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ORIGINAL ARTICLE

EVERYDAY FAMILY LIFE AFTER DISCOVERING A CHEMICALLY DEPENDENT CHILD

O COTIDIANO FAMILIAR APÓS A DESCOBERTA DO FILHO DEPENDENTE QUÍMICO

COTIDIANO FAMILIAR DESPUÉS DEL DESCUBRIMIENTO DE HIJO DEPENDIENTE DE SUSTANCIA

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ABSTRACT

Objective: to identify family experiences in face of adolescent chemical dependency. ***Method:*** qualitative, exploratory, and descriptive study. Data were generated by means of semi-structured interviews, conducted in 2012, with 6 family members of substance-dependent individuals attending an institution that houses adolescents, located in a town in Southern Brazil and, then, subjected to Content Analysis. The study was approved by the Research Ethics Committee of Universidade Católica de Pelotas (UCPel), under the Protocol 2011/136. ***Results:*** most family members showed some comfort by relying on the assistance of professionals, feeling embraced. This highlighted the importance of a health professional who knows how to deal with these relatives. ***Conclusion:*** the family member takes responsibility for educating the adolescent, something which makes it difficult to admit chemical dependency. It is up to health professionals supporting the family, helping it to understand and cope with the everyday care of a drug user. ***Descriptors:*** Adolescent; Illicit Drugs; Family.

RESUMO

Objetivo: identificar as vivências da família diante da dependência química do adolescente. ***Método:*** estudo qualitativo, exploratório e descritivo. Os dados foram produzidos por meio de entrevistas semiestruturadas, realizadas em 2012, com 6 familiares de dependentes químicos que frequentam uma instituição que abriga adolescentes, localizada em município do Sul do Brasil e, posteriormente, submetidos a Análise de Conteúdo. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da Universidade Católica de Pelotas (UCPel), sob o Protocolo n. 2011/136. ***Resultados:*** a maioria dos familiares demonstrava conforto por contar com auxílio de profissionais, sentindo-se acolhidos. Isso evidenciou a importância do profissional da saúde saber lidar com esses familiares. ***Conclusão:*** o familiar assume a responsabilidade pela formação do adolescente, o que dificulta que admita a dependência química. Compete aos profissionais da saúde apoiar a família, auxiliando-a a compreender e enfrentar o cotidiano de cuidar do usuário de drogas. ***Descritores:*** Adolescente; Drogas Ilícitas; Família.

RESUMEN

Objetivo: identificar las experiencias de la familia frente a la dependencia química del adolescente. ***Método:*** estudio cualitativo, exploratorio y descriptivo. Se produjeron datos por medio de entrevistas semi-estructuradas, realizadas en 2012, con 6 familiares de dependientes de sustancias que han sido tratados en una institución que alberga a adolescentes, ubicada en un municipio del Sur de Brasil y, a continuación, sometidos a Análisis de Contenido. El estudio fue aprobado por el Comité de Ética en Investigación de la Universidade Católica de Pelotas (UCPel), bajo el Protocolo 2011/136. ***Resultados:*** la mayoría de los familiares demostraron su confort de contar con la asistencia de profesionales, ellos se sentían acogidos. Esto pone de relieve la importancia del profesional de la salud saber cómo hacer frente a estos familiares. ***Conclusión:*** el familiar asume la responsabilidad de la educación del adolescente, lo que hace más difícil admitir la dependencia química. Los profesionales de la salud tienen la responsabilidad de apoyar a la familia, ayudándola a comprender y hacer frente al cuidado cotidiano del usuario de drogas. ***Descriptores:*** Adolescente; Drogas Ilícitas; Familia.

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INTRODUCTION

The Brazilian reality shows that the number of adolescent drug users has increased in recent years and the difficulties faced by health professionals, particularly nurses, regarding the provision of care for the user and her/his family, constitute a challenge.[1] In parallel, it is observed in the academic and professional practice that drug use, among young people, is often related to conflicts in the family and in society, a fact also proven in the literature.[2,3] Despite this, the focus of assistance, when this takes place, is primarily aimed at the individual, leaving family in the background.

Drug use is regarded as a problem not only because of its high frequency, but mainly due to the harmful effects on the individuals' health and, as a consequence, on society. Users are stigmatized by family, society, and even health professionals, through practices of discrimination and social segregation, because they use prohibited substances, initially on a voluntary basis, something associated with violence and crime.[4] We notice that, currently, drugs are increasingly present in the lives of children and adolescents, and their use begins earlier and earlier.[2]

In Brazil, many studies indicate that drug use begins early. A national survey, conducted in 2004, with Elementary and High School students from the public schools in 27 Brazilian capital cities, pointed out that the average age of first contact with alcohol and tobacco was 12.5 years and 12.8 years, respectively. Among those who have tried marijuana, the first contact occurred on average at 13.9 years and, in the case of cocaine, at 14.4 years.[5] Another survey conducted by the Brazilian Observatory on Drug Information (OBID), in 2005, with adolescents aged between 12 and 17 years, showed that: 54.3% use alcohol, 15.2% use tobacco, 4.1% use marijuana, 3.4% use solvents, 2 9% use stimulants, 1.4% use codeine, 1.0% use benzodiazepines, 0.7% use hallucinogens, 0.5% use cocaine, 0.2% use barbiturates, and 0.1% use crack.[6]

A survey conducted by the Brazilian Center for Information on Psychotropic Drugs (CEBRID) in the 5 Brazilian regions, totaling 108 cities, pointed out that the highest use of drugs, except tobacco and alcohol, occurs in the Northeastern region, where 27.6% of respondents have a history of using some kind of drug. The region with the lowest drug use rate was the Northern, with 14.4%. More broadly, the study showed that, in Brazil, the rate of use of any drug (except tobacco and alcohol) was 22.8%, and this percentage is close to that of Chile, with 23.4%, and half of the USA.[7]

Such data show the high rate of substance use among young people, mainly alcohol, making this a major public health problem, insofar as this causes problems such as traffic accidents, violence, poor school performance, job problems, mental disorders, and family conflict, among others. There is an association between chemical dependency and problems posed to the family environment, because the adolescent loses control over her/his life and abandons responsibilities, leading family members start taking these functions.[8]

Regarding the development of young individuals, we must consider their relationship with parents, as adolescents who are closer to their caregivers tend to feel that their opinions are more appreciated and they are more likely to seek guidance when tackling difficult situations.[9]

The family plays the important role of caring for its chemically dependent member and responsibility increases when she/he is an adolescent, since she/he still does not take responsibility of her/his actions, often criminal ones. For this family, which shares its life with the dependent individual, daily life shows up restricted and permeated with uncertainty, because every day a new challenge emerges, being marked by behavioral changes, something which makes the journey to go through another day harrowing and stressful.[10]

Usually, it is the family that seeks help in health institutions to deal with the problem of addiction, since it is going through difficult times and, therefore, needs care to be able to support the dependent individual. In this situation, the nurse must be aware of the need to include other family members in care planning, since they play an important role in the dependent individual's recovery and upon whom, usually, fall the negative effects of substance abuse, affecting their health status.

The professionals who make up the multiprofessional team are not always prepared to care for patients attending the Psychosocial Care Centers (CAPS) in Brazil.[11] The assistance must be problem-solving, so that the family has its needs met. However, care must be aimed not only at the dependent individual, but also at the family's health promotion and prevention as a whole, creating spaces where its members get closer and resume the authority and affection ties.[11,12]

It is understood that researches on this theme provide health professionals with means, it is possible to better understand family feelings towards the situation of drug addiction. So, they also contribute to family members, because, by knowing them, professional care becomes increasingly thorough and efficient; this directly reflects on the adolescents of each family.

In the domain of literature, we observe a gap regarding situations that involve substance-dependent adolescents and the influence of their families and the implications of this. The strongest emphasis is aimed at the social and epidemiological repercussions, as well as the clinical and psychic aspects of chemical dependency. Generally, there are still gaps in researches on the theme, it shows to be relevant conducting a study that addresses this issue, thus providing means for the health professionals who treat and care for families and substance-dependent adolescents.

It is believed that the knowledge generated by this study may help professionals working at these services to guide clinical care so that it becomes inherent to the needs of users and their family members. It may also serve as a resource for the academic community for further investigation related to the theme, besides contributing as a tool in training periods to deal with substance-dependent adolescents.

OBJECTIVES

- To identify family experiences in face of adolescent chemical dependency.
- To identify the influences that consanguineous family has on the dependent individual.
- To show the difficulties that the family faces when dealing with an adolescent's chemical dependency.

METHOD

This is a qualitative, exploratory, and descriptive study conducted in an institution that houses adolescents aged between 12 and 17 years, illicit drug users, located in a town in far southern Brazil. At this institution, the adolescents take shelter for a maximum period of 1 year, and within the last 6 months they participate in a social rehabilitation program.

On a weekly basis, there is a meeting between the familiar member and the social worker, so that the family can get information on its child. During the meetings, many issues are discussed, such as: medication used by the adolescent, her/his behavior in the institution, the adolescent's relationship with colleagues and working professionals, among others. The study was conducted during one of these meetings. At this time, the social worker took advantage to know how the adolescent who spent the weekend at home behaved and also answered questions made by the family member.

The study subjects were six blood relatives of both sexes of adolescents housed in the institution. They were identified by the letter F, to measure the family interviewed, followed by the interview number, in order to ensure anonymity. The inclusion criteria were: being over 18 years of age; being a family member of the adolescent who attends the institution; allowing data to be disclosed, complying with the ethical principles.

Data production took place within the period from March to May 2012, by means of a semi-structured interview, with open and closed questions, which were recorded and, then, transcribed. Study participants were invited to participate in the research during the weekly meeting, and the day and time were scheduled for interviews, which were conducted in a room provided by the social worker. The end of interviews emerged when the information began to be repeated, indicating saturation.[13]

Data were interpreted through Content Analysis, which seeks a thorough reading to get an insight into the context of data.[13] This approach was adopted having in mind that the focus is the individuals' speech, since it considers the existence of a correspondence between the type of discourse and the characteristics of the environment or reality where this individual is inserted.[13] This method was put into action by means of the steps of pre-analysis, where we proceeded to organize the empirical material; exploration of contents; processing of results; and interpretation, where the results become meaningful and valid, generating empirical categories, revealing the elements of the phenomenon under investigation.[13]

We sought for meaningful expressions that identified difficulties the family faces when dealing with the adolescent's chemical dependency. The most significant accounts were selected and discussed in the light of scholars concerned with the theme.

During the survey, we complied with the precepts of the Code of Ethics of Nursing Professionals and Resolution 196/96, from the Ministry of Health, which provides for investigations involving human beings. Thus, the study was approved by the Research

Ethics Committee of Universidade Católica de Pelotas (UCPel), under the Protocol 2011/136.

RESULTS

Through Content Analysis, we prepared pre-established categories, according to the proposed objectives. They are: Sensations experienced by the family member of a drug user; Family bond during the adolescent's childhood; Adolescent's chemical dependency at home and before society; and Possible changes in family's attitude.

The accounts presented below were extracted from interviews and selected for this article after a process of interpretation, grouping, and classification, based on the convergence of terms and themes that emerged. The thematic categories were analyzed and discussed in the light of the literature and the current public policies on drugs.

When conducting the interviews, it was noticed that most family members showed some comfort by relying on the assistance of professionals who work in the institution, feeling embraced. So, becomes evident the importance that the health professional knows how to deal with these relatives.

♦ Sensations experienced by the family member of a drug user

The accounts bring elements that highlight various sensations experienced by family members when discovering their adolescent child has been using some kind of illicit drug. According to most respondents, the family initially feels blamed by the child's attitude, as shown in the reports below:

> *I just could not believe. I spent my whole life chasing him (son) [...]. Then that distress began. Perhaps he has adhered to drugs due to lack of his father's affection. But I feel guilty, what a bad father I gave my son.* (F1)

> *He was twelve years old, then, he had the first outbreak and I ignored it [...]. I was so blind that could not notice it was the consequence of some drug. And there he was, already smoking marijuana. [...] That was a period, you know, too hard because I did not eat, I did not feed myself, I did not sleep, my life was just crying. I almost gave up everything, indeed. A feeling of loss, loss.* (F2)

> *I was worried, because we try to do everything for our children, we try to give them the best [...]. I think that brings up any sense, any sense of pain.* (F4)

> *At the time, I just got crazy, I did not know what to do. A feeling of "I failed", I failed at some point. I have already felt guilty, very guilty, but now I do not believe it, indeed.* (F5)

> *I have no fault, before I even felt guilty, but I never failed to provide them [children] with anything. If he used, it was not my fault.* (F6)

We notice in the accounts that the family ends up taking, often, the blame due to the fact that the child has chosen chemical dependency and this feeling has led to stressful situations and the outbreak of diseases, according to the account by F2.

It is worth stressing that the discovery of drug use brings up changes and consequences to the family environment, causing inconvenience not only for the dependent individual, but for the family and society.

♦ Family bond during the adolescent's childhood

During the interviews, some relatives reported attitudes by adolescents that revealed potential risk situations for the use of substances at some time in their lives. Other relatives said they have not seen the teenager grow due to various reasons, as well as others even used drugs and/or alcohol, something which may have influenced such attitudes on the part of their children.

> *He [son] spent almost all the time on the street. I have not seen him grow [...]. He was a normal child, but just after 10 years old he started going out, he spent two, three days away from home.* (F1)

> *Suddenly he wanted me to give more attention, but I could not give it, because I divorced from his father when my son was not even 1 year old. He had no father's affection, he was not raised that way [...].* (F1)

> *He has always been very angry. He had no contact to his father [...]. His father was an alcoholic man, he was addicted, too, he beat me a lot.* (F2)

> *Until then his childhood was normal, until he started using this drug. Up to 9 years old, more or less, before he started smoking that drug, he was normal.* (F4)

> *In turn, with his father, he was rather aggressive, he did not liked talking. But to me, no, we always talked more, he asked about things, even drugs, he always talked more to me [...]. Sometimes, I even think I was wrong in this regard, I have left him very much at ease, playing in front of home. We were always watching over him, always close, but he had a lot of freedom.* (F5)

> *I have always worked, but I have always had someone to look after him, and he was a child who had brothers' affection. He was a*

bit aggressive. But his childhood was good. (F6)

By means of this category, it becomes clear in participants' accounts that parents' failure regarding attention and supervision of children has been characterized as an important factor so that the children sought drugs. The absence of fathers for children's attention/supervision, family conflict, has contributed so that these young people showed since childhood attitudes of anger and aggressiveness and, perhaps, by the mere need of having at least a parent present physical and/or emotionally in their daily lives.

♦ Adolescent's chemical dependency at home and before society

In face of this category, we notice that constant judgment is a feature of society as a whole, something which makes it difficult for a parent to admit the chemical dependency of a child or loved one, as well as realize that chemical dependency is a disease and requires treatment.

It is difficult, I do not know how to deal with it. Indeed, I went into a depression, and I was feeling like in a tunnel, you know, into a black pit. [...] Now I admit it, but not that dangerous dependent individual. He is dangerous for himself, he is doing a harm to himself, for society, no, because he has never stolen anything from anyone. (F1)

I give as much as I can, but, as every human being, I have my faults as well. There is a limit, for impatience and aggressiveness, too. It is not always that we can put up with many insults, various aggressive attitudes. (F2)

Ah, I know that I panic. I admit, because there is no point, you know. Am I going to "cover the sun with a sieve"? Because I have lost everything due to this damn "stone" [crack]. [...] I admit it. (F3)

I think we have to be as sympathetic as possible, you know, because this is something that requires a lot of patience. [...] So, I started trying to talk more to him. And, then, I started understanding more, too. So, I started understanding that he was really depending on that [drugs]. (F4)

At first, I thought that if I kept him indoors, at home, for a few days, he would not use that anymore. He might see that it was bad and would not want it anymore. But, after some time, I saw it does not work, indeed [...]. (F5)

Before I felt ashamed, now I admit it. Before I was quite embarrassed because everyone turns their back [...] everyone ignores us and we have no one [...] there is no one to help us. (F6)

You have to learn to cope with it, learn to be a mother and, at the same time, to be nobody to them, because, in fact, you are not even a relative to them when the drug is present [...] they dominate the whole family, they end up stealing you. And many times I called the police to take him. It was part of his occurrences. (F6)

Living with a chemically dependent child is difficult for parents, because along with the discovery of drug use, conflict situations between family members and emotional conflict are frequently observed. It is noticed that over time and by interacting with other people, parents start understanding better the disease, and then they admit and fight against the family member's dependency.

♦ Possible changes in family's attitude

This category reveals that most parents believe that she/he could have acted differently so that her/his child was not chemically dependent.

I think he (father) should have been more present in his life [son]. He had to be more present [...] he should have tried to talk more, even played football with his son. I could rarely participate, because I had to work. I think my son thinks: "I have a father, I have a mother, and where are they?". And today we can see that what he needed most was having a father close to him. (F1)

More dialogue and less violence. (F2)

Actually, I did everything I could for him, just as I do today, all I can. At that time, I think I could have stayed longer with him, spent more time with him, maybe. (F5)

I tried to do everything a different way and even so he used the drug. I gave him everything, what I could give, what a mother can give to her child. I gave too much love or I was also very hard on him. From where he escaped, I do not know. (F6)

We notice in the family members' account that the way how a child is raised does not imply that she/he will become dependent or not. Being physically present may not meet a child and/or adolescent's needs, since she/he needs a lot of attention. There are numerous factors that may trigger chemical dependency, so, we may not indicate only the absence of a family member as a factor that leads to the use of any drug.

DISCUSSION

A study on the justification to reduce drug use among adolescents showed the family, as well as a fragile family relationship, as reasons pointed out by drug users.[14] The family constitutes an important means of support and balance, thus, it is regarded as strategic to the survival of individuals and the protection and socialization of its members,

as well as the transmission of socialand cultural values.[15]

At the time of discovery, the family tends to get scared and disoriented, but it is worth staying calm, because drug use may happen at any social class, either to families that are happy or not. Thus, it is understood that feelings of distress, despair, and helplessness are inevitable among family members, who seek someone to blame for what, usually, becomes a family drama.[15,16]

The absence of family moments may bring unfortunate and, perhaps, irreversible consequences to children's lives. A disaggregated family almost always forms adults that will repeat the model. However, this does not mean that every bad behavior is parents' fault. There are families that, although structured, have cases of criminal behavior.[17]

During adolescence, conflicts between parents and children intensify, sometimes the individuals do not seem to speak the same language, something which makes it more difficult to solve the problem. Suddenly, parents and children become strangers at home, thus, the drug represents for these young people an erroneous output to reduce the conflict they are facing.[15-18]

Researches comparing drug users to non-users found that drug users and abusers complain, more often, of physically present but emotionally absent parents and about the existence of conflicts between parents.[19] As such, we may conclude that the family cultural practices influence in a decisive way on the emergence of behaviors aimed at drug use among children, creating, as a consequence, addictive behaviors. This dependency hampers the development and fulfillment of adolescents as adults, compromising their health status and their personal and social life over time.[4,20]

Among the values that should be fostered in the family stand out dialogue, communication, affection, and friendship, in order to promote the development of each member and seek solutions to problems together, establishing authority ties between parents and children, increasing self-esteem, assertiveness, and compliance with social norms, trying to channel healthy experiences.[20]

Admitting that a family member uses drugs or has already developed a chemical dependency condition is a painful process, parents show a sense of guilt, resentment, anger, shame by failing to educate children, and there emerge many taboos and doubts; often, parents simply close their eyes and pretend that the problem does not exist.[15]

The way how drugs are addressed by the media causes a lot of doubts and fears for families, increasing, sometimes, their concerns and prejudices. The theme "drugs" frightens parents and educators, who are frequently influenced by the society's approach (with a moralistic connotation) or by paradoxical information conveyed by the media, which "glamourizes" the licit drugs and "demonizes" the illicit ones.[19]

The policy to fight against drugs in Brazil favors repression to the detriment of other intervention forms, in addition to focusing on illicit drugs. Thus, the true reality of the presence of drugs in the Brazilian society is masked; the rationale is focused on the international traffickers, and not on their very social functionalism, and the risk factors should be addressed as public health and education issues.[21]

CONCLUSION

The family corresponds to the first core to learn many information and beliefs, which are constructed, shared, and imitated, where people convey the first rules and values associated with social interaction, leading the young individual to have a basis for an adequate psycho-emotional development when adult, however, we realize that the family member who receives proper assistance in order to care for the adolescent feels more confident to face the problem that the family and the adolescent are going through.

Adolescence must be apprehended as something beyond a chronological stage of human development, but we also have to understand the adolescent as protagonist in the construction of a personal and collective life process.

In order to eradicate behavioral patterns, some models aimed at healthy practices are indicated, grounded in critical dialogue between family and adolescent, where the strength for change is nurtured collectively. This represents the promotion of practices involving acculturation of habits in a process of recognizing, promoting, and developing the skills of those involved.

This article addressed a complex subject and we believe that there is a need for conducting longitudinal studies aimed at increasing knowledge on everyday family life and its cultural practices related to drugs and their influence on adolescents.

This study may be considered as a supportive instrument able to bring benefits for reflection and change regarding this relation between adolescence and chemical dependency among nurses, undergraduate students, and the other professionals from the health field, in order to improve the quality of life both for the adolescents who face drug-related problems and their family.

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