



A Study of the Effects of Drug Addicted Fathers on Families in Tehran, Iran

Zahra Farzizadeh

Department of Social Planning, University of Tehran, Faculty of Social Sciences, Jalal Al-e Ahmad Highway, Tehran, Iran

ABSTRACT

Drug addiction is a social problem that destroys families and communities. It has disastrous social effects, not only on the addicted individual, but also on their families. The present study is a sociological analysis of people's experiences living in households with a drug addicted member. This research is based on qualitative investigation of these types of families with the focus on wives and daughters of the addicted member. It was conducted in Tehran, the capital city of Iran. To better understand these experiences, semi-structured interviews were conducted with 15 participants. The interviews were analysed using a qualitative framework. Our results show that these families have endured agonizing periods. The problems they encountered can be divided into two groups: (1) Problems related to their primary needs (i.e. shelter, food, health and treatment, education, security, and peace), and (2) The rest of their problems related to their relationships and interactions with the rest of the community. The experiences of families with a member who is suffering from substance abuse include tension, uncertainty, anxiety, indifference from the individual addict, threat to their livelihood, shame, damaged dignity, isolation, loneliness, deprivation of support from others, and feelings of pain and misery. Furthermore, these issues in addition to a lack of adequate social support (emotional, consultation, and financial) provide the ground for further social harms and other pitfalls for these families.

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E-mail address:

farzizade@ut.ac.ir (Zahra Farzizadeh)

INTRODUCTION

Reports indicate there is a rise in drug abuse worldwide. In Iran, drug addiction was an increasing trend over the past few years. Addiction does not only harm the

individual addict, but also has an impact on their family. In this type of situation, family members are usually neglected and not seen by society and, thus, they suffer from variety of problems. Despite the high level of harm experienced by these family members, they receive very little attention. Social services are primarily focused on the individual drug addict. In addition, these types of services only try to get the addict off drug use, and does not deal with the root of the problems that lead to addiction.

Generally, people do not consider addicts as citizens and, in fact, they are viewed as harmful and detrimental to society. Even drug addicts themselves do not believe that they are citizens and part of the society. People blame them for violating laws and undermining social norms. In these situations, families of addicts may become subject to exclusion too. Often, the potential effects of addiction on immediate relatives are overlooked.

It is important to remember that, to this date, no solution was offered to effectively root out the addiction problem from our societies. In addition, substance abusers are not perceived as patients in need of medical and/or psychological care. If they were viewed this way, paths to treatment and prevention would open up. On the contrary, some violent policies were executed against them. In Iran, there is no official support from any government agency for the families of addicts and, as such, families are overlooked. Although there are some NGOs in Iran that help these types of families with their basic needs (e.g. food,

clothes, etc.), the number of these NGOs is not adequate, and few people are covered by these philanthropic services.

In our research, the effects of addiction on family members were studied. In the past, the damage of addiction on narcotic users were analysed in numerous studies (Boyd, 1993; Brick, 2004; Newcomb & Bentler, 1988; Shedler & Block, 1990). However, in some countries, the effects of drug addiction on family members were well documented (Arria, Mericle, Meyers, & Winters, 2012; Copell & Orford, 2002; Copello, Velleman, & Templeton, 2005; Orford, Velleman, Natera, Templeton, & Copello, 2013; Orford, Templeton, Velleman, & Copello, 2005; Orford, Velleman, Copello, Templeton, & Ibanga, 2010b; Ray, Mertens, & Weisner, 2007; Schäfer, 2011, Velleman & Templeton, 2007). In Orford et al. (2013) study, they developed the 'stress-strain-coping-support (SSCS) model'. According to Velleman et al. (2011), unlike other models in the addiction field, the SSCS model focuses on the experiences of affected family members and the consequences of drug use on them. It treats the affected family member as a person exposed to seriously stressful circumstances:

“...The SSCS model states that the behaviour of the substance misuser causes stress for the family member, that stress leads to strain (for example, physical and psychological symptoms) and that amount of strain any family member experiences from a given level of stress (caused as a result of

living with a relative with a serious alcohol or drug problem) will be mediated by two key factors: how they cope with this problem, and the amount and quality of social support that they can access...” (Velleman et al. 2011, p. 363).

Orford, Copello, Velleman, & Templeton (2010a) mentioned that previous models about substance misuse and the family attributed the issues of dysfunction or deficiency to families or family members. Copello et al. (2009) cited that the SSCS model rejects the idea that families or individual family members are pathological or dysfunctional. In the studies that were done in a number of countries during the last twenty-six years, Orford et al. (2010b, p. 44) found that, in these families, the relationship with a relative becomes disagreeable and sometimes aggressive. In these situations, conflicts over money and possessions grow. As a result, the experience of uncertainty becomes bothersome, worry about the relative increases, and home and family life is threatened. Another research done by Velleman and Templeton, (2007, p. 80) demonstrates the negative experiences children and adolescents living with an addict parent may undergo, including high levels of violence, suffering from or witnessing neglect or abuse (physical, verbal or sexual), inconsistent, poor, and/or neglectful parenting by one or both parents, and having to adopt responsibility or parenting roles at an early age, along with feeling negative emotions, such as shame, guilt, fear, anger,

and embarrassment. There may also be possible neurodevelopment consequences of substance misuse in pregnancy that may contribute to developmental delays or intellectual disabilities. In Schafer's study (2011, p. 1), it was found that family members experienced various forms of family disruption, such as loss of custody of their children, loss of employment, marital breakdown, physical and psychological abuse, depression, and poor health.

Most studies in Iran, such as Behravan and Miranvari (2010); Feizy, Alibabayi and Rahmati (2010); Gholami Kotnayi and Ghorbannejad Shahrodi (2014); Kianipoor and Pozad (2012); Moeidfard and Zamani Sabzi (2013); Motiee Langrudi, Farhadi and Zare (2013); Norozi, Khoshknab and Farhodian (2013), Rasekh and Panahzadeh (2012); Shamsalinia, Safari and Mosavizade (2014) have solely focused on the drug abuser's problems rather than the problems faced by their family members. In reviewing the literature, few data were found on the difficulties of such families in Iran. Also, research conducted by Aghakhani, Mosavi, Eftekhari, Eghtedar, Zareei, Rahbar, Mesgarzade and Nikoonejad (2013); Mahdizade, Ghodosi, and Naji (2012); Manchery, Sharifi Nistanak, Seyedfatemi, Heidari and Ghodosi (2013) and have primarily considered certain psychological issues, such as depression, anxiety, and aggression. In Fereidouni, Joolae, Fatemi, Mirlashari, Meshkibaf and Orford (2015, p. 99) a few physicians studied the spouses of addicted men in Iran and four main themes were identified: (1) Heart-breaking news of

the husband's addiction, (2) Coping alone, (3) Progressive deterioration and suffering, and (4) Disruption of family relationships and finances. Reactions after learning about the husband's addiction involved shock and collapse, and/or fear, disbelief, and confusion. Spouses tried to hide the problem and to solve it alone, making them feel as if they were "walking in the dark" without any social support and exposed to stigma. As time went by, the spouses experienced distress and turmoil, and mixed feelings, including loss of trust and confidence in, towards their husbands, whose behaviour progressively became less reliable. This led to impairment in the relationship, financial stress, and a general degradation and disruption of normal family life, leading to strain for spouses, akin to a state of burnout.

Still, much of the suffering experienced by these families remain undisclosed in Iran. Very few sociological studies (Fereidouni et al., 2015) have focused on the circumstances of these families. Social dimensions, such as the impact of the relative's addiction on the social interactions of family members, the community's view of such families, and its impact on social norms remain to be investigated.

Drug abuse affects not only the addict, but also the whole social system. Not only does it have financial and administrative costs, but also, more importantly, it has heavy social costs. In a sociological study, the social dimensions of addiction in a family were analysed, including its effects

on the interactions among family members, the quality of the interactions between the addict and his/her family with the rest of the community, and the children's future family life, occupation, and education. For example, in these families, due to the negative attitude of the society toward their addicted father, children may not choose to model their behaviour after their father's. Furthermore, it may harm the inter-generational relationships in a way that, later in life, children may act very possessively in their own marriages, and try to support and control their own children so obsessively that it could lead to restricting their autonomy. Also, people with substance abuse issues may feel alienated from their families and, as a result, prefer to socialise with other drug users, and engage in other antisocial activities. This sort of association gives them a false sense of support and strengthens them in their misbehaviour.

Due to the scarcity of sociological studies on such families in Iran, these problems remain hidden. Therefore, this study's aim is to gain a better understanding about the issues these families face in Iran. For this purpose, we used a qualitative method to observe the members of such families (wives and daughters) who live in the capital city of Iran, Tehran. We have raised two questions in our investigation: (1) What problems do family members (spouses and adult daughters) of an addict deal with, and (2) Do they receive any support when encountering these problems?

Findings from this study will increase public awareness about the type of problems such families have and, therefore, direct public attention towards them. It will provide the background necessary for further research in identifying their needs. Additionally, it can gradually help to form intervention efforts that will decrease the suffering experienced by these family members, improve their situation, and prevent exacerbation of their problems. Our findings can also draw more attention to substance abuse issues, and lead to actions that would prevent drug addiction.

METHODS

This study used a set of qualitative, semi-structured interviews with family members living with a drug-abusing father in Tehran, Iran, to investigate the challenges they face. The sample was selected purposively and was not intended to be representative of the wider population in Tehran. Snowball sampling technique was used. In 2014 and 2015, the author selected participants who were living in families with a drug addicted member. Wives and adult daughters were family members that were the focus in the study. A woman who frequently participated in ladies' religious events and had a diverse social relationship with women from her own and surrounding neighbourhoods were

used to help identify a few families with a drug addict head of household.

Participants described the problems they encountered. The sample included 15 individuals, all of them females between the ages of 22 and 50 years. Since each participant could be interviewed more than once, this study used data from 24 interviews. Each interview lasted for approximately 2 hours and was conducted in each participant's home when the father was not there or was in a place that was safe for family members. Interviewing such families can involve certain difficulties. Due to the hideousness of addiction and the way it is generally viewed in the society, addicts and sometimes their relatives are unwilling to give out any information and find it necessary to hide it from others. Sometimes, family members are even forbidden by the addict to say anything about their situation to any stranger and will be punished if they did so. All of these issues contributed to the difficulties of conducting these interviews. Thus, it was necessary to anticipate these problems in advance and take preventative measures. So, the settings of these interviews were carefully selected, as we wished the interviewees to feel comfortable and be at ease.

An overview of the participants' characteristics is presented in Table 1.

Table 1
Overview of participants

Number	Age	Gender	Marital status	Literacy	Employment status	Relation with the drug abuser	The number of interview sessions
1	34	F	Single	MA	Employed	Children	3
2	32	F	Married	BA	Housewife	Children	2
3	29	F	Single	High School Diploma	Housewife	Children	1
4	43	F	Married	Illiterate	Housewife	Spouse	1
5	32	F	Married	Junior High School	Hairdresser work from home)	Spouse	1
6	33	F	Married	Elementary School	Janitor	Spouse	2
7	42	F	Married	High School Diploma	Employed	Spouse	3
8	43	F	Married	Elementary School	Tailor (work from home)	Spouse	1
9	22	F	Single	High School Diploma	Student	Children	1
10	46	F	Married	Elementary School	Housewife	Spouse	1
11	38	F	Single	Elementary School	Tailor (clothes production)	Children	2
12	30	F	Single	High School Diploma	Employed	Children	2
13	35	F	Married	High School Diploma	Employed	Children	1
14	30	F	Married	High School Diploma	Housewife	Children	1
15	50	F	Married	Illiterate	Housewife	Spouse	2

The interviews were tape recorded and transcribed verbatim for coding and analysis. Transcripts were analysed after each interview was completed. The author conducted all interviews. After each interview, the author listened to the tapes while writing the transcripts in detail. Transcripts were reduced to codes by line-by-line reading of the text. The audio taped interviews and notes were reviewed repeatedly to identify emerging themes and

relationships among them. The objective was to offer a comprehensive summary of the challenges the interviewees face.

RESULTS

In this study, three participants previously experienced homelessness. None of them received any support from governmental or non-governmental organisations. During the interviews, they described their experiences of living in a family with an addicted

member. A few main themes were identified in the research data. Of course, some themes were overlapping. The effects of drug use were so intertwined that it is sometimes impossible to draw clear boundaries between them. This is especially obvious in quotes, where some quotes touched on multiple issues. In the following sections, some of the most important experiences of family members, who were affected by the drug addiction of their father, are expressed.

Tension

When family, which is regarded as a haven for peace, is affected by the behaviour of an individual member, who is under the influence of drug abuse, then it becomes the epicentre of tension, restlessness, and disturbance. The inability of an addicted father to satisfy the mental, emotional, and natural needs of his wife and children, his indifference, family disputes, verbal and physical violence, and related financial problems all cause tension in these types of families. It is difficult to talk about peace and calmness in these types of settings. In the following paragraphs, some of the statements made by three research participants are presented:

“He was always angry with me. When the children were small, he beat me a lot. He broke my teeth. ... At that time, we had just arrived in Tehran and the kids were small. But he would leave us by ourselves and be gone for days at a time. I didn't know my way around. Sometimes,

I had nothing to feed my children and I was afraid to go out on my own.” (15)

“When he is at home, he breaks things and I have to go buy them again. He has broken the windows, mirrors, and things in the closets many times. If he comes back from jail, I will suffer more; I prefer his absence. For example, after drinking tea, he'd throw away the cup or the sugar bowl, and this meant that he wants more tea. He wouldn't say 'Go get me another tea.' He'd throw the cup.” (6)

Feelings of Insecurity and Uncertainty

Family members of an addict do not feel security (in terms of livelihood, shelter, emotional relationship, employment, marriage, etc.). Life for these families is always full of conflict and tension. Their health, livelihood, family, and social relations are threatened by this sense of insecurity. When one does not have a sense of security, it is easier for other individuals or a group in the society (like gangs, or other illegal groups, etc.) who offers them a sense of belonging to convince the individual to join them.

The drug addiction of a father has an influence on the personality of his wife. Addicted fathers have devastating impacts on their children's future, education, career, marriage, and family life. In these families, sometimes children drop out of school

as teenagers (due to poverty and lack of resources to pay for school fees, the demands of child labour, or lack of mental focus and intellectual discipline caused by the ongoing tension and conflict in their family environment). Lack of education has a long and short-term consequence for them, including the intensification of their sense of insecurity. In fact, in such families where there is always a high level of tension, risk, disorder, and conflict, it is impossible to think of a long-term investment in areas like education. Deprived of education, it is difficult to be hopeful for the mental development of these individuals and expect them to learn informal social subtleties, while obeying the laws of society. Of course, sometimes in these families, with the relentless efforts of the mother, children do stay in school and continue their education.

As far as the prospects of marriage for these children is concerned, it is highly probable that they will remain single, especially the girls. Due to their father's addiction and the stigma in the society for these types of individuals, people have very little desire to marry these girls. Even if the father has stopped using drugs for several years, people are still reluctant to marry the daughters.

Instability, uncertainty, disorder, and obscurity are the distinctive features of these types of families. The possibility to set certain goals for the future and reduce uncertainty is non-existent. The addicted father does not have much control over the affairs and is unable to make appropriate decisions on different issues. In families

where the father is also involved in narcotics smuggling and distribution, there are additional worries for the family, including the possibility of the father's arrest or further damage to the family's reputation. These are additional reasons to be more uncertain about the future.

"We weren't sure if my father could pay the rent for our home and the store this month... or make any payments on his old debt... or if he'd have to borrow money again to pay for this month's rent. The landlord had threatened to throw out our belongings. We weren't sure if we would be in this house for another month or not. He comes home late at nights. Sometimes, he gets home at dawn. When he was using methamphetamine, he was awake till the morning. We couldn't sleep well. He was making a lot of noise. Actually, there was no order in our lives. I couldn't get much sleep at nights, so I couldn't study well the next day." (1)

Anxiety

Family members worry about what is happening to their addicted relative, the rest of the family, and themselves. The anxiety that the wife and children experience puts a lot of pressure on them. Anxiety can be created by an uncertain future, the breadwinner's loss of job, threat to their livelihood, financial debt, the possibility of becoming homeless, mental and physical

effects of addiction on children, their health, education, future marriage and its related expenses, worries about the family's reputation being tainted in the eyes of relatives, friends, and neighbours, and fear of being excluded from society. In cases where there is a separation in the family, the wife may worry about her and her children's fate in the period after the divorce, their sustenance, and provisions, further increasing family anxiety. Issues related to the addicted individual also may cause additional concerns and worries, such as: anxiety about the addicted member changing the type of drug they use to synthetic drugs (causing more harm), return to addiction by the husband (or father) after quitting, changes in the appearance of the addicted member, their behavioural disorders, sleeping disorders, mental and physical illnesses, the possibility of acquiring certain infections such as HIV and Hepatitis (when drug use gets done by injections), and the possibility of death.

Problems, anxieties, and worries increase more dramatically if family members are involved in other harmful situations, such as children escapade (which is another source of social harm), the mother becoming addicted too, pregnancy, children becoming addicted, children's delinquency, and illegitimate sexual relationships of the spouse with other people.

“When I was younger, whenever my dad was having a fight with my mom, he'd always say 'I'm leaving'. I thought he'd leave us and we would have no money. That's why

as soon as I finished high school, I went and got a job so that we wouldn't ever run out of money and be stranded penniless on the streets.” (12)

“My father was a drug abuser. I have two brothers who became addicted too. When I was in fifth grade, my mother died. I wasn't able to continue studying because I was worried about my brothers and sisters. I did all the house chores. I took a job in a production unit. I tried so hard to help my brothers quit drugs, but it was in vain. Once, I took pills to kill myself and then they promised to quit. I took them to NA [Narcotics Anonymous]. Now they acknowledge my toil and say that you went through so much trouble and hard work for us. You dedicated your life to us.” (11)

“My father got two marriage loans with our marriage certificate. He let us keep one for ourselves which we've paid it off already. He took the other one for himself but didn't pay his payments. Three years passed, and the bank was calling once in a while, telling him to make the payments. I told my dad to please go make these payments, our reputation has become tainted in front of my husband. He says he'd do it. There were two people

who had signed off as guarantors on our loans; they were calling us repeatedly as well. Their pay checks were being cut and taken as payments. The bank manager was a relative of one of the co-workers at the place where my husband and I were working. So we were very embarrassed. At last, my husband felt bad for me and started making payments instead of my dad. Another time, he took a check from my husband and did not have enough money in due time to cover it. So the check was dishonoured and returned. My husband became very angry about it, because I was pregnant and any money we made was being spent on visiting doctors, sonographs, and medicine, and there was little money left for anything else and now we had to pay for that check as well. I became very nervous. One night my heart was pounding so hard. Two days later, my baby died prematurely in my womb. My doctor told me that it was due to fear and stress.” (14)

The Indifference of the Individual Addict

Family members witness an extreme indifference and lethargy from addicted members. Lack of adequate control over the family's resources, weak or no sense of responsibility towards family members, their profession, the future, and children's

fate are other issues that these types of families face. A drug addict is not able to play the proper role of a father or a husband and tends to neglect his responsibilities. Thus, the suffering and anger increase for family members. In such families, the wife has heavy responsibilities and carries out her husband's duties as well. Sometimes, children take on their father's responsibilities and behave in a manner that does not suit their age. For example, they drop out of school and try to cover the family's livelihood needs.

“We were experiencing a hard life. My father's indifference to our life was at 90 percent. He didn't pay rent several months in a row. He'd sleep in until noon, while his shop was closed. He used to have many customers, some from out of town and faraway cities. But, he gradually lost his customers. I knew he couldn't afford to pay the rent for another house after this one, because the deposit rates for rentals had gone up and he couldn't afford it anymore. Then, the landlord gave us an eviction notice since we had not paid rent for months. Ever since then, I lost my peace. We were in a state of crisis, expecting the landlord to evict us any day now. Nevertheless, due to Methamphetamine consumption, my father was carefree. I had never seen him so carefree. He had no worries even if the house collapsed

on him. So, eventually the landlord, with the help of a police officer, threw our stuff out on the street. My father put all our things in his friend's back yard, and then rented the second floor of a small old house. A year later, the new landlord evicted us again.” (1)

“On my wedding, he gave us 500000 Rials in an envelope as a gift. That night, as we were going home, he asked me to give him back the money since he was short on cash. Without letting my husband notice, I stealthily gave him the money. He didn't come home till the next morning, as he was out indulging himself. He had bought me two carpets as my dowry. The sales person from the carpet store was calling me for a year to collect the payments for it. So, I told my father that you only bought me a carpet, but you haven't paid for it, and because of that I want you to return it since I don't feel right about it.” (13)

Livelihood in Danger

Loss of job, reduction or complete loss of income (as a result of an addict's lethargy, and irresponsibility), spending money on drugs which further reduces the family's resources (while the spouse's and children's needs get neglected), debt, the inability to

provide the basic needs of the family (food, health, hygiene, etc.), not being able to pay the rent for the house, selling house items and wife's jewellery, vagabondism, demanding (sometimes forcefully) wife's little income (low wages from the work she does to help meet the primary needs of the family), and homelessness are some of the other problems such families deal with. In some of the mentioned cases in our interview sections, the wife (and sometimes the grown up children) is in charge of providing income to pay for the family's expenses. If they are unemployed too, the family's livelihood is in danger. If the addicted member gets imprisoned for smuggling or some other crime, the family's economic insecurity and worries will intensify even further. In this situation, the wife's and children's employment is of vital importance. So, if the wife does not have the minimum necessary capabilities (literacy, skill, and the ability to be present in the society) for work and children are too young to work, then the family's living conditions fall into a critical situation.

“He was jailed for five years. A week after his release, he committed another crime and got arrested again and is in jail for another three years. Since then, seven months have passed. He was out for one week between his prison terms. I've been doing housework for people, washing carpet, working for neighbours, cleaning glasses, and doing New Year's cleaning.

Because my husband is in jail, I receive some aid from Emdad Committee. Also, I get the monthly subsidy from the government. I always give him his. He calls so much for it that it gets on my nerves. The day before yesterday I told him "Shame on you! Instead of greetings and asking about your children you call and ask for money". When he is not in jail, I can do nothing. He doesn't work and doesn't let me work either. It's better for me when he is in jail. Whenever he is home, he gives me a hard time, a lot. He was both a user and a supplier. That's why he is in jail. If he comes back, he'd do it again. He was arrested many times, but he'd do it again. But no matter where he is, all household chores and our son's responsibilities have always been mine. It's all on my shoulders." (6)

"He earns money from drugs but can't pay his wife's and children's expenses, because he is spending it on his own drug use." (10)

Shame and Damage to Self-Esteem

Due to the presence of an addicted individual in the family and his unusual behaviours, the wife and children may be embarrassed when they visit relatives, friends, acquaintances, and neighbours, or when they would go to public places. As a result, their sense of

self-worth and self-confidence can become damaged. This affects their interpersonal and social interactions. Family members may try to disguise his addiction from everybody. They may become concerned about how other people view them.

"As I'd get older, I was feeling more pain. I'd notice the difference between my own family and my friends' families. I was embarrassed for having such a father in front of our neighbours. Wherever we lived, after a while, people would find out that my father's a drug addict. Maybe some of my classmates knew too. I was living in a miserable, tearful environment full of tension. Every night, I couldn't fall sleep because of the grief I was feeling. I was in tears every night." (3)

"Once my parents-in-law were visiting us from out of town. My father came over to see them. Then he asked me for a nail file. I gave him one. Then, for the whole one hour that he stayed with us, he was filing his nails, and not even looked at our guests while he was talking to them. This behaviour from him is due to his drug usage, especially methamphetamine. I felt so embarrassed. I'm glad my in laws don't live in Tehran, otherwise they'd find out about his addiction." (2)

Isolation and Loneliness

The amount of interaction between these families and the rest of the people in society is negligible. They don't have much contact with others. They want the addiction issue to remain disguised. This worry may last forever, even after the addict member quits the habit. When others discover the drug addiction of a head of a household, two situations may emerge. Some people may feel reluctant to interact with the addict's family, and in some cases, it was observed that they are no longer invited to events, such as weddings or other ceremonies. The second scenario is the avoidance of people by the addict's family in order not to feel more shamed and disrespected, or to avoid encountering other's sarcasm and put-downs. Broadly speaking, it is highly probable that the addict and his/her family get excluded and isolated in their society (at school, in their neighbourhood circles, relative network, or workplace).

"As a child, we were always alone, didn't have many guests, and didn't go to many social gatherings. We had very little interaction with relatives. Now, I understand the reason. My father was an addict. Even now that I'm a grown up and don't live with my dad anymore, I'm still worried. Worried that one-day my colleagues and friends discover the fact that my dad used to be an addict. If that happens, I'd lose my dignity." (3)

Deprived of Support and Help from Others

Often, the issues of drug abuse remain hidden within the family. Due to the fear of feeling shame and embarrassment, family members try to cover up. This situation causes them to keep the heavy burden of their issues and sufferings to themselves. This attitude leads to self-deprivation of all the help and social support they can receive from friends and relatives. It is worth noting that the relatives of our research participants were mostly in other faraway towns. In fact, these subjects migrated to Tehran years ago for job-hunting, and currently, they are far away from their relatives and hometowns. Sometimes, friends and relatives find out about the addicted individual, but shun the addict and his family. Either for the sake of keeping their self-perceived dignity intact, or their unwillingness to provide any financial help, they try to avoid the family of their addicted relative and make as little contact as possible.

Social service organisations pay very little attention to such families too. These organisations mainly pay attention (restricted and inadequate) to the addicted individual rather than their families. Drug rehab centres are very costly and usually addicts cannot afford them. Therefore, their rehabilitation gets delayed. Although drug rehab is necessary, it cannot solely function as a successful policy. First of all, the causes of addiction must be prevented to reduce the number of addicts and their at risk families in society.

Murder of Family Members

A very important issue currently is the fact that, with the widespread use of synthetic drugs, the lives of family members are in danger too. One of the consequences of using new synthetic drugs is the development of hallucinations in the individual addict, and in that state of mind, the murder of the addicted individual's wife and children has occurred on several occasions.

"I had a sister whose husband was addicted to meth. Last summer, her husband killed her. Since then, I feel nothing anymore. My sister used to work so hard, her husband was useless, always sitting in a room. He used to lean back while she worked to be able to get him his drug. He hit her too, but not a lot. My sister was afraid of him so she tried not to make him angry. The last days, he had the hallucination that my sister was going to kill him. My niece says whenever her mother served food, he exchanged our plates saying we might've poisoned his food to kill him." (5)

Feeling Pain and Misery

Considering the mentioned issues in these types of families, it is obvious that family members would feel constant pain and misery. Families in these situations are no longer a haven for peace and happiness. Members of such families rarely experience joy. When their children grow up, they

suffer much more than before from their family's state of disarray. They notice the differences when they compare themselves to others, including friends, neighbours, and relatives. This awareness adds to their grief. When in this type of situation, children may get separated because of getting married or running away from home, but they still do not feel happy because they remember their tragic past and the calamitous situation of their drug-addict relative and that saddens them. They rarely can be happy and have a good time again. They dream about a good family situation. But, some of them can never form a family and will keep yearning for it.

"After that year, my father divorced his second wife. Then, he was with us all the time and I was happy about it, about our life becoming a bit normal again. But, after six months I noticed some changes in his behaviour; it wasn't normal. Till I found out he was using a new substance (meth). He'd stay up all night. Sometimes, he spent several hours doing something, such as cleaning the kitchen. I remember his yelling and screaming angrily. At nights, I stayed up because he wasn't coming home and I was worried. I was embarrassed in front of the neighbours for this situation. He had become a total careless person. I was tired of his ways and did most of my crying in that period." (3)

"I have everything now, education, a job, a house, and money. But, I don't feel happy because I don't have a family. Nobody likes to marry me. If someone would ask for marriage and then find out that my father used to be an addict, surely they'd change their mind. And, sometimes I think about my dad. He quit drugs. But he is by himself and alone. He is ill. I'm sure he is suffering from his loneliness. And sometimes I remember my mother's pains and cry for her." (1)

These mentioned family members feel a lot of sorrow. Sadness, crying, patience, and tolerance are some of their tactics to deal with their situation. Attempts to get the addict member rehabilitated are their other tactic. They really want this badly. To get the addicted member to go for rehabilitation, they use encouraging talks, arguments, and admonishment. If the family's breadwinner is the addict member and they have no savings or any other source of income, the addicted member's rehabilitation is postponed because if he doesn't work for a while, then the family's livelihood is threatened. Also, addicts have to pay some fees to these types of rehab centres. Drug rehabilitation centres have high costs and the addicted person is usually unable to pay for it. The effort made by the rest of the family members (i.e. wife and children) to cover the living costs is another strategy in these families. Both the wife (if she has any skills)

and the children (if they are old enough) try to earn money.

The studied women in our research do not think about divorce. That is due to the fact that divorce is considered to be vile and there is a great deal of social pressure on individuals after becoming a widow. The belief that a wife marries in a white dress and leaves after death in white is a traditional norm in Iranian society. So, there is a great deal of emphasis on the importance of maintaining the family and the marriage. Fear of being away from your own children and their future and the issues of becoming homeless and jobless after divorce also function as deterrents to divorce. Women, who do not have an adequate education and lack sufficient skills to support themselves and their children after divorce, don't even think about it. But women with proper education and skill and a job to support their lives are likely to get divorced if their situation becomes really intolerable.

"In our family, women are docile and content. Although my sister's husband was a Heroin addict and she was miserable, she didn't think about divorce. She used to work while her husband used to sleep carefree. Because of his addiction, they had so much debt too." (7)

"My first son got addicted too. He got married too. His wife was very young. After she learned about

his addiction, she left him. She was really young. The girl was in junior high when they met and got married. After she found out about his drug addiction, she left. They have a child too..." (8)

DISCUSSION

Due to a complex and intertwined relationship between narcotic addiction and the outbreak of certain social issues, drug addiction appears to be a major threat to society. "Women and other family members witnessing addiction of the head of their family tend to live in a situation that makes them really vulnerable" (Orford et al., 2013, p. 71). Findings of the present study confirm the results of similar studies in other countries. The addiction of the head of a family has counter-productive effects on other family members. The problems such families face can be divided into several groups. Certain problems are associated with their essential and basic needs (i.e. shelter, food, security, health, education), while some are related to their interactions and relationships with other society members. Members of these families experience tension, lack of security, lack of certainty, anxiety, the indifference of the addicted individual, threat to their livelihood (shelter, food, etc.), shame and low self-esteem, isolation and loneliness, deprivation of help and support from others, murder of family members, and the feelings of pain and misery. Also, sometimes certain conditions develop that lead to substance abuse by other family members. Although

there are certain differences between Iran and some other countries, similar studies from other countries show that these types of families suffer from all the problems cited above (Orford et al., 2010b; Vellman et al., 2011; Vellman & Templeton, 2007).

Unlike some countries, the participants in this study do not receive any particular social support. They were not members of any NGOs to receive their services. The obstacle in being referred to places like active NGOs is usually the unawareness of the existence of such centres, or it is the fear of incurring damage to their dignity and self-esteem. Overall, there are still not enough actions in Iran to improve the situation for these types of families. Unlike the subjects in other studies, none of the women in our study was divorced. The reason for it is the importance put on family maintenance in Iranian culture. The wives of addicted individuals, despite their many problems, do not abandon their families easily. Patience, tolerance, and attempts to send their addicted husbands to rehab are special characteristics of Iranian women. One of the other factors that prevent women from leaving their families is the negative view of divorce in society. Homelessness, as well as being unable to provide for their livelihood after divorce, deters some women (especially the poor and those without any support) from leaving their marriage. At the moment, Iran's social security system does not offer much support for women after divorce.

Additionally, addiction prevention measures are very limited in Iran. In

organisations responsible for tackling addiction, treatment is more important than prevention. They don't use very efficient methods in treatment practices either. In fact, they consider treatment only when the situation has turned into a crisis and undesirable effects have become quite apparent. Inattention to prevention confirms the principal of human life being dominated by events rather than humans dominating events. While prevention of social problems is very important, and without a doubt the first actions taken must be concentrated on prevention measures, the next step we must think of is treatment. To be successful in prevention efforts, we need to use new sciences and employ successful experiences of others in this area. It is vital to study new theories in the field, empirical research, and successful experiences and achievements of organisations and institutions that work on the prevention of addiction worldwide and adopt measures to prevent the expansion of drug addiction in Iran.

CONCLUSION

In this study, by using semi-structured deep interviews, we have come upon some findings about the experiences of family members encountering their father's addiction issues. This study's findings improve our understanding of these families' problems and show that they experience and suffer from tension, uncertainty, anxiety, indifference from the addicted member, threat to their livelihood, shame and damaged self-esteem, isolation and loneliness, deprivation of support and

cooperation from others, and the feelings of pain and misery.

Creating awareness in the community about the dangers of drug addiction, especially related to mental disorders and their devastating consequences on the family members of the addicted individual, plays an essential role in addiction prevention. Informing the public through lectures, educational textbooks and academic materials, mass media, and various prints can make a difference as well. The Iranian state-run television, radio, and other media play a pivotal role in producing programs that reflect the repercussions for addicts and their family members. It is obvious that it is highly important to use the findings of sociologists, psychologists and cognitive science, and neuroscience experts in the production of such programs.

Overall, paying attention to the empowerment of people is more important than any other issue. Attempts to empower people from their childhood are considered as an important step in addiction prevention. Formation of any kind of belief system (true or false) in humans is made possible by learning. Using some well-known scientific theories about learning and mental empowerment is fundamental to immunisation against addiction. Undoubtedly the education system plays a critical role in this area.

Children in these families are subject to various harms due to the carelessness of the head of the family. It is necessary to consider measures to support the families of addicted individuals. Their needs are not only

limited to material ones, but their emotional and spiritual needs may be more acute. Emotional and intellectual support systems for women and children in these families can prevent further harm. They need counselling to face the tensions arising from living with an addicted member and to find solutions. Knowing how to cope with emotional and mental pressures and finding some solutions to improve self-confidence and self-esteem can prevent depression. So, it is essential to develop and provide accessible inexpensive and high-quality counselling services in every neighbourhood, in order to reduce the side effects of living with an addicted member. Providing counselling services can definitely prevent certain harms among the family members, especially teenagers.

Financial support is necessary, and it paves the way for the rehabilitation process of the addicted individual. Financial support is important in several ways. Money can be used for treatment and rehab costs, providing family's living costs during the rehabilitation process of the addict (some fail to go to rehab centres due to their concerns about the livelihood of their family during rehabilitation), and initial seed money for those who seek to restart their old profession or those who set out to start a new business. Of course, as it was mentioned before, eliminating the causes of addiction in the society should be the focus of all efforts.

Further studies about how to prevent and eliminate the root causes of addiction in Iran are needed. Also, studies are needed

on how to support the family members of a drug addict so that their exposure to harm and suffering is minimised.

REFERENCES

- Aghakhani, N., Mosavi, E., Eftekhari, A., Eghtedar, S., Zareei, A., Rahbar, N., ... Nikoonejad, A. (2013). A study on the domestic violence in women with addicted and non-addicted husbands referred to forensic center of Urmia, Iran in 2012. *Journal of Urmia Nursing and Midwifery Faculty*, 11(11), 907-917.
- Arria, A. M., Mericle, A. A., Meyers, K., & Winters, K. C. (2012). Parental substance use impairment, parenting and substance use disorder risk. *Journal of Substance Abuse Treatment*, 43, 114-122.
- Behravan, H., & MirAnvari, S. A. (2010). A sociological analysis of drug addict's relapse in the Therapeutic Community (TC) of Mashhad in 2009, Iran. *Iranian Journal of Social Problems*, (1), 45-78.
- Boyd, C. J. (1993). The antecedents of women's crack cocaine abuse: Family substance abuse, sexual abuse, depression and illicit drug use. *Journal of Substance Abuse Treatment*, 10, 433-438.
- Brick, J. (2004). *Handbook of the medical consequences of alcohol and drug abuse*. US: The Haworth Press.
- Copello, A. G., & Orford, J. (2002). Addiction and the family: Is it time for services to take notice of the evidence? *Addiction*, 97(11), 1361-1363.
- Copello, A. G., Templeton, L. J., Orford, J., Velleman, R. D. B., Patel, A., Moore, L., ... Godfrey, C. (2009). The relative efficacy of two levels of a primary care interventions for family members affected by the addiction problem of a close relative: A randomized trial. *Addiction*, 104, 49-58.

- Copello, A. G., Velleman, R. D. B., & Templeton, L. J. (2005). Family interventions in the treatment of alcohol and drug problems. *Drug and Alcohol Review, 24*, 369-385.
- Feizy, E., Alibabayi, Y., & Rahmati, M. M. (2010). Investigate the effect of family, friends and neighborhood on drug abuse. *Iranian Journal of Social Problems, 1*(4), 131-150.
- Fereidouni, Z., Joolaee, S., Fatemi, N. S., Mirlashari, J., Meshkibaf, M. H., & Orford, J. (2015). What is it like to be the wife of an addicted man in Iran? A qualitative study. *Addiction Research and Theory, 23*(2), 99-107.
- Gholami Kotnayi, K., & Shahrodi, Y. G. (2014). Investigate the effect of family social capital on youth addictions (Ghaemshahr). *Research in Contemporary Sociology, 4*(4), 115-140.
- Kianipoor, O., & Pozad, A. (2012). Study of affecting factors in quitting drugs. *Journal of Research on Addiction, 22*, 39-54.
- Mahdzade, S., Ghodosi, A., & Naji, S. A. (2012). Study tensions inbreeding men's wives addicted to heroin. *The Medical Sciences Journal of University of Alborz, 2*(3), 128-138.
- Manchery, H., Sharifi Nistanak, N., Seyedfatemi, N., Heidari, M., & Ghodosi, M. (2013). Psychological-social problems in families of addicts. *Iran Journal of Nursing, 26*(83), 48-56.
- Moeidfard, S., & Zamani Sabzi, S. (2013). Social factors affecting the persistence of drug abuse among young people addicted to traditional and industries drugs. *Iranian Journal of Social Problems, 15*(15), 167-190.
- Motiee Langrudi, S. H., Farhadi, S., & Zare, Z. (2013). Effective factors on spread of addiction in rural areas (Case study: rural western Chahardoli Qorveh city). *Human Geography Research, 83*(83), 65-85.
- Newcomb, M. D., & Bentler, P. M. (1988). *Consequences of adolescent drug use: Impact on the lives of young adults*. Thousand Oaks, CA, US: Sage Publications, Inc.
- Orford, J., Copello, A. G., Velleman, R. D. B., & Templeton, L. J. (2010a). Family members affected by a close relatives' addiction: The stress-strain-coping-support model. *Drugs: Education, Prevention, and Policy 17*(s1), 36-43.
- Orford, J., Templeton, L., Velleman, R., & Copello, A. (2005). Family members of relatives with alcohol, drug and gambling problems: A set of standardized questionnaires for assessing stress, coping and strain. *Addiction, 100*(11), 1611-1624.
- Orford, J., Velleman, R. D. B., Copello, A. G., Templeton, L. J., & Ibanga, A. (2010b). The experiences of affected family members: a summary of two decades of qualitative research. *Drugs: Education, Prevention, and Policy, 17*(s1), 44-62.
- Orford, J., Velleman, R. D. B., Natera, G., Templeton, L. J., & Copello, A. G. (2013). Addiction in the family is a major but neglected contributor to the global burden of adult ill-health. *Social Science and Medicine, 78*, 70-77.
- Rasekh, K., & Panahzadeh, T. (2012). Effective social factors on youths' addiction (A case study on marginalized people in Shiraz). *Sociological Studies of Youths, 3*(7), 25-42. (Persian)
- Ray, T., Mertens, J. R., & Weisner, C. (2007). The excess medical cost and health problems of family members of persons diagnosed with alcohol or drug problems. *Medical Care, 45*(2), 116-122.
- Safari, M., & Mosavizade, S. N. (2014). Effective factors analysis on return to substance abuse in rehab centers in the city of Maragheh in 1390. *The Journal of Nursing and Midwifery Faculty, 24*(86), 57-64.

- Schafer, G. (2011). Family functioning in families with alcohol and other drug addiction. *Social Policy Journal of New Zealand*, 37, 1-17.
- Shamsalinia, A., Norozi, K., Khoshknab, M. F., & Farhodian, A. (2013). Effective factors on the decision of drugs misuser for drugs rehabilitation; a qualitative study. *Journal of Qualitative Research in Health Sciences*, 2(2), 111-124.
- Shedler, J., & Block, J. (1990). Adolescent drug use and psychological health: A longitudinal inquiry. *American Psychologist*, 45(5), 612-630.
- Velleman, R. D. B., & Templeton, L. J. (2007). Understanding and modifying the impact of parents' substance misuse on children. *Advances in Psychiatric Treatment*, 13, 79-89.
- Velleman, R. D. B., Orford, J., Templeton, L. J., Copello, A. G., Patel, A., Moore, L., ... Godfrey, C. (2011). 12-month follow-up after brief interventions in primary care for family members affected by the substance misuse problem of a close relative. *Addiction Research and Theory*, 19(4), 362-374.