The Role of Family in the Initiation and Enabling of Alcohol and Substance Abuse

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Submitted on:14th April 2024
Published on: 30th June 2024

https://dx.doi.org/10.4314/ajada.v11i1.8

ABSTRACT

Family is the basic unit of a nation, and the primary institution for knowledge and skill acquisition, and it further shapes individual attitudes, desires, and behavior, both in the right and negative manner. The family regarding the rising dependence on alcohol and drug abuse has not been a critical focus for empirical analysis, a gap that this study sought to fill. The study utilized secondary data sources from Kenya, sourced from the internet, particularly in journals on alcohol and drug abuse. Content analysis was adopted, and data was presented in themes. It was found that there are factors within the family that promote the initiation of alcohol and substance abuse and maintain its continuous use. These factors included different parenting styles; authoritarian, permissive, and uninvolved styles of parenting, the circumstances and conditions within the home environment, primary caregiver role modeling and any close relatives, adverse childhood experiences and in some instances, disposition from genetic makeup, that cause inter-generational alcoholism in certain families. To resolve this problem, the family should be recognized as a focal area of interventions to curb alcohol and drug abuse.

Key words: *Family; Alcohol and Drug Abuse; Role; policy framework; initiation*

INTRODUCTION

Addiction is one of the wicked problems of modern societies across the globe, affecting almost all regions in the globe. It cuts across rural and urban areas and, affects both the rich and the poor, male and female, and the young and old generations. Alcohol and drug abuse is a chronic disease with involuntary compulsive-seeking tendencies to abuse alcohol, and drugs, regardless of the knowledge of its negative effects. Hence, destroying both the addict and their immediate family (Barerah, 2018).

According to WHO (2009), illegal use of drugs, alcohol, and tobacco are among the top twenty risk factors causing ill health among users. Alcohol and Drug Abuse (ADA) is attributed to 9% of Daily Adjusted life years(DALYs) in the globe, with tobacco approximated to cause at least eight deaths among adults aged thirty and above while alcohol and other drugs account for 12.6% of global deaths. According to UNDCP (2012), 30% (1.3 billion) people in the world use tobacco while 5% (230 million) people use illegal drugs. According to Amakoye and Mauyo (2021), 1.3 billion people are approximated to have been affected by

alcohol abuse effects.

Global health, economic, and social functions have been greatly affected by alcohol and substance abuse. According to Kamanderi, et al. (2019), there are 3 million deaths, accounting for 5.3% of all deaths attributed to harmful use of alcohol in 2016 and a further 132.6 million Daily Adjusted life years in the same year. Its abuse is higher than Tuberculosis, HIV/AIDS, and diabetes. The most commonly abused substance is cannabis which has caused dependence among 22.1 million people, followed by opioids with 26.8 million cases and 99 million people depending on alcohol which further led to 31.8 million DALYs drug use risk (Degenharddt, et al, 2018). ADA is thus, a big contributor to much of the global burden of diseases.

Moreover, ADA, at the global level, is considered one of the most pressing social problems cutting across all walks of life, regardless of the geographical context, gender, age, education level religion, race, ethnicity, and economic status. Thus, an area of concern in countries, institutions, and families (Masese, 2020). ADA poses a significant threat to nations, communities, and families' economic, social, and health fabrics (Wanzala, Ngugi, and Nyamogopa, 2020). Therefore, every country around the globe incurs substantial costs due to alcohol and substance abuse effects (Marais and Maithya, 2015).

Family is the basic unit of societies with critical information and roles in the initiation of alcohol and drug abuse (ADA), the perpetuation of ADA disorders, maintenance, and provision of avenues to either control or influence the treatment and rehabilitation process, as well as the continuity of the vice. As the maiden source of nurturing, attachment, and socializing, the family and its role in alcohol and substance use disorders merit attention (Lander, Howsare & Byrne, 2013), to enable effective policy formulation on family-level SUDs such as identification, treatment, and rehabilitation. Gikandi, Egunjobi, and Muriithi (2021) noted that around the globe, the dynamics of the family are closely linked with substance use disorders.

ADA is the main contributor to divorce, separation, and domestic violence (Douglas, Alice &Meera, 2013). This is attributed to the effects of an individual ADA addict's behavior negatively affecting other family members, regardless of who they are: whether a child, a parent, a sibling, or a spouse. Despite the unique nature of families, its impact is felt differently. Some may face difficulties in finances, others get abused, while some lead to strained relationships, depending on who is the addict/abuser in the family (Redwine, 2022).

As a wicked problem, alcohol and drug abuse is a policy problem that has not adequately responded to available policy interventions to control. According to Guy (2017), wicked problems are socially and politically complex, with multiple actors having different dynamics, bringing negative consequences to societies and the relationships among variables are not

linear. Moreover, the wicked problems may be a symptom of other problems, have alternative causes and policy frameworks, have no clear interventions, and are socially and politically complex.

According to Sharp (2022), ADA is a problem ailing families and has destroyed marriages, blown family budgets, led to neglect of children, destroyed familial happiness and health, and caused conflicts and violence. Among the substances causing addiction are Heroine, cannabis, legal drugs such as abuse of prescription medicine, and tobacco among others, representing serious social, health, and financial problems (Ebigbo, Elekwachi, and Nweze, 2012), not only individual ADA abusers but societies and family members. The family is therefore an important basic unit of society, playing a critical role in initiating, diagnosing, and treating alcohol and substance abuse (Omer, Burcu & Duran, 2006).

In the sub-Saharan nations, Jaguga & Kwobeh (2020) in their public sector review of substance abuse noted that the region had an increase in the burden of substance abuse disorders, and by 2016, it had the highest age-standardized alcohol linked to Daily Adjusted Life Years, causing at least 70.6 deaths per a hundred thousand people.

In Kenya, ADA Is recognized as a major threat to National development with the onset of ADA reported in the NACADA (2019) national survey on the status of drugs and substance abuse to be at age 11 and the lowest being 4. Moreover, of all Kenyans, more than 10% aged 15-65 have alcohol abuse disorder, and the country is reported to have one of the highest Daily Adjusted life years in Africa, at 54000 (Jaguga & Kwobeh,2020). Currently, NADACA (2022) in the biannual report on alcohol and drug abuse, for the period 1st January -31st 2021, Kenyans between the ages of 15-65 are abusing at least one drug or alcohol. Abuse statistics indicate that 18.2% (3293495) abuse alcohol, 8.3% (2240652) abuse tobacco, 4.1 %(1106830) abuse Miraa and khat while bhang/cannabis is abused by 1.0% (269951). Additionally, 10.4% (2807560) are dependent on alcohol, 6.8 % (18355718), on tobacco, 31% (836872) on miraa/khat, and 0.8% (215967) on bhang/ cannabis.

ADA, a pervasive problem in families, societies, and nations, risks losing generations and development opportunities if left unaddressed due to resource diverting, regardless of the context to address the problem (Macharia, et al., 2022). With myriad reasons being the causes of ADA, the family environment is inclusive. According to Umar, Rahsan, and Duran (2006), alcohol and substance abuse is a family disease, and thus, the family is important in initiation, diagnosis, and treatment. Therefore, ADA is initiated as a response to the fluctuations in the family stem and family behaviors.

This study sought to examine the role of the family in the provision of a fertile environment to initiate ADA in Kenya. This is because, adequate policy responses to ADA need to tackle the root causes of societal problems, and family, as a basic

learning and socializing institution plays a role in ADA, that when family-based frameworks are applied, it may lead to a significant reduction of societies ADA based social evils, reduced DALYs, deaths, and injuries, reduced alcohol and substance abuse, and hence, a healthy society.

STATEMENT OF THE PROBLEM

Policies to control ADA have been in place, even in the pre-state societies. There are global policies such as the United Nations Office on Drugs and Crime Prevention (UNODC), a global lead policy framework in the fight against illegal drugs and crime, aiming at providing education to the global population on the effects of substance abuse and strengthening international polices of ADA, by directly working with governments of over 150 countries and Non-Governmental organizations (NGOs). Additionally, there are region-specific policies, for instance, in Africa, there is the African Union Plan of Action on drug control and crime prevention (2019-2023), a fifth strategic policy framework, guiding African nations on policy development, adopted in 2012(AU, 2019).

In Kenya, there are institutions and policies in place meant to prevent and control alcohol and drug abuse. The constitution of Kenya, 2010, provides that all protocols of international treaties, laws, and conventions that have been ratified become Kenyan law, The Alcoholic Drinks Control Act 2010; provides for the control of alcohol manufacture, consumption, and sale, the Narcotics Drugs and psychotropic substances Act 1994 a policy controlling pre-cursor chemicals, cocaine, heroin, cannabis, and new psychotic substances, and the Tobacco Control Act 2017, which provides ways to control the manufacture and production of tobacco products in the country. Additionally, there are family-based interventions for alcohol and drug abuse, focusing on the family, to strengthen the family's capacity to thwart the early onset of ADA, among children (NACADA, 2022).

Despite all the policies in place, Alcohol and substance abuse in Kenya, particularly among the younger generations (school-going children) and the youth, are suffering from the consequences of ADA, particularly, the family unit who have faced challenges such as family breakups, school dropouts, domestic violence, aggressiveness, addictions, family disharmony, the rise in crime, death, poverty, among others (Wacuka, 2017). Moreover, there is a rise in ADA abuse such as alcohol dependence, cannabis, marijuana, tobacco smoking, and abuse of prescription drugs, both in primary, secondary, and higher institutions as well as the working environment (NACADA, 2022).

For policy responses to be effective, information/causation data is critical (Mupara et al. (2022). There is limited data on the role of the family in ADA in Kenya. It is thus based on this background that the study sought to systematically appraise existing research evidence on the initiation of drugs and their enablers in the family setting, despite all the available policies, systems, and structures in the country.

Additionally, family-based frameworks are in place, but less research has been done on the causal relationship between family and ADA, a key action that will be critical in formulating family-based policies in preventing ADA from the nation's critical primary/basic unit-the family.

METHODOLOGY

This study adopted a scoping view design. Existing research reports on alcohol and drug abuse concerning the role of the family in the initiation of alcohol and drug abuse were systematically sought from Google Scholar, selected, and synthesized. The sought studies included articles whose key variables were on alcohol and drug abuse in Kenya, published between 2012 and 2022. The abstracted data were synthesized, analyzed thematically, and presented in a narrative format.

RESULTS DISCUSSION

The factors leading to the initiation and abuse of alcohol and drug abuse were found to be myriad. They ranged from some parenting styles that are positively associated with initiation of drug abuse such as permissive, Authoritative, and uninvolved parenting styles; Home environment that create conducive contexts and situation for ADA, Having ADA abusers as role models and in some instances, initiation has been associated with genetic aspects where alcoholism run in families.

DISCUSSIONS OF THE RESEARCH FINDINGS

Parenting styles

Diana Baumrind is the influential figure behind the parenting styles globally, in his pillar theory. The theory holds that the wellbeing of a child, as well as problematic behaviors is due to the way he/she was parented. A child's Behavior is therefore associated with the kind of parenting styles that was used on them as they grew and interacted with other people (Candalanza et al.,2021).

Baumrind's work on parenting became influential and is widely used by scientists as reference material. His work stemmed from his parenting studies at the University of California, America. He devised four parenting styles: Authoritarian, Authoritative, permissive, and neglecting, as the major parenting styles that influence how a child develops. In this case, parenting refers to the kind of attitude that parents have while controlling how their children behave (Baum rind, 1966; Fadlillah &Fauzia, 2022).

According to Mwania & Njagi (2017) and Alama (2016), Parenting styles significantly determine the initiation to and abuse of alcohol and drugs. Even in circumstances where families have managed to prevent the initiation and use of alcohol and drugs, it is evident that the problem affects them immensely through alcohol-related deaths, diseases, trauma, and inter-generational alcoholism.

The style of parenting adopted in families plays a critical role as either an enabler or deterrent of alcohol and substance abuse initiation, maintenance, and abuse. From the reviewed studies, the different parenting styles are associated with the initiation or control of substance abuse. Identified were permissive, hostile, uninvolved, and authoritative parenting styles. Each of these parenting styles and how they aid in enabling and continuity of alcohol and substance abuse is discussed in the following subsections:

Permissive parenting style

According to Masinde, Onsongo, and Mwenda (2021) on factors associated with ADA, the targeted 21.3% of the youth undergoing rehabilitation reported that parenting styles played a role in their indulgence because they were permissive and were allowed to consume alcohol at home. This style is considered a poor way of parenting because of an insufficient set of boundaries on what their children engage in and what they consume. In this case, in the instance that one is caught intoxicated by any substance or drug, one gets comforted rather than rebuked. The lack of or insufficient molding of children in families leads them to choose ADA when the chance presents itself.

Nyaga and Mwai (2016) also reported the same findings in their study on the contribution of family factors to the abuse of substances among secondary schools in Kiambu. It was noted that the students were provided the opportunities by their parents leading to indulgence in the vice. Moreover, permissiveness 17(49%) was reported in the form of poor monitoring and supervision, occasioned by communication breakdown on the activities that their children engaged in, and this strongly predicted drug abuse.

Additionally, Changalwa, et al, (2022) in their study on the relationship between parenting styles and alcohol among students in colleges, reported that a lack of limits by parents on their children leads to a lack of self-control which consequently leads to the indulgence of alcohol and substance abuse and reported a significant relationship between permissive parenting styles and substance abuse.

In Embu, Mwania & Njagi (2017) carried out a study to investigate parenting styles as predictors of substance abuse, and found that 64.4% of the students in selected secondary schools in the county agreed that the style they were parented predicted alcohol and substance abuse. Poor family management practices (Macharia et al, 2022), parental support to use the substances among adolescents (Kamanderi, et al., 2021), inadequate parenting skills (NACADA, 2022), and permissive parenting style practices, are associated with the initiation and continuity of alcohol and substance abuse.

All these studies support Boumrind's (1966) thesis that permissive parenting styles lead to an eventual increased risk of deviant behaviors. Moreover, it is in agreement with Routledge & Swindle (2016) that permissive parents can either be indulgent in certain behaviors that can lead to problematic

childhood behaviors by expressing warmth, accepting or being involved or neglectful and therefore do not offer any form of demands, control, supervision or maturity.

The result also supported the basic assumptions of permissive parenting styles. They are parents who rarely discipline their children, and avoid confrontation, leading to children, who on the negative side, grow up with low personal responsibility for their actions, poor socializing skills, diminished levels of empathy, insecure, impulsive, low awareness of generally acceptable behaviors and are at a higher probability of adopting deviant behaviors when they grow up (Rutledge &Swindle, 2016).

Authoritarian parenting style

The authoritarian parenting style involves parents with a high level of behavioral and acceptance control, but mostly with low psychological control (Baumrind, 2013). Changalwa et al., (2022) establish firm rules and expect their children to obey them without question. However, these parents do not have a discussion with their children on the rules, and in case the children engage in alcohol and drug abuse, they use canning, a form of physical punishment, as reported by 18(56%) of the students to deter them from engaging in ADA.

A study on select family factors and drug abuse by Nyaga &Mwai (2016) among secondary schools in Embu County reported that 95(48%) of students had authoritarian parents which directly led to communication breakdown between home and school coupled with a weak bonding and minimal discussions between them and their fathers hence contributing to substance abuse. A study by Fili (2016) has shown that authoritarian parents use assertive techniques such as belittling statements, physical punishment, and threats. These management techniques are interpreted by their children as rejection hence modeling aversive behaviors such as substance abuse. The parents in this style are non-warmth and strict, demanding their children to obey rules in unidirectional communication, a distant and cold parenting environment (Martinez, et al., 2017). Furthermore, they do not allow children the discretion to develop their choices

Changalwa, et al., (2012), reported a divergent perspective by discussing authoritative as compared to authoritarian parents. They reported that authoritative parents bring up children with desirable behaviors who will eventually have strong self-esteem, and self-control, with independent, energetic, and high achieving engagements, thus readily cooperating with adults. According to Echedom, Nwango &Nwango (2018), the authoritative parenting style is balanced parenting, presenting the right balance between showing responsiveness and asserting authority to children. parents, therefore, reason with their children about the rules they are expected to follow, as well as methodologies preferred for punishment, hence letting children understand that they are loved but are obliged to obey the rules or get punished in case of any violations. On the other hand, hostile/authoritarian parents, display low Warmth towards their children

which directly influences them to abuse substances.

This result resonates with Baumrind (1991) and Sarwar (2016) work, that authoritarian parents are highly directive, but on the contrary non-responsive to their children's needs and desires. They are characterized by their aim to control, and shape how their children behave, and this is achieved by following strict set rules and standards to produce an absolute standardized behavior in children. Children are expected to obey the strict rules without questioning, in a less warm environment, and failure to comply will consequently lead to punishment. There is little to no engagement with their children, no trust, hence discourage open communication between the parent and the child(ren). This therefore is a recipe for deviant behavior later on in life, ADA being one of them.

Uninvolved parenting style

Also known as the neglectful parents, involves parents who do not go beyond the provision of physical needs of their children, and do not participate absolutely in their children's disciplinary and emotional guidance (Echedom, Nwango &Nwango, 2018). Parents belonging to this category do not care nor discipline their children, are unresponsive, and make no demands, thus, leading to children developing behavior such as disrespectfulness, truancy, insensitiveness, and is highly dependent. Moreover, they suffer from anxiety, low self-esteem, pessimism about life, depression, and are psychologically immature. Additionally, the offspring of neglectful parents are highly predisposed to deviance, highly influenced by their peers, socially incompetent, and lack the ability to form close relationships and play social roles. They are further characterized as bitter in life, hostile, irritable, easily angered, less compassionate and affectionate, and feel unloved (Odame-Memsah &Gyimah, 2018). Behavioral characteristics are closely associated with substance abuse.

King'endo (2010) on the extent of substance abuse in secondary schools in Nairobi noted that 81% of the students who abused substances did it often and were already introduced to them before joining the schools. As noted by NACADA (2022), inadequate parenting styles are closely linked with the early onset of alcohol and drug abuse, a portrayal of uninvolved parents. According to Gisemba (2018) on the influence of family on drug abuse, 62% of the primary school pupils in Nyamira County reported that their parents do not monitor their movements, missions, and whereabouts and this led the children to attend nightclubs and experiment on drugs. Additionally, 77% of the pupils noted that their parents were not concerned about their welfare, 76% did not have cordial relationships with their parents and 66% perceived their parents as unloving and uncaring.

Nyaka and Mwai (2016) while investigating the contribution of family factors to ADA among secondary school students found that a lack of parental warmth and involvement in the lives of their adolescent children increased their ADA risk. 45(15%) of the

adolescent had reported that their parents were negligent causing emotional turmoils that pushed them to drugs and substance abuse. Changalwa, et al., (2012) in a study on college students found that their parents did not demand nor discipline them leading to disobedience from non-punishment from deviation. Moreover, the study found a strong positive correlation between uninvolved parenting styles and ADA.

Home Environment

People of all ages have been influenced by the environments they grow in, be it a school, a religious institution, the workplace, and most importantly, the family. Young people are the most vulnerable in terms of their familial environment, and thus, for them to abuse substances such as nicotine, alcohol, and cannabis, among others, they learn it from their immediate source of knowledge and nurturing-the family (Kendler, Schmitt, Aggen & Prescott, 2008). If individuals grow up in environments that accept, and have readily accessible and use substances of abuse, they will have a high potential for substance abuse and addiction.

It was thus reported by Kamanderi et al., (2021) on the status of drugs among secondary students in Kenya that the home environment was a key risk factor among students for the initiation of ADA. Moreover, 80% of the students reported that cigarettes, alcohol, and Khat were the most readily available within their school and further had the knowledge of heroin, inhalants, bhang, cocaine, and mandrax. The access to the drugs was at home during weddings (14.5%), parties (7.9%), and 29.3% noted that they accessed them at home.

Chebukaka (2014) while researching drug abuse among public secondary students in Vihiga County, found that commonly abused substances by students were alcohol reported by 43%, cigarettes (22.1%), miraa (5.6%), marijuana (11.0%), heroin (1.9%) and cocaine (1.3%). Alcohol was the most available with 65% of the students reporting that they accessed the substances from their homes because they engaged in the production of illicit artisanal alcohol, 26% from the family's business premises such as their restaurants selling liquor while 19% cited that the substances were stocked at home by family members.

Gisemba (2018) on family factors influencing drug abuse in Nyamira's public primary schools found that the structure and nature of the family were blamed on the surge of alcohol and drug abuse among pupils in schools. This is because families, as a basic learning institution, have failed to protect children from access to and use of alcohol and drugs. Families create norms and values and the lack of protection of children turns out to create an epitome of the propagation of alcohol and substance abuse cultures. The study further noted that 35% of the pupils had alcohol being liberally served in their homes. The adult members within the homestead sent their children (38%) to either prepare or buy substances of abuse or serve them during cultural parties at home (48%), hence developing a culture of early cognizance and use of alcohol and other drugs initiation among children.

Maithya, Muola, & Mwinzi (2012) on substance abuse motivators among both secondary and university students found that there was a strong relationship between child and parent relationship and ADA. That, those children who feel less liked by their parents have a high likelihood of abusing substances because they lacked attachment to their parents while those who felt loved and were strongly attached to their parents were less likely to engage in substance abuse. The same result was lauded by Kamaderi, Muteti, and Kimani (2021) while stabilizing the effects of the environment on parenting practices among school-going pupils. They reported that 7.2% of lifetime users in the study learned it from their homes, because of the family structures that played roles in their learning, encouraging and establishing substance-related values and norms. Moreover, the pupils who resided with a guardian or father alone at home, as compared to those living with their biological parents, grandparents, or mother only had a higher likelihood of lifetime alcohol abuse. Parents who stocked alcohol at home and children from homes that did not subscribe to any religious affiliation had a higher likelihood of lifetime alcohol use. Therefore, the family environment was reported as the key origin of developmental problems inclusive of high-risk behaviors such as ADA.

A study by Gikandi, Egunjobi, and Muriithi (2021) on the influence of family cohesion on ADA disorders, in selected rehabilitation centers in Nairobi found that most families of the respondents were dysfunctional and therefore, there was disengaged family cohesion (SD94, Mean, 25.5) which lacked member connectedness and enmeshed family cohesion (SD6.3 and Mean 15.1) with members suffering from low individualization and emotional entanglement. The study thus concluded that: disengaged family cohesion had a positive and significant correlation to substance abuse ($r=0.5$, $p=0.000$), the enmeshed family also has a strong positive and significant correlation with substance abuse ($r=0.762$, $p=0.000$) while a weak but significant relationship existed between drug use disorder and balanced families. The result implied that, in healthier families, there is fewer ADAs, and increased drug use disorders in enmeshed and disengaged families, hence, the home environment, is a key player.

Birech, Kabiru, Misaro & Kariuki (2013), while studying alcohol abuse and the family among household heads in Nandi County, found that the breakdown of tradition and religious regulations at home created a fertile environment for alcohol abuse. Moreover, Wanzalla, Ngugi &Nyamogopa (2020) in their study on alcohol and drug abuse study among undergraduate university students added that the availability of funds from their parents, and their cultures that upheld alcohol and khat as permissible were some of the predisposing factors that led to their initiation to substance abuse.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are all traumatic or stressful events such as neglect. The terminology describes

the experiences individuals underwent in dysfunctional families/households, witnessing domestic violence or family members abusing alcohol and other substances (Anda, 2018; Maurya, Kumar, &Srivastava, 2018) ACEs also include neglect, living in violent communities (WHO, 2014), various types of abuse such as verbal aggression and abuse, emotional, physical and psychological harms (Maurya, Kumar, &Srivastava, 2018). It has been graded as having a strong relationship with alcohol and substance abuse both as children and adolescents as well as in adulthood (Kiburi, Molobatsi &Obondo, 2018).

In the studies, there was a strong correlation of ACE and substance abuse in several studies reviewed. First, Kiburi, Molobatsi &Obondo (2018) while investigating ACE among substance abuse patients seeking in patient treatment in a referral psychiatric hospital, found that, 93% of the respondents has grown up in households with either of the parents suffering from substance used disorder. They also reported to have suffered emotional and physical abuse at home, were neglected or had a member of the household battling with mental illness. Moreover, some of the respondent's exposure to emotional abuse predicted their sedative and tobacco use significantly while those who experienced physical abuse had a higher risk of using sedatives. Additionally, it was established that living with a member of the family with a mental illness increased the risk of the respondents' current tobacco use five times, than those exposed to violent treatment (49%), and having one or no parent (50%) were the ACEs that predisposed individuals to alcohol and substance abuse.

Kanga (2022) on factors influencing ADA among university students in Chuka, found that experiencing of traumatic events such as emotional, sexual and physical abuse were reported by students as correlates to substance abuse. This was because the effects of the experiences led to the victims developing low self-esteem, and resort to ADA for solace. The students experienced their parents' quarrels that led to divorce (52%), and were raised around immature parents and other adults (49%) in the household. Family stress as a trigger to initiate ADA was reported by King'endo (2010) among secondary schools in Nairobi and Masinde, Onsongo & Mwenda (2021) among youths in Kenya.

Meera and Douglas (2018) on their study on the experience of teenagers on alcohol abuse in families reported similar results by noting that, their exposure to poor conflict resolution, domestic violence, social isolation and neglect was a cause of their substance use disorders. Kiburi, Molebatsi, Obondo,and Kuria (2018) noted that 93 % of patients seeking treatment for substance use disorders had at least experienced one form of ACEs, with 50% having been raised by either one or no parent. They experienced physical, and emotional abuse as well as neglect.

Furthermore, King'ori, Kithuka and Maina (2014) carried out a study on substance use disorder among secondary school s in Laikipia and Kericho counties. They found

that, social, religious and financial problems cause dysfunctional families which leads to separations, divorces or death or either one of both parents. This in turn inflicts children from such background with psychological, social, and financial constraints, driving them to seek solace in alcohol and substance abuse if not supported by other members of the household or community.

Repeated exposure to stress in children may lead to the disruption of their neurodevelopment (National Scientific Council on the Developing Child, 2014) and are all the negative and dramatic experiences that take place before children turn 18(Bryant, Coman& Damian(2020). When children are exposed over time, their cognitive functioning gets impaired and particularly during adolescents and they will tend to adopt negative coping mechanisms to survive the stressors, such as substance use disorders (Becker-Weidman, 2009) Thus, an aspect catalyzing its initiation.

Role modeling

The role played by parents and other members of the household in children's lives cannot be underestimated (Mwania &Njogu, 2017). A study targeting slum dwellers in Githurai by Gitatui, et al, (2019) on factors determining harmful use of alcohol reported that most of the respondents has members of their households abusing alcohol, and therefore, those with alcoholic fathers were 5.5 times more likely to engage in binge drinking per day.

Similar findings from a study by Masese (2020), on an upsurge of drug use among university students, were reported. The students noted that experiencing their parents misusing alcohol and other substances was a major factor that promoted their substance use. This supports Bandura's social learning theory that parents' model behaviors and often internalized and repeated by their offspring and will eventually have a direct influence on a child's outcome (Bandura, 2007).

In Maithya, Muola, and Mwinzi's (2012) research on factors motivating secondary school students to abuse drugs, 86(24%) of the respondents imitated their parents in abusing drugs because they were their role models, and 52(45.8%) had other members of the households with SUDs. Ndegwa, Munene, and Oladipo (2017) on alcohol use among university students found an association between alcohol and drug use by parents and the students' substance abuse. Additionally, King'ori, Kithuku & Maina (2014), and Alama (2016) did not only associate parental modeling of children with alcohol abuse but also with older siblings among secondary school students in Laikipia, Kericho, and Taita-Taveta counties respectively.

Intergenerational

The study found hereditary traits as a trigger for substance abuse. Changalwa, et al, (2012) asserted that there are families with alcohol and substance abuse being transmitted from one generation to the other suggesting the presence of a genetic component. They further found that students who had alcohol problems were four times more likely to be alcoholics when they grew up.

Chebukaka's (2015) study from three public secondary school students in Kakamega and vihiga counties found that 45% of the students engaged in substance abuse because their family had a history of SUDs. According to Kanga (2022), Juma, Onsongo & Mwende (2021), and Masese (2020), genetics do play a role in the transmission of ADA, hence, children whose parents' abuse drugs are pre-disposed to SUDs through genetically inherited genes

CONCLUSION

Alcohol and drug abuse is a complex and wicked problem ailing nations, communities and families across the world. Its initiation and continuity is due to different factors, family being one of them. The environment within the family, social factors such as adverse childhood experiences that cause trauma, role modeling by care givers and close family members, and the kind of parenting children receive play key roles in making individuals vulnerable to alcohol and drug abuse use. The abuse can be tacked by adopting family-based interventions.

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