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FAMILY SOCIAL CAPITAL AND ADOLESCENT DRUG ADDICTION: A QUALITATIVE INQUIRY

Gonca POLAT
Ankara, TURKEY

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Corresponding Author

Gonca POLAT
goncap@gmail.com

Abstract

Family social capital is an important resource for adolescents. In terms of drug use, family can both be a protective and a risk factor. In this study the aim was to investigate family social capital (family structure, family relationships and parental control) among a group of adolescents who received drug addiction treatment in Ankara, the capital of Turkey. Using a qualitative approach, the data were gathered through in-depth interviews with 18 adolescents and 13 parents (caregivers) at home-visits. Findings suggest that most of the adolescents were lack of parental control and close relationship with parents. Parental need for more information on drugs and their effects was a factor related with inadequate control on the adolescent. Transmission of a strong social norm from families against drugs was also missing. The findings revealed the importance of social work practice in developing family social capital of drug addicted youth.

INTRODUCTION

1. Problem Statement

Adolescent drug addiction is usually considered to be different from adult patterns of drug addiction (Ridenour et al., 2008, p.26; Winters et al., 2001,p.2.) The differences lie in the characteristics of this developmental period; the stress that is experienced due to the transition from childhood to adulthood; the adolescents' way of coping and the causes and experiences of drug use. For example, adolescents may not experience the destructive effects of drug use and the physiological consequences may be less severe (Ridenour, et al., 2008,p.26).

However, adolescent drug addiction is still an important problem in many countries. Today, illicit drug use is largely a youth phenomenon in most countries. Prevalence rates gradually increase through the teens and peak among persons aged 18-25 (UNODC,2012).

The theories that explain adolescent drug addiction ranges from the theories related to self (existential, ego/self-theory) to the theories related to one's relationship with the larger society (learning theory, role theory, social control theory) (Lettieri et al., 1980). Including biological, social and psychological factors, biopsychosocial model presents a comprehensive approach to understanding dynamics of adolescent drug addiction (Borsos,2009,p.10-12). This model suggests a variety of factors, instead of a single factor, in precipitation of addiction behavior. Biological predisposition may be interacted with social and environmental factors. US National Institute on Drug Abuse reports that 30% of the addiction behavior is related to genetic factors, while 70% is related to environmental factors (Borsos,2009,p.10-12).

Another framework for understanding the dynamics of adolescent drug addiction is the risk and protective factors approach. Risk factors may be defined as the characteristics, variables or hazards that make it more likely that an individual will develop a disorder, compared to someone selected randomly from the general population. Protective factors make it less likely that such a disorder will develop (Kafetzopoulos,2006,p.59). In adolescent drug addiction

risk factors may be grouped as genetic-biological, psychological, peer-related, family-related, school and community related, traumatic and negative life events and multiple risk factors (Farrell & White, 1998).

Family problems are considered among the risk factors (UNDCP,1995) and family structure, family relationships and communication, control over the adolescent and other factors are found important in adolescent drug use (Velleman & Tempelton, 2007; McArdle et al.,2002). These finding in the literature make it necessary to investigate familial factors in depth. Family social capital is used in this study in order to conceptualize familial factors for adolescent drug use.

2. Literature Review

2.1. Social Capital

Social capital concept has its roots in economical and sociological studies, but is widely used in drug addiction research as an independent variable in recent years.

Social capital refers to "features and resources inherent in the structure of social relations (e.g., information channels, social supports, and material aid) which individuals and communities can draw upon to prevent and/or solve common problems" (Smylie et al., 2006). Bourdieu used the concept to understand the formation of social class and socially reproduced inequalities (Bourdieu,1986). Coleman(2000) defines social capital by its function and states that social capital constitutes a particular kind of resource available to an actor, a variety of entities consisting of some aspect of social structures and that they facilitate certain actions of actors. In his work "Social capital in the creation of human capital" (2000), he defines social capital for youth, as familial ties and other resources in the social institutions of the society that contribute the social and cognitive development of the child and/or youth. Putnam, on the other hand defines social capital at community level as features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit (Webber, 2005,p.90; Field, 2006,p.19,43). There are different perspectives about whether social capital is an individual or a community asset (Salmi & Kivivuori,2006), its components (Serageldin & Grootaert, 2000; Onyx & Bullen, 2000) as well as its use for different population groups, such as adults, women, children and adolescents. Adolescent social capital is conceptually defined (Morrow, 1999; Schaefer-McDaniel, 2004) and found as a useful concept for child and adolescent wellbeing studies (Jack & Jordan,1999). It includes many aspects of social factors around children and adolescents therefore presents a comprehensive tool. A review of the literature reveals different discussions on the definition and conceptualization of the term. Therefore, variations in the operationalization of the concept is common. **Table 1** shows operationalization of adolescent social capital variables in different studies.

Social capital concept is widely used to understand the dynamics related to adolescent drug addiction. There are studies that investigate the effect of social capital in adolescent drug use (Lindström, 2003; Lovell, 2002; Winstanley et al., 2008; Lundborg,2005; Cheung, 2004; Current, 2007); its effect on access to drug addiction treatment (Vallejo, 2004) and its function for post-treatment drug use (Cheung & Cheung, 2003).

Family, as a resource according to Coleman's social capital conceptualization, has an important role in many of the risk behaviors including drug addiction. For example, studies report higher drug use and other risk behaviors among children from broken families, on the other side, parent-child relationship which includes parental control, consistent discipline, attachment and support is found to be a reducing factor in drug use (Smylie et al.,2006).

In this study, the aim is to understand the experiences of drug addicted adolescents with a focus on their family social capital. It has a qualitative approach for a deeper understanding about the relationship between family social capital and adolescent drug use. Family social capital is defined as a part of micro-level social capital for the adolescents and consists of family structure, family relationships, parental monitoring and control.

Table 1. Adolescent social capital variables among different studies

Study	Social capital theorist dominant in the study	Social capital variables
Salmi and Kivivuori, 2006	Coleman	Parental control Parental support Teacher control Teacher support Neighborhood control Trust Intergenerational Closure Labor market access
Smylie, et al., 2006	Bourdieu, Coleman, Putnam	Bourdieu measurement: Citizenship- civic participation Language, migrant status

		Coleman measurement: Family structure Religious participation Putnam measurement: Religious participation Participation in labor force School attendance Participation to sportive activities in the last 3 months Active membership to volunteer associations
Dorsey and Forehand, 2002	-	Parental support Informal control of children Neighborhood ties and trust
Schafer-McDaniel, 2006	Bourdieu Putnam, Coleman	Social networks, socialization Trust and reciprocity Sense of belonging/place attachment
Fitzpatrick, Piko, Wright& Lagory, 2005	Coleman, Putnam	Family connectedness School support Attendance to church or religious functions
Marjoribanks, 1998	-	Academic interactions with parents and teachers
Jarrett, Sullivan & Watkins, 2005	-	Interaction with adults: - Adult role models - The nature of interaction - The changes in interactions - The impact on the youth - Tangible benefits of the interactions and relationship
Knowlton, 2007	-	Neighborhood social capital - Informal social control - Neighborhood ties - Social cohesion - Intergenerational closure -
Gonsalves, 2007	-	Parental educational level, occupational status Parental activities Parental support Peer activities Peer emotional support School activities Volunteer activities Work experience
Morrow,1999	Putnam, Bourdieu	Social networks Local identity Civic engagement
Doebler, 1998	Coleman	Family-based social capital Family structure Mother working outside of home Number of siblings Family relationships Community-based social capital Family mobility Church attendance Involvement in activities outside of the home (extra-curricular activities, vocational activities, volunteer activities)
Deviren and Babb,		Issues on political agenda

2005		Informal sociability Social participation and voluntary activity Civic participation Social networks Trust
Averett, 2000	Coleman	Connections with significant other and peers Connections with parents and family Connections with church
Whiting and Harper, 2003		Social participation Civic participation Social networks and social support Reciprocity and trust Views of the local area
Schaefer-McDaniel, 2004	Bourdieu, Coleman, Putnam	Social network and sociability Trust and reciprocity Sense of belonging/place attachment

3. Methodology

The study uses a qualitative methodology for understanding the family social capital among drug addicted adolescents who received treatment.

Most of the studies on drug addiction and social capital use quantitative approach (Vallejo, 2003; Lindström, 2003; 2009; Lovell, 2002; Lundborg, 2005; Bartkowski & Xu, 2007; Piko & Fitzpatrick, 2004; Weitzman & Kawachi, 2000; Current, 2007; Winstanley et al.,2008; Cheung & Cheung, 2003). However the value of qualitative methodology in drug addiction research is highlighted in the literature (EMCDDA, 1997;1998;2000; Rhodes, 2000, p.21).

3.1. Participants

The participants of the study were determined by criterion sampling method as a type of purposeful sampling (Patton, 1990). The research was conducted in a State Drug Addiction Treatment Center in Ankara, the capital of Turkey. The criteria for involvement were:

1. Receiving treatment at least once and completing the treatment programme between the dates 2004 (establishment date of the center) and 30 September 2010.
2. Being between the ages of 10-19 (according to the adolescent definition of WHO).
3. Exclusion of a diagnosed comorbid psychotic disorder
4. Residing in Ankara.

The patient files were reviewed and 35 adolescents matching the criteria were then contacted via phone. 18 adolescents who were available and accepted to participate in the study were involved. Apart from adolescents, interviews were also conducted with 13 parents (or grandparents as caregivers) who accepted to involve in the study.

Table 2. Participant Information

Pseudonym	Gender	Age	Educational Status	Work Status	Drugs used
Emrah	Male	19	Drop out from vocational school	Not working	Inhalants, cannabis, pills
Engin	Male	18	Drop out from high school	Working	Cannabis
Taylan	Male	18	Drop out from high school	Not working	Inhalants, cannabis, pills
Mert	Male	19	Drop out from high school	Not working	Cannabis, inhalants
Yiğit	Male	16	Student in vocational school	Not working	Inhalants
Neriman	Female	16	Student in high school	Not working	Cannabis, Heroin
Ceren	Female	17	Drop out from high school	Not working	Heroin, pills

İrem	Female	17	Drop out from high school	Not working	Cannabis, cocaine, pills
Alpay	Male	16	Graduated from primary school	Not working	Inhalants
Gökhan	Male	17	Drop out from high school	Working	Inhalants, cannabis
Serhat	Male	17	Drop out from primary school	Working	Inhalants, cannabis, pills
Burak	Male	17	Drop out from high school	Working	Inhalants, alcohol, cannabis
Ferhat	Male	14	Drop out from primary school	Not working	Inhalants
Volkan	Male	19	Drop out from high school	Working	Inhalants, pills
Sinan	Male	18	Drop out from vocational school	Working	Cannabis, alcohol, ecstasy
Gürkan	Male	15	Drop out from high school	Not working	Cannabis, Heroin
Utku	Male	18	Student in vocational school	Not working	Cannabis, alcohol
Hakan	Male	19	High school graduate	Not working	Cannabis, inhalants, heroin, methamphetamine.

3.2. Data Collection and Analysis

Data were gathered through in-depth interviews conducted by the researcher during home-visits. Interview guide approach is used (Patton, 1990) and the guide consisted of questions regarding pre-treatment, during-treatment and post-treatment experiences and social capital of drug addicted adolescents. This study is a part of the author's Doctoral Thesis on post-treatment experiences of adolescent drug users. The data used in this study is limited with the questions on the pre-treatment drug use experiences and family social capital.

Interviews were conducted one to three times for each participant, and lasted for approx. 1,5-2 hours each time. The interviews were digitally recorded and the content was later transcribed for analysis. Besides the interview, researcher also took observation notes about the interactions between families and adolescents. The notes are also used as a data source.

Analysis process started with reading the whole text for an understanding of the nature of the data. Then researcher performed open coding, free from the existing knowledge based on the literature about family social capital and drug addiction. Then, based on the open coding, labels were grouped and categories were formed. The data analysis software QSR NVivo8 was used for the analysis.

3.3. Ethical Issues

Ethical approval from The Ethical Review Board of Hacettepe University and the consent from Ministry of Health was received prior to the data collection phase. All the participants in the study were asked for voluntary participation but for those who are under the age of 18, the permission from parents were also sought. The participants and their parents received an informed consent form, which is prepared according to "Informed Parental Consent Template for Research Involving Children (Qualitative Studies) by WHO Ethics Review Committee.

4. Results

4.1. Family Structure

All of the participants of the study were living with their families. This is partly related with the sampling process; it was not possible to reach the institutionalized adolescents through the contact information on the patient files due to changes in their status or institution. Adolescents living with their parents were more stable and therefore, more accessible.

The structure of the families differed. Four participants had broken families, two of them stayed with their fathers however the caregiver is grandparent. Other two participants stayed at their father and mother, alternately. One of the participant was living with extended family in a slum and grandmother was the main caregiver for this adolescent.

Among the participants, drug use problems didn't increase with being in a broken family. Heroin, Cocaine and

Methamphetamine use was seen among adolescents whose parents stayed together. However, it was observed that adolescents from broken families experienced more parental deprivation. All of four adolescents coming from broken families experienced mother separation at some period of their lives. Besides, for the adolescents living with their fathers, the main care responsibility was on grandparents. In broken families, conflict between mother and father and neglect because of the maternal absence were articulated in the interviews:

> "I wanted to go to my mother..I wanted to feel maternal love..I didn't see my mother for nearly one year…When I went to see my mother, my father used to beat me, because I see her and I call her mom..(…) I was like an orphan, no mother..no father. My father didn't care about me. I was all alone with my friends..Sometimes I went home, eat something, change my clothes, then went out again..Sometimes I even didn't go home..At 4-5 o'clock in the morning my father arrived home and called me: where are you, won't you come home? And I'd say, no, you go to sleep, don't wait for me..and my father used to sleep.."(Burak)
>
> "He(Serhat) accepted me so easily. He was glad that he had a mother. He never received maternal love. He showed off his friends saying "I have a mother too!"..He felt the absence a lot.(…) When he is sick, I usually stay up and care for him the whole night..He becomes so happy these nights. Before, his father used to give him a painkiller and he'd lie under the duvet, all alone..Nobody woke up for him at night …"(Serhat's step mother)

It was seen that, adolescents coming from divorced families usually experienced a dilemma between mother and father. The dream of having a whole family was articulated by an adolescent:

> "My parents were divorced when I was 2. My childhood dream will maybe sound funny for you. It may be normal to anyone but…holding the hands of my parents and going to park, or a picnic with them…these kind of dreams..I had still been there, but with my friends instead and I was high..."(Taylan)

4.2. Family relationships

A minority of adolescents had positive relationships with the parents. Especially among the adolescents who were not using drugs at the time of interview, there was at least one family member who is closely interested. This parent was a father for one adolescent, and a step mother for another. Narratives of adolescents who don't have a positive relationship within the family, reflected the need for a close relationship. This kind of relationship included quality time spent together, sharing the problems and receiving functional support to deal with these problems.

> "Poverty or money is not important, we could go out, just eat an ice-cream, for example, it would be more than enough..walk around, together as a family.."(Gökhan)
>
> I tried to share something with them..my problems at that time. They didn't pay any attention, didn't take it serious. They didn't have to do something, it would be enough if only they pretended to do something… At least they could show that they were interested" (Sinan)

Problematic communication patterns and reflection of the drug problem on overall relationship with the parents were some of the other problems. For one of the adolescents, the reason for not sharing daily concerns with the parents was related with family's lack of trust and blaming him for certain behaviors. For another adolescent, lack of open communication was added to these problems:

> "I don't share anything with them.(…) when i share something, then I am blamed...For example I used to tell my mother that two of my friends had a fight, it was bad..then she'd say, you sure have a hand in it. What's it got to do with me! They got the fight!" (Gökhan).
>
> "(…)We have never been so close..it seemed as if we were, but we never were..a person should always discuss these kind of stuff [problems during adolescence period] at home, so that she/he wouldn't make a mistake. If I could discuss with my parents, maybe I could be a perfect person.." (İrem).

These negative aspects of family relationship may function as a factor for withdrawal of the adolescent. For example, participants who had limited communication with their parents usually used the home "as a hotel". Therefore, positive relationship with the family is considered as a buffer against not only drug use but also the risk factors on the streets for the adolescents.

A deeper look into the family relationships revealed that some parental attitudes were not functional and not suitable for the developmental period of adolescents. Especially childhood abuse, violence, parental(mostly father) alcohol use, inexplicit norms about drug in the family were among the familial risk factors. Broken families were not majority, however lack of close relationship and monitoring of parents as a result of divorce, were observed.

On the other side, family also functioned as a protective factor. Adolescents who have positive family relationships didn't show a problematic pattern of drug use and more importantly, expressed family related factors while talking

about their reasons for quitting drug use.

> "I quit drugs by trusting myself, trusting my family…my family was always behind me, supported me. My mother always trusted me"Serhat)
>
> "We always took his attention to other stuff..if we couldn't find anything, we would go to the park and use the sports equipment there..for example, he was not able to read or write..I sent him to literacy courses..I used to say, "Serhat, I can't see that, can you read this? And I would therefore see if he improved, or not..I always bought him cell phone, he broke it, I bought it again..why? because he could text SMS, therefore he would improve reading and writing…" (Serhat's step mother)

4.3. Parental Control

This component of social capital implies parental control over the child, about where he/she is, with whom she/he is, and what she/he does (Shillington et al.,2005). Lack of parental control included neglect and lack of monitoring, as well as lack of a warm and supportive communication for some of the adolescents;

> "My family thinks that, I give money to my child, I send him to school, the best school, whatever he wants, I do…You do that, but do you ever ask your child "sonny, what is biting you?" Do you ever talk to him? Yeah, maybe they ask it, but they ask "what is the problem with you?" It's not the same… (…) they never approached me with warmth, and ask why I started using drugs. They told that "Ok, we will do whatever should be done"…one year passed after they told they would do whatever is needed, then I went to hospital…" (Sinan).
>
> "If my parents had monitored me, if they'd called me when I didn't go home at nine o'clock...If I had gone home at nine..I wouldn't be out the whole night..or at one of my friend's home, or at a place.."(Sinan).

Parental lack of restriction, lack of expectations and standards on adolescent's behavior were further seen as other parental attitudes about control. The narrative also revealed that the reaction for the drug use, given by the parents was seen as an extension of parent-adolescent communication.

The effect of families in the norm formation process against drugs was weak for the participants. This was observed both in the reaction of families to the drug use, and the decisions made by the adolescent to quit drugs. Therefore families did not transmit a strong norm to their children.

> "My father…he didn't..I mean, I don't know why he didn't get angry…If it was my child, I don't know how I would react but he didn't get angry, I was surprised…"(Sinan)
>
> "Most people around here and my family, they are drinkers…therefore..they would just say, don't use drugs, use alcohol.."(Emrah)
>
> "My father was drinking..I was using drugs..When he was grumbling about my drug use, I could counteract, because of his drinking problems!" (Burak)
>
> "When I went to [the treatment center] to visit Yiğit, I saw a friend of mine, R. (…) I told R.
>
> "We used to go to coffeehouses [recreational places for adult males dominant in Turkish culture], we used to gamble, we used to drink alcohol..we used to hang around..smoke..but we didn't do that [drug use]." (Father of Yiğit)

Researcher observations about the families' lack of knowledge on drugs and addiction process may also contribute to the understanding of the problems about family norm formation against drugs. Some of the families had questions on the drugs and their effects, addiction and recovery process. Both these questions and being late in realizing the drug use of adolescents may be related to the inadequate information on drug addiction, which effects the drug related norms. One of the mothers was not able to spot the bally(glue) stains on her son's clothes, and didn't realize the lighter fluid cans running out every day. This mother claimed that her son was using drugs for 1 year, while her son was using drugs for 3 years.

Another observation on parental control is that, some parents preferred their children to use the drugs in the home. Four of the families openly stated this preference, for example one of the fathers gave permission to his son to use marijuana at home, instead of bally (glue,inhalant) outside. The main intention for this situation was to protect the child from risks and danger from the streets.

Among the participants, most common parental attitude was permissive. An adolescent stated that her mother was aware of a "corner" at the street that she usually used drugs with friends: "I used to tell my mother that I'm going to "the corner" and she'd come and have a look…and then go back…(Neriman). Another adolescent's mother was complaining about her husband's lack of discipline over their child:

> "You (the husband) are the reason for my child! If you were a dictator father, if you saw the faults in the beginning, gave punishments or you slapped in her face, she wouldn't be in this situation…authority is always good…"(Mother of Ceren).

5.Discussion and Conclusion

Family is considered as an important risk factor, as well as a protective factor in drug addiction. In this study the aim was to investigate family social capital, consisted of family structure, family relationships and parental control, among a group of drug addicted adolescents who received treatment.

As a qualitative research, the study aimed to reach an understanding of family social capital among addicted adolescents, instead of gaining generalizable results. The findings should be considered within this framework.

Literature suggests that adolescents from broken families experience more drug use problems and parental separation is related with being at the most problematic edge of drug abuse (McArdle et al., 2002; Velleman & Templeton,2007) The risks associated with the family structure in the literature was not observed for our participants. The adolescents coming from broken families were not majority in the sample. However, when we consider the family relationships, neglect and lack of monitoring, which is also closely related with being in a broken family, was more common among the participants. Research on child mental health shows that psychosocial problems are not only related with divorce, but also negative experiences including parental conflict that accompany the divorce process (McArdle et al., 2002). Moreover, in terms of drug addiction, Secades-Villa et al. (2005) state that being in a single-parent household does not have a direct link with drug addiction and parental control functions as an intermediate variable between drug use and family structure.

Most of the adolescents were lack parental control and close relationship with parents. Adolescents clearly stated this deprivation and their need to be a family and to have a close relationship with an adult. Adolescents having positive relationships with at least one of the caregivers (i.e.step mother, father, grandmother) also expressed more parental monitoring.

Close relationship with other family members, motivation and ability to solve the problems within the family is related with family attachment and it is considered as a protective factor in the literature (Ünlü, 2009; Vakalahi, 2002) and this variable is found to be independent from drug preferences and the culture (Ary et al.,1999; McArdle et al., 2002). In our study, close relationship with at least one family member functioned as a protective factor because of close monitoring of adolescent's recreational activities. Parsai et al.(2008) report that, parental control is not directly associated with drug use, instead there are other variables; for example parental monitoring doesn't necessarily reduce drug use rates, but it contributes to the process of forming a personal norm against drugs. Family attitudes towards drugs was an important factor in this manner. A strong anti-drug norm among the family members and transmission of this norm to the adolescent is considered as a protective factor for drug initiation (Secades-Villa et al.,2005; Current, 2007). Both adolescents' narratives and researcher's observations point out a lack of formation of strong anti-drug norm among parents. Alcohol and/or drug use among parents, which is a risk factor in adolescent drug use (Allison et al., 1999; Secades-Villa et al.,2005; Velleman & Templeton, 2007) may be considered as an obstacle for the transmission of such an anti-drug norm. In our study, the existing norms in the family about drugs became ineffective for the adolescents in case of parental alcohol and drug use.

In terms of parental discipline styles, both authoritative and permissive discipline practices of the parents are associated with the drug use (Samuolis et al.,2006). Among our participants, most common parental attitude was permissive. However, this finding is very much related with parents' lack of information on drugs, control on their child's social network and recreational activities.

Family social capital also functioned as a resource for some of the adolescents. Especially among those who were drug-free at the time of the data collection and who had involved in educational or work life, received support from their parents. This is an important finding of the research, since the rehabilitation services and reintegration opportunities are limited in Turkey and adolescents are alone within their informal social network.

The findings suggest important implications for social work practice with drug addicted adolescents. Environmental factors may be both a facilitator or an obstacle for the individual for an effective social functioning (Duyan, 2010,p.19). As a profession, social work has been involved in social capital building (Kwok, 2003) and social workers use social capital as a tool for micro, mezzo and macro level intervention (Nuno, 2008,p.5). When working with drug addicted adolescents, dimensions of social capital may be used both as a resource and as a target for intervention. Family social capital, including close relationship, trust, control, norms and values to protect the adolescent from drugs, may also include risks in case of abuse and neglect, parental alcohol or drug use and authoritarian and permissive discipline. Improving social capital includes strengthening the relationships of the adolescent with family, and meeting the protection, improvement, recovery and self-fulfillment needs of adolescents.

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