



## The experience of family members helping young adult drug abusers achieve developmentally-appropriate levels of intimacy<sup>☆</sup>



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### KEYWORDS

Intimacy;  
Family experience;  
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### Abstract

**Objective:** To explore the experience of family members in helping the young adult drug abusers.

**Method:** The study used a descriptive phenomenology approach and included eleven participants. Data were collected through in-depth interviews and analyzed using the Colaizzi approach.

**Results:** The results revealed four themes: universal young adult developmental tasks, internal and external factors that hinder the development of young adult drug abusers, family members as the main companions of young adult drug abusers, and the elaborate burdens experienced by families of young adult drug abusers.

**Conclusions:** The results of the study highlight the importance of a nurse-led family psycho-education for the families of young adult drug abusers.

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### Introduction

Misuse of narcotics, psychotropic drugs, and other addictive substances—i.e. drug abuse—affects 5.2% of the total

global population. This figure has increased by 21 million since 2010. United Nation's 2016 data mentioned that 247 million people abuse drugs, and 29.5% of these are not mere drug abusers but are dependants on drugs.<sup>1</sup> In Indonesia, according to a 2015 study conducted in 20 provinces by the National Narcotics Agency, the highest prevalence of drug abuse is among young people between 20 and 29 years old who live in the cities. This study included 15,422 respondents, 0.9% of which were drug abusers. It can then be concluded that most drug abusers are young adults.<sup>2</sup>

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Young adults are in a period of adjustment. They face several self-development tasks as they assume new family roles (as husbands and wives, parents, and breadwinners) and social roles (through contributions to groups and society), and they seek to develop their potential by acquiring new attitudes, new goals, or new values in line with their new responsibilities.<sup>3,4</sup>

According to Erikson, young adults are people aged 18–30. In terms of childhood development, the task of young adults is to balance intimacy and isolation.<sup>5</sup> Intimacy refers to relationships, such as those with parents, a spouse, children, and siblings.<sup>3,5,6</sup> Isolation occurs when individuals are unable to adapt and establish good relationships with others.<sup>4,5</sup> In young adulthood, self-adjustment is difficult. It differs from previous life stages because young adults no longer have direct help from parents, teachers, friends, or others with the necessary developmental tasks; young adults are expected to adjust themselves independently.<sup>3</sup>

Drug abuse can affect the development of intimacy skills in young adults. Drug abusers face challenges in forging intimate relationships with those around them. These challenges are one of the consequences of physical changes in their brain and long-term poisoning of the central nervous system (which affects depression). Drug abusers are familiar with unpleasant emotions, such as stress, anxiety, fear, and aggression, and they may experience suicidal thoughts. They are hesitant to build relationships with others and often find it easier to get along with fellow drug abusers.<sup>7,8</sup>

Families can shape a drug abuser's self-concept, behavior, expectations, values, and beliefs. On the one hand, it is entirely possible that an abuser's family is the main cause of drug abuse, but on the other hand, the family can also be the most important factor in addressing the very same problem.<sup>7</sup> The family's role in a drug abuser's recovery is very important. Recovery from drug abuse is not something that can be done just once, and it is difficult to be completely cured. It is very likely that drug abusers will misuse drugs again should their families fail to take proper precautions. Most drug abusers struggle to perform their roles in the family structure because of problems with emotional regulation and building relationships.<sup>9</sup>

The burdens experienced by families of drug abusers often result in a number of problems, including violence, separation, divorce, and economic difficulties.<sup>10</sup> We have not found any research on the experience of families in relation to the developmental tasks of drug abusers, much less those of young adults in particular. However, it is recommended that the family be included in any approach to addressing drug abuse, as it has been proven that families can greatly impact the lives of all family members. Five aspects of developmental tasks led young adults (18–25 years old) to misuse drugs.<sup>11</sup> Young adulthood is also described as the age of identity exploration, emotional instability, self-centered individuals, transition from adolescence to adulthood, and also the age of many possibilities.<sup>10</sup>

## Methods

The present qualitative study used a phenomenological design. The participants in this study were recruited using purposive sampling method, i.e. all a parent (father or

mother) or guardian of a drug abuser undergoing rehabilitation at the National Narcotics Agency/NNA Rehabilitation Centre in Batam, Indonesia. The participants were also the decision-makers regarding the drug abusers' treatments. Furthermore, the participants lived in the same house as the drug abusers and actively participated in the drug abusers' care. The drug abusers were unmarried young adults, 18–30 years old, who were undergoing rehabilitation at the NNA Rehabilitation Centre in Batam.

The study included eleven participants. Data were collected through in-depth interviews that lasted 50–90 min for each participant. The study was conducted from January to June 2017 at the NNA Rehabilitation Centre in Batam. The interviews were conducted in locations that were previously agreed upon by the researchers and participants. The researchers used audio recorders and field notes to support data collection. The data were then analyzed using Colaizzi's seven steps. One additional step was added: the results of the analysis were returned to the participants for confirmation.<sup>12</sup> This study used the main principles of research ethics, including respecting the participants' dignity and welfare and the principle of justice,<sup>13</sup> followed by asking the participants for informed consent. Ethical approval was obtained from the ethics committee of Faculty of Nursing, Universitas Indonesia.

Participant recruitment began with obtaining data on potential participants from the Batam NNA Rehabilitation Information Centre. This data included the residents' names and addresses and the telephone numbers of the residents' guardians. The data was then submitted to each resident's counselor; the counselors contacted the residents and asked if they were willing to participate in the study. The counselors then gave the researchers contact data for the candidates who were willing to participate. Next, the researchers contacted these candidates and explained the study in more detail, describing the objective and process of the study and the benefits to and rights of the participants. Those candidates were then given 24 h to consider. After the potential candidates confirmed their willingness to participate, times and places for the interviews were agreed upon (Table 1).

## Results

### Universal developmental tasks of young adults

There is no difference between young adult drug abusers' achievement of developmental tasks and that of other young adults. The achievement of developmental tasks was defined by family expectations; these tasks included having a partner, having a social life, being able to make their own decisions, having excellent health, and being economically independent. The first expectation expressed by families was that young adults have a partner. This study found no difference between male and female drug abusers in meeting this achievement. However, achievement of different developmental tasks was defined differently based on the ages of the drug abusers. Family members of drug abusers aged 25–30 expressed an expectation that the drug abusers should be in a relationship with their legitimate life partner. Meanwhile, family members of drug abusers aged 18–25 saw having a boyfriend or girlfriend as an

**Table 1** Characteristics of participant.

Participant code	Age (years)	Gender	Religion	Education	Occupation	Relationship with drug abusers	Number of family members who abuse drugs
P1	29	Male	Christian	High School	Private employee	Sibling	1
P2	56	Male	Christian	Junior High	Unemployed	Biological father	1
P3	42	Female	Christian	High School	Homemaker	Biological mother	2
P4	36	Male	Muslim	Elementary School	Entrepreneur	Sibling	1
P5	30	Female	Muslim	Diploma	Nurse	Sibling	1
P6	38	Male	Muslim	Bachelor	Lecturer	Sibling	1
P7	44	Female	Muslim	High School	Homemaker	Biological mother	1
P8	57	Male	Muslim	Junior High	Entrepreneur	Biological father	1
P9	44	Female	Muslim	Elementary School	Homemaker	Biological mother	1
P10	44	Female	Muslim	Junior High	Private employee	Biological mother	1
P11	47	Male	Muslim	Bachelor	Private employee	Biological father	1

achievement. The expectations of participants with family members who were 25-to-30-year-old drug abusers is illustrated by the following statement:

*'...Let me explain: If he is married, he will eventually grow into a sense of responsibility. I mean, he will be held responsible for his wife, right?...' (P5).*

Family members believed that drug abusers had achieved 'having a social life' if the young adults were able to express themselves to people around them and were able to make friends. According to one participant, this was a challenge for young adult family members:

*'...It's like punishing myself. I have yet to successfully make him open up to his brother without going through me...' (P6)*

The families also hoped that young adult drug abusers could make their own decisions. They believed that young adults are capable of making choices based on their own judgment. This is illustrated by the following statement by a participant:

*'...He should be the one who guides his (little) sisters...He is the oldest, and he has two sisters...' (P8)*

The families also expected young adult drug abusers to have excellent health. Most participants expressed hope that they could see their family members recover from drug dependence, regardless of the drug abusers' age-related developmental tasks. One participant said,

*'...I don't expect much from him; what's important is that he is freed from this [drugs]. That's what I wish for, and also that he won't return there again, ever. I never warned him, and he understands this already...' (P11)*

The families also hoped that drug abusers could become economically independent. This expectation was influenced by the family's economic circumstances and social status. Most of the study participants live in industrial cities. In such places, there is a certain background expectation that, after graduating from high school, individuals—and especially men—will support themselves by working. Participants also expressed the expectation that family members involved in

drug abuse would obtain permanent jobs to guarantee their future security. According to one participant,

*'...That's why I told you that it's not like we—as his parents—want him to do this [get a stable job] for our own good. If he has a good job, that's enough. You know, it's for his own future...' (P2).*

### Internal and external factors that hinder the development of young adult drug abusers

Internal factors affecting drug abusers' ability to achieve developmental milestones derived from the drug abusers themselves. For example, many of them were difficult to communicate with. They also tended to close themselves off from others, and some of them were unable to live independently without financial support from their families. One family member said,

*'...So, since he started abusing drugs, he has been closed off. He already felt alienated in the family, and it got to the point that it frustrated the family. It was as if he [the drug abuser] thought everyone saw him as a criminal...' (P6).*

External factors affecting young adults' development included inhibiting factors that originated with the families. For example, family members found it difficult to trust drug abusers. Family communication patterns with drug abusers also affected young adults' development, as did families' parenting models. One participant discussed the family's communication problems:

*'...In the end, whole family became just as passive as this HMS (drug abuser). Yes, the family detested HMS...' (P6).*

### Family members as the main companions of young adult drug abusers

Families make various efforts to help young adult drug abusers. Family members become the abusers' main companions as soon as it is known that the young adult is a drug

abuser, and this continues to be true until abusers have undergone rehabilitation. Families seek to support young drug abusers by creating a comfortable atmosphere, instilling social values and rules, providing financial support, and helping drug abusers regain their health. Families in this study tried to create a sense of comfort by getting closer to the drug abusers (involving drug users in finding solutions, positioning themselves as friends, trying to remain calm and stifling anger when communicating with drug abusers, and providing confidence) and by mediating between the drug abusers and the rest of the family. One example of a family's attempts to create a sense of comfort by restraining anger when communicating with drug abusers is illustrated by a participant's comment:

*'...I responded positively in the moment, ma'am, since I had also received a briefing on dealing with children with addiction. We can't respond with anger, and I can kind of sort out my emotions at that time...I even tried to comfort him, more than I used to...I was trying to reinforce his attitude since he had dared to be honest, and I really appreciated that at the time...'* (P11)

Family members also try to instil social values and expectations in young adult drug abusers. This study found three ways that families attempt to instil social values: by advising, by teaching responsibility, and by helping young adult drug abusers find jobs. For example, the family advise the drug abuser about social expectations regarding how drug users should behave in society. One family member said,

*'...Since we're aware that our children are, in fact, guilty, we scold them, and we advise them not to do it again. That's the goal, after all...'* (P3).

Families also try to help young adult drug abusers with financial support. This is a family effort; resources are allocated according to the needs of the abusers:

*'...And so, I had him do some work again, and I gave him money. Just enough, though, just enough...only so much...'* (P1).

Family members also tried to help young drug abusers regain their health by helping abusers solve health problems and by helping provide for abusers' health care. The extent of these efforts depended on when the family had discovered that a family member was engaged in drug abuse and the family's knowledge of drug problems in general. One participant describes some of these efforts:

*'...and so, I checked the urine and it turned out to be positive. I called everyone and told our aunt, Dad, and our aunt's husband, our uncle. I called them all. And I was told, 'Just send him here, to Dumai; no need to do that in Batam...'* (P5).

### Complex family burdens

Families shoulder various burdens when helping young adult drug abusers achieve developmental tasks. These burdens affect every aspect of family life. This study found that families of young drug abusers face psychological burdens, economic burdens, disturbed physical activity, and health problems. The psychological burden of families is related to

the emotional impact of helping young adult drug abusers. Participants mentioned feelings of disappointment, sadness, anxiety, despair, and failure. All the participants said that they felt disappointed in the drug abusers. This was because the drug abuser had violated the rules of the family and abused the trust given to them, as expressed in the following statement:

*'...Why would you do something like this? Mom trusted you; how did you get like this? Mom let you go out and stay with friends. Why would you abandon my trust, son?...'* (P7).

During the interview, P3 expressed a deeply emotional response. This was because her daughter was not her only family member involved in drug abuse; her husband was as well. She said:

*'...When I looked at her father when he came in, they were both doing it [smoking]. It broke my heart. It crushed— [crying]. Please, God, how long will I have to watch them smoking together like that? I sometimes have no idea what you guys have become; I swear, it would be better if you just killed me outright...'* (P3).

The economic burden of helping drug-abusing family members was expressed not only by participants with no occupation, but also by those who had jobs. In addition to providing for the daily needs of drug abusers, families were burdened with financial problems such as indemnification or debt repayment, drug purchases, and replacing stolen household items. As one participant said,

*'...He did not sell shabu [drugs]; he sold Mom's stuff...uh...Mom's stuff. He was addicted and he wanted to buy his drugs, so he sold Mom's things...'* (P9).

Drug abusers need more attention than other family members, and supporting them interrupts families' daily activities. Families prioritize supporting abusers over other activities, as reflected in the following statement:

*'...I was enrolled in this...in this school...What was it? I enrolled in a master's program with some people from the provincial social service. I joined a project, but the class was too far away. In the end, I dropped out...'* (P6).

The complex burdens shouldered by families of drug abusers—especially the psychological burdens—can lead to health problems. One of the participants, a nurse, was aware of this possibility, yet she still suffered serious health problems, including a miscarriage and disrupted milk production. This demonstrates that the burdens experienced by families of drug abusers are immense and require immediate treatment. According to one participant,

*'...It caused me so much stress that I couldn't sleep... I can't sleep when I think about it. Argh. So, when I was dealing with this problem, I had just had a miscarriage. It was supposed to be our third child, and my second child was...what was it? I wasn't producing any more milk—or only a little—just because I couldn't stop thinking about this problem. The point is, it also affected my child. I still remember: He only gained one kilogram every ten months, only a half kilo or so. It was my second*

*child—this small child of mine. He’s definitely underweight, and he’s also short for his age. But he’s so lively. I can’t match the normal body weight anymore; it feels kind of too far already...’ (P5).*

## Discussion

### Universal developmental tasks of young adults

From the family’s perspective, the developmental tasks of young adult drug abusers are the same as those of any young adult. However, the family’s perceptions of the developmental tasks of young adult drug abusers might affect how achievement of a developmental task is defined. In this study, achievement of a young adult’s developmental task was defined differently by different participants; these definitions were based on each participant’s expectations projected to the ideal nature of their drug-abusing relatives. These definitions can be influenced by the family’s values. Family values are a system of ideas, behaviors and beliefs about the value of a thing or concept that consciously or unconsciously tie family members into an everyday culture or common culture.<sup>14,15</sup>

Hope is the overall ability of an individual to achieve a desired goal along with the motivation to do so.<sup>16</sup> It can be concluded that hope is an individual’s ability to reach a goal by planning the path that leads to the goal. Or, in other words, hope is a goal that aligns with one’s ability. Family expectations that are not in accordance with the abilities of drug abusers can cause additional problems for both families and drug abusers. In this study, family expectations that drug abusers have a partner, have a social life, be able to make decisions, have excellent health, and be economically independent tended to not account for the drug abusers’ conditions. Family expectations should be tailored to the individual’s abilities and accompanied by family support. Drug abusers with strong family support are much less likely to engage in repeated drug abuse—up to 70% less likely.<sup>17</sup>

### Internal and external factors that hinder the development of young adult drug abusers

This study found that internal factors inhibit the development of young adult drug abusers. These factors include being difficult to communicate with and a tendency to be closed off from others. These issues might be the result of brain disorders due to long-term drug abuse. Drug abusers can also incur social consequences, such as mental disorders, anti-social and immoral disorders, and social ostracization.<sup>7,18</sup> Drug abusers may also be difficult to communicate with partly because abusers may not trust those around them. The main factors affecting the formation of intimacy are trust, psychiatric conditions, family support, and friend support.<sup>19</sup>

Communication is one vital external factor that determines the formation of intimacy and enhances the well-being of relationships.<sup>20</sup> Families function healthily when communication is appropriate and all family members are able to convey and receive messages properly.

Another external factor affecting the development of young adult drug abusers is parenting. Parenting affects an

individual’s resilience in overcoming difficult problems.<sup>21</sup> Adolescents with more democratic family care patterns are more protected and less likely to engage in drug abuse than adolescents with other types of parenting.<sup>21</sup> This study also points out that patterns of drug abuse differ (there are various types of abuse, and the duration of abuse varies as well), and so do parenting patterns.

### Family members as the main companions of young adult drug abusers

The efforts undertaken by participants in this study were in line with the functions of the family identified by Friedman. These functions are the affective function (creating a sense of comfort), the socialization function (inculcating social values), the economic function (providing financial support), and the health care function (restoring good health).<sup>15</sup>

In the present study, families’ first efforts to help young adult drug abusers focused on creating a sense of comfort—in other words, on the family’s affective function. Families tried to get closer to drug abusers as well as mediate between drug abusers and other members of large families. The family’s affective function is a very important factor in a family’s ability to accept drug abuse by a family member.<sup>22</sup>

The second focus of families in this study was to instill social values or rules in young drug abusers—a focus on the family’s socialization function. Participants in this study advised young drug abusers about how drug abusers should behave in society, tried to teach the drug abusers to take responsibility for their actions, and tried to help the young drug abusers find jobs, which would help them achieve young adulthood in the eyes of the surrounding community. By performing the family’s socialization function, these families influenced how the drug abusers performed their functions. Only a few other social elements have the same impact on the community as the family.<sup>23</sup>

The third focus of families in this study was providing financial support to young adult drug abusers—an example of the family’s economic function. It is incumbent on parents to provide their children with physical care until they are young adults and ready to begin an independent life. Adapting to changes in their living situations and resources and helping young adults enter society is one of the developmental tasks of a young adult’s family.<sup>14,15</sup>

In this study, the families’ efforts to help drug abusers recover their health varied depending on how long the family had known that the young adult was a drug abuser and on the family’s knowledge about drugs. The use of alternative medicine to treat drug abuse reflected drug user efforts to conform to the culture or beliefs of their communities.<sup>24</sup> Family actions involving other family members could be interpreted as a kind of coping mechanism for the family facing this problem. Family discussions and seeking social support outside the family are two ways that families of drug abusers cope with this problem.<sup>25</sup>

Some families in the present study also tried to help young drug abusers recover by allowing the consumption of drugs. The reasoning for this was that allowing the drug abuser to use drugs would prevent even worse problems, such as criminal acts. A number of causes for drug abuse in



young adults, including involvement in criminal acts, being sensitive and easily irritated, bravery, hyperactivity, uncontrollability, a desire to bond with friends, an invitation from a friend, and meeting the needs of the drug.<sup>26</sup> Families may give an abuser permission to continue using drugs because they don't know what else to do. The family's care patterns and knowledge about drugs affect a young abuser's likelihood of relapse.<sup>27</sup>

At the NNA Rehabilitation Centre in Batam, one tool for encouraging drug abusers to stay away from drugs and reducing the family's burden is the family support group. Supportive therapy has a significant impact on the burdens and anxiety levels of families of drug abusers.<sup>28</sup> Another support offered by this Rehabilitation Centre is access to counselors who actively report to families on the conditions of drug abusers during rehabilitation. A case study examined family counseling (in the form of family support groups) for families of drug abusers in rehabilitation found that the condition and cooperation of the family have a strong impact on the family counseling process. However, the study also found that counselors lacked the appropriate skills to conduct family counseling and that there was a lack of counselors specializing in family issues.<sup>29</sup>

### Complex family burdens

Families of drug abusers experience a variety of difficult burdens that affect every aspect of their lives. Two types of family burdens were identified in this study, based i.e. subjective (psychological) burdens and objective (economic, health, activity-related, and conflict-related) burdens. The psychological burden of families of drug abusers is seen in their feelings of sadness, anxiety, disappointment, and despair; these findings align with those of family burdens.<sup>29</sup>

All participants stated that they were economically burdened by supporting family members who were drug abusers. In addition to their responsibility to provide for the physical needs of drug abusers, families faced additional economic problems such as paying for household losses, paying drug users' debts, paying for drug purchases, and paying for household materials. The burdens of drug abusers' families include strained relationships with spouses, financial dilution, increased health costs, problems at work, and increased emotional stress.<sup>10</sup>

A reduction in other activities was another burden faced by families of young adult drug abusers. The families chose to prioritize assisting the drug abusers over other activities, which were then sacrificed. This was in line with the results of a study which found that sacrifice is one coping strategy of families with a child who abuses drugs.<sup>23</sup>

The heavy psychological burden carried by these families also entailed a health burden. In addition, the families in this study carried other health burdens, including physical weakness, reduced milk production, and even miscarriage. The psychological burdens on a drug user's family might include denial (including attempting to protect the drug user), anger, stress, anxiety, despair, embarrassment, stigma, isolation, health problems, and inappropriate sexual behavior.<sup>30</sup> Another burden that arose in the families of drug abusers was conflict. Inter-family conflicts were frequent, often intense, and sometimes even violent.<sup>31</sup>

These complex burdens are experienced by all families of drug abusers. Drug abuse by a family member is a traumatic event for the entire family. It places a variety of burdens on the family, and this study found that some of these burdens have direct health consequences, such as miscarriage and decreased milk production. Families also play an important role in a drug abuser's recovery. Family members care for the drug abuser at home after the abuser has completed rehabilitation. Effectively addressing the burdens of families of drug abusers is necessary to ensure optimal recovery and to ensure the family's stability. Family psychoeducation could be a solution to this problem. This intervention includes several educational, emotional, social, and skill-related components. The purpose of family psychoeducation is to improve the family's understanding of the course of the disease of drug abuse, to reduce recurrence rates, and to improve clients' and their families' ability to function.<sup>31</sup> Family psychoeducation could improve the cognitive and psychomotor abilities of people caring for family members with mental disorders.<sup>32</sup>

### Conclusion

This study addresses four themes: the universal developmental tasks of young adults, the internal and external factors that inhibit the development of young adult drug abusers, family members as the main companions of young adult drug abusers, and the complex burdens on the families of drug abuser. Based on the results of this study, family mentoring programs should be optimized through the development of family support groups, and families of drug abusers should be provided with family psychoeducation conducted by mental health nurses. These steps would strengthen family counseling, which can help support the fight against young adult drug abuse.

### Conflict of interests

The authors declare no conflict of interest.

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