

## A family perspective for substance abuse: Implications from the literature.

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### **Abstract:**

This paper calls for researchers and treatment providers to increase their recognition of the role that family and family functioning has for understanding the incidence and impact of substance abuse. Substance abuse is identified as a family problem by exploring its occurrence within families as well as its impact on marital relationship, family violence, and child abuse and neglect. The impact of substance abuse on the roles of spouses and parents are examined, as is the impact of substance abuse on children at various developmental stages. The role of the family as participant in active substance abuse as well as a valuable treatment resource is also explored. Finally, the authors present recommendations for increasing the focus on family in substance abuse research.

**Keywords:** family | substance abuse | family functioning | parental alcohol use | parental drug use | substance abuse research

### **Article:**

#### **INTRODUCTION**

While substance abuse has historically been seen as a problem of the individual, substance abuse frequently affects the entire family. Despite the stereotype of the “loner” alcoholic or drug addict, the vast majority of substance abusers (male and female) live in family settings (Wynne et al., 1996). Additionally, most of those who are under the age of 35 either live with, or have at least weekly contact with one or both parents (Stanton & Shadish, 1997). As a consequence it is important to consider how the role of family and the relationship to family relates to the incidence and occurrence of substance abuse.

The importance of considering the impact of substance abuse from a family perspective is supported by numerous examples. One example is the importance that family often plays in affecting the initiation of alcohol or other drug use, the intensity of that use, and the choice of substances. The decision to use or abstain is often dependent on an individual’s relationship status with the family, the family coping mechanisms, and other family members’ substance use.

Another example of family import is the extent to which the family serves as a protective factor or buffer against substance use and its deleterious effects. In families where alcohol and other drugs are disapproved, family members are less inclined to use them. A third example is the effects that the abuse of alcohol and other drugs often has on family members and their relationships with, and behavior towards, the family. Substance use is frequently associated with child abuse and domestic violence. It also is a leading contributor to marital dissatisfaction, family breakups, and rejection of family members. The importance of the family in understanding alcohol and drug use and abuse is underlined by these highly destructive consequences of alcoholism and drug dependency on the abuser and the family (Gutierrez, Russo, & Urbanski, 1994; McCrady, Epstein, & Kahler, 1998).

In an editorial, Copello and Orford (2002) argued that the literature strongly suggests that families are important stakeholders who both aid the process of change and benefit from the improvement of an addiction problem. They concluded that there are considerable benefits to acknowledging and capitalizing on the role of families with respect to getting substance abusers into treatment, maintaining their participation, improving their substance use related outcomes, and reducing negative impact and harm to the family including children. Their conclusion is tempered, however, by the fact that barriers to the extension of treatment to routinely and specifically involve family members still exist. The majority of addiction services remain primarily focused on the individual drinker or drug user while family members and other support network members are involved only peripherally in treatment. They also suggested that because of this emphasis, research efforts are usually focused primarily on the substance user and not on the potentially important outcomes resulting from family involvement.

This paper extends Copello and Orford's thesis by reviewing the literature that shows the roles that families play in the incidence and prevalence of substance abuse. The review of the literature presented here focuses on four key points: substance abuse is a problem for families because: (1) It occurs in families, (2) It harms families, (3) Families both participate in and can perpetuate active addiction, and (4) Families are a potential treatment and recovery resource. We wish to note that the review of the literature included in this paper does not extensively include information on the forms or stages of family and the active treatment of addiction, but rather focuses on research that explores the impact and effects of substance abuse on the family and its members. Further, the research literature on the role of family and substance abuse has tended to focus largely on parent and child/adolescent issues, and less on other family relations and structures such as mature families, families without children, or other evolving family forms. In recognition of this more inclusive sense of family, at the conclusion of this paper we offer specific recommendations for future research that consider the family beyond the structure and role of parenting of children and adolescents, but one that looks at the family as an essential foundation for understanding substance abuse.

## HOW SUBSTANCE ABUSE OCCURS IN FAMILIES

## Incidence and Prevalence

Alcoholism is most prevalent in the age group of 18-44, when many individuals are getting married and having families. The National Household Survey on Drug Abuse (NHSDA), conducted in 2000 and 2001, found that 20.5% of those 12 and over reported binge drinking (defined as more than 5 drinks on at least one occasion during the past 30 days). An additional 5.7 % (or 12.9 million people) reported heavy drinking (defined as 5 or more drinks on the same occasion more than 5 days in the past 30 days). An estimated 7.1% of the population, or 15.9 million people over the age of 12 reported the use of an illicit drug within a month of the interview (SAMHSA, 2001). Half of the women who report using drugs are in the childbearing age group of 15-44 (National Institute of Drug Abuse [NIDA], 1997). In two national surveys (SAMHSA, 2001), 3.7% of pregnant women reported using illicit drugs in the past month, while 12.9% of pregnant women reported using alcohol and 4.6% reported bingeing. These rates are much lower compared to those for non-pregnant women (49.8% alcohol use, 20.5% binge drinking) (SAMHSA, 2001).

SAMHSA's Office of Applied Studies, Substance Abuse and Mental Health Statistics Sourcebook (Rouse, 1998) reports that family structure is related to illicit substance use among adolescents (12 -17). Based on data collected between 1991-1993, adolescents in families with both biological parents present were least likely to report substance use (approximately 11%), whereas youths from stepparent or one parent households (approximately 18%) were most likely to use illicit drugs.

## Genetics and Family History as Causal Factors of Substance Abuse

While substance abuse is clearly a multi-dimensional phenomenon without a clear "cause," the literature suggests that genetically influenced factors have been found to account for 60% of the variance of risk for an alcohol use disorder, with the remaining 40% thought to be sociocultural and environmental (Shuckit & Smith, 2001).

Although no substance dependent gene has been found, there is evidence that a predisposition towards alcoholism may be passed on from father to son (McGue, 1993). The evidence is less conclusive for a heritable component for alcoholism among women. Other work (e.g., Froehlich & Li, 1993; Gorelick, 1993) suggests a genetic role in determining the brain's response in relation to alcohol dependency and use.

While a familial combination of genetic and environmental factors is contributory, a predisposition to develop an abusive consumption habit does not automatically produce alcoholism, problem drinking, or even alcohol use. Family and other social environmental factors can impede any genetic predisposition to use and/or abuse alcohol (Goodwin, 1985; Jang, Vernon, Livesley, Stein, & Wolf, 2001). Researchers have found that there are other important factors linking substance abuse directly to the family (Grant, 2000; Juliana & Goodman, 1997; McCrady & Epstein, 1995; Steinglass, Bennett, Wolin, & Reiss, 1987). For example, children

who grow up with an alcoholic parent are at increased risk of abusing alcohol (Baer, Garmezy, McLaughlin, Pokorny, & Wernick, 1987). Family history is further implicated in McMahon and Luthar's (1998) report of research showing that substance-abusing parents to be more likely themselves to have grown up in chaotic and emotionally problematic family environments: families characterized by psychological maltreatment due to parental neglect, physical or sexual abuse, economic distress, and other family depleting conditions. Moreover, parents from substance abusing homes are more likely to report the parenting styles of their parents as punitive and authoritarian.

### Family Environment and Substance Use

The family environment often plays a significant role in the use of alcohol and other drugs. Unstable and inconsistent family and living environment factors (e.g., transient living conditions, inconsistent caretaking, violence) resulting from substance using caretakers have been linked to the incidence of psychological and emotional development problems among their children. In families where alcohol and other drugs are used or attitudes towards their use is positive, the incidence of children's usage is higher than in families where usage is low and where attitudes towards drugs are not as permissive (Brook, Brook, Whiteman, Gordon, & Cohen, 1990; Johnson, Schoutz, and Locke, 1984). Gfroerer (1987) reported that among a sample of adolescents and their older siblings and parents, youths were twice as likely to try marijuana if there was parental or older sibling drug use. Boyd and Holmes (2002) found among a sample of African American women cocaine users that their substance use paralleled use patterns of their family members, particularly those of fathers, uncles, and brothers.

Alcoholism is also less likely to be passed on to offspring among families that maintain family rituals (Wynne et al., 1996), while children from families with one or both alcoholic parents who experience disrupted family rituals surrounding dinner time, evenings, holidays, weekends, vacations, and visitors are more likely themselves to develop alcohol use problems (Wohlin, Bennett, Noonan, & Teitelbaum, 1980). Family role structures and role assignments can be barriers to facing substance use and abuse issues. Processes relating to management of feelings, role structures communication and need fulfillment within the family system are related to drug abuse behavior (Haber, 2000). For example, in situations in which alcohol-related behaviors have become embedded in family routines, rituals, and problem-solving strategies, changing the alcoholic's drinking status can be challenging for the family (Steinglass et al., 1987).

It has been reported that avoidance of conflict with the drug user can reinforce substance-abusing behavior (McCrary & Epstein, 1995; O'Farrell & Fals-Stewart, 2000). Disapproval and distancing by family members can delay the abuser from confronting addiction and related behaviors (McCrary & Epstein, 1995). Alcohol abuse often is tolerated because it "enables" the abuser to be more emotionally accessible to other family members. As Haber (2000) notes, "family members may become addicted to emotional crises because crises are the only route to getting in touch with and expressing otherwise repressed or suppressed feelings" (p. 316).

Ignoring or avoiding alcohol abuse as a problem is often associated with significant distress not only among the immediate family but among relatives as it contributes to family conflict and a negative family climate (Orford et al., 2001).

## FAMILIES AND THE PERPETUATION OF SUBSTANCE ABUSE

### Family Climate and Functioning

A functioning family is one that offers an environment that provides for the successful development and protection of its members. This outcome reflects a secure, cohesive, and mutually supportive family environment—one that is characterized by appropriate roles, effective communication, and routine expression of positive affect, and one that is based on a shared set of cultural norms and values. Family members must be emotionally involved with each other and able to influence each other's behavior as it relates to the functioning of the family (Moss, Lynch, Hardie, & Baron, 2002). In the substance affected family, functional family roles are often distorted or missing. For example, children of alcoholic parents may be parentified and take on parenting and adult responsibilities that may preclude them from age appropriate activities or peer group socialization experiences (Haber, 2000).

The family unit can be conceptualized as systems with interdependencies among its members. An implication of this perspective is that when one part of the system changes or is “damaged” it impacts other parts of the system. Another implication is that as a system the family may adapt to protect and accommodate the substance user resulting in accommodating dysfunctional family relationships. This adaptation often includes denial and subterfuge to avoid addressing the issue, and the implementation of family rules and behaviors that mask family member dependency behavior (Stevens-Smith, 1998). Another implication of a systemic perspective is the potential for reciprocal impact of substance use and abuse and other family member behavior. Stewart and Brown (1993), for example, suggest that adolescent problem behavior may be both a cause and a reaction to family drug use. As a consequence, resolution of an adolescent's drug use can lead to better family functioning and improved communication and support for the adolescent.

The onset of substance abuse is frequently associated with stress and may be precipitated by family disruptions, control or management issues, or losses (Bennett, 1995). Accordingly, it has been well established that family members often have a central role in the course of alcohol or drug addiction (Liddle & Dakof, 1995; Margolis & Zweben, 1998; Moore & Finkelstein, 2001; Moos, Finney, & Cronkite, 1990; Noel, Stout, & Malloy, 1993; O'Farrell & Fals-Stewart, 2000) and its treatment (Edwards & Steinglass, 1995; cf. O'Farrell, 1993; Stanton & Shadish, 1997). This role has both negative and positive implications for treatment and outcomes. Problems that may have been masked by substance abuse may become evident when substance abuse is no longer an issue (Haber, 2000). Steinglass and others (Steinglass et al., 1987) found that the status of alcohol use (abuse, transition to recovery, recovery) affects family interaction patterns and their adaptive responses to situations and conditions associated with the family's use status.

Substance-Affected Spouses. Alcohol abuse has been shown to be both a precipitant and consequence of marital stress, spousal abuse, and separation and divorce (Amato & Previti, 2003; Halford & Osgarby, 1993; Wilsnack, 1996). Stressful marital interactions are associated with exacerbation of alcohol abuse and failed abstinence (Halford & Osgarby, 1993; Kahler, McCrady, & Epstein, 2003). Substance abusers often marry or partner with other substance abusers (McCrady & Epstein, 1995). Research indicates that discrepancy in substance use by couples is related to lower marital quality and higher marital stress (Fals-Stewart, Birchler, & O'Farrell, 1999; Mudar, Leonard, & Soltysinski, 2001; Wilsnack & Wilsnack, 1993). Alcohol abuse is related to separation and divorce, though it may be as much of a consequence as it is a predictor of the dissolution of a marital relationship. Encouragingly, for some, marriage and parenthood may also serve as a transition point for terminating drug abuse (Yamaguchi & Kandel, 1985).

Research supports the contention that stressful spousal or partner relationships can trigger the desire to return to or continue the abuse of alcohol and other drugs (Sullivan, Wolk, & Hartmann, 1992). Poor communication and problem-solving, arguing, financial stressors, and nagging are often reported as antecedents to drug abuse. Resentment by the abuser towards efforts to intervene or control substance abuse behavior sometimes serves as a cue to continue consumption (Wynne et al., 1996). Among drinking spouses, mismatched drinking patterns (one spouse drinking more or more frequently than the other) can indicate distress or conflict in the relationship. Husbands and boyfriends are more likely to deny that their spouse or partner has a drinking problem or is in need of treatment (McCrady et al., 1998; Wilsnack, 1996).

Most spouses attempt to get their alcohol abusing partners to reduce their drinking through aversive techniques such as nagging, complaining and threatening (Thomas & Ager, 1993). These efforts are typically implemented on an occasional or unsystematic basis and generally are not effective—resulting in negative abuser reactions and exacerbation of existing marital conflict and disagreement. These negative consequences may serve to exacerbate the problem, resulting in the abuser leaving home to drink or imbibe secretly (McCrady & Epstein, 1995; McCrady et al., 1998).

Substance-Affected Parents. The family environments of drug using parents are frequently characterized as being chaotic with frequent residence changes, minimal contacts with fathers, and severe shortages of financial resources for the basic necessities and needs of the children. Often, social support is also limited or nonexistent due to the disorganization and instability of these families (Harden, 1998).

Many parents addicted to drugs have not experienced positive parenting models and often themselves feel inadequate as parents. Despite these feelings, many substance affected parents want to be good parents, but need specific training to overcome their inadequacies and issues related to their alcohol and other drug use (Juliana & Goodman, 1997). To the extent substance abuse impairs a parent's ability to parent, chemical dependency can have serious consequences

for a child and for the parent to fulfill her/his role as a positive role model and primary caregiver (Harden, 1998; Murray, 1989). Adding to the problem, parents with substance abuse problems often experience social isolation and marginalization. They are often absent parents (Kumpfer, 1987) due to incapacitation from drug or alcohol use, or due to time spent in procuring substances, being in treatment, or in jail or prison (Dunn, Tarter, Mezzich, Vanyukov, Kirisci, & Kirillova, 2002).

Parental substance abuse is often associated with family dysfunction and the risk of abusive parenting behavior, including child abuse and neglect (Chaffin, Kelleher, & Hollenberg, 1996; Hampton, Senatore, & Gullota, 1998; Hien & Honeyman, 2000). There is also evidence to suggest that drug use may magnify a parent's incapacity to parent, leading to more problematic parent-child relationships (Hans, Bernstein, & Henson, 1999). Comorbidity of substance use and mental disorders also has been widely documented: Depression, bi-polar illness, and generalized anxiety disorders have all been found to be associated with problematic parenting and substance use (Bays, 1990; Luthar, Merakangas, & Rounsaville, 1993).

Parenting styles and behaviors have been related to both the onset and development of substance abuse among children and adolescents. Parent-youth conflict, harsh parenting (involving severe physical punishment or verbal reprimand), poor monitoring, ineffective control, permissiveness, and lack of parental warmth all have been related to substance abuse by youth (Griffin, Botvin, Scheier, Diaz, & Miller, 2000; Kumpfer, Alvarado, & Whiteside, 2003; Lochman & Steenhoven, 2002; McGillicuddy, Rychtarik, Duquette, & Morsheimer, 2001; Webb, Bray, Getz, & Adams, 2002). Research also suggests that mothers' and fathers' different parenting styles have differential effects on their children's propensity to use drugs (Baumrind, 1991).

**Substance-Affected Mothers.** Substance affected women report more guilt and shame and more conflict over their marital and parental roles (Kahler et al., 2003), and are often worried about losing legal and physical custody of their children. Substance dependent mothers often report feeling ineffective and incompetent as parents, experience low bonding with their babies, and perceive them as overly demanding (Davis, 1994; Kelley, 1992). Feelings of inadequacy as mothers and perceptions of rejection by their infants leads some substance using mothers to increase their drug use in order to cope. The absence of involved fathers is a common characteristic of children being raised by substance abusing mothers (Davis, 1994), and, at times, the children may be abandoned by their drug dependent mothers.

It is important to note that substance abuse by mothers does not always equal poor parenting (Baker & Carson, 1999). Suchman and Luthar (2000), for example, found that the only parenting factor directly related to maternal addiction was lack of sufficient parental involvement, while other parenting factors, such as control over autonomy and limit-setting, may be better explained by determinants other than substance abuse. There is, however, considerable evidence that links poor parenting with substance and alcohol use. Maternal drug addiction has been unequivocally linked with parenting deficits, including harmful parenting styles, discipline, intolerance of child

behavior, and insensitivity to both children's needs and stage-specific development issues (Suchman & Luthar, 2000). Maternal substance abuse has also been found to have serious developmental implications for children (Brooks, Zuckerman, Bamforth, Cole, & Kaplan-Sanoff, 1994). Prenatal drug exposure is associated with increased levels of parenting stress and child maltreatment. Recent research has shown that there is an increasing prevalence of alcohol consumption among pregnant women (Ebrahim, Luman, Floyd, Murphy, Bennett, & Boyle, 1998).

Chemically dependent women often display ineffective parenting skills and practices related to childrearing (Davis, 1994; Fiks, Johnson, & Rosen, 1985). Drug abuse has also been found to be associated with higher potential for punitiveness and greater severity in maternal disciplinary practices (Hien & Honeyman, 2000; Miller, Smyth, & Mudar, 1999). In some cases, the lifestyles of drug using mothers are incongruent with adequate parenting (Harden, 1998). Women involved in deviant or criminal activities, such as prostitution or selling illegal drugs, are likely to have serious deficits in their capacity to provide for the emotional and developmental needs of their children. Moreover, exposure to violence and other negative life events can reduce their ability to properly supervise and interact with their children.

**Substance-Affected Fathers.** The role of substance-affected fathering in the family has not been as adequately explored as that of substance-affected mothering. McMahon and Rounsaville (2002) call for the inclusion of fathers in the substance abuse research agenda. Absent, substance-abusing fathers have been implicated in what had been previously thought to be maternal effects of substance abuse on urban children (Frank, Brown, Johnson, & Cabral, 2002). Paternal alcoholism has been associated with heightened sensitivity and lower tolerance to the behaviors and needs of their infant children (Eiden, Chavez, & Leonard, 1999; Eiden & Leonard, 2000). Noll, Zucker, Fitzgerald, and Curtis (1992), for example, found that male preschoolers with alcoholic fathers had significantly less advanced personal and social development than controls. Cognitive development has also been found to be impacted by paternal alcohol problems. Finally, some research suggests that drinking by fathers directly affects adolescent drinking, but mothers' drinking is not predictive of youths' use of alcohol (Zhang, Welte, & Wieczorek, 1999).

**Siblings.** Older siblings are a source of drugs and often use drugs with their younger siblings (Needle, McCubbin, Wilson, Reineck, Lazar, & Mederer, 1986). Brook, Whiteman, Gordon, and Brook (1988) found that older brother use and advocacy of use of drugs was associated with their younger brothers' use. Studies have noted that sibling use may be a more powerful indicator of sibling substance use than either parental use or parents' attitudes towards drug use (Needle et al., 1986).

**Extended Family Members.** It bears mentioning that in this era of evolving family forms, extended family members are also affected by substance abuse. There appears to be some evidence that extended family members, or second-degree relatives, both impact the nuclear

family through substance abuse and are similarly impacted by substance abuse in the nuclear family (Orford, Dalton, Hartney, Ferrins-Brown, Kerr, & Maslin, 2002; Ragin, Pilotti, Madry, Sage, Bingham,&Primm, 2002).

## HOW SUBSTANCE ABUSE HARMS FAMILIES

Substance abuse in families is frequently accompanied by other problems, such as mental illness, domestic violence, economic difficulties, housing needs, and residence in dangerous neighborhood environments (Semidei, Radel, & Nolan, 2001). Substance abusing families tend to be characterized by low levels of cohesion, low frustration tolerance, unrealistic expectations of children, role reversal, isolation, and poor parenting skills—characteristics associated with adverse consequences for families (Johnson & Leff, 1999; Sheridan, 1995). Substance abuse has also been related to destructive family behaviors, including child abuse and neglect (Bays, 1990; Davis, 1994; Famularo, Kinscherff,&Fenton, 1992; Sheridan, 1995) and incest (Hurley, 1991).

### Child Abuse and Neglect

Studies of samples of child abuse cases have frequently shown that parental substance use is associated with child maltreatment (Ammerman, Kolko, Kirisci, Blackson, & Dawes, 1999; Kelly, 1992; Dore, Doris & Wright, 1995; Dunn et al., 2002; Magura & Laudet, 1996; Sheridan, 1995). Moreover, child abuse potential may be increased when a parent is affected by a substance abuse disorder (Ammerman et al., 1999). Parental stress and low frustration tolerance are often cited as a reason for child abuse and neglect, but other factors such as inadequate parenting skills, social isolation, and the behavior of the children are likely contributors to substance affected parents' physical and emotional abuse and neglect of their children (Ammerman et al., 1999; Kelley, 1992). Families affected by substance abuse are prone to be conflicted and abusive leading to less effort towards and opportunities for effective parenting (Dunn et al., 2002).

Out of Home Placement. Parental neglect and abuse related to substance abuse is a frequently cited reason for removing children from their parents (Azzi-Lessing & Olsen, 1996; Famularo et al., 1992; Kelley, 1992).

### Family Violence

The frequent co-occurrence of substance abuse and family violence is well documented. Substance abuse is well identified as an important risk factor for family violence, particularly in cases involving serious violence, including homicide (Brookoff, O'Brien, Cook, Thompson, & Williams, 1997; Easton, Swan, & Sinha, 2000). Alcoholism and other substance abuse have been shown to be related to partner aggression (Bennett, Tolman, Rogalski, & Srinivasaraghavan, 1994; Kahler, McCrady, & Epstein, 2003; Kantor & Straus, 1989; Stuart, Moore, Ramsey, & Kahler, 2003). Hotaling and Sugarman (1986) reviewed 52 studies addressing husband-to-wife violence and found alcohol use was one of four consistent risk markers characterizing violent

husbands. Other studies have found that the severity of substance abuse is related to the extent of conjugal violence (Brown, Werk, Caplan, & Seraganian, 1999; Brown, Werk, Caplan, Shields, & Seraganian, 1998).

## SUBSTANCE-AFFECTED CHILDREN

Children are perhaps those most affected by substance abuse in the family. One widely cited estimate suggests that one in four children in the United States under the age 18 is exposed to alcohol abuse or dependence in their family (Grant, 2000). There is clear evidence that children of parents who abuse alcohol or other drugs are at measurable risk for developing emotional behavioral and/or social problems (Grant, 2000; Kelley & Fals-Stewart, 2002). Clinical studies have shown that children of alcoholics are more likely to be diagnosed with a childhood psychiatric disorder than children of nonalcoholic parents (Moss, Mezzich, Yao, Gavalier, & Martin, 1995, West & Prinz, 1987). The likelihood of having adverse childhood experiences is higher for children growing up in homes where one parent was alcoholic, and highest for those growing up in households where both parents were alcoholic (Dube, Anda, Felitti, Croft, Edwards, & Giles, 2001).

Parental abuse of alcohol and other drugs can have a significant negative impact on a child. Young children may experience considerable difficulty comprehending changes in their parents' temperament or behavior when affected by alcohol and other drugs. In addition to possible social humiliation and shame a child may experience as the result of public exposure of their parent's substance abuse or its effects, such use, particularly involving illicit drugs, may lead to involvement in and negative consequences from law enforcement and other branches of the judicial system. The emotional impact of parental substance abuse also may be significant. Children may experience anger, anxiety, or fear about their parents and about what will happen to them. Fear of abandonment, helplessness, hopelessness, and even guilt over not interceding to prevent their parent's alcohol or drug uses are not uncommon among latency age children (Dore, Kauffman, & Nelson-Zlupko, 1996; Murray, 1989).

Children who grow up with an alcoholic parent are susceptible to psychological, behavioral, and school problems (Moos, Finney, & Cronkite, 1990). Studies have shown that parental alcohol abuse has been related to childhood psychopathology (West & Prinz, 1987) and adjustment problems in young adults (Clair & Genest, 1987; Felitti et al., 1998). Parent relapse has negative effects on children's physical and social functioning (Moos, Finney, & Cronkite, 1990). Children who grow up in substance-abusing dysfunctional families often learn maladaptive role expectations that impair their relationships later in life. They have unrealistic expectations of themselves, difficulty with accepting authority and problems with intimacy, trust, and emotional balance (Craig, 1993).

Murray (1989) noted that parental alcoholism is probably disruptive to family life, but measuring the disruption and linking it to specific behavior is problematic. Children's vulnerability to their

parent's behavior and the impact of substance abuse on them is likely dependent on a complex of social and environmental factors and the child's specific stage of development.

### Impact on Early Child Development

Recent research indicates that as many 10% of newborns have been exposed to alcohol or drugs (Azmitia, 2001). Earlier statistics estimated that prenatal exposure to drugs ranges from 350,000 (Chasnoff, 1989) to 739,200 (Center for the Future of Children, 1991). Alarming, the incidence of fetal alcohol syndrome (FAS) and alcohol-related neurodevelopmental disorder (ARND) has been estimated to be at least 9.1 of every 1,000 births, or nearly one in every 100 live births (Sampson et al., 1997). In fact, FAS is the number one cause of mental retardation in children (Azmitia, 2001).

Deficient growth, abnormal brain development, neurobehavioral impairments, and sensory and sensory-motor defects have all been linked to prenatal maternal drug use (Chasnoff & Lowder, 1999; Dunn et al., 2002; Greenberg, 1999, 2000). Prenatal cocaine use, for example, has been directly linked to low developmental scores at birth (Behnke, Eyler, Garvan, Wobie, & Hou, 2002).

Prenatal exposure to alcohol and other drugs is widely seen as a harmful influence on children's later development (Harden, 1998; Johnson & Leff, 1999). Prenatal alcohol and marijuana exposure, for example, has also been found to adversely impact learning and memory skills in 10 year olds (Richardson, Ryan, Willford, Day, & Goldschmidt, 2002). Additional studies have found similar cognitive problems (McNichol & Tash, 2001). Hawley, Halle, Drasin, and Thomas (1995) found that problems related to cognitive, language, and emotional development of children were higher among children of cocaine addicted mothers.

Again, although various studies have found relationships between parental alcohol abuse and negative development in children (e.g., see Johnson & Leff, 1999), it is not clear whether these and other developmental effects are directly related to early effects of substance abuse—such as altered brain chemistry (Azmitia, 2001)—or to effects of inadequate parenting and nurturing, or other social and developmental factors (Hans, 2002). For some children, it is the fact that they may be “parentified” early in life by having to take care of a “sick” parent that deprives them of a “normal” path of development and consequent psychological and behavioral reactions (Murray, 1989).

### Early Childhood/Latency Age Children

The impact of parental alcoholism on young children includes conduct problems, depression, anxiety, hyperactivity, low self-esteem, peer aggression, poor school performance, and reduced sense of self-efficacy (Dore et al., 1996). The impact of parental substance abuse on cognitive functioning, as it manifests in academic performance may be related to deficits in parent supervision and schoolwork monitoring.

## Adolescents

Considerable evidence exists to suggest that both parental substance use and attitudes towards drug use are major factors affecting substance use among adolescents (Baer, Garnezy, McLaughlin, Pokorny, & Wernick, 1987; Brook, Brook, Whiteman, Gordon, & Cohen, 1990; Chassin, Curran, Hussong, & Colder, 1999; Li, Pentz, & Chou, 2002; Thompson & Wilsnick, 1987). By contrast, non-use of substances by parents has been identified as serving a buffering function in protecting adolescents from using alcohol and other drugs (Li, Pentz, & Chou, 2002).

Parent-adolescent conflict has been strongly associated with youth involvement with alcohol and other drugs (Baer et al. 1987; Hops, Tildesley, Lichstein, Ary, & Sherman, 1990). Adolescents use alcohol and other drugs to ease tension at home or to show rebellion against parental authority (Thompson & Wilsnick, 1987). On the other hand, positive family relations including parental affection and support have been found to be a deterrent to adolescent drug use (Bowser & Word, 1993; Stewart & Brown, 1993). Brook, Brook, Whiteman, Gordon, and Cohen (1990) found that adolescent drug use is inversely correlated with parent-adolescent attachment, which includes parental involvement in limit setting, parental assertiveness, affection and child-centeredness, and identification of children with parents.

## Adults Children of Substance Abusers

The effects of family substance use and abuse on children do not end once children grow up. As the research on adult children of alcoholics (COAs) shows, many remain at risk for behavioral, psychological, cognitive, and neuropsychological deficits well into adulthood (Anda et al., 2002; Chassin, Pitts, DeLucia, & Todd, 1999; Johnson & Leff, 1999; Scharff, Broida, Conway, & Yue, 2004). Specifically, COAs may experience long-term impairment in self-esteem regulation, the maintenance of intimate relationships (Lewchanin & Sweeney, 1997) and increased feelings of shame (Hawkins, 1996).

## FAMILIES AS A TREATMENT AND RECOVERY RESOURCE

The need to address family issues in a comprehensive treatment program is becoming widely recognized (Craig, 1993; Kelley & Fals-Stewart, 2002; McIntyre, 2004; Straussner, 2004). Family involvement is often sought because of the critical role it has in getting addicts into treatment, participating in aftercare, and preventing relapse and maintaining recovery (Costantini, Wermuth, Sorenson, & Lyons, 1992; Gruber & Fleetwood, 2004; Gruber, Fleetwood, & Harding, 2001; Knight & Simpson, 1996; Margolis & Zweben, 1998; McCrady et al., 1998; Ossip-Klein & Rychtarik, 1993; Stevens-Smith, 1998).

The literature shows that parent and family oriented intervention programs can be effective in preventing and reducing youth substance abuse (Lochman & Steenhoven, 2002). Women who report support from partners or spouses are more likely to remain in treatment (Knight, Hood,

Logan,& Chatham, 1999) and to have better treatment outcomes (Gutierrez, Russo, & Urbanski, 1994; Weiss, Martinez-Raga, Griffin, Greenfield, & Hufford, 1997).

## FAMILIES AS A PREVENTIVE RESOURCE: RISK AND RESILIENCY

The concepts of “risk and resiliency” are important factors to consider in the treatment and prevention of alcohol and other drug use (McCubbin, McCubbin, Thompson, & Han, 1999). Risk refers to the confluence of factors that relate to the probability of an individual’s chemical use and dependence. Resiliency refers to the capability of an individual to avoid or recover from adverse effects of alcohol or drug use. When related to families, the determination of risk and resiliency is much more complex, but nevertheless important to achieving either avoidance or minimizing the negative effects of substance abuse on the individual and the family. Family risk (and conversely resiliency or protective factors) is more than just the summation of risk for individual family members. Rather it involves what family members bring to the family dynamics, its processes, and its determination of the family unit (McCubbin, McCubbin, Thompson, & Han, 1999).

There has been increased attention in targeting family resilience factors in reducing the onset and frequency of adolescent substance abuse. The presumption is that by increasing family action factors, such as bonding in the family, involvement of the family in community activities with their children, and use of community services to address family or youth problems, substance use among youths can be reduced or avoided (Johnson, Bryant, Collins, Noe, Strader, & Berbaum, 1998). Hawkins, Catalano, and Miller (1992) in a review of risk and protective factors for alcohol and other drug problems in adolescence and early adulthood concluded that family and family environment related factors, such as (a) family alcohol and drug use and attitudes toward/ permissiveness of use, (b) family behavior and activity management practices, (c) family conflict, and (d) low family bonding, contributed to youth substance use. Conversely, they identified protective family and family environment factors to include: (a) high family bonding and parental attachment, (b) stable family environments, and (c) supportive family environments.

The means by which family characteristics might serve as protective factors, at least for children and adolescents, are suggested by Brooks and others (e.g., Brooks et al., 1994). They suggest that parental attachment, positive role modeling, and vigilant monitoring resulting in compensatory actions by parents to intervene may reduce youth initiation in or patterns of use of substances that result in problematic drug or alcohol use. Interventions that focus on protective factor development through improvement of parenting and family functioning have been able to show positive results in improvements in children’s social and emotional functioning (Atkan, Kumfer, & Turner, 1996) and reduction in anti-social behavior linked to adolescence substance use (Hogue, Liddle, Becker, & Johnson-Leckrone, 2002).

## CONCLUSIONS

The literature reviewed in this paper underscores the fact that substance abuse occurs in families, harms families, and that families are important to both the etiology of addiction and recovery. Our assessment of the state of the literature suggests that a more comprehensive inclusion of families in future studies warrants consideration. To this end, we conclude our paper with recommendations for strengthening the family perspective in six areas of substance abuse research and treatment.

### 1. Incidence, prevalence, and impact of substance abuse.

Because most studies count the incidence, prevalence, and impact of substance abuse in terms of the individual substance abuser, it is simply not determinable to what extent families are negatively impacted by alcohol and other drug abuse by a family member. Studies of child abuse, neglect, and domestic violence have linked substance abuse to the occurrence of these events. Studies of children of alcoholics also suggest that there may be long-term negative effects of growing up in a substance abusing family, including intergenerational substance abuse, adult adjustment problems, especially in the area of intimate relationships, and a general inability to move beyond the early adverse experiences. In the future, it will be essential to expand and modify current methods of assessing incidence and prevalence in order to capture the family as a whole.

### 2. Substance abuse as related to the functional characteristics of the family.

There is a need for a change in philosophical stance that both honors the richness and dynamic nature of families and at the same time, illuminates points of inquiry that reflect this stance. For example, when families are considered in substance abuse research and treatment, it often is from a “snapshot view” or a picture of the family frozen in time. In other words, dynamic families with rich histories are reduced in many ways to one “treatment episode” or seen only in relation to their effect on the substance abuser. What is missing are the ways in which substance abuse impacts the factors that make families, well . . . families. In particular, it is important to know how the functional characteristics—relationships, responsibilities, alliances, roles, rules, and behavior—of families all contribute to the impact that substance abuse has on the family. Consequently, in order to improve our understanding of substance abuse as both a determinant of poor family functioning and as a consequence of family dysfunction, it is essential to develop more systematic inquiries into these functional characteristics and relationships (Csiernik, 2002).

### 3. Developmental stages of family substance abuse and recovery.

Substance use in families is not a static occurrence but is likely to follow a developmental pathway from experimentation to misuse to abuse or dependency. Problematic use along this continuum may follow a number of paths that reflect stages of improvement or recovery (e.g., see Brown & Lewis, 1999; Carboni & DiClemente, 2000; Connors, Donovan, & DiClemente, 2001). But, just as substance abuse changes, families change as well and the impact of the substance abusing family member may have minor to moderate impact on the family. Important

too, is the composition of the family (i.e., young versus older children) and the availability of support within and outside the family to address the impact that the abuse of alcohol and other drugs has had (Straussner, 2004).

To increase our understanding and the development of more effective interventions, more research needs to focus on the impact on substance abuse in families over time, and not just during isolated contacts with treatment providers. It is essential to factor in the developmental aspects of substance use as well as the developmental path of factors such as social capital (Granfield & Cloud, 2001) that relate to recovery to better determine what is needed to be done in cases where it occurs. Understanding family involvement in recovery efforts along a continuum based on the substance abuser's level of motivation is another way of taking developmental factors into account (Thomas & Corcoran, 2001).

#### 4. Families as the unit of measurement in the study of substance abuse.

The primary assumption of this paper is that the family is a critical point of consideration for addressing most cases of substance dependency. Consequently, instead of isolating individuals within families we need to develop ways to look at the effects of addictions on the entire family. Though many studies have included assessments of spouses, parents, children, and in some cases other family members, the vast majority of studies have not considered the substance-affected client as part of the family that includes these individuals and the multiple family roles that they may fulfill. For example, an adult male may be a father, spouse, and child (to his parents)—and these family membership categories have different implications for the family and for how substance abuse affects the roles and responsibilities associated with each of these roles. Therefore, it is critical to consider the impact a family member may have as a function of multiple roles and their impact on different family function characteristics.

#### 5. Families as resources for developing strategies to combat alcohol and drug addiction.

It is well documented that parents are important models for their children's substance use (e.g., see Lyter&Lyter, 2003). Parents who use alcohol and drugs often raise children who also use alcohol and drugs. It is also frequently the case that in couples in which one member has an alcohol or drug problem, the non-using partner will develop a substance use problem or co-dependency to keep the couple together. These "sources of influence" represent potential keys for the developing of effective prevention and intervention strategies, by virtue of their "association" on a variety of social, emotional, and physical levels. These levels in turn impact a variety of influence processes such as modeling, socialization, behavior modification, and the deterioration of emotional boundaries. Therefore, the connections among family members represents a rich source for investigating some of the major pathways by which many individuals become exposed and ultimately dependent on alcohol and other drugs. This is especially important as we have historically underestimated the positive influence that families can exert upon members struggling with addiction (see Thomas & Corcoran, 2001).

## 6. Family risk and protective factors related to substance abuse.

A final line of recommended inquiry is family-related risk and protective factors as moderators or mediators of problematic behavior (e.g., see Hawkins, Catalano, & Miller, 1992). This perspective has been primarily examined with respect to child and adolescent substance abuse (Lyter & Lyter, 2003), and it is time to extend this view to families. Because families are dynamic entities changing throughout its cycle of development, a risk and protective factors perspective is well equipped to capture changes in the family's barriers and resources to positive family functioning and relationships. Finally, by moving to a risk and protection focus, there is less of an emphasis on family pathology and more emphasis on avenues of recovery—a perspective that benefits all family members.

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