

# Family Communication Patterns and Substance use Disorders among the Youths in Selected Rehabilitation Centers in Nairobi, Kenya

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DOI: <https://dx.doi.org/10.47772/IJRISS.2023.71042>

Received: 03 September 2023; Accepted: 11 September 2023; Published: 19 October 2023

## ABSTRACT

The main objective of this study was to assess the influence of family communication patterns on substance use disorders among the youth in selected rehabilitation centers in Nairobi, Kenya. The study was guided by the family structure theory. The research design was mixed method convergent parallel design. The target population was 303 youth in selected rehabilitation centers in Nairobi County, aged between 18-35 years and their parents. A sample of 172 clients was obtained and selected randomly to take part in quantitative study. Another 12 clients who had stayed in rehabilitation centers for the longest time were purposively selected in order to provide qualitative data. Similarly, 12 parents were conveniently selected in order to provide qualitative data. Therefore, the total sample size comprised of 196 respondents. Quantitative data was collected using FACES-IV, AUDIT 10, and DAST-10 questionnaires while qualitative data was collected using interview guides. Quantitative data analysis used descriptive statistics and inferential statistics while qualitative data was analysed thematically backed by narratives from respondents. The study found out that communication was very poor among the respondents. Further, there was indication of a weak and insignificant correlation between family communication and substance use disorder. From these findings, the study recommended that parents need to be firm as they bring up the youth and improve on communication patterns in order to improve on SUDs in one way or another.

**Keywords:** Substance use disorder, Communication, Disorder

## BACKGROUND

The problem of substance use disorders among young people has been on the rise globally and locally (Chesang 2015). Substance Use Disorders (SUDs) refers to a mental condition which results from the use of one or more substances that could lead to clinical impairment or distress (Chesang, 2015). Globally, there are estimated 271 million people who abuse substances (United Nations Office of Drugs and Crime, 2019). Out of these 271 million people, 13 percent suffer from Substance use disorders (United Nations Office of Drugs and Crime, 2019). World Health Organization (WHO), 2019) report on substance use disorders added that about 5.3 percent of all the deaths globally in 2018 were due to substance use disorders. Another report on substance use disorders among the youths by World Drug Report (2018) said that some 200 million people, or 5% of the world's population aged 15-64, had used drugs at least once in the last 12 months. This is 15 million higher than 2017 estimates. Lastly, the report stated that this increase has been attributed to greater availability of drugs and other substances and hence higher demand for treatment in the treatment centers.

In support of WHO and United Nations Office of Drugs and Crime Substance Abuse reports, Substance Abuse and Mental Health Services Administration (SAMHSA), 2017) reported that approximately 9% of the total population of young people aged 18 years and above in the United States are users of illicit drugs. UNODC (2018) report added that in United Kingdom, about six million people are estimated to drink above the recommended daily guidelines with almost two million of youths drinking at harmful levels. National Treatment Agency (2014) also conducted survey of 100,000 young people from European countries such

as: Austria, Belarus, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, the Faroe Islands, Finland, France, Germany, Greece, Greenland, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Russia, the Slovak Republic, Slovenia, Sweden, Switzerland and Ukraine to understand the behaviours, knowledge and beliefs concerning cigarettes, alcohol, solvents and illegal drugs by young people. The study findings showed that there were high rates of substance use disorder amongst youths across all these countries. These results agreed with the findings of other global reports on substance use disorders.

Globally, family dynamics have been linked to substance use disorders among the youth. For instance, a study done in Pakistan by Masood and Sahar (2014) found that Poor communication within the family unit leads to children in the family indulging in substance abuse. The study also found that parents talk to their children about dangers of indulging in substance use but they were not firm in implementing the decisions involving the same. Similarly, a study examining youth's substance use disorder in United Kingdom by Roblyer (2016) suggested that youth reared in families characterized by a lack of familial obligations, emotional closeness, and support, were more likely to affiliate with substance use disorders and having peer relationships associated with more substance abuse. In addition, MacArthur, Hickman and Campbell (2016) study on the role of the family in structuring young people's alcohol use in England found that Parental attitudes and behaviours and the nature of communication are critical in leading young people to alcohol use. Initiation into alcohol use was frequently mediated by parents early in adolescence, with the home recounted as a primary site of early drinking experiences.

Africa, just like the rest of the world continues to face many substance use related complications (Drug Use Report, 2014). However, this problem is more prevalent in many countries in West and North Africa (World Drug Report, 2020). According to this report, Eastern Africa had a prevalence use of 1.0 percent, Southern Africa had a prevalence of 0.5 percent and Central Africa had a prevalence of 1.8 percent.

This problem of substance use disorders in Africa has continued to increase as projected by Charlson and Whiteford (2014) study. The study projected that all Sub-Saharan African countries would experience an increase in Substance Use Disorders by around 125 percent in the absence of management strategies. However, this increase would differ across regions; with the Eastern part of Africa having the highest increase at about 139 percent followed by West Africa (about 129 percent) in substance use disorders.

In Africa, the studies on family dynamics and substance use disorders among the youth are also scarce. However, the studies done also reveal that family dynamics such as parental communication, family cohesion and parental monitoring can also affect youth involvement in substance use. For instance, an exploratory study was done by Muchiri and dos Santos (2018) on Family management risk and protective factors for adolescent substance use in South Africa. The specific protective, or risk effect of family management factors, varied according to the substance in use. One of the factors that came out strongly and demonstrated either risk or protective effects on adolescent substance use was family communication.

Family communication refers to ways of passing information from member of the family to the other. Globally, family dynamics have been linked to substance use disorders among the youth. For instance, a study done in Pakistan by Masood and Sahar (2014) found that Poor communication within the family unit leads to children in the family indulging in substance abuse. The study also found that parents talk to their children about dangers of indulging in substance use but they were not firm in implementing the decisions involving the same. Similarly, a study examining youth's substance use disorder in United Kingdom by Roblyer (2016) suggested that youth reared in families characterized by a lack of familial obligations, emotional closeness, and support, were more likely to affiliate with substance use disorders and having peer relationships associated with more substance abuse.

Positive parent-child communication is also a factor to consider in relation to youth involvement in

substance abuse. Open and frequent communication could become a protective factor in various situations especially substance use (Pasch, 2012). Some scholars call for the need to enhance parental communication competence and improve family communication environments to capitalize on the influence that parents still have on their children to reduce the chance of developing substance use disorders.

Youths who engage in more regular family activities (such as frequent dining together), greater parent's knowledge of their children's friends and teachers all report a lower level of substance use through mid-adolescence than their counterparts. There is also evidence that perceived adult disapproval of substance use is associated with less frequent alcohol use, but not with lower marijuana uses (Du Rant, 2011). On the other hand, parents' permissiveness has shown to be a significant predictor of substance use (Villatoro & Medina-Mora, 2012)

### **Statement of the problem**

Substance use disorders among the youth are alarming and have become a public health concern globally and locally. Different countries are using different means to address this menace. In Kenya, the youth are suffering a lot in that the many that are involved in substance use disorders, their functionality is really affected. Nairobi being the capital city of Kenya has the highest number of youths involved in substance use disorders. The youth stage of development is very crucial in that it determines the future life of the person. Many of these youths involved in substance use disorders are not able to go through their crucial education. Their academic performance is critically compromised in that many drop out of schools and Universities and are not able to pursue their education. The working youths are not able to function at their places of work. Their competences diminish with substance use disorders and absenteeism is on the rise. The youth end up being laid off and lose their jobs/employment. The youth then sink even deeper into substance use disorder. The health of the youth involved in substance use disorders is compromised. They suffer from cardiovascular issues, liver, brain and heart issues. They also get sleep disorders, issues related to unprotected sex and dangerous driving. All these problems lead to early death of the youth.

The parents also get devastated and suffer a lot psychologically as they wonder what may have gone wrong in their parenting endeavour. They result to self-blame not knowing what to do next. They struggle with the youth wondering what to do. The available resources also become very strained both at the family and at the national levels. Some families are not able to get enough food on the table and would not even think of rehabilitation expenses for their youth because it is unaffordable.

The Government of Kenya has tried to put in place a lot of effort to eradicate this problem and a lot of resources have been mobilized in these efforts instead of being channeled to other more beneficial programmes. The government of Kenya also established the National Agency for the Campaign against Drug Abuse (NACADA, 2014) to try to address this problem. Rehabilitation centers have been established under NACADA, which provide services such as treatment, counseling, and other supportive services. However, despite the notable increase of rehabilitation centers, both public and private being regulated by NACADA which is a government entity, substance use disorders among the youth continues to increase. This could have been contributed by the seemingly less focus on how family dynamics contribute to substance use disorders among the youth.

Similarly, few studies carried out in Kenya have focused on the prevalence of substance use disorders as well as their impact on families and very little on how family dynamics contribute to substance use disorders among youth especially in rehabilitation centers in Nairobi County. It is also important to note that some of the available studies are done in the West and the ones done in Africa and Kenya are too old. Therefore, this study sought to fill this observed knowledge gap by investigating how family communication contribute to substance use disorders among the youth in an effort to resolve this devastating problem among the youth in Nairobi County, Kenya with a focus on selected rehabilitations centers in Nairobi.

## Research objective

The study purposed to identify the influence of family communication patterns on substance use disorders among the youth in selected rehabilitation centers in Nairobi, Kenya.

## MATERIALS AND METHODS

The dominant paradigm in this study was mixed methods research approach adopting the convergent parallel design. Mixed method approach was chosen due to its strength, it has advantage over using either qualitative or quantitative singly according to Mvumbi and Ngumbi (2015). The approach gives a possibility for comparing the different perspectives drawn from both qualitative and quantitative data (Creswell & Creswell 2018). Furthermore, Convergent parallel design was preferred because it gives the possibility to collect data from multiple sources at the same time while examining the same topic (Jason, 2020). Both qualitative and quantitative data was collected concurrently, analyzed separately and the findings converged in the interpretation phase.

### Location of the Study

The study was carried out in selected rehabilitation centres Nairobi County, Kenya. Nairobi County is one of the 47 Counties in Kenya. It is the most populous and largest city of Kenya with a cosmopolitan set-up. Almost all the tribes in Kenya are represented in the city. The city also houses all the organs of the government, and it is the headquarters of almost all the organizations in the country. It is also the economic powerhouse of the country. It borders Machakos, Kiambu, and Kajiado Counties. Because of its cosmopolitan nature, Nairobi has also been found to be both a destination and a conduit for hard drugs. Drugs of all types are sold in the city's black market. This is true given the fact that the city is highly populated and hence chances of finding a ready market for drugs are high. There have been incessant reports of incidences of drug impounding by police. The youth access these substances easily as they get money from their parents or from employment to procure various substances.

Nairobi County has a higher prevalence of substance abuse (NACADA, 2017). The county has 18 rehabilitation centres which represent the highest number of rehabilitation centres in a single County (NACADA, 2017). The choice of Nairobi County was based on the high number of rehabilitation centers which provided a good sample for this study. Secondly, these rehabilitation centers have addicts or almost all the types of drugs and alcohol brands.

### Target Population

The target population for this study was the youth admitted in selected rehabilitation centres in Nairobi and their parents/guardians. Nairobi County has 18 rehabilitation centers with a population of 303 youth (NACADA, 2020). The study targeted all the 18 rehabilitation centers with the 303 youths admitted. According to NACADA (2020), these rehabilitation centers do have more clients than these under normal circumstances but the numbers were affected by the COVID 19 pandemic. However, the population targeted and identified had salient characteristics hence the study was carried out.

### Sample Size

According to Kamangar and Islami (2013), a sample size is a statistical representation of the population of interest. Therefore, choosing a sample is a key feature of any research undertaking. A sample allows generalization of findings to the entire population under the study. Yamane (1967) sample size formula was

used to obtain the sample size for the study.

$$n = \frac{N}{1 + (e)^2 N}$$

$$= \frac{303}{1 + (0.05)^2 (303)}$$

$$= 172$$

This gave a sample size of 172 respondents.

After obtaining the sample size of 172 respondents using the formula by Yamane (1967), a random sample was obtained from each randomly selected rehabilitation centers as computed from the population of these rehabilitation centers. The sample size of the youth was accessed through the office of the administrators of the rehabilitation centers. This sample provided the quantitative data.

### Data collection Instruments

The research instruments used for this study were questionnaires and the interview guides for youth in rehabilitation centres and their parents or guardians. For the quantitative study, three standardized instruments, Alcohol Use Disorders Identification Test (AUDIT), Drug Abuse Screening Test-10 (DAST-10), and Family Adaptability and Cohesion Evaluation Scale-IV (FACES IV), were used to collect data from the youth. AUDIT 10 is a 10-item Likert scale which was used to measure alcohol use disorders among the sample, DAST-10, is also a 10- item Likert scale which measured cocaine, heroin, cannabis (drugs) use disorders among the sample, and FACES IV which had 62 items amongst the items assessing family communication patterns among the respondents in the rehabilitation centers. Both the questionnaires and interview guides were used as well.

## FINDINGS OF THE STUDY

### Participants Family Communication Patterns

Family communication patterns were measured using FACES IV standardized tool developed by Olson (2010). The tool has 62 items and it measures family flexibility, family cohesion and family communication patterns. The participants were provided with 5-point Likert scale provide and were asked to indicate the degree to which they agree or disagree with each statement about themselves.

From the 62 items, only family communication patterns is measured using items 43, 44,45,46,47,48,49,50,51 and 52. During scoring, all the items measuring family communication were computed in terms of mean with the lowest mean being 10 and the highest possible mean being 50. The findings were presented as shown in Table 25.

**Table 1 Participants' family communication patterns**

	N	Minimum	Maximum	Mean	Std. Deviation
Family Communication	132	10.00	50.00	14.1970	8.52696
Valid N (listwise)	132				

The findings in Table 1, family communication was very poor (mean = 14.1970, SD =8.52) which is way much below the average of 20 expected. This implies that the families of the people with substance use disorder had poor family communication patterns.

**Influence of Family Communication Patterns on Substance Use Disorders among the Youth**

The study sought to find out whether family communication patterns can influence Substance Use Disorders among the Youth. Pearson correlation analysis was used and findings presented in table 2.

**Table 2 Influence of Family Communication Patterns on Substance Use Disorders among the Youth**

		Drug Use Disorder	Family Communication
Drug Use Disorder	Pearson Correlation	1	-.116
	Sig. (2-tailed)		.187
	N	133	132
Family Communication	Pearson Correlation	-.116	1
	Sig. (2-tailed)	0.187	
	N	132	132

The findings in table 2 indicated that there was a weak and insignificant correlation between family communication and substance use disorder. This implies that the relationship was by chance and might not be replicated in a repeat study.

From the interviews conducted, information on communication was obtained. Communication here looked at the way members of the family talked to one another. It is the way information was passed from one member to another and the resultant feedback. Most parents accepted that communication within the interviewed families was poor. And this substantially contributed to substance use disorders among the youth.

One of the parents expressed;

Communication was very poor in my family in that we were like strangers to one another. My son could not talk to me or listen to me. He had a lot of secrets and kept to himself. When I realized that he does not want to talk to me, I too decided to stop talking to him. I should have known better. He finally got into bad company and gave in to peer pressure. This landed him in substance use disorders (Respondent 021, personal communication, May 24, 2021).

Communication was so central in guiding the youth. Most parents did not take time to guide their children in the right way. Family challenges like separation and misunderstanding between parents robbed the youths a chance to be guided by their parents. In the case of single mothers, some of them were so lenient with their children, fearing to annoy them. Divorced parents never had time and space to always sit with their children and guide them in the right direction. This made the children go on their own way and was in turn influenced by peer groups.

Thus, one parent was quoted saying;

I do agree that communication in my family is very poor. This is so because we are dealing with a husband who drinks and insults everybody in the family. Most times the children would run away to avoid him and

hence no communication. This really scared the children. The prevailing circumstances were not conducive to proper communication. My son had to look for companionship outside the family who introduced him to substance use (Respondent 015, personal communication, May 21, 2021).

Another parent was quoted;

Communication was very poor in the family. My son could get very impatient with me especially when I asked him why he was coming home late or when he did not get what he wanted. At some point we could shout at each other. There were times he would leave a water tap running and did not want to be told it is wrong to leave taps running. It was worse when he came home drunk. He did not want to be asked to put off the lights. He wanted to be left alone and do what he wanted to do. He only wanted to go out drinking with his friends (Respondent 018, personal communication, May 21, 2021)

There was poor communication also in families where the children were left under the care of the guardians when their real parents died. Many of them were left unsupervised and under no guidance. Usually, they had no one to communicate to and express themselves. These children ended up drinking to seek solace and people to talk to.

Thus, one guardian expressed;

When my mother died, my brother was left under the care of my auntie. She did not like my brother and hence had nothing to do with him. She could not talk to my brother and was really mistreating him not giving him food at all. There was totally no communication at all. My auntie would come home late at night and just sleep without caring whether my brother has eaten or not. My brother had to run away from my auntie's home and went to stay with his friends. By then I had just finished school and had gotten a lowly paying job. I was able to now stay with my brother. I was able to trace his whereabouts and pleaded with him to come stay with me. He was in such a sorry state. These friends had already introduced marijuana to him. He told me he had to do it to draw his sorrows. I had to solicit for funds from my member of parliament and other well-wishers to bring him to a rehabilitation centre. (Respondent 014, personal communication, May 19, 2021).

It was also noted that parents reacted differently upon realizing that their children were involved in substance use disorders. Some got annoyed so much that they stopped communicating with the youths and hence could not help them recover from substance use disorders. These reactions affected communications between the parents and their children.

One parent said

When I realized that my son was involved in taking cannabis, I was so mad with him. For a long time, I was not talking to him. He would at times try to talk to me but I could not respond. I just ignored his every move completely I wondered whose son he really was. He went round talking about how I do not talk to him. It did not matter to me then. He eventually decided to join his friends and really deteriorated because they were drunk the whole day and night. A friend of mine heard people say how my son is doing so badly. This was a wakeup call because my friend put sense into my mind. He took me to look for my son and was able to put him into a rehabilitation centre. I just wish I kept him close to me by talking to him and guiding him as a father should. (Respondent 013, personal communication, May 13, 2021).

It was generally noted that parental guidance and opening communication avenues was very important in making sure that the youth did the right thing. Emotional support was also to be offered through communicating and talking to the children about the dangers of substance abuse. This was usually not the

case because communication was quite poor in most families under this study.

## DISCUSSION

These findings disagreed with a study done by Pettigrew, Shin, Stein, and Van Raalte (2017) which examined direct and indirect association between family bonding and adolescent alcohol use through substance specific prevention communication (SPPC) and adolescent efficacy in Nicaragua. The results of Pettigrew, Shin, Stein, and Van Raalte study indicated that family expressiveness was related to adolescent lifetime alcohol use through SPPC. The findings also showed that positive family communication was a protective factor for early adolescents against alcohol and substance use prevention in Nicaragua. The reviewed study was relevant as the same variables were tested in a different population, different design, sample and location to find out if similar findings would be replicated.

Similarly, Carver, Elliot, Kennedy and Hanley (2017) study done through integrative review of literature examining the effectiveness of parent-child connectedness and substance-use (alcohol, tobacco and other drugs) among adolescents had differing findings. The results indicated that high connectedness between parent and their children promote open communication. In turn those conversations about the health risks were related to lower levels of substance use. However, frequent conversations about parents' own use, permissive messages and consequences of use were related to higher level of use.

In addition, Ackard (2016) study disagreed with the findings of this study. Ackard study found that both male and female adolescents who perceived difficulty in talking to their parents about substance use and related problems were at increased risk for substance use disorders. Enhancing the frequency and quality of parent-child communication was a common target in substance use disorder interventions for the youth.

However, Shin, Miller-Day, and Hecht (2019) study while examining the relationships among adolescent reports of parent-adolescent drug talk styles, family communication environments (e.g., expressiveness, structural traditionalism, and conflict avoidance), and adolescent substance use agreed with the findings of this study. The results of Shin, Miller-Day, and Hecht (2019) study showed that the adolescents engaged in four styles of drug talks with their parents (e.g., situated direct, on-going direct, situated indirect and on-going indirect style) and these styles differed in their effect on adolescent substance use. For instance, the results from the multiple regression analyses indicated that expressiveness and structural traditionalism were negatively related to adolescent substance use, whereas conflict avoidance was positively associated with substance use.

Similarly, Brechting (2014) study on the relationships between several aspects of family environment and adolescent substance use corroborated the findings of this study. Results of this study depicted that there was significant inverse link between communication among family members and incidence of substance use by adolescents male. Specifically, respondents who used drugs more frequently were marked by a family with poorer family communication. On the other hand, individuals with positive family communication tended to consume drugs less frequently.

Another study in support of these findings was by Boyd, Perkins, Greenberg and Stevens (2014). They utilized a qualitative and quantitative approach to examine substance use and parental communication among African American youth. Pearson correlation analysis was carried out to find the relationship between substance use and family cohesion and family communication of the young adults. When a Pearson correlation was run to test the relationship between substance use among the youth and family communication, a statistically significant relationship,  $r(89) = -.281, p < .001$  (two-tailed) between substance use among the youth and family communication was found. This indicated that the stronger the family communication, the less likely participants were to engage in substance abuse.



However, findings on communication from the qualitative sample identified a potential gap in the communication process among parents and youth. It was found that the majority of the youth who admitted to using drugs, stated that their parents usually say, “Do not use drugs.” However, their parents “have never provided open discussions about drugs.” The youth participants also reported that they felt comfortable talking to their parents about drugs as long as it was not discussing their personal use. Similarly, most of the information that the youth participants received about drugs reported that they had received it from other sources than their parents this shows that communication about drugs by parents and the youth had a gap.

Another study findings corroborated by the findings of this study was by Pettigrew, Shin, Stein and Raalte (2017). They used a cross-sectional survey to study Family Communication and Adolescent Alcohol Use in Nicaragua, Central America: A Test of Primary Socialization Theory. Specifically, the study examined direct and indirect associations between family bonding and adolescent alcohol use via substance specific prevention communication (SSPC) and adolescent efficacy. The study found that family expressiveness was significantly indirectly related to adolescent lifetime alcohol use through SSPC. These findings provided supportive evidence that positive family communication can be used as a protective factor for early adolescents in Nicaragua.

Lastly, Wahaba et. al (2021) study findings, were similar to the findings of this study. They conducted a cross sectional survey study on the relationship of lifetime substance use disorder with family functioning, childhood victimization, and depression, among juvenile offenders in Malaysia. With respect to family communication was notably moderate, but the adolescents felt less satisfied with their family in several areas assessed, such as the family’s ability to cope with stress, share a positive experience, resolve conflicts and deal fairly with criticism in the family. In conclusion, despite the respondents being found with high rate of substance use, their family backgrounds were notably found to be moderately stable. Hence this was an indication there are other factors leading to their drug use.

Most of the studies reviewed above reveal that those families with good and proper communication channels have fewer problems with the youth getting involved in substance use disorders. These is usually because the family members have proper channels of communication and hence can discuss a lot and are good company one with the other. The findings of this study clearly reveal that all the youths, parents and guardians interviewed said that their families had poor communication patterns. This is no wonder that these youth have ended up with substance use disorders because life at home is not the best in terms of communication. However, there are those studies that have emphasized other factors leading to youth substance use disorder and have said that communication patterns do not play a major role in determining whether the youth end up with substance use complications.

## **SUMMARY OF THE STUDY**

The study found that participants came from families where communication was very poor (mean = 14.1970, SD =8.52) which is way much below the average of 20 expected. Further, the findings indicated that there was a weak and insignificant correlation between family communication and drug use disorder. This implies that the relationship was by chance and might not be replicated in a repeat study.

## **CONCLUSION OF THE STUDY**

With respect to communication patterns and substance use disorders among the youth, the study concluded that respondents who participated in the study came from families which had poor communication patterns. Further, the study concluded that relationship between family communication and substance use disorder among the youth was weak and insignificant. This implied that the relationship was by chance.

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