

# **An Exploration Of Experiences And Coping Mechanisms Of Relatives Living With Drug Abusers: A Case Study Of Mabvuku Area (Harare, Zimbabwe)**

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## **I. Introduction:**

The drug abuse phenomenon has caused havoc in the contemporary society. Research studies have shown that over the years the misuse of drugs has increased and COVID-19 restrictions appear to have led to the entry of new drugs (ZIMFACT, 2021). These abused drugs include crystal meth (*guka*), vaping, shisha, *mutoriro* and *bronco*, among others. The abuse has disrupted the functions of the family unit and community at large (Zimbabwe National Drug Masterplan, 2020). Teenagers and young adults have also been observed to be using drugs in school premises. Drug abuse occurs in all age groups, but there is no doubt that young people form a vulnerable group of this phenomenon (Min. of Health and Child Care, Mental Health Services, 2019). While the majority of the problems surrounding adolescent substance abuse have an impact on family members, little is actually known about their experiences. Studies have concentrated on the involvement, experiences and coping mechanisms of parents with teenage or young adult drug abusers (Waini, 2015) but there is little documentation on relatives living with drug abusers.

## **II. Background:**

The study noted that some young adults are taken care of by their extended family members and that the family members who are in legal custodian of the drug abusers can experience effects on their livelihood as they have the parental responsibility of their treatment and rehabilitation, (Santisteban, 2019). The presence of a drug abusing relative in the family affects its functioning, and may have experiences that lead to high levels of stress, placing all family members at risk of increased medical problems and healthcare utilisation burden, (Mathibela, 2017). Short-term effects on family members include increased stress, and feeling isolated, tired, unsupported, anxious and guilty. Longer-term effects include major changes in physical health and psychological health problems such as raised blood pressure, depression, panic attacks and nervous breakdowns, (Lander, 2013). Furthermore, relatives might have to report the deterioration of family relationships, through an increased negative impact on their social life and finances with a likelihood of domestic violence.

It is estimated that globally 162 to 324 million people between the ages of 15 to 64 use or abuse or have tried them (United Nations Office on Drugs and Crime, 2021). Drug abuse among young adults has raised concerns throughout the world, Zimbabwe and in particular Mabvuku residence of the city of Harare. According to (Howard, 2010), a person who is abusing chemical substances within the family, can compromise family relationship, which often leads to enormously strained family interactions. The effects of drug abuse frequently extend beyond the nuclear family, as it also affects the extended family members and relatives. Barlow (2010) contends that having someone abusing drugs in the family can have a devastating impact on the family's life by arousing complex emotions, fracturing family values and promoting family dysfunction.

In order to understand the background of the study, the researcher has to describe the nature in which relatives are living with drug abusers and the factors that influence the structure of the families. The family structure and its roles can be affected by social, economic, and cultural factors to determine whether they should become nuclear family or an extended family Amoateng (2007).

The nuclear family constitutes of mother and/or father and children as the smallest unit. The extended family constitutes of uncles, aunts, nieces, nephews and grandparents. This is confirmed by (ZIMFACT, 2021), who asserts that in Zimbabwe family life is disrupted by poverty and unemployment; migration to the diaspora, weakened response to such global pandemics as COVID-19, HIV and AIDS. The increase in the number of absent parents is of concern according to (Wekwete, 2022) and only 55% of young adults in Zimbabwe live with both parents and the rest live with relatives. This has caused families to cohabit as relatives to cope around disruptive

factors such as unemployment, lack of access to social services and disruptive social phenomenon's such as drug abuse. The context of the study is within the area of Mabvuku to get an in-depth understanding of the experiences and coping mechanisms of relatives living with drug abuse.

### **III. Problem**

Drug abuse within a family may cause negative effects on the relatives and beyond (Mathibela, 2017). There is little research-based knowledge on the experiences, and coping mechanisms of families, relatives and society in the Mabvuku Area (Harare, Zimbabwe). A critical analysis of responses from the people who are living with drug abusers is important to sharpen responses and can be shared wider. Experiences and coping mechanisms need to be critically analysed in order to come up with effective mitigations.

### **IV. Research Questions**

This research was guided by the following research questions:

- What are the experiences of relatives living with drug abusers?
- What are the challenges of relatives living with drug abusers?
- What are the coping mechanisms being adopted by relatives living with drug abusers?

### **V. Rationale:**

The interest in conducting the research study emanated from the researcher's past experience of attending a meeting with Zimbabwean Inter-Ministerial Committee on Substance, Alcohol and Drug abuse whilst on industrial attachment at the Parliament of Zimbabwe. The Inter-Ministerial committee was established to curb adverse effects of drug abuse in the community, (Min. of Health and Child Care, Mental Health Services , 2019). This meeting focused on Inter-Ministerial Committee's progress on the situation of drug, alcohol, and substance abuse in Zimbabwe.

The Inter-Ministerial Committee's progress was based on five pillars of operation to meet their main objective, which is to address the social ills exacerbated by drug and substance abuse. The five pillars included supply, demand and harm reduction, and treatment and rehabilitation and also community reintegration ( Zimbabwe National Drug Masterplan, 2020). Supply reduction pillar looks at coordinated efforts to arrest end users and seize drugs whilst the demand reduction pillar looks at conducting sensitization and awareness campaigns around schools and communities through radio, television talk shows, and road shows on drug abuse. Harm reduction pillar is in charge of establishing national pilot reduction centres and provincial drop-in centres at already existing health care facilities and youth friendly corners (Min. of Health and Child Care, Mental Health Services , 2019). Treatment and rehabilitation pillar makes effort on providing technical support visits to rehabilitation centres and patients. The meeting had a lot of interventions to reduce drug abuse in communities but still had little information on what are the experiences and coping mechanisms of the relatives living with drug abusers. The interventions mentioned did not provide support visits to the relatives living with drug abusers. The research study contends that relatives are critical to a drug abusers' support system.

The adverse effects of drug abuse in Zimbabwe were reached high levels in schools, as reflected by the 2023 Dominican Covenant High School Nyanga Trip. Community reintegration is very important as it expresses the experiences and coping mechanisms of relatives living with drug abusers. Community reintegration shows that parenting groups which offer counselling services on positive parenting to a drug abuser is a coping mechanism (Zimbabwe National Drug Masterplan, 2020). Therefore, this study is going to expose its significance by exploring the community reintegration pillar.

There is also an illustration that some relatives experienced cases where their family members were being sold gamma cakes and muffins by nearby vendors, laced with drugs (cannabis). The relatives of the drug abuser in Mabvuku would divulge their feelings of helplessness, that their lives revolve around their family member and how to best support them through their addiction (ZIMFACT, 2021). Another concern from these parents was that they felt that they cannot live their lives to the fullest. Because of this, they struggle to cope at work and with their other responsibilities. Relatives would also be concerned that most of the support is given to people abusing drugs and little is being done to care for the wellbeing of the relatives of drug abusers (Hoeck, 2012). The purpose to conduct the study stems from the researcher observing relatives who are trying their best to support their family member to remain sober, but appear to be struggling in assisting and coping with the behaviour of their family member who is dependent on drugs.

Furthermore, there is very little research on understanding the experiences, and coping mechanisms of relatives living with drug abusers particularly in Mabvuku area. Thus, this study can anticipate a positive contribution in terms of documenting and understanding the experiences, and coping mechanisms of relatives living with drug abusers. The qualitative research findings on the experiences, and coping mechanisms of relatives living with drug abusers in Mabvuku can be used as a basis for future suggestions in community development practice to assist parents who are experiencing similar problems.

## VI. Theoretical Framework of the Study

Hoffmann JP, Bahr SJ (2015) outlined theories on drug use, abuse and addiction among communities as: Social Learning; Strain; Social Control; Cognitive Transformation; Social Development Model; Life Course; Community-Level Interactions; Rational Choice, Cognitive Behavioural and Biosocial. Other theories were given as: Self-esteem/self-derogation; Moral development, Conflict, Labelling and including various combinations.

The researcher selected the ecological systems theory. Ecological systems theory looks at how people adjust to the demands brought by the environment, needs and growth of the people and the community at large, while in a helping relationship, (Bronfenbrenner, 1994). According to (Kelly, 2019), states that ecological systems theory focuses on the relatives and on understanding the relative holistically as well as how the individuals are influenced by the environment, including people they interact with. The ecological systems theory focuses on the concept stating that individuals cannot be understood sufficiently without considering the various aspects of that individual's environment, meaning their social, political, family, spiritual, economic and physical aspects, (Bronfenbrenner, 1994). The ecological systems theory in this study explains how relatives interact live with their family member who is abusing drugs, the families and the community influence each other, (Zastrow, 2016). The relatives' experiences and coping mechanisms in relation to living with drug abusers.

Ecological system theory ((Payne, 2014) is expressed through levels of environment with which the person or individuals interact with, namely: Micro-level focuses on the individual. In case of the study the researcher focused on relatives' experiences and coping mechanisms of living with drug abusers. Meso-level focuses on the relationships in the family work, school and other institutes. The experiences and coping mechanisms of relatives living with drug abusers. Macro-level refers to the community and other functions that could also include health, religion etc. The interaction of the relatives with the community and how they function holistically.

According to the theory it emphasizes on looking at the effects experienced by relatives who live with a family member who abuses drugs. Hence, the purpose of this theoretical framework to the community and the field of research is illustrating the need for a holistic approach in terms of a lot of support needed and responsive information for relatives living with drug abusers.



**Figure 1: Ecological systems theory – adopted from Maxwell (2013)**

The ecological systems theory as explained by Payne (2014:208) adds that the focus is not only on the individual but also on the families, significant others and the community around. Accordingly, the theory emphasizes on looking not only at the behaviour of the individual or in this case, the behaviour of the family member who is abusing drugs but also at the significant others especially relatives who get affected by the abuse of drugs by the family member. The ecological systems theory emphasizes the fact that the individual is at the focal point of influence. It pays attention to different levels which are connected in significant ways hence they

are relevant for the purpose of this study. Relatives living with drug abusers need a lot of support and that can be from the community and everyone around them.

## **VII. Definition of Key Terms:**

*Coping mechanisms* - any conscious and non-conscious strategies to adapt and to help manage tension and anxiety in a stressful experience.

*Drug abuse* - is the excessive, maladaptive or addictive use of illegal or prescription or over the counter chemical substances.

*Drug abuser* - an individual who uses illegal or uses prescription or over the counter drugs for non-medical purpose despite social, psychological and physical problems.

*Experiences* - an event or occurrence which leaves an impression on someone as a basis of practical knowledge.

*Relatives* - a member of someone's family, a person connected by blood or marriage.

## **VIII. Review of Related Literature:**

### **Concept of drug abuse:**

The concept of drug abuse is known as the harmful use of chemical substances. Drug abuse is also known as substance abuse, which, is the use of a chemical and illicit substances in amounts or by methods that are harmful to the individual or others. The continuous use of drugs becomes a form of substance-related disorder. They are differing definitions of drug abuse are used in public health, medical, and criminal justice contexts. In most cases, drug abuse is defined as misuse of illicit substances which lead to criminal or anti-social behavior, long-term personality changes and even possible physical, social, and psychological harm. The researcher noticed a gap in the universal definition of drug abuse. In this review, drug abuse is a linear process whereby an individual starts with an experiment of the chemical substance or even alcohol and then turns into a drug addiction. Drug addiction is a complex disease characterized by compulsive and uncontrollable desire to seek and consume the drug. In time, drug-related terminology has undergone many changes. Arising from the deepening of the mechanisms of this action it turns into a drug abuse problem. The researcher highlights that the drug abuse is also the risky use and dependence of synthetic chemical substances such as crystal meth (*guka*) and cocaine, prescription drugs such as cough syrup (bronclear) without a prescription and even substances such as glue.

According to UN estimates, there are "more than 50 million regular users of synthetic substances such as morphine diacetate (heroin), cocaine. Recent estimates state that approximately 155 to 250 million people, or 3.5% to 5.7% of the world's population aged 15-64, used other psychoactive substances, such as cannabis, amphetamines, cocaine, opioids, and non-prescribed psychoactive prescription medication. In this analyses, the initiation of drug abuse is also most likely common in young adults to an older age. At this point drug abuse has no age because the causes and influences have affected people even from the age of 30 going forward. Drug abuse occurs in all age groups, but there is no doubt that young people form a vulnerable group of this phenomenon.

The drug abuse phenomenon has become a world-wide problem. Among these, the sharpest increase occurred among deaths related to fentanyl and synthetic opioids (28,466 deaths). In 2010, about 5% of people (230 million) used an illicit substance. Of these, 27 million have high-risk drug use—otherwise known as recurrent drug use—causing harm to their health, causing psychological problems, and or causing social problems that put them at risk of those dangers. In 2015, substance use disorders resulted in 307,400 deaths, up from 165,000 deaths in 1990. Of these, the highest numbers are from alcohol use disorders at 137,500, opioid use disorders at 122,100 deaths, amphetamine use disorders at 12,200 deaths, and cocaine use disorders at 11,100. There are countless effects of drug abuse on the family.

Strained relationships, financial difficulties, and increased risk of abuse are only the start. Since each family has a different dynamic, not all families feel the same effects to the same extent, (Lander, 2013). Regardless, it's impossible to deny that drug abuse affects the entire family. Drug abuse strains relationships, no matter which family member has the problem.

It does not matter if it is a parent, child, spouse, or sibling, (Mathibela, 2017). Every family member struggles alongside the drug abuser to an extent. Living with someone with drug abuse is a daily challenge for each person in the home.

Studies looking at the relative weight of these influences show that contribute to the impact of drug abuse (Haber et al., 2010). The influences to the impact of drug abuse will vary depending on the role and gender of the drug abuser in the family.

The attitudes and beliefs that relatives have about drug abuse are also of importance as these will influence the drug abuser as they try to get sober and will influence the efficacy of treatment interventions, (Baldwin, 2012). Education with the family about drug abuse, their development, progression, and treatment will be needed. When family members have appropriate education and treatment for themselves, they can play a significant role in the abusers' recognition of the problem and acceptance of treatment.

The evidence-based family treatment Community Reinforcement and Family Training (CRAFT) has demonstrated its effectiveness in increasing the rate at which abusers enter treatment programs, (Roozen, 2010). When one person in a family begins to change his or her behaviour, the change will affect the entire family system. It is helpful to think of the family system as a mobile: when one part in a hanging mobile move, this affects all parts of the mobile but in different ways, and each part adjusts to maintain a balance in the system, (Baldwin, 2012). One consequence of this accommodation can be that various family members may inadvertently sabotage treatment with their own behaviours as they respond to the change in the individual using drugs. For example, if an adult son tries to get sober and his retired father feels as if he has lost his “drinking buddy,” he might express to his son that he can have “just a couple beers at the game.” This will put pressure on the son to continue his use so as not to disappoint his father, (Brown, 1986). These behaviours can be seen as an attempt to maintain the comfortable equilibrium of the system because as one person changes it upsets the equilibrium of the whole family system including extended family relationships.

Drug abuse is a global problem that poses a great danger to the lives of individuals, society, political stability and security in many countries, (United Nations, 1998). The use of illicit drugs has increased throughout the world and major world trend is the increasing availability of many kinds of drugs among ever widening spectrum of consumers. The World Health Organisation has recognized that most health problems during adulthood are the consequences of health -compromising behavior's during youth. There are many case studies that illustrate the history, effects and trends of drug abuse. It has been stated that Africa has a huge target market for illicit drug industry. In Ethiopia it is reported that 82% of the street children in Addis Ababa use some kind of drug (United Nation, 2013). Besides, the threat of increasing consumption of illicit drugs amongst the young people, South Africa is becoming a major transshipment point in the international drug trade as well as major producer of marijuana/daga (Lamb, 1998).

In Zimbabwe, since 2018 the legalization of cannabis production for medical purposes might result in the abuse of cannabis amongst the youths but even then, there are new forms of drugs such as *mutoriro* (Cooper, 2009). High prevalence figures of cannabis among youth in most parts of the world suggest an acceptance of the place of cannabis in lives and experiences of a significant number of young people.

However, young people are less capable to evaluate the dangers and to judge the likely consequences of their behavior, the coping mechanisms or problem-solving resources of the individual is likely to be more vulnerable to drug abuse. (Gilberto Gerra, 2013), the chief of drug and preventive health branch at the United Nations office of drugs and crime pointed out advocacy for an immediate strong interventions to reverse the trend such as individual therapy and school drug tests also community meetings to find people centered interventions for the drug abusers.

From the literature review, most of the information gathered is about the individuals abusing drugs and on how they are being supported. Little has been documented about the experiences, and coping mechanisms of relatives living with drug abusers. Support structures for parents are needed, and an opportunity needs to be created to bring together parents and community organizations who are dealing with drug abuse.

### **What are the lived experiences?**

Family members have different experiences and are affected by drug abuse in the family unit in different ways. Some family members step back from the family unit to avoid engaging with the drug abuser, as they do not want to get involved in the chaos that comes with drug abuse. Some take on the opposite role and try to influence or control the drug abuser into stopping or getting help (Santisteban, 2019). Others ride the middle line and try their best to blend in. The exact outcomes depend on things like which relative struggles with drug abuse. The effects include financial hardship, increased risk of abuse, more drug abuse in the family, broken families, just to mention a few.

Attachment Theory expresses that, observation and studies of relatives living with a drug abuser reveal patterns that significantly influence a likelihood that a child will struggle with emotional, behavioural, or drug abuse (ZIMFACT, 2021). The negative impacts of living with a drug abuser include disruption of attachment, social life, finances, and characterized by an environment of secrecy, conflict, violence, abuse and fear. Attachment theory provides a way of understanding the development and quality of relationships between family members (Bowlby, 1988). The way in which the primary caretaker responds to these cues will establish the quality of the attachment. If the relative experiences that the drug abuser as unresponsive or inconsistently responsive, an insecure attachment may form that can result in a variety of problems including anxiety, depression, and failure to thrive (Hoek, 2012). This means that the drug abuser may miss the opportunities to foster healthy attachment by preoccupied with getting high or spending significant amounts of the time recovering from the effects of drugs. Consequently, the intricate attachment system is then built on drug altered eye contact, tone, volume and rhythm of voice, and soothing touch, which distort the ability to read the needs of the relative (Bowlby, 1988). Healthy attachment is a psychological immune system to fight against psychological problems, likewise, the relational attachment system provides protection. Without a healthy attachment system, a relative is much more vulnerable

to stress and therefore more susceptible to having problems with trauma, anxiety, depression, and other mental illness.

### **Relatives experiencing a sense of failure**

From past research done, most relatives have expressed out and confirmed that they felt that they had failed to guide their family member in making the right choices in their lives. Relatives can feel that they had failed their family member and themselves, believing that family problems and financial hardships may have caused their family member to be addicted to drugs. Drug abuse does not only affect the person who is abusing it, but also the lives of their family members, which can become strained as the parents begin to feel angry, anxious and even guilty about the situation (McKeganey, 2014:57). Family members experience feelings of guilt about failing their family member and they felt that they were responsible for their family members' behaviour. Some of the relatives felt that they were not there for their family member when they needed them. According to Barlow (2010:131), some relatives blame themselves when their family member abuses drugs, believing that they failed in their role to guide their family member as their guardian or support system; some feel ashamed, angry and guilty about their family member abusing drugs.

Self-blame and a sense of failure is often experienced strongly by relatives due to the feeling of guilty and angry at themselves for focusing more on work and other related issues than on spending more time with their family member. They thought this neglect might be the reason that has lead the family member to abuse drugs. According to Usher, (2007:425), the relatives who live in the same household with drug abusers are mostly isolated groups. Some relatives blame themselves for the behaviour of their family members, believing that if they were more involved in the lives of their family member, things could have turned out differently. In addition, Dreyer (2012:21) posits that some of the relatives justify their family members' behaviour because they feel that they neglected them, which is why their family member is exhibiting odd behaviour and some relatives will cover up their family members' delinquent behaviour to ensure that their family member does not have to take any responsibility. Relatives are also emotionally drained as they feel that they are obliged to rescue their family member in one way or another as they continue to blame themselves that they should have been better relatives to their family unit.

### **Experienced feelings of helplessness**

There are expressions that relatives feel helpless about their family member as they had done everything in their power to get them help to stop abusing drugs but to no avail. Some of these drug abusers have been to treatment centres more than once but they keep on relapsing, leaving the parents feeling helpless with no other options. Alluding to that relatives feel helpless as the behaviour of their family member also affects the functioning of the family system, Masombuka (2013:89). The negative impact includes relatives failing to control the family member, leaving them feeling helplessness against the drug abuse and the life of the relatives are being centred on the drug abuser, (Choate 2015:462). Furthermore, relatives had lost faith as they felt they had tried to get help for the drug abuser but their efforts had been unsuccessful (Goldston 2008:3). Some of the relatives shared that they had sent their family member for treatment but the family member eventually relapsed afterwards and this resulted in relatives feeling helpless.

Relatives experience frustrations and disappointments about the treatment that did not change the life and behaviour of the drug abuser. The challenge of the drug abuser participating in the treatment program and going back to abusing drugs mostly leads relatives to feel discouraged about the whole intervention process. Adding on Choate (2015:472) points out that at times, the intervention programs are ineffective, leaving relatives needing more resources that will enable them to deal with their family member and bring in changes in their lives. Families are frustrated with the trauma caused by their drug abuser, as most people who abuse drugs struggle to stop the habit and addiction even when it can cost them their lives (Prinsloo, 2009).

Research states that relatives share their point of frustration on how the treatment has failed them after all the support they gave their family member. Drug abuse is treatable; however, the reality is that the relapse rate is very high and most of the drug abusers struggle to stop the habit for a period of more than one year (Fernandes, 2016:155). Effective treatment is stated to range from 8 to 18 months, However, most of the treatment centres worldwide accommodate drug abusers for 3 to 6 weeks (Van der Westhuizen 2010:7). This was confirmed by the frustrations the parents had of their drug abusers going back to abusing drugs despite being in a treatment center as an in- and outpatient.

### **Experienced feeling of shock, sadness and shame**

The stigma around the phenomenon of drug abuse and dependence leaves the relatives ashamed and embarrassed about the lifestyle of their drug abuser (Choate 2015:466). Some relatives explain the difficulties of maintaining their respect in the community because they felt ashamed and sad about their drug abusers' behaviour. Relatives express sadness and disappointment as they had high hopes for their family member; they wanted to

see them having a brighter future. Relatives may feel that they have invested a lot in the lives of their family member and it may be shocking to see them throwing away their future.

Adding on Hoeck, (2012:9) articulate the sadness and disappointment families have to go through due to their drug abusers' habits and the problem of also trying to find help for them. Relatives express sadness about the fact that their drug abuser had no control over their own lives and had dedicated their lives to abusing drugs. Adding to this Oxford et al. (2010:4) state that the family feel disappointed that the relationship to which they had devoted their lives as well as the dreams and hopes they had for their family member had been shattered.

### **Relatives experiencing continuous cycle of drug abuse**

The relatives can experience more drug abuse in the family because there is the chance that another relative will also turn to drugs to cope with the emotional chaos in the family. Children who grow up with a family member that abuses drugs are more likely to turn to drugs. They can follow the example set for them, (Author, 2013). Siblings might use drugs to escape the chaos in their home. Often, drug abuse "runs" in families. The chances of having more than one person in a family with a problem are high. This creates another pattern of drug abuse, and the cycle starts all over again.

Clinicians have speculated that "attachment disorders" may occur at elevated rates among relatives affected by drugs, in part due to abuse and neglect (when these have happened), and in part because of drug-related deficits in cognitive and social-emotional functioning that led to less resilience, (Bowlby, 1988). The negative consequences of having one or both parents with a drug abuse problem range from covert damage that is mild and may play out when a child or adolescent is having difficulty establishing trusting relationships with people, to being overly emotionally responsible in relationships and taking on adult roles much younger than developmentally appropriate, (Author, 2013). An even more severe impact can begin in utero with maternal drug abuse that causes damage to the growing foetus resulting in birth defects, fatal drug syndrome, and fatal drug effects. These difficulties may cause disabilities that require early intervention and often ongoing and social and mental health services, (Mathibela, 2017). Community Developers can help by encouraging their clients who abuse substances to use precautions to prevent pregnancy and providing education about the risks of maternal drug use on the developing foetus.

The relatives remain the primary source of attachment, nurturing, and socialization for humans in our current society. Therefore, the impact of drug use disorders on the relatives and individual family members merits attention, (Author, 2013). Each relative is uniquely affected by the individual using drugs including having unmet developmental needs, impaired attachment, economic hardship, legal problems, emotional distress, and sometimes violence being perpetrated against him or her, (Lander, 2013). Hence, treating the individual without relative's involvement may limit the effectiveness of treatment by ignoring the devastating impact of drug abuse on the family system as they are left untreated about the impact. Family systems theory focuses on how the parts of the family system interact with one another. In the family systems theory, the family is essentially its own system. Key concepts are feedback, homeostasis and boundaries, (Author, 2013). Individuals who present in our clinical settings can be seen as "symptomatic," and their pathology can be viewed as an attempt adapt to their family system so as to maintain homeostasis. Homeostasis refers to the idea that it is the tendency of a system to seek stability and equilibrium, (Brown, 1986).

The idea of homeostasis is key to understanding the effect of drug abuse in the family in that each family member or relative tends to function in such a way that keeps the whole system in balance even if it is not healthy for specific individuals. For example, an aunt may cover up her nephew's drug abuse by cleaning up after him if he is sick, getting him into bed after he passes out, and minimizing his drinking to her mother, (Christensen, 1986). Her efforts allow his drug abuse to continue with limited consequence and keep the family system at relative equilibrium by reducing fighting between the aunt and uncle. Although that adaptation may keep the family system in a state of equilibrium, it also serves to maintain the problem. Feedback refers to the circular way in which parts of a system communicate with each other, (Brown, 1986). In a family system, an uncle may identify that he abuses pain pills because his wife ignores him and is depressed. In turn the wife may avoid her husband because of always being morose and high on pain pills. Each person's behaviour becomes reinforcing feedback for the other. Boundaries define internal and external limits of a system and are established to conserve energy by creating a protective barrier around a system. In a family they regulate interpersonal contact, (Author, 2013). In a family with a relative who has a drug abuse problem, boundaries do not function well as a cohesive unit as the family itself are rigid to maintain the family secret of drug abuse.

As children transition into adulthood they are still strongly affected by their parents as their parents are by them. One of the factors that can perpetuate drug abuse is the enabling that family members frequently engage in, (Brown, 1986). Enabling is a form of accommodation that protects the individual with the drug abuse from fully experiencing the consequences of his or her drug use. An example of enabling is when the parents of a 25-year-old man repeatedly bail him out of jail and pay for lawyer and court fees generated as a result of drug-related arrests. The parents are attempting to help their son and maintain homeostasis in the system by preventing him

from going to jail, however the secondary effect is that the son experiences no consequence to his use, (Author, 2013). As a result, his drug abuse is more likely to continue. Grandparents do not always agree on how to “help” an adult child with a drug abuse problem. Social workers can encourage parents of adult children to seek their own help in Al-Anon and Nar Anon, (Hoeck, 2012). These are 12-Step programs for family members that will help them disengage with love, so that they stop enabling and begin to care for themselves, (Mathibela, 2017). Often parents blame themselves for their children's drug use and feel responsible for fixing the problem. In Al-Anon and Nar-Anon they receive support from other family members and learn they did not cause the drug abuse problem, nor can they control it or cure it.

#### **Challenges of relatives living with drug abusers:**

Relatives who are sole guardians of drug abuser have a unique set of difficulties. They're constantly plagued by worry about their safety and wellbeing. They may feel responsible for their drug abuser's path and wonder where they went wrong. Being a guardian and feeling powerless watching your relative suffer is painful. Some guardians take on an overbearing and enabling role. This creates an inappropriately dependent relationship as the drug abuser grows up. Many try supporting their children financially, hoping they will turn their life around.

#### **Dealing with health challenges such as stress and anxiety**

Relatives who have substance use problems will likely have their own affect deregulation that may have preceded or resulted from their drug use. Consequently, development of healthy affect regulation will be difficult for children and adolescents to achieve, (Baldwin, 2012). This can result in children and adolescents having an increased risk for internalizing problems such as depression, anxiety, substance abuse, and so on or externalizing problems such as opposition, conduct problems (stealing, lying, and truancy), anger outbursts, aggressively, impulsivity, and again substance abuse, (Hitchens, 2011). Children may present to a community developer in direct practice at community mental health centre or a school setting. Providing family therapy, parent training and education, play therapy, social skills training, and coping skills training either in individual or group therapy in an outpatient, school or in-home therapy setting are ways that community developers can be helpful.

#### **Dealing with financial challenges due to compensating the community for stolen goods and endured medical costs**

There are financial hardships for relatives that live with a drug abuser because supporting their drug abuse recovery is not cheap. Relatives tend to take on financial responsibility to live with the drug abuser while trying to get “back on their feet.” They may pay for lawyers or post bail if legal troubles start and try to balance how to help a drug abuser without enabling them, (Nhunzi, 2019). On the other side, the drug abuser can funnel all their money and steal relative's possessions for money toward getting the drugs they need, (Hitchens, 2011). They may have a hard time keeping a job cause of drug abuse and they ask for money, food, shelter, and other forms of support. Some might ask for help paying for a treatment facility or other program.

#### **Dealing with community reactions**

The prevalence of drug abuse in the general population being at least 10%, and higher for those presenting with mental health problems. All relatives, and especially those with known or suspected to be living with a drug abuser, should be reassured of confidentiality. Due to the shame and stigma associated with having a drug abuser, this is of utmost importance to obtain accurate information, (ZIMFACT, 2021). Relatives need to educate themselves about the clinical and community resources in their area available for the treatment of drug abuse and refer to these resources when indicated. This includes outpatient substance abuse programs, intensive outpatient programs, National Pilot Harm Reduction Centres and Provincial Drop-In Centres as well as self-help meetings, (Min. of Health and Child Care, Mental Health Services , 2019). Many relatives know this and may withhold information about their drug abuse out of fear of being reported to the authorities.

The challenge of drug abuse among family members is linked to various dangerous practices including crime and violence (Taylor 2011:698). The community is mostly fed-up due to the drug abusers' behaviour of stealing from them and can start to resent the relatives. Relatives may understand the fact that communities are tired of the teenagers stealing from them but may feel that it is not fair that they got blamed and victimized for the behaviour of their family member.

Relatives have a challenge of being perceived as irresponsible by the community because their family member is abusing drugs (Usher et al.,2007:427). However, the relatives do need the community to treat them with respect and help them with situation not judge them. Relatives tend to struggle to keep up with the way the community members can treat them and tend to feel unwanted or isolated in their own community.

According to Hoeck (2012:1) drug abuse in the family also affects the social life of family members and the way they relate to others. The relatives can feel as if they are the victims in this whole dilemma and they are



caught in between supporting their abusing family member and dealing with the rejection from the community, through name-calling and gossip.

### **Dealing with conflict within the family**

There is also an increased risk of abuse because the drug abuser can become unpredictable and difficult to deal with as the drug abuse progresses. The drug abuser may become erratic, frustrated, and angry, lashing out at the relatives closest to them, (Howard, 2010). Drugs affect an individual's inhibitions meaning that the drug abuser is more likely to act out while under the influence. One of the most profound ways drug abuse affects the entire family is the higher risk of abuse, (Kelly, 2019). Whether it's emotional, physical, or sexual abuse, the risk increases. There is a higher likelihood that family members may experience violence at the hands of a drug abuser.

A relative with a drug abuse problem is 3 times more likely to physically or sexually abuse their child. The squeal of this is that these children are more than 50% more likely to be arrested as juveniles, and 40% more likely to commit a violent crime, ( Zimbabwe National Drug Masterplan, 2020). Children who have experienced abuse are more likely to have the externalizing disorders such as anger, aggression, conduct, and behavioural problems whereas children who experience neglect are more likely to have internalizing disorders (depression, anxiety, social withdrawal, poor peer relations), (Waini, 2015). Incest has a very high association with parental substance abuse as do all types of sexual abuse. Although active drug abuse can impair attachment and healthy modelling for affect regulation, sometimes the consequences of severe and ongoing drug abuse on the part of a relative can result in parent and child separation, (Mathibela, 2017). This separation could be because of parental incarceration, long-term treatment or an intervention on the part of child protective services that removes the child from an unsafe or high-risk home environment and places him or her in an out-of-home placement such as foster care, relative placement, or a group or residential home.

The effects of drug abuse can tear families apart. A person who struggles with drug abuse usually pushes their relatives to their limits. This leads to severed ties and broken families. Some people can only take so much before they decide to cut their loved one from their life, so long as they're in active use of drugs, (Mathibela, 2017). Some use drugs to the point that their spouse or the state declare them incapable of caring for their children. Children who lose a parent or parents to drugs are left with feelings of abandonment and betrayal that may cause them to write their parents off for months, years, or even decades. Children living with a single parent who abuses drugs don't have anyone to turn to. It's similar for children living in a two-parent household with both parents struggling, (Lander, 2013). When only one parent has a problem, there's another parent to step in. They still feel the effects of drug abuse but still have some support. Children who live with a drug abuser may grow up in an unpredictable environment filled with secrecy and role reversal. They receive inconsistent physical and emotional support. Children in these environments experience affected social development, self-confidence, and health.

### **Dealing with family and friend that distance themselves**

Siblings of drug abusers are sometimes referred to as the "invisible victims." These siblings feel various emotions like confusion, frustration, shame, resentment, and more. Guardians tend to be consumed by the sibling with the drug abuse problem, (Santisteban, 2019). Their ongoing and increasing issues draw attention away from the other children. They often end up taking the side-lines. Some siblings take the path of refusing to follow the path their brother or sister took. They see the effects of drug abuse on their family and refuse to add to the problem, (Waini, 2015). Others also turn to drugs, following in their sibling's footsteps. They use substances either as a way to escape the pain or to draw some of their guardians' attention back to them.

### **Coping mechanisms being adopted by relatives living with drug abusers:**

As drug abuse affects relatives in every area of their development, there are opportunities to intervene and change the trajectory of these potential problems at many junctions. When assessing any relative living with drug abuser is it essential to inquire about drug abuse history in the family, in the individual, and current use, (Mathibela, 2017). Motivational interviewing strategies can be employed to build rapport, increase motivation for change, and decrease resistance, (Miller, 2010). In addition, a variety of objective measures can be presented as part of Drug Abuse Screening Test [DAST; Skinner, 1982]. Assessment is for the relatives as well such as siblings, and even grandparents, (Author, 2013). One way to approach this is with a genogram, (McGoldrick, 1985). Genograms can reveal drug abuse patterns in a visual way and help to obtain family details of drug use without directly asking about the problem thereby decreasing defensiveness. Once a drug abuse problem has been identified, educating the relative and drug abuser about what it means to have a drug abuse problem, the treatments available, and the stages of recovery can be useful, (Author, 2013). Relatives can be encouraged to share the impact of the drug abuse on themselves and on their family system. Encouraging relatives to share their feelings related to their experiences in the family is important as it helps them to break the silence so often associated with living with a drug abuser, and it can also increase their awareness about cognitive and behavioural patterns that contribute to the drug abuse.

**Community Interventions**

To coordinate with school systems to help relatives access school-based services, afterschool care, and tutoring. Help relatives with advocating in the school system for their family member if psych educational/neo-psychological testing is needed or the development of an Individualized Education Plan, (Wekwete, 2022). Facilitate referrals to provide treatment referrals for family, members (children, spouses, adult parents) where appropriate. Treatment referrals include Family therapy, Play therapy, social skills training, Parent training, and Psychiatric services. Inform about AA, NA for the patient with a drug abuse problem and Al-Anon, Nar-Anon, Alateen for family members. Provide location and times of meetings in their area.

**Family Interventions**

Family therapy can be a useful intervention where the therapist can assist and support the son in setting limits with the father saying he does not want to drink at all and suggesting alternative non-drinking-related activities, (Author, 2013). Individual therapy can be used with the son to affirm his decision to remain sober and reinforce the importance of his establishing his own identity as a non-drinking person. Relatives who grow up in a family where there is drug abuse are at significantly higher risk to develop a drug addiction due to genetic and environmental factors, (Miller, 2010). It is essential to assess for active drug abuse in the extended family, as this has significant implications in treatment and the drug abuser is at risk for a relapse.

Family counselling is a great choice for multiple relatives trying to find help. Bringing multiple members together allows clinicians to watch family dynamics play out in a safe and supportive environment, (Bronfenbrenner, 1994). Family counselling is useful whether the addict is interested in participating or not. The relatives can heal without the involvement of the drug abuser. Focusing on the relative's healing instead of directing attention outward is a way to take back your power, (Mathibela, 2017). It allows you and your family to recognize that you still have control over many areas of your lives.

**Family Support Groups**

Al-Anon Family Groups are an alternative to Alcoholics Anonymous that focuses on the struggles unique to the loved ones of alcoholics and drug abusers. Al-Anon teaches the relative to find contentment and happiness independent of the drug abuser, (Hoeck, 2012). Even after years of feeling controlled by their behaviour, Al-Anon frees the relative from the drug abusers hold over them. The relative will learn to find freedom and joy amidst the chaos, even if the drug abuse remains within the family.

Oxford *et al* (2010:4) developed the ‘Stress strain coping support-model’ to gain a more detailed understanding of the experiences of family members living with someone misusing alcohol or other drugs. This model suggests that living with a substance abuser is stressful, the stress leads to strain, family members try to cope or respond to their situation and they experience differing levels and quality of social support. The benefits of joining support groups include improved self-esteem and self-confidence, empowerment, mutual support, reassurance about the commonality of their experiences, practical information and the sharing of coping strategies. Adverse effects of joining peer support groups may be an increase in anxiety (if people hear about problems worse than their own) and a lack of anonymity, while individual counselling can provide a more focused response and advice. This small-scale qualitative study, based on in-depth interviews, was carried out to obtain detailed data on the experiences of family members of substance-abusing young people, and the way support groups meet their needs in terms of social support and the provision of information.

**IX. Mabvuku Study Findings:**

The qualitative study covered 25 respondents, 13 Female and 12 Male and key findings are tabulated below:

Experiences with drug abusers	Coping
<ul style="list-style-type: none"> <li>• Disrespect for elders within the family and in Mabvuku (Harare)</li> <li>• Uncontrollable behaviour</li> <li>• Fighting with family members</li> <li>• Association with known drug abusers, causing anxiety</li> <li>• Disappearing for days, at unknown locations</li> <li>• Impaired vision, poor judgement and aggressiveness common</li> <li>• Claims of robbery or loss of money; not bringing groceries as expected (worsening financial position of the family)</li> <li>• Loss of trust</li> <li>• Theft in neighbourhood leading to sour relations</li> <li>• Stollen items include: household utensils, home electrical appliances, mobile phone handsets and clothes</li> <li>• Loss of self-esteem; embarrassment; sadness, shock and shame</li> </ul>	<ul style="list-style-type: none"> <li>• Church counselling</li> <li>• Police campaigns</li> <li>• Police counselling</li> <li>• Extended family support</li> <li>• Contents of keynote speeches discouraging the practices</li> <li>• Threats of imprisonment</li> <li>• Professional counselling</li> </ul>

**Source:** Researcher Survey, 2022/23

The Mabvuku study findings were consistent with reviewed literature and theoretical expectations. Coping strategies should follow earlier reviewed literature, including: strengthened community-based networks against drug abuse; timely therapy; findings jobs to mitigate idleness and enhanced campaigns by law enforcement agents. The suppliers need to be nipped in the bud and those with chronic addiction being managed by expert rehabilitators. Churches and community-based clubs should campaign against drugs and share positive coping mechanisms. NGOs should play similar mitigation measures within Mabvuku and surrounding areas such as Tafara, Westview and Ruwa.

#### **X. Conclusion:**

The conceptualization of drug abuse has shown that relatives do express their experiences, challenges when a loved one struggles with drug abuse. The experiences include financial hardship, increased risk of abuse, more drug abuse in the family, and broken families. Some qualitative approaches have tried to get timely responsive information to help the relatives with what they need. The approaches that were successful, were based on in-depth interviews from individual therapy, family counselling and Al-Anon family groups, though the experiences (Hoeck, 2012). Some of the approaches press the coping mechanisms of the relatives living with drug abusers. Therapy is the first line of defines for someone trying to find help as the relative of a drug abuser. It's simple to seek out therapy if no one else in the family wants to look for help, (Baldwin, 2012). The research gap is now based on lack of information about experiences and coping mechanisms for relatives living with drug abusers in the area of Mabvuku. It is also a useful avenue to explore the effects of your relative's addiction. Therapy helps the individual and the family identify which roles to take on to overcome those harmful ways of operating around the drug abuse situation in the family, but there is need for more coping mechanisms for relatives living with drug abusers.