
PROGRAMME ON
**SUBSTANCE
ABUSE**

Preventing
substance
abuse in
families

A WHO position paper



WORLD HEALTH ORGANIZATION

ABSTRACT

This short paper presents a comprehensive view of the relationship between substance use and family health. It reviews the impact of substance abuse on individuals, families and communities, as well as examining the ways in which families can take positive action to promote better health. The paper concludes with a description of past and current WHO activities in this area, as well as suggestions for possible future action.

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I. INTRODUCTION

The World Health Organization (WHO) considers that the use of psychoactive substances should be seen comprehensively as a family concern and not only as an individual habit. Since both causes and consequences of drug use can be located within the family, preventive interventions will be more effective by targeting the whole system of family relationships at the biological, psychological and cultural levels.

The Organization also views the relationship between the production, distribution and use of psychoactive substances and the family as an issue of social development. It is necessary to look beyond the individual consequences of drug use to the broader issue of families living in communities which have become economically dependent upon a drug industry or which have been undermined by the use of psychoactive substances. In this respect, WHO recognizes that many of the drug related problems faced by families include, but are not necessarily confined to harmful or dependent use.

Given the many ways in which the family and the health of its constituent members can be affected by psychoactive substances, WHO has made a commitment to search for effective means of preventing problems associated with the use of drugs as a component of promoting family health. In establishing this commitment, WHO recognizes that its efforts must encompass both the consequences of drug use and the contextual aspects in which psychoactive substances are used. Interventions aimed at reducing and preventing drug use can have consequences which go beyond the individual drug user and which influence whole families and the communities in which they live.

A healthy family is a dynamic, interactively supportive network within which its members adjust to life cycle changes and other challenges; it is also an entity whose boundaries normally allow continual interaction with the outside world. A healthy family nurtures, provides emotional support and promotes the personal and social development of its members, communicates interactively and shares among its members material, as well as moral, support. All of these factors contribute to the ability of family members to cope with life cycle events, from birth to death. At its best, family health implies not only the absence of domestic violence, of physical and psychological abuse, and of isolation, starvation and homelessness, but also a sense of well-being and a drive to the personal fulfilment of all its members.

The family is the arena for learning healthy behaviour, including ways of avoiding or dealing with the problems associated with substance use and abuse. The capacity of families to promote healthy behaviour can be enhanced by providing relevant information to support preventive education and by encouraging primary health care interventions focused on early detection and prompt assistance to families affected by problems associated with substance use and abuse.

II. THE IMPACT OF SUBSTANCE ABUSE ON FAMILY HEALTH

A more comprehensive review of the impact of substance abuse on family health is being prepared by WHO as document WHO/PSA/93.6. The purpose of this section of the Position Paper is therefore only to describe the broad areas in which family health can be affected. In considering this topic it is essential to avoid assuming either that parents are invariably responsible for the problems experienced by their children or that substance users can be blamed for all the problems experienced by the families in which they live.

All families experience ups and downs as part of the life process. It takes the collective effort of the individuals comprising a family to deal effectively with issues that affect the integrity of that unit. Families can, however, be gravely damaged or destroyed by excessive use of psychoactive substances by family members. The damage can result from the immediate effects of substance abuse, such as violence associated with intoxication, or long-term effects, such as economic problems, discord and breakdown resulting from dependence and impaired health.

Substance abuse rarely affects the user alone, or in isolation. Alcohol and drug abuse precipitates varying degrees of change in the mental, physical and social state of those concerned. Thus it is likely to impair or influence a broad range of behavioural responses to the immediate social environment, especially the family. The impact of drug-related health problems such as infectious diseases, particularly HIV/AIDS, and non-communicable diseases and injuries is felt by all family members.

At the same time, there are other major family problems, such as those associated with unemployment, chronic infirmity and mental and other disabilities. The impact of these kinds of problems on families can clearly include an increased risk of producing problematic substance users. An extreme example of such a situation is when a family abandons its children or sends them to work in the streets, thus potentially producing street children or child prostitutes who will themselves abuse psychoactive substances. In short, it is not only that drug users disrupt their families, but also that problematic families can induce their members to abuse substances.

Health and social problems associated with substance use can affect all stages of human life. Fetal development as well as that of the young infant, may be severely impaired by parental substance abuse. The interaction of genetic and environmental factors appears to predispose to alcohol and drug dependence. During childhood and adolescence, the family environment has a profound influence on a whole range of decisions, including those related to substance use.

Alcohol and other drug problems, especially among parents, may go undetected or unacknowledged by the family for years, it may also be deliberately concealed or even stimulated by the family. The correlation between excessive alcohol use and marital violence, including marital rape and incest, is well established. In many cases, family members deny the existence of substance abuse problems and make heroic efforts to carry on life as usual.

Financial hardship owing to excessive borrowing, and diversion of family income to purchase drugs and alcohol are other dysfunctional effects of substance use and dependence in families, resulting in insufficient resources being available for food and other physical necessities of life. Non-drug using members of a family containing one or more drug abusers, especially

younger family members living with adult substance abusers, frequently suffer a deprivation of human rights: of basic education and health care, freedom from hunger and fear.

The task of controlling the use of alcohol and other substances by family members more often than not falls to women. Women are also the most frequent targets and victims of physical violence by those who are substance abusers. At the same time, substance abuse among women is itself a growing problem. It includes higher rates of abuse of psychotropic medications than are common in the male population. Most societies are more tolerant of substance abuse by men than by women. On the whole, society expects women to take more responsibility for the care of their own health and that of other family members than it does men; but women who develop a drug or alcohol habit, and thus find difficulty in performing this role, will seldom find easy access to treatment services.

Substance abuse among the aged is also a growing problem, but less well recognized. With improved longevity and the shrinking of the traditional extended family structure, the elderly are increasingly isolated and often deprived of a significant social role. Loneliness and boredom, and a lack of self-esteem may trigger a late-onset of substance abuse.

Thus, whether the immediate impact of substance abuse is upon an individual or upon several family members it is likely that, one way or another, it will involve the whole family and the community around it. Similarly, the community and the family can contribute to and condition the substance abuse problems experienced by individuals.

The family, viewed as a dynamic system, not only experiences the consequences of substance use, but plays a role in ameliorating its effects and in shaping the community's response. In this respect, the family helps to determine community attitudes toward the production and use of psychoactive substances, and can provide support for individuals with substance use problems.

III. WHO INITIATIVES ON SUBSTANCE ABUSE PREVENTION IN THE FAMILY

WHO, through its Programme on Substance Abuse (PSA), and in close cooperation with other United Nations Agencies such as the United Nations International Drug Control Programme (UNDCP), the United Nations Interregional Crime and Justice Research Institute (UNICRI), the International Labour Organisation (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the United Nations, New York, Department of Policy Coordination and Sustainable Development, Division for the Advancement of Women (UN/DPCSD/DAW), works to try to reduce the negative impact of existing substance use and to prevent new problematic substance use in all its forms from developing. Many of these efforts emphasize the importance of primary health care and community involvement.

WHO publications and documents which address the issue of psychoactive substance use and the family include:

IV. FUTURE DIRECTIONS

The World Health Organization is committed to coordinating international efforts toward promotion of family health in diverse cultural, economic and environmental contexts. Given the many ways in which psychoactive substance use can negatively impact on the health of families, the prevention of damaging substance use must be considered a key component of any effort to strengthen the health of families. In an attempt to achieve a goal of family health, there are a number of initiatives in which WHO might either take a lead or provide technical advice:

- * Identification of effective family centred interventions for preventing and responding to drug use problems;
- * Development of guidelines for the early detection of problematic substance use by pregnant women and their spouses;
- * Development of guidelines for the appropriate treatment of pregnant substance users and small children in at-risk families;
- * An investigation of the scope of drug use problems among the elderly;
- * Investigating how economic and developmental issues relate to and influence the association between drug use, its production and consequent impact on the family;
- * Development of training materials for health care workers relevant to the detection, treatment and prevention of substance use during pregnancy, early childhood and among adolescents, adults and the elderly;
- * Exploring ways in which the family unit influences community attitudes and responses to the use of psychoactive substances;
- * The continued promotion of substance use prevention and early detection as part of the practice of family medicine and primary health care;
- * Monitoring ways in which changing drug use patterns impact on the family.

Finally, WHO can collaborate in alcohol and drug use prevention initiatives emanating from both the health and non-health sectors. These types of initiatives include mobilization of community networks (including women's organizations, self-help groups, governmental and nongovernmental organizations); enhancement of cooperative linkages between health care services and the community; family-school linkages in the detection of early signs of substance use; mass media campaigns; workplace and school teacher education; and investigations of the socioeconomic impact of efforts aimed at reducing the impact of psychoactive substances on the survival of families and communities.