

In this article...

- The nature of substance use disorder and its impact on families
- A review of the literature on family members' coping mechanisms
- Common themes of how families cope with a relative's substance use

Substance use 1: what coping strategies do family members use?

Key points

People who use substances and their relatives present to all fields of nursing and midwifery

Family members should receive information on substance use and be signposted to support

A literature review identified the coping strategies family members use

Some relatives withdraw from the situation, while others may try to change or tolerate it

Family members found support to be limited but valued social interaction

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Abstract Problematic substance use can have a considerable negative impact on an individual's family members. This first article in a two-part series presents a literature review about how adult family members cope with this situation, identifying four common areas. The next article will use these findings to make recommendations for practice when working with relatives of substance users.

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The World Health Organization (2019) defined drug-use disorder as comprising two major health conditions, namely a "harmful pattern of drug use" that has damaged the user's health or resulted in behaviour leading to the harm of others and "drug dependence". Based on this definition, this article discusses the disordered use of illicit drugs and/or alcohol, using the term 'substance use' to apply to both. The article – the first in a two-part series – focuses on adults living with an adult relative who uses substances.

People with substance-use disorder present to services across all fields of nursing and midwifery, and the same can be said of their family members. In 2021, McGovern et al reported that approximately 100 million people worldwide were affected by a family member's substance use. Andersson et al (2018) reported that 46% of people living with someone who uses substances have untreated mental health difficulties, such as depression and anxiety. Family members also have an increased risk of substance use themselves, due to both genetic and environmental risk factors (MentalHelp.net, nd).

Living with a relative who uses substances and is unpredictable can threaten

family dynamics; it can cause mixed emotions, maladaptive psychosocial adjustment and interpersonal problems (Corrigan, 2016). Issues in families can also precipitate a relapse of substance use (Zeng and Tan, 2021). Family members can also experience increased familial and caring responsibility, financial stress and interpersonal conflict, which can lead to stress and adversity that is comparable with trauma (McGovern et al, 2021). Families may also face huge stigma, which can dominate society's perception of substance use disorder (UK Drug Policy Commission, 2009).

There is a well-established research base about the adverse impact of substance use disorder on families, but research on the mechanisms for this and support offered to families by health professionals is not comprehensive. Existing literature examines the use of various interventions, including self-help materials and mutual-aid groups such as Al-Anon, which aim to increase families' wellbeing (Sell and Magor-Blatch, 2016).

HM Government's (2017) strategy took a broad approach to supporting families; it emphasised that support is necessary for a range of adversities, including substance use, domestic violence and mental health,



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but did not outline specific guidance or targeted support.

Drug-misuse guidelines have recognised the need to support families and carers of those who use drugs: the National Institute for Health and Care Excellence (NICE) (2007) stated that family members should be offered written and verbal information on the impact of substance use, as well as being signposted to relevant self-help materials and support groups. The UK Drug Policy Commission (2009) recommended that support should target families and argued for increased provisions in specialist services, an improved evidence base and enhanced staff training.

The Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) stated that family-based psychosocial interventions may promote effective coping strategies by identifying stressful issues related to a relative's substance use. NICE's (2020) guideline highlighted that unpaid carers require good-quality support to improve their resilience and wellbeing, and emphasised that many affected families are 'hidden', so it is increasingly important for clinicians to identify members of this population and enhance the care they receive by offering targeted support. Fostering resilience in families may help them to adopt positive coping strategies and improve familial functioning overall.

Box 1 lists useful resources for supporting family members of those who use substances.

Literature review

We undertook a literature review to understand how families cope when living with a relative with substance use disorder and make recommendations for delivering family-centered interventions. Using EBSCOhost, we accessed Academic Search Complete, CINAHL Plus with Full Text, the E-Journals Database, MEDLINE Complete, APA PsycArticles and PsycInfo to identify relevant empirical studies. Our inclusion criteria ensured studies were: written in English; qualitative research; published between 2011 and 2021; related to alcohol and drug addiction; and related to adults' experiences of adult relatives' substance use.

This process identified 737 papers. We assessed their eligibility using their title and abstract. Exclusion criteria included non-English language, quantitative papers, papers published before 2011, unpublished literature, non-peer reviewed papers, children's experiences, papers about gambling and other addiction disorders. A total of 16

Box 1. Policies and guidance on substance use and families

- Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) *Drug Misuse and Dependence: UK Guidelines on Clinical Management*.
- HM Government (2017) *2017 Drug Strategy*.
- National Institute for Health and Care Excellence (2007) *Drug Misuse in Over 16s: Psychosocial Interventions*.
- UK Drug Policy Commission (2009) *Supporting the Supporters: Families of Drug Misusers*.

papers were then screened, and we included six qualitative studies in the final literature review (Church et al, 2018; Fotopoulou and Parkes, 2017; Horta et al, 2016; McCann et al, 2019; McCann et al, 2017; Moriarty, 2011).

We used the Critical Appraisal Skills Programme's (nd) tool to appraise these; such tools enable a systematic approach that identifies a paper's strengths and limitations, and ensures its relevance and validity (Bettany-Saltikov and McSherry, 2016). The thematic analysis was then undertaken to:

- Identify common themes in the data;
- Systematically interpret participants' thoughts, feelings and experiences (as recommended by Braun and Clarke, 2021).

We identified four common themes in the data; these are discussed below.

Withdrawal and abandonment

Studies identified withdrawal from relatives who use substances as a method of coping with adversity. This included:

- Avoidance and emotional disengagement;
- Physical relocation and leaving the familial home;
- Asking the relative using substances to leave.

Withdrawal was identified as, emotionally, the hardest coping strategy; it was often without intent to leave the substance user behind but was a last resort, when the ability to cope was exceeded (Horta et al, 2016). Study participants described making their relative who used substances homeless – one said: "Let him die on the street" (McCann et al, 2019) – to protect other family members.

This language demonstrates abandonment of the substance user, ostracisation from the family and withdrawal of emotion. Relatives in a New Zealand study mirrored this emotional withdrawal; for example, when the police asked a father to collect his

son from the police station, he replied, "Nah, leave him there" (Moriarty et al, 2011).

McCann et al (2017) observed participants disengaging from their relative who used substances by either moving out of the familial home or physically distancing themselves when their family member was intoxicated, to avoid confrontation. Similarly, family members in a study by Fotopoulou and Parkes (2017) discussed withdrawing from their relative by leaving the house to distract themselves and be around other people.

Taking action to effect change

This was an overarching theme in all the studies: participants described coping by acting to gain emotional and physical control. Family members discussed means of covert intervention, such as hiding their relative's alcohol, money or car keys, or mixing their alcohol with water (McCann et al, 2019; Church et al, 2018). Alternatively, physical control was used:

"I decided to keep him inside the house for two years, so he couldn't go out for drugs" (Horta et al, 2016).

Family members identified action by organising treatment efforts, such as rehabilitation (McCann et al 2019; Fotopoulou and Parkes, 2017). Others gave advice to their relative to motivate change (Church et al, 2018). Some assumed responsibility for their relative's life by actively seeking employment or education opportunities for them (Fotopoulou and Parkes, 2017).

Participants suggested arguing was common (McCann et al, 2017). Some considered using physical force and had thoughts of killing the relative who used substances to relieve familial suffering in an attempt at self-preservation (Horta et al, 2016).

Sources of support

Participants in McCann et al's (2019) study discussed the importance of social interaction, with one stating:

"The worst thing is being alone – there's no-one there to support you".

Participants also felt that family solidarity could improve their resilience and reported "working as a team" to support each other to maintain the family unit. However, preservation of the family unit at any cost can result in detrimental effects: Church et al (2018) highlighted that some families tolerated extreme abuse to maintain harmony.

McCann et al (2017) listed strategies that families believed would help them cope better, for example increased awareness and access to specialist support services. Participants found existing support to be limited

and suggested that talking to people in a similar situation would have been helpful (Church et al, 2018; McCann et al, 2017; Moriarty et al, 2011). Some families sought support from judicial or law-enforcement agencies when their ability to cope was exceeded (Church et al, 2018; McCann et al, 2017).

Toleration

Church et al (2018) identified accommodating substance-use behaviours as a key coping strategy. This was achieved by extending familial nurturing to manage the consequences of the behaviours of the relative who was using substances, such as by transporting them to hospital after a collapse or taking responsibility for their nutritional intake.

Fotopoulou and Parkes (2017) identified toleration in family members who, knowing of their relative's substance use, actively ignored it. Moriarty et al (2011) described this as a method of coping, as it enabled families to continue with their everyday activities.

McCann et al (2019) observed that participants covered their relative's legal and drug debts, rehabilitation costs and daily living expenses. Similarly, Moriarty et al (2011) identified that families supported their relative by giving them money, but subsequently felt deceived. Church et al (2018) noted that family members adapted to becoming the household's sole financial provider by any means necessary, allowing their relative who used substances to continue their behaviour with limited personal financial consequences, and despite the increased stress on the family.

Some family members reduced their social activities because of their relative's unpredictable behaviours, leading to social isolation and limited support networks (McCann et al, 2019; McCann et al, 2017). This coping mechanism was used to avoid triggers for the relative who used substances, as well as conflict:

"I don't feel comfortable inviting people over [...] because I don't know what he's going to be like" (McCann et al, 2017).

This required family members to maintain constant vigilance in their speech and actions to avoid triggering aggression and violence (McCann et al, 2017).

Other findings

Participants in the studies by Church et al (2018) and Moriarty et al (2011) identified heightened concern about their own addictive or substance-use tendencies. Some also reported self-harming to relieve the suffering or to try to shock their relative into stopping their substance use – this

was often unsuccessful (Church et al, 2018).

Reported coping strategies were overwhelmingly maladaptive, with negative consequences for the family, substance user or both. Few positive strategies were identified to enable families to work through or overcome the adversity they faced. However, one positive influence identified was spirituality and religion: families described putting their situation in the hands of God and asking for strength. This gave them comfort and a sense of control in unpredictable circumstances (Church et al, 2018; Horta et al, 2016). Transferability to local populations may be limited but this indicates that some people may find solace in religion.

Discussion

Overall, our findings, are consistent with existing research: families of people who use substances experience significant adversity, negatively affecting their ability to cope (Orford, 2017). The themes we identified are in line with the coping strategies found in Orford et al's (2013) stress-strain-coping-support model, which includes putting up with, withdrawing and standing up. This non-pathological model suggests social support and other factors may contribute to families' coping efforts.

We identified that many participants discussed control. Skinner and Zimmer-Gembeck (2011) suggested that, in the context of coping, this can highlight a sense of helplessness and sometimes present as coercive control, due to one indirectly seeing adversity as a challenge rather than a threat. This concept is reflected throughout the studies we reviewed, for example through covert intervening, trying to organise treatment efforts, and feelings of helplessness and over-responsibility.

Conclusion

The experiences of families coping with a relative's substance-use disorder are relevant to all fields of nursing practice, where people experiencing this adversity are often overlooked. This review has demonstrated that coping is not a static concept. It is important that health professionals view families non-pathologically as they try to cope with their stressful circumstances. There was limited evidence of positive or adaptive coping mechanisms: the review's findings focused on harms and maladaptive behaviours. Coping strategies identified were short term and survival based, highlighting that further support is needed. **NT**

● The next article in the series will use the results of our review to consider how nurses can support the relatives of substance users

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