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The Impact of Adolescent Substance Abuse on Family Quality of Life, Marital Satisfaction, and Mental Health in Qatar

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Abstract

This study investigated the impact of substance-addicted adolescents on family quality of life in the Arab country of Qatar. Two groups of families were compared: families with a teenager who had a substance addiction ($n = 50$) and families without such a teen ($n = 53$). Results showed families with a substance-addicted teenager had a lower family quality of life, that is, lower marital satisfaction, and higher couple scores on depression, anxiety, and stress. The study suggests that the relationship between family dynamics and adolescent substance addiction is bidirectional in Arab families, that is, family problems may lead to adolescent substance abuse, and substance addiction in adolescents may also impact marital health quality and the mental health of parents.

Keywords

family quality of life, adolescent substance addiction, marital quality of parents with addicted adolescents, Arab cultures, Qatar

Use of addictive substances has been increasing throughout the Arab world in recent years (Aaraj & Jreij Abou Chrouch, 2016; Al-Haqwi, 2010; AlMarri & Oei, 2009; Sweileh et al., 2014) including the prevalence of abuse in Gulf Arab countries (Alibrahim et al., 2012; Al-Umran et al., 1993; Al-Zahrani & Elsayed, 2009). The most common substances used are hashish, alcohol, and amphetamines (Ageely, 2009; AL-Imam et al., 2017) but these are often underreported. For instance, Aleissa (2001) carried out a study in Riyadh, Saudi Arabia, investigating the prevalence of alcohol consumption and its abuse among adolescent females aged 15 and 18. They found the prevalence rate was 1.6% for alcohol overconsumption and 1.2% for its abuse. However, due to social desirability bias, the findings underestimated the use of alcohol among adolescents in the study. Regardless, one factor underlying the increase in substance abuse is the increased availability of some substances in the Arab world like alcohol, fentanyl, and other sedative–hypnotic drugs particularly antianxiety drugs such as benzodiazepines (Ativan, Valium, and Xanax), barbiturates (phenobarbital; Khalifeh et al., 2007; Sweileh et al., 2014), pregabalin (Lyrica), and gabapentin (Neurontin; Han et al., 2019; Krenzelok, 2017; Kuczynska et al., 2018).

The relationships between family dynamics and adolescents' substance addiction focus on three factors: family quality of life, marital satisfaction, and mental health issues. While family problems may lead to substance abuse in adolescents, substance addiction in adolescents may impact parents' mental health and quality of life as well. The relationship is bidirectional. When an adolescent becomes addicted, marital relationship and satisfaction often become unbalanced with both parents experiencing negative feelings, pain, and disappointment. For instance, in the study conducted in Iceland by Ólafsdóttir et al. (2018), family members of substance abusers were found to have a higher probability of increased depression, anxiety, and stress than similar family populations in Iceland. The study used the Depression, Anxiety, and Stress Scale (DASS) to assess these three mental health problems.

Overall, previous studies have found adolescents' addiction negatively impacts parents. Couples with addicted adolescents suffer from anxiety, fear, depression, frustration, hopelessness, and guilt (Fatiha et al., 2012; Moustafa et al., 2020; Tindle et al., 2020) which lead to diminished parental relationships with friends, increased absences from work, and decreased visits with relatives. In addition, prior studies have found adolescents' addiction has led to relationship disturbances between parents.

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Thus, adolescents who abuse or become addicted to substances not only change their individual health and behaviors but the health and behaviors of those around them, especially family members. The aim of this study was to investigate the quality of life, marital satisfaction, and mental health of couples who had an addicted adolescent living with them compared to those who did not. This was the first study to probe this issue in an Arab country, Qatar. Most previous studies on teen addiction have focused on how family breakdown leads to substance abuse in adolescents (Grevenstein et al., 2020; Hemovich & Crano, 2009; Masood & Us Sahar, 2014; Shek et al., 2020). However, the relationship of adolescent substance abuse dependency and its impact on a family, especially in the Arab world, has not been studied.

The Current Study

The focus of this study was how substance abuse among adolescents impacts a family, specifically parents. We hypothesized there are statistically significant differences between families that have an addicted adolescent and families that do not. Specifically, we examined three factors within a couple relationship: quality of life (Hypothesis 1), marital satisfaction (Hypothesis 2), and depression, anxiety, and stress (Hypothesis 3).

Method

Sample

Our sample consisted of 103 families recruited from the Wifaq Family Consulting Center (Lusail, Qatar) with adolescents (aged 12–17) who were substance abusers. The number of families with an adolescent addict was 50. The controlled group consisted of 53 families who did not have any addicted adolescents. Parents of the addicted adolescent filled out questionnaires about their son or daughter. All spouses were (a) in a heterosexual relationship, (b) living in Qatar, and (c) fluent in Arabic. Fathers' ages ranged from 40 to 67 with a mean of 49.5, and ages of mothers ranged from 31 to 57 with mean of 40 years. The level of education varied with 66.8% having earned a bachelor's degree and 11.3% having completed a graduate degree/diploma. With regard to occupation, 63.6% of the sample were governmental employees. For cultural reasons, it was not possible to know the exact kinds of substances adolescents were using. However, from the available answers, most adolescents in this study were polysubstance users, with about half of them having abused drugs for over 5 years.

Instruments

The Family Quality of Life Scale, The Marital Satisfaction Scale, and the DASS-21 Scale were the three instruments used in this study. The *Family Quality of Life Scale* consists of 36 questions that measure family cohesion and well-being. Questions are positive and negative phrased with the options of answering yes, to some extent, or no. Example of these items are as follows:

1. My family enjoys spending time together.
2. My family finds the support they need to relieve stress.
3. No one in the family cares about me.
4. My family finds help when it needs it to satisfy the needs of all family members.
5. My family gets health care when they need it.
6. I am not satisfied with my family life.

A high score (50–72) on this scale indicates a high family quality of life, while a low score (0–31) indicates a low family quality of life. The middle range between these two extremes is the scores from 32 to 49.

The *Marital Satisfaction Scale* (Abo Hamza & Bedair, 2017) is a 26-item test with statements that are positively and negatively phrased. Example of the items are as follows:

1. I still feel a strong bond with my husband or wife.
2. I will marry the same person if I have the opportunity to make a choice.
3. My marital relationship makes me happy.

Participants indicate their level of agreement or disagreement on a 7-point Likert-type scale ranging from 1 (*very strong disagreement*) to 7 (*very strong agreement*) for one item to specify the degree of happiness and sense of interest in their marital relationship. Furthermore, one more item describes how good is their relationship with your husband/wife compared to others on a 10-point Likert-type scale ranging from 1 (*worst of all*) to 8 (*best from everyone*) and three items on a Likert-type scale 1 (*strongly disagree*) to 5 (*strongly agree*). Participants indicate their level of agreement or disagreement on a 6-point Likert-type scale ranging from 1 (*never at all*) to 7 (*completely all*) for 21 items describing their relationship. The scale has been validated before use, and Cronbach's α was 0.859.

The Arabic version of the *DASS-21* Scale is adapted from the full version (*DASS-42*), consisting of 21 items (Moussa & Lovibond, 2016). It was used in this study to measure the main symptoms of negative emotional reactions (depression, anxiety, and stress). Answers on the scale assessed these feelings on a 4-point range from not applicable at all to applicable very much or most times. There were three subscales. The first subscale contained seven questions. The answers for measuring depression ranged from 0–4 (*natural or normal*) to 14+ (*very severe*). The second subscale contained seven questions to measure anxiety. The degree of answers from 0–3 (*normal*) to 10+ (*very severe*). The third subscale contained seven brief questions for measuring stress with scores ranging from 0–7 (*normal*) to 17+ (*very severe*).

Statistical Analyses

The scores in all questionnaires were analyzed with Statistical Package for the Social Sciences statistical analysis software, using the independent sample t test because of the large sample size, and for comparison between the two family groups.

Table 1. The Difference Between Two Family Groups on the Family Quality of Life Scale.

	t	*df*	Significance (Two-Tailed)
Quality of Life	−20.71	98	.01

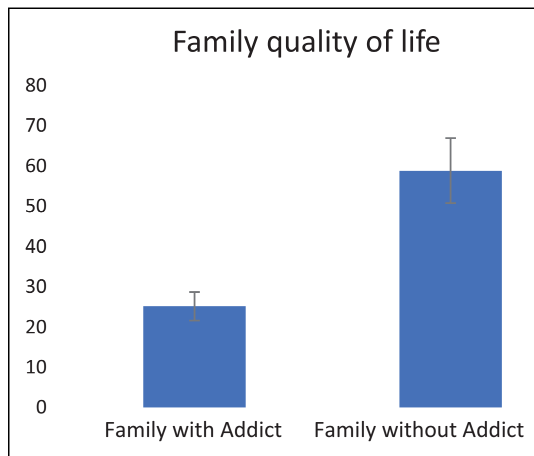

Figure 1. The mean difference in family quality of life between two family groups.

Table 2. The Difference Between Two Families on Marital Satisfaction.

	t	*df*	Significance (Two-Tailed)
Marital Satisfaction	−14.65	98	.01

Results

The First Hypothesis: Family Quality of Life

We hypothesized that there would be statistically significant differences between the two family groups on the Family Quality of Life Scale. An independent samples *t* test was conducted to compare the quality of life of both family groups. There was a significant difference between the scores for quality of life of presence of adolescent abusers ($M = 4.2$, $SD = -20.71$) and nonpresence of adolescent abusers ($M = 2.2$, $SD = 0.84$); $t\,(98) = 2.89$, $p = .20$. These results suggest that the presence of adolescents' substance abusers influences the families' quality of life. Table 1 and Figure 1 present the difference between the two kinds of families.

The Second Hypothesis: Family Quality of Life

We also hypothesized there would be statistically significant differences between the two family groups on marital satisfaction. An independent samples *t* test was conducted to compare marital satisfaction of both families. There was a significant difference in the marital satisfaction scores between families with adolescent substance abusers ($M = 4.2$, $SD = -20.71$) and families without ($M = 2.2$, $SD = 0.84$); $t\,(98) = -14.65$, $p < .01$

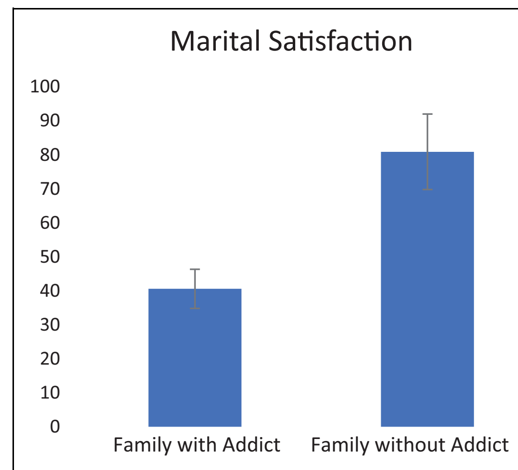

Figure 2. The mean difference in marital satisfaction in the two family groups.

(Table 2) as illustrated in Figure 2. These results suggest the presence of adolescents' substance abusers negatively impacts marital satisfaction.

The Third Hypothesis: Stress, Anxiety, and Depression

We also predicted a statistical difference among families with adolescent addicts and families without adolescent addicts in measures of depression, anxiety, and stress (Figure 3). An independent samples *t* test was conducted to compare DASS-21 scores in case of presence and nonpresence adolescent substance abusers. There was a significant difference in DASS-21 scores between family with adolescents who abused substances ($M = 4.2$, $SD = -20.71$) and families that do not have an adolescent addict ($M = 2.2$, $SD = 0.84$) conditions; $t\,(98) = 19.86$, $p < .01$ (Table 3). As can be seen in Figure 3, there is also a significant statistical difference among both family groups on measures of depression, stress, and anxiety (all *ps* < .01). These results suggest that the presence of substance-abusing adolescents influences DASS-21 measures (anxiety, depression, and stress) of the parents.

Discussion

The aim of the current study was to investigate the effect of having an adolescent (aged 12–17) substance abuse addict on the family quality of life, marital satisfaction, and mental health (depression, anxiety, and stress). Accordingly, we used the Family Quality of Life Scale, the Marital Satisfaction Scale (Abo Hamza & Bedair, 2017; Bedair et al., 2020), and the DASS-21 Scale. The implications of our results in relation to the three hypotheses are as follows.

Hypothesis 1: Family Quality of Life

Results show that there were statistically significant differences between the two family groups (families with a substance-addicted adolescent and other family without

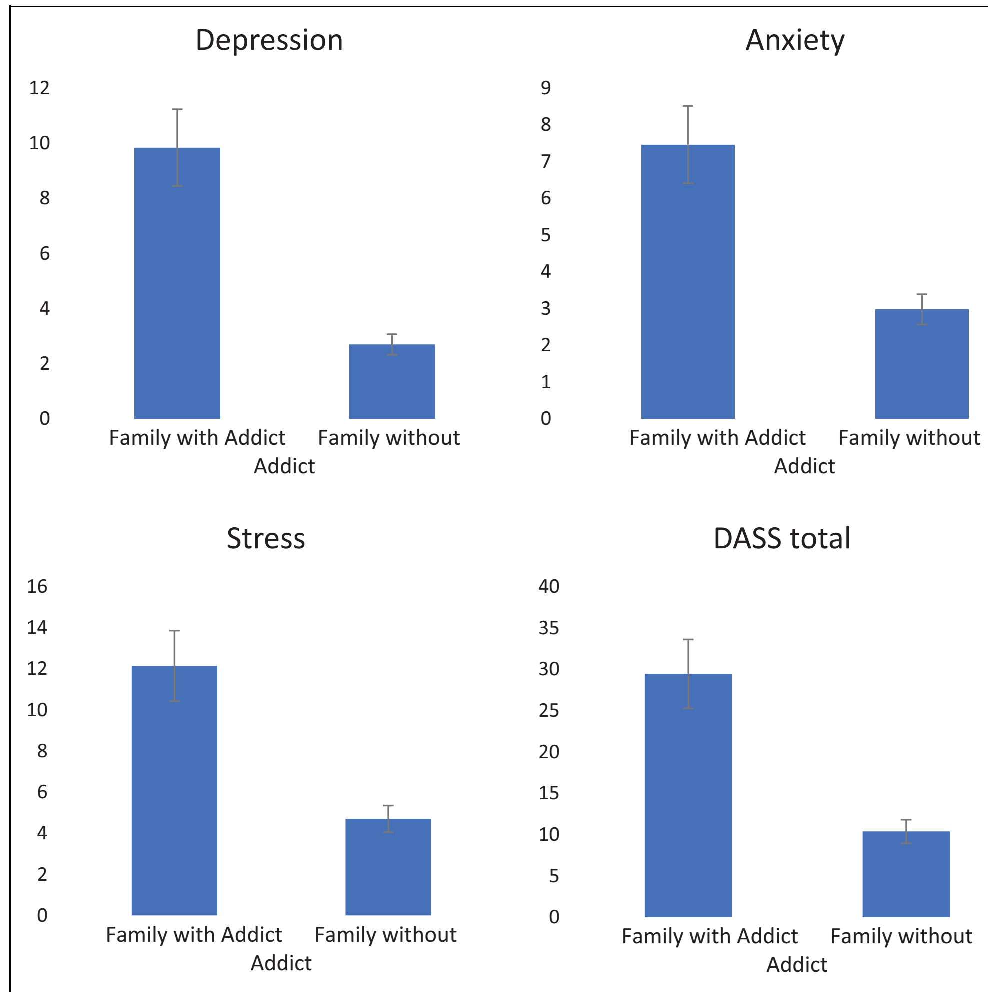

Figure 3. The mean difference in depression, anxiety, stress, and total Depression, Anxiety, and Stress Scale-21 scores in two family groups.

substance abusing adolescent) on the Family Quality of Life Scale. Having an addicted adolescent impacts the quality of life of family members (Buctot et al., 2020). Our results agree with prior work focused on smartphone addiction. For example, Lei et al. (2020) found that the quality of life of students and their families was affected by students' addiction to mobile phones. Accordingly, our results show that substance addiction affects the quality of life not only of adolescent abusers but also of their families. To the best of our knowledge, this is the first study in the Arab world on how having an addicted adolescent impacts the family quality of life of the parents.

Table 3. *t*-Test Results of DASS-21.

	T	*df*	Significance (Two-Tailed)
DASS	19.86	98	.01

Note. DASS = Depression, Anxiety, and Stress Scale.

Hypothesis 2: Marital Satisfaction

Our results also showed statistically significant differences on marital satisfaction between families that had an addicted adolescent and families that did not. Families with an addicted teenager scored low on the Marital Satisfaction Scale. It is possible that marital relationships are affected due to problems in raising such adolescents, partners blaming each other for the adolescent's behavior, and disputes between family members about other factors in the teen's and couple's lives. Our results agree with prior results of Fatiha et al. (2012) that reported a negative impact caused by the addicted adolescent on the family, especially the parents. Having an addicted adolescent negatively affects child–parent relationship.

Hypothesis 3: Stress, Anxiety, and Depression

Finally, our results showed there were statistically significant differences in families that had an addicted teenager on measures of depression, anxiety, and stress. Specifically, families of addicted teenagers suffered from depression, anxiety, and psychological stress more compared to families that did not have an addicted teenager. These results agree with Moustafa et al. (2020) who found that there is a two-way correlated relationship between depression and heroin addiction. The results of the

current study are also in line with the results of Fatiha et al. (2012) that parents are affected psychologically due to having an addicted adolescent. Thus, having an addicted teenager has a negative impact on the mental health of the family.

Limitations and Future Directions

One limitation of our study was not assessing family quality of life, marital satisfaction, and mental health separately in both parents. It is possible that parents react differently to their adolescent's addiction problem depending on how connected they are to their adolescent and age of their youth, among other factors. Future research should use the same scales as were used here but with every individual in the family, including siblings, as they may, directly or indirectly, be affected by addiction in the family.

Future research should also focus on the mechanism of how divorce, family dysfunction, and other family-related factors may lead to teenage addiction. It is possible that parental problems lead to a reduction in caregiving to the children, which make them more susceptible to peer pressure. Other studies have shown peer pressure is associated with initial substance abuse use as well as substance addiction (Lueck et al., 2020; Meister et al., 2020; Ramsewak et al., 2020; Randhawa et al., 2020).

Future work should also investigate the mechanism of how having an addicted adolescent impacts the family. It is possible the excessive amount of care needed to support the adolescent and/or increased stress of the parents impacts parental relationship could lead to lower quality of life and marital dissatisfaction in the family as a whole.

Conclusion

The current study focused on the impact of how having an adolescent substance abuser may affect family dynamics, especially parental subsystems. It is the first to do so in the Arab Gulf states. Our research showed the relationship between family dynamics and substance abuse in adolescents is bilateral as well as dynamic. The results suggest that the mental health status of parents may be affected by the behavior of a substance-addicted adolescent.

This work also showed clinicians need to attend to the couple relationships of addicted adolescents as well as to adolescents themselves. Making interventions with recognized substance abuse clients and their parents is crucial for maximizing mental health. In summary, adolescent substance addiction is complex and requires a family systems approach.

Declaration of Conflicting Interests

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