these being done in South Africa at the time. Unfortunately, no studies werefound from Zimbabwe and this study will attempt to explore the experiences of families affected by substance use in young people in the Zimbabwean context.

CHAPTER THREE
METHODOLOGY

This study was an explorative qualitative study to explore the experiences and views of families who are dealing with or have dealt with adolescent substance use as well as the perceptions of family members on the influence that family can have on the development or avoidance of substance use in young people.

3.1 Setting

Zimbabwe is a low-income country situated in Southern Africa with a population of 15 million, currently served by 15 psychiatrists. Four government referral psychiatric units offer in- and out-patient psychiatric services for patients with a range of psychiatric conditions including alcohol and substance use disorders. This study was focused on families of patients admitted to one of the referral psychiatric units in Harare, Harare Hospital Psychiatric Unit, which services the northern region of Zimbabwe (Harare, Mashonaland West, East and Central as well as Manicaland provinces).

3.2 Participants

The study population included parents and other family members of patients aged less than 24 years, who admitted to having started using substances before the age of 18, and who were being managed for substance-related conditions at Harare Hospital Psychiatric Unit in Harare, Zimbabwe. Family members who would usually live with the selected patients, were approached for participation.

Inclusion criteria were as follows:

- Families of patients aged less than 24 years, who were currently being managed for substance use related conditions, who admitted to having started using substances before age 18.
- Families of patients who gave assent or consent for their family to participate
- Participants who were able to give informed consent for voice-recorded in-depth interviews
- Family members aged 18 or older

The population of families with young people already receiving treatment was chosen because they were already receiving support through healthcare services and had the opportunity to come to terms with, and reflect on, the adolescents' substance use. Families of young people who had started using substances before the age of 18 were selected to include families who had struggled with early onset of substance use. The upper age limit of 24 years was chosen in order to facilitate optimal recall of the substance use onset. Families where young people gave assent or consent were selected as they would be discussing some aspects of the young person's symptoms and care. The study team decided to approach recruitment this way in order to avoid harming the trust relationship between the young person and the medical team

3.3 Recruitment procedure

The hospital authorities were informed of the study and permission was granted to carry out the study with families of patients. Patients less than 24 years of age who were currently being managed for substance-related conditions were identified using the admission and outpatients registers. The families were contacted in person during visiting times or by telephone and informed of the study, the aims and objectives, the interview process, risks and benefits and need for informed consent for the voice recording and transcription. Only those family members who met the inclusion criteria were scheduled for in-depth interviews. Informed consent or assent was also sought from the patients themselves for their familiesto participate in the study. Interviews were conducted at the hospital in a private room.

3.4 Study Design

This was an explorative qualitative study using semi structured interviews. This approach was chosen as it is best suited to explore lived experiences and perceptions of participants.The data collection tools included a demographic questionnaire as well as a semi structured interview guide. The semi structured interview guide design was guided by themes arising from the literature review.

Data collection procedure

Participant recruitment and data collection was done by the principal investigator and a trained research assistant using an in-depth interview schedule and recorded using a voice recorder. Family members were met at the hospital for their scheduled appointment. Written informed consent (see Appendix 1) was sought and then interviews were conducted in a private room.

A socio-demographic form was filled out by the participants to collect information on age, gender, marital status and family structure, occupation, area of residence, personal and family history of substance use (see Appendix 2). Semi structured in depth interviews were carried out in Shona using an interview guide designed for the study informed byfindings (see the literature review Appendix 3). The interviews were tape recorded and stored in the investigator's laptop which was password-protected.

3.5 Data analysis

Audio recordings of the interviews were transcribed verbatim. Transcriptions in Shona were then translated to English. The transcripts were entered into NVivo 12, a qualitative data storage and management program used to aid in analysis.

The framework approach was used to analyse data. This is a method of thematic analysis or content analysis that involves familiarization, identifying a thematic framework, indexing, charting, mapping and interpretation (77). Data from the transcripts were reduced systematically into a matrix of rows and columns with the aid of NVivo 12. A row was allocated to each interviewee or 'case', while columns were allocated for themes that emerged through the data or codes. This allowed comparison of themes across the various 'cases', while maintaining the individual context of each case. The Investigator/ Student initially coded the transcripts and came up with a set of themes. One of the supervisors then coded a subsample of transcripts. The two coders then compared the themes identified and reached consensus after discussing differences in themes. This matrix was then applied to subsequent interviews by the Investigator/Student, with new codes being added as new themes were deduced from the data.

3.6 Ethical considerations

The participants were informed that their involvement in the study was voluntary and that they were under no obligation to participate. If they declined to participate, they were assured that this would not be communicated to the hospital and this would not affect the care given to their relative. The participants were also informed that the focus of the study was on their experiences and views and not the patient's psychiatric history. The participants were free to choose to discontinue the interview even after they had consented, and they were informed of this. The aims of the study, and possible risks and benefits, were described to the participants and they were given time to consider their participation and then asked to sign a written consent form. The interviews were carried out by a trained mental health professional who could identify when a participant was becoming distressed. None of the participants were significantly distressed by the interview process. Participants were not paid for participating.

To maintain confidentiality, no names were written on the demographic data form. Transcriptions of audio recordings did not contain names of participants, and each participant choose a pseudonym to be used in the transcripts. The patient's name was blanked out from transcripts if used by the relatives during the interview. The demographic data forms were kept in a locked cupboard for the duration of the study and will be kept for one year after completion of the study before being destroyed. The consent forms were kept separate from the other study documents, in a locked cabinet. Only the principal investigator and local mentor had access to the locked cabinet. Transcriptions made from the audio recordings were kept on the researcher's laptop which was password protected. A backup of the transcripts was kept on a memory card that was stored in a locked cabinet only accessed by the principal investigator and the local mentor. The transcripts, audio recordings and any back up materials will be destroyed one year after completion of the study.

Ethics approval was sought and granted from the University of Cape Town, Faculty of Health Sciences Human Research Ethics Committee (Reference number: 660/2016) (See Appendix 4) and the Medical Research Council of Zimbabwe and the Institutional Ethics Review Boards for Harare hospital (see Appendix 5).

CHAPTER FOUR

RESULTS

The findings of this study are presented below after a brief description of the participants characteristics. The focus of this study was on exploring the experiences of family members dealing with substance use in young people as well as exploring the perceptions of family members on the influence that family can have on the development or avoidance of substance use in young people. Under these two objectives, the results are described according to five key themes that emerged from the data analysis guided by the literature review findings. The themes where: 1. Perceived causes of substance use in young people; 2. Discovery of the substance use; 3. Impact of the substance use; 4. How families cope; 5. Suggested interventions.

4.1 Participants characteristics

The study involved 19 family members, from 19 separate families, 16 of which were females and three were males. Participants were aged between 25 and 65, and the majority were married (11 married, 8 unmarried). The majority of the participants were employed (17 of the 19). Eleven participants were the biological parents of the patient (9 mothers, 2 fathers), 3 were grandmothers, the remainder were aunts, uncles or siblings (See Table 2 below).

Table 2: Participant Characteristics		N
Age Range	25-65 years	
Gender	Female	16
	Male	3
Marital Status	Married	11
	Single/Divorced/Widowed	8
Employment Status	Employed	17
	Unemployed	2
Relationship with young person	Parent (Mother/Father)	11
	Grandparent	3
	Other (Aunt/Uncle/Sister/Spouse)	5

4.2 Theme 1: Perceived causes of substance use in young people

The family members who participated in the study reported that substance use in young people was caused by both individual and environmental factors. The individual factors highlighted by participants included self-indulgence, lack of self-discipline and stress, while environmental factors included community factors, peer-related, spiritual and family-related causes.

4.2.1 Individual factors

Five participants identified lack of self-discipline or self-indulgence as factors contributing to substance use in young people. Participants thought some young people were not disciplined and could not control their impulses. It was believed some young people were mischievous in experimenting with substance use. Participants expressed that some young people used substances because they were also rebellious and could not be controlled by their parents. These beliefs are illustrated in the following quotes:

> *"The father has always said that he is self indulgent and he must just stop." (Vimbai, 41 years, Mother)*

> *"The way I see it for many of these young people it really a lack of discipline … Being proud and not wanting to work hard in life to survive, that's what I think causes this." (Emma, 62 years, Mother)*

> *"What I see is that these young people who use substances are not disciplined and do it for fun." (Chomwera, 47 years, Mother)*

Four participants expressed that stress could be responsible for young people in Zimbabwe turning to substance use. Potential stressors that young people may face were described, including the death of a parent and physical and emotional abuse such as beatings or neglect from abusive parents. Substance use was believed to be some form of coping mechanism for young people facing these stressors as expressed here:

> *"He says when his father passed on, that was when he experienced a lot of stress because truthfully speaking, his father loved him. He was on his heart. His father had died, yes … He was stressed and did not know what to do and he thought of using drugs." (Mativenga, 35 female, Aunt)*

"As a child growing up he was physically abused by this father … when he (father) gets drunk he gets angry … I think that is one of the causes as he was trying to deal with the stress from his abusive father …" (Musuthu, 41 male, Uncle)

"Also he was an orphan; his mother and father died and his older brother was taking care of him and when his brother got married that's when the substance use got worse because his brother's wife would not give him food and other things." (Emma, 62 female, Mother)

4.2.2 Environmental factors

Participants also highlighted the role of environmental factors such as the community the young person was a part of, the influence of peers as well as the role of the family in the development of substance use.

4.2.2.1 Community related factors

Community factors highlighted included easy accessibility and community normalisation of substance use; poverty and unemployment.

Six of the participants believed that substance use in young people could be due to the community being permissive about substance use and even supplying substances to young people. Substance use was said to be normal in the community and even in the home so young people would eventually believe using alcohol, and other substances was normal. Participants expressed that substance use was rife in the community and that young people would see substances being used openly in public. They highlighted that substances were easily accessible and even if they as caregivers limited access to money, the young people could still use substances because young people would often share substances. Some of their views are expressed here:

"These children, they used to jump over the fence and go to the shops outside the school yard. Also, you know how the community is, especially if people in the community know that the children there have pocket money. They can escape or even the workers, the groundsman can bring them the drugs and sell to the students." (Vimbai, 41 female, Mother)

"We look to the government to help us. These substances are easily available, cough syrups you see them all over the neighbourhood and the police are not doing anything about it." (Yesu, 53 female, Mother)

Some family members believed that poverty, unemployment and lack of opportunities also contributed to substance use in young people as a result of hopelessness and idleness. They believed that young people had nothing to do after school and that this idleness then lead to substance use as described here:

> *"Poverty is another factor, if the family is quite large and poor. That poverty can cause young people to lose hope." (Obvious, 52 yrs, Father)*

> *"That's what I think, also because he is unemployed; there are many young people who are not going to work. They are idle, sitting around on the bridges" (Yesu, 53 yrs, Mother)*

> *"I think the fact that the youngsters do not have anything to do after completing their school … they do not go to work and because of 'mob psychology', uhmm plus they do not want work …" (Liana, 55 yrs, Mother)*

4.2.2.2 Peer related factors

The majority of participants (13 of the 19) expressed that friends and peers influenced young people to use substances. They believed that young people were influenced by 'bad' friends, taught to use substances by other young people and that they were influenced by what their friends did, particularly since they spend a lot of time with their friends at school. Participants expressed that young people think that it is fashionable to use substances and that if everyone was using substances, so would they, despite what they were being taught at home. Some of these views are expressed in the following quotes:

> *"Still on what causes the drug use: at times it is just peer pressure. To just influence each other negatively. Then, the other issue is the issue of social manipulation, just seeing it being done by others and then one thinks that if they do the same, it suits them." (Mativenga, 35 yrs, Aunt).*

> *"For the young ones I think it is just because of copying others and peer pressure, I do not know, especially bad influence from friends that take bronco [cough syrup with codeine] or cigarettes or being with a friend that smoke, the youngsters would be persuaded as they inhale cigarette smoke from their friend who would be smoking." (Chihera, 51 yrs, Mother)*

One participant expressed that family discord could drive young people to interact more with their peers as they tried to escape from problems at home and started interacting more with their friends as expressed here by this mother:

> *"It can cause young people to get messed up, because disagreements between the father and the mother, if there is domestic violence all the time, the young people will tend to spend time outside the house and that's when they meet up with people who use substances who will then take them in and in the end they become addicts." (Chomwera, 47 yrs, Mother)*

4.2.2.3 Spirituality

Two participants expressed that substance use may be a spiritual problem such as an avenging spirit, witchcraft or unhappy ancestral spirits. These participants found their relative's substance use disturbing and confusing. They wondered what other factors were at play apart as result of a purely medical condition. Their views are expressed here:

> *"The family has faced troubles … we wonder: is this a medical illness treated with pills or is it just the substances or is it evil ancestral spirits or what? … We can't understand it. Each family member wonders, 'What is happening?' " (Yesu, 53yrs, Mother)*

> *"Other avenues cannot be abandoned because you will be trying to figure out what has gone wrong in the homestead. We need to find out if we have done something wrong as a family because it happens. Then that is when I appeal to God that this young man has nothing to do with the wrongdoing in the family. I ask where did this come from, if it is evil spirits, because there are people who send these evil spirits to you and you will be unaware, they just say go to this person. We struggled for us to see it and look and find that out … There was my sister in law married to my brother in law … I don't know if the husband killed her or she killed herself but that seems to be the issue. There is an avenging spirit (ngozi) from that woman so the family is trying to get that issue resolved." (Chomwera, 47yrs, Mother)*

4.2.2.4 Family related factors

Family members also expressed that the family itself can contribute to substance use in young people. Fourteen participants highlighted family discord, poor family communication,

and disintegrated family systems as potential causes of substance use while eleven participants highlighted poor family values as a challenge. Poor supervision was also noted as a factor for young people who may have been orphaned and were growing up in environments where they would not be under the care of a responsible adult. Some participants believed that if parents are having marital problems or are otherwise distracted they are less likely to supervise their children and young people would be left to do as they please. These views are described here:

> *"That other thing that causes that is the abuse of children by parents, that pushes a child into taking intoxicating substances. There are situations where the father and mother always fight that may cause a child to get involved with intoxicating substances as a solution …" (Musuthu, 41yrs, Uncle)*

Two mothers highlighted the breakdown of the family and absence of fathers as potential causes of substance use in young people as well. They believed that in these situations the young people lost respect for the single mother and the single parent found it difficult to reprimand or control the behaviour of the young person. However, two other participants expressed that they did not believe the absence of a father was a precipitant to substance use. They said being brought up without a father was not an excuse for substance use and they believed single mothers could manage and that some young people without parents could manage quite well and do not end up using substances. These conflicting views are expressed below:

> *"I separated from their father when they were in grade one; up to now I was looking after them alone from my money as a hairdresser. When there is no father the children will not respect the mother much; if you instruct them something they will not do it … I think that contributed …" (Sophia, 38yrs, Mother)*

> *"I think that a young person who has been orphaned will be vulnerable, because there is no one who can control him; they may have no one who they really respect because respect alone can cause a child to not use substances because they know that if they go home and their father finds out it won't be good … But there is also the issue that the father may be absent and then they can do what they want knowing there is no father and no one will reprimand me." (Trish, 54yrs, Mother)*

> *"No, we have got single mothers who are doing very well and also … people with no parents who are actually working for their fees and who are doing also well in school so that's not a problem" (Windows, 56yrs, Father)*

Poor family values were also cited as a potential cause of substance use in young people, particularly when substance use was condoned within the family. They believed substance use by family members exposed young people to substance use in the home. They thought this then normalised substance use in the minds of young people. Some thought that if family members have liberal views about substance use, this would also cause a young person to consider using substances. It was highlighted that young people will often follow the example set by their parents, including in the use of substances. Some participants believed that if substances are used in the family, it becomes more difficult to reprimand young people in the family if they then start using substances. It was expressed that parents should act as role models because their actions and their voice are important in shaping their children.

Some of these views are described here by a grandmother and a mother:

> *"Yes, it may cause the use of intoxicating substances, if the father always comes home late or is always at beer hall, or the father is always smoking cigarettes or marijuana, in turn, the child will imitate that behaviour …" (Juzi, 73 yrs, Grandmother)*

> *"The issue of extended families, relatives and friends that drink alcohol may influence the child and as a child he will not be able to refuse to sleep in the same room with a relative that smokes or drinks beer … sometimes the father of the child may not be a drinker of alcohol, and his children do not know about alcohol, but the relatives that come around our children will affect them at tender age." (Chihera, 51 yrs, Mother)*

4.3 Theme 2: Discovery of the substance use

Family members participating in this study described discovering the substance use in various ways, notably, noticing changes in behaviour that were out of character, or the effects of the substances on the individual. Some participants discovered the substance use through reports from friends or neighbours who had seen the young person use substances while others witnessed the substance use themselves. A few only discovered the use through health workers who were attending to a substance-related health crisis that the young person had experienced.

4.3.1 Changes in behaviour and effects of the substances

Six of the participants noticed changes in behaviour in the young people as one of the indications that they may have been using substances. Some noticed that the young person was staying away from home more than they had before. This made them suspect that substance use may have been causing these changes. One participant noted changes, particularly in how the young person was relating with family members, challenging those in authority and causing conflict with others, which was out of character. This is described in the quotes below:

> *"For us to discover that he was using drugs, it was because he was no longer staying at home … He was now leaving home in the morning and would return at night." (Mativenga, 35yrs, Aunt)*
>
> *"Ahh, unusual behaviour from him … and also coming home late, drunk and does not eat. If he sleeps, he sleeps up to ten and he wakes up and goes away again." (Windows, 56yrs Father)*
>
> *"We discovered it after he was now unable to stay in peace with his sisters. Myself and his father, we were in South Africa. Whenever he is at home with his sisters (during school holidays), he would challenge his sister in everything." (Mary, 47yrs, Mother)*

Several participants (9 of 19) also noticed changes that were most likely effects of intoxication or withdrawal from the substances such as restlessness, disinhibited behaviour or drowsiness. They related this behaviour to previous experiences of having observed someone under the influence of a substance and thus concluded that substance use was

behind the behaviour changes. Some expressed that they initially didn't know what was happening to the young person; one participant actually thought the young person had a medical illness and would often rush the young person to the hospital when they had these symptoms, not realising that they had taken substances and were intoxicated. They described their experiences in the quotes below:

> *"What I can say he was restless, he wanted to leave the house at night even at 2am; he would leave even at 3am in a rush and he wouldn't come back. We couldn't understand what was happening with him … He would walk around without shoes, when he was intoxicated. He would even want to take off his clothes and walk around naked." (Yesu, 53 yrs, Mother)*

> *"He would come back drowsy from school, others would have to help carry him home. We didn't know that he had taken substances and we would rush him to the clinic or to a doctor …" (Chomwera, 47yrs, Mother)*

4.3.2 Reports from other family members, friends or neighbours

Eight participants expressed that they had discovered the substance use through other family members, friends, neighbours, teachers and other members of the community. Six participants were alerted by friends of the young person about the substance use problem or through neighbours who had seen the young person use substances. One participant described how she discovered her son's substance use:

> "*After getting tired of paying rent every month. I was sending him 4000 Rands, but he kept on saying the money was not enough: I then decided to send one of my church members to South Africa to go see which college was he studying at and where was he staying. There we found that he was not renting anywhere instead he was staying at a 'corner'; and with the rest of the money, he was spending it on take-away food and doing whatever he wanted. Some of the people who stayed near him alerted me that my child was taking drugs and mixing with rat poison …" (Liana, 55yrs, Mother)*

Two participants found out through school authorities. One participant was also approached by a teacher who suspected the substance use while another family was called in by the school head who then explained that the young person was using substances. The school authorities reported changes in the young person's behaviour, difficulties in concentration and excessive drowsiness impairing the young person's ability to attend class. Once the

parents had been informed, one of the young people was expelled from school because of the substance use however, he continued to use substances. These were their words:

> *"I did not realize it. Maybe this thing started when he was in maybe Form Two because I remember back then there was a friend of mine who said me, Mrs (name withheld), your son is speaking with a high-pitched voice, is he not using cannabis? But I did not realise it then. I looked for evidence but I did not find anything. But when he went back to school in Nyanga when he was now in Form Three, the Headmaster told us that he was failing to concentrate; he was now spending the day asleep and was unable to come for lessons." (Vimbai, 41yrs, Mother)*

> *"We have encountered problems because the child was going to school then, and he was expelled from school because of mischief. That is when we knew that he was using intoxicating substances. At first he was going to school and that is when we heard from his teachers that our child was now misbehaving and that's when his peers told us that he was using intoxicating substances. When he was expelled we looked for another school for him to go, but he continued using intoxicating substances; he is not stopping." (Mary, 47yrs, Mother)*

4.3.3 Family witnessing the substance use

Some families (5 of 19) reported that they had witnessed the substance use themselves and those who did, only witnessed it after some period of time because the young person would keep it as a secret. For some, this came after they had initially heard from others about the substance use or after they had noticed the effects of the substances on the young person. Some of these experiences are described in the quotes below:

> *"I initially heard from his friends, then I saw them giving him marijuana. I told them not to give him smoke as he would lose his mind, but in secret the child would smoke marijuana; afterwards I would see his red eyes and realise that he has been smoking marijuana …" (Sophia,* 38, Mother*)*

> *"He was now smoking right in front of me because all along he was smoking in secret." (Trish, 57 years, Mother)*

4.3.4 Discovery through a substance related health crisis

Two family members reported being informed by health workers during a substance-related medical crisis. The families had brought the young person to a health facility worried about their state of health. One of these participants reported taking the young person to the hospital because he had stopped communicating and they even thought he may have died. A mother discovered her child's substance use as follows:

> *"When we came to the Main hospital (Emergency Room), he wasn't talking. He was sleeping; he would sit on a chair like "m sitting then he would slide off the chair and sleep on the floor. He would try to talk but couldn't. He seemed like someone who had fainted or someone who had died … I asked him what was going on and he said, 'Nothing.' We were then seen by the doctor who then asked him, 'Do you use substances?' and he said, 'Yes' … 'Like what? Alcohol or Broncho cough syrup or what?' He said yes, he used those and cannabis too. He was asked when he started using … he said when he was in Form Four. So that's when I realised that he was using substances …" (Yesu, 53yrs, Mother)*

The other was the wife of the young person who also discovered through health workers as described here:

> *"Last year when he attempted to kill himself and was taken to hospital, the doctors questioned him while I was there and … he started saying he was using intoxicating substances while he was in South Africa … that is when I got to know about it. That is when I discovered that he was taking marijuana." (Tarisai, 25 yrs, Wife)*

4.4 Theme 3: Impact of the substance use

Substance use affected both the young person using substances as well as their families. Substance use affected the young person often by causing physical or mental health problems. It also affected their behaviour, with some young people becoming disruptive and delinquent, or stealing from their families, while others ran away from home. Behaviour at school was also affected with some young people performing poorly in school while others stopped attending school. Family members noted deterioration in relationships, with some young people becoming disrespectful, and aggressive verbally and physically towards them. The impact on family members included emotional distress as a result of the young person's substance use, as well as social and occupational consequences as they tried to deal with the challenge.

4.4.1 Impact on the young person

4.4.1.1 Deteriorating health

Four participants reported that substance use resulted in physical and mental health problems in the user including changes in self care, physical appearance and mental stability. One participant described that they discovered the substance use when the young person attempted suicide, a psychological deterioration they attributed to the substance use. They also reported that the young person had psychotic symptoms, with hallucinations and strange behaviour. Two participants described their experiences here:

> *"We noticed whenever he abused substances was that he was ever alert, very alert ... he did not rest, never to slept, he did not eat, he did not bath and was very talkative." (Chihera, 51 years)*

> *"What we have experienced living with a young person abusing substances is the deterioration in his health and his mental health… He looked ill, his mind was disturbed; that is not a good life." (Emma, 62 years)*

4.4.1.2 Disruptive behaviour

Several family members described that the young person who was using substances developed disruptive behaviour. Twelve participants reported the young person would steal from them, six participants reported disruptive behaviour at school and three participants experienced disruptive behaviour in the home.

Two mothers described their experiences in these quotes:

> *"He would leave things in disorder and even destroying and during the days when it is extreme, he would break the door locks and window panes. Some days he would fight with his brother." (Shiela, 55 years)*

> *"We have had many challenges because he would take any item from the house and sell even his own clothes so that he can get money to buy substances ... he stole his younger brother's phone and sold it and even my phone he also stole. It was now a big challenge. Even money he would take to buy these substances, anything in the*

house he just wanted to buy these substances … He would sell things, even empty bottles to get money to buy substances." (Chomwera, 47 years)

Participants reported the substance user's school performance deteriorated as a result of the substance use, some no longer attended school while others were expelled altogether. One mother described her son's academic performance:

"He had to repeat at school about three times, four times … Yes, eventually he passed the subjects, but he repeated because he could not concentrate at school as he was using intoxicating substances." (Muti, 57 years, Mother)

One participant reported their grandson was even selling substances to other young people:

"After school they would go to Western or 'Locations'[high density neighbourhoods]; they would drink beer with another boy who stays two houses from ours. Our boy would take marijuana and sell also; he would come here during the evening and youngsters would gather around him - some in Grade Five, others in Grade Six, both boys and girls." (Juzi, 73 years, Grandmother)

Two participants also reported that the young people using substances would at times run away from home:

"He was now a street kid, yes. An aunt of his who works night shifts met him unexpectedly … She asked where are you coming from. He saw that he had been identified. He was with another street kid." (Mativenga, 35 years, Aunt)

"He would insult (shout at) people but he did not beat them up … and he did not stay at home sometimes." (Theresa, 74 years, Grandmother)

4.4.2 Impact on family members

Family members were themselves affected by the substance use resulting in physical health challenges and emotional distress. Family relationships deteriorated and family members also suffered social and occupational consequences such as financial strain, loss of employment and stigma from the community.

4.4.2.1 Physical health challenges

Family members reported challenges such as hypertension which they attributed to stress. Two mothers describe their experiences as follows:

"You can't accept it; it troubled me. I was coming from church that day when I realised my son wasn't well. During those days I was very troubled, he was admitted here then I was admitted in the main hospital. I developed high blood pressure that was difficult to understand. I was admitted for two weeks in hospital while he was admitted here. So it troubled me a lot. It troubled me that when he started this he didn't realise where he would end up. I wish he would stop this so that he becomes settled and I become settled too." (Yesu, 53 years, Mother)

"My blood pressures would go up and it would be difficult to stabilize them … I am sick due to thinking too much." (Chomwera, 47 years, Mother)

4.4.2.2 Emotional distress

The majority of the participants (12 of the 19) expressed that they experienced emotional distress such as feeling hurt and in pain. They were distressed by the loss of the potential of the young person and disappointed by the choices the young person had made. These experiences are illustrated in the quotes below:

"You know there are some emotions you can explain but as a parent I was hurt, the family was affected. We would think of how he used to live before and what he was able to achieve; he spent a whole year going to work doing sensible things that we all admired so now we wonder if he could ever be like that again and it hurts." (Yesu,53years, Mother)

"It was painful because we were hoping that he will do well in his life; right now his younger brother is supposed to go to Midlands State University and considering his age he is supposed to have married by now … but now there is nothing …" (Musuthu, 41yrs, Uncle)

"Yes. He has caused his father a lot of pain. He is suffering because of this, he had raised his children and then his son to get involved in things like this; he says it is not right what is happening. His wish is for his son to stop using substances for him to live a better life not a life of disobedience." (Obvious, 52yrs, Father)

Other participants were in distress and feared what would become of the young person, while some felt helpless, hopeless and somehow to blame for the substance use as shown here:

> *"It affected me badly and I was pained by it because I know that many people have perished because of it … All family members (his brothers and sisters) suffered and were troubled by it; thinking how it will all end …" (Tarisai, 25yrs, WIfe)*

> *"I do not have anything else new that I can think of; I have exhausted all avenues that I thought would be helpful for him. This time when I brought him here, I have just said I don't know. Aaah, I don't know how they will be able to help me." (Mativenga, 35yrs, Aunt)*

> *"There I think we fell short as mother and father. Aaah, in my own efforts… I am not saying I have done well but I am just saying I could not get the father to accept him because he continued to say that I was the one spoiling him, something like that." (Vimbai, 41 yrs, Mother)*

4.4.2.3 Deteriorating relationships within the family

Family members described deterioration of the relationships between the young person using substances and their family members. Family members found it difficult to get along with the user, some felt disrespected and some users would cause conflict among other family members. This then seemed to lead to stigmatization of the user, as described below:

> *"The gap between him and the father grew each and every day, every year, every month, he didn't want to see him and would even call him `the cannabis user'." (Vimbai 41 years, Mother)*

> *"My other sister took him to her home and stayed there for a week but she had to return him after he was causing trouble there … Yes, he was now stealing deposit bottles and selling them in order to get money. So such behaviour was now affecting my sister's relationship with her husband: so since then we have not had good relations also." (Shiela, 55 years, Mother)*

> *"I encountered too many problems; he did not accept reprimands from me. In the end, I was afraid of him because when I reprimanded him he would get angry; at one time he wanted to beat me for it." (Sophia, 38, Mother)*

Some participants also experienced verbal and even physical aggression from the substance user. This troubled family members and some became afraid of the young person as described below:

> *"It causes us to disagree. Initially you could think he is lying to you or doing bad things on purpose but some of the language he would now use and some of the things he would say, he would frighten us … We would be afraid of what he could do to us." (Trish, 54 years, Mother)*

> *"We encountered problems, we were especially troubled by the fact that he was fighting with his sister and the sister had some head injuries she complained about. Even his father was now fighting him, trying to make him understand and stop using intoxicating substances …" (Mary, 47 years, Mother)*

One participant reported that their marriage was affected and seven of the nineteen participants reported isolation and stigmatization by the extended family. These experiences are described in the following quotes:

> *"There is isolation from other family members; you really do not fit in … I think I alone have that burden and it stresses me. The father does not see anything wrong with it." (Liana, 55yrs, Mother)*

> *"Aaah, for me and my husband … (name withheld) has always been my child. The father has said no; I have washed my hands. Wherever I have gone, hospital stay, looking for place for school, trying to get him there it has always been my problem. His father has washed his hands (Vimbai, 41yrs, Mother)*

> *"The image that we are associated with is that the society does not accept your son. Even you as a parent, some do not accept you because they think you missed it somewhere or you failed to discipline your child, or you do not care that is why you allow your child use drugs, something like that. The society does not accept you or even other relatives. The relatives do not accept you or that particular child." (Vimbai, 41yrs, Mother)*

One participant expressed that her other children felt neglected as she seemed to pay more attention to and spend more on the young person using substances as illustrated here:

"At some point he said he wanted to do music and he asked me to buy him musical instruments; I was thinking maybe that way he may do better … the other siblings were now 'hurt' saying I have spent more (money) on him." (Liana, 55yrs, Mother)

4.4.2.4 Social and Occupational Consequences

Several participants revealed that caring for the substance user had resulted in several occupational and social life consequences. Ten participants reported financial strain while others experienced strain in other relationships in their lives. A few participants (3 of 19) also reported neglecting care of other children as well as neglecting their work life as they struggled to care for the young person using substances.

Participants experienced that the destructive behaviour of the substance user caused financial problems. Family members found that the young person would misuse finances and the family experienced strain due to medical expenses incurred in trying to seek for help for the substance use problem. These challenges are described here:

"Sometimes as a parent I would give him money, I did not know that I was giving him money to buy substances. Sometimes he would say, 'I want to do driving course' or 'study a refrigeration course at $50 per month'; I would give him money or even ask him to repeat at school, trying to empower him academically but I did not know that that was what he was doing." (Shiela, 55 years, Mother)

"Money is a problem because I have used a lot of money. It is very expensive to look after a person who is drug addicted because the money I have used or invested on this boy is not worth it compared to what he has achieved in life." (Liana, 55yrs, Mother)

"Yes [it affected the family] because when he was admitted into Parirenyatwa Hospital after injuring himself that need money … and we need money to go back and forth to hospital every month …" (Tarisai, 25yrs, Wife)

"Uhmm it takes us backwards as a family especially the times when he is seriously ill; he will break things. At the same time we stay at our parents' house and we depend on the money we receive from tenants … what happens is that whenever he breaks the windows we will have to use the money from rent to repair the window and sometimes when he is seriously ill we will use the money to buy injection and

medication for him, instead of paying rent at the council office … we would not have budgeted for such things." (Shiela, 55yrs, Mother)

A few participants reported struggling to balance care of the substance user and work life while some had to give up their employment altogether. Two mothers describe their experiences here:

"Now it's affecting me, even my Ministry because it is an embarrassing situation. Others says why doesn't the pastor pray for her child to be healed but they do not know where I have come from and where I am going and this time I am supposed to be in South Africa working in my Ministry because we opened another church there but I haven't gone there for the past one year because I'm thinking if he is leaves hospital, I must monitor him and see what is happening ... so it is tiresome …" (Liana, 55yrs, Mother)

"At one time, he spent six days away from home. I did not know where he was; then I stopped going to work in order to attend to him. With time I had no money to use therefore I had to return to my mother's home and rent out my place in order to get money … I cannot go to work because I am looking after him and at the same time I cannot stop him from smoking." (Sophia, 38yrs, Mother)

4.4 Theme 4: How families cope

Family members described various ways in which they tried to cope with the substance use. Some attempted to engage the user, counsel the user or monitor them closely. Others tolerated the user by accommodating them, hoping that things would get better. Some withdrew from the situation, choosing some form of self-preservation.

4.4.1 Engaging families

Several families (7 out of 19) tried to talk to the individual, encouraging them to change their life. Some participants felt the need to be more vigilant and monitor the young person more to help them change. This approach is illustrated in these quotes:

> *"What we are doing is try to encourage him to try and be good, for him to return to being a normal person who can live independently, work for himself, not stealing other people's things so that he can have a good life; that is what we encourage him to do. Yes, I tried to talk to him about what I wanted for him for his life, that he was the only one of his siblings living like that. The others had good lives so I yearn for you to have a decent life for you to work" (Emma, 62yrs, Mother)*

> *"Firstly, he needs to take the medication, secondly he needs to stop taking substances and thirdly we need to monitor who his friends are because most of this he did with friends." (Mubanana, 64yrs, Grandmother)*

> *"A drug-dependent young person needs long-suffering and sympathy, often giving it to God. It's also a problem for you because you will stay very alert. He can just get up or midnight, to get outside. As a mother, your heart will not be at ease, you will not be able to sleep, you will have no rest, you will have a problem of having to monitor him in everything he does." (Chihera, 51yrs, Mother)*

4.4.2 Tolerant families

Some family members coped by tolerating the user and accommodating their behaviour even though they were not happy about the situation as shown here:

> *"Aahh eventually you will have to accept it but it is not good situation because now you will be seeing the effects of using intoxicating substances; and it is just not good … Aahh, we are now used to it; with time we got used to the condition on daily basis." (Shiela, 55yrs, Mother)*

"Tolerance, simply tolerance. Yes I am just tolerating him. Say, he wants to cook his own food; I will let him cook the food. Maybe it will help me to tolerate him … when I arrive I just say a few words while not causing violence to those around us." (Liana, 55yrs, Mother)

"My cousin was coming from Hwedza, so on that day the child did not sleep and one could easily see that he had no rest. My cousin said, 'aaah I would beat up such a child, and he will not do it again.' I realised that if I beat up the child to the extent of killing him, what will I do then after? I have accepted all the bad and the good, which was being said about my child's illness because my child's illness was visible to everyone; so everyone was free to say whatever they wanted but it did not affect me or take me back or reduce my love for my child because he is my first born, my blood." (Chihera, 51yrs, Mother)

4.4.3 Disengaging/ Surrendering Families

Several (4 of 19) participants expressed that in order to cope with the situation of having a young person in the family using substances, they had to surrender the challenges they faced to God in order to cope and also ask for divine intervention. One participant felt she needed to disengage from the situation to preserve herself from the destruction she felt was occurring in the family because of the substance use. These experiences are described below:

"I came to a point when I said to myself; I think I have to let go … By the time I left, I had to just leave him be because he would be copying what his father would be doing; I knew that if I leave them smoking marijuana … they would know that I have left and therefore the home (family) will disintegrate … I left because I wanted to save myself from that atmosphere …" (Liana, 55 years, Mother)

"When we get to this point, it's needs the mother, or parent, especially the mother is the one who is deeply hurt and anxious. It would now require divine intervention, deeper devotion to God, effectively communicating with God, telling God that "God is the one who gave you this child ... and it is God's will for the child to live. If you put everything to God, when we say, "nothing is impossible with God", it's true. I have witnessed it; it's true, with God nothing is impossible … It is now time to give it all unto God who had brought you to that situation and for God's will to be done. I was just prepared for anything and considering that in 2012 I was affected and

hospitalised because of it, gave me more courage and determination as it had already happened" (Chihera, 51yrs, Mother)

"I surrender everything to God that in everything, even if I failed in some way or if others failed us, we just pray that God delivers us so that this child returns to being normal." (Chomwera, 47yrs, Mother)

4.5 Theme 5: Suggested interventions

When asked what should be done to help young people prevent substance use or help those already using substances, participants came up with various suggestions. Some were community level interventions suggested for the society and government but some focused on interventions that families themselves could do to help.

Community level interventions included provision and promotion of the use of medical rehabilitation services. Participants also highlighted provision of opportunities for gainful employment; awareness campaigns to raise awareness about substance use problems as well as punitive approaches involving arrest and punishment of dealers. Family led interventions that were highlighted included improving communication and value systems in the family; facilitating a change of environment to aid rehabilitation as well as the importance of spirituality and prayer.

4.5.1 Community level interventions

The majority of participants (13 of 19) believed that rehabilitation in a medical facility was a recommended intervention for young people using substances in the community, as described below:

"I always advise others to go to hospital or to the clinic if their child starts to abuse substances. Umm, go to the clinic and there they will give you advice, medication and when you use the medication and it doesn't work they can adjust the medication, because if you stay with them at home they can cause problems at home. There is nothing else much from the things we tried; the hospital is the best thing" (Chomwera, 47 years, Mother)

"The way I see it when such a challenge comes to a family, what we as a family can do is to take him to experts in mental health who can assess him and these experts can then tell us that this is how this person can be helped, ABCD, so we shouldn't just say he is using substances and leave him like that. So, the only solution is for us to see the experts in mental health." (Obvious, 52yrs, Father)

Nine participants highlighted that substance use was a result of unemployment and idleness. They suggested that helping young people get into employment or income generating projects would be an appropriate intervention to help young people to prevent substance use as shown below:

> *"I think that young people should have work to keep them occupied, some projects to help them earn a living because some of them will be mature but still having to live with their parents and will be unemployed and they will see that their life is not moving along well. If they have project, something they can do to achieve something in their life, for example, growing tomatoes and selling to get some money. A lot of the times these young people who abuse substances won't have anything they are doing in life. They will be idle. So if your mind is not busy a lot of the time, you can start to think of using substances unlike someone who something to do, so we need to help these young people to start some self help projects." (Obvious, 52yrs, Father)*

> *"If these young people had work I think it would help they would have little time to do mischief. Just like what we do when they are younger when we send them to school, the neighbourhood is quiet, the children don't do mischief … I think if these young people are provided with education, if their level of knowledge is increased, maybe they would not do these things" (Yesu, 53yrs, Mother)*

One participant suggested that awareness campaigns could help educate young people and communities on the harm that substance use can cause as shown here:

> *"Awareness campaigns, telling them how bad it is to use intoxicating substances and showing them the bad effects (and results) of using intoxicating substances." (Muti, 57 yrs, Mother)*

A few participants (5 of 19) suggested punitive approaches of arresting and severely punishing those who sell and those who use drugs as a possible community level intervention. This punitive approach is described here:

> *"My request is to the government to ask them to look for security to raid those people who are selling drugs and those who will be caught smoking cannabis. Those young people should be severely punished." (Mativenga, 35 years, Aunt)*

> *"I think the people that sell intoxicating substances must be arrested for a long time; if they are arrested and imprisoned for a long time maybe they will realized that what they are doing is bad." (Tarisai, 25years, Wife)*

4.5.2 Family led interventions

Participants suggested various ways in which families could help manage and prevent substance use in young people. These included: being supportive and kind; improving communication in families and having good family values as shown below:

> *"Concerning young people who use intoxicating substances, the first thing is kindness. Been kind and long-suffering like what the doctors and nurses do. Do not loathe them, be long suffering show love ... love, unity of family, knowing God. When it happens in a family, there must be knowledge about the issue or someone who researches about it, or knows the problem from somewhere, but the biggest thing is to have love. Let love lead. A person who has love knows God; you will be able to help. Do not criticise the person, do not laugh at the person or exposing him." (Chihera, 51yrs, Mother)*

> *"The way I see it for someone to stop using substances, I would encourage the family to get along, work together, being unified helping each other. If one of them is not working to give them food. They eat and continue looking for work - not to say they should take care of themselves when they are unemployed. That is what will cause some young people to choose to use substances." (Emma, 62yrs, Mother)*

> *"So parents should speak to each other politely rather than fighting and chasing your children out of the house. Children should have nothing to do with your disagreements as parents. Sort out your own issues and not bring the children into it … that's actually abuse, that's why they then get into substance use." (Chomwera, 47 yrs, Mother)*

Others suggested monitoring the young people more and moving or changing neighbourhoods to break ties with drug using peers as described here:

> *"The family members must take time to monitor the youngster … even searching his or her belonging for evidence or indicators of intoxicating substances; I heard at church they were teaching that we should monitor our children. Myself I search the youngster's bag and I discovered that indeed the youngsters was using intoxicating substances." (Juzi, 73 years, Grandmother)*

"I think, to prevent, those are the measures that at home the child should have limited freedom. As we are struggling with our grandson to say, 'Here, one must be at home at such a time, you can play with your friends, you can go to school and do everything else, but you should be home by such a time.' To give such rules such that the child will not become wild … just to monitor how the child behaves, the friends that one associates with, people one spends their time with or the friends one plays with." (Mativenga, 35 yrs, Aunt)

"Uhmm I do not know, yet I think it is best to regularly change places … Yes, because there he knows all the corners (to find drugs) … Yes, that is why I am saying I must regularly change places …" (Liana, 55years, Mother)

Spirituality emerged as a strong theme in possible interventions that families can undertake. Eleven of the nineteen participants expressed that praying and going to church was a key intervention that families needed to do. Some believed the substance use was a result of avenging spirits and suggested appeasing the avenging spirits. These interventions based on spirituality are illustrated in the quotes below:

"It is important for people to go to church. There is good influence; it is better than going to party. At entertainment party that is where the child with be negatively influenced." (Musuthu, 41 yrs, Uncle)

"What helps a lot is prayer. That is what I encourage us to do. Throughout my life that is how I have survived - by prayer … So this needs God's grace over these young people for them to be able to accept reprimands when someone tells them that what you are doing is not good maybe you should go this way, they are able to listen." (Mubanana, 64yrs, Grandmother)

"We pay to appease the avenging spirit. If we can we pay because it's not our fault, it's just something that just happened in my husband's family." (Chomwera, 47 yrs, Mother)

"For us, we are like a Christian family so most of these issues we just surrender them up in prayer to say, 'God, this is a problem that has entered my home, so may you please help us' even though it needs us to beat him … Because we can no longer beat a child considering how we old we are; we used to take him to the police for help so that at times if our prayers were mixed with the rod, maybe the child would be afraid." (Mativenga, 35yrs, Aunt)

This chapter highlighted the participants' various beliefs about what they thought caused substance use in young people, their experiences as they discovered that the young people in their families were using substances, and the impact on the young person and the family. It also revealed the family members' thoughts on how young people can be helped through general community interventions as well as family focused interventions.

CHAPTER FIVE

DISCUSSION, RECOMMENDATIONS, CONCLUSION

The objectives of this study were:

1. To explore the experiences of family members who are living with or have lived with an adolescent or young adult who uses substances.
2. To explore the perceptions of family members on the influence that family can have on the development or avoidance of substance use in young people.

This chapter will explore the main findings of the study in relation to existing literature, discuss the implications of the findings for current practice and finally, describe the limitations of the study before presenting the study conclusion.

5.1 Study Objective 1: Experiences of family members

In relation to the first objective, three themes emerged, namely the discovery of substance use (Theme 2); impact of the substance use on the young person and on the family members (Theme 3) as well as coping strategies used by families (Theme 4).

5.1.1 Discovery of the substance use

Family members in this study discovered substance use through noticing changes in behaviour that were out of character, noticing the effects of the substances on the individual as well as through reports from friends or neighbours who had seen the young person use substances. Others witnessed the substance use themselves and a few discovered the use through health workers who were attending to a substance-related health crisis that the young person had experienced.

Previous studies have shown that discovering substance use in a young person by families is often difficult. Family members often have limited understanding about substances and their effects (24,64,70,72). Family members in previous studies noticed gradual changes in behaviour such as withdrawing from family, staying out late, associating with ‘bad’ friends, deterioration in school performance, poor self-care, and signs of substance intoxication or withdrawal (64,65,74). Families sometimes struggled to attribute these changes in behaviour to problem substance use often believing them to be part of normal adolescent behavioural challenges (64). This would result in a delay between initiation of use and the family finding out and seeking help. Families at times accidentally found out about the substance use due to a substance related medical emergency (24,25) while others where informed by police

through a substance related crime (73). Families also reported finding substances in the home or witnessing the young person take substances (24,64).

Findings in this study concerning discovery of substance use generally echoed what had been previously found by studies conducted in Africa and in Western settings . Discovery was usually gradual, with families noticing changes in behaviour, or accidental, through a substance related medical emergency, accidentally finding substances in the home or witnessing the young person's substance use. While other studies highlighted that discovery was at times through the police in relation to a substance related crime, this study found that reports were more often from family members outside the home, friends and neighbours, who played a significant role in how the families discovered the problem. For some participants, it was fellow church members or even the young person's own friends rather than the police. This may highlight the importance of the community itself versus legal authorities in the protection and care of young people in local settings (63,64).

Early identification of substance use problems in young people is key in early treatment and prevention of devastating consequences of substance use disorders (78). According to the available literature, substance use will often start with experimentation before progressing to problem use. If the family can identify the challenges early, they could help to mitigate the slide towards problem use (79). The family's understanding about substance use, their ability to communicate openly and also monitor their young people could help in earlier identification and better outcomes.

5.1.2 Impact of the substance use on the young person

This study illustrated that substance use affects both the young person using substances as well as their families. Several participants reported that the health of the young person deteriorated with significant changes in self-care, physical appearance and mental stability. Substance use also affected behaviour at home, at school and in the community. Some young people using substances became disruptive, some stole from their families, others ran away from home. Some young people became disrespectful, some even aggressive verbally and physically towards them. At school, some young people performed poorly while others stopped attending school altogether.

These findings are consistent with previous studies showing that alcohol and substance use in young people can impact their physical and psychological health negatively with poor behavioural, occupational and psychosocial outcomes (9,36). Previous research has reported that early substance use may result in cardiovascular, respiratory, and gastrointestinal disorders, and is also associated with risky sexual behaviour and HIV infection (9,29,36). Substance use has also been found to affect brain development among adolescents resulting in deficitsin cognitive function leading to impaired school performance and poor school outcomes (36,39). It has also been found to increase the risk of developing mental health problems such as depression, anxiety, suicide and self harm (36).

The findings of this study generally tied in with previous findings, that substance use, particularly early onset of use, affected the trajectory of the young person's life. Physical health was affected and psychological health was compromised. Psychosocial function was disrupted and the family seemed to bear the brunt of these effects as this often disruptive, aggressive behaviour was directed at the family, alienating the young person from potentially their greatest support system, their family.

5.1.3 Impact of the substance use on family members

As family members battled the challenges resulting from substance use in young people they faced physical health problems; emotional distress; social and occupational consequences. Participants reported having health problems such as hypertension which they attributed to stress due to the substance use. Participants reported financial strain as the young person would misuse finances, and the family experienced strain due to medical expenses incurred in trying to seek for help for the substance use problem. Others experienced strain in other relationships in their lives with some participants neglecting care of other children in the family as well as neglecting their work life as they struggled to care

for the young person using substances. Many family members experienced emotional distress such as feeling hurt; feeling distressed and afraid; helpless; hopeless; guilty and angry. Some participants felt isolated and stigmatised, feeling that society blamed them for their child's substance use.

Previous studies also show that substance use by a young person also affects family life, affecting family members and siblings physically, emotionally, causing conflict in the family and burdening the family finances (68). This was similar to what was seen in previous studies. The family members lives were disrupted by the behaviour of the young person. Some families also experience verbal and physical aggression by the user as well as stigma from the community (26,70,73). As families struggle to deal with the challenge of substance use in young people, many have disagreements and marital conflict over how to handle the situation (24,64,67,73). The substance use also affects other children in the family with siblings of the user often felt neglected by their parents and resentful of the user (25,64,71).

The financial burden of substance use is mostly borne by families, however little data on this is available in sub-Saharan Africa (80). The impact of substance use decreases monthly income, increases monthly expenses and this burden is greater for female caregivers as well as when the person using substances is young and already dependent on parents and family members due to their age (81). As seen in the current study as well as previous studies, finances are affected as family members lost employment (64,68) dealt with debts related to substance use accrued by the young person (64,67,73,75,76). Families also face costs of treatment and rehabilitation as they try and get help for the young person (64,68,72). The impact of these financial challenges is more severe for families already facing economic difficulties (82). This can unfortunately affect health seeking behaviour for the young person using substances and the family members as well as quality of care they can access.

Stigma, shame and guilt in families faced with substance use was a major concern in previous studies as well as this study. Families reported feeling isolated and ostracized by the community. They felt to blame for the substance use problems being experienced by the young person and that they may have failed as caregivers. Stigma is a social phenomenon where certain groups or individuals are seen as different from others and perceived as dangerous or morally defective (83). Stigma often leads to social exclusion and discrimination, which greatly affects psychological wellbeing of those affected (84).

Substance use is a highly stigmatized behaviour with users being viewed as self indulgent, morally compromised, and at times dangerous, and more responsible for their behaviour

than in other mental illnesses (85). Families of those who use substances may then be affected by associative stigma, being blamed and shamed for the condition of their family member (86). Families may also face social exclusion and discrimination, possibly feeling ostracised from social groups, having compromised employment opportunities and struggling to get quality healthcare for their family member (83). Stigma faced by family members from the community may be internalised and become self-stigma, with family members shaming themselves (87,88). Stigma can unfortunately interfere with the ability to cope with the challenges of a young person with substance use problems and to seek help by the family for the substance use as well as for their own emotional distress.

5.1.4 How families cope with substance use in young people

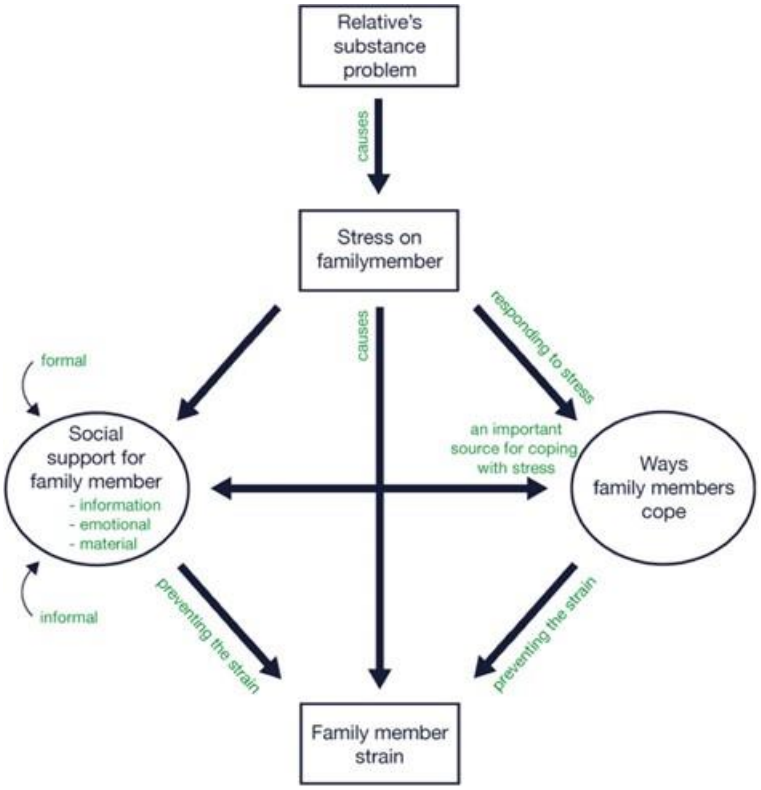
Family members in this study described coping with the challenges they faced as a result of the substance use in various ways. Some remained engaged with the young person using substances, becoming more vigilant and monitoring them, attempting to counsel them or argue with them about their substance use. Some tolerated the young person, accommodating them even though they were unhappy with the behaviour. Others withdrew from the young person or disengaged, to preserve themselves psychologically; and some surrendered the young person to God and asked for divine intervention.

Previous studies also highlighted similar coping strategies, with some families initially denying that there was a problem or avoiding confronting the young person, tolerating and even covering up for the young person (63,72). Other families became more vigilant, increasing supervision of the young person using substances and taking too much responsibility for the behaviour of the young person (24,66,72). Yet other families however seemed to become more resilient, adjusting their expectations of the young person, at times distancing themselves from the young person, realising that recovery was not wholly their responsibility (24,26,70,74).

Findings in previous studies and in this study concerning coping strategies used by families affected by substance use by young people seem to fit well with the Stress-Strain-Coping-Support (SSCS) Model of how relatives of substance users cope with the challenges they face developed by Orford et al. shown below (89,90).

The SSCS model proposes that having a family member with a substance use problem is very stressful and this stress tends to be chronic. The stress eventually leads to strain affecting the family members psychological and even physical health. The various ways in which family members respond to this stress and strain is their means of coping. This can be in one of three main ways: engaged coping; tolerant coping and withdrawal coping. In

engaged coping, family members may be emotional, controlling, assertive, supportive or a combination of these. With tolerant coping, families will tolerate in an inactive way, accept the user, and sacrifice their own needs and goals to support the user. In withdrawal, the family members disengage and start to live life independently of the user (89,90). The SSCS model postulates that the level and quality of social support that family members receive will impact on how they cope with stress and strain and this may have implications on how mental health services may assist family members dealing with substance use in young people (89).



Stress-Strain-Coping-Support (SSCS) Model

(89,91)

Spirituality also played an important role in the way the majority of participants involved in this study conceptualized substance use in young people and in the way families dealt with the substance use. It was highlighted as a key way of coping with the challenges families faced because of the substance use. Some participants believed the substance use was the result of spiritual causes; some blamed avenging spirits or angry ancestral spirits. Some believed that prayer was an important part of preventing substance use in young people,

managing the substance user as well as coping with the challenges that arose because of the substance use.

Studies have shown that religion and spirituality are an important influence for young people (92). Spirituality and religiosity has been found to reduce the risk of substance use regardless of the dimension of religiosity studied (organisational or non-organisational religion, religious affiliation, religious coping, religious beliefs or spirituality) (93). How religion mediates this effect is complex and is thought to possibly be through transmission of prosocial values, healthier framing of life challenges and better parental supervision behaviours (94,95). There may also be a role of social support through the religious group. There may be some negative religious coping strategies such as religious denial, religious apathy as well as interpersonal religious conflict that can result in poorer outcomes (96). However, positive religious or spiritual coping can help families negotiate problems and difficult roles such as caregiving. Spiritual coping helps to reframe stressful issues in life and find constructive coping strategies (92,96). Spirituality may also have implications for how pathways to care are conceptualised and structured, as some participants in this study mentioned the importance of their spiritual beliefs in how they conceptualised substance use in young people and this may influence health seeking behaviour. Collaboration between spiritual leaders and health professionals may therefore help provide better support for family members affected by substance use and influence how they cope.

5.2 Study Objective 2: Perceptions of family members about what influences development or avoidance of substance use in young people

In relation to the second objective of the study concerning perceptions of family about what influences the development of substance use in young people, findings were described under two themes. These were: Theme 1: perceived causes of substance use in young people, including individual factors such as self-indulgence, lack of self-discipline and stress, and environmental factors such as community factors, peer-related and family-related causes. The second theme, Theme 5, involved suggested interventions concerning substance use in young people including community-focused interventions such as medical rehabilitation; awareness campaigns; improving employment opportunities and punitive approaches. Theme 5 also revealed ways in which the family can be a mitigating factor against substance use in young people. These included improving communication and value systems in the family; facilitating a change of environment to aid rehabilitation and spiritual interventions. These two themes will now be discussed in relation to relevant literature.

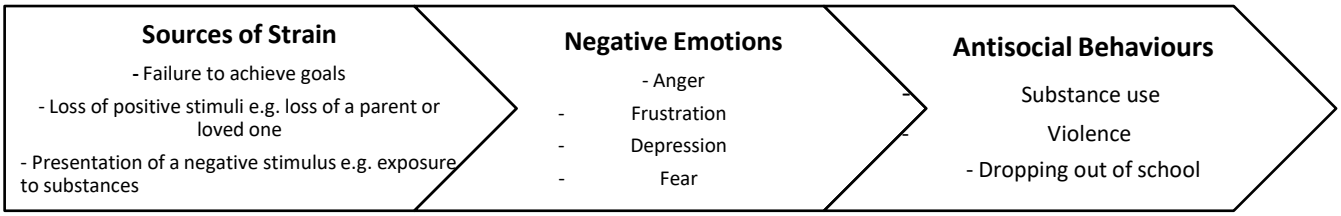
5.2.1 Perceived causes of substance use in young people

Participants in this study believed several factors influenced the development of substance use in young people including some individual factors, environmental factors and family related factors.

Individual factors cited were self-indulgence or lack of discipline or rebellion. Participants also thought substance use could be a maladaptive way of coping with stress from loss being orphaned or physical and emotional abuse from parents and family. Further, adolescence is known to be a vulnerable time of rapid physical and psychological development where biological and environmental influences can affect psychosocial development (34). Adolescents tend to be impulsive and may engage in risky behaviours such as substance use (34).

Stress seems to play a significant role in the aetiology of substance use in young people in this study and previous research. Stress and strain have been linked with antisocial behaviour (97). It has been suggested that negative life experiences such as loss of a parent or failure to achieve positive goals in life can lead to negative emotions such as anger, frustration, depression, and anxiety. These can then result in substance use and other maladaptive behaviours in an attempt to cope with the negative emotions (97,98). This

process is illustrated in the General Strain Theory developed by Agnew (1992) (97), shown below.



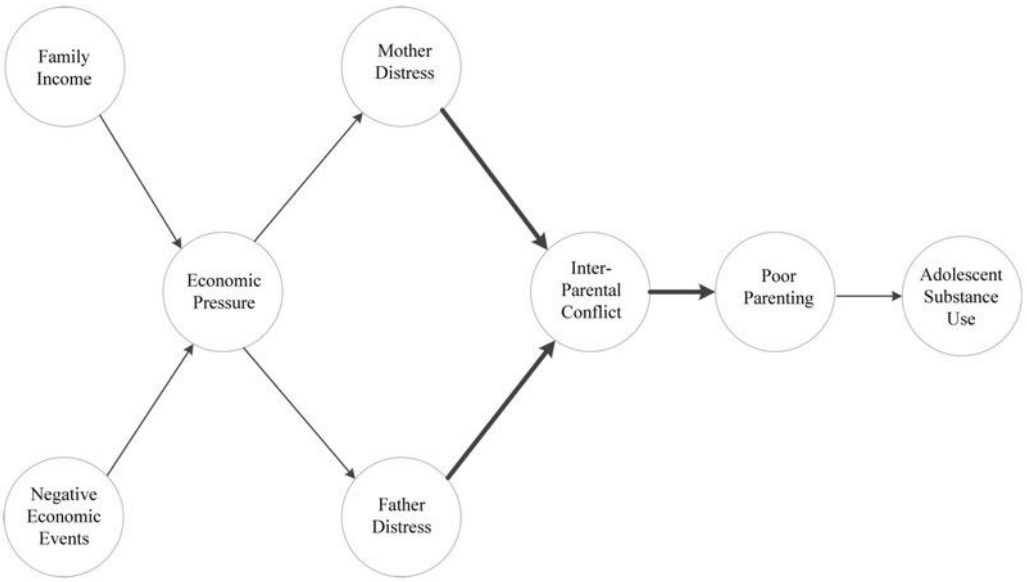
The General Strain Theory (Agnew 1992)
(97)

Participants in this study cited several environmental factors such as easy accessibility and community normalisation of substance use as potential risk factors for substance use in young people, as well as the influence of peers. Poverty and unemployment were also noted as environmental factors in the development of substance use as well.

These findings are in keeping with previous studies that showed that easy access to substances, permissive community norms concerning substance use, and low socioeconomic status were found to increase the risk of developing substance use problems (13,38,43,44). Previous studies also show that peer influence, and having a friend or sibling that uses substances is also a significant risk factor for developing alcohol and substance use problems (38,42,49). While adolescents often value the opinion of their peers more than opinions of adults in their lives, there are factors that can mitigate against this, such as school and family factors. Commitment to school, positive school environments with good support for students and adequate discipline; and bonding to teachers are all factors that have been found to reduce the risk of problem behaviours like substance use in adolescents (43,46,47).

Family factors such as parental monitoring, increased time spent with family, parental disapproval of substance use as well as decreased family conflict also strongly mitigate against the effects of substance-using peers (13,42,49). This ties in with findings in this study where family members highlighted family discord, poor family communication, poor family values and disintegrated family systems, poor supervision, as well as substance use in the family, as potential causes of substance use in young people. Stress within the family

commonly due to financial strain can affect parenting approaches, resulting in lower affection and higher hostility levels in the parent child relationship (99). Interparental conflict can spill over to young people through hostile or neglectful parenting. The negative parenting approaches can then increase risk of substance use in young people within that family. This is illustrated in the Family Stress Theory which explains how family stress can also contribute to the development of substance use in young people (99).



Family Stress Theory (99)

5.2.2 The family as a mitigating factor, interventions suggested by family members

Families made several suggestions on ways in which substance use can be prevented among young people and on how young people who use substances can be assisted. Participants suggested general intervention such as awareness campaigns, improving employment opportunities, facilitating admission for medical rehabilitation as well as severe punishment for both those who sell substances. Families however also described ways in which the family itself can mitigate against the development of substance use in young people.

Families in this study suggested that being kind and supportive could help prevent substance use and help in the recovery of young people already using substances. A supportive home environment was also highlighted as a factor that would mitigate against the negative influence of peers. Participants also suggested that respectful communication among family members and preserving peace in the home would perhaps protect young

people against substance use. Family members also highlighted increased supervision and monitoring as another protective factor against substance use

These findings reflect findings in existing literature that has shown that quality of family relationships; parent-child communication and emotional attachment; discipline and behaviour control can mitigate against substance use problems in young people (17,29,53,55,100). Good communication in families in particular can delay the initiation of substance use and increase the ability of adolescents to refuse substances (21). Existing literature also reflected that close supervision has been found to protect young people from substance use (22,57,58).

5.3 Implications for policy, practice and future research

The findings of this study highlighted that substance use impacts families in various ways, causing great emotional distress and affecting social and occupational functioning of affected family members. The study also highlighted various coping strategies used by participants. These findings have several possible implications for policy, practice as well as future research concerning the role of families in adolescent mental health as the importance of caring for families as part of holistic care.

5.3.1 Implications for policy

While over 100 million family members are reported to be affected by substance use worldwide, the burden of substance use on family members is often overlooked (101,102). Policy often emphasises the need to involve families in treatment of individuals using substances but little is said about care for the family members themselves (82). This study found that family members faced physical health problems; emotional distress; social and occupational consequences. There is need for clearer policy directives on access to care and structured support for affected families as well as policy support for programs reducing risks of disintegration of the family. This study also illustrated that discovery of substance use was often delayed possibly due to lack of understanding and awareness about substance use problems by families. Policies can also support capacity building for parents and caregivers empowering them to better care for young people struggling with substance use problems.

5.3.2 Implications for practice

In this study participants suggested that kindness, respectful communication among family members and preserving peace in the home, increased supervision and monitoring as possible protective factors against substance use. An overview of forty-six systematic reviews done in 2016, illustrated that the most effective interventions for substance use in young people using substance were school-based, followed by family- and community-focused interventions (103). Effective interventions were focused on awareness, early identification and enhancing social skills. Family interventions targeted family functioning, parenting skills including active parenting, positive parenting monitoring behaviour, social skills and self regulation (103). Other reviews looking at interventions for family members showed that improving coping skills and parenting skills helped to reduce psychological distress, improved family functioning and communication (104,105). Helping family members

discuss their stressors and their possible coping mechanisms also helped improve outcomes (106).

As suggested by the Stress-Strain-Coping-Support Model (89,106), the quality and level of social support for families affected by substance use influences how they cope and the level of strain they develop. Family members are often overlooked in screening, and routine screening for signs of stress, strain and burnout may need to be incorporated into routine practice (101,105). Support programs for families of young substance users may help families find a platform to express themselves and find support in the mental health service (101). This could be an opportunity to provide psycho-education to improve understanding of substance use problems, improve coping strategies and thus help reduce psychological and physical problems in affected family members (101,104).

One framework based on the Stress-Strain-Coping-Support model is the Five Step Method involving five to six sessions focused on exploring stresses and strains faced by family members; providing relevant information on substance use problems; discussing coping behaviours; enhancing social support and exploring further need for help (106). Such frameworks have been seen to be effective in many high income settings but studies in lower income countries using these have shown that adaptation would be required to help the interventions to be culturally acceptable in our local settings (107).

The role of spirituality mentioned by several participants in this study also has implications for how pathways to care need to be conceptualised and structured. This may require collaboration between spiritual leaders and health professionals to better accommodate families as they face the challenges of substance use in young people.

5.3.3 Implications for future research

There is a great but hidden burden of substance use on families and caregivers (101). Yet there is still a dearth of information on the impact of substance use on family members in sub-Saharan Africa, and more research is urgently required. This study explored the lived experience of family members dealing with substance use in young people and showed a significant impact of substance use on their physical and psychological health as well as social and occupational function. This study also found that the family could possibly influence development of substance use to family dysfunction. Further research is also needed on local interventions to address adolescent substance use, particularly family focused interventions. Adaptation studies for interventions such as the Stress-Strain-Coping-Support model's Five Step Method, would also be key to help make existing interventions useful in local settings.

Additionally, the link between spirituality and substance use in young people and the implications of spirituality and the development or prevention of substance use may need further study in the local setting. Spirituality may need to be studied as a part of the support package for family members as this was noted as an important factor for participants.

5.4 Limitations

This was a small qualitative study with the study population sampled from families of young people being managed for substance-related conditions at a tertiary mental health unit in the capital city of Zimbabwe. The findings therefore cannot be generalised to all families affected by substance use in young people in Zimbabwe. This selected population also may have introduced bias into the data collected because families with young people already in treatment may have differing views to those where the young person is not in treatment. The young person using substances had to give assent or consent for the family to participate, this was because the family could inadvertently discuss details of the young person's condition and treatment as they spoke of their experiences. This however could have also introduced bias in the information collected information as this selected group of families may have differing views from families where the young person would be unwilling for their family to participate. The study sample was mostly female and this may have biased the information collected. It would have been ideal if more male participants had participated but this may be testament to the role of female relatives as the main caregivers in families. All the interviews were conducted in Shona, transcribed and then translated to English, which may have resulted in some errors of interpretation of the original meaning. This however may have been mitigated by the fact that the principal investigator is fluent in both Shona and English.

5.5 Conclusions

This study explored the experiences of Zimbabwean families dealing with substance use in young people and perceptions on how families can influence the development of substance use in young people. This is an area that has not been previously explored in Zimbabwe. This study revealed that substance use by a young person affects family life, affecting family members and siblings emotionally, causing conflict in the family and burdening the family finances. This illustrates the need for health services to provide better support for these families and further research is needed to explore how existing frameworks for structured support may be adapted for the local setting. This study also highlighted the family as a mitigating factor against development of substance use problems in young people and the need for families to have a better understanding about substance use, improve

communication skills and also monitor their young people could help in earlier identification and better outcomes. Substance use, particularly in young people, remains a family condition and the family needs to be not only included in treatment of young people but cared for themselves as well.

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Family experiences and the role of the family in development of substance use in adolescents and young adults: a qualitative study

Participant Consent Form (English)

Principal Investigator: Dr. Chido Rwafa

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Dr. Claire van der Westhuizen, Alan J. Flisher Centre for Public Mental Health, University of Cape Town

What you should know about this research study

You are being asked to participate in a study to find information about the experiences your family has had with having an adolescent or young adult in your family who abuses substances.

We give you this consent form so that you may read about the purpose, risks and benefits of this research study and decide if you want to participate.

Routine care is based upon the best known treatment and is provided with the main goal of helping the individual patient. The main goal of research studies is to gain knowledge that may help future patients. We cannot promise that this research will benefit you or your relative directly.

You have the right to refuse to take part or agree to take part now and change your mind later.

Your choice to participate is voluntary. Whatever you decide it will not affect your relatives' regular care. Please review this consent form carefully. Ask any questions before you make a decision.

Purpose

The purpose of the study is to explore the experiences and challenges you have had due to the adolescent or young adult in your family using substances and how you think the family can influence development of substance use in young people. You are selected as a participant in this study because your relative is being managed for a substance related condition at the psychiatric unit at Parirenyatwa Annexe or Harare hospital. We hope to carry out the research on about 24 participants. The study will focus on your experiences as a family and not your relative's psychiatric condition.

What will this study involve

If you decide to participate in this study you will be asked to fill out a socio-demographic form asking some details on your age, gender, marital status, occupation, relationship to the patient's family history of substance use and family structure. This form will not have your name or any information by which you can be identified. You will then be interviewed by the principal investigator using an interview guide. This interview will be tape recorded and these recordings will be transcribed for analysis for the study. Your name will not be used in this interview; you will be identified by a pseudonym of your choice. The interview will last between 60 to 75 min.

Potential risks and discomforts

You may experience minimal risks in the form of psychological distress as we will be asking personal information about your experiences dealing with an adolescent or young adult with substance use problems. To minimise this risk, the interviews will be carried out in a non judgemental manner by the principal investigator who is a trained mental health professional. If you need treatment for this distress you will be referred to the psychologist or psychiatrist on duty for assistance at no cost.

Benefits and/or compensation

We cannot and do not guarantee that you will benefit directly from the study. However there is an indirect benefit to you and others as the findings of the study will be used to improve the treatment provided to the patients. The findings of this study might help the clinical staff to develop ways to better help patients with alcohol and substance use problems. You are encouraged to contact the principal investigator whose contact details are on the front page of this form for more information about the final findings of this study. You will not be paid for taking part. You will receive refreshments during the interview and a grocery voucher to compensate for your time if you complete the interview.

How will your privacy be protected?

There will be efforts to maintain confidentiality at all times. In order to ensure confidentiality during data gathering, it will be done in a private room or in your home if you prefer. All the information about participants will be stored using a study number in computer files which will only be accessible to the investigator. No one will be able to identify a participant from the information collected as all the written information will not have a study number attached to it and not the patients name. Each participant will be assigned a study number and only the Principal investigator will have the information linking the participant name to the study number. Consent forms and questionnaires will be kept in a locked cabinet.

Additional costs

None are anticipated.

In the event of an injury

None is expected.

Voluntary participation

Your participation in this study is voluntary. If you decide that you should not participate in this study, your decision will not affect your future relations with this hospital or its staff .If you participate, you are free to withdraw your consent and to discontinue your participation at any time without penalty, reprimand or loss of benefits entitled to you.

Audio Recording

The interview with the principal investigator will be audio recorded and you will be allowed to listen to the recorded material if you wish to. The audio recordings will only be used for this study and will be discarded once the study is completed and the results are published.

Statement of consent to being audio taped

I understand that audio recording will be done during the study

Circle "YES" or "NO"

I agree to be audio recorded **YES** **NO**

Any questions you want to ask

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

Authorization

You are making a decision whether or not to participate in this study. Your signature indicates that you have read and understood the information provided above, have had all your questions answered and decided to participate.

_____

Name of Participant (please print)

Date_____

_____ _____

Signature of the participant in agreement to participate in study

_____

Name of Research staff_____

Signature of Research staff _____

Date_____

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP

If you have any questions concerning this study or consent form beyond those answered by investigator, including questions about the research, your rights as a research participant or research related injuries, or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact:

The Medical Research Council of Zimbabwe

Corner Josiah Tongogara/ Mazoe Street

Harare

Zimbabwe

Tel: +263-4-791792/791193

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Family experiences and the role of the family in development of substance use in adolescents and young adults: a qualitative study

Socio- demographic Data Form (English)

Participant Number and Pseudonym: _____

Age: _____

Gender: _____

Marital Status: _____

Occupation: _____

Area of Residence: _____

Relationship to patient: _____

Family History of Substance Use: _____

Family Structure (2 parent biological family/ single parent/ blended family): _____

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Interview Guide

Part A: Experiences of families dealing with substance use in an adolescent or young adult

1. What has been your experience having an adolescent or young adult abusing substances in your family?

2. How did you discover the substance abuse?

    a. How did you find out about the substance use?
    b. How do you believe it started?
    c. What issues do you believe influenced the development of substance use in your relative?
    d. How did the discovery of substance use affect you?

3. What has been the impact of the substance use on your family?

    a. What consequences concerning the substance use have you had to face?
    b. What has been the impact on your family relationships (marriage; siblings)
    c. What has the impact been on family functioning?
    d. What has been the impact on family resources?

4. How have you been coping as a family concerning the substance use?
    a. How have you managed to cope with living with an adolescent or young adult with a substance use problem?
    b. What emotions have you experienced while dealing with the substance use and how have you dealt with them?
    c. How have you tried to help your relative?
    d. What has been your experience in trying to get help from outside sources?
    e. Do you believe your relative can be helped and how?

Part B: Perceived influence of the family on development of substance use

1. What factors do you believe influenced the development or avoidance of substance use in adolescents and young adults?
2. How do you believe family structure can influence development of substance use or resilience to it?
3. How do you believe family relationships and communication impact development of or resilience to substance use in adolescents and young people?
4. How do you believe the family's views and beliefs about substance use impacts on development of or resilience to substance use in adolescents and young adults?
5. How do you believe the family can help prevent substance use in young people? How do you believe the family can help in treatment of substance use?

UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee

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16 January 2017

HREC REF: 660/2016

Dr K Sorsdahl
Alan J Flischer Centre for Public Mental Health
Red Cross War Memorial Children's Hospital
Rondebosch

Dear Dr Sorsdahl

PROJECT TITLE: FAMILY EXPERIENCES AND THE ROLE OF THE FAMILY IN THE DEVELOPMENT OF SUBSTANCE USE IN ADOLESCENTS AND YOUNG ADULTS: A QUALITATIVE STUDY (Master's Candidate-Dr C Madzvamutse)

Thank you for your response letter, addressing the issues raised by the Human Research Ethics Committee (HREC).

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year until the 30 JANUARY 2018.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.
(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

We acknowledge that the student, Dr C Madzvamutse will also be involved in this study.

Please quote the HREC REF in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval before the research may occur.

Yours sincerely

PROFESSOR M BLOCKMAN
CHAIRPERSON, FHS HUMAN RESEARCH ETHICS COMMITTEE

Federal Wide Assurance Number: FWA00001637.

HREC:660/2016

UNIVERSITY OF CAPE TOWN

HUMAN RESEARCH ETHICS COMMITTEE
09 SEP 2020
UNIVERSITY OF CAPE TOWN

FACULTY OF HEALTH SCIENCES
Human Research Ethics Committee

FHS016: Annual Progress Report / Renewal

HREC office use only (FWA00001637; IRB00001938)			
This serves as notification of annual approval, including any documentation described below.			
☑ Approved	Annual progress report	Approved until/next renewal date	30.9.21
☐ Not approved	See attached comments		
Signature Chairperson of the HREC/ Designee		Date Signed	10/9/20

Note: Please note that incomplete submissions will not be reviewed.
Please email this form and supporting documents (if applicable) in a combined pdf-file to hrec-enquiries@uct.ac.za.
Please clarify your plan for research-related activities during COVID-19 lockdown

Comments to PI from the HREC
Thank you for the deviation document

Principal Investigator to complete the following:

1. Protocol Information

Date (when submitting this form)	07/09/2020		
HREC REF Number	660/2016	Current Ethics Approval was granted until	07/02/2019
Protocol title	Family experiences and the role of the family in the development of substance use in adolescents and young adults: a qualitative study		
Protocol number (if applicable)			
Are there any sub-studies linked to this study?	☐ Yes ✓ No		
If yes, could you please provide the HREC Ref's for all sub-studies? **Note:** A separate FHS016 must be submitted for each sub-study.			
Principal Investigator	Prof Katherine Sorsdahl		
Department / Office Internal Mail Address	Alan J Flisher Centre for Public Mental Health Building B 46 Sawkins Road Rondebosch 7700		

(Note: Please complete the Closure form (FHS010) if the study is completed within the approval period)

Telephone: 621100-19
Fax: 621157

ZIMBABWE

Reference: HCHEC 150217/08

HARARE CENTRAL HOSPITAL
P. O. Box ST 14

SOUTHERTON

Harare

16 March 2017

Dr. C.R. Rwafa (Mudzvamutse)
786 Helvetia Road
Helensvale
Ruwa

Dear Dr. Rwafa,

REF: FAMILY EXPERIENCES AND THE ROLE OF THE FAMILY IN THE DEVELOPMENT OF SUBSTANCE USE IN ADOLESCENTS AND YOUNG ADULTS: A QUALITATIVE STUDY

I am glad to advise you that your application to conduct a study Entitled: **Family Experiences and The Role of the Family in the Development of Substance Use in Adolescents and Young Adults: A Qualitative Study (Ref: HCHEC 150217/08),** has been approved by the Harare Hospital Ethics Committee.

This approval is premised on the submitted protocol. Should you decide to vary your protocol in any material way please submit these for further approval.

You are advised to avail the results of your study whether positive or negative to the hospital through the committee for our information.

Yours sincerely,

HARARE CENTRAL HOSPITAL
DEPARTMENT OF MEDICINE
16 MAR 2017
P.O. BOX ST 14, SOUTHERTON
HARARE

DR. C. Pasi
Chairman Harare Central Hospital Ethics Committee