Research Article

A PHENOMENOLOGICAL STUDY ON THE EXPERIENCES OF PARENTS OF SUBSTANCE USERS FROM RESOURCE-CONSTRAINED CONTEXTS IN THE WESTERN CAPE, SOUTH AFRICA

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Adolescent substance use continues to remain a significant problem, especially in low-income communities in South Africa. This phenomenon not only affects individuals and society, but also the parents of the user. Parents within low-income contexts may feel disregarded or 'unseen' in planning and service delivery initiatives, which may lead to a lack of appropriate knowledge and resources when confronted with a child who uses substances. The situation may also be amplified by challenges within resource-constrained environments. The aim of this paper is to explore the subjective experiences of parents of substance users and their access to available treatment resources in low-income settings. The study, embedded in the Conservation of Resources (COR) theory, employed a phenomenological research design. Eight semi-structured interviews were conducted with parents/guardians of substance users from various resource-constrained communities in the Western Cape, South Africa. Using an interpretative phenomenological analysis technique, major themes emerging from the analysis included: 1) the experiences and perceptions of a parent with a child who uses substances, and 2) access to treatment: "just make it easy". Study findings highlight the multifaceted nature of this journey and how the experience of gaining access to treatment resources may facilitate or hinder coping, particularly in low-income contexts, which may aid in addressing structural barriers that prevent access to resources and ultimately, increase support structures that are rich in quality and accessible across various socio-economic contexts.

Keywords: *Access, experiences, low-income context, parents, substance use, treatment.*

1. Introduction

Substance use is seemingly a growing phenomenon, particularly among adolescents, despite the plethora of research and employment of various awareness campaigns on the topic (Birhanu et al., 2014; Charles, 2018; Dada et al., 2021). For the period of July – December 2020, 9394 individuals were admitted across 89 facilities in South Africa (Dada et al., 2021). Moreover, during the same period, 1890 people were admitted across 34 rehabilitation facilities in the Western

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Cape alone – of this total, 11% of patients in treatment consisted of individuals aged between 10 and 19 years (2% in the 10-14 year category and 9% in the 15-19 year category). Substance use thus poses a significant public health concern as it affects the individual, their families, and the greater community and society (Daley, 2013; Schulte & Hser, 2014; Watt et al., 2014).

The influence of substance use on adolescent mental health has been noted by various studies (Brownlie et al., 2019; Cupido, 2017; National Institute on Drug Abuse, 2014; Mokwena & Setshego, 2021; Plüddemann et al., 2010; Setlalentoa et al., 2010). Adolescents who use substances have an increased risk of mental health challenges (including feelings of aggression and anxiety; and mood, behavioural or learning disorders), as well as further negative outcomes such as neglecting social responsibilities, engaging in risky sexual behaviour and criminal activities (including breaking and entering, vehicle theft, rape, and domestic violence) which may end in injury or fatality (Olawole-Isaac et al., 2018; Mokwena & Setshego, 2021; Sedibe & Hendricks, 2021). In addition, substance use also contributes to the increasing number of Human Immunodeficiency Virus [HIV] cases (see Statistics South Africa, 2020), as substance users engage in intravenous drug use and risky sexual behaviour (Centers for Disease Control and Prevention, 2021; Daley, 2013; Morojele et al., 2021). Ultimately, substance use influences many burdens of society that prevents communities and families from developing and thriving.

The families of the substance user are exceptionally affected by the substance use (Groenewald & Bhana, 2018; Hoeck & Van Hal, 2012; McCann & Lubman, 2018; Usher et al., 2007). The experiences of family members and parents of substance users have been recorded by both national and international studies with common findings being reported, including: feelings of shame and embarrassment, guilt, marital discord, financial loss, occupational neglect, anxiety, depression, feelings of loss and grief, stress, and physical health challenges such as heart problems (Asante & Lentoor, 2017; Butler & Bauld, 2005; Groenewald, 2016; Hoeck & Van Hal, 2012; Kusumawaty et al., 2021; Marimuthu, 2016; Wegner et al., 2014). Family members also draw on various support strategies, for example general practitioners (doctors), the police, acts of self-preservation, and religion, to deal with the situation (Butler & Bauld, 2005; Hoeck & Van Hal, 2012; Kalam & Mthembu, 2018; Mathibela, 2017; Swartbooi, 2013). These strategies, however, do not necessarily assist parents in coping with the phenomenon effectively or sufficiently (see Groenewald & Bhana, 2017), and the next of kin of substance users may face complex circumstances with little to no means to cope with the situation (Hoel & Geirdal, 2016). In addition, various barriers to accessing treatment in low-income contexts in South Africa have been identified, including geographical barriers, financial barriers, language barriers, information barriers, resource barriers, stigmatisation, and fragmented services (see Isobell, 2013; Isobell et al., 2018, Myers et al., 2010; Nyashanu & Visser, 2022), which consequently affect access to treatment resources.

In lieu of the above, it is important to take into consideration the unique historical context of South Africa and more particularly, the long history of segregation and spatial injustices foregrounded by colonialism, and intensified by the apartheid regime (see Strauss, 2019). One such example is the Group Areas Act during apartheid, which was passed in 1950. This Act spatially segregated racial groups (classified as Black, Coloured, Indian, and White under the apartheid rule) and demarcated where each racial group was allowed to live and own property (South African History Online, 2019). Central spaces and better-equipped resources and services were allocated according to the racial hierarchy (favouring White households), leaving Black,

Coloured and Indian groups on the periphery, under poor and disadvantaged socio-economic conditions (Forde et al., 2021; Turok et al., 2021). Despite being abolished in 1994, many of the socio-economic and structural inequalities perpetuated by apartheid remain in communities disadvantaged by the regime (Turok et al., 2021), with affected communities still not having access to adequate resources and services in the present day. More specifically, these affected communities in the Western Cape, South Africa are notorious for the quandary of substance use and substance use-related crime (Chetty, 2017; Goga, 2014; Potberg & Chetty, 2017), and are often plagued by high levels of unemployment, poverty, crime, gangsterism, substance use, poor service delivery, inaccessibility to resources, and insufficient infrastructure (Florence & Koch, 2011; Hendricks et al., 2015). These conditions attest to the continued structural injustices perpetuated by the country's history.

Moreover, how one manages or copes with a challenge is often subject to the availability of resources (Carelse, 2018) – effective coping is consequently limited in resource-constrained contexts and highlights the need for adequate access to treatment resources. Accessing resources such as family therapy can empower parents through gaining an understanding of their experiences and how their well-being is affected by their child's substance use, as well as positive coping strategies to provide care for themselves and the substance user (Center for Substance Abuse Treatment, 2004; McCann & Lubman, 2018; Sadiq, 2019). Being aware of the contextual issues that arise in low-income contexts, which may influence parents' experiences of having a child who uses substances and their access to treatment resources, could assist in discovering strategies to enhance the assistance that can be sought (Kalam & Mthembu, 2018). McCann and Lubman (2018) further state that a variety of evidence-based information could assist in developing effective strategies and access to both informal and formal support approaches.

Furthermore, various studies (for example, Dykes & Casker, 2021; Groenewald, 2016; Kalam & Mthembu, 2018; Mathibela, 2017; Swartbooi, 2013) that have previously explored the experiences of families of substance users are guided by theories such as family systems theory, ecological systems theory, or the Stress-Strain-Coping-Support (SSCS) model. However, instead of focusing on the dynamics of the relationship between the parent and the adolescent substance user, the current study was interested in how these parents' experiences can assist in informing access to treatment resources in low-income contexts, and ultimately how the difficulties associated with resource-constrained environments affect these parents' experiences. In light of this, the study was considered best guided by the Conservation of Resources (COR) theory, which is constructed on the following fundamental principles (Bardoel & Drago, 2021; Holmgreen et al., 2017): 1) a greater psychological effect is encountered when experiencing resource loss than when experiencing resource gain, affecting the levels of distress that an individual experiences, and 2) in order to prevent or recover from resource loss and to encourage resource gain, individuals have to invest in resources to gain further resources. Resources (for example, objects, conditions, or personal characteristics) ultimately affect the process of developing and protecting the well-being of the individual, therefore, in contexts where resources are depleted or threatened, circumstances become taxing (Holmgreen et al., 2017; Prapanjaroensin et al., 2017). Within a resource-constrained environment, where parents are already threatened by resource loss, coping with this occurrence may arouse elevated levels of distress. The theory consequently allowed parents' experiences to be explored through a socio-economic lens, and ultimately how these experiences are impacted in economically inclined contexts.

The current paper therefore focuses on describing the subjective experiences of parents of adolescent substance users from a resource-constrained context, and their experiences of access to treatment resources.

2. Method

2.1 Research context, sampling approach, and participants

The study focuses on low-income communities within the Western Cape, South Africa. These communities continue to be characterised by high levels of crime, unemployment, poverty, substance use, insufficient infrastructure and resources, and poor service delivery (Florence & Koch, 2011; Hendricks et al., 2015). As emphasised by the COR theory, circumstances may become more stressful in contexts where resources are low, and essentially impacts the way in which individuals develop and protect their well-being. Situating the study within under-resourced communities thus allowed the researcher to explore the experiences of parents of substance users within an already challenging context and shed light on how these experiences (and how they are dealt with) are often impacted by the resources to which one has access.

The study employed a qualitative, phenomenological research design. Given the particular aim of the study, individuals were deemed suitable to participate if they adhered to the following criteria: 1) being a parent/guardian to an individual who uses/used any type of substance that caused disruption and distress in their lives for which they received treatment at a substance use rehabilitation facility, and 2) the individual started using substances between the ages of 12 and 19.

A combination of purposive and snowball sampling techniques was used to recruit participants. Initially, attempts were made to recruit suitable participants through platforms such as non-governmental organisations (NGOs) and rehabilitation centres that specifically focus on managing issues related to substance use. Despite various attempts to liaise and reach participants (parents) through these facilities (including emails, physical consultations, messages, and telephone calls), these efforts ultimately yielded little to no results. There were several factors that impacted the ability to reach participants, including parents being unable to visit the rehabilitation centres, facilities not having the age group on which the study was focused, and no response from these facilities as there was no interest in participation from parents. It should also be noted that the recruitment phase was severely impacted by the lockdown restrictions imposed by the South African government during the COVID-19 pandemic. Consequently, it was necessary to resort to alternative platforms that could reach the parents of adolescent substance users - this included sending participant flyers to community WhatsApp groups, acquaintances, and displaying posters at public spaces such as libraries and NGOs.

Ultimately, eight participants were included in the study (see Table 1 for participant demographics) and originated from various resource-constrained communities. Eight Individuals were deemed sufficient as each interview yielded in-depth accounts of the participants' experiences (Creswell & Creswell, 2018), and no new or significant information emerged by the time of the eighth interview – saturation was thus reached at this point. In addition, it should be noted that all participants' children started using substances during the specified age range (12 -

19), however, all children were adults at the time of their parent/guardian's participation in the study.[1]

Table 1. Participant demographics

Participant	Home language	Parent / Guardian	Sex	Marital Status	Age of onset of substance use	Substance user age (Status of use at the time of interview)
P1	Afrikaans	Parent	F	Married	13-14	35 (Actively using)
P2	English	Parent	F	Married	13-15	30 (Recovery phase)
P3	Afrikaans	Parent	F	Married	12-13	28 (Actively using)
P4	Afrikaans	Guardian	M	Married	10-11	In their 30s (Actively using)
P5	Afrikaans	Parent	F	Married	12	35 (Recovered)
P6	English	Parent	F	Married	17	23 (Recovery phase)
P7	English	Parent	F	Divorced	Late teens	26 (Recovery phase) 28 (Recovery phase)
P8	Afrikaans	Parent	F	Divorced and separated (two marriages)	16	37 (Recovered)

2.2 Instruments

The primary instrument for data collection was a semi-structured interview schedule. All questions were focused within the context of being a parent/guardian to an adolescent substance user, but still provided participants with space to explore their experiences. Furthermore, the interview schedule was guided by the research aim, as well as previous studies that were similar in nature (e.g., similar focus, methods, and questions), and was reviewed by the study supervisor. The main interview questions are outlined in Table 2.

2.3 Procedure

Once participants indicated their interest in the study, a briefing session took place where the background and particulars of the study were discussed with each participant. This session provided participants with an opportunity to inquire about the study and their participation. Participants were then asked for their consent to take part in the research. Once their participation was confirmed, the information sheet and consent form were sent to the individual. Interviews took place between October 2020 and February 2021, and due to the COVID-19 pandemic restrictions and safety measures put in place, interviews were conducted either face-

[1] Due to the difficulty of finding participants and gaining access to rehabilitation centres/NGOs that dealt with this specific age group, the decision was made to include parents or guardians whose children started using substances during the stipulated adolescent period (even if they were past that age period) and received treatment (to explore the knowledge of and access to treatment resources). Most of the parents' journey with having a child who uses substances extended far beyond the adolescent years. This will be expanded on in the findings of the study.

to-face or online. Face-to-face interviews only commenced once restrictions were eased, safety measures were in place, and if participants felt comfortable with the arrangements. Furthermore, interviews lasted between 35-115 minutes and were conducted in the language of choice for participants which, in this case, was either Afrikaans or English. All interviews were audio-recorded, then transcribed verbatim and translated where needed.

Table 2. Interview questions

Questions	Probes
1. **Please tell me more about yourself?**	How old are you; Where are you from; What do you do for a living; Are you married; How many children do you have and what are their ages?
2. **Please tell me more about your son/daughter who is currently receiving treatment or rehabilitation?**	How old is he/she; At what age did he/she start using substances; What has your relationship with your child been like both before and after using substances?
3. **How did the experience of having an adolescent who uses substances affect various areas of your life?**	Relationship with your spouse (if married or if you have a partner); Relationship with your other children; Relationship with extended family and the rest of your social relationships (friends, colleagues, community); Atmosphere in your home environment; Occupational activities; Financial impact; Any other feelings that were experienced.
4. **What ways have you used to cope/deal with these experiences?**	Reaction and course of action when you first found out your child was using substances; Friends and family; Religion; Rehabilitation or support centres.
5. **Knowledge of available resources to deal with this experience.**	Prior to seeking help with your child's substance use, did you have any knowledge of the resources you could use in cases such as these; How did you find out about the current facility your child is receiving treatment from/you are receiving support from; Do you feel that the more knowledge you gained about the issue and the assistance you were receiving helped lighten the load in some way; If you had more knowledge on the issue (in case participant feels that they did not have sufficient knowledge to deal with the problem), do you think it would've made a change in the stressful experiences that you have dealt with?
6. **Access to treatment resources**	Gaining access to a treatment facility: Steps you took to gain access to the facility; Was it a fairly easy or difficult process; If difficult: What were the troubles (barriers) you faced in gaining access to treatment; These barriers could speak to factors such as personal, cultural, financial, administration or geographical barriers; If fairly easy: Any factors that made the process easier; Any recommendations you have that would help make the access process easier.
7. **Are there any questions from your side?**	Anything that was not shared during the questions that were asked; Thank participant for their time and willingness to participate.

2.4 Data analysis

Interpretative Phenomenological Analysis [IPA], as outlined by Pietkiewicz and Smith (2014) and Smith and Osborn (2007), was applied to analyse the transcripts from the gathered data. IPA was deemed the most suitable analysis technique as it aims to ascertain the experiences of participants and the meanings assigned to these experiences through continuous engagement

with the transcripts, as well as the interpretation process (Smith & Osborn, 2007). The first author transcribed, translated, and analysed all interview transcripts, and followed the IPA steps as informed by literature (Pietkiewicz & Smith, 2014; Smith & Osborn, 2007).

The first step was to read the transcribed data numerous times to become immersed in it and noting various points regarding each interview (the process, the content of the interview, or any comments that may have been of potential significance). The transcripts were then analysed by reading and noting codes in the margin of the document, as well as creating a mind map to connect various thoughts and patterns. Notes were also made throughout the different phases of the research process (prior to and after interviews, while (re)-listening to audio recordings, during transcription, and during analysis of the transcripts). This allowed the author to become familiar with each participant's emotions and experiences and further aided in identifying possible patterns and themes that could be further explored. The second step required the author to transform all initial notes into emerging themes. Using the detailed notes outlined in the first step, the data was then transformed into developing themes by highlighting possible patterns in the data that were aligned to the research aim. The last step entailed searching for links among the emerging themes, grouping these themes together, and assigning descriptive labels to the groups. A list of superordinate and subordinate themes were then developed along with identifiers (e.g., quotes from the transcripts) to illustrate what the theme entails. The author then concluded the analysis with a narrative account of participants' experiences that aims to capture the essence of the *what* and the *how* of these experiences (Alase, 2017; Pietkiewicz & Smith, 2014).

The following themes, as guided by the research aim, emerged from the data analysis: *The experiences and perceptions of a parent with a child who uses substances*, and *Access to treatment: "Just make it easy"*. The themes were primarily identified by the first author, and to ensure that the findings were affirmed by researchers external to the first author, debriefing sessions were held with the study supervisor after each interview as well as regular engagement throughout the analysis process.

2.5 Ethical considerations

Ethics clearance was obtained from the University of the Western Cape (BM19/07/23), and institutional permission was sought from the relevant substance use rehabilitation facilities. Informed consent was obtained from all participants and the anonymity and confidentiality of participants were ensured throughout the study. Participants were informed that participation was completely voluntary and that they could withdraw at any stage without any repercussions.

3. Findings

The qualitative data produced the following two superordinate themes: *The experiences and perceptions of a parent with a child who uses substances*, and *Access to treatment: "Just make it easy"*.

3.1 The experiences and perceptions of a parent with a child who uses substances

This superordinate theme explores the various stages, emotions, and perceptions of parents' experiences when having a child who uses substances.

3.1.1 Parental stages of child addiction

Parents experienced specific phases throughout their children's substance use. The first phase parents seemingly experience is denial. Participants did not particularly name the experience as such, however, as disbelief was the first reaction described by most participants, denial was deemed most appropriate to describe the initial reactions of these parents. Despite certain warning signs of substance use, parents were not convinced as *"…you as the parent don't believe it"* (P3). Upon discovering their teenager's substance use, parents expressed an initial sense of denial, encapsulated by the words of the following participant*: "…you don't want to...you can't actually believe that your sweet, loving, amazing kids are, are using something. It's just so far from your reality… "* (P7). Parents did not want to believe that their children would lie to them, and were willing to hold on to any alternative explanation of the signs and change in behaviour – *"I thought he was just having teenage moods…and, I don't know if I deliberately just didn't want to know…"* (P6).

Parents also reported that the warning signs were often accompanied by drastic changes in the child's behaviour. The nature of specific actions and behaviour varied among participants, and often included manipulative and deceptive behaviour, psychotic episodes resulting in peculiar behaviour, aggressive actions toward parents/other members in the household, and threats of violence: *"…he's aggressive, or he is fast or, you can just see there's something man, that's not right…"* (P3), and *"…an addict is a very clever person. He…they have many ways where they think how they can…they, uh, they actually use you as a victim, let me put it that way"* (P4). In cases where parents dealt with aggressive threats and manipulation, somewhat of a reversed role between parent and child occurred as parents had to walk on eggshells to maintain peace in the home. Parents also had to protect themselves and other family members/children against this type of behaviour in the household.

Furthermore, having to deal with the drastic behaviour change and dangerous activities associated with substance use (e.g., being somewhere on the streets), parents expressed feelings of constant worrying and stress: *"…if you got a child that's on that road, I don't think any parent can switch off because it overpowers your whole mind day and night, seriously, that is how bad it is"* (P2). Parents also tended to reflect on things that may have contributed to the substance use, for example, some participants believed that the lack or loss of material items encouraged the use of substances, as shared by P8: *"…I think because we got poorer when we came to live here, and then it started becoming a problem because we couldn't give our children everything anymore..."*. Feelings of regret, guilt, and "what if…" scenarios also seemed to persist with some parents: *"…if I focused more on what he was feeling rather than trying to get my head above water and work like a mad person to get ahead, financially, I think things would have maybe been different, I don't know"* (P6). Parents' emotions further played a role in their decision to reach out for assistance. For some parents, feelings of shame and failure often lead to a delay in seeking treatment, and can be summarised by the following quote: *"…when I called them in, they said*

*'but it's not such a big story or scandal, why didn't you come when it started', but then it was already (too) far…" (*P5). Parents thus seem to go through a range of emotional stages in their journey of being a parent to a child who uses substances.

3.1.2 Experiences and perceptions of parents' financial security

Parents expressed the financial insecurity that often arose due to their children's substance use, with one participant sharing the extent of the financial burden as follows:

> *…he says, he just wants a R2 for a loaf of bread. Then I will ask: [name], I'll tell him, if I have to calculate all that money of what you have stolen from the house, then I could buy another house.* (P1)

The financial implications of being a parent to a child who uses substances manifested in different ways for parents – for many, the financial setbacks stemmed from theft of household or essential items: "*…he stole my belongings that were still unopened, food, unopened soap, bath soaps uhm, canned stuff, meat, stuff like that, my new curtains"* (P5). These are items participants often had difficulty replacing due to the challenges faced within resource-constrained contexts.

On the other hand, parents were often obligated (in order to maintain peace) to provide the substance user with money for their addiction when they demanded it: *"…then I give him (money)…just a R5, 'mummy, this isn't (enough) [moaning gesture]', then I say 'no, that's alright for a straw (a dose), take it'"* (P8).

For some parents, financial insecurity further stemmed from the expenses paid when seeking help to commence the treatment process, with participants sharing:

> *…we had to, during the day, and the nights, late nights we had to work to…let me put it this way, to firstly keep him in the rehab centre; secondly… to handle his cases, to pay the lawyers and to get his life in order…* (P4)

This theme can be summarised in the words of P7: *"…financially…it's always the burden of having a person that needs taking care of"*.

3.1.3 Sense of hope for the future

An integral part of parents' experiences is dealing with the process of relapses. From this, a sense of hope and hopelessness for the future emerged simultaneously from participants. The cyclical nature of a relapse was experienced by many parents, as indicated by the following quote: *"It's just a week or two then agh, then it is back to normal again"* (P3).

P6 further noted, being cognisant of the cycle of relapse, substance use may be a continual part of their lives - *"I said that the only thing that scares me is because it's, it's forever, it's a lifetime, it's not a thing that you think 'Agh! In 6 years' time it will be done with', it's not"*.

3.2 Access to treatment: "Just make it easy"

This superordinate theme explores parents' journey of accessing treatment resources, such as rehabilitation centres. This includes why parents did not access treatment resources earlier, and the barriers and facilitators to gaining access to these resources.

3.2.1 Barriers and facilitators for access to treatment

Various barriers, as well as facilitators were encountered by parents while attempting to gain access to facilities. Some accounts highlighted the difficulties, or rather barriers, parents encountered through the public health system and law enforcement:

> *I mean everywhere you go, there's a problem because we heard you can't just book a child into the psychiatric ward at [hospital name]. It doesn't work like that, you need to be escorted by a police van and it was so traumatic but if you could have access to maybe speak to someone even if it's a clinic sister just say "My child's got a problem, where do we start?"* (P6)

Other barriers included the financial and/or admission requirements set out by various treatment centres even before being able to gain access to these facilities, which may present as a debilitating challenge on its own:

> *Our process, because we had to make a payment immediately to get him in… It was not free, and if you don't always have that money…we had to get together as a family…and give that money so that he can receive help.* (P4)

> *[Name of son], had to be clean for 2 weeks which he, which he managed. But uhm, (I don't know) if somebody was in a worse state, if it would be the same.* (P7)

Furthermore, another barrier to treatment resources was found in the environment itself:

> *If you are in not such a good area, where you know your children are safe and children are not safeguarded from drugs or teenage pregnancy, your hands as a parent are basically cut off, because the influence from outside is stronger than the influence from inside. Because you can tell that child 'Don't do it' but when they are among their friends…then they sing another tune...* (P8)

Parents, however, did share some of the facilitators they experienced on their journey, easing the process in gaining access to treatment resources – especially efficient service delivery from service providers or government structures:

> *(the treatment facility) agreed to meet with me within a couple of days, with me and my sister and [Name of son]…two weeks later they had a meeting with him again, they drug tested him, uhm and then with, it was the board, it was with the panel. It*

was easy and quick, they were very open, you know, uh concerned and caring. They weren't making me jump through 300 hoops to get in there. (P7)

Facilitators were also found in the types of social networks parents had, which seemed to assist in gaining access more easily and more swiftly, illustrated by the following participant accounts: *…my brother uh…talked to the magistrate and they said they will help me to get an application so that we can get him into a place…"* (P5), and:

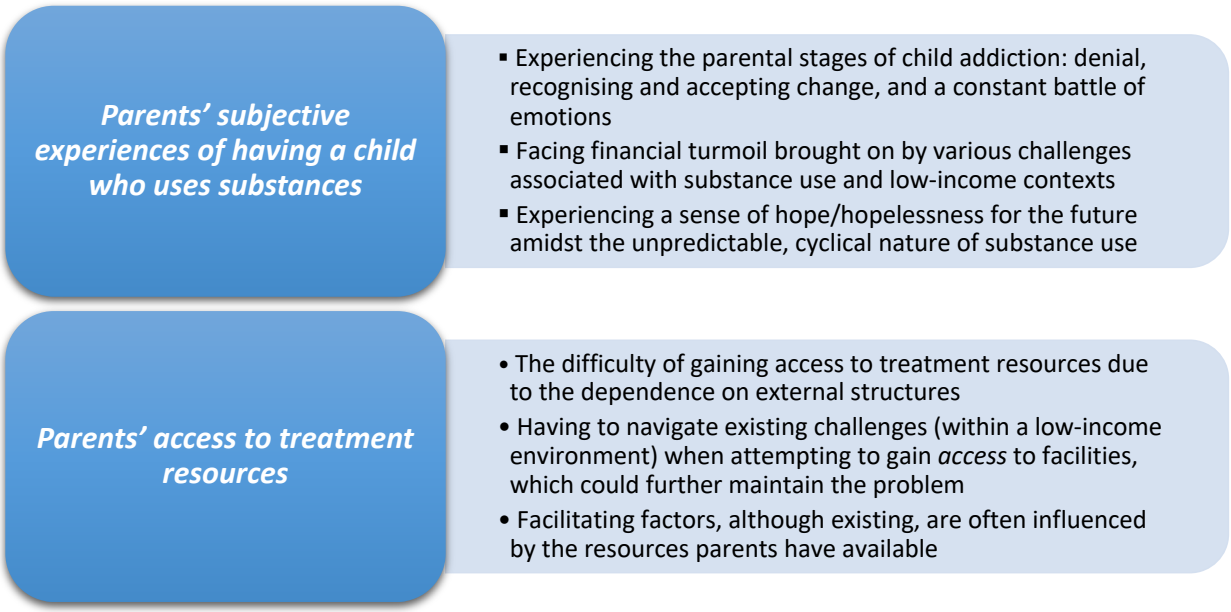
There in, in my road there's a woman's son that has been working with children for years until she asked me if I don't want to sign them up there, because it's at no cost…you don't pay there. You have to go out of your own free will, but someone can book them in there. And then they actually went. (P3)

These accounts illustrate how reaching out to social connections could serve as a useful step in gaining access to resources or help.

4. Discussion

Overall, the key aim of the current paper was to explore the subjective experiences of parents of adolescent substance users and their access to treatment resources, specifically within resource-constrained contexts. For this particular cohort of parents, the essence of their experiences of having a child who uses substances and their experience of access to treatment resources can be summarised by a number of key findings, as illustrated in Figure 1 below:

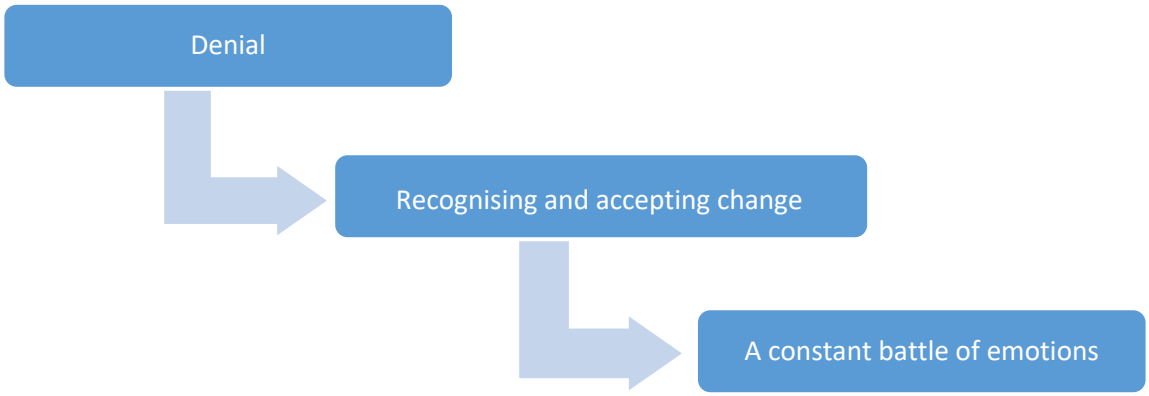
Figure 1. Key findings



4.1 Parents' subjective experiences of having a child who uses substances

One of the key findings of the study highlight the process of emotions experienced by parents, or rather the various stages that parents of substance users face during their child's addiction, including *denial*, *recognising and accepting change*, and a *constant battle of emotions*. These parental stages of addiction seemingly entail different, but often interlinked stages that parents experienced while dealing with their children's addictions (see Fig. 2).

Figure 2. Parental stages of addiction



In line with previous study findings (for example, Butler & Bauld, 2005; Chibambo, 2019; Groenewald & Bhana, 2016; Smith et al., 2018; Swartbooi, 2013), upon discovery of the adolescent's substance use, the initial response from parents appears to be *denial*. During this phase of denial, parents are faced with the reality of the child's addiction and not wanting to accept the truth as this was not what parents had envisioned for their children. Similarly, the COR theory suggests that a defensive position is often adopted by those with little resources to protect existing resources, which may explain parents' reaction of denial in order to protect the image of their child, and their life conditions prior to the substance use. These findings emphasise the necessity of early recognition of the problem and tending to parents' well-being. A position of denial may hamper resource gain (e.g., early intervention efforts) or adopting effective coping strategies for parents, which may prolong the challenge as evident by participants who have been in the struggle for years.

The stage of denial is seemingly followed by *recognising and accepting the occurring change* – a stage characterised by the drastic change in behaviour of the substance user, often causing reversed roles between the child and the parent (who, traditionally, is responsible for disciplining but now must be cautious of the child). Similar to previous study findings (Asante & Lentoor, 2017; Hoeck & Van Hal, 2012; Hlungwani et al., 2020), these findings amplify how parents are required to recognise, manage, and be cautious of behaviour changes in the substance user while also attempting to protect themselves and other family members. This process of navigating and accepting the behaviour change brought on by the substance use evidently leaves parents emotionally depleted.

Parents' experiences of battling with emotional exhaustion due to the child's addiction (for example, experiencing feelings of guilt and shame or constant worrying) have further been noted

by multiple studies before (see Carney et al., 2020; Groenewald, 2016; Kaur et al., 2018; Ludwig et al., 2021; Mathibela, 2017; Rafiq & Sadiq, 2019). However, the current study findings, in addition to identifying experiences of emotional distress, provide further insight into the challenges presented within low-income contexts, such as inadequate service delivery, poor resources and infrastructure, and gangsterism (see Carney et al., 2020; Florence & Koch, 2011; Nqadini et al., 2008; Wegner et al., 2016), and its role in amplifying the emotional turmoil experienced by parents. Parents appear to have difficulty separating the substance user from this environment and its associated challenges, ultimately prolonging the problem as the environment and the phenomenon of substance use are intertwined (see Mokwena et al., 2021). In addition, parents' battle of emotions is further conflated with feelings of failure or the regret that *if* things were done in a different manner, perhaps their children would not be involved with substances (Asante & Lentoor, 2017; Groenewald, 2016; Hlungwani et al., 2020). Parents' feelings of regret also seem to be associated with material items that were or were not provided by them to the child. Kapetanovic et al. (2019) suggests that parents often practice parenting efforts and associate these efforts with particular results, including that their child will not engage in delinquent behaviour (such as substance use in the case of this study). Efforts to provide children with material items may become even more challenging in low-income settings, as parents may not always be able to do so, causing feelings of guilt and conflict to emerge.

In lieu of the above, to prevent resource loss, investments in other resources need to be made to promote resource gain and ensure beneficial functioning (Holmgreen et al., 2017). Psychological distress (including feelings of failure and guilt as parents) may be experienced by parents because of investing resources in the child and consequently expecting positive outcomes for their children. These expectations, however, often does not come to fruition due to the deviant behaviour caused by using substances, and ultimately causing parents to go through these stages of emotions.

Another key finding, in line with the structural impediments brought on by resource constrained environments, are parents' descriptions of aspects related to financial insecurities they face on this journey. These aspects include: theft of household items (and constantly having to replace these items), providing money to substance users to maintain peace in the household, or the expensive costs of rehabilitation centres, in addition to the structural challenges faced within low-income contexts. These findings correspond with that of many studies (see Dykes & Casker, 2021; Groenewald, 2016; Hoeck & Van Hal, 2012; Ludwig et al., 2021; Masombuka & Qalinge, 2020; Mathibela, 2017; Swartbooi, 2013; Wegner et al., 2014). However, the current study further contributes to literature by highlighting the true expense of being a parent to a substance user (including the constant supervision and financial assistance), which extends beyond the adolescent years well into adulthood before, during, and after treatment. These findings are further explained by the COR theory which frames resource loss as having a more significant psychological impact than resource gain – distress thus significantly increases with the loss of resources. Parents experienced resource loss in many ways, which were further amplified by the resource-constrained context they lived in, causing greater distress. As stated by Hobfoll et al. (n.d.), resource loss has a negative impact on communities and individuals who already have an existing lack of resources, ultimately leading to more resource loss. In this case, resource loss, such as financial insecurity, affords parents poor access to and availability of support

resources thus exacerbating the already stressful circumstances and leading to further resource loss.

Moreover, findings further identified the fears and uncertain, yet hopeful sense for the future that parents experience with their children's addiction, particularly with reference to relapses. While the substance user is experiencing a clean/sober phase, a sense of hope emerges for parents – the hope that their children will not return to using substances. However, the hope is often short lived once a relapse occurs. The nature of substance use is often filled with intermittent remissions and relapses, and can be very unpredictable (Oreo & Ozgul, 2007), leaving parents with no certain end in this journey. These fears and uncertainties highlight the need for appropriate knowledge and support mechanisms for the emotional well-being of parents. As Ludwig et al. (2021) states, a lack of information on substance use may result in unrealistic expectations in parents, emphasising the imperativeness of having accurate knowledge about the unpredictable nature of substance use.

Overall, the process of experiencing a multitude of emotions, financial insecurity, and uncertainty about the future with the child's addiction are seemingly integral elements in the subjective experiences of parents of substance users, made even more difficult due to existing challenges within low-income contexts. Findings thus illustrate the true cost of the parental experience which extends beyond the cost of treatment and often includes expenses before, during and long after the child's actual addiction.

4.2 Parents' access to treatment resources

Findings indicate that parents encounter various barriers even before gaining access treatment resources, often exacerbated by the existing contextual barriers that are synonymous with low-resource environments (see Carney et al., 2020; Kalam & Mthembu, 2018; Nqadini et al., 2008; Wegner et al., 2016). In the current study, barriers for these parents manifest in the dependence on external structures to gain access to such facilities for example, red tape surrounding court orders, the police, the public health system, and requirements of the rehabilitation centres themselves. Barriers to treatment facilities have been recorded by various South African studies (Isobell, 2013; Myers et al., 2010; Myers, 2013), and emphasise the helplessness of parents when being dependent on external structures to gain access to treatment resources.

A key finding in relation to access to treatment resources further suggest that the environment itself could be considered a barrier to treatment as some facilities require substance users to be sober and willing when entering treatment. As noted earlier, substance use is often exacerbated by the intersectionality of contextual challenges associated with low-income contexts (see Carney et al., 2020; Florence & Koch, 2011; Kalam & Mthembu, 2018; Nqadini et al., 2008; Wegner et al., 2016). If the substance user is in an environment plagued by triggers of substance use, being sober and deciding to enter treatment themselves may be arduous.

Facilitators that appear to have had an impact on the ease of acquiring access to treatment resources should be noted. Resource gain for parents in this study, in the form of facilitators, seemingly manifested through support that was received (e.g., efficient service at treatment facilities or family members) and how these support channels assisted in navigating the difficult experience. The findings show that for some parents, having social connections facilitated access

to professional resources, despite facing financial limitations and a lack of resources in other areas. This may contrast with other parents' experiences who did not have access to such networks and had multiple competing needs due to the limitations imposed by low-income contexts. Consistent with the COR theory, parents in areas with limited resources are vulnerable to resource loss spirals, as a lack of resources in one area (such as access to social networks) makes it difficult to acquire resources for treatment (for example, having information on substance use itself or knowing which treatment centres to contact for assistance). It should be highlighted that despite parents sharing access points, or rather facilitators to resources, these sources appear to be scarce. This highlights the importance of and accessibility to treatment services for parents in a variety of circumstances, irrespective of their profession, socio-economic status, or social affiliations.

When considering studies that focus on the experiences of families of substance users, it should be emphasised that not much has changed over the past several years in terms of the experiences that parents are having. However, in addition to the challenges already faced by being a parent of a substance user, the findings of this research study highlight the structural difficulties that parents face on this journey, including poor service delivery and ineffective access to, and aid from public services. Given the unique history of South Africa and its remaining consequences on the everyday lives and well-being of disadvantaged groups, it is evident that parents in environments with limited resources and income bear the weight of their inability to access facilities. The continued use of substances, the multitude of problems linked to the phenomenon, and its dire impact on parents are essentially maintained by the lack of assistance and resources.

5. Limitations

The following limitations should be noted for future research. Firstly, it is important to acknowledge that these experiences are tied to a particular group (as outlined under the participant and sampling approach) – findings can thus not be generalised to other individuals who also deal with, or take care of, family members who use substances. Secondly, it should be recognised that the sample primarily consisted of mostly mothers of substance users, with only one male (and the only guardian) as a participant. The dearth of male participants could be explained by the hesitancy in men or fathers to share their feelings on the phenomenon and necessitates further exploration as these experiences may be different than the experiences of female participants or mothers. Lastly, all data was analysed by the student researcher, with regular debriefing and discussions with the study supervisor. Study findings may be interpreted in various ways by various researchers. Having more than one researcher to analyse and interpret findings may thus allow new perspectives to emerge.

6. Conclusion

Existing studies do not necessarily place emphasis on how context, in this case resource-constrained settings, influence the experiences of parents of substance users, as well as the role

structural hindrances play in their experiences. Study findings call on the improved availability of multidimensional interventions for parents, even more so as being a parent to a substance user is a multifaceted problem. Findings further highlight the urgency of education and skill development programmes, especially targeted at parents who live with, and care for children who use substances. Improved service delivery by the South African justice- and public health system, as well as strengthening community structures, support, and knowledge are imperative. Lastly, a participatory approach should be taken when developing interventions targeting substance use and substance use support, as parents often have their own ideas (based on their own experiences) on how to better support parents of substance users. Adding the voices of parents in a participatory fashion may ensure that intervention and treatment or support resources are in line with the needs of those who are at the receiving end. Moreover, the study encourages research that specifically focuses on the structural challenges that parents of substance users face, and in doing so, ultimately improve service delivery and rehabilitative experiences for the entire family.

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