

# Managing Drug Misuse and Emotional Burdens of Families

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## ABSTRACT

Emotional burden refers to the internal emotional state experienced by families as a consequence of living with a drug-using member. This burden may arise when the family first encounters the issue of drug use or during their ongoing involvement in supporting the recovery process. This paper examines the forms of emotional burden experienced by families, which place them at risk of developing mental health disturbances. The study employed focus group discussions involving families of drug users in Terengganu. The findings indicate that families experience minimal emotional strain during the early stages of addiction; however, emotional burden becomes more pronounced once they are involved in the recovery process. These findings highlight the importance of providing consistent social support to ensure that emotional burden does not continue to overwhelm families and adversely affect their daily functioning.

**Keyword:** Emotional Burden, Drug User, Drug Rehabilitation, Family, Drug

## INTRODUCTION

Burden refers to the constraints borne by families of drug users throughout their involvement in the recovery process. These burdens—identified as emotional strain, financial pressure, deterioration of family relationships, family instability, and negative impacts on infants and children—have been shown to hinder the provision of social support during rehabilitation (Daley, 2013). Emotional burden, in particular, refers to the stress experienced by families as a consequence of a member's involvement in drug misuse. Such burden is often not visibly expressed, yet it may function as a “silent strain,” capable of damaging family relationships or compromising the caregivers' well-being. More critically, in cases involving drug-related death, families are at heightened risk of facing community stigma, emotional overwhelm (such as anger, guilt, and shock), and prolonged grief (Titlestad et al., 2021).

Emotional burden also arises when families resort to avoidance rather than active engagement in managing the drug-using member. Families often withdraw emotionally, ignore the problem, or avoid thinking about it altogether. This situation leads to significant caregiver stress, particularly among spouses (Khadanga, Nachane & Kale, 2023). Gamal, Abdel Hamid, and Mohammed (2023) similarly report an association between caregiving burden and self-efficacy in managing drug users. Their findings indicate that a substantial proportion of families experience heavy caregiving burden, low self-efficacy, and limited knowledge about drug misuse. Consequently, many caregivers experience disruptions to their psychological well-being, which adversely affect their personal lives.

Emotional burden also arises when families choose avoidance rather than taking active steps to manage the drug-using member. Families often engage in emotional withdrawal, ignore the problem, or avoid thinking about it altogether. This pattern of avoidance contributes to significant caregiving stress, particularly among wives (Khadanga, Nachane & Kale, 2023). This phenomenon is further supported by Gamal, Abdel Hamid, and Mohammed (2023), who found a relationship between caregiving burden and self-efficacy in managing drug users. Their findings indicate that a large proportion of families experience substantial caregiving burden, low

self-efficacy, and limited knowledge about drug misuse. Consequently, many caregivers experience psychological disruptions that negatively affect their personal lives.

A systematic review suggests that emotional burden manifests not only in negative forms but may also have positive dimensions. At the early stage, emotional burden emerges through shock as families attempt to understand the situation of a member involved in drug addiction. This condition is intensified when families become increasingly confused due to community isolation and stigma. Families frequently experience phases of emotional decline, behavioural changes, and mental health disturbances as new pressures emerge within the family unit. These emotional strains may evolve into disruptions in family functioning, such as loss of familial roles, instability in family relationships, and, in severe cases, the breakdown of the family institution. However, some families take proactive steps to protect themselves from emotional burden by seeking knowledge, obtaining support, adapting to the situation, and, notably, drawing strength from spiritual resources (Mardhani et al., 2023).

A study by Khan et al. (2022) further found that limited support is closely associated with stigma among families of opiate users. Families reported receiving little support from local communities due to marginalization—an issue that also arises within the healthcare system. A lack of support also extends to younger family members, for whom the unaddressed impacts of drug use in the household place them at elevated risk of developing addiction themselves. This absence of support is largely driven by societal stigma, which sidelines families of drug users rather than assisting them through supportive interventions.

More specifically, a study conducted in Egypt found that emotional burden can adversely affect the quality of life of families of drug users across multiple domains, including economic, social, occupational, and health-related aspects. A greater decline in quality of life was recorded among families of untreated drug users compared to those whose family members were receiving treatment (Naguid, R.M. et al., 2025). To address this issue, Mohamed Ali and Sayed Mohamed (2022) assert that psychiatric care interventions for families of drug users have proven effective in reducing emotional burden and subsequently improving families' quality of life. Such interventions should be expanded, particularly in rural areas, as a form of essential social support.

Emotional strain is often associated with internal family dynamics that hinder the family's ability to provide adequate social support. Families experiencing internal conflict may deprioritize the needs of the drug-using member. Conflicts such as poor communication, weak problem-solving skills, frequent arguments, persistent nagging or criticism, inadequate emotional care, more severe addiction issues among partners, denial of the user's addiction problem, and the user's failure to fulfil positive parental roles collectively contribute to familial instability (Gruber & Floyd-Taylor, 2006).

In cases of relapse, problematic family environments characterized by fragmentation, disharmony, and lack of communication coupled with punitive parenting styles, have been shown to increase the likelihood of relapse (Tam & Foo, 2013). Emotional burden creates a negative family atmosphere marked by provocative communication, sarcasm, and neglect, undermining the family's ability to offer meaningful support. Consequently, drug users often justify returning to drug use as a means of alleviating the stress generated within such environments (Peyrovi, Seyedfatemi & Jalali, 2015).

A lack of understanding of the difficulties involved in the recovery process can lead families to experience exhaustion, anger, disappointment, fear, guilt, rejection, and even self-pity (Hitchens, n.d.). To avoid these emotional responses, families must understand the pressures faced by individuals after completing rehabilitation programmes, including challenges in readjusting to daily life and securing employment. Moreover, individuals in recovery frequently struggle with mental health issues upon returning to their communities (Creech, 2017).

Although many studies highlight the forms of support that should be provided to drug users, support itself can also become a contributing factor to relapse. Assistance offered to users may create a sense of comfort, making them reluctant to step out of their dependency on others. Financial support—such as providing money for daily expenses—may be misused by users to purchase drugs. This situation creates a dilemma for families attempting to help their loved ones seek treatment (Falkin & Strauss, 2003).

NOVA (2016) further notes that families who intend to help but do so in inappropriate ways may inadvertently foster codependency and enabling behaviours. Codependency occurs when families allow the emotions of the drug user to dictate their own, leading to worry over addiction consequences, denial, avoidance of social contact,

and acting aggressively or irrationally toward drug-related issues. Enabling behaviour refers to situations in which families provide conditions that shield the user from experiencing the full consequences of drug misuse. Examples include using drugs together with the user, suppressing emotions in front of the user, accepting justifications for continued drug use, assuming responsibilities to protect the family's dignity, altering the home environment to appear normal to outsiders, and feeling guilty for failing to shield the user from addiction's harms. This emotional neglect within the family ultimately contributes to diminished self-confidence among family members.

## Objective

This paper specifically aims to examine the forms of emotional burden experienced by families throughout the process of managing a drug-using family member.

## METHODOLOGY

This study employed a qualitative research design, in which data were collected through focused interviews with 10 families who had firsthand experience managing a drug user within the household.

### Focused Group Discussions (FGD)

FGDs were conducted with various family members, including mothers, fathers, siblings, spouses, as well as grandparents. Each FGD was carried out separately for each family to preserve privacy and to allow for in-depth discussion. The data were analysed using NVivo 8 to generate thematic categories. Findings were subsequently interpreted using the Family Systems Theory.

### Semi-Structured Interviews

Semi-structured interview questions served as a guide throughout the data collection process. Two main dimensions were explored in identifying emotional burden: the initial reaction to discovering the drug use, and the types of emotions and responses displayed towards the drug-using member. During interviews, informants were encouraged to share their emotional experiences and the collective actions taken within the family to prevent these emotions from hindering their ability to provide support. Interviews were conducted in the participants' homes to ensure comfort and facilitate disclosure of sensitive information that might be difficult to discuss in more public settings.

## FINDING

### Emotional Burden in The Families

Analysis using NVivo identified two primary forms of emotional burden experienced by families: (i) a sense of hopelessness and (ii) loss of trust toward the drug-using member. These two aspects significantly influenced respondents' emotional states and disrupted their ability to provide support. The negative emotions expressed by family members were often interpreted by drug users as signs of rejection, exclusion, or stigma, which in turn contributed to feelings of inferiority, depression, and withdrawal from the family. Figure 1 illustrates the emotional burdens as reported by the respondents.

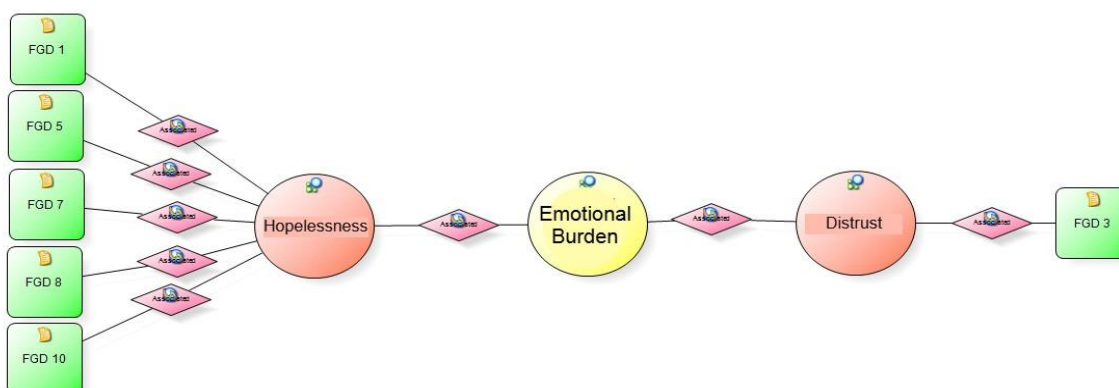


Figure 1: Emotional Burden among Family Members

Six FGDs reported that feelings of hopelessness toward the drug-using family member became a major barrier to providing social support. These responses emerged from FGD 1, FGD 5, FGD 7, FGD 8, and FGD 10. FGD 1 described drug addiction as a condition that is extremely difficult to overcome, noting that full recovery is rare. Families perceived that little could be done to help the user recover, a belief shaped by past encounters with severe or chronic addiction. This sense of despair was further reinforced when the drug-using member had previously been involved in an accident resulting in permanent injury while under the influence of substances.

Similarly, FGD 8 acknowledged experiencing deep hopelessness regarding the user's condition, as the individual had been involved in addiction for many years yet remained unable to stop using drugs. According to FGD 8, this hopelessness stemmed from the user's frequent dishonesty, leading family members to believe that the addiction would never end unless the individual remained in a controlled rehabilitation setting for the rest of their life. The fact that the user was unmarried contributed additional emotional strain, as the user experienced ongoing stress and coped by resorting to drug use.

FGD 10 reported feelings of hopelessness when the drug-using family member continued to associate with peers who were also drug users. During the discussion, the user's wife disclosed that she had previously threatened to end the marriage should he persist in maintaining such associations. Meanwhile, FGD 5 and FGD 7 indicated that the user's refusal to accept advice led family members to feel tired, discouraged, and ultimately hopeless about supporting the recovery process. Some families even admitted to developing feelings of dislike toward the user's presence. Table 1 below outlines the emotional barriers related to hopelessness as reported by respondents.

Table 1: FGD on Hopelessness

FGD 1	That is why we feel this way... he cannot live (function); a person who is 'like this' really cannot survive. Out of a hundred people, it is hard to find even one good one... there are some... but it is difficult to find. Right now, in my mind, there is nothing more that can help.
FGD 5	We also don't have the strength to keep talking (advising) all the time...
FGD 7	Before this, we already felt tired of giving advice... sometimes it even made us feel unhappy; such thoughts do come to mind.
FGD 8	I often feel hopeless looking at the situation (the drug user is already 43 years old but still addicted)... because people like this—when they talk, they appear nice in front but behind our backs they don't... they'll want that thing again, they lie... and so on... we often get deceived... he will never stop... it won't happen... because he has no dependents... he will not stop. No matter what other people say, he won't stop. That is just how he is. We know this is something that cannot (be fixed). If he were to stay in a centre until the end of his life, maybe then it could work... These things come from stress, that's why we don't want to give him stress... we support his needs. We give him money <i>only</i> if he asks for it.
FGD 10	I too have felt hopeless about his condition.

The second form of emotional burden experienced by families relates to trust in the drug-using member. In FGD 3, the family reported no longer trusting the user's promises to refrain from relapse after completing a prison sentence. Nevertheless, advice was still provided, as the family adopted a "wait-and-see" approach to assess the user's sincerity in keeping their commitments. Table 2 below presents excerpts illustrating the emotional barrier related to trust in the drug-using member.

Table 2: FGD on Emotional Burden: Distrust

FGD 3	We tell him this and that... not to do those things... we don't like it... When I visited him in prison recently, I told him again... he said, 'I won't do it... I won't do it...' But even when he keeps saying he won't do it, we still don't believe him... our gut doesn't trust it.
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	If he really becomes better, then fine... So when he comes home, we will advise him nicely... we always have, it's not that we don't. But he (the child) doesn't listen.
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## DISCUSSION

Recovery failure is influenced by multiple factors, including insufficient family support, which undermines the continuity of the rehabilitation process. In cases involving untreated drug users, motivation to recover diminishes due to familial marginalization. Recovery assistance can only be effectively provided by families willing to participate, as it requires a long-term commitment. Emotional readiness serves as the key determinant of family willingness and forms the foundation for all other types of support. Therefore, emotional burden represents a significant challenge for families striving to remain committed throughout the recovery process.

Failure to understand the difficulties faced by drug users in combating relapse contributes to feelings of hopelessness and erosion of trust among family members. These challenges are further compounded when families begin to doubt the user's efforts, even if such caution is intended to prevent relapse. Such skepticism, however, risks sending a message to the user that their recovery efforts are still questioned.

Family emotions fluctuate due to factors such as the duration of recovery, lack of knowledge, and societal stigma, all of which influence perceptions of the drug-using member (Farah Syazrah et al., 2024). If feelings of hopelessness and loss of trust are left unaddressed, they can negatively affect the emotional support provided to the drug user. This, in turn, reduces the social support available to the user, adversely impacting their recovery outcomes.

Interestingly, the findings reveal that families did not initially express emotions commonly cited in the literature—such as shock, anger, shame, or disappointment—but rather experienced feelings of hopelessness and discouragement after actively engaging in the recovery process. This indicates that the families studied had already developed an understanding of the pressures faced by drug users and were committed to assisting in their rehabilitation.

However, other factors must also be considered, such as the influence of knowledge, skills, and the residential environment, which have the potential to affect family emotions and trigger feelings of hopelessness and loss of trust. These elements can impact family emotions—an inherently abstract and fragile aspect—particularly when confronted with challenges such as drug addiction.

The findings further suggest that families require a strong support system to effectively manage emotional burden and prevent long-term negative effects on their mental health. This highlights the importance of integrating family involvement into drug rehabilitation programs, not merely through informational sessions, but through regular training and skill-building activities. Such interventions can better prepare families to navigate the recovery process and cope with the unpredictable behaviours of drug users.

## SUMMARY

Families experiencing emotional burden while managing a drug-using member are more likely to face a decline in motivation as they become trapped in prolonged emotional conflict. The absence of supportive avenues or platforms for expression and guidance further impedes the family's ability to adapt to the challenges associated with drug addiction. The unwillingness of the drug user to demonstrate recovery efforts also contributes to emotional exhaustion within the family, indicating that while the family is prepared to provide assistance, the drug user lacks the motivation to pursue recovery.

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