

Examining the Experiences of Affected Family Members in Morocco: A Descriptive Study of 64 Cases

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DOI: [10.36347/sasjm.2024.v10i02.009](https://doi.org/10.36347/sasjm.2024.v10i02.009)

| Received: 02.01.2024 | Accepted: 09.02.2024 | Published: 14.02.2024

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Abstract

Original Research Article

The research described in this paper resulted from the study of the relatives of problem drug users called “affected family members” (AFM) involving two practitioners in our Psychiatric University Hospital Ar-Razi within the timeframe of January 2022 to April 2022. The objective of this research was simply to interview 64 close AFM, with the identification occurring through external consultations. Quantitative and qualitative results show that large numbers of these relatives reported many negative experiences, reporting both psychiatric and psychosomatic issues. Relatives reported many negative effects in terms of how they endure stigma and how the experiences had affected their health. They also described various coping mechanisms, and the extent of the support which they had received. The results are discussed in terms of coping, perceived stigma, health consequences, quality of life and it focuses on the difficulties, feelings, and interactions they face due to their loved one's substance use. The AFMs represent a vulnerable population susceptible to adverse health-related consequences. Therefore, they must be systematically included as pivotal targets for treatment protocols.

Keywords: drug users, affected family members, health consequences.

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1. INTRODUCTION

Substance Use Disorders (SUDs) are defined by lacking control over the substance, social impairments, risky use, and pharmacological criteria [1]. SUDs are increasingly common, reaching peaks of 10 % lifetime prevalence in the general population [2].

In the complex world of drug use and its many effects, the focus has often gravitated toward individuals dealing with addiction themselves. However, a crucial and often overlooked dimension is how it affects the family members who provide support and understanding [3].

This study explores the previously unexamined experiences of affected family members (AFM) by substance use. They may include family members, friends and also work colleagues to a certain extent. It focuses on the difficulties, feelings, and interactions they face due to their loved one's substance use.

Using a descriptive approach, this paper aims to uncover the complex experiences of Moroccan affected

family members. It provides valuable insights into their journeys, struggles, and coping mechanisms [4].

By placing the narratives at the heart of our exploration, we aim to contribute to a deeper understanding of the holistic impact of substance use disorders [5], with a particular focus on the family and pave the way for more specific and targeted interventions [6], to support those impacted on the path to well-being and better quality of life.

2. METHODS AND MEASURES

2.1 Study Design

We carried out a descriptive investigation involving 64 Affected Family Members within the timeframe of January 2022 to April 2022 at our Psychiatric University Hospital Ar-Razi. These participants were selected from external consultations.

After obtaining verbal agreement, the participants (AFM) took part in semi-structured interviews. These interviews aimed to gather their views on how stigma and their experiences intersect. We used

an iterative approach for analyzing data and reviewing existing literature.

2.2 Tools Used

The semi-structured interviews [7], found a good balance between collecting accurate information

and allowing participants to freely share their thoughts and experiences in their own words. These interviews helped us understand individual viewpoints and discuss sensitive topics, leading to a better understanding of different perspectives and important findings. You can find the interview questions in Table -1-.

Table 1: The questions asked during the targeted semi-structured interviews

1. When did you realize that the consumption of (substance) by your (family member) had become a real problem?
2. What was your attitude/reaction towards this addiction?
3. What do you think about your (family member's) addiction?
4. How do you feel about it?
5. What judgments do people around you have regarding your (family member)?
6. What judgments/criticisms do people around you have regarding you?
7. Do you feel guilty about their addiction? If yes, how?
8. Do you think that if you had behaved differently, they would not have reached this stage of addiction?
9. How do you experience the pressure and stigma from your social circle and society?
10. Have you noticed any changes in your mental and/or physical health after your (family member's) addiction? (Depression, self-harm, anxiety, somatic pain, digestive issues, high blood pressure...)
11. What do you believe could be the solution?
12. Do you need psychiatric help or follow-up? Why? How?

Moreover, we administered the Perceived Stigma of Substance Abuse Scale (PSAS) [8], to the participants. Despite its primary design as a psychometric tool aimed at assessing the perceived stigma encountered by individuals dealing with substance use disorders or addictions, we found it fitting to employ it in order to highlight the profound impact of "stigma by association" experienced by family members. This scale evaluates the degree to which individuals perceive societal, peer, familial, or self-inflicted stigmatization.

The scale is comprised of a series of questions or statements addressing various dimensions of stigma that include emotions like shame, instances of discrimination, social isolation, and negative stereotypes. Participants were asked if they agreed or disagreed with each statement. This approach provided a quantitative measurement of their perceived stigma.

The utilization of the PSAS proved instrumental in gaining insights into how Affected Family Members (AFMs) in this specific context perceive and internalize stigma. These insights hold the potential to guide targeted interventions, inform treatment strategies, and shape support services aimed at addressing the intricate psychological and emotional challenges they confront daily.

Furthermore, we administered Duke's Health Profile [9], to the participants, complementing this approach with a phenomenological interview methodology.

The Duke's Health Profile serves as a self-report questionnaire meticulously crafted to evaluate an individual's holistic perspective on their overall health and well-being.

Operating as a multidimensional instrument, it aims to encapsulate diverse facets of an individual's physical, emotional, and social functioning, in addition to their overall quality of life. Participants are invited to assess their encounters, emotions, and capabilities within each domain.

However, through phenomenological interviews, we can systematically gather information about a person's quality of life-related to health. This is valuable for both research and practical use in clinics.

This approach proved especially suited for investigating sensitive and subjective themes, such as personal encounters with stigma, coping mechanisms, and the intricate dynamics of familial interactions within the context of substance use, as exemplified in our study.

2.3 Search Design

The search design contained four distinct categories, each with medical terms and keywords connected by the word "AND".

The first part defined affected family members, the next looked at substance use problems, the third focused on stigma, and the last part explored personal experiences.

We also looked for important studies in well-known databases like PubMed, Medline, and Embase, as well as other sources. We chose articles in English, French, and Spanish, without limitations based on age, gender, or race. We carefully checked and removed any duplicate entries to make sure the data was accurate.

3 RESULTS AND DISCUSSION

3.1 Demographic Results

The demographic analysis of the study surrounded a range of key variables that shed light on the participants' backgrounds. Among these variables were age, gender, educational attainment, socioeconomic status, and the nature of their familial relationship with the patient.

The study found a diverse group of participants. The age range spanned from 43 to 72 years, reflecting a

diverse cross-section of individuals. Notably, females constituted the majority, making up 75% of the sample. The study also encompassed a wide array of professions and socioeconomic backgrounds they were mainly grouped into three categories: parents, siblings, and partners. More details are show-cased in Table -2-.

Table 2: Demographic results of the participants

Parameter	Results	
Age (years old)	Minimum	43
	Maximum	72
	Average	59
Gender	Female	75%
	Male	25%
Educational attainment	None	7,81%
	Primary school	3,12%
	Secondary school	46,87%
	University	42,18%
Socioeconomic status	Modest	7,81%
	Middle	65,62%
	Affluent	25,37%
Nature of the relationship with the patient	Parents	79,98%
	Siblings	14%
	Partners	4,68%

3.2 PSAS Results

By looking at the calculations of PSAS (Perceived Stigma of Substance Abuse Scale) scores, we gained valuable insights into the individuals' perceptions and experiences concerning stigma in the context of substance abuse. As illustrated in Table 3 below, scores ranged from a minimum of 14 to a maximum of 25. Notably, these results revealed a more pronounced perception of stigma than initially anticipated before the study.

This higher perception of stigma underscores the presence of sentiments such as shame, discrimination, social isolation, and negative stereotypes, which are intertwined with substance use disorders and their impact on family.

Table 3: PSAS score results

Minimum	Maximum	Average
14	25	19.5

3.3 Duke's Health Profile Results

Looking at the numbers, it becomes feasible to derive preliminary insights into the quality of life experienced by Affected Family Members (AFM) concerning their health. Further analysis confirms these early observations.

The focal dimensions under investigation were physical health, mental well-being, social interactions, general health perception, and self-esteem.

Remarkably, 83% of our participants indicated a low quality of life across all these dimensions, as evidenced by Duke Scores falling below the mean threshold. The lowest score was 20, the average was 35.5, and no one had a score higher than 51.

Table 4: Duke's Health profile score results

Minimum	Maximum	Average
20	51	35.5

3.4 Results of the Semi-Structured Interviews

Following qualitative data analysis utilizing the iterative methodology approach, the insights gathered from the interviews prove to be astonishing. Among most participants, the initial reaction upon discovering their loved one's addiction was a profound sense of sadness, closely followed by worry, disillusionment, and, in certain instances, even anger and rejection.

This emotional spectrum is primarily rooted in a mix of sympathy and concern for their family members—be it father, mother, son, daughter, or partner—coupled with a lack of comprehension and perception of recklessness.

At the same time, they painfully recognize that their family members turned to substance use to deal with their difficulties and pain. What's interesting is that most of the Affected Family Members (AFMs) end up feeling compassionate toward their loved ones, which is different from how society sees them.

Within the larger societal framework, the AFMs and their afflicted loved ones are often regarded as a burden [3], subjected to name-calling, insults, and derogatory labels such as "failure" or "good-for-nothing." This demeaning perception fuels the marginalization and disconnection faced by these families. This alienation culminates in a pronounced tendency towards active social avoidance, as the AFMs and their affected relatives are marginalized from social interactions.

One study suggested that substance use status was not uniquely associated to AFMs' burden, but this included 18 additional covariates (e.g., user's symptomatology, hospitalization, service use) in a relatively small sample of AFMs [10, 11].

Once the addiction issue becomes public knowledge, the family unit becomes tainted with a sense of disgrace, becoming labeled as a family of "criminals," "crazy people," or even "hypocrites." These families are unjustly held responsible for not adequately tending to their family member's struggles, further amplifying the stigma and blame they endure. This erroneous attribution of causality feeds into the AFMs' internalization of guilt, as they ponder over whether stricter measures or earlier recognition could have averted the crisis.

Regrettably, these labels are enduring, leading to a lingering sense of shame—a phenomenon encapsulated by the Arabic term "Hchouma." This stigma-driven sense of humiliation often compels families to maintain secrecy around addiction issues, creating a barrier to seeking timely treatment and professional psychiatric assistance.

This concept contributes to delayed interventions and hampers the access to necessary support, specifically in the realm of addiction treatment and broader mental health care within the Moroccan context.

3.5 Summary of Evidence

The quality of life for all AFMs is undeniably impacted to varying degrees. While only two participants expressed a sentiment of being "ashamed to be associated with an addict," the overwhelming majority grapple with profound hardship.

Their encounter with societal pressure and stigma is poignantly characterized as daunting. Words fall short of capturing the magnitude of the pain, grief, and sorrow they endure daily. The weight of guilt, self-devaluation, self-blame, and self-underestimation is borne in silence, encapsulating a realm of immense emotional turmoil. Some even uttered the solemn phrase, "We live in hell," encapsulating the intensity of their struggle.

The correlation between the interview results, the notably elevated scores on the Perceived Stigma of Substance Abuse Scale (PSAS), and the alarmingly low quality of life scores as indicated by the Duke's Health Profile, suggests an inevitable toll on the mental well-being of AFMs.

In the realm of psychiatric manifestations, the following symptoms emerged most frequently among participants: mood swings, sadness, chronic fatigue, sleep disturbances (with insomnia being a prominent feature), eating disorders, anxiety, panic attacks, and cognitive impairments encompassing distractibility, attention deficits, and selective memory loss. Dissociative symptoms, including dissociative amnesia (predominantly in women), were also noted, alongside troubling reports of suicidal ideation and, even more distressingly, 17 cases of suicide attempts.

According to studies, mean levels of family stress were found to be moderate [12], with high rates of AFMs (38–100 %) reporting current or lifetime relational and emotional problems, problematic family interactions, disrupted lifestyle and social life [13-17].

Also, negative mental health consequences were observed in 50–80 % of AFMs of substance users, and included depressive symptoms, anxiety [18-20], loss of sleep or death wishes [16]. They even had similar mental health compared to their substance using relatives in one study [21].

Compared to not having a substance using relative, having one was related to poorer mental health, including higher depressive symptoms and more psychiatric diagnoses such as depression, trauma, and SUD [22]. AFMs' psychological symptoms were even higher in case of more than one substance using relative [23].

However, it was particularly insightful to observe the prevalence of physical health issues. Counterbalancing these psychological manifestations are instances of physical afflictions, wherein cases of myocardial infarction, cerebrovascular accident, the onset of diabetes, and arterial hypertension were recorded. Metabolic disorders, exemplified by dyslipidemia in the majority of cases, amplify the risk of cardiovascular ailments.

Furthermore, somatoform disorders prominently manifest as a physical consequence of the stigma and social pressure faced by AFMs. Joint pain, headaches, precordial pain, and gastrointestinal disturbances such as constipation and bloating rank among the most prevalent concerns.

Likewise, studies found similar trends for physical symptoms [3-24]. The rate of AFMs' medical problems was variable (5–66 %) across studies [16-18],

with certain medical conditions (e.g., pneumonia, back-pain) being more common among AFMs of substance users versus AMFs of other patients [25], and other diagnoses (e.g., diabetes, asthma) being more prevalent among AFMs of asthmatic or diabetic patients [25].

Remarkably, almost every single participant disclosed experiencing at least one of the aforementioned symptoms at some point in their journey. Still, MacMaster in his study found no unique association of substance use with AFMs' physical health [11].

Finally, AFMs of substance users reported lower scores in social [26, 27], relational adjustment [24], and quality of life [28], compared to community participants. Compared to substance users, AFMs had equal [24], or even lower quality of life [29], but better social adjustment [27].

Studies also highlighted how most negative outcomes were interrelated: AFMs' psychological and physical health problems were associated with family impact and burden [3-31], stress and stigma [32, 33], grief [19], and reduced quality of life [29].

3.6 What Comes Next?

Professionals must remain acutely aware of the pivotal role that family therapies play in effectively addressing the complexities surrounding problematic psychoactive substance use [34]. Beyond addressing the individual's challenges, these therapies are instrumental in attending to the psychological and physical hardships that affected family members often endure.

By recognizing and incorporating family-centered interventions [35], professionals can encourage a holistic approach that not only supports individuals in overcoming substance-related difficulties but also nurtures the well-being of the entire familial unit.

The purpose of psychotherapy and/or medication in managing AFM is a pivotal element in providing comprehensive care. Through the utilization of psychotherapy, individuals grappling with the challenges of supporting a family member with substance use disorders can access a structured and supportive environment to address their emotional and psychological needs.

Furthermore, the incorporation of medication, when deemed appropriate and under professional guidance, can complement psychotherapeutic interventions by alleviating symptoms of anxiety, depression, or other related conditions that may arise from their experiences. By offering a combination of psychotherapy and medication, tailored to the specific circumstances and needs of each affected family member, a holistic approach to care is embraced. This approach not only aims to enhance their mental and emotional well-being but also contributes to fostering

healthier family dynamics, improved coping mechanisms, and a more supportive environment.

When we suggested this approach, families were open to getting help and did not hesitate to accept assistance and psychiatric follow-up, even to address their psychological issues -including taking antidepressants. They wanted to understand how to handle addiction within the family and even tried family therapy.

3.7 Limitations

The subject hasn't been well studied in Morocco, and there's a lack of complete research. There's not enough data on this subject, showing that more studies are needed. The limited information available highlights the need for more research to fully understand and explore this area of study.

Critically, our review shows how most of the evidence is based on predominantly female samples of AFMs, and how none of the studies had a prospective design. We did not perform a formal critical appraisal of our sources, a systematic assessment of their quality. Future works may consider these gaps and expand our focus.

4 CONCLUSION

This study provides a concise yet comprehensive exploration of the mental and physical well-being of adult Affected Family Members (AFMs). The findings could help expand our comprehension of stigma management and effective communication strategies.

Furthermore, they can serve as a foundation for practical interventions aimed at assisting families grappling with substance use challenges, both by incorporating them into the treatment process for the individuals in question and by addressing the AFMs' mental struggles.

The AFMs represent a vulnerable population susceptible to adverse health-related consequences. Therefore, they must be systematically included as pivotal targets for treatment protocols. Through these collaborative endeavors, our aspiration is not only to illuminate the obscured corners of stigmatization but also to forge a path toward a more empathetic and compassionate societal response. Such a response would acknowledge the indispensable role of families in the recovery journey of their loved ones facing substance use concerns. Combining both psychotherapy and medication shows the commitment to delivering a comprehensive and effective strategy.

Conflict of Interest Statement

The authors have no conflicts of interest to declare. All co-authors have seen and agree with the

contents of the manuscript and there is no financial interest to report.

REFERENCES

1. APA: Diagnostic and statistical manual of mental disorders - Google Scholar [Internet]. [cité 20 août 2023]. Disponible sur: [https://scholar.google.com/scholar_lookup?title=D SM-%20Diagnostic%20and%20Statistical%20Manual%20of%20Mental%20Disorders&author=APA&publication_year=2013](https://scholar.google.com/scholar_lookup?title=D%20SM-%20Diagnostic%20and%20Statistical%20Manual%20of%20Mental%20Disorders&author=APA&publication_year=2013)
2. Grant, B. F., Saha, T. D., Ruan, W. J., Goldstein, R. B., Chou, S. P., Jung, J., ... & Hasin, D. S. (2016). Epidemiology of DSM-5 drug use disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions-III. *JAMA psychiatry*, 73(1), 39-47. <https://doi.org/10.1001/jamapsychiatry.2015.2132>
3. Orford, J., Velleman, R., Natera, G., Templeton, L., & Copello, A. (2013). Addiction in the family is a major but neglected contributor to the global burden of adult ill-health. *Social science & medicine*, 78, 70-77. <https://www.sciencedirect.com/science/article/pii/S0277953612007988>
4. Poloni, N., Armani, S. M., Ielmini, M., Caselli, I., Suter, R., Pagani, R., & Callegari, C. (2017). Characteristics of the caregiver in mental health: stress and strain. *Minerva Psichiatrica*, 58(3), 118-124.
5. Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: from theory to practice. *Social work in public health*, 28(3-4), 194-205. <https://doi.org/10.1080/19371918.2013.759005>
6. Psychosocial interventions for addiction-affected families in Low and Middle Income Countries: A systematic review - ScienceDirect [Internet]. [cité 20 août 2023]. Disponible sur: <https://www.sciencedirect.com/science/article/abs/pii/S0306460317301855?via%3Dihub>
7. Qualitative Research: Experiences in Using Semi-Structured Interviews - ScienceDirect [Internet]. [cité 20 août 2023]. Disponible sur: <https://www.sciencedirect.com/science/article/abs/pii/B9780080439723500220>
8. Luoma, J. B., O'Hair, A. K., Kohlenberg, B. S., Hayes, S. C., & Fletcher, L. (2010). The development and psychometric properties of a new measure of perceived stigma toward substance users. *Substance use & misuse*, 45(1-2), 47-57. <http://www.tandfonline.com/doi/full/10.3109/10826080902864712>
9. Parkerson Jr, G. R., Broadhead, W. E., & Chiu-Kit, J. T. (1990). The Duke Health Profile: A 17-Item Measure of Health and Dysfunction. *Medical care*, 28(11), 1056-1072.
10. Stigma experience of families supporting an adult member with substance misuse - McCann - 2018 - International Journal of Mental Health Nursing - Wiley Online Library [Internet]. [cité 20 août 2023]. Disponible sur: <https://onlinelibrary.wiley.com/doi/10.1111/inm.12355>
11. MacMaster, S. A. (2008). The impact of a substance abuse disorder on the well-being of family caregivers of adults with mental illness. *Journal of Family Social Work*, 11(1), 50-73. <https://doi.org/10.1080/10522150802007311>
12. Park, G. H., & Choi, Y. J. (2017). Family stress and coping from hospitalization of clients with severe alcohol use disorder in Korea. *Journal of Addictions Nursing*, 28(1), 4-10. https://journals.lww.com/jan/abstract/2017/01000/family_stress_and_coping_from_hospitalization_of.2.aspx
13. Benishek, L. A., Kirby, K. C., & Dugosh, K. L. (2011). Prevalence and frequency of problems of concerned family members with a substance-using loved one. *The American journal of drug and alcohol abuse*, 37(2), 82-88. <https://www.tandfonline.com/doi/full/10.3109/00952990.2010.540276>
14. Moriarty, H., Stubbe, M., Bradford, S., Tapper, S., & Lim, B. T. (2011). Exploring resilience in families living with addiction. *Journal of primary health care*, 3(3), 210-217. <https://www.publish.csiro.au/hc/hc11210>
15. Sakiyama, H. M., Padin, M. D. F. R., Canfield, M., Laranjeira, R., & Mitsuhiro, S. S. (2015). Family members affected by a relative's substance misuse looking for social support: Who are they?. *Drug and alcohol dependence*, 147, 276-279.
16. Vaishnavi, R., Karthik, M. S., Balakrishnan, R., & Sathianathan, R. (2017). Caregiver burden in alcohol dependence syndrome. *Journal of addiction*, 2017. <https://www.hindawi.com/journals/jad/2017/8934712/>
17. Velleman, R., & Templeton, L. (2003). Alcohol, drugs and the family: results from a long-running research programme within the UK. *European Addiction Research*, 9(3), 103-112. <https://karger.com/ear/article-abstract/9/3/103/120487/Alcohol-Drugs-and-the-Family-Results-from-a-Long?redirectedFrom=fulltext>
18. Morita, N., Naruse, N., Yoshioka, S., Nishikawa, K., Okazaki, N., & Tsujimoto, T. (2011). Mental health and emotional relationships of family members whose relatives have drug problems. *Nihon Arukoru Yakubutsu Igakkai zasshi= Japanese journal of alcohol studies & drug dependence*, 46(6), 525-541.
19. Oreo, A., & Ozgul, S. (2007). Grief experiences of parents coping with an adult child with problem substance use. *Addiction Research & Theory*, 15(1), 71-83. <https://doi.org/10.1080/16066350601036169>
20. Velleman, R., Bennett, G., Miller, T., Orford, J. I. M., Rigby, K., & Tod, A. (1993). The families of

- problem drug users: A study of 50 close relatives. *Addiction*, 88(9), 1281-1289. <https://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.1993.tb02150.x>
21. Hussaarts, P., Roozen, H. G., Meyers, R. J., van de Wetering, B. J., & McCrady, B. S. (2012). Problem areas reported by substance abusing individuals and their concerned significant others. *The American Journal on Addictions*, 21(1), 38-46. <https://onlinelibrary.wiley.com/doi/10.1111/j.1521-0391.2011.00187.x>
 22. Rae, J. B., & Forbes, A. R. (1966). Clinical and psychometric characteristics of the wives of alcoholics. *The British Journal of Psychiatry*, 112(483), 197-200. <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/abs/clinical-and-psychometric-characteristics-of-the-wives-of-alcoholics/7458C1BE2B52F21999AADEBB78FD8602>
 23. Pacheco, S., Padin, M. D. F. R., Sakiyama, H. M. T., Canfield, M., Bortolon, C. B., Cordeiro Jr, Q., ... & Laranjeira, R. (2020). Familiares afectados por el abuso de sustancias de otros parientes: características de una muestra brasileña. *adicciones*, 32(4), 265-272. <https://adicciones.es/index.php/adicciones/article/view/1305>
 24. Hussaarts, P., Roozen, H. G., Meyers, R. J., van de Wetering, B. J., & McCrady, B. S. (2012). Problem areas reported by substance abusing individuals and their concerned significant others. *The American Journal on Addictions*, 21(1), 38-46. <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1521-0391.2011.00187.x>
 25. Ray, G. T., Mertens, J. R., & Weisner, C. (2009). Family members of people with alcohol or drug dependence: health problems and medical cost compared to family members of people with diabetes and asthma. *Addiction*, 104(2), 203-214. <https://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2008.02447.x>
 26. Hudson, C. R., Kirby, K. C., Firely, M. L., Festinger, D. S., & Marlowe, D. B. (2002). Social adjustment of family members and significant others (FSOs) of drug users. *Journal of substance abuse treatment*, 23(3), 171-181. [https://www.jsatjournal.com/article/S0740-5472\(02\)00245-3/fulltext](https://www.jsatjournal.com/article/S0740-5472(02)00245-3/fulltext)
 27. Hudson, C. R., Kirby, K. C., Clements, N. T., Benishek, L. A., & Nick, C. E. (2014). Social adjustment of women with and without a substance-abusing partner. *Journal of psychoactive drugs*, 46(2), 106-113. <https://doi.org/10.1080/02791072.2014.880536>
 28. Cicek, E., Demirel, B., Ozturk, H. I., Kayhan, F., Cicek, I. E., & Eren, I. (2015). Burden of care and quality of life in relatives of opioid dependent male subjects. *Psychiatria Danubina*, 27(3), 0-277.
 29. Marcon, S. R., Rubira, E. A., Espinosa, M. M., & Barbosa, D. A. (2012). Quality of life and depressive symptoms among caregivers and drug dependent people. *Revista latino-americana de enfermagem*, 20, 167-174. <https://www.scielo.br/j/rlae/a/dPrYhGYNYdsZbn56qcsqzmf/?lang=en>
 30. Arcidiacono, C., Velleman, R., Procentese, F., Berti, P., Albanesi, C., Sommantico, M., & Copello, A. (2010). Italian families living with relatives with alcohol or drugs problems. *Drugs: Education, Prevention and Policy*, 17(6), 659-680. <https://doi.org/10.3109/09687630902824262>
 31. Li, L., Tuan, N. A., Liang, L. J., Lin, C., Farmer, S. C., & Flore, M. (2013). Mental health and family relations among people who inject drugs and their family members in Vietnam. *International Journal of Drug Policy*, 24(6), 545-549. <https://www.sciencedirect.com/science/article/abs/pii/S095539591300100X?via%3Dihub>
 32. Haverfield, M. C., & Theiss, J. A. (2016). Parent's alcoholism severity and family topic avoidance about alcohol as predictors of perceived stigma among adult children of alcoholics: Implications for emotional and psychological resilience. *Health communication*, 31(5), 606-616. <https://www.tandfonline.com/doi/full/10.1080/10410236.2014.981665>
 33. Rafiq, M., & Sadiq, R. (2019). Caregiver Stress, Perceived Stigma and Mental Health in Female Family Members of Drug Addicts: Correlational Study. *JPMA. The Journal of the Pakistan Medical Association*, 69(9), 1300-1303.
 34. CAMH [Internet]. [cité 20 août 2023]. Family Therapy. Disponible sur: <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/family-therapy>
 35. Rushton, C., Kelly, P. J., Raftery, D., Beck, A., & Laranca, B. (2023). The effectiveness of psychosocial interventions for family members impacted by another's substance use: A systematic review and meta-analysis. *Drug and Alcohol Review*.