Shattered dreams: Parental experiences of adolescent substance abuse

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ABSTRACT: Drug or substance abuse by adolescents continues to have a major impact on the health and well-being of young people and poses a serious management problem for health workers. While the majority of the problems surrounding adolescent substance abuse rest on the parents, little is actually known about their experiences. This study aimed to describe and construct an interpretation of the lived experiences of parenting an adolescent who abuses illicit substances. A qualitative approach, underpinned by the tenets of phenomenology, was used to conduct in-depth interviews with 18 parents. Thematic analysis revealed eight themes: confronting the lies, deceit, and suspicion; struggling to set limits; dealing with the consequences; living with the blame and the shame; trying to keep the child safe; grieving the child that was; living with the guilt; and choosing self-preservation. The results indicate that parents struggle to manage the problem, are left to deal with the consequences of the behaviour with little support, and are constantly looking for answers to the questions raised by the problem.

KEY WORDS: adolescent substance abuse, drug abuse, parenting experiences, phenomenology, substance abuse.

INTRODUCTION

Many adolescents choose to use some form of recreational or illicit substance during their teenage years with experimentation occurring as early as 10 years of age. The substances used by younger adolescents include readily available substances such as solvents, alcohol, and tobacco (Bonomo & Bowes 2001; McIntosh et al. 2003). A survey of high school students in New South Wales in 1999 found that 16% of students between 12 and 17 years drank alcohol on two or more occasions a week and one-third reported engaging in recent hazardous drinking (Lovelace et al. 2001). Increasing rates of drug experimentation are reported in 14 to 17-year-olds who are known to use and abuse substances such as cannabis and party drugs. Others will also experiment with more harmful substances such as amphetamines and opioids (Bonomo & Bowes 2001; Jackson & Mannix 2003). A survey of patterns of drug use in New South Wales, 2004, found that the use of illicit drugs was approximately 28% in the 14 to 19-year-olds group (Australian Institute of Health & Welfare 2005). Of those surveyed, 22% reported having recently used an illicit substance (Australian Institute of Health & Welfare 2005). This poses significant problems for families, in particular parents, on whom the burden of management of this behaviour falls (Usher et al. 2005).

BACKGROUND

Substance abuse is dangerous in people of all ages (Baigent 2003); however, substance abuse has particularly deleterious effects on young people. Defining terms such
as substance misuse and abuse prove to be difficult (Curtis 2005); however, for the purpose of the study reported here, substance abuse was defined as the use of drugs or alcohol in such a way as to disrupt the prevailing social norms (Saunders & Young 2002).

The effects of substance abuse can be identified in many areas of the young person’s life including areas as diverse as schooling, health, and family relationships. It is also a major contributor to accidental injury (Bonomo & Bowes 2001; Bruner & Fishman 1998), has been linked to cardiac, neural, renal, and hepatic disorders (Baigent 2003), and is known to impede normal cognitive, emotional, and social development if commenced at a young age (Myles & Willner 1999). Substance abuse in adolescence has also been associated with many other risk-taking behaviours such as sexual activity or weapon carrying resulting in significant morbidity and mortality (e.g. sexually transmitted diseases, human immunodeficiency virus (HIV) infection, pregnancy, homicide, and motor vehicle accidents) (Bruner & Fishman 1998). There is increasing evidence of significant links between psychiatric comorbidities and substance abuse in children and adolescents (Ehrmin 2001; Myles & Willner 1999). Research indicates that males are more likely to be regular substance users than are females (Al Kandari et al. 2001; Kulis et al. 2002; Zweig et al. 2001) and are more likely to adopt later cannabis use if they have been early users (Griffin et al. 2002).

Regardless of their origin or extent, the burden of managing the problems associated with adolescent substance use inevitably falls on the family, particularly the parents. As research has identified the important role of parents in reducing risk and providing protection to substance-using adolescents (Liddle 2004), the value of developing a deeper understanding of their experience was considered to be warranted by the authors. As a result of our past experiences and work with adolescents, we were challenged to conduct this phenomenological study to explore the experiences of parenting a substance-abusing adolescent.

THE STUDY

Aim

This study was part of a larger qualitative study that aimed to explore the experiences of family members of a young person with a substance abuse problem. This paper reports the experiences of parenting a substance-abusing adolescent. The aim of the paper is to describe and construct an interpretation of the lived experiences of the parents who were caring for a substance-abusing adolescent.

Methodology

In order to understand these experiences, we used a phenomenological hermeneutic approach based on the philosophy of phenomenology (Husserl 1965; Merleau-Ponty 2002) and hermeneutics (Heidegger 1978; Van Manen 1990). In the phenomenological approach, the life-world is tacit thus the researcher must turn to the life-world with the aim of understanding the phenomenon on its own premises rather than taking its meaning for granted (Dahberg et al. 2001). Furthermore, such studies seek to explore the experience and allow the person’s experience to speak so that it may be understood (Caelli 2000).

Participants and setting

Purposive sampling was used in the study as this allows for the selection of participants based on their particular knowledge of a phenomenon (Streubert & Carpenter 1995). Parents of adolescents who had abused substances including alcohol, marijuana, amphetamines, and ecstasy, in one regional and one urban area, were invited to take part in the study. We included these two sites to ensure we captured a rich understanding of the issue as it faces parents in both urban and rural areas. Eighteen parents, made up of 16 mothers and 2 fathers, volunteered to take part in the study. The parents were all non-Indigenous Australians. All 18 participants included in the study self-identified as parents of an adolescent who had experienced difficulties associated with serious and ongoing illicit substance abuse.

Data collection

Parents were invited to take part in the study via media advertising. Following recruitment to the study and after obtaining informed consent, parents took part in an in-depth conversational style interview. In phenomenological research, the focus is on the lived experience so narratives are often the preferred method of data collection. The interview evolved around the opening prompt: ‘Please tell me about your experiences of having a substance-abusing adolescent’. To achieve deeper understanding, participants were asked further questions designed to help them recall and reveal their experiences as is usual in qualitative studies (Polit & Beck 2004). Each of the interviews lasted for 1–2 hours, was audio-taped and transcribed, and notation included to indicate periods of silences, periods of tearfulness, or other events.
Ethical considerations
The institutional ethics committees at James Cook University and the University of Western Sydney approved the study. Participants were provided with information sheets and asked to sign consent forms if they agreed to take part in the study. Pseudonyms were used throughout the study to protect participant privacy.

Data analysis
The audio-recorded interviews were transcribed verbatim. Phenomenological analysis of the transcripts was undertaken using the following steps: all transcripts were read a number of times to glean a holistic description; the meaning units were identified and explicated; a highlighting approach was then used to isolate thematic statements from the transcripts; essential themes were then clustered and organized into patterns that described the experience and reflected meanings (Van Manen 1990).

FINDINGS
Eight major themes emerged from the data to illuminate the meanings of the lived experience of parenting a substance-using adolescence. These were: confirming suspicions; struggling to set limits; dealing with the consequences; living with the blame and the shame; trying to keep the child safe; grieving the child that was; living with the guilt; and, choosing self-preservation.

Confirming suspicions
Parents’ early suspicions that their adolescent was abusing substances were often triggered by subtle behavioural changes, but the full realization occurred over time. Parents also struggled with their doubts about the behaviour as they did not want their suspicions confirmed. However, they increased their surveillance of their child in order to confirm their doubts. Over time, however, the behavioural changes often became more apparent, which meant the parents could no longer pretend they were not happening.

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you know in the back of your mind, you know something isn’t right, but instead of... you just keep sort of going it ‘will clear up, it looks okay’. But then she kept, she just started to lose a lot of weight, she never had money even though she was working a lot. Well sort of like I guess the real crunch for me that I knew something was wrong, she came home really late one night, and she sort of seemed to just fall apart, but at the same time be yelling and screaming, and it was all about a moth that was in her room, and it was a big giant monster and so I sort of started thinking ‘hang on you know there is something going on here’ and then I would sort of sit down and just have a chat with her and she started saying ‘her friend had this drug problem’ and I went ‘oh okay’. (Francine)

Early attempts to challenge the adolescent about their behaviour often resulted in the adolescent lying and attempting to cover up the behaviour or any related evidence. The impact on the family became tumultuous with resulting decline in the communication between the adolescent and parents. Eventually, the parents challenged the adolescent about their suspicions and some even took actions to confirm their doubts.

...he started losing weight, a lot of weight, and then he started getting really moody and I said to my husband ‘oh... there is something not right’, and I would say to him, ‘Jim are you on anything, are you on drugs’? ... I just happened to pick up a shirt one day... it was a white shirt and I saw a little tiny spot of blood on the sleeve... I don’t even know why I was looking, it might have been just a subconscious thing I don’t know, it is just something you feel or something. I said, ‘Jim have you been putting needles in your arm?’ He said ‘no don’t be an idiot why would I be doing that for’ I said, ‘Jim give me a look at your arm?’ he would not show me his arm, he would not show me, he said, ‘you don’t believe me’ like really bugging it on, ‘like if you don’t believe me, I am not going to show you my arm’, I said to my husband, ‘he is on something’, ... He went to work that day with my husband... so I went into his room and I pulled his room to pieces and I had stuff everywhere, oh God, it has got to be here somewhere, well it was, I went down through the drawers, pulled the bottom drawer up, had a heap of syringes and stuff, oh it killed me, honestly it just killed me, freaked me right out. I rang my husband, I said, ‘get home now, get him home with you’, he said, ‘what is wrong?’ I said, ‘I am not saying, just get home’, well when he come home I attacked him, I attacked him about it, you know just confronted him straight on. I was, I was so angry... (Tina)

Struggling to set limits
As parents attempted to manage the behaviour related to substance abuse, they tried to set limits on the adolescent’s behaviour, particularly what was assumed to be linked to the use of illegal substances. For most parents, this seemed to be a type of trial and error approach where they used differing techniques in the hope they would eventually find one that worked for them. The participants described an intense struggle attempting to deal successfully with the behaviours associated with the substance abuse.

I started off by laying the law down right, but then I soon found out that he would just go behind my back, anyway
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and find ways to do whatever he wanted to do and all that resulted in was him losing respect and thinking that he was getting away with it. It was just undermining the relationship you see and meanwhile I didn’t know what he was doing and I was just hearing about it and finding out about it a lot of suspicious behaviour. So I altered my mode of operandi, because I realised he was going to do whatever he was gonna do. So anyway I shifted the balance then to parenting an adult even though he was not an adult. Um, but he has always been terribly headstrong, so I thought well I’ve got no chance of controlling his behaviour, that is not going to happen. So all I can do is try and minimise the damage by finding out what is happening and being a friend to him and then if I know what is going on then hopefully I can influence his behaviour . . . (Sandra)

Parents even tried to engage with the Police Force in hope that this would encourage the adolescent to change their ways. This limit-setting attempt was often in response to stealing associated with substance abuse.

I tried to make him accountable and I would take him to the Police Station with the stolen stuff. I once took the stolen stuff to the Police Station . . . I asked them would they take him to prison, would they take Ben in with them and show him what prison was like . . . (Maggie)

Even though it appears that in many instances the parents in this study reported giving in to their adolescent’s needs and behaviour regardless of the limits they tried to place on them, a time came when they could take no more. At this stage, the parents appeared to disengage from the adolescent and the associated substance abuse problem.

I saw him for the last time and he was on his way to prison again for I don’t even ask anymore, what for. The court said that . . . James (informants grandson) was not to visit the prison or any drug rehabilitation unit. Paul said, ‘mum, please you don’t have to tell anyone, but come and visit me with James in the prison.’ I said, ‘no Paul, I am not going into any prison, I have seen so many prisons, I am not going there anymore, I don’t belong there.’ . . . I thought I don’t live that life . . . I don’t deserve this and I said, ‘I am not visiting you in anymore prisons, that is it, and James is not visiting you or his mother anywhere.’ (Judy)

Disengaging or withdrawing from the adolescent, even though usually a last resort, proved to be difficult and added to the level of guilt expressed by the parent.

Dealing with the consequences

The impact of a substance-abusing adolescent on the family is significant. It is an experience shared by the entire family and one that can happen to any family regardless of social standing.

The whole experience has been horrific, I probably used to think years ago, oh drugs, down and out people, like drug addicts and I don’t know, street people or something, but you, when it happens to you, it is just like, oh, you are a normal sort of a family and so it could happen to anyone . . . (Angelina)

The impact had many consequences. In particular, the parents had to learn to cope with the impact of the stealing behaviour on the adolescent as they became involved in the activity in some way. Often the stealing was from or involved the parents or the family.

He stole stuff to get more and more heroin . . . (Sandra)

When he was 16 he was stealing things, he stole things in conjunction with another young man that lived in our area and it was stuff like lawnmowers out of peoples garages, that is how it started and I found them in my car and I was horrified, horrified . . . (Maggie)

The problem often involved more than just stealing. Consequences related to substance abuse also included verbal and physical abuse where parents were terrorized by their own child.

You know he tried to steal my mobile phone off the table I ended up calling the police . . . he’d um slashed my car tyre, threatened me with a knife. (Sandra)

the verbal abuse is absolutely disgraceful . . . It is a terrible thing for you to sit there and listen to what your daughter is saying to you. You know personal stuff, ‘you fat whore, whatever, I don’t know all these words, you’re nothing, good for nothing, blah, blah, blah, I hope you . . .’; what did she say, ‘I hope you die’ and at one stage she was going to get bikies to come around and fix me up . . . (Angelina)

Accidents, particularly ones involving cars, were a common consequence that parents were called upon to manage. Many of these accidents were a direct consequence of drug abuse. Sandra’s son had crashed the car when intoxicated and called her to help him when he was able.

he rang me at six o’clock in the morning one day it had been raining and he said mum I am bogged . . . when we got down there the vehicle was not bogged, . . . there was a fence going around a cul de sac sort of like on a beachfront, you see he had actually run into one of the poles at such force, that the whole concrete thing had come up out of the ground. So he was not actually bogged, his car wasn’t even on the ground . . . and he had vomit all over
his shirt, you know he had been drinking heavily and probably smoking marijuana or whatever...I was glad that he'd had the accident because if he had of hit the highway he would have been dead. Obviously he was not fit to drive if he couldn't even get out of there. (Sandra)

The parents often became involved with the care of others associated with their child and began to take on responsibility for them as well. Maggie described how she chased around after a girlfriend of her son after he had been sent to jail for stealing.

I have been chasing around after, not just after my son, but a girlfriend at one stage, the poor little thing that did the same sort of stuff as him, got into terrible sticky things. I mean I would help her, if I could, but I couldn't in the end of course, I couldn't help her. She was just like him and she ended up in the Women's Section of the jail. She was a lovely girl, I tried to help her, she was selling his stolen stuff, you wouldn't believe it, would you, she was going around with these big stripy bags of electricals, which was stuff that he had stolen. He was already in jail, she was still out and supposedly not in trouble, but she was going around, selling this stuff. She met up with somebody that bashed her up, this is what she told me when she phoned me, 'come and help me Maggie, come and help me', so of course I drag over and help her with a bag full of the stuff (laugh). I think to myself, what am I doing? Her family had kind of given up on her, but in the end, she ended up in jail... (Maggie)

However, an often more serious and ongoing impact on the lives of the parents was ending up responsible for raising a grandchild that the adolescent parent could not or would not care for. Often these children are born suffering the effects of drugs such as heroin, which sometimes impacts on the development of the child.

What about this little one, I think it is God's miracle that he is as normal, he is a bit slow, compared to, when I compare him to the development of my other children, my children. He doesn't speak yet, but it is not very obvious. He is on the waiting list for the early intervention pre-school here...when you think about how many drugs he had in his poor little body. Because his mother, you think Paul was bad, I have got her toxicologist report. It is like there is heroin, speed, alcohol, methadone, valium, cannabis, there is everything. Everything under the sun...right through her pregnancy, alcohol you name it. He (grandson) was hooked [on drugs] when he was born... (Judy)

Being left to raise another child means that the parents, who may have been at a time in their life when they could start to do things together, find themselves once again tied down with a toddler with little support if any from the child's natural parent or government agency.

My husband and I don't go out very much, but we like to go to football games, home games, we have got season tickets. We can't always go, because sometimes she lets me down I will say, 'we need you to look after Kyle we are going to go to the football' then she will come over and then the next, something will happen and she will say to me, 'oh you only got me over her to babysit for you' and I say, 'don't you know how to babysit your own child?' (Angelina)

Living with the blame and the shame

Parents expressed concern that they were perceived by society as somehow responsible for their adolescent child becoming involved with drugs. The blame was directed particularly at mothers causing them to shy away from people involved in health-care delivery.

It is a problem society needs to deal with, but because they don't want to look at it, you just get blamed with the whole lot. I would not go to the police or the ambulance ever again. There's too much blame that goes on, um and me being his mother, I know that I cop a fair amount of that blame. Meanwhile the family just becomes more and more dysfunctional... (Sandra)

Shame is also connected to having a substance-abusing adolescent in the family. Society sends the message that parents who have a child with these problems must have had some role in the outcome as described below by Maria. So not only are parents left feeling the blame for their child's drug problem, they often feel shunned by society because of the assumptions about their role in the causation of the problem.

Unfortunately there is a stigma attached and if your kids get into drugs it is because you were sexually abused, physically abused, your parents were drug addicts or alcoholics... If I had done one of those things which I hadn't, it is not a very comfortable thing to live with... (Maria)

For Maggie, this shame was intensified because of her profession. As a nurse, she felt that she came under even closer scrutiny for her role in raising a child who was experiencing problems with illicit substances and that her role in the behaviour was somehow being questioned. Thus, she appeared to be even more affected by the shame of her child's drug problem.

My whole experience for me with my son has been completely and utter shame in so many aspects...the most
ghastly thing for me was that was my job, I am a nurse a mid-wife ... it was like total shame for me, you know ... (Maggie)

The parents are not only perceived as ‘bad’ or ‘neglectful’ parents by society, they are also often blamed by their child. The drug-abusing adolescent often blames others in their environment, including their parents, for the problems they experience in their life. For some of the participants in this study, this ‘blame’ from their child left them feeling angry and victimized.

I get very angry actually, because I wrote him a letter after the court case, because he was still blaming me, and I wrote him a very frank letter, I said, you need to stop blaming everyone around you, you need to look at yourself, you were given so many gifts, you were healthy, handsome, brilliant and what have you done with all your gifts? (Judy)

Trying to keep the child safe

Parents tried to involve their adolescent in harm minimization as an attempt to keep them safe. For some parents, the realization of the health threats associated with substance abuse led them to encourage their adolescent to adopt safe practices such as immunization and safe sex.

I immunised him against Hep B and I did the whole lot, yes um that was one of my strategies for harm minimisation and so he had that and he knows that he could have got Hep C. (Sandra)

Substance abuse often involves dangerous behaviour and parents were forced to engage with this in their attempts to assist their child. As well as the fear of their adolescent child being involved in car accidents because of their substance abuse, some of the parents were also confronted with the need to manage suicidal behaviour. Francine described how she had to implement strategies to ensure her daughter could not jump out of a moving car while suicidal.

I just put her in the car and she wouldn’t even sit in the front, so she sat in the back seat and I put the child proof locks on so she couldn’t get out, because her dad had said that at one point when he picked her up she said ‘I hate my life it sucks’ and went to jump out of the car while he was still driving ... (Francine)

Grieving the child that was

These parents also expressed a feeling of overwhelming loss. The loss was for the child that was or the child that could have been. Parents raise their children with many hopes and expectations but for the parents of these young adolescents, the dreams were shattered. As a result, the parents grieved for the child they knew and for the adult they had expected their adolescent to one day become. The following statement indicates how parents mourn the loss of the child they knew prior to the substance use.

I still grieve for the person that he used to be ... (Maria)

Parents also described how they mourned the loss of the potential they saw in the adolescent and the future they hoped for them prior to their engagement in substance-using behaviours. This is portrayed in the following story where a mother outlines her shattered dreams:

Well I did go through a bit of a grief process like I said, denial first, and then definitely a lot of that bargaining went on, um, and just for the depression and the grief of it, you know and I do feel that I have lost my son, who my son could have been because he will never have a loan, he’ll never own a house, or he’ll never own land or anything like that because he it is impossible for him to get a bank loan, of any description, um I don’t know if he will ever have a full time job again because once you have these big spaces on your resume ... there is nothing to put down, it just becomes increasingly difficult to get work, um, so a lot of his things are already set in concrete now and a lot of his potential has disappeared down the drain now ... (Sandra)

Unfortunately, some of the participants of this study were also left to grieve the death of their adolescent due to substance abuse behaviour. These participants described not only the loss of the hope for their child’s future but also their own feelings of despair at being helpless when faced with the substance problem experienced by their child.

Living with the guilt

Parents also expressed intense feelings of guilt related to what they perceived as their role or failure associated with their adolescent child’s substance addiction. This guilt takes many forms. Sometimes, the parents become so fed up with the adolescent’s behaviour they wish they would go away but then when they do, they feel guilty that something untoward may have happened to them.

sometimes I just think, I wish Mary would stay away from me ... and then she does, and I just worry ... (Angelina)

Other parents experienced this guilt because they made their child leave home and live elsewhere after their behaviour became unacceptable to the family.
you’re still racked with guilt knowing that you’ve kicked your daughter out of the house. But you think well, there are no other options here that I could see at that point in time . . . (Francine)

For other parents, the guilt was associated with the fact that their adolescent child had become associated with drugs and all that goes with it. Parents express feelings of guilt related to what they see as their own failings as a parent.

Yeah, I really did I thought where have I gone wrong, you know. When his father and I separated he . . . his father took him down to live with him and of course when all this happened . . . I felt guilty. I thought I should have done more to keep him here. He should have had a better upbringing so yeah I did feel guilty and I still do . . . (Betty)

I thought . . . I had failed I failed as a mum. Why did I not see this, why could I not protect my son from this? Why couldn’t I make him better? . . . But until then it was where have I gone wrong? You speak to these other people and you think, how did their son or daughter get into this? (Maria)

The guilt is particularly intense for parents whose child has died as a result of their substance abuse. Even though these parents tried to help their child, they still feel an immense responsibility associated with the premature death of their child. This is demonstrated here by Tina’s experience where she recalled how her son died after going off the methadone programme he entered to help overcome his heroin addiction.

We got him on methadone, which helps, but I would advise anyone not to go off methadone, honest to God and I think that was, I look back now and I think why didn’t I? (Tina)

Choosing self-preservation
Parenting the adolescent and dealing with their substance-using behaviour placed many stressors on the parents. The adolescent’s substance use impacted on the health of the parents as well as their relationship with each other and other members of the family. Eventually these parents reached the point where they could take no more and they began to look for ways to preserve their own identity separate from the substance-abusing adolescent. This often involved taking a stand and divorcing themselves from the behaviours and actions of their child. For some parents, this step resulted in an improvement in their health and well-being.

Well I am a fairly strong person but eventually I said, ‘this is too much for me’. I told Paul that he was old enough and big enough to make his own decisions and we had carried him for long enough and he had to stand on his own two feet and . . . that was it . . . and I didn’t have anymore back pain, I didn’t have anymore migraines, I didn’t have anymore stomach aches . . . (Judy)

Some parents, however, only recovered after their adolescent child had died as a result of their substance abuse. These parents too needed to take some type of affirmative action to move on and reclaim their life.

I sort of stand there crying I did the first 4 months, you couldn’t look at me. I might say have a little cry at night, but I might cry until the next afternoon but it is only a little tear and I think, no come on, I mean, you know everyone has sort of got to get moving and go on . . . (Tina)

DISCUSSION
The aim of the present study was to explore how parents experienced living with an adolescent child who is abusing illicit substances. It became apparent early in the study that the parents who made contact with the research team were not only interested in participating in our study, but wanted answers to their own questions. These parents are doing it tough, on their own, while searching for their own understandings. Although the study provided support for the findings of previous studies (Jackson & Mannix 2003), this study offers valuable insights in what it is like to have an adolescent who abuses illicit substances in the family and adds considerably to the current knowledge in the area. Interestingly, even though the study included participants from both a rural and an urban setting, the experiences were remarkably similar.

The parents provided insight into the painful realization that occurs early in the adolescent’s substance-using behaviour where they are confronted with the unusual or out-of-character behaviour. The seriousness of the impact of substance use on the family identified in this study is consistent with the findings of Jackson and Mannix (2003); however, the impact of the initial suspicions surrounding substance-using behaviour was not previously known. The descriptions of torment and suspicion as these participants attempted to deal with the problem alone, as best they could, provided powerful insight into this parenting experience.

The study also provides numerous examples of how the participants in the study were left to manage the consequences of their adolescent child’s substance abuse.
Consequences ranged from stealing behaviour and dealing with law enforcers through to assisting with activities of daily living and relationship issues. Some of the participants in this study revealed how they were the ones left to raise the children of their substance-abusing adolescent. This is a significant finding of this study that has not been previously highlighted. The parents are thus not only attempting to manage their adolescent child’s drug problem and other related issues, but are also left with the added responsibility of a further child to raise.

The finding that parents experienced blame and shame as a result of their child’s behaviour is also significant. Although a number of studies link adolescent substance abuse with parental risk factors such as marital conflict, parental drug abuse, family dysfunction, and genetic factors (Gilvarry 2000; Myles & Willner 1999; Spooner & Hall 2002), this finding seems to fit closely with the Jackson and Mannix (2003) study where mothers reported experiencing undercurrents of blame from health professionals. In this case the blame appears to have come from many sources including the adolescent who was using illicit substances. It is also worth noting that the parents expressed their own concerns about their role in the drug abuse citing such suspicions as family conflict, removal from the family, or poor parenting skills.

The grief expressed by the parents also resonates with the findings of the Jackson and Mannix (2003) study where the mothers’ hopes and aspirations for their child changed until they were just grateful the child was not in prison or dead in the gutter. In this study, the parents revealed similar feelings but also described the great loss that parents face when they come to the realization that their child’s potential has been diminished along with their future and existence in many cases. The attempts to keep their children safe reported here support the concerns parents have for their child’s future.

Withdrawal from the adolescent who had been abusing substances is also evident in the findings from the study. Eventually, parents appear to reach a point where the stress on them and the family is too great for them to continue and they withdraw from the adolescent to some degree. This is also consistent with the findings of previous research (Pearson 2000). However, the participants in this study described how this outcome was only reached after many attempts to manage the situation in other ways had been exhausted. The parents described how they had made numerous attempts to manage their adolescent’s behaviour in an attempt to keep them within the family unit. Thus, it seems that withdrawal for the sake of self and the family only comes after many attempts to change the adolescent’s behaviour.

Findings from the study also highlight a number of areas for further research. There is an urgent need to develop and trial specific interventions designed to support adolescents who abuse substances and their families so that they can remain within the family unit. Interventions developed to date have focused on the individual rather than valuing the role of the family in overcoming the issues related to the problem. Research is also needed to explore the long-term outcomes for the children of those adolescent drug abusers who are often left in the care of others in the immediate family.

Methodological considerations
The study is limited by the recruitment method as parents who did not respond to the media campaign may have a different story to tell. It is important to note, however, that the sample was drawn from two distinct settings, one urban and one rural, allowing for the capture of participants from both urban and rural backgrounds. However, the experience may differ for people from different cultural groups and for families with different socioeconomic backgrounds to those who volunteered for this study.

CONCLUSION
The uncovering of the day-to-day lived experiences of the parents of adolescents who abuse illicit substances has provided useful information for nurses and other health-care providers. The findings reported here indicate the importance of developing insight into the experiences of parents and families when confronted with such a problem as important interventions are possible when understanding is acquired. Nurses and other health-care providers have the opportunity to assist families to ensure that family breakdown does not result because of inadequate support when faced with such a problem. Previously it appears these families have been left to manage these problems on their own with little support from the health-care system or other government agencies. Nurses and others have the opportunity to change that now and begin to offer meaningful support to families and their adolescent children. The continued support of the family unit offers the adolescent who abuses substances the best chance of survival so strategies must be developed to help the parents and the family support the adolescent. Above all, the current culture of blaming the victim and the family must cease and be replaced with a culture where the family unit is valued for the opportunities it provides for recovery.

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REFERENCES


