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Being a Parent to an Adult Child with Drug Problems –Negative Impacts on Life situation, Health, and Emotions

Abstract

This study is about the vulnerability of parents to adult children with drug problems. The study is based on a self-reporting questionnaire (n=687) distributed to parents in Sweden via family member organizations, treatment centers, and online communities. Most parents reported extensive negative consequences on relationships, social life and mental health due to their childrens' drug problems. Most parents also experienced strong feelings of powerlessness, grief, guilt and shame. Many parents reported a negative impact on their economy and work ability. In general, fathers claimed to feel less of a negative impact than mothers. A more severe drug problem and life situation for the child, was associated with a greater negative impact for the parents. Many parents experienced difficulties in securing adequate help both for their child and for themselves. The study shows the need for increased support efforts for this parent group.

Keywords: Parents, adult children, drug problems, vulnerability, family health, family burden, shame

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Introduction and Aim

Drug addiction does not only carry negative consequences for the drug users themselves, but also has an impact on many people close to them (Copello et al., 2000). Family members, close relatives and others who have a close relationship with a person with drug problems often experience a negative impact on their lives.

Research has shown that family members of persons with drug problems often find themselves in a situation characterized by anxiety, stress, powerlessness as well as feelings of guilt and shame. For many close relatives, this involves a deterioration of physical and mental health in the long term (Orford et al., 2010, 2013). It is not uncommon for drug problems in the family to cause conflicts and relationship problems, and in some cases the family becomes isolated from friends and acquaintances (Jackson, Usher & O'Brien, 2007). A few studies also indicate that close relatives of people with drug problems run an increased risk of being victims of crime, such as theft, vandalism, and violence (Velleman et al., 1993; Johnson, Richert & Svensson, 2017).

Although some studies of the situation of family members have been conducted in recent years, there is still a dearth of research in this area. Existing research has mainly focused on partners and children to people with drug problems or on the family as a system (Orford et al., 2013). Few studies, however, have investigated the parents' situation and the problems they face, and there are no studies investigating which child and parent factors are influencing the degree of vulnerability.

This article focuses on the vulnerability among parents of adult children (18 years or older) with drug problems. This group of parents has received very little attention in previous research. The aim of the article, which is based on a self-reporting questionnaire, is to investigate the extent to which the children's drug problems have affected the parents in terms of health, financial situation, work, relationships, social life as well as mentally and emotionally. We also examine whether there are differences in perceived problems due to factors related to the parent (eg gender, age, employment and economy) and the child (eg gender, age, housing, extent of drug problems and mental health).

There are strong social norms about what it means to be a parent, such as providing protection, care, and love, but also in terms of upbringing, setting limits, and the role of 'life mentor.' The bond between parent and child is often described as the strongest and most emotionally charged of all relationships. Family research has shown that children have received a more prominent position in the modern family, and that they often turn into a 'life project' for the parents (Bäck-Wiklund & Bergsten, 2010). If a child develops severe drug problems, leading to negative consequences for both themselves and other family members, this often causes feelings of anxiety and distress or grief, but also feelings of failure, guilt and shame on the parents' part (Butler & Bauld, 2005). In addition, strong emotional ties mean that parents are often prepared to go very far to help their children when they are in trouble, even to the detriment of their own health and social situation (Jackson & Mannix, 2003).

That a child has reached the age of majority does not automatically mean that one's feelings for the child or one's role as a parent have changed. However, once the child has reached majority, the parent no longer has the same influence and control, neither in relation to the child nor in interactions with authorities which are in a position to help and support the child. According to the Swedish Public Access to Information and Secrecy Act, once a child is over the age of 18, their consent is required for authorities to reveal data about them to their

parents. This may strengthen the parents' feeling of powerlessness. Studies have shown that parents to children with drug problems often try to handle the situation themselves, since the feelings of guilt and shame may cause a reluctance to seeking help from their own network as well as from professional actors. Parents who seek professional help for their child generally encounter obstacles and problems in their interactions with authorities, especially once their child has reached majority (Velleman et al., 2000; Andersson & Skårner, 2015).

The expression *family burden* is sometimes used to describe and measure the strain caused by having a family member with considerable care needs (Sales, 2003). The term has mainly been used to describe the extent to which family members who take care of elderly relatives, people with disabilities, or people with serious physical or mental conditions, experience a deterioration in health and quality of life (Shane, 1990; Magliano et al., 2005; Ennis & Bunting, 2013). So far, the term has only been used in a handful of studies of drug problems. One example is a study from India which describes the family burden of having to care for a family member with drug addiction. The study shows that the addiction affected virtually all aspects of family life (Mattoo et al., 2013).

When studying family burden a distinction is typically made between objective and subjective burden. The *objective family burden* concerns negative consequences for the family due to the time, resources, and actions required to help the person with problems. The *subjective burden* concerns negative feelings, such as guilt, insecurity, anxiety, anger, and powerlessness experienced by family members (Schene, 1990). The total family burden is, among other things, dependent on the seriousness of the problem and the level of impairment for the individual, but may also be affected by the family's ability to cope with the strain, as well as their access to societal and material resources. At a societal level, norms concerning health conditions and family responsibilities as well as welfare regimes and access to various forms of assistance also affect the family burden (Shane, 1990; Sales, 2003).

In this study we have not used any instrument to measure the degree of family burden. However, we do consider the concepts ‘objective burden’ and ‘subjective burden’ useful when analyzing factors which can contribute to negative consequences for parents.

One circumstance that differentiates our study population from family members to persons with other kinds of health problems is that drug use is not only criminalized, but also a behaviour which carries a strong stigma. Another circumstance concerns drug use itself, the influence of the substances on the user’s mind and the risky lifestyle that often goes with it. Even if studies have shown that there are similarities in family burden, regardless of the problems suffered by the children, parents to adult children with drug problems could potentially experience a greater degree of vulnerability in these respects.

Method

Material and Recruitment

Data gathering was conducted by a self-reporting questionnaire aimed at parents of adult children with drug problems in Sweden. The survey was limited to parents with children aged 18 and over, since we deemed it more likely for grown-up children to have or have had a more severe drug problem. The drug problem could either be current or past, and parents of deceased children were also given the opportunity to respond to the survey. Data gathering took place between October 1, 2015, and January 31, 2016. A total of 687 parents responded.

A printed questionnaire was sent via mail to members of ‘Parents Against Drugs’ (Föräldraföreningen mot narkotika, FMNⁱ), the organization in Sweden which represents the greatest number of parents of drug users. In total we dispatched 1,900 questionnaires. The addresses were provided by FMN, and the surveys were sent out in cooperation with their staff to ensure anonymity for the parents in relation to the researchers. During the data gathering we published reminders about the questionnaire in the FMN members’ magazine, as

well as via their local and national Facebook pages. Questionnaires were also made available for visitors to FMN's local offices. Filled out questionnaires (n=411) were returned anonymously in pre-paid response envelopes to Malmö University. The response rate cannot be calculated since we do not know how many of the addressees belong to the target population. FMN organizes both parents and other close relatives, in addition to associated members.

In parallel with the mail survey we conducted an online survey (n=276) using the tool Sunet Survey. The aim of the online survey was to broaden the data sample, and also to include parents who were not FMN members. Respondents were recruited via various online forums and Facebook communities for close relatives of people with drug problems. Furthermore, we provided information about the online survey to a great number of local council services providing support for close relatives, as well as to treatment centers providing support networks for close relatives. Members of FMN were also given the opportunity to participate in the online survey. Out of the 276 responses, 47 (17.0%) came from FMN members, 70 (25.4%) from members of other family member organizations, and 159 (57.6%) from people who did not belong to any family member organization.

Since a majority of the sample were members of FMN, we conducted an analysis to see if these parents differed significantly in any way from the other parents. The parents who were not members of any family organization had a lower average age than the parents who were members of FMN or any other parent organization. This may have to do with the fact that the non-affiliated parents were mainly recruited through different forums on the internet, where the average age can be expected to be lower. No other significant differences between these groups of parents existed.ⁱⁱ

Selection Criteria

The fact that the respondents were recruited through family member organizations, online forums, and support networks for family members means that we reached a select group of parents who have turned to such organizations and networks. An overview of the parent population is given in Table 1. The overwhelming majority of the respondents were women, the level of education in the group was generally high, and the percentage of native-born Swedes very high. Very few of the respondents were unemployed. In all likelihood, the method of recruitment means that some groups of parents are under-represented, for instance parents with drug problems or mental health issues of their own, parents with poor access to the Internet and parents who do not speak Swedish as their mother tongue.

The recruitment methods may also have contributed to us reaching parents of children with more severe drug problems, as well as parents with a greater need of support than parents of children with less severe drug problems. Most of the children to those parents who responded to the survey either have or have had complex drug problems, a large majority of them had undergone treatment for their drug problems, and many had also suffered from mental health issues in addition to their drug problems (see Table 1). We will return to the importance of these methodological limitations in our discussion.

The Questions of the Survey

The survey covered the following themes: (a) background information on parent (15 items), (b) health, safety and social situation (10 items), (c) information about the child (22 items), (d) perceived consequences of the child's drug problems (13 items), (e) exposure to crimes or violations of integrity due to the drug problems of the child (42 items), (f) experiences of support and help for themselves (24 items, 3 of which were open-ended), (g) experiences of support and help for their child (9 items), as well as (h) open-ended questions about being

parent to a child with drug problems (5 items). For this article we have used data from sections (a), (c), and (d), as well as one of the open-ended questions from section (h).

Statistical Analysis and Variables

Once data gathering had been concluded, the answers from the postal survey were encoded before all survey (online and postal) responses were imported into a common database in SPSS.

In an initial analysis, the distribution of the answers to the 13 questions about the parents' perceived consequences of the childrens' drug problems is presented. The first question concerned the general impact on the life of the parent: "To what extent do you perceive that your child's drug problem has had a negative impact on your life in general?" The other questions concerned the negative effects on relations, social life, financial situation, mental health, neglect of the parent's own needs, time, and thoughts, as well as feelings of guilt, shame, powerlessness, and grief (the questions are presented in Table 2). Parents were asked to what degree ('None at all', 'To a small extent', 'To some extent', 'To a great extent', or 'To a very great extent') the drug problems of the child has had a negative impact on various aspects of their life. We have chosen to use the perfect tense ("has had" or "has meant"), rather than to specify an exact time frame in the questions. This is because the child's problem may be current or far back in time.

In the next step we created indices from the 13 questions in order to facilitate multivariate analysis and comparisons of perceived problems dependent on parent- and child-related factors. A factor analysis (Principal Component Analysis, Varimax with Kaiser Normalization) indicated three prominent factors which we used to create the indices. The total variance accounted for by the three components was 68.90 per cent.

Questions 1 through 8 were gathered together in *Index 1—Life Situation*. The index is a mean value index, allowing for one missing value on any one of the eight questions. It has a minimum value of 1 and a maximum value of 5. The average is 3.65 and the SD 0.85. Questions 9, 12, and 13 constitute *Index 2—Thoughts and Emotions*. The index has a minimum value of 3 and a maximum value of 15. The average is 13.72 and the SD 1.93. Questions 10 and 11 form *Index 2—Guilt and Shame*. The index has a minimum value of 2 and a maximum value of 10. The average is 7.27 and the SD 2.28. The reliability of the indices were measured with Cronbach's Alpha, which was 0.89 for Index 1, 0.86 for Index 2, and 0.83 for Index 3.

The indices were used as dependent variables when performing the analysis, while demographic data about the parents and the children as well as questions about the children's experiences of drug use, mental ill-health, and social situation, constituted the independent variables. As a first step, correlations between the three indices and parental and child variables were performed using Pearson's correlation coefficient (see Table 3). The variables showing a significant correlation with the indices were selected for use in multivariate linear regressions (one model per index, see Table 4).

In order to gain a more in-depth picture of the parents' experiences and perceptions, we also analyzed the responses to one of the open-ended questions in the survey, 'What has been the most difficult/distressing thing about being a parent of a child with drug problems?' Out of the 687 parents, a total of 646 responded to this question. A manual thematic textual analysis was conducted to investigate which themes were the most crucial and frequent in their replies. The first author (TR) read all open-ended answers carefully, categorized them in different themes and suggested a number of illustrative quotes for each theme. The second author (BJ) then reviewed the answers to assess whether the themes were reasonable and whether additional themes could be identified. No new main themes were identified, but two

of the initial themes were merged. We chose to include and highlight the themes most prevalent in the data. Illustrative quotes were selected jointly by all three authors.

Ethics

The project was conducted in accordance with the Swedish Ethical Review Act (SFS 2004:460). The design and execution of the project, including the survey form, was reviewed and approved by the Regional Ethical Review Board at Lund University (dnr 2015/215).

Results

Perceived Consequences of the Child's Drug Problems on Various Aspects of Life

Table 2 provides a summary of the parents' perceived consequences of having a child with drug problems. The results show that this generally has had a strongly negative impact on the life of the parents. More than 85 per cent of the parents claimed that the drug problems of their child to a great or very great extent had had a negative impact on their lives as a whole.

Thoughts and emotions seem to be the most affected areas. More than 90 per cent of the parents stated that their children's drug problems to a great extent or very great extent had occupied their time and thoughts, caused feelings of powerlessness or feelings of grief.

Feelings of guilt and shame were not as prominent, but still a clear majority (64%) claimed that they to a great extent or very great extent had experienced feelings of guilt, and nearly half (49%) that they had experienced feelings of shame to a great extent or very great extent.

Social life and relations were other areas greatly affected. A clear majority of parents reported that the drug problems of the child to a great extent or very great extent had a negative impact on the relationship with the child (62%) and other relationships in the family

(68%). Nearly half of the parents (47%) stated that the child's situation had affected their social life negatively to a great extent or very great extent.

Work capacity and financial situation were the two areas least affected. Around one third of parents singled out the drug problems of their child as having had a great or very great negative impact on their work capacity (30%) or financial situation (35%).

Perceived Consequences—Bivariate Analysis of Parent- and Child-related Factors

Table 3 presents bivariate correlations between the three indices and factors related to the parent and child, respectively.

Of the parental variables, gender, age, and occupation correlate significantly with all three indices. Male gender and higher age are correlated with lower index values, while work as occupation is correlated with higher index values. No other parent-related factors correlate to any significant degree with any of the three indices.

Several of the child-related variables exhibit a significant correlation with the three indices. The gender of the child show a significant correlation with the 'Guilt and Shame' index, where male gender display higher index values. A higher age of the child resulted in lower values in all three indices.

Factors related to the severity of the child's drug problems and mental health status correlate significantly with all three indices. Daily drug useⁱⁱⁱ and current mental health problems, respectively, is correlated with higher values for all three indices, while stable drug abstinence is correlated with lower values. Children who on several occasions had received treatment for their drug problems (an indication of more severe problems) resulted in higher values for the 'Life Situation' index and the 'Thoughts and Emotions' index, but not for the 'Guilt and Shame' index. Current problems with alcohol meant higher values for the 'Life

Situation' index, while the child having a place of their own to live meant lower values in all three indices.

Perceived Consequences—Multivariate Analysis of Parent- and Child-related Factors

Table 4 presents multivariate regression analyses of parent- and child-related factors for the three indices. Positive B values indicate a greater negative impact for the parent, while negative B values point to a less negative influence (provided that the differences are significant, $p < 0.05$). It is worth noting that the indices have different minimum and maximum values (see the method section), and that the regression analysis contains both continuous and dichotomous independent variables.

In the case of parental variables, there were large similarities between the three indices. Male gender was the most evident factor, associating with significantly lower values in all three indices. Higher age was associated with significantly lower values solely for index 3, 'Guilt and Shame'. No other parent variables showed significant associations with any of the indexes.

A larger number of child variables showed significant associations with the three indices. Daily drug use was associated with higher index values in all three indices. Stable drug abstinence was associated with lower index values in index 1 (Life Situation) and 2 (Thoughts and Emotions) but not in Index 3 (Guilt and Shame). Current mental health problems and several treatment episodes were associated with lower index values in index 1 and 2, but not in index 3. The child living on his or her own was associated with significantly lower index values only in index 1.

The Parents' own Description of their Vulnerability

Most respondents gave several examples of what they found most difficult or stressful. In our textual analysis we identified six main themes in their replies: 1) concern and fear, 2) powerlessness, 3) not receiving help or support, 4) feelings of guilt and shame, 5) feelings of grief, and 6) negative impact on daily life and relationships.

The theme which recurred in most respondents' replies (n=308) was concern and fear. The concern and fear on the part of the parents was often related to the life situation of the child. For example, worrying over emergencies, such as their child dying of an overdose, suffering a psychosis, or falling victim to violence or assault, but also concern and uncertainty with regards to the child's social situation. Many also described how their own mental health had suffered as a result of their constant worries, in the form of insomnia, anxiety or depression.

Constant worry and despair, you never know what will happen: violence, overdosing, criminality, a downward physical and mental spiral. Difficulties in discussing the situation of your child with others.

Always being scared and worried! Never being able to enjoy your son, who deep down is a good boy. The thought of the misery in which he lives hurts so much. Knowing that he suffers from anxiety and stress which he keeps in check with drugs, that he may die in case of an overdose.

Not knowing if he has a roof over his head, food to eat, whether his cell phone is topped up so that he can reach his family, wherever he is. Not knowing if he is even alive!

The second most common theme in the parents' responses was powerlessness (n=256). This was primarily a case of not being able to help or influence the child and of feeling inadequate. Several parents described the pain of seeing their child suffering without being able to help.

The most difficult thing, without a doubt, has been the powerlessness! The panic when you cannot make your child give up the drugs, and the feeling that you get no help.

The powerlessness! Seeing your beloved child wasting away and die mentally in front of your own eyes without being able to do anything about it.

A third prominent theme in the responses by parents concerned the difficulties in getting help from various authorities, primarily social services, dependency care, and psychiatric services (n=151). It could be anything from the child not receiving the right help or that the intervention was insufficient to the parents being badly treated by various authorities or lack of cooperation between authorities. Many parents brought up the difficulties in getting help once the child had reached majority. This was partly because the children from then on have to seek help themselves, and partly because from the day the children turn 18, the authorities are governed by rules of professional secrecy with respect to the parents. Some parents also described difficulties in obtaining adequate support for themselves.

Since the child is over 18, we are unable to contact and cooperate with authorities, which in their turn are non-cooperative. The child is sent back and forth between social services, healthcare, and police, and there is nobody assuming the overarching responsibility needed to help such a person.

Ask for help, but get none, considered a problem as a parent, all the time hearing that the child themselves must seek help, without having the ability to do so.

That there is no authority with sufficient knowledge of substance abuse and close relatives. That there is no help for close relatives.

Many parents (n=89) considered the feelings of guilt and shame they experienced as the most stressful. For instance, feeling like a failed or bad parent, and having recurrent thoughts of what they had done wrong. Another source of guilt was the feeling of not doing enough, neither for the child, nor for other family members, or that they had allowed the problems of the child to interfere with their own lives and that of others. Some parents stated that the hardest thing was that people condemned or rejected them because of their child's drug problems.

The feeling of shame, the guilt of having failed as a parent. Having been unable to protect your own children against the worst thing imaginable!

Guilt and feeling ashamed, for not doing enough, for not giving attention to her sibling, for not ensuring family relationships are good.

Feelings of grief also recurred in a great number of narratives (n=75). For instance, grief at having lost touch with their child, or that their child never will lead a 'normal life'. For some it was the grief of the child having passed away as a result of their drug problems.

The sadness about everything going so wrong, when they could have gone so well. A young boy into sport who got into the wrong crowd and quickly changed.

The loss and grief over my child whose life ended in disaster, I lost my child three years ago.

Some parents found the impact their child was having on everyday life and relationships the hardest to bear (n=43). It could be anything from conflicts within the family and financial difficulties to obstacles to having a normal social life, spare time or going on holiday. They described how they had been forced to take sick leave for shorter or longer periods due to mental ill-health, or when all their time and energy was consumed by handling the problems of their child. Others described a strong feeling of insecurity or fearing the child would subject them to vandalism, threats or violence.

Daily life was chaos, you never knew how things would turn out, whether it would be going to ER for detox or the psychiatric clinic, or whether the house would still stand. You avoid going on holiday, and stop seeing friends.

It 'destroys' the whole family, you feel bad all the time, unable to feel joy, siblings are getting hurt.

The fear of him dying, day after day, of not knowing. Coming home and finding the apartment in splinters, him beating me up and threatening to kill me.

A comparison between parents who were members of a parent organization and those who were not members of any organization, regarding the answers to the open-ended question,

showed no clear differences between the groups. The same six themes were prominent in both groups, with the same ranking order.

Discussion

Living with or caring for a person with serious health or lifestyle issues is often both time and resource consuming, as well as emotionally draining for close relatives. Our study focuses on a group of close relatives which has received scant attention by the research community; parents of adult children with drug problems. The results indicate that these parents in many respects have a very vulnerable situation. Most parents felt that the drug problems of their child to a great extent or very great extent had had a negative impact on their life situation, health, and emotional life. Moreover, many parents described how they had been badly treated by people in the community, and that they had experienced great difficulties in obtaining help, both for their child and for themselves.

A Negative Influence on Thoughts, Emotions, and Mental Health

The area which suffers the greatest negative impact for the parents appear to be their emotional life. In several previous studies of close relatives this phenomenon has been defined as an emotional or *subjective family burden*. More than 90 per cent of parents claimed that the drug problems of their child to a great extent or very great extent had taken up their time and thoughts, while also causing feelings of powerlessness and grief. Feelings of guilt and shame were also highly prominent. Concerns and fear did not feature as a specific question in the survey, but it was the aspect brought up most often by parents in response to the open-ended question about what they considered to be the most difficult/distressing aspect of being a parent of a child with drug problems. Many parents also suffered negative mental health effects.

The fact that the parents experienced a major negative impact on emotional life and mental health was expected on the bases of the few previous studies in the field (Butler & Bauld, 2005; Orford et al., 2010). A deterioration in mental health among close relatives has previously been linked to the extensive stress, anxiety and sense of powerlessness that it often means living close to someone with drug problems (Orford et al., 2013). Research has also shown that close relatives of people with serious mental health issues or other problems affecting the personality or behavior of an individual, generally experience greater emotional stress compared to close relatives of people with physical conditions. A greater unpredictability in terms of changes in health, life, and future of the individual also seem to cause greater stress for close relatives, regardless of the type of illness (Sales, 2003). For the parents in our study, the uncertainty with regards to the child's life situation, and the fear that the child will suffer harm or die, in combination with the perceived powerlessness and lack of influence, seem to be the most difficult aspects to handle.

Feelings of guilt and shame was very common among the parents, and also something which some of them felt to be the most difficult aspect of being a child with drug problems. Previous studies have also shown that this is very common among family members of people with drug problems (Butler & Bauld, 2005).

Feelings of guilt and shame may be affected by the extent to which individuals perceive themselves to be responsible for causing the problem in the first place, and by the preconceptions and reactions by those around them. Although shame is felt individually and physically, it is a social emotion based on the individual reflecting her/himself negatively in the eyes of others or being treated negatively at the hands of others. Shame has been described as "the master emotion in everyday life" (Scheff, 2003). One possible explanation for the strong feelings of guilt and shame among this group of parents is the social stigma associated

with drug problems, which not only affects the carrier of the stigma, but also close relatives. Goffman (1963) has termed this the *courtesy stigma*.

Even though having a drug problem to an increasing extent has come to be regarded as an illness, it is also seen as partly self-inflicted. No one is born a drug addict, as opposed to some physical conditions or impairments. Nor is it a natural part of life, like growing old and infirm or senile. There is also a clear link between drug problems in adulthood and family issues and other problems during childhood or adolescence. Parents of children with drug problems are thus likely to be blamed by others for the child's problems, and many parents accuse themselves for the problems their adult children are suffering. This was something that several parents in our study pointed out.

Negative Impact on Everyday Life, Financial Situation, and Social Relationships

The child's drug problems have had major consequences for many parents' everyday lives, financial situation and social relations. In previous studies of close relatives, these aspects have often been characterized as the *objective family burden*. The objective family burden has been linked to the wide-ranging care and healthcare interventions—in the form of supervision, somatic care, hospitalizations, handling of medication, counselling and so on—demanded of close relatives of people with serious somatic, neuropsychiatric or age-related illnesses (Kim & Schulz, 2008).

As presented in the 'Results' section, a clear majority of parents claimed that the problems of their child had resulted in them neglecting themselves and their own needs to a great degree, and that these problems had occupied their time and thoughts. The parents' own descriptions indicate that in some cases it was a question of more traditional care, such as helping out with food, bills, or housing. However, a greater share of parents described how most of their time and effort was spent on handling conflicts, maintaining contact with or

seeking help from various authorities, looking out for and keeping tabs on their child, and being on constant standby just in case something bad happens.

Relationships within the family and social life are areas negatively affected for the overwhelming majority of parents. Qualitative studies have shown that drug problems within the family often lead to conflicts and relationship problems (Orford et al., 2010). The conflicts may be related to differing views on the extent of the drug problems, and how they are best handled, but may also concern issues such as the problems having affected the financial situation and well-being of the family (Butler & Bauld, 2005). Drug influence or withdrawal symptoms may also cause irritability or aggressiveness which in some cases directly affects family members (Orford et al., 2010)—an issue some parents discuss in their replies to the open-ended question.

There may be several explanations for a negative impact on social life. It has been shown that families with drug problems isolate themselves from friends and acquaintances, either due to feelings of shame or because much time and energy is spent on handling the drug problems of the individual family member. ‘Emotional drain’ has also been put forward as an explanation as to why families have no energy to engage in and nurture new, or maintain old, relationships (Jackson, Usher & O’Brian, 2007).

Working life and financial situation seem to be the two areas least affected. Nevertheless, roughly one third of the parents claimed that these aspects had had a negative impact to either a great extent or very great extent. Some of the answers to the open-ended question showed parents having to take sick leave due to a deterioration in health, or a heavy work burden associated with the drug problems of their child. How common this was, we cannot say, however. Having to take sick-leave may lead to a reduction in income, in particular if such a leave of absence is of long duration.

The financial situation may also be influenced by other factors. Thefts by their child or costs incurred by helping them with food, unpaid rent or debts were examples of financial strains described by several parents. A previous study from this project has shown that theft towards the parents is relatively common. Half the parents had been victims of thefts at least once, and 10 per cent in the last year (Johnson, Richert & Svensson, 2017).

That working life and financial situation are the areas least affected may be down to the selection criteria for and the context of this study. The average level of education for the parents who participated in the study was high and most of them had a relatively good income. Furthermore, the study was conducted in Sweden, a welfare state with reasonably good protection for its citizen in the form of paid sick leave etc. As a comparison, a study from India (Mattoo et al., 2013) and a study conducted in the more destitute areas of Mexico City (Orford et al., 2005) show that the financial situation was one of the aspects most affected by having a person with drug problems in the family.

Parental Gender and the Severity of the Child's Problems Affect the Degree of Vulnerability

The clearest result of our multivariate analysis is that mothers, to a greater extent than fathers, experienced a negative impact on their life, thoughts and emotions as well as feelings of guilt and shame. One possible explanation for this is that mothers are expected to (and generally also do) take a greater responsibility for children and family life. In case of family problems, therefore, mothers are more likely to suffer serious consequences. Societal expectations concerning gender roles in family life, with women expected to be more caring and taking greater responsibility, could be part of the explanation why the mothers in our study experienced feelings of guilt and shame to a greater extent than fathers (Elvin-Nowak, 1999). That mothers in general take a greater responsibility for the family, and experience more of

the consequences of caring for family members, have been shown in a number of studies (Moen, Robison & Dempster-McClain, 1995; Kim & Schulz, 2008; Ennis & Bunting, 2013).

The unequal gender distribution in our study is in itself an interesting result. The fact that a mere 14 per cent of respondents were male may mean that the fathers who did fill in the survey are unrepresentative for fathers of children with drug problems more generally. The unequal gender distribution may also indicate that fathers to a lesser extent engage in associations or organizations for close relatives (which is confirmed by FMN). Other research studies have encountered difficulties in recruiting fathers or other male family members as well (Orford et al., 2010; Andersson & Skårner, 2015). One reason for this could be that, on the whole, fathers take less responsibility than mothers for children as well as for problems within the family.

There was a connection between older age of parents and feeling less guilt and shame. It is difficult to establish the reasons for this. One possible explanation could be that there is a link between higher age of the parent and fewer problems for the child. Another potential explanation is that a greater share of the older parents are fathers, a group which overall appears to experience guilt and shame to a lesser extent. These factors, however, are not enough to explain the entire difference, since these variables were included in the multivariate analysis. One hypothesis is that older parents over time distance themselves more from the problems of their child, while also learning to handle them better.

The education level, occupation, and level of income of the parents showed no connection to the reported severity of the problems. As we discussed earlier, this may be explained by the selection criteria for and the context of the study.

It is obvious that the life situation for the child and the seriousness of their problems play a role for the extent to which the life of their parents is affected negatively. Factors indicating more serious issues for the child (daily drug use, current mental health problems, and repeated

treatment episodes) appear, unsurprisingly, to exert a greater negative influence on the life and emotional life of their parents. The fact that parents of children living on their own claimed to suffer a less negative impact on their life may be explained by the fact that children with their own accommodation on the whole exhibit a more stable life. However, it could also be that children living with their parents involve greater care needs, increased expenses, and more frequent conflicts.

Access to Support—an Area with Great Room for Improvement

The open-ended question highlighted the difficulties in obtaining suitable support and help for the child, and many parents felt this to be the most problematic aspect of all. The fact that so many parents (646 out of 687) chose to write their own comments is evidence of a great commitment, and a need to tell their side of the story.

The replies ranged from the lack of access to suitable assistance or support, unsatisfactory cooperation between various authorities, and poor attitude of professionals to the difficulties associated with professional secrecy once the child had reached majority. Several parents described how they were seen as a problem rather than a resource. A number of parents also outlined the difficulties in obtaining suitable support for themselves. Difficulties in getting adequate help have been discussed in previous studies of close relatives of people with drug problems (Orford et al., 2010). The obstacles they encountered concerned insufficient access to support measures and a reluctance to seek help for fear of stigmatization or condemnation, which is well in line with the results from our study.

Implications

Parents of adult children with drug problems constitute a group which appears to be in great need of help and support. The fact that many parents described difficulties in receiving

adequate assistance for themselves indicates the importance of increasing access to different types of support.

In Sweden, until recently family members of people with drug problems were mainly restricted to the services of voluntary organizations when seeking help and support. In recent years, however, local municipalities have strengthened their support structures. By a change of the law passed by the Swedish parliament in 2009, municipal authorities have a duty to facilitate for those who care for a close relative. According to the 2013 guidelines from the Swedish National Board of Health and Welfare (Socialstyrelsen), this includes people who care for close relatives with drug problems. It remains to be seen whether this also leads to increased access to support in practice.

Many parents experienced problems in their contacts with authorities and great difficulties in obtaining help on behalf of their child, often incurring great strain and distress. Improved cooperation between professional actors and family members could have a positive effect on the child's rehabilitation. Research has shown that cooperation between professionals and people who are concerned about a person's drug problems can improve outcomes, both for the drug user and their family members (Copello & Orford, 2002).

Our study indicates that it is relatively common for children with drug problems to continue living with their parent also long after they have grown up. For some parents this has resulted in a deterioration in their life situation. Improved access to supportive housing for people with drug problems could reduce the vulnerability of parents and other family members. Since more severe drug and mental health problems for the child appear to have a greater negative impact on the parent, better measures aimed at improving the child's situation could also help reduce the vulnerability of their parents.

Feelings of guilt and shame were a major problem for many parents. Such feelings can worsen as a result of social norms that stigmatize drug users, as well as by negative attitudes

on the part of professional actors. A more open discussion about drug addiction and a less judgmental and condemning attitude, towards both drug users and their family members, could help alleviate the negative feelings of close relatives.

Limitations

As we have already discussed, our material has some limitations. We have reached a relatively selected group of parents, and there is a strong gender imbalance. This means that generalizations must be made with caution. At the same time, it appears that relatively few parent-related factors are decisive for the seriousness of the problems experienced. The severity seems to be more closely associated with the child's drug problems and social situation. The fact that many parental and child variables exhibit a similar correlation across the three indices, in addition to the consensus in the responses to the closed-ended questions and the parents' own descriptions, serve to validate the results. The results also correspond well to previous research and to descriptions from various family member support networks.

This is one of only a few studies focusing on the problems experienced by and the vulnerability of a specific population of close relatives—parents of adult children with drug problems. Further research in this field is needed; both studies with a similar focus, and studies aimed at broadening and deepening current knowledge. In particular, further research is needed into the experiences of support measures by this parent population, and whether they have particular needs which have not been met. Other issues which require further investigation is why fathers to a lesser extent participate in family member associations and treatment measures aimed at close relatives, including what measures can be taken to reach more fathers and get them involved.

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Tables

Table 1. Background information on parents and children.

Parent-related factors	Child-related factors
<i>Gender of parent</i> (684)	<i>Gender of child</i> (687)
Female 86.0% (588)	Female 19.7% (135)
Male 14.0% (96)	Male 79.8% (548)
<i>Age of parent</i> (682)	<i>Age of child</i> (643)
Mean 56.45 (min 35, max 84)	Mean 28.35 (min 16, max 59)
SD 8.67	SD 7.90
<i>Country of birth</i> (687)	<i>Living arrangements of child</i> (640)
Sweden 92.4% (629)	With parent(s) 15.5% (99)
Other 7.6% (52)	Own place 50.2% (321)
	Other 18.6% (119)
<i>Marital status</i> (678)	Treatment, institution 9.4% (60)
Unmarried (never married) 14.5% (98)	Homeless 4.4% (28)
Married / partner 51.5% (349)	Don't know 2.0% (13)
Divorced / separated 31.3% (212)	
Widowed 2.8% (19)	<i>Current drug-use status</i> (637)
	Long-term drug-free 18.1% (115)
<i>Type of household</i> (681)	Recently drug-free 24.5% (156)
Living alone 22.3% (152)	Not drug-free 38.8% (247)
Living with partner 39.9% (272)	Don't know 18.7% (119)
Living with partner and children 23.9% (163)	
Living with children 11.3% (77)	<i>Treatment for drug-problems</i> (673)
Other 2.5% (17)	Yes, several times 56.5% (380)
	Yes, once 25.4% (171)

<i>Education</i> (680)	No 17.1% (115)
Compulsory education only 9.3% (63)	Don't know 1.0% (7)
Vocational upper secondary school 22.8% (155)	
General upper secondary school 21.5% (146)	<i>Mental health problems</i> (629)
Higher education 46.5% (316)	Yes, currently 50.7% (319)
	Yes, previously 12.1% (76)
<i>Employment</i> (683)	No, never 22.6% (142)
Employed 73.9% (505)	Don't know 14.6% (92)
Old age pension 15.8% (108)	
Early retirement pension 7.0% (48)	<i>Deceased</i> (687)
Unemployed or other 3.2% (22)	Yes 5,7% (39)
	No 94,3% (648)

Table 2. The parents' perceived consequences of having a child with drug problems. Negative impact on life in general, as well as various aspects of life.

	Not at all	To a small extent	To some extent	To a great extent	To a very great extent
1. Negative impact on life in general	0.3 % (2)	2.4 % (16)	11.5 % (78)	26.8 % (182)	59.1 % (401)
2. Negative impact on parent/child relationship	6 % (40)	8.5 % (57)	24.1 % (162)	24.7 % (166)	36.8 % (247)
3. Negative impact on other relationships in the family	2.7 % (18)	6.1 % (41)	23.2 % (155)	27.4 % (183)	40.5 % (270)
4. Negative impact on your social life	9.8 % (66)	11.7 % (79)	31.3 % (211)	23.0 % (155)	24.3 % (164)
5. Negative impact on your work capacity	11.2 % (76)	20.0 % (135)	38.9 % (263)	14.6 % (99)	15.2 % (103)
6. Negative impact on your financial situation	13.0 % (88)	21.4 % (145)	31.1 % (211)	19.6 % (133)	15.0 % (102)
7. Negative impact on your mental health	3.7 % (25)	11.9 % (81)	24.0 % (164)	31.0 % (212)	29.4 % (201)
8. Neglecting yourself and your own needs	3.2 % (22)	8.8 % (60)	22.4 % (153)	29.6 % (202)	36.0 % (246)
9. Occupied your time and thoughts	0.1 % (1)	1.3 % (9)	7.2 % (49)	27.2 % (186)	64.2 % (439)
10. Resulted in feelings of guilt	3.7 % (25)	8.8 % (60)	23.9 (163)	24.9 (170)	38.7 % (264)
11. Resulted in feelings of shame	9.8 (67)	17.6 % (120)	23.3 % (159)	20.4 % (139)	29.0 % (198)
12. Resulted in feelings of powerlessness	0.4 % (3)	1.8 % (12)	6.2 % (42)	19.4 % (132)	72.2 % (491)
13. Resulted in feelings of grief	0.7 % (5)	2.1 % (14)	6.2 % (42)	20.6 % (140)	70.4 % (478)

Table 3. Consequences experienced as a result of the child's drug problems. Bivariate correlations for the three indices.

	Index 1. Life Situation	Index 2. Thoughts and Emotions	Index 3. Guilt and Shame
	r (p-value)	r (p-value)	r (p-value)
<i>Parental variables</i>			
Gender (male)	-.20 (0.000)***	-.29 (0.000)***	-.16 (0.000)***
Age (years)	-.20 (0.000)***	-.23 (0.000)***	-.20 (0.000)***
Native country (other than Sweden)	.01 (0.719)	.01 (0.833)	.06 (0.134)
No. of children	.02 (0.618)	-.00 (0.976)	.03 (0.425)
Education (higher education)	-.04 (0.313)	.01 (0.906)	-.01 (0.894)
Occupation (work)	.08 (0.041)*	.14 (0.000)***	.09 (0.016)*
Income (high)	.03 (0.395)	.04 (0.297)	.03 (0.502)
<i>Child variables</i>			
Gender (male)	.04 (0.347)	.03 (0.500)	.11 (0.005)**
Age (years)	-.17 (0.000)***	-.23 (0.000)***	-.16 (0.000)***
Child living at home	.06 (0.121)	.05 (0.187)	.05 (0.183)
Child living on their own	-.26 (0.000)***	-.23 (0.000)***	-.13 (0.001)**
Stable drug-free (>12 months)	-.24 (0.000)***	-.19 (0.000)***	-.11 (0.004)**
Daily drug use	.20 (0.000)***	.26 (0.000)***	.11 (0.004)**
Current alcohol problems	.11 (0.005)**	.06 (0.153)	.02 (0.643)
Current mental health problems	.33 (0.000)***	.24 (0.000)***	.10 (0.009)**
Several treatment episodes	.12 (0.002)**	.13 (0.001)**	.02 (0.698)
Child diseased	.05 (0.201)	.08 (0.029)*	.06 (0.123)

*p<0.05 **p<0.01 ***p<0.001

Table 4. Consequences experienced as a result of the child's drug problems. Multiple linear regressions. Models 1–3.

	Index 1. Life Situation	Index 2. Thoughts and Emotions	Index 3. Guilt and Shame
	B (std. error)	B (std. error)	B (std. error)
Intercept	4.108	15.447	9.514
Gender of parent (male)	-.36 (.091)***	-1.38 (.205)***	-.79 (.264)**
Age of parent (years)	-.01 (.006)	-.01 (.013)	-.05 (.017)**
Occupation (work)		.08 (.184)	-.06 (.234)
Gender of child (male)			.44 (.228)
Age of child (years)	-.01 (.006)	-.03 (.014)	.01 (.018)
Child living on their own	-.20 (.067)**	-.29 (.154)	-.14 (.196)
Stable drug-free (>12	-.28 (.086)**	-.66 (.193)**	-.41 (.247)

months)			
Daily drug use	.30 (.074)***	.87 (.167)***	.43 (.209)*
Current alcohol problems	.12 (.083)		
Current mental health problems	.41 (.064)***	.61 (.143)***	.30 (.184)
Several treatment episodes	.15 (.065)*	.43 (.147)**	
N	584	589	607
Adjusted R square	.228	.241	.072

*p<0.05 **p<0.01 ***p<0.001

ⁱ FMN's national association was established in 1968 and today it comprises about 30 local organizations around Sweden. On the FMN website, it is stated that the association's main goals are to provide advice, support and assistance to families where drug abuse occurs. Other goals are to spread knowledge and prevent drug abuse.

The association has previously been active in the drug policy debate and advocated a restrictive drug policy and a zero tolerance towards narcotic drugs. FMN advised parents to set clear limits towards their child with drug problems, for example, by not helping the child with money or letting the child stay at home during periods of ongoing drug abuse, a "closed door" policy. The purpose of this advice was to protect parents from severe consequences and not to allow parents to facilitate continued drug abuse in the child. In recent years, however, the organization has ceased giving this kind of general advice to parents. FMN has also reduced its commitment to drug policy issues.

ⁱⁱ There were no significant differences between parents regarding gender, country of birth, education or employment. In the case of child variables, the FMN group's children were older. A larger proportion of the children of the parents in the FMN group had their own residence, while a minor proportion had current psychological problems or current drug problems. These differences are probably due to their higher age.

ⁱⁱⁱ This variable is a measure of how often the child took drugs during their most intense six-month period of use, not the intensity of the problems at the time of reporting.