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Adolescents and substance abuse: the effects of substance abuse on parents and siblings

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ABSTRACT

This study aimed to describe the adverse effects that adolescent substance abuse has on the levels of care giving and well-being of families. The researchers used a qualitative case study design which focused on an issue of concern (such as adolescent substance abuse) and thus selected one case to elucidate the issue, i.e., a single case study. The case would be the family members of substance abusing adolescents in Mitchells Plain, a township in Cape Town, as an exemplar for the study. Purposive sampling was used to select 12 participants, seven parents (mothers) and five siblings. Individual semi-structured interviews were utilized for data collection through the use of interview schedules. The data were analysed in the form of qualitative thematic analysis where four themes emerged, which focused on the various effects (for example, financial, physical, emotional, and distrust) on family well-being resulting from living with a substance-abusing adolescent.

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Introduction

Prior to the first democratic elections in South Africa (SA), substance abuse primarily involved drugs such as alcohol, cannabis and methaqualone. With SA's transition to democracy and the subsequent opening of its borders, there had been an influx of substances and a growing burden of harm associated with illicit substance abuse (Herman et al., 2009). Post-apartheid SA has been combating numerous environmental stressors, including the transition from apartheid to a democratic dispensation, poverty, high crime, violence and the HIV pandemic. These stressors have contributed to the upsurge in substance use (Brook et al., 2006).

Alcohol use by young people is an increasing concern worldwide (World Health Organization (WHO), 2015a). Alcohol use is initiated at a worrying age; 14% of adolescent girls and 18% of boys between the ages of 13–15 years in low- and middle-income countries (WHO, 2015a). Consequently, 5% of deaths of young people below 30 years are attributed to alcohol abuse (World Health Organization (WHO), 2016). In Central and Eastern Europe, it was reported that 25% of under 20-year-olds use drugs (World Health Organization (WHO), 2015b), high usage across Western Europe, Australasia and North America (Romo-Avilés et al., 2016), as well as lifetime cannabis use in these countries (Degenhardt et al., 2016). The age-of-onset was similar across countries (16–19 years) except South Africa where it was 20 years.

In SA, the prevalence of substance abuse is twice the global average, and the Western Cape (WC) is particularly disturbing with the highest prevalence of alcohol and drug use (Kadalié & Thomas, 2013). Morojele and Ramsoomar (2016) confirm SA's worrying drinking habits. SA is one of the world's main alcohol users, with a large number of people who misuse alcohol and drugs (Visser &

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Routledge, 2007), historically founded on the widely used tot system (paying labourers with alcohol) (Williams, 2016).

The Medical Research Council (MRC) (Mudavanhu, 2013) indicated that there were about 200,000 methamphetamine users in Cape Town with 70% of those less than 20 years of age, and where the majority of users were teenagers between the ages of 13–17 years old. Ramson and Chetty (2016) confirmed that Cape Town (the Cape Flats) had the most methamphetamine consumption anywhere else in the world. Concerning adolescents were over-represented in seeking treatment for methamphetamine abuse (Ramson & Chetty, 2016). Adolescent substance abuse in SA is one of the most significant health and social problems.

According to Hoeck and Van Hal (2012), substance abuse places an excessive burden on the parents of the substance abusers. Alcohol and drug addiction have been found to have significant effects on family well-

being; however, very little research has focused on the effects on the family when an addict is an adolescent (Swartbooi, 2013). Most research studies focused on parents as factor in the subsequent substance abuse of adolescents, but not eliciting the concomitant experiences of their parents and siblings (Swartbooi, 2013).

Few studies in SA were conducted on the effects of substance abuse on family well-being when the substance user is an adolescent. One particular study, conducted on the infamous Cape Flats focused on the experiences of the adolescent's substance abuse (Swartbooi, 2013). Likewise, the current study also focuses on area (Mitchell's Plain) on the Cape Flats because of its significant levels of substance abuse. The Cape Flats is regarded as a high-risk area with high crime rates and associated gang-related activities (Dolley, 2018; Dziejanski, 2020; Pinnock, 2016). The qualitative study by Asante and Lentoor (2017) focused on the use of crystal methamphetamine by widely used by Coloured¹ youth, and where the participants were also mothers of users.

The effects of the adolescent's substance abuse on parents and other siblings are a complex and important research topic that is minimally researched. Therefore, the aim of the study was to understand the effects of adolescent substance abuse on care giving and family well-being within a specific area in Cape Town as a starting off point. The research objective was to explore and describe the perceptions and experiences of parents and siblings regarding the effects of adolescent substance abuse on family relationships and well-being.

The effects of substance abuse on family well-being

Substance abuse during adolescence

The use of substances by youth is described primarily as intermittent or intensive (binge) drinking and characterized by experimentation and expediency (Degenhardt et al., 2016; Morojele & Ramsoomar, 2016; Romo-Avilés et al., 2016). Intermittent or intensive substance use is linked to the adolescent's need for activities that resonate with being 'cool or fun' and unrestrained self-indulgence; for a happy mood and peer sanction as key motivations (Romo-Avilés et al., 2016).

Substance abuse often develops in the transitional phase of adolescence, a time when puberty and physical growth are occurring and when a young person seeks independence (Morojele & Ramsoomar, 2016). Adolescence is a momentous period in that the human body undergoes significant physical growth and psychological changes; not only bodily changes but also in the brain (Morojele & Ramsoomar, 2016). Winters et al. (2011) contend that adolescents are at greater risk of substance addiction, due to the physiological and psychological effects of drugs on the developing adolescents' brain. Adolescent's substance use ranges from early stage experimental use, to compulsive and problematic drug abuse; which in turn is compounded by various social problems, such as troubled relationships, family difficulties, and challenging peer relationships.

Oldfield et al. (2016) confirm that an adolescent tends to start looking towards their peers for guidance as opposed to their family and become less subjected to parental control. Adolescence is also the time for experimentation with risky behaviours (Feldstein & Miller, 2006; Morojele &

Ramsomar, 2016). According to Trucco (2020), substance use during adolescence can continue into adult years, increasing the likelihood of dependency on the drug. In particular, youth use methamphetamine through gang membership for income generation especially in struggling communities (Hobkirk et al., 2016). Consequently, there is a substantial connection between the drug trade, drug abuse, organized crime networks, and gang membership in Cape Town (Goga, 2014; Ramson & Chetty, 2016).

Implications and effects on parents and family

Zimic and Jackic (2012) aver that the impact that substance abuse has on the family and on the individual family members merit attention. Lander et al. (2013) maintains that family members are affected by the individual's substance abuse; however, each individual is affected differently together with, but not limited to, having unmet developmental needs, impaired attachment, economic hardship, legal problems, emotional distress and sometimes violence being perpetrated. The manner in which a family copes or manages the addiction issue has a profound effect on the way others experience the problem, as well as the course and severity of the problem.

The family remains the primary source of attachment, nurturing and socialization for individuals in society. According to Templeton et al. (2007), as the course of substance abuse progress, the emotional responses of family members are worsened in families where substance abuse is prevalent. Families tend to experience considerable stress-related difficulties including insomnia, anxiety and depression. Orford et al. (2010) further contend that isolation and suicidal ideation, betrayal and resentment from family members are present. Substance abuse is regarded as an illness of the entire family, not just the substance abuser but the other family members as well. Thus, substance abuse is viewed as a 'family disease' which affects most if not all family members (Klostermann & O'Farrell, 2013). In a substance-affected family, functional family roles are often missing or distorted (Gruber & Taylor, 2006). According to Vernig (2011), members of the family do not only experience the effects of substance abuse but also play an active role in supporting this pattern of behaviour.

In 2007 South Africans were transfixed by the unfolding true story of Ellen Pakkies, who strangled her 20 year-old son who was addicted to methamphetamine (Pieterse, 2019; Walker, 2018). She related how she and her husband had been abused by their son, how he constantly stole their possessions and used violence or threats against them – all to extort money to buy drugs. Although the event might seem astonishing that a mother might kill her son, but Walker (2018) contends two underlying factors: the difficulty of living with a substance abuser; and that any person can be pushed beyond their limits. For Pieterse (2019), the Ellen Pakkies story illuminates the utter vulnerability of family in the midst of substance abuse and the lack of protection and support from community and social services.

It is a complex challenge for any parent to acknowledge or deal with their child's substance abuse. Barnard's (2005) study revealed that families were shocked by the knowledge that one or more of their children abused substances; one parent describing their experiences as 'being in hell'. Barnard's (2005) findings underscored the Pakkies family experiences. In a study conducted by Jackson et al. (2007), findings confirmed that an adolescent's substance abuse had a significant effect on family functioning, touched every member of the immediate family, and highlighted every aspect of family life. Parents found it demanding, overwhelming and very stressful. A significant theme that emerged from the qualitative study by Mathibela and Skhosana (2021) is that the parents wished that their adolescent substance abuser would die.

Theoretical framework: Bowen's family theory

Murray Bowen (1913–1990) was an American psychiatrist who conceived the family systems theory which he developed throughout his many years of professional practice with families Thompson et al., 2019). According to Swartbooi (2013), Bowen's family theory proposes that one cannot be fully understood in isolation from one's surroundings; and thus family forms a system which consists of

independent individuals who can only be understood in relation to their broader system. Adelson (2010) asserts that Bowen's family theory relates to the adjustments and accommodations, which families put in place in order to keep a sense of normality in the face of substance abuse. Furthermore, this theory also highlights the importance of functional roles and emotional relationships between families. According to Swartbooi (2013), 'each family member fulfils a specific role such as "father or brother". In addition to the mentioned roles, each member within this system also takes on additional roles as a peacekeeper or the emotional one' (p. 29). Bowen's theory has been useful in this study, as it assisted in understanding the family as an emotional unit. The theory has demonstrated how families have a profound effect on their family member's thoughts, feelings and actions.

Research methodology

Research approach

The researchers selected the qualitative approach due to the focus on participants' experiences. According to Willig (2009), qualitative research is mainly concerned with meaning and with how people make sense of their world and how they experience events. This approach allowed the researchers to obtain information in a more detailed and comprehensive way which inevitably led to a greater understanding of the topic.

Research design

Case study design involves an exploration of a bounded system which is used to study a situation within a specific context and a period of time (Babbie, 2016; Creswell, 2013; Denscombe, 2014). The researcher used the single instrumental case study (Creswell, 2013; Fouché & Schurink, 2011) because the researchers focused on an issue of concern (such as adolescent substance abuse), and thus selected one case to elucidate the issue. The case was the family members (parents and siblings) of adolescents abusing substances in Mitchell's Plain, as the specified bounded context.

Research context

Mitchell's Plain is a densely populated area of Cape Town, which falls within a desolated area known as the Cape Flats. Mitchell's Plain was established in the 1970s, during the notorious apartheid era as a township racially designated under the Group Areas Act 1950 for the Coloured community (Bowers du Toit, 2014; Petrus, 2013). The area has evolved into a community battling with crime, gangsterism, unemployment, overcrowding, substance abuse and poverty. The researchers identified Mitchell's Plain as the area is beset with high levels of crime and substance abuse – a rich source of data for the researchers to use to explore and describe the effects of drug misuse on the community. This community is a low socio-economic community; it is situated among many other poorly resourced socio-economic communities. These communities are plagued by major social issues such as poverty, unemployment and gangsterism (Florence & Koch, 2011).

Population and sampling

With regards to this study, the population was the parents and siblings of adolescent substance abusers in the Mitchell's Plain area. Purposive sampling was used to select participants if they had the specific qualities and experiences needed for the study (Denscombe, 2014). The sample choice would consist of families who have an adolescent using substance. By the 12th interview data saturation had been attained, reaching the sample of seven parents and five siblings. It's not

surprisingly that all participants were females (the dominance of gender in seeking help) who identified as being Coloured (the geographic and socio-political connotations attached to the area).

Data collection and analysis

The researchers' obtained approval from the selected university's research committees to conduct the study. This study used in-depth interviews for data collection to explore the views, experiences, beliefs and/or motivations of individuals on specific matters (Silverman, 2000). A semi-structured interview schedule was used as a guide. The data were analysed using qualitative thematic analysis according to the eight steps of Renata Tesch (Marshall & Rossman, 2006; Schurink et al., 2011).

Trustworthiness of the study

For credibility, the researchers used member checking to ensure that participants' realities had been represented appropriately; transferability was tested by comparing the findings with the literature review as well as other studies conducted on the same topic; dependability was done by undertaking an inquiry audit in which accurate and detailed records were kept of the research methods and strategies in data collection and analysis; and for confirmability, a research journal and memoing was used to address matters pertaining to researcher reflexivity.

Discussion of main themes and sub-themes

The four themes focus on the adverse effects of substance abuse in the home. The themes provide an understanding of what parents and siblings endured having an adolescent substance abuser in the home.

Theme 1: financial effects of substance abuse

Substance abuse places a huge financial strain on the family system. The financial costs of substance abuse have had a significant effect on family functioning and well-being, as can be seen in the change in family earnings. This is as a consequence of financing the substance abusing relative's habit as the substance abuser very often is unemployed, the deliberate or unintended destruction of household possessions, the selling of household items to purchase alcohol and other drugs, legal costs, healthcare costs and rehabilitation costs (Benishek et al., 2011).

Sub-theme 1.1: financial effects on parents

This sub-theme will exemplify the financial effects of substance abuse on parents living with a substance abuser.

No, some people know she's not working now she lend by them money until my mommy is coming, until my mommy is coming so now they know she's not working but they still give her the money. and I mean it's not a R20 [\$1.35] or R30 [\$2.00], every time its R50 [\$3.35] cause why she tell them my mommy is not here and there's no electricity in the house there's no bread and the children want to eat now and stuff she must buy electricity, bread and something to eat. [Participant 3]

There would have been money for everything and for the children school, you know sometimes I feel heartsore to think that the children must go without bread to school because there isn't money, if she was there working for her children things would have been better. [Participant 5]

The narratives display the anguish as a result of the substance abuse of the family member and the immense influence substance abuse has on the family well-being. The Cape Town study by Asante and Lentoor (2017) also found that the drain of substance abuse on the family's financial situation was immense. The narrative of Participant 3 is that of a parent who has endured her daughter's actions on creating debt and taking no responsibility thereof. The participant has thus

adopted the role of the rescuer, to which Gerlock (2012) asserts that by rescuing the substance abuser, the rescuer protects the substance abuser from suffering the consequences of their actions. In the instance of this particular narrative, one of the original rescuing behaviours is that of paying off the individual's debts (Gerlock, 2012).

The narrative of Participant 5 is a reflection of how substance abuse not only affects the mother of the abuser; it reflects how the abuse affects the children of the abuser. It is clear from this study that the mothers of the substance abuser attempt to fill the void which the children of the abuser may be feeling. A common trait which has been noticed in this study and in the field of social work is that grandmothers, especially the maternal grandmothers, would care unconditionally for their grandchildren with the little monetary assistance they received from the South African government.

According to Sandau-Beckler et al. (2002), there has been a significant increase in second generation parents, as children of substance abusers are more likely to be abused and neglected than children of parents who do not abuse substances. As a result, they are removed from their biological parents care and placed in the care of their grandparents or other family members. Grandparents now inhabit the full-time parenting role of their grandchildren (Cox, 2000; Fitzpatrick, 2004; Richards, 2001), through legal means (foster care, adoption) or non-legal means (familial care). Worldwide grandparenting is an increasing phenomenon (Buchanan & Rotkirch, 2018; Fauziningtyas et al., 2018; Kropf & Kelley, 2017), calling them unseen custodians (Kropf & Kelley, 2017).

Sub-theme 1.2: financial effects on siblings

The sub-theme will reflect the narratives of siblings who experienced the financial effects of having a substance abusing sibling. The following narratives will demonstrate their overall experiences:

Financially, we had to take responsibility of her child. So financially it is a bit hard and especially when it's not your child and your husband is the type of person who never had to deal with drug addicts. So financially it was hard on us and it put strain on my relationship with my husband. Like for example, when she went to grade R she never went to school the first day because she never had anything. My mom never told me she was enrolled in the school, but she was actually now staying by my mom. [Participant 8]

At the end of the day then we must suffer financially at home because now my mommy's sugar is gone it's supposed to keep for a month. [Participant 9]

I stopped giving because I would still sometimes buy toiletries or give money or whatever, but I had to stop that because I don't want to be an enabler but it's so hard to do, when you in it. It's one thing telling people you should stop doing that, but when it happens to you and your family, it's difficult. [Participant 11]

The narratives above are of siblings who experienced the financial effects of having a substance abusing sibling. Participant 8 has given a detailed description of how her sister's substance abuse has affected the financial well-being of her own child, and how the family were compelled to ensure that the child of the substance abusing sibling was being cared for (to the detriment of her marriage). This meant that the substance abusing sibling had no responsibility to her child as the family was ensuring that the basic needs of the child was being met.

The narrative of Participant 11 reflects what Bowen referred to as 'sibling position'. Bowen (as cited in Rasheed et al., 2011) theorized that the 'younger sibling does best when others look out for him or her, and it's not natural for the younger sibling to assume leadership or accept responsibility' (p. 184). In the case of Participant 11, she was slightly older than her substance abusing brother, in consequence she took care of him which later felt as if she was enabling his substance abusing behaviour.

According to Drugscope & Adfam (2009), family members are often a voluntary and unconsidered resource in providing health and social care to their substance abusing relatives. Family members carry a significant burden concerning the expenditures associated with the substance abuse of a family member. Understanding what is known concerning substance abuse and the effect on the family, it can be thought that the costs of substance abuse on families are extensive and significant (Copello et al., 2009).

Theme 2: physical effects of substance abuse

Substance abuse in the family frequently causes problems where family members experience high levels of stress which significantly comprises their health and subjective well-being (Butler & Bauld, 2005; Jackson et al., 2007). The following sub-themes will demonstrate what the participants have experienced:

Sub-theme 2.1: physical effects on the parents

The majority of the participants have endured some sort of physical effect of having a substance abuser within the family. There was diversity in terms of each participant's view on the particular effect. It has provided the researcher with a broad spectrum of experiences. The following narratives will demonstrate this point:

And then she worked so on my nerves and then she shouted and she swore and then when I get cross I just want to take her and hit her. And then, then I have to control myself, because I'm asthmatic like I told you and then I sommer [without warning] get an attack. [Participant 1]

I was so stressed out because every time I go to the doctor he tells me you not sick man, you stress too much. [Participant 2]

I'm an asthmatic and I was totally drained. [Participant 6]

Participant 2's experiences indicate that her physical well-being is a manifestation of her mental well-being. Parents in the Barnard (2005) study described developing health problems as a direct result of living with their substance abusing child. A study conducted by Orford et al. (2013) also achieved similar finding which explain that the experiences of stress and strain are unpredictable for the family members who are affected by the substance abuser. Orford et al. (2013) elaborate further that stress is felt as a result of the relative's substance abuse and shows in cognitive, emotional, physical, relational and economic strain. Local and international research confirms that mothers are forced to handle a myriad of challenges regarding their adolescent's poor behaviour (Orford et al., 2010), which negatively affected their health. Furthermore, parents particularly reported developing health problems as a direct result of living with their substance abusing child; resulting from the exhaustion of their demands, constant arguments, and worrying about the health and well-being of their child (Barnard, 2005). Parents worried about the unpredictability of their child's behaviour, due to the influence of substance abuse. This meant not really knowing where they were, if they were coming back home, the kind of trouble he or she may be in and whether the knock on the door would bring the police or drug dealers in search of payment (Barnard, 2005).

Sub-theme 2.2: physical effects on siblings

The sub-theme elucidates the physical effects of a sibling's substance abuse on the well-being of the non-using siblings.

So physically for me it's just draining and tiring to always be there and trying to be there for everyone else, yes it's just a draining thing. [Participant 11]

Physically she's drained us, we've got to a point now that we really don't want her part of our lives anymore, we've got to that point. [Participant 8]

Participant 8 and 11 both described their siblings' substance abuse as physically draining. The siblings appear to be exhausted, and ostracizing the substance abuser was easiest or most effective means of managing the substance abusing behaviour. The participants appear as almost helpless and to some extent resentful, as though they have given up the possibility of the substance abuser rehabilitating and leaving the sibling to deal with the day to day of family life. The presence of substance abuse has been linked to physical, psychological and social problems experienced by family members (Gruber & Taylor, 2006). Similarly, Ronel and Haimoff-Ayali (2010) found family members presented with symptoms of anxiety by depression, psychosomatic complaints and

various emotional and behavioural disturbances. Research suggests having a family member with a substance abuse problem has negative effects on both physical and mental health (Orford et al., 2010).

Theme 3: emotional effects of substance abuse

Participants described having a substance abusing family member as distressing and creating feelings of defeat; which were emotionally draining and stressful. Two sub-themes show the emotional effects.

Sub-theme 3.1: emotional effects on parents

This sub-theme provides insight into the emotional effects of substance abuse on parents. The parents (mothers) of substance users found it difficult to express themselves when having to think of the emotional roller coaster which they have been through. The parents describe a sense of loss, underlying anger and disappointment.

Yes, I would cry a lot at times because I can't talk with them. If I talk to them the other one would say yes it's you that's making the trouble and then they say yes it's you and then he say you not my sister and then I would walk out by the door. I walk and I walk and sommer go stand there by the grave yard then I stand there. [Participant 2]

It's a sore deep down in your heart and in your soul only God knows that sore. If he understands that sore, if he is the healer, only he can heal that sore it's not an easy road for a mother to go through but when you have God you can say if it wasn't for Him you wouldn't make it. He comforts you, He heals you and that's why you can make. But deep down in my soul, deep down in my heart I'm very sore. [Participant 5]

I'm not the same person that I use to be, I was a jolly person. I used to go out, I like to dress up when I go out with my friends, my colleagues that I used to work with; but since I found out that my daughter was on drugs I totally changed. [Participant 6]

Participant 2's feelings of being alone and unsupported links with the finding of Orford et al. (2010) who found that parents tended to experience emotional isolation which had a negative effect on the functioning of the family system. Participant 6 also described the dramatic change in her social habits and connections to others. Orford et al. (2010) argued that these behaviours may cause further damage and unhappiness in the family. The study by Asante and Lentoor (2017) also found emotional distress, self-blame and fear by their participants. These feelings were previous revealed by the study of Groenewald (2016) who also found signs of depression. The experiences of participant 2 concur with Bowen's theory relating to the emotional distance which is temporarily caused by the participant in order for her to manage the tension within her family (Rasheed et al., 2011).

The narrative of Participant 5 displays the emotional pain which has become so unbearable that placing one's faith in religion and religious beliefs is the only way to manage the emotional effects of having a substance abusing child. The finding of participant 5 supports previous studies relating to the use of religion as a means of coping during a difficult time (Kendler et al., 1997; Pardini et al., 2000).

Sub-theme 3.2: emotional effects on the siblings

This sub-theme depicts the emotional state that siblings often found themselves in. Each narrative provides an account of the siblings' experience.

Emotionally, it really broke our family because it came to a point where in the beginning my mother was in denial with her addiction and when my father got sober now he could see what she was doing. But my mother couldn't fathom the fact that her daughter was a drug addict she would always say no she's going to come right now, it's just a phase she's going through but it wasn't and it really tore our family apart. [Participant 8]

I asked my mommy if their burial was squared up [paid] because anything can happen to them then we can be in a financial crisis we already struggle to keep head above water to help my mommy look after them and their kids so where we going to get money to bury them we might as well put together and square the burials. Then my mother questioned why her children turned out the way they did, then I said to my mommy, mommy . . . we know what is going to happen at the bitter end at the end they not going to bury you, you going to bury them. [Participant 9]

The narratives describe how participants' siblings' substance abuse affected the emotional state of the family. Participant 8 asserted that they were in total disbelief as they have spent most of their lives suffering from their father's addiction; when her father became sober, her sister started the cycle of substance abuse. A study conducted by Coviello et al. (2004) confirmed that people who have a family history of substance abuse are prone to repeat the cycle. The above could be further explained by Bowen's theory of multigenerational transmission process, where the addiction has spread to the next generation.

Participant 9 highlighted the trauma of having a substance abusing sibling, as her mother would remind or request the family to pay the burial of the substance abusing sibling as they prepared themselves for the worst, thus living in a perpetual state of anxiety. The above narrative concurs with a study conducted by Choate (2011) where the fear of death was a common concern amongst families who experience substance abuse. Brabandt and Martof (as cited in Craig, 2010) explain that 'when unresolved or exaggerated, this sense of loss can manifest as anxiety, behavior, substance abuse, eating disorders, depression, and relational difficulties' (p. 137). The study by Swinton (2020) also focused on the experiences of having a sibling who had a substance abuse problem, revealing the heightened worry and fear that they lived with. Dudley (2019) also reported that having a substance-abusing sibling compromised the parents ability to fulfill the needs of other siblings in the household.

Theme 4: distrust

Most of the participants experienced a lack of trust towards their substance abusing family member. Participants revealed that they barred their substance abusing family member from their house as things would gradually go missing without the participants realizing that their belongings had disappeared. This was an on-going occurrence and represented a key concern as result of the persistent stealing of belongings and money from the family home. The following sub-themes give insight to the extent of the problem and the stress it caused siblings and parents.

Sub-theme 4.1: loss of trust by parents

This sub-theme describes the narratives of parents who have lost trust in their substance abusing child. The following narratives capture the experiences of the participants:

She steals the stuff, my house stuff, like maybe groceries and pack it in her bag and if I look for that groceries, then she sells it somewhere else. I'm missing my stuff like the clothing with the tag I just bought the stuff and I mean it's for a special occasion. [Participant 3]

Everything disappears; my jewelry disappeared, even shoes disappeared. She doesn't steal her own things she steals things that belong to other people. [Participant 6]

The above narratives are experiences of mothers who have endured their substance abusing child's stealing. Their experiences were remarkably similar. The narratives provide a detailed explanation of how belongings would go missing out of their houses and they wouldn't know until they wanted to use the item. As a result, the lack of trust grew between the parent and the substance abuser is affected, which is vital in the parent-child relationship (Shek, 2010).

A qualitative study conducted by Jackson et al. (2007) revealed the changes in the attitude of parents towards their substance abusing child and the manner in which it altered the trust in the relationship. Usher et al. (2007) also reported that families were unhappy about their substance

abusing family member's stealing and harmful behaviours which resulted in feelings of mistrust and duplicity. Shek (2010) also argued that there was insufficient attention paid to the perceived mistrust between parents and adolescent children as it is an important component in attachment and the relational quality for current and future outcomes. Current literature still do not focus attentively on trust/mistrust as a consequence of adolescent substance-abusing behaviour.

Sub-theme 4.2: loss of trust by siblings

This sub-theme provides the narrative of siblings who have experienced a loss of trust due to their sibling's substance abusing behaviours.

When she comes here to my house, I cannot trust her as she has stolen from me before. I have been betrayed by her before so I am aware of the feeling if someone takes something from me which doesn't belong to them. When she visits I would follow her all around the house to ensure that nothing goes missing. [Participant 8]

He stole my daughter's new clothes, he stole all my silver jewellery, he steals, he performs with me [harasses] every day for money and I still give him the money and he still steal my stuff. [Participant 12]

The participants reiterated that the substance abusing sibling couldn't be trusted within the house and the family always had to be on their guard. By things going missing within the house, extra expenses are needed to be forked out to compensate for the things that went missing. The above findings support the studies by Garney (2002) and Webber (2003) that pointed to a breakdown of trust between siblings and their substance abusing sibling. Few studies have focused on trust as an issue between siblings.

Conclusions and recommendations

The themes have provided a detailed account of how substance abuse affects the well-being and functioning of the family. It also demonstrates how family's change and how they relate to the substance abuse. The role to be played by non-substance abusing family members is also strongly established in the findings. It is evident that substance abuse is a family's priority and it also automatically becomes a family's disease. The effects of substance abuse are devastating for all involved. The themes have revealed that even if it is only one person abusing the substances, the entire family is affected.

The themes also afford an understanding that family members, especially mothers and siblings, are forced to pick up the slack for the substance abuser. This article also reflected the devastating effect on the family's financial position, physical health and psychological well-being, as they are constantly worrying about the abuser and their next step. Good insight was gained in terms of the roles which family members adopted, especially siblings as they felt they needed to save their sibling from destroying their lives. A dominant role which often surfaced was the role of the enabler, and the ways in which family members adjusted their behaviours and reactions to the substance abuser. An important aspect revealed was the support rendered to families, and that often family members were overlooked as emphasis and attention is more on the healing of the substance abuser. Thus, support services should be rendered and family members should be encouraged to seek assistance for themselves, and guidance in terms of how to cope with the challenging issue of substance abuse.

Helping professions like social work have a distinct role to play in providing much needed support and therapeutic services to parents and siblings focused on the myriad aspects in the relationship that have become distorted as a result of the substance abuse of the adolescent as daughter/son and sister/brother. Involving the community in intervention is a vital component if society hopes to address the scourge of addiction. Strengthening policy advocacy and political lobbyist roles in community organizing and policy intervention is imperative. Specific political portfolios is an example of harnessing political power and funding especially for areas and regions like the Cape Flats which is particularly burdened. Funding and sufficient treatment centres are always in short supply but it is vital that appropriate forward planning is done and enacted.

Substance abuse and addiction is not an isolated, minimum impact issue, but affects and attacks as many as it can and thus collaboration amongst all the role players and stakeholders should be key to address its many concerning facets.

Note

1. In SA, Coloured means people of mixed race and ethnic heritage (Petrus, 2013).

Conflict of interest statement

On behalf of the authors, as corresponding author I declare that there is no conflict of interest to declare.

Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy and ethical restrictions.

Disclosure statement

No potential conflict of interest was reported by the authors.

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Ethics approval

This study has been approved by the University of the Western Cape Research Ethics Committee (reference HS16/2/11) and the Western Cape Government: Research, Population and Knowledge Management (reference 12/1/2/4).

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