

Running head: SIBLINGS AND SUBSTANCES

Young people's experiences of having a sibling who has engaged in problematic substance use

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### Abstract

This thesis uses a qualitative approach to explore how young people in New Zealand experience having a sibling who has engaged in problematic substance use. The research involved interviews with 24 young people, aged between 17 and 30 years, who have a sibling who has engaged in problematic substance use. These interviews were analysed using thematic analysis, focusing on the impacts of the substance use on the participants and their families, as well as participants' perspectives on families', services' and communities' responses to the substance use.

The young people described the siblings' substance use contributing to worry and fear for their siblings, families and themselves, changes within family relationships and impacting their own choices around substance use. They spoke of the challenges that families face in responding to problematic substance use, including the complexity of providing appropriate boundaries, supporting young people's autonomy, and proactively responding to the substance use without becoming overly focused on the substance-using sibling. With respect to supports for the family, participants talked about the importance of services, other young people and the broader community in enabling the family to have people to talk to and get advice from, to feel understood, and to help their sibling have purpose beyond substance use. They also spoke of how siblings' substance use and their potential for changing this was influenced by the environment.

The findings suggest that when working with young people who are engaging in problematic substance use, it is important to remember the wider family, and siblings in particular. Siblings not only have the potential to be impacted by this experience, but also to be an important source of insight regarding how families and other systems can respond to young people's substance use.

*Keywords:* siblings, problematic substance use

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Firstly, I want to thank the young people who took part in this research and shared their stories. I hope that this research contributes to others not feeling so alone in this experience and that it adds insight regarding the experiences of families of young people engaged in problematic substance use and how to support them.

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### **Thesis Overview**

When we think about the families of young people engaged in problematic substance use, we often focus on their role in contributing to the development, maintenance, or resolution of problematic substance use (Barnard, 2007; Orford, Velleman, Copello, Templeton, & Ibanga, 2010). We can forget that families themselves are significantly impacted by a young person's substance use. The member of the family that is most often forgotten is the sibling of the young person engaged in problematic substance use (Barnard, 2007). Siblings are often present in each other's lives in the home, at schools, with peers (Feinberg, Solmeyer, & McHale, 2012). They can also share understandings or knowledge about each other's experiences that may be less accessible to the adults in their lives (Gorell Barnes, 2014). The sibling is thus also in a position to offer a unique perspective regarding what is helpful with respect to how others respond to the young person's substance use.

There is limited research trying to understand the experiences of young people who have a brother or a sister with problematic substance use (Clarfield, 2017). The research that exists, suggests that this experience can present substantial challenges for young people (Barnard, 2007; Clarfield, 2017; Webber, 2003). The aims of this research are two-fold. The first part of the study explores how young people in New Zealand experience having a sibling engage in problematic substance use. The second focus is on these young people's perspectives regarding how others can respond to their siblings' substance use in a manner that is helpful for themselves, their siblings, and their families. I have undertaken a qualitative approach involving thematic analysis of semi-structured interviews with 24 young people aged between 17 to 30 years.



An important consideration for qualitative research is the lens of the researcher (Watt, 2007). Researchers' life experiences and worldviews, as well as their theoretical stance, influence how they approach the processes of interviewing participants, analysing data and drawing conclusions from that data (Mauthner & Doucet, 2003). In terms of my life experience I have two younger siblings, and value these relationships. There have been people in my life who have used substances in ways that have caused problems, but I have not had the experience of having someone in a close relationship to me for whom substance use difficulties have had overwhelming and long-term negative implications. Professionally, I have worked in a forensic setting and a drug and alcohol service. This has involved hearing individuals' narratives of how drug and alcohol use has impacted their lives, primarily with men in prison. I developed interest in this research area through working with individuals for whom substance use had contributed to significant difficulties in their lives. For many of these individuals, family or whānau were seen as important for support, but also appeared to be struggling with challenges themselves. This shaped my interest in this project in terms of wanting to understand more about the impact of substance use difficulties on siblings in particular, and families more broadly. I am interested in how families can manage to best support each other, and be supported by health professionals, when impacted by the challenges that one family member is facing. I am motivated to undertake this research in the hopes that I can contribute to understandings of how to best work with families of young people experiencing substance use difficulties.

This thesis consists of four chapters. Chapter one presents a review of the relevant literature regarding substance use by young people and how this relates to families. Chapter two sets out the methodological approach taken in this research. Chapter three presents an overview

of the study's findings. Chapter four highlights key findings of the study, and discusses clinical implications, as well as strengths and limitations of the study.

## **Chapter One: Literature Review**

Substance use difficulties are argued to be one of the biggest factors impacting young people's long-term health (World Health Organization, 2014). Researchers describe numerous negative effects of a young person's substance use on their families (Smith & Estefan, 2014). A number of researchers have identified that siblings of people with substance use difficulties are a group that has been particularly under researched and largely overlooked in policy and practice (Barnard, 2007; Howard et al., 2010; Incerti, Henderson-Wilson, & Dunn, 2015; Schultz & Alpaslan, 2016; Smith-Genthos, Logue, Low, & Hendrick, 2017).

In this chapter I review research which informs an understanding of siblings' perspectives on a young person's problematic substance use. I begin by defining youth problematic substance use and locating this problem in the New Zealand context. Secondly, I discuss research and theory which informs the overarching family systems approach I use in this study. Thirdly, I explore research which informs both an understanding of the effect of substance abuse on families as well as families' attempts to cope with a young person with problematic substance use. Finally, I discuss some of the supports and services available to young people with problematic substance use. Throughout this discussion I highlight the particular importance of siblings as a group who are potentially affected by their siblings' problematic substance use, but also acknowledging that they may offer a valuable perspective on this issue.

**Substance use framed as a particular problem for young people**

Both internationally, and within New Zealand, substance use is framed as an issue that is particularly problematic for young people, with flow on effects for the wellbeing of family members (Inter-Agency Committee on Drugs, 2015; Orford et al., 2005; World Health Organization, 2014). The World Health Organization has identified abuse of substances as a leading cause of deterioration of adolescents' health and well-being in high income nations (World Health Organization, 2014). In line with global trends, rates of substance use disorders in New Zealand have been found to be highest with individuals in their late teenage years and early adulthood (Merikangas & McClair, 2012; Wells, Baxter, & Schaaf, 2007). It is argued that 75% of New Zealanders who will develop a substance use disorder would do so by the age of 25 (Wells et al., 2007). This is a widespread challenge in New Zealand, with one study finding that 11% of secondary school participants had patterns of substance use that were likely to contribute to significant harm and potentially have negative long-term implications (Fleming, Lee, Moselen, Clark, & Dixon, 2014). The age when substance use difficulties are most prevalent coincides with a period when young people spend a lot of time with their families and their lives can be particularly interconnected (Wells et al., 2007; Wyn, Johanna, Lantz, & Harris, 2012). A number of authors have concluded that there may be substantive negative long-term impacts of problematic substance use in youth, and that young people and their families are an important group to support with effective interventions to reduce the harm (Crome, 2004; Heath, Lynskey, & Waldron, 2008; Kaminer & Winters, 2011).

**What constitutes problematic substance use?**

When exploring the impact of problematic substance use on families, one consideration is what constitutes problematic use. Understandings of problematic substance use have changed historically and continue to be a contested matter (Caiata-Zufferey, 2012). The American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders, version 5, (DSM 5), identifies that the primary characteristic of a substance-use disorder is that the individual continues their use of the substances even though it leads to substantial problems, as indicated by a range of cognitive, behavioural and physiological symptoms (American Psychiatric Association, 2013). Treatment literature has historically tended to talk about ‘addiction,’ which often involves “narratives of trauma, collapse and redemption” (Pienaar et al., 2015). Discourses around addiction are thought to be associated with dependence and compulsion, and are argued to be highly stigmatising and problematic (Bright, Kane, Bishop, & Marsh, 2014; MacLean, Bruun, & Mallett, 2013; Pennay & Moore, 2010). The material reviewed in this literature review includes a range of definitions of substance use difficulties such as substance abuse, substance dependence, substance use disorders and problematic substance use. This research uses the term problematic substance use, as identified by the siblings of the individuals who are using substances.

**Problematic substance use in New Zealand**

The impacts of substance use within New Zealand are influenced by the characteristics of the local substance scene. Alcohol and cannabis are the substances that have been found to be

most frequently used in problematic ways amongst young people (Fleming et al., 2014). The patterns of drug use in New Zealand are somewhat unusual in comparison to other countries, with relatively high levels of methamphetamine use and lower levels of use of substances such as cocaine, heroin and methylenedioxymethamphetamine (MDMA) (Lai, Wilkins, Thai, & Mueller, 2017). Problematic substance use amongst young people is associated with a number of behaviours that are perceived as having deleterious effects on the young people and their families (Inter-Agency Committee on Drugs, 2015). For example, problematic alcohol use by young people has been found to be associated with increased rates of criminal behaviour, victimisation and perpetration of intimate partner violence, motor vehicle accidents and unemployment (Fergusson, Boden & Horwood, 2013). Problematic substance use is also linked with high rates of mental health difficulties and increased risk of suicidal behaviour, with young people accessing substance use treatment having been found to have equivalent rates of mental health difficulties as those accessing mental health services (Christie, Merry, & Robinson, 2010; Fergusson, Soden, & Horwood, 2013). Alcohol use is argued to be associated with the most harm in New Zealand overall, and deaths linked to illegal drug use were most frequently attributed to amphetamine, cannabis, opioid and cocaine use in that respective order (Inter-Agency Committee on Drugs, 2015; McFadden Consultancy, 2016). Substance use within New Zealand is argued to be associated with numerous harms for young people and an important challenge to respond to (Inter-Agency Committee on Drugs, 2015).

**Young people situated within families**

When responding to young people's problematic substance use and its impact on families, one should consider the degree of influence that young people and their families have on each other (Velleman & Templeton, 2007). While traditionally adolescence and young adulthood has been understood as a time when peers become more significant and families of origins lose prominence, research finds that families remain important to young people during this period (Goldenberg, Stanton, & Goldenberg, 2016; Guan & Fuligni, 2016; Lahelma & Gordon, 2008; Wyn, Johanna et al., 2012). Studies have found that this is a period when young people seek to maintain interdependence with parents as a source of emotional and social support (Guan & Fuligni, 2016; Lahelma & Gordon, 2008; Wyn, Johanna et al., 2012). Young people talk about being really concerned about the well-being and happiness of their families and taking on responsibility for activities to support their families during this developmental period (Wyn, Johanna et al., 2012). Furlong and Cartmel (2007) argue that the idea of a linear transition into adulthood does not fit with young people's experiences in a changing society, where young people move in and out of the family home and employment. Wyn and Harris (2012) note that while we often think of young people inhabiting social spaces, their research found that participants spent most of their non-school hours in their homes and in general described enjoying this time spent with families.

Understanding families' ways of interacting is argued to be of central importance when responding to problematic substance use by young people (Kliewer, 2010). Traditionally research and theory has focused on how families contribute to the development and maintenance

of substance use, rather than how it impacts families (Barnard, 2007). Families are positioned as offering numerous risk and protective factors regarding young people's substance use (Catalano, Haggerty, Hawkins, & Elgin, 2011). In a New Zealand based study with people engaged in substance use treatment, participants talked about experiences of family members leaving, abuse and traumas within family relationships as contributing to their substance use (Schafer, 2011). Patterns of behaviour between family members can be seen to maintain the substance use through behaviours that can be seen as enabling the use, an idea that comes through in interview studies with families of people engaging in problematic substance use (Bamberg, Toumbourou, & Marks, 2008; Barnard, 2007; Howard et al., 2010; McAlpine, 2013; Webber, 2003). A review of various interventions targeting problematic substance use by young people, concluded that family-based interventions showed the most comparative effectiveness (Tanner-Smith, Wilson, & Lipsey, 2013). Families are also argued to be important in supporting young people in identifying when substance use is problematic and enabling them to engage in interventions regarding substance use (Grenville, Henderson, & Cleverley, 2018; Wells, Horwood, & Fergusson, 2007). Working with families is likely to be even more relevant when working with cultures that are more socio-centric, such as Māori, Pacific and Asian cultures (Dean, Smith, Mellsop, Kumar, & Mellsop, 2012; McClintock, Moeke-Maxwell, & Mellsop, 2011).

One model that takes a non-pathologising approach to understanding families in the context of substance use is the stress-strain-coping-support (SSCS) model (Orford, Copello, Velleman, & Templeton, 2010). This model frames substance use by a family member as a highly stressful event that puts strain on the family. This strain can include detrimental impacts on the mental and physical well-being of family members. Family members' behaviours are seen



as ways of coping in the context of this stress, including attempts to maintain their own well-being while supporting the person using substances in problematic ways. The authors of the SSCS have developed a model for supporting family members of people engaged in problematic substance use, known as the 5-Step Method (Copello, Templeton, Orford, & Velleman, 2010b). This model is designed as a brief intervention that initially involves listening to and exploring family members' experiences and concerns. It includes the provision of psychoeducation regarding substance use and identifying services available to support family members. Practitioners are encouraged to explore the advantages and disadvantage of families' current and alternative coping strategies, as well as looking at how the family members can increase positive social support. Finally, the model guides practitioners to identify where family members might have needs for additional support. There is a growing evidence base regarding the effectiveness of the 5-Step Method in supporting families in the context of substance use (Copello, Templeton, Orford, & Velleman, 2010a).

### **Family therapy approaches to understanding substance use difficulties in youth**

The idea of the family as central to understanding a young person's substance use can also be understood through frameworks such as those used in family therapy, that perceive the family as a system which in turn interacts with and is influenced by broader societal and cultural factors (Goldenberg et al., 2016). Family systems theory has traditionally looked beyond linear causality where one event might cause the next, toward circular causality, where many factors within the family influence each other in different directions simultaneously (Dallos, 2010). Change for an individual is argued to occur through addressing cycles of behaviour between

family members. As such, trying to understand a young person's substance use and its impacts on the family would not involve trying to look for a past event that caused it, but trying to understand continuing multiple interactions within family processes. This moves away from pathologising the young person in question, and looks at the interactions that influence their behaviour (Fisher, Bobeck, & Hogue, 2019). This has included exploring the impact that a young person's substance use has on the roles of different members of the family, including where the young person becomes the scapegoat for, or can be seen as the symptom of, wider family difficulties (Bowen, 1985; Kaufman, 1985).

Narratives regarding families of individuals engaged in problematic substance use can be pathologising of family members and this can be a barrier to families accessing support (McCann, Terence V. & Lubman, 2018; Orford et al., 2005). This has included ideas of co-dependency, which suggest that family members' own deficits cause them to seek out relationships with people who engage in problematic substance use (Calderwood & Rajesparam, 2014). These ideas are still in use in interventions and research in the substance use field (Ast, 2018; Bortolon et al., 2017; Calderwood & Rajesparam, 2014). Orford et al. (2005) argue that the implementation of family systems approaches to understanding adolescents' problematic substance use can involve framing the family as dysfunctional and blaming parents. This includes suggesting that family members' attempts at coping with the impacts of the substance use reflect deficiencies in how the family system is structured or operates. Ideas about families being to blame for young people's substance use continue to operate as a barrier for clinicians and families alike in engaging in family-based interventions for young people (Lee, Christie, Copello, & Kellett, 2012; McCann, Terence V. & Lubman, 2018; Orr, Barbour, & Elliott, 2014).

White (2007) argues that when people's identities come to be seen as the problem, then this makes the problem worse. In the context of discourses of stigma, blame and shame for family members of people engaged in problematic substance use, therapeutic approaches with families should be sensitive to shifting responsibility or pathology from the person using substances to the wider family (Corrigan, Watson, & Miller, 2006).

Family therapy approaches can be used to focus on change that does not involve placing blame or pathologising individuals or their family members (Ast, 2018; Tomm, St. George, Wulff, & Strong, 2014; White, 2007). More recent applications of family systems theory have looked at the ways that the family system engages with and is shaped by other systems, and societal understandings (Dallos, 2010). Approaches such as narrative therapy look at the stories that families tell about themselves and how these draw on the culturally and historically situated narratives about the world that families are imbedded in (Goldenberg et al., 2016). Narrative approaches are particularly relevant in the context of families where there is problematic substance use as it allows for re-storying narratives of blame and stigma offered up by dominant discourses regarding substance use (Ast, 2018). According to such approaches there will be differences between how individual family members perceive reality and the family, with no universal 'truth' (Goldenberg et al., 2016). This is particularly pertinent in situations where children can come to be defined by the problem (White & Morgan, 2006). Narrative therapy can use a process of externalising difficulties that families are experiencing, involving naming and describing it, as well as identifying and evaluating the effects of the difficulty on the family. Externalisation has also been used within family therapy to look at problematic patterns of

relating that are seen as external from the family members engaged in the behaviour (Tomm et al., 2014).

In considering how substance use impacts a family, it is also important to look beyond the family to the broader systems and narratives which the family engages with (Tomm et al., 2014; Velleman & Templeton, 2007). Approaches that situate families' experiences in broader societal narratives allow space for looking at how wider systems and experiences impact those within a family (Goldenberg et al., 2016). This can include exploring how narratives in families draw on previous experiences of being marginalised within wider societal contexts (Tomm et al., 2014). For people whose experiences differ to that of the dominant cultural group, such as immigrant or ethnic minority groups, narrative practices allow families to create new stories and integrate ideas across different cultural understandings (Shulman & Lamba, 2011). This includes speaking to how one's experiences are shaped by one's world views, which is likely to be particularly relevant to indigenous populations, including Māori (Te Pou o te Whakaaro Nui, 2010).

The way that society perceives substance use, including the role of stigma, is one broader systemic component that influences the experiences of families of young people engaged in problematic substance use (Corrigan et al., 2006). Problematic substance use is often stigmatised, with young people's substance use seen as particularly risky and requiring control by society, (Hunt, Evans, & Kares, 2007; Wyn, Johanna & Harris, 2004). In New Zealand binge use of substances amongst youth can be seen both as a societal norm, and also associated with deviance or criminality (Barton, 2016; Fleming et al., 2014; Hutton, 2017; Lyons, 2014). This speaks to

the way that stigma regarding substance use can differ depending on the type of substances used and the degree of marginalisation of the young person who is using the substances (O'Gorman, 2016; Rodner Sznitman, 2008). These variables can influence substance users being portrayed as out of control, or alternatively as a normal, integrated, recreational substance user. For example, young people within New Zealand have spoken about stigma regarding young women being intoxicated (Lyons, 2014). Māori and Pasifika youth spoke to limiting use in reflection of negative connotations of substance use associated with their ethnic groups. In terms of substances in New Zealand, cannabis and ecstasy use has been argued to be normalised, whereas methamphetamine is a substance use which can be particularly stigmatised (Dance, 2018; Green & Moore, 2013; Hutton, 2010). The stigmatisation of methamphetamine use is argued to be linked to its association with high profile violent crimes and marginalised groups within society such as gangs, and being seen as a substance that is particularly associated with violence (Dance, 2018; Foulds, Boden, Mcketin, & Newton-Howes, 2020; Green & Moore, 2013). This stigmatisation of substance has impacts for family members, who are argued to encounter higher rates of stigma than family members of people diagnosed with mental health difficulties (Corrigan et al., 2006; O'Shay-Wallace, 2020; Orr et al., 2014).

### **Impact of substance use on families**

In recent decades there has been increasing research looking at not just how families contribute to young people's substance use, but also how the young people's substance use in turn impacts the family (Barnard, 2007; Jackson, O'Brien, & Usher, 2006; Orford et al., 2010). Some family members talk about the individual's substance use as contributing to family-wide

challenges (Barnard, 2007; Jackson et al., 2006). They describe it as very distressing, disruptive or traumatising to have a family member with substance use difficulties and perceive this as contributing to deterioration in their own physical or mental health (Barnard, 2007; Jackson et al., 2006; Orford et al., 2010). Summaries of research into the impacts of substance use on the family have highlighted that it has been found to be linked to experiences of anxiety, depression, suicidal ideation, marital and wider family problems (Orford et al., 2010; Smith & Estefan, 2014).

### **Impact on young people when siblings face challenges**

One study concluded that the family members that were the least likely to have their needs recognised or get support from services were the siblings of the young people experiencing substance use difficulties (Barnard, 2007). Some of the reasons cited for this were clinician or family members' perceptions that siblings might not be as affected, or that they could make the situation worse for their drug-using brother or sister. This is consistent with arguments that the power of the sibling relationship in terms of development is substantially underestimated (Caspi, Lardier, & Barrios, 2018; Feinberg, Solmeyer, & McHale, 2012). Sibling relationships can have elements of both friendship and family and can be the longest-lasting relationships in an individual's life. The quality of these relationships has been found to be associated with well-being in adolescence (Yeh & Lempers, 2004). Researchers argue that sibling relationships may contribute to, or protect young people from experiences of externalising or internalising behaviours (Buist, Dekovic, & Prinzie, 2013; Dirks, Persram, Recchia, & Howe, 2015). Research has found that the sibling bond can be seen as superseding conflict and involve a degree of

responsibility to protect, care for and provide support (Gillies & Lucey, 2006). It is a relationship that is argued to function somewhere between that of a friend and a parent, including conveying parental expectations in spaces where the siblings are together without the parents (Guan & Fuligni, 2016; Seaman & Sweeting, 2004). Research regarding the sibling bond has predominantly been undertaken in the West, whereas the sibling bond is argued to be more important in many collectivist cultures, where siblings may be less independent from each other and expectations of caring for and prioritising siblings' needs can be higher (Caffaro, 2013).

There is research exploring the impacts on siblings when young people face a number of challenges, such as childhood cancer, mental health difficulties, autism, or intellectual disabilities (Carlson, Wofford, & Carlson, 2017; Ma, Roberts, Winefield, & Furber, 2015; Woodley, Weiner, & Woodley, 2018). These studies have found that being a sibling in these situations can contribute to challenges such as having to respond to difficult emotions, changes within family relationships, and difficulties with social development (Carlson et al., 2017; Ma et al., 2015; Woodley et al., 2018). In some instances, the impacts on siblings were framed as beneficial changes, such as increasing warmth or closeness in relationships, or finding that young people have higher levels of self-control or cooperative behaviour (Ma et al., 2015; Woodley et al., 2018). Young people in these situations can be seen as taking on greater levels of responsibility in their households and reducing the extent to which they seek parental support through not wanting to burden parents (Woodley et al., 2018). In some instances, this has given rise to the recognition of the role of siblings as young carers, which can be associated with support services (Stamatopoulos, 2016). There is argued to be less recognition of the role that family members play as carers with respect to substance use, which can reflect the stigma and

shame associated with substance use as well as situations where the loved one does not see their substance use as problematic (Copello, Templeton, Chohan, & McCarthy, 2012). Many of these situations involve circumstances where the young person has a sibling that is facing a challenge that is seen as outside of their choosing, whereas substance use can be perceived as within an internal locus of control (McAlpine, 2013).

The sibling relationship is argued to be particularly important with respect to substance use (Caspi et al., 2018). Individuals whose siblings engage in problematic substance use have been found to be at a higher risk of developing substance use difficulties themselves, and of experiencing mental health difficulties (Boyd & Guthrie, 1996; Gregg & Toumbourou, 2003; Luthar, Merikangas, & Rounsaville, 1993). Studies have concluded that siblings' substance use has a greater impact on a young person's substance use than their parents' substance use (Fagan & Najman, 2005; Whiteman, Jensen, Mustillo, & Maggs, 2016; Windle, 2000). In their interview study looking at young people's alcohol consumption practices in England, Wilkinson (2019) found that older siblings can take on a role of imparting knowledge to younger siblings regarding how to consume substances in safe ways and discouraging unsafe practices. Given the link between sibling substance use, several authors argue that siblings should be included in interventions targeting substance use in young people (Feinberg et al., 2012; Kothari, Sorenson, Bank, & Snyder, 2014; Wilkinson, 2019). Suggestions include interventions involving the broader family, formal education settings or programmes specific to siblings. Programmes involving sibling dyads have been found to be associated with lower levels of antisocial behaviour and increased academic performance (Feinberg et al., 2012; Feinberg et al., 2013). Qualitative research with siblings of young people engaged in problematic use may help inform



considerations regarding how siblings can influence and support each other in the context of problematic substance use (Wilkinson, 2019). A number of researchers have identified that siblings of people with substance use difficulties are a group that has been particularly under researched and largely overlooked in policy and practice (Barnard, 2007; Howard et al., 2010; Incerti et al., 2015; Schultz & Alpaslan, 2016; Smith-Genthos et al., 2017).

### **Understanding the impact of problematic substance use on siblings**

By far the majority of research exploring the experiences of individuals with a sibling who has engaged in problematic substance use have been conducted in adult samples or samples that included some young adults, but did not differentiate between the experiences of adult and youth participants (Casker, 2019; Craig, K. L., 2010; Gabriel, 2017; Howard et al., 2010; Incerti et al., 2015; Joslin, 2000; McAlpine, 2013; Schultz & Alpaslan, 2016; Tsamparli & Frrokaj, 2016). These studies have highlighted how this experience can present a substantial challenge. This included identifying the experience of having a sibling with problematic substance use as resulting in distressing emotions (Howard et al., 2010; Incerti et al., 2015; McAlpine, 2013; Schultz & Alpaslan, 2016). In a number of studies, siblings' substance use difficulties were seen as contributing to the deterioration of participants' own mental health (Incerti et al., 2015; Joslin, 2000; McAlpine, 2013; Tsamparli & Frrokaj, 2016) or well-being (Casker, 2019; Incerti et al., 2015). It contributed to people providing increased support to their siblings, often at considerable personal expense, both emotionally and financially (Howard et al., 2010; Incerti et al., 2015; McAlpine, 2013). Studies highlighted how the experience could involve having siblings engaging in theft, dishonesty and violence within their households (Howard et al., 2010;

McAlpine, 2013; Schultz & Alpaslan, 2016). They talked about the stigma or shame relating to siblings' substance-related behaviour, and the impacts this could have for their relationships with the broader community (Howard et al., 2010; Incerti et al., 2015; Joslin, 2000; McAlpine, 2013; Schultz & Alpaslan, 2016). McAlpine (2013) concluded that this stigma could be a barrier to seeking help.

These studies with adults highlight the effects that this experience is seen to have on relationships between siblings (Casker, 2019; Craig, K. L., 2010; Howard et al., 2010; Incerti et al., 2015; Joslin, 2000; McAlpine, 2013; Schultz & Alpaslan, 2016; Tsamparli & Frrokaj, 2016). Most studies spoke of the sense of loss of the relationship with their sibling and the grief associated with this (Casker, 2019; Craig, K. L., 2010; Howard et al., 2010; Incerti et al., 2015; McAlpine, 2013; Schultz & Alpaslan, 2016; Tsamparli & Frrokaj, 2016). In some studies, authors highlighted that the experience of having a sibling with substance use difficulties could be seen as strengthening participants' abilities to be compassionate, accepting and loving towards their siblings, making them stronger and perceiving the role of being the protector as a positive experience (Craig, K. L., 2010; Howard et al., 2010; Incerti et al., 2015). McAlpine (2013) suggested that those who saw their siblings' substance use as having an external locus of control, such as a response to trauma or mental health difficulties, were more likely to support the sibling and remain engaged in the relationship. They note that participants could still attribute an internal locus of control even when siblings had traumatic life histories. Incerti et al. (2015) concluded that for those who could differentiate between their sibling and their sibling's problematic substance use that this contributed to a more positive relationship. McAlpine (2013) suggested that some participants felt they did not have to provide the kind of unconditional

support that parents do, due to their role as a sibling. It was suggested that support could be withdrawn when the relationship was no longer reciprocal. Given the importance of the sibling relationship for young people (Dirks et al., 2015), this suggests it would be important to explore how the sibling relationship may change in the context of problematic substance use and how this is experienced by young people.

Studies with adults highlight the impact of the siblings' substance use on participants' relationships with the wider family (Craig, K. L., 2010; Howard et al., 2010; Incerti et al., 2015; McAlpine, 2013; Schultz & Alpaslan, 2016; Tsamparli & Frrokaj, 2016). Some described the siblings' substance use also interfering with participants' relationships with their parents (Craig, K. L., 2010; Howard et al., 2010; Incerti et al., 2015). This included where they felt that they were ignored by their parents, and their emotional and practical needs went unmet due to families' preoccupations with the siblings (Craig, K. L., 2010; Gabriel, 2017; Incerti et al., 2015; Joslin, 2000; McAlpine, 2013; Tsamparli & Frrokaj, 2016). Authors highlighted how participants could also support their parents in managing the effects of their siblings' substance use (Casker, 2019; Craig, K. L., 2010; Gabriel, 2017; Howard et al., 2010; Joslin, 2000; McAlpine, 2013; Tsamparli & Frrokaj, 2016). In some instances this involved having to take on the role of the good sibling who never does anything to burden their parents (Craig, K. L., 2010; Howard et al., 2010; Incerti et al., 2015; McAlpine, 2013). Parents or other family members' responses to the siblings' substance use could be seen as a source of frustration, particularly where it was seen as either reinforcing their sibling's behaviour or being unhelpful (Craig, K. L., 2010; Howard et al., 2010; Joslin, 2000; McAlpine, 2013; Tsamparli & Frrokaj, 2016). Changes in family

relationships are likely to be of particular importance to young people in the context of their interconnectedness to the family during this developmental period (Wyn, Johanna et al., 2012).

Research with adults highlight some of the ways that they have coped in response to siblings' problematic substance use, including how this has influenced their own choices regarding substances (McAlpine, 2013; Schultz & Alpaslan, 2016). Studies have found that some participants described seeking support from professionals, but many identified feeling as if services did not cater for their needs as a sibling of someone engaged in problematic substance use (Incerti et al., 2015; McAlpine, 2013; Schultz & Alpaslan, 2016). They described turning to the support of family or friends instead (McAlpine, 2013). Incerti et al. (2015) concluded that participants in their study were so used to being ignored within their families that they did not seek help for themselves. Some authors highlighted the impact of siblings' substance use on participants' choices around using substances, such as being cautious around their own use or avoiding situations where others were using large amounts of substances (Howard et al., 2010; McAlpine, 2013). This speaks to the relevance of exploring how young people might respond to siblings' substance use, as they are often particularly interconnected with their families during a period when substance use is most prolific (Wells et al., 2007).

While this body of research with adults sheds light on many of the areas in which a family member might experience difficulties associated with a siblings' substance abuse, it has not focussed specifically on what this might mean for young people who are in this situation. There is less research in this area. There appear to be only three interview-based studies that have participant groups consisting solely of young people whose siblings engage in problematic

substance use or use illegal substances (Barnard, 2007; Clarfield, 2017; Webber, 2003).

Webber's (2003) study included focus groups with seven Vietnamese Australians, aged 18-to-24-years-old, whose siblings used illicit drugs. Barnard's (2007) study included interviews with twenty young people aged 13-to-23-years old in Glasgow whose older siblings were problem drug users. Clarfield's (2017) study was based in the United States of America and involved five interviews with individuals aged 13-to-21 who had an older sibling engaging in substance abuse.

These three studies have looked at how the young people have described the impact of their siblings' substance use on their lives (Barnard, 2007; Clarfield, 2017; Webber, 2003). They highlight how this experience can leave young people feeling distressed, including worrying about their siblings' safety (Barnard, 2007; Clarfield, 2017; Webber, 2003). Barnard (2007) describes the young people experiencing the family home as a source of distress rather than a safe haven from the outside world. Similarly, Webber (2003) talked about participants finding it difficult to do homework at home. In Webber's (2003) study the stigma around siblings' substance use was seen as preventing participants from being allowed to go over to their friends' houses, and participants in Barnard (2007) described being bullied as a result of their sibling's substance use. The experience was seen as contributing to the deterioration or loss of relationship with siblings, including some reporting growing to hate their siblings and feeling like they could not trust them (Barnard, 2007; Clarfield, 2017; Webber, 2003).

In these three studies, participants' siblings' substance use was described as impacting relationships within the wider family (Barnard, 2007; Webber, 2003). This included talking about family conflict, that could be attributed to factors such as financial strain (Webber, 2003).

Young people identified feeling as if they got very little attention from their parents, who they saw as focused on their siblings (Barnard, 2007; Clarfield, 2017; Webber, 2003). This could be seen as contributing to resentment towards siblings (Barnard, 2007; Clarfield, 2017), or seeking attention elsewhere, such as with friends' families (Clarfield, 2017; Webber, 2003). One young person in Barnard's (2007) study talked about feeling that it would be acceptable if their sibling got this amount of attention for a physical illness such as cancer but felt it unfair as they were involved in theft from the household. Young people could struggle with feeling that they were not sufficiently involved in family discussions about their sibling (Webber, 2003). Barnard's (2007) study also drew attention to the experience of some young people needing to take on a role within their families as the supportive and good ones. Some were seen to perceive this as giving them an advantage, as they could blame their substance-using sibling for their own actions. Existing studies with young people whose siblings have engaged in problematic use suggest that there are varied impacts on families and their functioning that is worth further exploration (Barnard, 2007; Clarfield, 2017).

There is some discussion in the three studies about young people's ways of responding to and coping with the siblings' substance use (Barnard, 2007; Clarfield, 2017; Webber, 2003). Webber (2003) and Clarfield (2017) described participants spending time away from home as a result of their siblings' substance use and lack of attention by their parents. Clarfield (2017) highlighted that coping could involve spending time with friends, seeking support from friends' families, counsellors or support groups. In Webber's (2003) study young people described hiding their siblings' substance use from their parents as they felt responsible for it and spoke of finding this stressful. Some described operating on a basis of mistrust in their relationship with their

sibling. Barnard (2007) focuses more on parents' ways of responding but does note that young people were more likely to align with their mothers than their siblings, in trying to protect their mothers from the effects of their siblings' substance use. She suggests that this could be problematic within the family as the alliance could exacerbate conflicts between the parent and sibling, or between the siblings with each other.

In all three studies, a sibling's problematic substance use was seen to influence young people's choices around substances (Barnard, 2007; Clarfield, 2017; Webber, 2003). Participants in the three studies spoke of the way that observing their siblings' substance use could be a deterrent for their own use, or make them more aware of the risks (Barnard, 2007; Clarfield, 2017; Webber, 2003). In Barnard (2007) this included young people experiencing curiosity, increased access, and experimentation with substances due to their siblings' use, and seeing this as leading to their own problematic substance use. Barnard (2007) highlights how in some instances, the sibling using substances in problematic ways spoke of directly exposing their siblings to substances, both to deter their siblings and through self-interested motives such as being able to blackmail them with parents. Webber (2003) also noted that some young people in their study felt as if their siblings were trying to protect them from getting involved in drugs. Given the proposed strength of the relationship between siblings' substance use (Caspi et al., 2018), this suggests there is scope to further explore how a siblings' problematic substance use is understood as influencing young people's choices around substances.

Existing studies with young people are likely to reflect the cultural context of the communities from which participants were sampled (Braun & Clarke, 2013), so to understand

the experience of young people in New Zealand who have siblings engaging in problematic substance use it is important to undertake research that reflects the local context. For example, in their study Webber (2003) explores the particular ways that young people might experience drug use within a Vietnamese cultural context, located in Australian society. Barnard (2007) reflects that by nature of the study being located in Glasgow, that it will feature particular elements of that drug scene, such as participants being likely to inject drugs and use heroin. Whereas heroin is a drug that is not widely used within New Zealand (Ministry of Health, 2010), and studies have identified particular stigma and pejorative discourses associated with its use and injection (O'Gorman, 2016). There appears to be no research that explores young people's experiences in New Zealand of having a sibling who has engaged in problematic substance use, and it is important to explore this issue within this particular cultural context.

Existing studies may not fully reflect the experiences of young people whose siblings use substances that are prolific amongst New Zealand young people such as alcohol and cannabis (Fleming et al., 2014). Some of the participants in Clarfield's (2017) study used alcohol as well as drugs, whereas both Barnard (2007) and Webber's (2003) studies focused on young people whose siblings were using illicit substances, in particular heroin or cocaine. Webber (2003) and Clarfield (2017) do not specify the types of illegal substances used by the participants' siblings, but many of Webber's quotes refer to the use of heroin. Globally in treatment of young people there is a trend in decreasing rates of problematic opiate use, with the majority of young people seeking treatment for cannabis use (Jarvinen & Ravn, 2015). In considering the New Zealand context it is important to explore the experiences of young people whose siblings use substances such as alcohol or cannabis in problematic ways, due to their prominence in problematic



substance use amongst young people (Fleming et al., 2014; Ministry of Health, 2013). This is important to understanding experiences given the variation in how different substances are perceived and how this may influence societal responses and stigma relating to the use (Dance, 2018; Hutton, 2010).

It is important to build on existing research by hearing from a broader range of experiences, such as those whose siblings have not accessed services. Existing research with young people primarily involves participants recruited through services (Barnard, 2007), or participants whose siblings have all accessed services relating to their substance use (Clarfield, 2017). Given that there are low rates of young people accessing services for substance use in New Zealand (Wells et al., 2007), it is important to understand the experiences of families where the young person does not want to access supports as the needs of these families may differ. Furthermore, Barnard (2007) and Clarfield (2017) only looked at younger siblings. It is argued that different interventions might be needed for young people whose siblings are engaged in problematic substance use depending on the position of the sibling (Caspi et al., 2018), and so it is important to explore the experiences of young people who are both older and younger than the siblings engaging in problematic substance use. Clarfield (2017) and Webber (2003) have relatively small samples, and in some of Barnard's (2007) analysis, she talks about impacts on family without differentiating whether it relates to the parents or the siblings. She also recruited family members through the substance user themselves, so may not have captured the experiences of young people whose relationship has significantly deteriorated with their sibling. A larger sample, with analysis focused on siblings, may offer additional insight into an under-researched field (Clarfield, 2017).

**Family attempts to cope with young people's substance use**

The focus on family responses to substance use has largely been on parenting approaches (Orford et al., 2010). There is extensive research examining the influence of parenting on young people's substance use (Cablova, Pazderkova, & Miovsky, 2014; Ryan, Jorm, & Lubman, 2010). In a review of literature examining links between parenting factors and children's alcohol use, Ryan, Jorm and Lubman (2010) identified that lower levels of alcohol consumption in adolescence were associated with several parenting factors. This included factors specific to substance use, such as the extent to which parents model substance use; limit alcohol availability or disapprove of teenage alcohol consumption. It also included broader parenting factors such as discipline and communication in general, parental monitoring, the quality of the relationship between the child and the parent and parental support. Much of the focus of literature about what is helpful for parents to do has focused on factors that are associated with prevention of problematic substance use rather than responding once substance use has become problematic (Benchaya et al., 2019; Bertrand et al., 2013).

One of the ways that quantitative research has tried to understand the impact of parenting on young people's substance use is through looking at parenting styles, with these studies not always finding consistent results (Cablova et al., 2014). This has included looking at parenting along the continuums of responsiveness and demandingness (Maccoby & Martin, 1983). Some studies have concluded that authoritative styles of parenting, which incorporate strictness with warmth, are preferable for reducing the risk of young people engaging in problematic substance

use (Bahr & Hoffmann, 2010; Montgomery, Fisk, & Craig, 2008). This has not exclusively been found with Calafat (2014) concluding that the indulgent parenting style is as effective as the authoritative parenting style at reducing the risk of substance use in young people in Europe. They talk about the importance of warmth, noting that strictness may not as important as others have suggested. Benchaya et al. (2019) argued that strictness may be more important where young people are already engaged in problematic substance use, based on their findings. Quantitative studies to date suggest that there may be more to understand in terms of how parental responses can be beneficial for families responding to young people's problematic substance use (Cablova et al., 2014).

There is limited qualitative research that explores young people's perspectives on what parenting factors are helpful for preventing or responding to problematic substance use (McLaughlin, Campbell, & McColgan, 2016). Qualitative studies with young people have concluded that parents can be seen as an important source of attitudes to, and experiences of substance use and insufficient parental monitoring or a poor parental relationship is also perceived to increase the risk of use (Alhyas et al., 2015; El Kazdough, El-Ammari, Bouftini, El Fakir, & El Achhab, 2018; Jacob, MacArthur, Hickman, & Campbell, 2016; McLaughlin et al., 2016; Patrick et al., 2010; Slemon, Jenkins, Haines-Saah, Daly, & Jiao, 2019). Young people talked about strict parental controls as potentially increasing the likelihood of substance use, suggesting that this parenting style may contribute to lowered self-esteem and increased rebellion (El Kazdough et al., 2018; McLaughlin et al., 2016). In McLaughlin's (2016) qualitative study with Irish adolescents, participants identified that young people were less likely to use substances in situations where parents gave them autonomy or trusted them, and were loving, supportive and

dedicated. Participants in Kazdough et al.'s (2018) study talked about the need for parents to pair controls with trust in young people and open communication. One qualitative study concluded that parents having either zero tolerance for substance use or a complete lack of limits were seen as unhelpful, and could potentially contribute to young people binge drinking (Slemon et al., 2019). These studies have tended to focus on factors preventing problematic substance use or used samples that were not specific to families where there is problematic substance use by young people (Alhyas et al., 2015; El Kazdough et al., 2018; Jacob et al., 2016; McLaughlin et al., 2016; Patrick et al., 2010; Slemon et al., 2019). There is a place for further understanding of young people's perspectives, and siblings' perspectives in particular, of how families can respond to problematic substance use.

Research involving parenting highlights a range of factors that can be seen as impacting what approaches are likely to be effective in the context of young people's substance use (Kapetanovic, Skoog, Bohlin, & Gerdner, 2020). Factors such as temperament or culture are thought to influence the effectiveness of different parenting approaches (Burk et al., 2011; Cablova et al., 2014; Kapetanovic et al., 2020). For example, where adolescents have temperaments associated with risky behaviours, parents engaging in higher levels of monitoring and questioning has been found to be associated with increased substance use (Kapetanovic et al., 2020). An indulgent parenting style is argued to be more appropriate in more egalitarian structured societies, whereas strictness is thought to be more effective in more hierarchical cultures (Cablova et al., 2014; Garcia & Gracia, 2009). Academics have suggested that environments involving higher levels of risk, including lower socioeconomic status areas, may mean that control or strictness becomes more important in parenting (Benchaya et al., 2019;

Brody & Flor, 1998; Jones, Youngstrom, Anton, Jones, & Youngstrom, 2015). Research suggests that the relationship between parents and their children's behaviour with respect to substance use is dynamic, with parents and children each influencing the other's behaviour (Abar, Jackson, & Wood, 2014; Kapetanovic et al., 2020). Narratives that position adolescent problems as the result of inadequate parenting do not reflect the complexity of factors that contribute to what types of parenting will be effective for which particular young people in their specific circumstances (Kerr & Stattin, 2003). The discrepancies between different experiences suggests that further qualitative research exploring young people's understandings about how families can respond to substance use may shed further light on what is potentially a complicated matter. Young people whose siblings have engaged in problematic substance use may offer a unique perspective on how families, including parents, can respond to problematic substance use.

### **Services and broader community support for responding to substance use**

It would be important to consider family experiences of a young person engaging in problematic substance use in the context of the broader services available to support them. Many systems or societal factors beyond the family are argued to impact substance use (Velleman & Templeton, 2007). Within New Zealand the Government's policy approach to addressing problematic substance use by young people includes strategies to reduce barriers to services and decrease wait times, decrease demand for substances with actions such as public education advertising campaigns and control the supply of substances (Inter-Agency Committee on Drugs, 2015; Ministry of Health, 2012). The New Zealand policy response to problematic substance use is framed as having a particular focus on targeting problematic substance use by young people,

and recognising this as having indirect effects on families (Inter-Agency Committee on Drugs, 2015).

The provision of services to support the young person around their substance use are seen as a core component of the response to the impact of young people's substance use and its impact on families in New Zealand (Inter-Agency Committee on Drugs, 2015). New Zealand services involve residential and community based treatment, counselling and substitution services, a national helpline with trained counsellors, web-based services, brief alcohol interventions through primary care and detoxification and withdrawal services (Ministry of Health, 2016; Ministry of Health, 2017). There is a tendency for substance use services globally and within New Zealand to be more likely to be delivered by non-governmental organisations rather than government health services (Christie et al., 2010; Nicholas, Adams, Roche, White, & Battams, 2013). This can involve service delivery by individuals with lower levels of formal training or qualifications than is generally seen in mental health services, including employing high levels of individuals with lived experiences (Ministry of Health, 2018; Nicholas et al., 2013; Novotna et al., 2013).

Involvement of the family is seen as best practice for responding to substance use, but there remain barriers to working with families (Misouridou & Papadatou, 2017; Orr et al., 2014). Within New Zealand there is a policy directive for greater involvement of families in the provision of services targeting substance use and mental health, with a particular focus on supporting the children of parents with substance use or mental health difficulties (Ministry of Health, 2012; Ministry of Health, 2015). This is seen through the provision of information and

services to support families of young people around mental health difficulties and substance use difficulties (Werry Workforce Wharaurau, 2019). Services to support families in the context of young people's mental health difficulties are described as comparatively underdeveloped in New Zealand (Werry Workforce Wharaurau, 2019). Some services offer specific interventions that involve families of service users when working with problematic substance use, or in targeting externalising behaviours or mental health difficulties in young people (Dean et al., 2012; Heywood & Fergusson, 2016; Schaefer, 2008). There is a recent project to train the addictions workforce in the 5-step Method, adapted to New Zealand's cultural context (Matua Raki, 2017; Matua Raki, 2018). Even when it is directed by policy, there can be limited involvement of families in substance use treatment (Copello et al., 2012). Research looking at the mental health workforce in New Zealand suggests that despite the policy directive to involve families, there is limited training regarding family therapy for clinicians, with an expectation that clinicians learn through their practice (Dean et al., 2012). Clinicians' uncertainty in their abilities or training to work with families is argued to be a barrier to engaging family even when this is a directive from the service or policy (Lee et al., 2012; Orford et al., 2009). There are numerous additional barriers to the widespread involvement of family members in working with substance use including clinicians' lack of clarity of their role for working with clients' families, young people's hesitation to involve their families and clinician's perspectives that families contribute to the problem or are difficult to engage with (Barnard, 2007; Lee et al., 2012; Orford et al., 2009; Orr et al., 2014). This raises the possibility that there remain barriers to involvement of families in services' responses to young people's substance use in New Zealand.

It can be a challenge to engage young people in treatment for substance use (Dunne, Bishop, Avery, & Darcy, 2017). Most of the young people who engage in problematic substance use do not seek help from services, and for those who do, it is often years after the use initially becomes problematic (Browne, Wells, McGee, & For the New Zealand Mental Health Survey Research Team, 2006; Merikangas & McClair, 2012; Reavley, Cvetkovski, Jorm, & Lubman, 2010; Wells et al., 2007; Wells et al., 2007). When young people do engage in services they often drop out at high rates (Dunne et al., 2017; Schroder, Sellman, Frampton, & Deering, 2009). One qualitative study with young people found that the factors that participants talked about making it easier to seek help involved when the person appeared kind and non-judgemental, would maintain their confidentiality and had relevant expertise (McCann, T. V., Cheetham, Lubman, & Berridge, 2018).

Young people have been found to be more likely to turn to friends or family in the context of problematic substance use (Lubman et al., 2017). One New Zealand based study found that young people with the most problematic alcohol use were the least likely to consider seeking treatment (Wells et al., 2007). They also concluded that there was variation of accessing services based on ethnicity, with Pacific participants less likely to seek help. Different rates of accessing services between ethnicities may reflect expectations about not bringing shame on the family, potentially the higher rates of discrimination from health professionals experienced by young people of colour within New Zealand or barriers such as cost, transport and language difficulties (Crengle, Robinson, Ameratunga, Clark, & Raphael, 2012; Masson et al., 2013; Southwick, Kenealy, & Ryan, 2012; Yu, Clark, Chandra, Dias, & Lai, 2009). In a qualitative study with young people engaged in substance use participants identified beliefs around self-



reliance and independence as preventing them from wanting to seek support for their substance use (MacLean et al., 2013). The low rates of help seeking highlight the importance of considering the experiences of those families where the young person does not want to access services.

Models of family intervention that take an ecological approach and look at systems beyond the family are argued to have the most evidence for success with working with young people engaged in problematic substance use (Hogue, Henderson, Ozechowski, & Robbins, 2014). These types of family therapy approaches look at other relevant systems that the young person is involved with such as schools, peers, extended family, neighbourhood or the justice system (Fisher et al., 2019; Horigian, Anderson, & Szapocznik, 2016). This can involve looking at challenges within or between systems, or understanding the social, cultural or broader community contexts in which the young person's experiences are situated (Horigian et al., 2016). Siblings of young people engaging in problematic substance use may potentially be involved in multiple systems across the young person's life, which may make them well-situated for understanding the impacts of different systems on young people's substance use.

Several authors have concluded that often services do not provide sufficiently for the needs of family members of individuals experiencing substance use difficulties (Barnard, 2007; Orford et al., 2009). Clinicians may work with the family regarding an individual's substance use, and only see the family as a source of support for the individual with substance use difficulties, without reflecting on the effects on the family of being supportive (Barnard, 2007). This raises the question of whether there is a place for services to specifically consider the needs

of family members as well as the individuals using substances. One way in which this has been attempted internationally and in New Zealand is through the provision of interventions specifically for family members of people engaged in problematic substance use, such as support groups or counselling for the family members (Community Alcohol and Drug Services, 2020; Kelly, Fallah-Sohy, Cristello, & Bergman, 2017). There can be barriers to accessing these services such as lack awareness of the services that are available, underrepresentation of services in rural areas and shame and stigma associated with accessing services (Copello et al., 2012; Mccann, T. V. & Lubman, 2018). There can be particular barriers for siblings, when family support groups are primarily attended by parents and siblings feel like outsiders (Incerti et al., 2015). Interventions that have specifically sought to provide support to siblings of young people engaged in problematic substance use have found that participants reported reductions in self-reported levels of stress, and felt better informed and less isolated following participation in the programmes (Bamberg et al., 2008; Gregg & Toumbourou, 2003). This highlights the question as to whether there is adequate support and consideration for the needs of families of young people engaging in problematic substance use in New Zealand services.

### **The perspective of a sibling on problematic substance use**

Siblings may be in a unique position to offer insight into their sibling's development and recovery from substance use difficulties due to the distinctive nature of the sibling relationship (Feinberg et al., 2012). Siblings often tend to be in a comparable age range, so may share similarities in their perspectives of the world. This is particularly important when working with young people, as there are likely to be areas of knowledge relating to youth experiences that

siblings have greater access to than parents (Gorell Barnes, 2014). Young people are often seen as inferior to adults, without acknowledgement that the knowledge they hold is different (Wyn, Johanna & Harris, 2004). In working with young people it is important to communicate and work with them in their ways of engaging in their worlds, rather than expect them to see things through an adult lens and follow adult rules about ways of being in the world (Bird, 2004). Siblings often spend a lot of time together and engage in common experiences and communities including the household, school and with peers (Feinberg et al., 2012). Siblings can take an active role in advising each other, and also educating parents (Aaltonen, 2016; Gillies & Lucey, 2006; Wyn, Johanna et al., 2012). Sibling viewpoints can offer alternatives to entrenched family narratives, including those that involve scapegoating family tension on one child within the family (Gorell Barnes, 2014). Siblings potentially offer a lens through which to gain valuable perspectives with respect to how to respond to young people's substance use.

Sibling perspectives are likely to be helpful in understanding a sibling's substance use as there can be differences in how young people understand their substance use relative to adults (MacLean et al., 2013). Interview studies with young people have found that many participants combat mainstream discourses of youth substance use that position it as thoughtless use without any knowledge of, or regard for the risks (Hunt et al., 2007; MacLean et al., 2013; O'Gorman, 2016). In a study with young people in New Zealand participants described their alcohol use as being central to socialising for many, facilitating pleasure and release from difficult emotions, with binge drinking being an expected behaviour (Lyons, 2014). Other authors describe young people as making active, rational choices about their substance use that include weighing up the risks and benefits of their options (Hunt et al., 2007; O'Gorman, 2016). In a study with 20 13-to-

15-year-olds involved in treatment for substance use in Australia, MacLean et al. (2013) describe the way that participants talked about the choices they made regarding how they used substances, as a way of testing out risks. They suggested that this was a process that young people experienced as developing and claiming their sense of maturity, autonomy, competence and independence. This sense of autonomy and self-reliance is consistent with broader understandings of how young people position themselves (Furlong & Cartmel, 2007). Siblings are likely to appreciate some of these perspectives relating to substance use and shape their responses in ways that might not be as readily available to adults.

Existing research indicates that young people whose siblings engage in problematic substance use are positioned to offer insight relating to how families and services can respond to young people's substance use and this has not been explicitly focused on in previous studies (Barnard, 2007; Clarfield, 2017; Webber, 2003). In research involving siblings of people engaged in problematic substance use, some participants have shared their perspectives regarding what would be helpful for parents or other supportive figures to have done with regard to responding to their siblings' substance use (Bamberg et al., 2008; Barnard, 2007; Howard et al., 2010; McAlpine, 2013; Webber, 2003). This included where participants have reflected that parents were being too lenient with their siblings and being manipulated, or that parents' actions reinforced the siblings' substance use or contributed to the breakdown of the family (Barnard, 2007; Clarfield, 2017; Webber, 2003). One of the observations that Bamberg et al. (2008) reported on was that siblings advocated for similar strategies as those that were taught in the programme, and that this surprised their parents. Webber (2003) sought the young people's perspectives on substance services and education, otherwise, existing studies with young people

who have siblings engaging in problematic substance use do not appear to have explicitly sought to obtain their perspectives about how others can respond to their siblings' substance use in a manner that is supportive for them, their siblings and their families (Barnard, 2007; Clarfield, 2017; Webber, 2003) . Qualitative studies with young people have found that they felt that parents' responses to their substance use were most effective when they were aligned with young people's experiences and the context of their lives (Slemon et al., 2019). Siblings are potentially positioned to offer helpful perspectives on how families and other sources of support can respond to young people's substance use, and there is scope for further research in this area.

### **Research aims**

There are two main research questions addressed in this thesis. The first is how do young people understand their siblings' problematic substance use as impacting them and their families. The second seeks these young people's perspectives with respect to how their families, services and the broader community could have responded in a way that was helpful for them, their siblings and their families. This study will use retrospective interviews conducted with young people to explore these two research questions.

### **Summary**

In this chapter I have provided an overview of some of the research related to substance use by young people and how this is experienced by their siblings and families more generally. This has included looking at when substance use is problematic, substance use within the New

Zealand context, and frameworks for understanding substance use such as family therapy models. I then highlighted research findings regarding some of the ways that substance use can have impacts on the wider family, and responses by families and broader systems to the substance use. Finally, I looked at how the sibling's role might position them to offer insight regarding the responses to young people's substance use and set out the aims for my research. In the following chapter I discuss the methodology for the study.

## **Chapter Two: Methodology**

This study draws from interviews with 24 young people who offered current and retrospective insights into their experiences with a sibling who engaged in problematic substances use in order to address the research questions regarding how this experience impacts young people and their families, and what supports could have been helpful.

In this chapter, I describe the rationale for taking a qualitative approach and offer a reflexive account of my own position in relation to the research. I outline the process used for recruitment and provide an overview of the participants. Finally, I provide an overview of the process of collecting data and undertaking analysis. This includes outlining the ethical factors that I considered, and the steps taken to pursue quality and rigour of analysis.

### **Theoretical Framework**

The aim of this research is to explore the experiences of young people with a sibling who has used substances in problematic ways. A qualitative research design was thought to be appropriate in so far as it is able to capture the meanings that individuals attribute to experiences in their lives (Merriam & Tisdell, 2016). The voices of siblings of those experiencing substance use difficulties have received insufficient attention in research and practice (Barnard, 2007) and qualitative research is particularly useful in offering opportunities for hearing the voices of those who are marginalised or whose experiences are usually overlooked (Willig, 2013). Qualitative research is appropriate for increasing understanding in areas where there is little prior research, or when topics are sensitive or complicated (Bowling, 2014), as is the case in this research area.

Qualitative research offers potential for exploring the rich details of individuals' experiences, as seen from participants' perspectives (Braun & Clarke, 2013). These characteristics of qualitative research make it appropriate for the present study.

Qualitative research can be undertaken through many different epistemologies. This research was undertaken within a critical realist framework (Willig, 2013). This involves taking a position that there is an external reality, however this reality is experienced and understood through socially derived meanings (Nightingale & Cromby, 2002). Critical realist research can attempt to understand the processes through which both social and material factors impact individuals. This approach is relevant to this research in terms of validating the material and social impacts of having a sibling whose substance use is problematic, while also highlighting the way that societal understandings shape those experiences. Acknowledging the influence of societal understandings can highlight narratives around substance use that are more and less helpful in supporting young people and their families around substance use.

## **Reflexivity**

Reflexivity refers to the process of the researcher reflecting on and maintaining awareness of how they contribute to interpretation of meaning during each stage of the research process (Willig, 2013). Reflexivity is important in allowing researchers to bring more careful consideration and insight to their interpretations of their research findings (Mauthner & Doucet, 2003). I have spent most of my life in New Zealand where binge use of substances among youth is part of the societal norm (Fleming, Lee, Moselen, Clark, & Dixon, 2014). As a young adult, I



have been immersed in narratives of substance use as an important social activity associated with pleasure and excitement (Hutton, Wright, & Saunders, 2013; Lyons, 2014). I have also been exposed to mainstream ideas around substance use within New Zealand that include substance use being seen as intolerably risky for young people, and potentially associated with immoral or criminal behaviour (Barton, 2016; Hutton, 2017). Through my professional experience and clinical training, I have also been exposed to treatment narratives about substance use. Within treatment settings, dominant narratives about substance use can be pathologising in characterising substance use difficulties as individuals' faulty compulsions, without recognising the societal influences on substance use (Pienaar et al., 2015).

I found that my experience as a training psychologist impacted how I undertook the interviews and analysed the results. During interviews I found myself having an urge to validate participants' emotions, including identifying what emotion they might have felt, and paraphrasing their reflections on their experiences. I often had to refrain from acting on this urge so that that the descriptions of the participants' experiences and the emotional impacts were in their words and not my own. I was conscious that the models of therapy that I had trained in could impact how I interpreted the participants' experiences, and this was something I had to continue to question myself about during the process of analysis. Being female, Pākehā and having a tertiary education will have impacted how participants responded to me and my interpretation of their experiences. At times participants specifically spoke to how gender, culture and class shaped their experiences. Some also mentioned how these factors would impact the likelihood that they would feel comfortable sharing their experiences with others. When introducing myself before the interviews I spoke about having experience working in a men's

prison, in an attempt to situate myself as someone who was open to hearing about a range of life experiences

My role as an interviewer and a trainee psychologist who was older than my participants may also have impacted how they responded to me. This could have contributed to me being perceived to be in a position of power relative to my participants. It is particularly important to maintain awareness of the impact of potential power imbalances when undertaking research with young people (Claveirole, 2004). Some of the steps that I took to respond to this potential power imbalance are outlined below under ethical considerations.

## **Method**

### **Participants**

The criteria for participation were that individuals were aged between 16-30-years-old, had a sibling whose substance use had caused problems, and that they had lived with this sibling at some point in their lives. During the process of designing the research I spoke to clinicians working in the youth drug and alcohol field and received feedback that young people are unlikely to identify other young people as having a drug and alcohol problem, as this can be perceived as something that only happens to adults. As a result of this feedback I decided to keep the criteria for problematic substance use broad, advertising for participants that had “worried” about their siblings’ substance use and requiring the participants to have identified that their siblings’ substance use had caused problems.

I was contacted by 55 individuals regarding the research, and of these 24 young people participated in the study. Two individuals who contacted me were older than 30, one person wanted to speak about their child and one about their cousin, rather than their sibling. One person did not live in New Zealand. And I was not able to arrange a time with one person in another city that suited both of us. Seven participants contacted me after I had finished recruiting. I lost one potential participant's contact details due to technological difficulties. The other individuals dropped out of contact during the process of arranging an interview. I suspect that the relatively high number of young people who initially contacted me and then stopped responding to my attempts to communicate with them could reflect the impact of stigma of families of people who engage in problematic substance use (Corrigan et al., 2006).

Of the 24 young people that participated, 18 identified as female (75.0%) and five as male (20.8%), and one as gender non-binary (4.2%). Participants ranged in age from 17 through to 30, with a mean age of 23.9 years. Nine of the participants identified as New Zealand European (NZE) or Pākehā. Three participants identified as New Zealand Māori, as well as one participant identifying as Māori and Pākehā, and one as Māori and English. One participant identified as Cook Island Māori. One participant identified as Pākehā and Tongan, one participant identified as Fijian Indian, and one participant identified as Indian. There were also single participants who identified as Japanese, Thai and English, Korean, and Russian. Two participants identified as Americans. 19 of the participants lived in Auckland, two in Wellington, one in Christchurch, one in Hamilton, and one in a town in Northland. Twelve of the participants

were students, nine of the participants were employed, two of the participants were unemployed, and one participant was a full-time caregiver for their child.

16 of the participants described having one sibling whose substance use had caused problems, four reported having two siblings, two described having three siblings, one described having four siblings whose substance use caused problems, and one described having five siblings whose substance use caused problems. 28 of the participants' siblings were described as male (71.8%) and 11 as female (28.2%). 22 of the siblings were older than the participants, and 17 of the siblings were younger than the participants. The substances that participants talked about their siblings using in problematic ways included: alcohol (18 participants), marijuana (15), methamphetamine (11), ecstasy (5), cocaine (3), lysergic acid diethylamide (LSD) (2), Ritalin (2), tobacco (2), benzodiazepine (1), cough syrup (1), heroin (1), inhalants (1), prescription pain relief (1) and synthetic cannabis (1). 17 of the participants described their siblings using more than one substance in a problematic manner.

With respect to the recency of the substance use, eleven of the participants described having a sibling who was continuing to use substances in problematic ways at the time of the interview. Four spoke of being uncertain as to whether their siblings had stopped using, with three of those noting that they suspected their siblings' use continued to be problematic. Of the remaining nine participants, seven described their sibling having stopped using substances within two years prior to being interviewed. Half of the participants identified that their siblings had engaged in problematic substance use for more than five years, with six of those participants describing this experience lasting for more than a decade. Six of the participants described their

siblings starting to use substances in problematic ways when they were children, nine noted that this commenced in their teenage years and nine identified that this started when they were young adults. 17 of the participants spoke of their siblings having used substances in problematic ways while they were living with them. Participants were assigned pseudonyms for the analysis.

Table 1

*Demographic information*

Demographic variable		Number of participants
Gender	Female	18
	Male	5
	Gender non-binary	1
Age	16-20 years	8
	21-25 years	7
	26-30 years	9
Ethnicity	Pākehā/New Zealand European	9
	Māori	3
	Caucasian American	2
	Cook Island Māori	1
	Fijian Indian	1
	Indian	1
	Japanese	1
	Korean	1
	Māori/English	1
	NZE/Māori	1
	NZE/Tongan	1
	Russian	1

**Recruitment**

The study used several avenues to recruit participants. A poster was placed in public spaces including at tertiary institutions, organisations supporting youth, gymnasiums, community

centres, libraries and supermarkets. I set up a Facebook page for the research project and undertook paid advertising through Facebook and Instagram that targeted 16-30-year-olds in New Zealand. The Facebook page was also shared by organisations and acquaintances. I developed a website which contained the information from my participant information sheet which was linked to the research project's Facebook page. I also posted about the research project on the social media forum Reddit. I emailed information about the project to relevant networks, for example staff at drug and alcohol services, and youth workers. I talked to relevant groups about the research such as individuals accessing drug and alcohol services who had siblings within my age range.

Initially I was attempting to recruit 16-20-year-olds as I wanted to capture a youth perspective. As I began recruiting, I was approached by a number of individuals in their twenties who wanted to participate, as they felt that this had been an important part of their lives that people had not wanted to talk to them about before. I was also finding it difficult to recruit young people aged 16-20. This is consistent with the experience of others who have described difficulty recruiting participants for this research topic or for interventions involving siblings (Clarfield, 2017; Gabriel, 2017; Gregg & Toumbourou, 2003). This potentially relates to the stigma associated with substance use (Corrigan et al., 2006). It may also reflect young people feeling that they have already spent a significant amount of time talking about their sibling and not wanting to engage in further conversations that could be perceived as focused on their siblings (Gregg & Toumbourou, 2003).

One recruitment consideration that arose in consulting clinicians with experience working with substance use and young people was the possibility that young people whose siblings' substance use was at its most problematic may not be in an appropriate space to reflect on it. This has been found with discussing other sensitive topics, where retrospective studies are argued to be appropriate to allow people emotional distance from the experience (Melrose, 2002). On the basis of these considerations I decided to broaden my age range to 16-30-year-olds and remove the criteria for the problematic substance use to have occurred within the last two years.

### **Data Collection**

The research involved semi-structured interviews. Semi-structured interviews enable the researcher to be responsive to ideas and views about the topic that the interviewee introduces, allowing for unanticipated ideas about the topic to emerge (Merriam & Tisdell, 2016). Interviews took place at locations that suited the participants. These included community centres, university campuses, participants' homes and workplaces. Interviews took between 30 and 90 minutes and were audio recorded. On meeting with the participant, I first introduced myself and spoke about the study briefly to develop rapport. Prior to each interview I reviewed the participant information sheet with participants and offered them the opportunity to ask any further questions about the research. This included highlighting and explaining the importance and limitations of confidentiality. Participants reviewed and completed the consent forms. I collected demographic information from each participant.

In line with the semi-structured interview style, the interview schedule was used as a guide for topics to cover, while also enabling a conversational style (Merriam & Tisdell, 2016). This allowed scope for participants to identify what was important to them about their experiences, and to interpret or make connections regarding their experiences that were not previously apparent to me (Heath, Brooks, Cleaver, & Ireland, 2009). I used open and non-directive questions to allow space for participants to provide responses that fit with their experiences. The use of naïve enquiry and open-ended questions is particularly important when discussing substance use with youth, as young people can have different understandings to substance use than those described by adults and professionals (MacLean, Bruun, & Mallett, 2013). The interview schedule is attached as an appendix. The schedule covers the participants' perspectives on the impacts of their siblings' substance use on them and their families, how others have responded to the substance use, and their view of their siblings' substance use and what would be helpful for their families.

Given the duration of time over which some participants' siblings had engaged in problematic substance use, at times participants were reflecting on experiences that had happened when they were substantially younger. In other instances, participants were talking about on-going challenges that they were responding to at the time of the interviews. This meant that some portions of the interviews involved retrospective accounts, and others reflected contemporary experiences. While retrospective accounts are argued to be limited by participants' memories, they also allow space for participants to reflect on the experience when they have gained emotional distance from sensitive topics (Melrose, 2002). A couple of the participants noted in their interviews that they would not have felt able to manage the interview if it had



occurred when the situation with their sibling had been at its worst. I considered that a partially retrospective approach would be responsive to the sensitive nature of the topic and allow scope to explore how participants had made meaning of the impact of this experience on themselves and their families. As well as reflecting on what had got them through the experience and what extra support could have been helpful.

One of the factors I considered while undertaking the interviews was the potential to spend the interviews discussing participants' siblings rather than focusing on participants' own experiences. Existing research in this area has found that siblings can feel that they go unseen, experiencing conversations in their families to be focused on their siblings (Barnard, 2007). I was particularly conscious of the temptation to focus on participants' siblings when asking questions relating to the second aim of my research, which involved participants' perspectives on how others responded to their siblings' substance use. It was important to me that the interview experience was validating of participants' experiences, so I tried to remain aware of this possibility and brought the conversation back to how the participants had experienced the situation impacting themselves and their families. My perceptions of many of the participants was that they were keen to provide their perspective about what would be helpful for their siblings, themselves and their families with respect to how people responded to their siblings' substance use.

### **Ethical Considerations**

This research was approved by the University of Auckland Human Participants Ethics Committee in October 2017 (Reference 019370). Relevant documents such as the Participant Information Sheet and Consent Form can be found in the appendix.

***Informed consent.*** It is important when working with young people to make special efforts to ensure that they understand what participating in the research involves and that they continue to consent to the interview process throughout the interview (Heath et al., 2009). I sent a participant information sheet to individuals who were interested in the research and made this information available on a website that was linked to the research Facebook page. I talked about the study with participants prior to commencing the interview and offered them the opportunity to ask me any questions. This included highlighting that they could withdraw from the study without giving a reason and did not have to answer every question. I also talked through the consent form (see Appendix C), with participants prior to them signing it. I chose 16 as the bottom limit of the age range so that it was easier for participants to give consent without parental consent. This gave the young people autonomy with respect to whether they chose to discuss their participation with parents or not. Existing research has found that people describe expectations to not speak about substance use difficulties outside of the family or sometimes even within the family (Barnard, 2007; Clarfield, 2017; Corrigan et al., 2006). I wanted to give the young people autonomy around their choices about the extent to which they wanted to communicate with their parents regarding participation, and not exclude the experiences of young people for whom the experience was not discussed within their family.

***Confidentiality and anonymity.*** I explained the boundaries of confidentiality to participants prior to the interview commencing. This involved outlining that if there was a serious and imminent risk of harm then I would have to disclose information to another party in the interests of safety but would discuss this with the participant beforehand. There was an ethical consideration around the possibility of participants disclosing information about illegal activities and whether this information would need to be disclosed should there be any related prosecutions. This was managed by holding to the boundaries of confidentiality as noted above, and not asking participants for any identifying details related to illegal activities. Participants' interviews were transcribed by myself or a transcriber who had signed a confidentiality agreement and these transcripts were de-identified and stored separately from consent forms (CF). All hard copies of participant information (including CFs and data) are kept locked in a cabinet at the University of Auckland. All digital files are encrypted with a password. With respect to anonymity I used pseudonyms for participants' names. When selecting quotes or describing the context of participants' experiences, I was careful not to include sufficient details to make participants identifiable. Anonymity was particularly important in the context of stigma surrounding substance use and mental health (Corrigan et al., 2006). For example, a couple of the participants identified that there were very few, if any, people outside of their immediate family who they had spoken to about their siblings' problematic substance use.

***Participant distress.*** A further ethical consideration was the risk that discussing the impact of siblings' substance use might remind participants of distressing issues. As a clinical psychology student, I have training and experience in working with individuals who experience

distress or are at risk, and I monitored the potential for participant distress throughout the interview process. Prior to the interview commencing I reminded participants that they could stop the interview at any point and did not need to answer all the questions. In instances where participants became distressed, I gave them the option to take a break, moved onto less difficult topics, and provided them with information about services which provide psychological support. The supervisor of this research is a clinical psychologist with experience working with youth, and I consulted her regarding instances where participants were distressed.

***Power imbalance.*** Adult researchers are in a position of relative power and privilege when undertaking research with young people as youth can be disempowered within society (Heath et al., 2009). While some of the participants were relatively close to my own age, there were others for whom I was more than a decade older. I was particularly careful to be responsive to the power imbalance when interviewing those who were significantly younger than me. Claveirole (2004) suggests responding to power differentials due to age by ensuring that participants are aware of your empathy and showing a genuine motivation to understand their experiences. Heath et al. (2009) suggest that because of the power imbalance, it is particularly important to be rigorous in addressing ethical concerns such as those outlined throughout this section. I was also conscious that research about youth can be used to further problematise experiences of being a young person (Heath et al., 2009). Throughout the research process I tried to balance highlighting the insight and knowledge that young people have about their lives, with the reality of the limitations of power and control that they may have. This felt important in terms of not contributing to the problematisation of youth, while acknowledging how young people can be impacted by their marginalised positions.

One facet of the power imbalance when doing research with youth is the potential for coercion to occur in recruiting. One of the ways that I managed the risk of coercion was by not approaching participants, instead requiring that potential participants contact me. Heath et al. (2009) argue that using people working in institutions to help recruit participants can mean that young people can feel coerced to participate because they often hold relatively little power in institutions. Where institutions were involved in recruitment, participants still had to contact me directly after being given information by the service. I made it clear to both the representative of the service and potential participants or their siblings, that I would not let the institution know who chose to participate. I emphasised that their choice to participate would not impact the services they received from that institution, as the institution would not be aware of their decision.

### **Data analysis**

The audio recordings of the interviews were transcribed by a professional transcriptionist who signed a confidentiality agreement, see Appendix F, or by myself verbatim, in their entirety. They were then loaded into NVivo 11 for analysis.

I used thematic analysis to analyse the transcripts, following the process outlined in Braun and Clarke (2006). Thematic analysis is a flexible approach that allows for rich accounts of similarities and differences, both expected and unanticipated, across participants' experiences (Braun & Clarke, 2006). Braun and Clarke (2006) argue that thematic analysis does this in a

manner that is accessible to a relatively wide audience. The thematic analysis involved reading and re-reading the transcripts; coding the data; and identifying and refining themes as described below.

This process initially involved listening to the interviews to check the transcripts for accuracy and familiarise myself with the data. I then coded the transcripts in NVivo very broadly, again familiarising myself with the data, and getting a sense of the breadth of experiences that participants had described. I then re-read the transcripts with a focus on how participants had spoken about the impacts of this experience on themselves, and identified codes associated with this focus. With the next reading of the transcripts I attended to participants' descriptions of changes in relationships within the family in their stories and identified codes associated with family changes. I then re-read the transcripts focusing on participants' perspectives regarding families', services' and community responses to their siblings' substance use and what they suggested would have been helpful. Throughout this process of re-reading the transcripts I was attentive to the balance of being guided by the research question and existing research and theory, while also remaining open to hearing perspectives from the participants that were different to my own. Each time I read through the transcripts, I randomly allocated the order in which I read them in an attempt to reduce the likelihood that I might give some transcripts more weight than others if they were the first ones that I read each time.

Following the process of re-reading the transcripts, I looked through the codes to begin to identify and then refine themes. This included drawing mind maps to lay out different ways that the ideas could fit together. During the process of refining the themes and codes I consulted my

supervisor, Kerry Gibson, and we discussed the extent to which my themes were coherent and comprehensive (Hill et al., 2005). Once I had refined the themes, I then re-read the transcripts in full and coded these themes in NVivo. Following this coding of the themes, I then re-read the extracts for each theme in entirety to check how coherent they were. I returned to the extracts for the themes, and at times the transcripts themselves, as I wrote up the analysis.

### **Quality and Rigour**

The process of ensuring and evaluating quality in qualitative research is much contested, with dispute about which measures are appropriate (Morrow, 2005). One set of measures that is often referred to are the ideas of credibility, transferability, dependability and confirmability (Lincoln & Guba, 2000). I put in place several processes to support rigour in the research process and trustworthiness of the data in line with these measures. I provided rich examples to support my analysis and used reflexivity to continuously reflect on and maintain awareness of how my role in the research could be impacting the process (Morrow, 2005; Willig, 2013). I also utilised consensus checking, whereby I discussed the codes and themes with my supervisor and a qualitative research group consisting of peers, including the extent to which they were coherent and comprehensive (Hill et al., 2005). This supported the reflexivity process through allowing discussion of how my experiences could be impacting my interpretation of the data. My transparency regarding the research process and my reflexivity allows readers to gauge the extent to which my findings are potentially applicable to other young people (Morrow, 2005). While qualitative research is more appropriate for exploring the rich experiences of a few individuals,

than making wide generalisations that are broadly applicable, it offers insight into experiences that are available within a particular society (Willig, 2013).

### **Summary**

In this chapter I have provided an overview of the methodology used in this qualitative study. I undertook semi-structured individual interviews with 24 young people. These interviews were analysed using thematic analysis. The results of this thematic analysis are described in the next chapter.



### Chapter Three: Findings

This chapter outlines the themes that I identified through the thematic analysis. These themes are organised within four sections which are: Impact on the Participant; Impact on the Family; Participants' Perspectives on Family Responses; and Participants' Perspectives on Services and Community Support. The themes are set out in Table 2 below:

Table 2

*Overview of Themes*

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Impact on the Participant	<ul style="list-style-type: none"> <li>• Negative impact on own well-being: "it sort of broke me"</li> <li>• Influencing own choices around substance use: "[siblings] were like my biggest influences"</li> <li>• Fears for own and family's safety: "it is scary"</li> <li>• Concern about sibling's well-being: "I would be worried sick about him sometimes"</li> <li>• Worry about siblings' "life prospects": "I don't know if he's ever gonna be able to sort himself out"</li> <li>• Preoccupation with family well-being: "I'm okay as long as [the family] is okay"</li> <li>• Positively contributed to self-development: "it turned me into a really good person"</li> </ul>
Impact on the Family	<ul style="list-style-type: none"> <li>• Negative impacts on family relationships: "it pulls the family apart a little bit"</li> <li>• Taking on additional responsibility within the family: "I had to take on a parent role"</li> <li>• Families overly focused on siblings' substance use: "addicted to his addiction"</li> <li>• Deterioration of the sibling relationship: "our relationship broke a bit"</li> <li>• Unpleasant home environment: "home equals problems"</li> <li>• Strengthening family relationships: "made us closer as a family"</li> </ul>

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	<ul style="list-style-type: none"> <li>• Siblings offering helpful perspectives: Seeing “the full picture”</li> </ul>
Participants’ Perspectives on Family Responses	<ul style="list-style-type: none"> <li>• Insufficient parental response to substance use: “you have to be a parent to your children”</li> <li>• Stricter boundaries and consequences: “tough love from my parents might’ve helped”</li> <li>• Allowing siblings to make their own decisions: “you can’t force anyone to do anything”</li> <li>• Families sharing an appropriate amount of information: “my parents protected me”</li> </ul>
Participants’ Perspectives on Services and Community Responses	<ul style="list-style-type: none"> <li>• Feeling unsupported: “quite isolated”</li> <li>• Opportunities to talk about the situation: “having someone to talk to”</li> <li>• Having meaning in life beyond substance use: “it shouldn’t be the only good thing that he has to look forward to in his life”</li> <li>• Need to change the environment: “we’re pretty much set up to fail”</li> <li>• Access to people with similar experiences: “having someone who understands what it’s like is, yeah, yeah. Important, I think.”</li> <li>• Other young people are important supports: “he was probably the one person who was there the entire time”</li> </ul>

### Impact on the Participant

In this section I outline the impact participants described of having had a sibling who engaged in problematic substance use.

#### Negative impact on own well-being: “it sort of broke me”

Most of the participants described their siblings' substance use negatively affecting their well-being, with many of them identifying substantial impacts. Participants described the situation as “overwhelming,” “very stressful,” and leaving them feeling emotions such as “distressed,” and “hopeless.” Some participants described it interfering with their ability to sleep, concentrate or think about work or university. For example, Brittany described the impact on her well-being: “And just less, for, being less focused at Uni, emotional at times, mood swings, just grumpy, angry and not able to, like not able to enjoy things.” Participants talked about numerous factors in the context of referring to the impacts on their well-being including worry about their siblings and families, family conflict or changes in family roles or dynamics. These are discussed further in themes throughout the first two sections.

A few of the participants described their experience with their siblings' substance use as having negative impacts on how they saw themselves or others. This included negatively impacting their sense of “self-esteem” or ability to trust others. For example, one participant talked about the way that her family focused their attention on her sister due to her substance use impacting her sense of self-worth: “I think it definitely fed into a lot of the feelings I was having as a young person, feeling really, I guess, like unloved and maybe not worth people's time, or yeah.” In some instances, participants talked about how their experiences could have impacts on factors affecting their on-going well-being, such as their sense of self or ways of coping with emotions. For example, Amelia said: “I am not very good at just feeling upset about something now. I, like ‘no no, you've got to like, you've got to get over that, you gotta, you know, suck it up.’”

Several participants talked about feeling that the situation with their siblings' substance use either contributed to them developing mental health difficulties or exacerbated existing problems. Some participants described reaching a point where they experienced suicidal ideation or engaged in suicidal behaviour. For example, one participant talked about the impact of the realisation of what her 16-year-old sister would have had to do to fund a methamphetamine habit:

It was really hard. I, myself, felt really terrible and I struggled a lot. A lot, with like not wanting to be here. And feeling like, yeah, just feeling really dark and feeling like this horrible sense of, you know, where I come from, this family that I come from. I was like so terribly messed up (laughing), yeah.

A few of the participants described feeling a sadness or hurt as they watched their sibling go through challenging times. Alexandra summarised this with "When your brother's hurting, you're hurting." They spoke of this pain at sibling's pain being intense at times. For example, Jessie described it influencing urges to engage in deliberate self-harm:

Yeah, yeah, I remember, you know, like a lot of the times that I would like numb, just like wanting to hurt myself because he was like overdosed on drugs or he was, I mean, you know, I, it's hard to explain.

For some of the participants, they talked about their siblings' substance use as one component amongst several factors that were seen as impacting their well-being. These factors

could include other challenges within the family or situations outside of the family, such as bullying by peers. Some of the challenges that participants talked about their families facing included parental conflict or separations, domestic violence or emotional neglect, mental health difficulties, incarcerated family members, and parents using substances in problematic ways. Sometimes participants described these factors as interconnected with the siblings' substance use. Mark described how feeling guilty about his brother's substance use was one factor impacting his well-being:

But yeah, I was really down, I got treated for like depression and just about ended up in a psych ward, heaps of that stuff, 'cause that was a big part of it. But mainly for lots of other reasons too, and then I sort of just like sucked it all up and got over it.

A couple of the participants said that they felt that their siblings' substance use had not substantially impacted their well-being. For example when Kayla was asked about the extent to which the worry was affecting her, she said that "It's more on the little bit side" and when Emma was asked whether her brother's substance use had impacted her anxiety she said "I wouldn't say so, yeah." This may reflect situations where the effects and risks of the substance use were less severe or shorter term, or the participants had a less direct role in supporting their sibling.

Negative impacts on well-being came through in most participants' accounts of their experience of having a sibling engaging in problematic substance use. Some appeared to experience it as impacting their ability to function in their daily life, and some talked about it having on-going implications for their well-being. Participants described this experience

impacting their mental health and suicidality. Having a sibling use substances in problematic ways was seen to exacerbate existing challenges that participants, or family members were facing, with implications for well-being. One of these challenges could also include participants' own substance use.

**Influencing own choices around substance use: “[siblings] were like my biggest influences”**

Some of the participants talked about their siblings' substance use resulting in them being more likely to start to use substances or to view substance use positively. This was described by both participants with older and younger siblings engaging in problematic substance use. Some of the ways that participants described their siblings' substance use impacting them included seeing their siblings appear to enjoy substances, looking up to their siblings, or seeing the absence of consequences for their siblings' substance use. It also included situations where siblings provided participants with substances or taught them how to use substances. For example, Joseph spoke of his brother not only supplying him with alcohol, cigarettes, and marijuana, but said that when it came to marijuana his brother's advice meant that: “I also got to learn how to, where to smoke and how to avoid getting caught and all those wonderful things.”

A few of the participants talked about feeling that their siblings' substance use had contributed to them using substances in problematic ways, resulting in significantly negative impacts on their well-being. This included thinking their siblings' substance use was “normal,” seeing a “glorified version” of their siblings and not taking in the negative experiences their

siblings were having until they experienced it themselves. For example, Michaela talked about a period where her sister “started to really abuse alcohol,” and how she: “still kinda thought oh well she’s only a teenager and that must be what it’s like, you know it gets, it probably gets like that eventually.” Michaela described her perception of the impact of her sister’s substance use: “And her life was just out of control and a complete mess, but she was only 16 or 17 and it looked fun to me. But looking back it wasn’t, it would have been horrible.”

Some participants described their siblings making it difficult for them to reduce or stop their own substance use. For example, Jessica, who described herself as having had a “really bad amphetamine addiction,” talked about the difficulty of trying to abstain from substance use while living with her brother:

Especially because like even being sober in a house with like him, like yesterday he threw his bag of weed at me and he was like smell how great it is. I was like ‘no, no thanks.’ Or he like asking me to get drugs for him, it was a like a big thing that happens all the time which is very frustrating.

A few participants spoke of taking steps such as moving cities or moving out of home to distance themselves from their siblings to maintain goals around reduced substance use.

Many of the participants talked about being less likely to use substances or having negative views towards the use of substances because of their siblings’ substance use. This

included not using substances at all, being more careful about their own substance use, or not spending time with people who use substances. For example, Caitlin said:

I actually remember being twelve and telling myself I would never take drugs. I would just never do it. I couldn't, because I'd already seen what had happened. And I've stuck to that. And I'm really, really proud of myself.

Participants described restricting their substance use due to fears that it would be a “slippery slope,” because they wanted to make sure they did not behave in the way their siblings did, or they were trying to be a role model for their siblings. A few participants talked about how abstaining from substance use made it difficult to “fit in” or feel “normal.” For example, Amelia talked about the impact on her social relationships of not using substances:

All my friends went to parties and things. Like I would go but I never drank. Which always puts you slightly, you know as a teenage girl, slightly um on the out. And then some of my friends started using like party pills and things like that. And they knew that I felt quite strongly towards that, and so um I didn't get invited to things.

A few of the participants talked about their siblings' substance use not impacting their own use or views around use. For example, when Emma was asked whether her brother's experiences impacted her own substance use, she said: “No, I'm very opinionated about those things already, even before that sort of thing happened so it hasn't impacted me that much.” A couple of participants talked about feeling that their parents' or other family members' substance



use had a greater impact than their siblings' use. For example, Alexandra described having previously engaged in problematic substance use that had resulted in going to prison, and said she felt that if her siblings had not used substances it would have had no impact on her own use. She said this was because: "I was still around my whole family and my whole family was doing it."

Most participants described their siblings' substance use impacting their own views and choices around substance use. This included talking about it as both a deterrent and an inducement to using substances. For a few of the participants, they described their siblings' use as leading to them having used substances in a way that caused substantial problems in their own lives.

### **Fears for own and family's safety: "it is scary"**

Many of the participants described experiencing fear about their own safety, and the safety of their family as a result of their siblings' substance use. For some participants this involved fear about what their sibling might do to them or their family when inebriated or needing money to purchase substances. Stacey described finding it "terrifying" when her brother would break household items when searching for money: "He was looking for money, when my mom said that she had nothing, he became crazy and began to break stuff like wardrobes or windows." At times, participants described siblings having been violent towards themselves or family members. Michaela talked about her sister being violent as a result of her substance use:

And [sister] would become, you know really angry at me, she'd get violent and she would, she, she's done really crazy things. She's, I've got, you know like scars from her trying to cut me, and choking me out, and just like really horrible things that wasn't her. It was, you know the alcohol... when I first started getting into drugs and I got kicked out, and I went to live with her. And she was, at that point, still using, but she was trying to get clean, and she was really, she was like almost psychotic. And she, she would beat me up every day and she would, you know like really crazy things

Several participants described fearing for their own or their family's safety due to the people that their sibling associated with due to their substance use. This included fear of violence towards the family as a result of their siblings' debts from their substance use. Participants described lying awake at night in fear, experiencing threats against their families, or having to move out of their homes. Caitlin talked about what it was like living with this fear in the background:

Or when I call my mum and she doesn't pick up her phone. And I'm like, has my sister got really angry, has something happened, or have the people that my sister associated with, have they come around. Have they done something? Because I mean, my family was threatened the second time, when I was twelve. People said, you know, like, we know where your family live, like, you should watch out. And they were harassing her essentially. So, yeah. It's like, it is scary. I remember coming home one day after school with my brother, I think, I must've been like 14, my brother must've been 15. And our

back door was wide open. And we were terrified, like, has somebody come around? Have they been in our house?

One participant, Amelia, made connections between having anxiety as a young adult, and childhood experiences of the fear associated with her brother's substance use. She recounted lying awake "terrified" about the prospect of being kidnapped for money in the context of her brother owing substantial debts and noted that she occasionally still finds it difficult to feel safe now.

Sometimes participants described their siblings bringing people to the home who they experienced as threatening, untrustworthy or feared would use violence or steal from the family. For example, Ella talked about having been in a position of trying to raise a child in a house where her sister's associates brought violence within the vicinity of her home:

And they would steal things or they would just cause trouble and things like that. A lot of fights and things outside the house. Even just bringing them around when they'd come in a state where they can't comprehend what they're doing. They're drunk or they're high and they'd come around and they're really loud. 'cause like they used to do that quite often when I had my son. He would've been really young so it was kind of disruptive with him there and it got to the point where it wasn't safe.

A few of the participants spoke of having to take painful measures as a response to safety concerns. For some participants this involved holding strong boundaries to manage their safety

such as not telling their siblings where they lived, or not wanting their siblings to know that they have had children.

This theme highlights how having a sibling engage in problematic substance use could be seen as a terrifying experience for young people. Participants described fearing what their siblings or the siblings' associates might do to themselves or their families. This fear could be grounded in the experiences of having witnessed or been on the receiving end of violence, threats or theft. This was not the case for all participants, potentially reflecting the different experiences based on different patterns of substance use. This theme appeared to be more prevalent amongst, but not limited to, participants whose siblings were engaged in methamphetamine use.

**Concern about sibling's well-being: "I would be worried sick about him sometimes"**

Most of the participants described worrying about their siblings' well-being due to their substance use. Many of the participants described this worry as something that was "always there" or incredibly intense. They talked about worrying about their sibling's safety, their physical and mental well-being, their cognitive functioning, and the possibility that they might become "addicted" or use other substances.

Concerns about siblings' safety included the possibility of involvement in accidents when inebriated, exposure to sexual violence, or fear of being the target of physical violence. For example, Charlotte talked about some of the incidents that her siblings had been involved in:

So, car crashes are common. We've had about, for all of them, about 12. Three of them being very serious where they've been flown off to hospital. Other ones, minor ones where they crash into a fence and started trying to beat up a fence.... So, yeah, car crashes are common, slips, falling down the stairs, breaking their head open. Not fracturing the skull, just blood bursting everywhere, where they had to get surgery. A lot of, I don't know what, appliance, appliances, have like, when they're tried to, like, what's it called? Smoke and fry (laughing). There's a lot of that. Yeah. So they've had oil all over them, making a cup of tea, falling asleep with that. Definitely cigarette burns on themselves.

Several participants described their fears escalating when siblings were involved with gangs or with substances such as methamphetamine, or if they were living on the streets. For example, Alexandra talked about the fears of potential implications of her siblings using methamphetamine:

And if they start ticking it and not paying it and smoking it all, it's a cost their life, you know? Over what, whatever, over something you couldn't pay for \$500. If you'd sold half of it and smoked the rest. Yeah... I wake up half the time as, you know, are you gonna still be here for me, ah, not here for me, but, you know, are you still gonna be here, around so we could talk to you and my kids. 'Cause you know, my kids they love their uncles.

Some participants described worrying that the substance use, withdrawals, or recovery from substance use, would cause or exacerbate mental health difficulties for their siblings. Participants spoke of their siblings experiencing “anxiety,” or becoming “really depressed,” “really, really, really paranoid,” or “almost psychotic.” Several participants described being worried because their sibling had either made suicide attempts due to their substance use, or they were concerned that they might. For example, Grace highlighted that this had been a concern for one of her brothers: “He also used to be really addicted to weed to the point that he was suicidal. He was like standing on a bridge threatening to jump off. ‘Cause he, his life had just gone down the gurgler.”

Participants spoke of their worry about the sibling’s mental well-being contributing to them providing more support to their siblings and being less likely to turn down siblings’ requests for support. One participant, Kelly, described being “worried sick” about her brother in the context of knowing more about the potential impact of substance use on his mental well-being than others:

But yeah, and I guess not many other people really know about how he used to self-harm and how he used to be suicidal and stuff. So I know a different side of him where I don’t want to not be there for him.

Other participants described taking measures to put in place boundaries with their siblings to try and reduce their worries about them. For example, Grace, described attempts to manage the constant worry about them:

It's in the back of my mind, you know, I had to delete them all from my Facebook. So I wasn't constantly being reminded. Yeah. I mean, it's always in the back of my mind and I still worry about them, you know?

A few of the participants said that they had not worried about their siblings' well-being or described the worry as relatively minimal. This could reflect situations where they spoke of less risk or problems resulting from their siblings' substance use. One participant, William, said they did not worry about their sibling's well-being as their substance use and related lifestyle was now the "norm," noting that "you accept it after a while." It is also possible that expectations around talking about emotions impacted on how people described their experiences. For example, when reflecting on what it had been like to be asked about emotions in the interview, one participant said: "Well with emotions probably like a lot of men, a lot of males, Māori, Pacific, they don't really talk about emotion."

This theme highlights the pervasiveness of worry about siblings' well-being that most participants described experiencing. Participants spoke of worrying about a number of factors that could impact their siblings' well-being, with worries about the siblings' safety and mental health being worries that some participants spoke of being particularly intense.

**Worry about siblings' "life prospects": "I don't know if he's ever gonna be able to sort himself out"**

Many of the participants talked about being worried about their siblings' life prospects due to their substance use. This included worries about participants' educational achievements, ability to find employment, live independently or retain custody of their children. Several participants talked about feeling that their siblings were not progressing through life development stages at an appropriate rate, and worried that they would never get to where they needed to live an independent life. Participants also described a sadness or frustration when they felt that their siblings were underachieving for their potential. Some participants spoke of worrying that their siblings were going "off the tracks," as if substance use interfered with the possibility that they might live a worthwhile life. For one participant, the concern about her brother's life prospects contributed to a worry about whether he would end his own life. There is a sense that the only life available to him following his methamphetamine use is not one that is worth living:

But I always think what, why would he want to come back to life. Like why would he want to continue living when he's lost absolutely everything. Like he'll never have a good credit rating is what I think of. He's gonna struggle to get his kids back you know, to a fair 50/50. He's gonna struggle to find a job, you know, he's gonna struggle to find a rental 'cause he doesn't have a credit rating. It's just all these things that I'm like why would he want to continue with a life like that you know.

One of the life paths that participants described worrying about was their siblings becoming involved in illegal activities or gangs as a result of their substance use. They talked about worries that their siblings might get a criminal record, be unable to get citizenship, become



incarcerated or commit a crime resulting in a very long prison sentence. For example, Grace talked about the sense that a certain level of cannabis use inevitably leads to criminal activity:

People who are abusing weed don't want to do anything and nothing is inspiring. And they just end up going nowhere. And they end up being in a situation where they have to avoid the law, they have to break the law to continue their habit. They end up growing it, they end up supplying it. They end up doing burglaries, they do, you know, they end up in the criminal world eventually. Just by necessity, if they have a serious habit.

William talked about how his brother's alcohol use "Kinda cause him dramas so that kinda led to him joining gangs and stuff." He described there being two paths that young people can take in the area that he grew up and how this can be worrying: "You're either gonna go to University or you're gonna join the gangs and you're gonna go down this path and it's a bit scary."

A few of the participants spoke about the idea that at a certain point on the track it felt like it was too late to intervene. Grace talked about her fears about her sister's prospects if her relationship ends, in the context of having left school due to her cannabis use: "And she'll have no skills, no work experience, no life experience, no nothing. She'll be, you know, under-class, you know, she'll be at the bottom of the ladder." One participant spoke specifically to the idea that a lack of "safety net" due to the family's financial situation and citizenship status meant that there was less scope for her brother to go "off track" as it could be more difficult to him to return. She said:

Yeah, I think that's my worry, that my brother will just, like, I don't know, I don't want, we're renting right now, we don't have a safe house, we don't have a safe house literally. If we get evicted then we might have to live in our car kind of thing. So I want him to be, like, aware of that, that he's not in the same situation as his friends.

The implications for a sibling going off track can be significant where there is a potential for the young person to have responsibility to continue to support the sibling. Amelia described the daunting nature of managing the situation with her brother once her parents are no longer able to, saying "one of my greatest fears is that I will have to pick up, where they left off."

A few of the participants' worries about their siblings' life prospects related to the possibility of their sibling not living a life that they considered morally sound. This included where siblings had engaged in behaviours such as using methamphetamine, stopping attending church, or engaging in violence. Kayla spoke to this directly when she noted that she was worried that her brother "doesn't go on the wrong path morally too." Maria described being worried about her brothers as they were living a "very hedonistic lifestyle."

Some of the participants described living with the worry that their siblings' life prospects would be limited by their substance use. This included a fear that siblings would not be able to live independently or without family support, and that participants may have to one day take on the parental support role if they were not already doing so. There was a sense of loss relating to siblings not meeting their full potential or where siblings were living a life that participants did not see as morally sound.

**Preoccupation with family well-being: “I’m okay as long as [the family] is okay”**

Many participants talked about impact of living with the worry about the effects of their siblings’ substance use on the well-being of other family members. This included being concerned about how siblings’ substance use was impacting parents’ or caregivers’ well-being, mental health and physical health. Stacey highlighted how this concern for her mother was greater than the concern for herself: “Yeah and on my Mum as well because I was pretty much worried about her, even more than for me, I was worried for her.” Another participant, Amelia, talked about how her brother’s substance use indirectly impacted her through the impact on her parents: “I can just ‘oh whatever, he, like, let him be,’ but it really gets to my parents, and that they’re upset, and that gets to me.” When asked about what coping strategies were helpful for her, Katie identified checking in on her mother as the key strategy:

I guess for me it was probably talking to my mum about it every, like I give her a phone call every day and see how she’s going ‘cause I’m okay as long as she’s okay. I feel like I can distance myself enough from the relationship between me and my brother, but she can’t. And I just like to know that mentally and, you know, health-wise she is, she’s feeling okay.

A few of the participants talk about their siblings’ substance use as being the factor that contributed to their parents experiencing mental or physical health difficulties. For example, one participant talked about the impact of the stress of her brother’s substance use on her parents:

Like my mum's on heart medication at the moment because all he does is call her and give her abuse... And my dad's as well. So he was pre-diabetic and now he's diabetic again, and the doctor said that's through, probably down to the stress of this.

Other participants describe worrying about parents or caregivers who were already struggling with mental health, substance use or legal problems, in the context of seeing their siblings' use as exacerbating these. For example, Brittany talked about her concerns about the impact of her brother's substance use on her mother who she described as "going through heaps" and "a little depressed:"

And mum kind of wasn't home most of the time, so when things got difficult mum would take off. And so it was just me and him at home. And so I was worried about mum taking off and not knowing what's happened to her and things like that.

Some of the participants described what appeared to be a cyclical relationship between the parents' well-being and siblings' substance use. This could involve perceiving the sibling's substance use to worsen in the context of the parent facing difficulties, which was then seen as exacerbating the parents' difficulties.

Several participants described worrying about their parents' or family members' financial well-being because of their siblings' substance use. This included where siblings were asking parents for vast sums of money or were not contributing to rent. Participants described worrying about family members struggling to make ends meet, being unable to retire, or having their life

savings decimated in old age. For example, Stacey recalled being concerned that her mother would not have enough money for the household due to her brother's substance use:

Well I wasn't worried that she would be hurt, but in terms of money, you know, we were not very but like, middle class here. We didn't have much and I knew that if my brother comes and asks her for any sum, any amount of anything, anything she will give it. She would. And she did and I saw and I realised how much she struggled to survive and to keep the family going because it was too little to work.

Several participants described having been concerned about the impact of the siblings' substance use on other young people in their lives. This had included worrying about how it had impacted their other siblings, their siblings' children, or their own children. They talked about having worried about young people being exposed to substance use, or not getting enough care and attention due to the impacts of the substance use. Some participants described this having reached a point where their siblings' children were taken out of their custody or where participants had to call child protection services. For example, one participant talked about the situation where they were concerned for her sister's unborn child when she was using substances while pregnant:

Yeah because at that stage I think we weren't really thinking about her it was more so the baby. 'Cause yeah, it was affecting the baby more than it was affecting her, so. And we couldn't, we couldn't get her off the streets, we couldn't get her from stopping, from

doing drugs and alcohol, et cetera. So what we had done is we ended up getting CYFs and kind of the Police involved and trying to find the best, safest scenario for her.

The impact of the siblings' substance use on other family members was identified as a substantial worry for participants. The concern for the physical, mental and financial well-being of their parents, grandparents, siblings, nieces and nephews could impact participants' own well-being and how they engaged with other members of their family.

**Positively contributed to self-development: “it turned me into a really good person”**

In contrast to the many negative impacts that participants described, several also spoke about the experience of having a sibling whose substance use was problematic as having contributed to them developing positive qualities or a sense of purpose. This included having more empathetic qualities, particularly towards people who are struggling. For example, Caitlin said:

Yeah, so I think it's given me a unique perspective on the type of person, or, you know, just what happens. Yeah. And so I feel like it's maybe made me a kinder person, kinder than I probably would've been without having known that kind of struggle.

Jessie described this experience meaning that she “just had to grow up” and suggesting that has meant that she has become someone who has cared for others rather than just focusing on herself. Overall, she reflected about the experience that: “it turned me into a really good

person... I'm, I'm able now to just, to, I've just learnt so much from the whole experience... And, and I just found out who I was as a person."

Several participants talked about their experience with their sibling giving them a sense of purpose or direction in their lives. This could include working in advocacy or support professions, working in the drug and alcohol field, or being a parent. A few participants described having a sense that they had something to offer to certain professions due to their experience with their siblings. For example, when discussing the likelihood that she would choose to work in the alcohol and drug field due to her brother's experience, one participant said: "Yeah definitely more likely. 'Cause yeah, I feel like I understand a little bit more. And just have that drive to make whatever change I can possible." A couple of these participants noted that part of the motivation for working as a supporter for others was because they felt like they had not been able to support their siblings. For example, another participant spoke about his work with young people, saying: "Yeah but I think like my obligation is just, my duty of care is kinda like I couldn't help my brother so my main thing is to try and help these guys."

Some participants described being motivated to engage in good behaviour as they did not want to burden parents, wanted to be different to their siblings, or wanted to be a role model for their sibling. Being a role model for one's sibling could involve limiting substance use or demonstrating that it is possible to live a worthwhile life when sober. For example, Olivia talked about feeling that she needed to put more emphasis on being a good role model since her brother started using substances in problematic ways:

Yeah, but I think definitely I needed, I had to step up and really, like, I've had, yeah like, I feel like, 'til my brother graduates, I can't do certain things. I need to you know, keep myself to be, like, the idol. So there are things that I would like, I'm like, my friends are like, 'oh do you want to like get some ecstasy pills for like this concert', and I was like, 'mmm yes but like yeah I don't want to have any, like, tales', so I kinda like, maybe when my brother graduates kinda thing.

The idea of being a role model as a form of support for a sibling appeared more prevalent in the narratives of participants who identified as non-Western ethnicities. One of the participants who talked about being a role model, noted that he would not give his sibling advice as: "coming from like a Māori and Pacific Island family, we're quite, we're quite staunch if you can say. Like we don't really talk about our problems."

It appeared that some of the participants saw being a good child as a way to get parents' attention. For example, Stacey described the desire to be seen by her mother as different from her brother:

Stacey: And I wanted to be the opposite of my brother.

Interviewer: Okay, yeah.

Stacey: Like if he's a bad example, I'm a good example.



Interviewer: Yeah.

Stacey: So if you cannot do anything, it's like, yeah, Mum you see I can do what he can't.

Some of the participants implied that the process of trying to become a better person had taken its toll on them. This could include where they described putting others' needs before their own, experienced expectations of filling siblings' roles in the family or feeling that they should not make mistakes. There is a possibility that participants may have felt that they needed to grow up more quickly than they wanted to. Amelia talked about the impact of trying to be "perfect" in order to support her parents around her brother's substance use:

I almost felt it was my responsibility to keep everyone happy, so in order to keep everyone happy I had to do as I was told, and I had to be the perfect daughter, um never put a foot wrong, um and then I, yeah, there's only so much of that you can take I suppose. I'm a bit better now, just I'm standing up for myself.

This theme highlights some of the ways that participants perceived their experience to have positive impacts on behaviour, personal development, and sense of purpose. In some instances, this appeared to include becoming more focused on others, increasing the support that they provide to others and potentially decreasing the amount of support that they ask of others.

## **Impact on the Family**

### **Negative impacts on family relationships: “it pulls the family apart a little bit”**

Many of the participants spoke of their siblings' substance use contributing to negative impacts on relationships within the family. Most of the participants described conflict within the family that they saw as linked to their siblings' substance use. In some instances, the conflict between family members with siblings was described as resulting in violence or requiring police intervention. Participants reflected that sometimes family members made difficult decisions to manage safety as a result of the siblings' substance use and this was seen as impacting relationships within the family. This included measures such as: having protection orders against the sibling; parents not allowing the sibling in the house; calling the police and child protection services on one's parents; and partners not wanting the sibling in the house.

In some instances, participants implied that the family conflict had existed prior to the siblings' substance use, and the sibling's substance use could exacerbate the conflict. For example, when asked about whether her brother's substance use contributed to the conflict between her mother and stepfather, Olivia said:

Yes, that did, yeah. But also definitely my stepdad and my mum fighting. Also I think it made my brother kinda go astray because he wouldn't like stay home at the weekends

‘cause he was like, ‘I want to get out of here’ kinda thing. But I don’t think that was fully that either because even when, like, things are really good in the family, he would still do it.

As Olivia described, sometimes siblings’ substance use was seen as increasing following family conflict. Some participants’ stories suggested the potential for a circular relationship between family conflict and the siblings’ substance use, with each in turn increasing the other.

Many of the participants talked about conflict within the family with respect to how to respond to the siblings’ substance use and the detrimental impact this was seen as having on relationships. This included arguments with caregivers or parents when participants thought they were not doing enough in response to the siblings’ substance use or needed to put in place stricter boundaries. For example, Charlotte talked about raising concerns about her sibling’s substance use to her caregiver:

And like, when I would bring something up, like something constructive, I think that’s when she started to kind of get tight and started, like, telling me off and things. So, I remember saying to myself “no I have to put up with her, like, yelling at me because she would do it to my siblings.” ‘Cause I’ve never once regr-, I mean it’s annoying, but I’ve never regretted any situation that they’ve put me in. Because they’re all alive. That was my main concern. So I remember thinking, you know, I will get as many growlings, as many timeouts ‘cause I was really young when that happened. So, as long as I kept telling someone and someone knew.

A few of the participants spoke of taking measures to distance themselves from family members as a result of the conflict about the siblings' substance use. This included moving out of home, or not seeing their parents for weeks at a time. They described feeling "unhappy" or "sad" about distancing these relationships or feeling like they had "hurt" their parents.

Some of the participants described family conflict relating to the siblings' substance use contributing to serious ruptures within family relationships. For example, when describing the impact on relationships within her family due to different opinions about responding to her sister's substance use, Caitlin said the relationships were:

Super-strained, like, yeah. Recently, yeah, there's been a lot of difficulties, I struggle a lot to speak to my brother now (laughing). We're just, you know, we're very different in the way that we think about it. And my sister was at first, but my other sister, and she's sort of come around a little bit. Yeah. It's definitely caused relationship breakdowns.

Several participants described living in households where they experienced a level of general tension due to the conflict about the siblings' substance use. This could include perceiving family members as trying to avoid doing anything that could contribute to a negative reaction from the sibling using substances. For example, Jessica talked about living in a household that she saw as constantly in fear of this: "But as well as him being so irritable all the time that like anything either of us say, he'll just snap at you. So it's just quiet all the time." One participant spoke of feeling that she was on the receiving end of displaced negative emotion from her

parents regarding her brother's substance use. She described her brother causing tension with her parents via the telephone, and then she "was the person that was, was there," giving an example of this happening:

And like it, you know my, my mum would say, like she'd come into my room on a Saturday morning and be like 'we're going to wash all the walls in the house today'. They really are lovely people, I know it sounds bizarre, I'm just pulling out. I'd be like 'why?' and then it was because obviously [brother] had said something the night before via phone or text message, and she was like 'I need to keep myself busy all day' and then I remember just being like 'I don't want to do that' and it was like world war three, it was like 'you're lazy' and you know 'you're useless' and I, just like quite, full on, for like you know a 16-year-old girl who just didn't want to get out of bed at seven o'clock and wash the walls.

In some instances, participants described their relationships with family members changing as a result of their siblings' substance use through factors other than family conflict. This could include where participants felt that the focus of all their conversations with their parents was about their sibling, and they described feeling "alone" and "unseen" by family members. It could reflect measures that participants described taking such as moving to a different town to reduce the influence of the substance use on their own children. One participant, Joseph, talked about how he became "antisocial" in his home, avoiding talking to his parents so that he did not inadvertently share information about his brother's substance use:

It definitely made me be more secretive around my parents ‘cause if, ‘cause if we’re out doing drugs together obviously I can’t talk about that ‘cause otherwise I implicate my brother, and that would damage our relationship and make living at home more unpleasant.

This theme highlights the way that siblings’ substance use was seen as contributing to ruptures or changes within family relationships. This could include conflict between the sibling and other family members, conflict about how to respond to the siblings’ substance use and exacerbation of existing conflicts. In some instances, this conflict was portrayed as contributing to the complete breakdowns of family relationships.

**Taking on additional responsibility within the family: “I had to take on a parent role”**

Most of the participants talk about taking on additional responsibility within their families as a result of their siblings’ substance use. This included providing additional emotional or practical support for their siblings. Several participants explicitly identified feeling like they had taken on a parental role. For example, Jessie named this as a role she had taken on in supporting her brother:

You know, like we, he went to the hospital because some people found him passed out, he was very high on Ritalin and drunk as well. And just passed out on a bench, and then I

just had to nurse him back to health like I always have to do. It's just be his kind of mother for a bit.

Participants also described providing additional emotional support for their parents in the context of their siblings' substance use. This included providing advice, reassurance, and monitoring how parents are coping. For example, Olivia talked about this shift in the roles following the pressure on her mother from her brother's substance use and a relationship breakup: "But my mum is always talking to me about her stuff, like recently I feel like I'm her mother rather than she is my mum."

Some participants described taking on the role of caring for their siblings because they felt that they were filling a gap left by parents. This included where they saw the parent as struggling to cope with other challenges or being so focused on the sibling that was using substances that other siblings went unseen. For example, one participant said:

And just I guess like taking on, 'cause there was a lot of sort of family hierarchy thing, cultural thing going on too. Mum's going through her own stuff so she stepped back and so I had to take on a parent role as well as a sibling as well as support person for him, so.

A few participants said that they had taken on a parental role in the household prior to the siblings' substance use as a result of on-going challenges that their parents faced, including when they spoke of parents who had also been using substances in problematic ways.

Some of the additional responsibilities that participants described taking on in households included the roles of mediating arguments, setting boundaries for siblings around substance use and keeping family members safe when there was risk of violence. Accounts of holding boundaries included participants telling siblings that they could not use substances in the house, breaking up parties, asking siblings to move out, calling child protection services or the police, refusing to give siblings money and trying to stop their sibling selling drugs to or using drugs in front of younger siblings.

Several participants attributed negative effects to taking on additional responsibility. This included the stress and pressure involved, and detrimental impacts on their relationships with siblings. Jessie talked about how as a teenager, asking her brother's friends to leave and stop using drugs in the house had resulted in social repercussions:

I mean I kind of had to be the one who took over the situation and became, made myself like the one who was just like, 'no, I'm sick of you guys, don't come here.' I had to cut them off and it was really hard because I heard people calling me a bitch all the time and saying that I was mental... Yep, yep, it was I mean, I mean definitely used to being bullied but that was something else.

The stakes appeared to be particularly high for several participants with respect to trying to hold boundaries with their siblings or keep them safe. This included situations where participants described siblings as engaging in suicidal behaviours, having overdoses or living on the streets. One participant experienced her brother die during a period when he was not living at home due



to his substance use. The high stakes potentially reflect the draw to take on a parental role, and the stress involved with having this role.

A couple of participants spoke of positive elements of taking on a parental role. They saw it as giving them positive attributes or being part of a process of growing up. Caitlin described wanting to be a support person when she was younger and not being able to, and then appreciating it when she could be:

I think, actually, you know I think I have really struggled with wanting to be a support person for my sister and being the youngest and not being able to do a lot of things. And more recently, I have sort of stepped into that role.

Grace reflected on how she had questioned the appropriateness of taking on the parental role but concluded that she felt that it was necessary to protect her siblings:

And I mean, there have been so many times where I've wondered, like, am I in the wrong here? Like, am I, am I, like, should I just be letting my siblings do their own thing, because, you know, whether they're, because they're adults or because, you know, I'm just a sibling. I'm not a parent. Like, should I be respecting my mother's, like, status as a parent, you know, should I just butt out? But at the same time, it's like I feel like, you know, a moral imperative, like, you know, like, I care about my siblings. And I have to do what I can, if I can, you know, to keep them safe.

Ella talked about being in a position where she felt better able to support her siblings in a quasi-parental role because she was not actually a parent. For example, when talking about the possibility of needing to support her brother if his substance use became problematic, Ella said:

So you know like if he needs me to go and get him I go and get him. If he needs me to talk to him he'll call me, so that's kind of what I quite like. Is I'm capable of kind of being a kind of mother figure for them as long as they understand that I'm still their sister and they can still kind of talk to me, whereas they wouldn't wanna do that with my mum. Because no-one actually really wants to speak to their mum about how they're feeling to the extent that they do.

Both participants who were older and younger siblings described holding a parental role. When asked what advice she would give to a young person in a similar situation, Michaela talked about how it is more natural to take on the supporting role if you are the older sibling: "And it's really important to validate feelings, and so I guess if they're an older sister it would be easier to comfort a younger one with drug and alcohol because they, the dynamic."

The idea of having to take on additional responsibility, or a parental role, was prevalent across participants' accounts of their experiences of having a sibling who engaged in problematic substance use. This could involve supporting siblings and parents with both emotional and practical support. At times participants implied that this had substantial negative effects, although some participants spoke of the positive impact on their development or appreciating being able to support their sibling.

**Families overly focused on siblings' substance use: "addicted to his addiction"**

Several participants described their families, particularly parents, being "addicted" to their siblings' substance use. This involved seeing their family members as becoming consumed with talking about the substance use and how to manage it, and constantly attending to and monitoring the siblings' behaviour. For example, Caitlin described it as her mother's "life mission" to prevent her sister using drugs. Participants spoke of family members making substantial self-sacrifices in their own lives in order to attempt to keep the sibling safe and change their substance use. A few participants described the "addiction" to the sibling's substance use reaching the point where family members' lives seemed to be controlled by the addiction. This included referring to cycles within the family, with everyone's lives and well-being adjusting depending on how problematic the siblings' substance use currently was. One participant referred to seeing her family's support for her sister as all-consuming:

They did kind of revolve themselves around her, so my mum stopped her studies so that she could kind of just be there for my sister. So quite a lot of people. My aunty took quite a few days, weeks off work to kind of help my sister.

Participants spoke of other siblings, or their own needs going unmet in the context of their families being 'addicted to the addiction.' This included participants feeling "unseen," "unloved" and implying that they did not receive enough attention or "emotional support" from parents or caregivers because they were focused on the siblings' substance use. For example, one

participant talked about experiencing her caregiver provide unequal attention to her older siblings whose substance use was problematic:

I think it definitely taught me that, she's not gonna be there because she's probably gonna spend her energy with them. And doing fun stuff, to keep them occupied. And I'm just fine, I only need basic needs, like I'm not a developing teenager yet, so I don't need pads, I just need food. You know, I don't really need to socialise, I've got four older siblings. I think because she saw me as someone that was quite, like, just a basic child, I guess. She was like, "here's dinner," and then that's it.

A few of the participants suggested that unequal attention due to the family 'addiction to the addiction' had negative impacts on their well-being, ways of coping and interacting with others. For example, one participant talked about feeling "like a lot of my life has been about my sister" which in turn "definitely fed into a lot of the feelings I was having as a young person, feeling really, I guess, like unloved and maybe not worth people's time, or yeah." Another noted how if she had not been available to care for her younger brother, she felt that he might also have started to use substances in a problematic way because her mother had "kind of lost kind of touch with my brother as well, having to be full on with my sister." Amelia talked about experiencing long-lasting impacts of her parents' focus on her brother. She described becoming self-reliant, including around managing emotions, and this contributing to on-going challenges in responding to difficult emotions:

I almost have to for myself um in the sad, when I'm upset or something's not right, I have to um, yeah, like I have my husband now, but I always had to find someone else or when things were really good I knew I wasn't quite going to get the reaction that I wanted, so in that, you just kind of play it down, and I think that lead to, I have, I suffer from terrible anxiety.

A couple of the participants spoke about families being 'addicted to the addiction' as not helping siblings to change their substance use. These participants tended to advocate for the need for families to hold firmer boundaries and respect siblings' rights to make decisions around substance use. Participants described family members' responses often occurring in the context of substantial safety concerns around the siblings' substance use. This included where they spoke of siblings having overdosed on substances, made suicide threats or attempts, spent periods living on the street, were using substances while pregnant, or had been incarcerated or threatened with violence.

Several participants' descriptions of their own behaviour in response to their siblings' substance use could be seen as consistent with the idea of being 'addicted to the addiction.' Some of the participants spoke of going to significant lengths and having endured substantial self-sacrifice to support their siblings. Participants described making themselves available at all hours to talk to their sibling, staying up all night trying to find their siblings, missing university or work to support the sibling, feeling like they always had to be "watchful" regarding what their sibling was doing, or constantly discussing or thinking about their sibling. Emma talked about the importance of being there for your sibling regardless of the situation because "And then

worst, worst case scenario, like, they're suicidal and if you weren't there for them and they needed you then, yeah, that would be a pretty big regret."

Many of the participants did not describe their parents or caregivers as being 'addicted to the addiction.' A couple of the participants specifically spoke about parents or caregivers continuing to provide participants with the support that they needed through this process. This included feeling like they could still talk to family members about their own challenges or describing family members checking in on how they were coping with the situation. For example, Maria reflected that her brother received more attention from her parents, but this did not mean that her needs went unmet:

But they cared about [brother 2] I suppose a little bit more, which is rightfully so, like I'd kind of be disappointed if they didn't. But that's sort of just the way my parents are, like they have that saying about like, they, 'the most attention like to the one with the scraped knee,' I don't know if you've heard that but like so. But that doesn't mean that they didn't still keep in touch with us, or still ask us about our lives and cared about what we were going through.

This theme captures how participants described families as becoming highly focused on the siblings' substance use. Some participants spoke of how this left them feeling unseen, and others reflected on ways that their families still expressed concern for their well-being.

**Deterioration of the sibling relationship: “our relationship broke a bit”**

Most of the participants talked about their siblings’ substance use having had detrimental impacts on their relationships with their siblings. This included feeling like their sibling changed due to their substance use, including becoming “manipulative.” For example, Jessie said of her brother’s changes due to his substance use: “I don’t know who he is anymore. I don’t even like being around him... Every time I see him I just, I just wanna leave.” Many participants talked about feeling like they could no longer trust or rely on their siblings. This included where they described their siblings having engaged in behaviour such as stealing from them, lying to them, inviting unwanted and dangerous guests into their home, or hiding drugs in their room during police raids when they were children. For example, Caitlin said of her sister: “I remember thinking, I remember having this like really clear thought where I was like, she’s so untrustworthy. And I’ll never trust her my whole life.”

There were a number of factors that participants described as impacting their relationship with their siblings. This included feeling that they were never able to spend time with their sibling due to their substance use, or never seeing their sibling sober, and seeing this as detrimental to their relationship. A few participants described intense anger relating to the negative impacts of their siblings’ substance use on their parents or siblings’ children. For example, in talking about the effect that her brother had on her parents, Amelia noted that she “can’t stand him” and “wouldn’t spit on him if he was on fire.” A couple of the participants talked about how taking on a parental role negatively impacted their relationship with their

sibling. For example, one of the participants talked about the impact on her relationship with her siblings of being the one who involved services regarding her sister's behaviour:

And I was, I got actually suicidal 'cause I was just like, you know, this is, 'cause my whole family turned against me. 'Cause they were like, why are you being so horrible to mum, why are you, like, calling the police? Why are you getting CYFS? Like, they perceived it as an attack, you know. Which, to a degree, it was, but it was like, you know, I felt like I had to do something.

Several participants described putting in place boundaries or distancing their relationships with their siblings due to their substance use. This included where participants spoke of trying to maintain their own sobriety, wanting to reduce the emotional impact of their siblings' behaviour, or due to safety concerns. For example, Ella talked about how painful it was for her relationship with her sister to have to ask her to leave when she brought dangerous influences into the house where Ella lived with her son and other children:

But she still did so then I had to kick her out. And she did kind of hate me for that. I think she understands now why I did it because it is also about my son. And she gets that now, but she did tell me that she didn't understand it then.

Some participants talked about experiencing sadness about feeling that the relationship with their sibling had deteriorated. Several participants appeared to attribute particular importance to the sibling relationship where they described not experiencing adequate support



from their parents or spoke of not having any friends. This included participants who spoke of having been removed from their parents' custody, having a parent struggling with drug and alcohol use or having experienced bullying or social isolation. For example, Mark talked about how his brother would have been the one person that he would go to if he needed someone to talk to, or the person he would want to look after his son if he and his partner died. He spoke of how he felt that he could no longer rely on his brother for this due to his lifestyle, noting that "He's like my life insurance policy, but he's gone now."

Many participants talked about feeling that they could maintain positive elements of their relationships with their siblings or had rebuilt these relationships. Several talked about continuing to support their sibling despite this being challenging at times. For example, Sarah said of her frustration with never seeing her sister sober: "Like, yeah, there's resentment, but I still love her to pieces still." Some of the participants described continuing to support siblings who had engaged in betrayals of trust, emotionally or physically abusive behaviours, or who they experienced difficult emotions towards. Caitlin said of her sister: "So I think a lot of what I've been talking about so far is that we might not like her, but we definitely love her." It was rare for participants to describe having completely given up on their relationship with siblings and put in place boundaries such that they were no longer in each other's lives. At times participants appeared to imply a sense of responsibility for continuing support because of the sibling relationship. For example, Mark said of his siblings:

I was like usually if it was other people I wouldn't care, I'd be like 'oh well, you did it to yourself.' But I mean I want to say that to them too, but they're my, they're my siblings, I gotta look after them.

Sarah talked about her mother being able to distance herself from her sister's substance use in a way that she could not: "So seeing, the way my mum can just step away and, like, ignore it sometimes. And it's like, I wish I could do that." Jessica highlighted how going through adversity together had strengthened the resilience in her relationship with her siblings and continued to allow them to support each other:

I think we're all really resilient kids, just 'cause our childhood like with our dad was so rough that we've banded together and were able to overcome that. And then overcome our own little tragedies. And we all try to keep each other in the loop and be good siblings. But while keeping the distance that we need to like not be negative impacts on the other person.

This theme highlights how siblings' substance use was seen as having detrimental impacts on the siblings' relationships. This could include the participants describing loss of trust or experiencing the sibling having engaged in damaging behaviour. Many of the participants said they had maintained some degree of relationship with their siblings despite describing challenging behaviour.

**Unpleasant home environment: “home equals problems”**

Several participants talked about their home as being a place that they associated with problems because of their siblings' substance use. Some of these participants related this to the physical environment. Several participants talked about their homes smelling like alcohol, marijuana or vomit. Sometimes participants described having to clean up after their siblings. When asked what advice she would give to a young person in a similar situation Charlotte said that “Jif is your best friend,” noting that this is relating to cleaning up faeces associated with her siblings' substance use. A few participants spoke of the noise level as being the problematic factor. This could include talking of being unable to concentrate on their study at home because of the amount of noise their siblings' and their associates made.

A couple of participants described their siblings' associates as contributing to this unpleasant home environment. For example, this included descriptions of siblings' associates engaging in shouting or “rude music.” Some participants talked about not liking their siblings' partners or friends who would come to the house to engage in substance use. For example, Jessie spoke about her brother's friends being unpleasant at her house, including being cruel to her dog:

And like they were, oh they were really mean to my dog, like they would like joke about like kicking her and like throwing her off the balcony. And she was really sick and she had, she was a very sick dog and anxious and it made her really unhappy with people being around.

A few of the participants described not wanting to be at their house due to the impacts of their siblings' substance use. These participants talked about spending long hours at school or work to minimise the amount of time they were at home. For example, one participant described having three or four jobs in order to avoid her mother's emotional state regarding her brother's substance use: "I just never had a minute that wasn't some kind of um, because I didn't want to ask for money, and I didn't want to be at home." A couple of participants described taking this further and moving out of home in order to avoid the problems. For example, Stacey likened living at home to like living in "a bad hostel" where "you just spend the limited amount of time you need to spend in the room and then you just get out."

This theme reflects how some participants experienced their home as a source of problems, rather than a sanctuary. Some participants responded to this situation by trying to spend as little time at home as possible.

### **Strengthening family relationships: "made us closer as a family"**

Several participants talked about seeing their siblings' substance use as making them closer to members of their family, including their siblings. A couple of participants linked this to family members communicating more in the process of supporting each other around the siblings' substance use. For example, Maria talked about how she felt that this has shifted communication in her family:

It definitely made us like closer, and we definitely learnt a lot about each other. 'Cause I mean everyone was just super open for a while, and just very understanding. I mean something like this, having talked with your parents about such intense things.

One participant, Katie, talked about how she felt that this process had contributed to resolving historic conflict in her relationship with her parents and their relationships with each other:

'Cause we've had a bit of tensions as well in our relationship me and my mum. So yeah, it's probably actually brought us closer together ironically... And same with my dad, like you know, it's probably brought me closer to my dad as well. 'Cause you know, there's been a bit of turmoil in my mum and dad's relationships and it's caused a little bit of friction within our family for a very long time, for about five years. And so this has actually ironically kind of brought the family together and, a little bit more.

Some of the participants talked about feeling like they became closer with their siblings due to their siblings' substance use. A few participants linked this to supporting their sibling around managing the problematic elements of their substance use. For example, when asked about whether this experience had impacted his relationship with his brother, Callum said: "So yeah I realised I do care a lot about him... Yeah about his life and his wellbeing." He went on to talk about how this changed his perspective in terms of seeing that it was more important to be home more, spend time with his brother, show more interest in his brother's life and spend more time talking to each other. Callum reflected that this experience allowed him to "bond with my brother a bit more" which he perceived to be a "good thing." A couple of participants spoke

about having reached a point where they talked to their sibling about more “personal” topics or have “deep conversations” due to the experience with their siblings’ substance use.

A couple of participants described feeling that using substances with their sibling had brought them closer together. For example, Joseph talked about being able to “bond” with his brother around substance use, and when talking about the impact of substance use on their relationship noted that “It probably strengthened it ‘cause we hung out more... Which, you know, in turn motivated drug use.” He also suggested that substance use results in siblings “collude together to battle against the parents.” Michaela talked about how using substances with her sister initially brought them closer:

But we, I wanted to find, I really wanted to be close to her, I wanted her to protect me, and I wanted her to like me. So I would, I found that when we got drunk together she sort of became a bit more fun, and nice, and, you know.

Michaela described this as only temporarily a positive change in their relationship and said that it eventually had negative effects: “It was only, yeah it only brought us together the first couple of years, and then it completely did the opposite.”

This theme captures how participants felt that family members became closer to each other as a response to siblings’ substance use. Participants linked this to the extent of communication that would occur in the family, the type of topics that would be discussed and the

time that siblings spent with each other either using substances or supporting each other to not use substances.

### **Siblings offering helpful perspectives: Seeing “the full picture”**

Many of the participants talked about being in a position where they felt that they had more knowledge than their parents or other family members about their siblings’ substance use or what would be helpful in terms of how to respond to it. This included describing being more aware of the extent of their siblings’ substance use and knowing “more of the like true stories.” Participants talked about knowing more about their siblings’ substance use because they saw their siblings as more likely to tell them about it, less likely to hide it from them, using substances when their parents were out, or they would hear more about it through their social networks. For example, Olivia talked about her friends’ social media giving her access to information about her brother’s substance use: “Because like I have, my friends, because I went to my old, in my old school, everyone follows each other’s Instagrams, so my friends always keep me updated on what my brother does.” Some participants suggested that this greater awareness about their siblings’ substance use meant that they were more worried about their siblings’ substance use than their parents were.

Several participants talked about barriers for their parents or caregivers being able to perceive the extent or implications of their siblings’ substance use. This included where they described their parents as “naïve” about substance use or as “in denial.” For example, one participant talked about her parents not seeing that her brother’s substance has become problematic due to denial:

Well so my mum was in denial at first and my dad was in major denial. So my mum was down the vein of ‘the doctor told me it was skin allergy, that's what it is.’ And then there was one night where we was waking up and he was screaming in his sleep, saying ‘hide the drugs, hide the drugs, ra, ra, ra.’ And mum was about, like his face was just full of pock marks basically and bleeding, and mum was like ‘well we’ve got, you now, I'm gonna call the ambulance ra, ra, ra.’ My dad was in such denial he was like don’t call the ambulance it’s stupid ra, ra, ra. This was a week before he lost his job.

Joseph talked about perceiving his parents as naïve, and this restricting how much he and his brother discussed substance use with them:

So, that might, might’ve made me shy away from my parents more because I kind of saw what happened, yeah, one of the reasons why we didn’t really open up to our parents is because all their advice, we felt at the time, still feel, was terrible... And, yeah, ‘cause they grew up in, kinda, naïve... So, all, all their advice, very naïve, was, was the problem, it was very naïve and unrealistic.

A couple of participants identified that there was potential for interventions regarding their siblings’ substance use to have occurred earlier if they had a greater role or their advice had been taken on board. For example, Maria noted that if she had more contact with her brother it could have contributed to support sooner:



I sort of wish I'd talked to him more and maybe like seen if he'd have been more open with me. 'Cause I felt like that could've helped, 'cause I feel like he would have been more open with his siblings over his parents sort of thing, so I could've seen or sensed things earlier which would've been helpful.

When asked for what advice Katie would give to another young person with a sibling using substances in problematic ways she said:

I'd say just don't back down from it. Like just if, if it's, if you've got an assumption, don't let anyone talk you out of it, yeah. 'Cause that's kind of what happened to me. And I think he would have been better if we intervened earlier than if I was just like 'oh well, maybe I'm wrong.' And then obviously everything hit the fan and his whole life imploded.

A couple of participants spoke about perceiving their siblings' substance use differently than parents because of differences in the relationship as a sibling rather than a parent. For example, Katie said: "Parents totally think that their children, you know, can come back from it. But I think as a sibling you kind of think that your sibling isn't, you know, isn't made of stone and is likely to crack again." One participant talked about the finding it easier than her mother to identify when her sister was being "manipulative," as she saw her mother as closer to her sister, noting that:

I think I know exactly what it is. I have a less close relationship with her. Because my sister doesn't like me (laughing). I feel like she doesn't like me, hasn't liked me. Maybe that's not entirely true, but I feel like, yeah, she is really suspicious of me for some reason. I don't know why. So, we haven't gotten as close.

Participants identified insights that they could have, or did, offer to others in their lives about how to respond to their siblings' substance use. This included telling parents that their sibling's substance use had become problematic and that they needed to do something about it. Several participants talked about giving their parents advice about when their siblings were being "manipulative" or the parents needing to hold stronger boundaries in order to not "enable" them. Participants described offering up advice about matters such as what school their parents should send their sibling to, or when they needed to be giving their sibling more emotional support.

Several participants described having knowledge to offer about how to respond to their siblings' substance use but experiencing barriers to providing advice to their parents or caregivers. This included where participants talked about feeling uncomfortable about giving advice to parents due to their age or family role, thought that their parents would not listen to them, or felt that their advice was not taken on board. For example, one participant described her caregiver "yelling" at her and "telling me off" for sharing her perspective that her siblings' substance use was problematic:

Because I was in care, as well. So there was still an attitude, like, oh, that you should listen to us because, you know, we took, we had the right to take them in, being social

welfare children. And then also being a young female, it was quite, yeah, it was kind of a sticky spot to be put in, like, if I saw them drinking heavily or smoking, it was often, you know, stop narking on your older siblings, they're fine.

Some participants also acknowledged how challenging it was to know how to respond to the situation. For example, Emma, noted that she did not give her parents' advice about how to respond to her brother's substance use "just 'cause I'm kind of at a loss as well."

This theme highlights how participants spoke of factors that they saw as contributing to them having more knowledge than other family members, such as parents, about the extent of their siblings' substance use and how to respond to it. Participants described barriers to their parents seeing 'the full picture,' such as denial or naivety. They spoke of having insights that they could offer to other family members with respect to how to respond to the siblings' substance use. Participants spoke of a number of barriers to family members, such as parents, taking that advice on board.

### **Participant Perspectives on Family Responses**

This section looks at participants' perspectives on what helpful ways family members might have responded to a siblings' substance use. This often related to the family members who were primarily caring for the participants in their siblings, which included parents, grandparents and other caregivers. I have used the phrase parent throughout this section to refer to people whom the participants saw as playing this role in the family.

**Insufficient parental response to substance use: “you have to be a parent to your children”**

At the opposite end of the continuum to families being “addicted to the addiction” were situations where participants described their parents’ response to their siblings’ substance use as insufficient. Many of the participants suggested that they felt their parents had not done enough to provide support for their siblings, or were providing support that was unhelpful. This included not seeking help from services, waiting for the siblings’ substance use to change on its own, providing practical rather than emotional support, continuing to supply the sibling with substances or not being involved in the sibling’s life. Participants spoke about a number of barriers to parents providing sufficient support. This included where they described parents struggling with their own challenges such as mental health difficulties, relationship breakdowns or their own problematic substance use.

In some instances, participants suggested that parents were responding in an insufficient manner because they did not perceive that the siblings’ substance use was problematic or did not know how to respond. This included where they spoke of parents having insufficient knowledge around what constituted substance use problems or being in denial. For example, Caitlin said of her mother’s response to her sister’s “meth addiction:”

So obviously, because this happened so early on in her life, I remember talking to my mum about it. I was like, ‘mum, why didn’t you get support back then? What were you

doing?’ And she was like, ‘well, I really just thought your sister was being a naughty teenager. You know, I really just thought she was acting up.’

One participant described her brother being male impacting her parents’ lack of response to his substance use, noting that her father saw it as “normal,” noting “that probably has a lot to do with him being a guy instead of a girl. Because if that were me, when I was 18, it would be totally different.”

A few participants talked about feeling that their parents gave their siblings too much responsibility and not enough support. For example, Kelly talked about differences in opinion with her father about the type of support that they should be providing to her brother based on different views around responsibility:

My dad is kind of a, he has to help himself type thing, he has to support himself, he has to get himself back on his feet and get into a job and all that kind of stuff. So he’s a big proponent of self-starting. Yeah and I just wanted to help him and be more like hands on help.

A couple of participants spoke of feeling that their parents’ response to the substance use was as a result of them having a generally “liberal” approach to parenting, potentially having verged on “neglectful.”

Several of the participants described the parents engaging in problematic substance use themselves and suggested that this contributed to the development or maintenance of siblings' substance use. This included where they spoke of parents not intervening in the siblings' substance use. For example, Charlotte talked about her caregiver's substance use being a barrier to addressing her siblings' use: "There were a lot of times they could've intervened, but they've got a lot of their own habits, as well. So I'm not sure if there was something that they could've done themselves." Another participant talked about his mother not wanting to intervene with his brother's substance use because of her own use, as "she doesn't wanna point the finger at him because he'll just point the finger right back, and so there's this odd dynamic where they kind of, but she's not gonna say anything to him." Some participants described parents continuing to use substances in front of siblings or supply substances to siblings. For example, when asked about how her father had contributed to supporting her siblings' around their substance use, Jessica said: "No he would have been no help, he would have supplied them with it." Participants made comments about wanting parents to hide their use, not supply siblings with substances, or not promote attitudes that minimised the problematic nature of use.

Several participants described having parents who were absent from their siblings' lives and not providing support around responding to their siblings' substance use. Most often this related to absent fathers, or occasionally mothers, who had "never been around enough for us," were "off the scene," had "left" or were working overseas, "quite busy" or "working all the time." A couple of participants talked about parents withdrawing support following a breakdown in the relationship with the sibling. Some of the participants who described parents being absent, identified that the parents' presence could have made a difference to the siblings' substance use.

For example, Logan said of his brother's substance use: "I'm sure if my dad was in the scene none of this would have happened."

A couple of participants specifically spoke to the challenge of having parents whose responses were not enough or at times unhelpful but feeling that these were still the people that were important in their siblings' lives. For example, Mark talked about this dilemma in terms of the extent to which family members such as his mother could support his brother:

And that's the other hardest thing too, is like, our family may be a bit messed up but we all love each other. But like the hardest part about recovery is you're supposed to not be around people that do that, and that means what, I've got to cut out 95 percent of my family (laugh). So my family would support him if he came out of it, but then they'll probably be the reason why he lapses.

While some participants spoke of the difficulties of siblings changing their substance use within their families, they also described barriers for siblings to leave the families. One of the participants who had made the decision to move away from his family due to their substance use highlighted the cultural barriers to moving away from your family, noting: "Especially as being a Māori and Pacific Islander you kinda don't do that."

This theme looks at how many participants saw parents as not undertaking a sufficient response to their siblings' substance use. They identified several barriers to parents providing the required support to siblings, such as their own difficulties or lack of understanding of substance

use. Participants described wanting parents to be more involved in taking the substance use seriously, supporting siblings to access services, providing emotional support and not supplying siblings with substances. Some participants described having experienced a degree of neglect by parents and wanting parents to be more engaged in parenting in general and taking an active interest in siblings' lives, including showing them more love.

**Stricter boundaries and consequences: “tough love from my parents might’ve helped”**

One of the ways that participants described family support that could have been helpful was providing more “tough love.” Many of the participants talked about how it would have been beneficial for their siblings and the wider family if their parents had shown more “tough love” towards their siblings. This involved having stricter boundaries, enforcing consequences when boundaries were crossed, and withholding support that was seen as “enabling” substance use. Several participants described perceiving insufficient ‘tough love’ as contributing to the development or maintenance of problematic substance use. This included perceiving their parents’ support as interfering with their sibling reaching a point where their substance use is untenable. For example, Caitlin said of her sister:

And I remember, there was a time where she wasn’t working, she didn’t work for about a year and a half. Or maybe two years. Very recently. And my mum dropped some groceries over to her place, and I was like, or gave her some money. And I was like, why



did you do that? You're just allowing this to continue, you know we've gotta let her hit rock-bottom. We've gotta let it happen otherwise she's never gonna get any help.

Several participants suggested that parents employing tough love would have been beneficial for the wider family's well-being. This included the family's financial stability, the participants' own needs being met, and younger siblings seeing that there were consequences for substance use. For example, Jessie talked about feeling that she had to move out of home because her mother would not put sufficient boundaries in place with respect to her brother's substance use and her father did not intervene:

And I feel like my Dad could do a lot more and, and make him move in with him. 'Cause I was happy living with my Mother, I didn't wanna move out. You know, I, you know, we took care of each other... And, and I was like, I don't wanna move out, he needs to move out.

Some of the participants talked about barriers that interfered with their parents being able to apply tough love behaviours. These barriers included: parents' wanting to keep the sibling safe; parents exhausted by previous attempts at trying to change the siblings' behaviour; parents trying to maintain tenuous relationships with the siblings; parents feeling hypocritical because of their own substance use; parents being reliant on the sibling for their own emotional well-being; or parents' own experiences of feeling that they had not been adequately supported by their parents in the context of problematic substance use. A few participants talked about how they saw it as easier as a sibling than a parent to hold strict boundaries, including describing parents

feeling responsible for their children's actions. For example, Ella noted of her mother's response to her sister's substance use: "Well now, 'cause I myself am a parent now, I kind of understand where she was coming from, 'cause I know for myself that if my sons were ever in that kind of thing I wouldn't exactly give up on them." A couple of participants talk about their siblings threatening suicide when the family held boundaries. For example, one participant spoke about how this was a barrier for her parents to hold firm boundaries with her brother: "But then my mum's always like you know, he's very, he always threatens suicide. My brother's very good at, at basically pulling at my mum's heart strings, my dad's heart strings."

A couple of participants spoke positively about acts of tough love that their parents had taken in response to their siblings' substance use. The acts that they described included putting in place protection orders against the siblings or having the siblings arrested. Michaela talked about how she perceived her mother's tough love to be effective in supporting her sister to stop using substances:

And then mum said to her the same thing, if you live with, you can live with me but you have to go to a meeting a day. And as soon as you pick up again you're out, and I'm pretty sure it worked the same way with [sister] where she, I don't know if it was an overnight thing like it was for me.

Several participants talked about parents putting in place strict consequences and seeing this as unhelpful for siblings. For example, a few participants talked about parents having arguments with siblings about their substance use and this not having any long-term impact.

Some participants described parents putting in place strict consequences resulting in siblings being less likely to confide in parents, ask for help, and resulting in them moving out of home or choosing to live on the street. One participant talked about feeling that the relationship between her father and her brother had been significantly damaged following him setting strict boundaries “My dad basically banning him from the house wasn’t really good because then, he didn’t feel like, my brother didn’t feel like he could go to my dad for help and stuff like that.” A couple of participants who advocated for their parents using more tough love also highlighted how their parents enforcing strict consequences had been ineffective.

A few of the participants talked about instances where they perceived parents being not overly strict as beneficial for siblings. For example, Maria talked positively about her parents having an approach which did not involve strict consequences around substance use, saying “they were more for the whole like getting them through it, rather than just cutting them off saying like ‘no you can’t do this.’ This highlights the difficulty in finding one approach that works for all young people at all times. A couple of participants specifically spoke to the idea that what would work for their sibling, may not work for others. For example, one participant, Jessica, who described having a history of problematic substance use herself, when asked what advice she would give to a parent noted that was “hard... Just ‘cause it’s so different for everybody. Like the way that my mum would have gone about helping me would be a lot different with my other siblings.”

This theme looks at how participants advocated for family members, parents in particular, having firmer boundaries and clearer consequences for siblings around their substance use. This

was seen as beneficial for the sibling in changing their substance use, as well as for family members in protecting their well-being. They described a number of barriers that made it difficult for parents to put in place ‘tough love’ measures with the siblings. Some participants described instances where they felt that strict consequences had been unhelpful, or the absence of strict consequences was seen as beneficial.

**Allowing siblings to make their own decisions: “you can’t force anyone to do anything”**

Many of the participants talked about it being ineffective to try to make siblings change their substance use. They spoke about the idea that a person does not change their substance use until they want to or are ready to, and that efforts to force change could be futile. Attempts to tell siblings to reduce their substance use could be seen as “nagging” and “preaching,” and potentially a “waste of breath.” A couple of participants highlighted how “nagging” had the potential to damage relationships with the sibling. Emma suggested that it had contributed to a “rift” in the relationship between her brother and parents. Mark talked about it being more likely that a young person would change their substance use if they were the ones recognising when it was problematic:

Yeah, yeah, yeah, it’s just like, that’s why like, one thing I learnt is you get them to tell you what’s wrong first before you tell them what’s wrong with them. ‘Cause if you tell them that’s what’s wrong they’re going to deny it, even if it is true. But if you get them to

tell you that ‘this is what’s wrong with me, I need help,’ then it’s easier to help them out ‘cause they’ve admitted it to themselves before they’ve been told it.

Several participants advocated for parents to allow siblings to make their own choices about substance use while continuing to support them or keep them safe. When asked what advice Ella would give to others she suggested “Looking out for someone instead of changing if they don’t want to” on the basis that:

‘cause I know that it causes more pressure if you're trying to force them to do something that they don’t want to. And as long as you know that they're safe, this is kind of the main factor. Yeah, you just can’t push something that doesn’t want to be done.

Several participants talked about siblings having a right to autonomy around substance use, with some linking this to siblings having reached adulthood. A couple of participants questioned the right of family members to try and change their siblings’ behaviour. For example, Amelia talked about her parents needing to recognise her brother’s autonomy around his choices about substances:

Because you can’t, I can’t stop [brother] being a drug addict. There’s nothing I can do. My parents can’t stop it either, they’ve tried and they, there is nothing they can do. So in the end you just have to, well I think, they have to come to a place where they’re okay with the fact that he’s chosen to, to live a life that’s different to them.

Whereas Caitlin talked about the family being in a position where they are undecided as to what their role is in trying to change her sister's behaviour:

And we do have a hope that she will live a normal life. And that is what we want. And I think we always circle back to that. You know, how can we just get her normalcy, and is, I mean, is that even our role? I don't know. I'm not sure where I'm at with that.

Several participants talked about coupling autonomy with continuing to support the sibling. For example, Maria reflected on how she felt that her parents' combination of allowing her brother autonomy while providing support was effective:

And they were, they were very supportive, like they're not, I think they handled it very well to be honest, 'cause they weren't just like 'don't drink anymore,' just like, you know. They didn't, they just helped him with his journey, and I think that was the best way to do it. 'Cause [brother 2] is that type of person, if you tell him to do something he'll do the opposite, you know, so they understood that and they realised that the only way to really help him was to be supportive and just like have lots of conversations, and you know, get really deep about life and whatnot. And it worked, so yeah, that's good.

There were many instances where participants offered suggestions about family responses that were contradictory. For example, there are elements of allowing young people autonomy that are contradictory with the idea of tough love. This likely partially reflects differences between participants' siblings' situations, such as the levels of safety concerns, or

their ages. Some of the participants who identified that trying to change their siblings' substance use was ineffective also talked about how their parents should be undertaking greater efforts to change the substance use. A couple of participants suggested that there could be an elusive "middle ground" where parents could allow young people to make decisions, while also having clear boundaries and consequences. Olivia spoke to the difficulty of this for her mother:

It's like no, she's finding it really hard to find an in-between. She's either completely like, 'that's okay, you can do whatever you want', or she's like, 'no', there's no, like, middle ground for her. And I think it's just hard for, I mean I think it's hard to find middle ground in life in general. But I think with him she finds it especially difficult.

This theme highlights the perspective that it is not possible to force young people to change their substance use if they do not want to and that it can be helpful to allow them some autonomy. Attempts to change the siblings' substance use could be seen as unhelpful. Where participants described siblings being allowed autonomy, this was still seen to be needed to be accompanied with keeping the young person safe and providing them with support.

### **Families sharing an appropriate amount of information: "my parents protected me"**

Some of the participants described being in a position where they felt that their families had known more about their siblings' substance use than they did. They talked about seeing that the extent and manner in which families shared this information had impacts on them. Several participants talked about feeling that their families attempted to "protect" them by not telling

them the full situation with respect to their sibling's substance use. Parents were described as going to substantial lengths to respond to the sibling's substance use without involving the participant, for example one participant recounted:

I was never privy to like a, a conversation, if he was angry or something I was always told just to go to my, my room, um, I, they dealt with a lot issues and things when I wasn't home, I remember like suddenly someone would turn up and I was going somewhere or, I remember when I was about 16, he'd turned and then he'd been sent away and my dad said oh just pack an overnight bag. So I packed an overnight bag and they drove me to the airport and sent me to my auntie's in [city]. Like, and I was like 'oh,' like, and so it was actually like a physical removal like 'we'll take her out of the situation.'

Some of the participants reflected that their families not telling them everything meant that they did not appreciate the gravity of what was happening. This included describing situations such as having their house raided by police or having their sister leave home at 16 due to methamphetamine use. Caitlin reflected on the appropriateness of this for her at the time, saying: "It makes a lot of sense to not want somebody that young to maybe know the full extent of what was happening."

A few of the participants talked about experiencing challenges in the context of being "protected." This included pretending they did not know about their siblings' substance use to keep their parents happy, attributing their parents' emotions to their own behaviour instead of



their siblings' substance use, or worrying more because their parents did not talk openly about the situation. One participant, Jessica, talked about the sense that her family trying to protect her meant that she did not learn from her siblings' experiences that substance use can lead to experiences such as deliberate self-harm, depression and suicide attempts. She reflected on her family's attempts to protect her, saying:

I think I'm somebody that enjoys transparency. So like even when that stuff was going on like I was curious and I was asking questions, but I was met with nothing. And if I'd known earlier then I would have like understood that doing that leads to that, and that's not wanted. But instead it was like dunno what they're doing, but it's not going well. And then it was like oh it's this, too bad I'm in it.

A few of the participants described the transition from feeling that they were protected, to knowing what was going on, as particularly painful. One participant talked about how her parents never talked to her about the situation with her brother until one day when this changed:

in order to stop it having an impact on, on our family, but I think in many ways they just delayed that until I was old enough, and then I, my mum just dropped it on me, like it was awful... so I remember one day it had flared up he had kind of come back and he'd been calling and ringing and my mum just like bursting into tears. And suddenly I was the person that she told everything to.

A few of the participants spoke of what it was like for them when their parent shared information with them about what was happening with their siblings' substance use. Emma reflected that this led to her feeling that she was recognised as an adult. A couple of participants talked about wishing that their parents had held back some of the information from them, such as where they were taking on a parental role for their parents. Maria talked about feeling that her parents had the right balance of how much information they shared:

But yeah, it was good that like Mum would call me and tell me how [brother 2] was, or I'd call her and ask how [brother 2] was, and she would never lie. Like she was very honest and open about it, which was good. And yeah, and obviously there's some things that they didn't really want to tell me, which I understand 'cause it's [brother 2]'s privacy and he might want, like not want, not wanted me to know. But yeah, they were very honest where they could be, which was very helpful, 'cause it made me like kind of digest the whole thing a bit more. And so when I went to [town] I wasn't super, I didn't treat him as like a, I don't know we were just sort of normal, which I think helped, 'cause like, if I went there and like sort of treated him as like a charity case or like a be really careful around you, like he wouldn't have liked it. So yeah, that helped me to be, kind of normalise it and be, act towards it in a way that would help him rather than make him feel as an outcast sort of thing, if that makes sense.

This theme highlights participants' perspectives on how they experienced the different ways that family members shared information with them about their siblings' substance use. "Protecting" participants by not telling them what was happening could be seen as appropriate for a certain age and was also seen as coming with a number of negative impacts.

The transition to finding out what was happening could be described as particularly painful if this was abrupt. One participant spoke of appreciating the transparency and honesty with which they felt their parents were open about their sibling's experiences with them.

### **Participants' Perspectives on Services and Community Support**

The final section involves participants' perspectives of what would be helpful for services and society more generally to do in response to young people's substance use.

#### **Feeling unsupported: "quite isolated"**

Many of the participants described feeling that they, or their families, were unsupported in responding to their siblings' substance use. At times they spoke of this leaving them feeling "isolated" or "alone." A number of participants talked about this in the context of feeling that they did not get the support that they needed from services. Others talked about barriers to getting support from friends, family and the community.

Participants talked about numerous ways that they felt that the services did not provide the support that their siblings needed. These included: delays in accessing services; lack of crisis response when needed; being re-referred between mental health and substance use services; lack of home visits; therapists changing; being offered group and not individual interventions; or siblings being too old for youth services but not fitting with adult services. For example, Grace talked about the challenges for her siblings getting to access services:

I think it's just the complexity of like, you know, the bureaucracy of sort of getting from point A to point B. You know, getting into some nice clothes, like, getting into the car, getting out of the garage, being presentable. Going somewhere and being on time. And having a conversation. All these things are really quite difficult for people, you know, for someone who's, has a pretty normal life and doesn't have problems, these things are really easy. But, you know, for someone who's struggling, it's like, that's, that's a huge, almost insurmountable issue.

A couple of participants talked about seeing the legal ramifications around drug use as a barrier to accessing support from services. One participant, William, talked about his brother accessing counselling but not feeling supported by this because of the sense that the counsellor does not care about his brother.

So I talked to his counsellor, she said, oh yeah, she kinda didn't really care, she kinda like said it in implicitly, like read between the lines, like 'oh yeah I've heard this story before and it's just moving on.'"

One of the issues that participants spoke about was the lack of support when siblings did not want to access services in response to their substance use. For example, Caitlin talked about the futility of trying to find support when the family became aware that her sister was using drugs again:

calling all of these services, you know, places I thought could help us. And basically, they were like, ‘no, we can’t, you know, your sister needs to want help.’ And we were like, ‘but she doesn’t. What is there for us?’ ‘ Well, nothing really. She’s got to, you know, she’s got to want to be a part of the service.’ And again, I just felt so dismissed and so misunderstood. And it’s like, if at any point, you know, she wanted help, don’t you think we would’ve done that? Like, many, many years ago, we could’ve accessed that support? It’s like it just doesn’t exist.

Many of the participants described siblings not wanting to access help around their substance use. This included where they felt that siblings did not perceive that their substance use was problematic, or they did not want to ask for help because of pride or stigma. For example, one participant linked this to a cultural norm: “It’s got some, like, a lot of people, like, especially Māori and Pacific Islanders, they’re just real stubborn and too, too strong to ask for help. Even if they’re dying. They’d rather die, die silently.” The idea of cannabis or alcohol use as “a social thing,” or “the okay drug that everyone’s just okay with” was also seen as a barrier to people recognising the problematic nature of the substance use.

Several participants described families taking it on themselves to support their sibling when there were barriers to receiving support from services. A few participants described feeling that they did not have the expertise to support their sibling or becoming concerned that they were crossing boundaries by being a health professional in their home. For example, Sarah described struggling to know how to support her sister when she was really distressed:

I mean, for some reason, I've always been under the impression that if someone was in that state, you could get someone to come and help. And we've never had that. It's always been like, call this person, and they can arrange an appointment in a week when she's fine. Like, when she's in that state, because it's so insane and she's literally screaming and yelling and just telling the world to fuck off, it's really insane for us, who have no qualifications or experience with this kind of thing, to be like, how are we supposed to help you when you're like this? Because this is so out of our pay grade.

Another participant described having felt that she had been under a huge amount of pressure to take on a professional role at home and experiencing this as overwhelming. She reflected that she would advise others in a similar position not to do this:

I would say to them to let the professionals handle it, try to let the professionals handle it and support them as a support person not. I know it sounds really, really bad, but like I feel like I made it worse, I feel like I made it worse by giving him that hope that I'd be able to get him out of it. And I did at points, but it was on one person, living with that person 24 hours a day is really, really hard on yourself. Like support them as, don't forget your role and just, and get outside support from professionals as opposed to just, yeah, like actually go and look for something that's available.

Several participants talked about feeling that family members did not have access to services that provided them with support in how to respond to the sibling's substance use. They described wanting to have somewhere where they or their parents could go to get advice, process grief,

learn what to expect or how to set boundaries and respond to the sibling, or speak to others who had been through similar experiences and know that they were not alone. For example, Katie talked about wishing there was a service that her parents could access with advice:

my mum really needed a step by step process of what she needed to do you know. Wash, rinse, repeat, that kind of stuff with how, how to solve the sort, the problem that is my brother. And there was nothing.

Some of the participants were aware that there were support groups for family members but identified that it felt too difficult to convince their family to attend. This related to worries about privacy, fear that they would be different to others in the group, or family members identifying that they were not the ones needing to change.

For some of the participants, the sense of being on their own in supporting their sibling was spoken about in the context of perceiving barriers to talking to friends and family about what was happening with their sibling. Many of the participants described not talking to family and friends about what was happening, including not inviting friends over or lying about their siblings. Participants identified stigma around substance use or mental health as one barrier to talking about the situation. Several participants talked about not wanting others to know because of the fear that they would judge their family. For example, one participant talked about her hesitation about how others would perceive her family based on the predominance in society of ideas about those that use substances in problematic ways having “all had terrible childhoods” or that “people from good homes don’t get addicted to drugs.” Another participant highlighted the

role of culture in feeling unable to talk about what was happening with her brother: “Because maybe in the Asian culture it’s more likely if something bad is happening in your family, so just hide it, yeah. And never, not anyone to know that.” Some participants described feeling alone as they did not know whether people in their network also had difficulties in their families. Maria advocated for shifting the stigma, noting:

So I, yeah I feel like if it was more, if there was more coverage on these sort of things in society it would probably have been easier, ‘cause people, like people would be more aware and understanding. But yeah, I just feel like not a lot of people really talk about it, or talk about it in the way that’s helpful.

A few participants described having experiences where they felt well supported by professionals, friends or family members. This included where they felt able to talk about the situation with their sibling, or they perceived that professionals cared about their family. For example, one participant described how her family “built a lot of rapport with the police.” She lived in a small town and talked about how the police would not only come when called but also “quite often they’d just come over just to say hi after a shift, and then go home.” She described how this contributed to her feeling like others cared about her siblings:

But I think the fact that they actually made the effort to come in and intervene and they kept coming, every single time. It showed that it wasn’t just me that cared about my siblings’ well-being. There were other people, which was kind of like common ground.



This theme captures participants' experiences of feeling unsupported, isolated and alone in the context of their siblings' substance use. This includes where they felt that they, their siblings and their families have not got the support from services that they needed. It also looks at how participants felt unable to draw on support networks due to not wanting to discuss their siblings' substance use because of stigma and fear that their family will be judged.

### **Opportunities to talk about the situation: “having someone to talk to”**

Many of the participants talked about how it had been helpful for them, their siblings or their families to have opportunities to talk to others about what was happening. Several participants said that this would have been helpful if it had been available. A few participants described there being opportunities to talk to others about the situation but not finding this helpful.

Several participants talked about having people in their world that they felt that they could talk to about what was happening as a result of their siblings' substance use and finding this helpful. This included talking to partners, friends, family members, colleagues, as well as professionals such as therapists or school counsellors. A few participants described preferring to talk to people who they were close to, such as friends or family members. Others spoke of preferring to talk to people who were outside the situation, and not “biased” about the experience, such as professionals. Kelly described finding it helpful talking to people she had met through an online forum:

Yeah it helped. ‘Cause I mean sometimes it wasn’t helpful ‘cause they’d just be like, ‘just don’t give him money or just don’t do this and this and this.’ But it was easier ‘cause then I could just like ignore the messages cause it was online. And it’s people that I don’t see every day. But it was just a good way for me to get that stuff out and then them. I mean most of the response would be like ‘oh that’s really hard I’m sorry’ and in some ways, like they would offer help and stuff like that as well, well advice.

Some participants identified barriers to having someone to talk to such as stigma or lack of access to services. One participant talked about the potential impact on her brother if he were to find out “also if [brother 2] knew that I had to go to like a therapist because of him, like that would’ve been horrible.” One participant, who is transgender, talked about the role of gender on being able to talk to others about her experience:

And also back then, I was living as a guy. And, like, males don’t really have support networks in the same way that women do. I don’t think, I mean, that’s been my experience. Like, you don’t really sit down with your male friends and have a heart to heart about your family’s problems and stuff. It just, you wouldn’t do that. You’d get drunk with them and like, maybe have some, some talked and then forget about it the next morning.

Several participants noted that it would have been helpful if they had been able to talk to others about the situation. This included talking to people with similar experiences or professionals. They saw this as an avenue for getting advice, knowing how to respond, feeling

that they were not alone, or feeling understood by others. Grace talked about how if she had someone to talk to it would not only have been good for her well-being, but it might also have made her more effective in providing support for her siblings:

I could have done with support, you know, just like some counselling or guidance. Or just advice about dealing with, you know, siblings, you know, who are abusing alcohol and drugs. Like, I could've had someone. I mean, that would've been really good, you know. Whether just someone to talk to, they don't even have to really necessarily do anything. Just someone to listen and be like, yeah, you know, and just sort of offer the guidance. That would've been pretty amazing. I think I probably needed that. I probably could've been a lot more effective, too, you know, if I'd had that.

Logan talked about how he felt that accessing therapy would have been helpful when he was younger but not since he is older. This related to feeling lonely in the context of his brother and mother's substance use and "still kind of living at home all the time and not being able to escape from two people that are just on an evening, you know."

Several participants reflected on how the interview process had been a positive experience, with a couple noting that it was the first time they had ever been able to talk to someone about what they have been through due to their siblings' substance use. When talking about participating in the interview, Caitlin noted "So yeah, and I think, yeah, I just, no-one's ever wanted to talk about it (laughing)."

Several participants described seeing limits to the helpfulness of talking about the situation to others in their lives. This included not wanting to spend too much time talking about their siblings as this was seen as exacerbating their own worries, it was something that partners became frustrated with, or meant that there was less of a clear distinction between their family and social life. A couple of participants described finding it beneficial to talk to people but described this being insufficient to change the situation regarding their siblings' substance use. For example, Ella said "It was good to have like a little outlet to kind of speak to. It still didn't change kind of anything that was happening with her."

Several participants described their sibling having talked to people and having found this helpful. For example, this included accessing professional support, attending groups, and being able to talk to their immediate and extended family. A couple of participants described this as helpful in improving the situation with their siblings' substance use. Some participants talked about thinking that it would have been helpful for their siblings if they had talked to someone about what they were going through. This included identifying that individual or family therapy would have been helpful, or addressing "underlying" factors such as trauma, or domestic violence.

Several participants talked about being uncertain whether their siblings talking to professionals or support groups would make a difference to their substance use. This included where participants described siblings having talked to health professionals and found the experience unhelpful, or they found that the benefits were not long-lasting. For example, Brittany said of her brother's experience of counselling:

Like for, for him I mean, like what he was saying that I'd go to counselling and all they would make me do is just talk about what's happening that was it. And just repeat back to me and then send me away.

Having someone to talk to about the situation was something that a number of participants spoke of being something that they or their family had benefited from or would have found useful. Some described limitations on the extent to which they felt that it had resulted in change in the situation or was experienced as not helpful.

**Having meaning in life beyond substance use: “it shouldn’t be the only good thing that he has to look forward to in his life”**

Several participants talked about seeing it as important for their siblings to broaden their lives beyond substances in order to change their substance use. This included finding something that gave their siblings a sense of purpose, getting employment, connecting to their cultural identity, or finding a supportive network of friends. A few participants talked about perceiving their siblings’ substance use as becoming problematic in the context of interruptions in their sense of purpose, such as not transitioning into anything following high school or dropping out of university. Brittany spoke of how it would better if there was “a better transition process in high school or something, in terms of like getting into work or getting into a course or something” and the potential for services to support young people in broadening their lives

beyond substance use. She highlighted how mentoring to get her brother involved in activities would be preferable to counselling:

And so that wasn't beneficial for him 'cause he was more of a doing person and so perhaps, that's why I was saying perhaps like a more of a mentoring thing as opposed to, but more hands on mentoring as opposed to just going out and just doing something fun for a day and then coming, meeting again in a month or something, you know.

A couple of the participants talked about them or their family having taken on the role of trying to help their siblings to broaden their lives. This included supporting their sibling in getting into university, spending time with the sibling, or encouraging their siblings' friends to spend time with them. A couple of participants talked about their parents having attempted to get their sibling involved in more activities in life or trying to give them a sense of purpose and this having been unsuccessful. For example, one participant described her parents making attempts to find direction for her brother and seeing this as ineffective:

like he saw psychologists, he had medication, he had you know, my parents bought him a business to try and drive that, like business mind. And they bought him a house to try and give him a place of stability.

A few of the participants talked about the importance of relationships with family members or friends in contributing to their sibling having a sense of purpose in their life beyond substance use. This included describing beneficial effects of immediate or extended family

members having more contact with the sibling or the sibling moving to live with other family members. Maria talked about the impact of her brother connecting in with extended family:

So seeing all his cousins and like understanding the amount of love that he actually has I think really helped him to, yeah sort of see everything from a like different perspective and to like, kind of value his life a bit more.

A couple of the participants talked about the importance of having more to their life than focusing on their siblings' substance use. This included describing having friends or partners who they could spend time with engaging in activities other than talking about their sibling. Grace talked about the importance of having friends for young people to avoid getting caught up in substance use when their siblings are using:

I would say to do everything you can to develop social groups that don't use drugs. To, as much as the temptation may be and as fun as it may be to hang out with family members and do drugs, do everything you can to resist the temptation. Because that is, that is the fringes of a whirlpool that will suck you down and destroy your life.

This theme looks at the idea that young people need more to their lives in order to move away from problematic substance use. This included engaging in careers or learning, having meaningful connections to family or friends, or having a sense of cultural identity or purpose. This was seen as something that family, friends, and services could support. Some participants also spoke of attempts to do this which had been unsuccessful.

**Need to change the environment: “we’re pretty much set up to fail”**

A few of the participants talked about the need for changes to the environment to help their sibling in changing their substance use. This included considerations such as legal frameworks through to the proximity of liquor stores to high schools. For example, William spoke of how the number of liquor stores meant that “we’re pretty much set up to fail.” As well as alcohol, participants described the impact of the ease of access to cannabis and methamphetamine. Societal norms around substance use, including a “binge drinking culture” or cannabis being “romanticised” were seen as contributing to problematic substance use. A couple of participants talked about the role of the legal environment in making it difficult for young people to change substance use. For example, Grace talked about this is a barrier for accessing support:

I mean, I think, you know, that if we were to try and solve the problem of drug addiction, and the way drug addiction feeds into, like, systemic poverty, I think that having legalised control drugs and, you know, like centres and like, clinics and stuff where people can go to receive advice and treatment for drug addiction without having the risk of being arrested and charged and have a criminal conviction. I think those things, like, I mean, if something needed to happen, it would need to be that, if we were actually going to solve it. I mean, I can’t see any other solutions (laughing).



Several participants described their family environment contributing to the development and maintenance of problematic substance use. A couple spoke to the painful difficulty of not feeling like their sibling could change their substance use without moving away from their family. For example, Charlotte talked about how it would have been futile for her brother to have attended rehabilitation if he was returning to the family environment:

I think if he had done it and not come back to the environment that he was in. But that's had, we can't buy him a new house, a new family, with good attitudes towards substances. So, yeah, it would've worked for him while he was in there I think, but because it's so ingrained in our family to have a drink, have a smoke, have a, I don't know, shot of whatever is around. He would've just been coming back to that kind of lifestyle anyway.

Charlotte advocated for the need for those supporting young people to not make radical changes such as sending them to rehabilitation but supporting them to make “small changes that they want in their environment.”

Several participants talked about the role of different groups of friends in contributing to their siblings' substance use becoming problematic and the challenge with changing this. For example, Ella talked about how she felt that it would have been impossible for her sister to change her substance use in the city in which she lived:

Not at all in [city]. She just knows too many people that are just silly, or around all the time. She knows way too many people that could just easily snap her back into that.

Whereas her being down there it's a lot easier.

This theme looks at the view that changing a young person's substance use is often impacted by the environments they are involved with, from friends and family though to societal norms and legal frameworks.

**Access to people with similar experiences: “having someone who understands what it's like is, yeah, yeah. Important, I think.”**

Several participants spoke about the importance of having access to people who “understood” what they or their siblings had been through. Often this related to people who had experience of problematic substance use themselves or within their families. They talked about this as being important for themselves, their siblings and family members. Participants identified that talking to people who understood could be helpful with respect to getting advice, feeling that they are not alone, feeling hopeful for their sibling and being able to talk without fear of judgement. A couple of participants spoke about the importance of just the “presence” of people in their life who understood without needing to talk to them about what was happening. One participant specifically noted not wanting to talk to her friend about the situation, but knowing that she understands being important:

It's interesting, one of, like, my main support's obviously is just, like, my best friend. She's, had, just, like, her mother was an addict when she was a child. And so she was raised from a young age by, like, her mum's cousin, I think it was. And then throughout her teenage years, was with her mum, and now just doesn't talk to her mum anymore because her mum's, like, interesting (laughing). Her mum's clean, but obviously can relate to, like, what's going on and stuff. But she's very much just like another family member anyway. And I am not someone who will generally talk to people about, like, emotional stuff going on. I'm more than happy to talk to counsellors and stuff, but for some reason, I really struggle talking to, like, friends. But just because I know that she's there if I need it, is probably my main support in the long run.

Participants talked about accessing people who understood through friends, family members or support groups. For example, Michaela described the value of attending organisations that provide access to people with similar life experiences: "And they, having a support system is really important, having people that sort of tell you that you're not crazy. And, you know you're, there are people like you, it's really important." A couple of the participants talked about it being helpful for parents to show their sibling that they understood by discussing their own experiences around substance use. For example, one participant described this being something that her parents had done:

Oh, actually when like the conversations were going down, like just to show like the level of trust my parents had a big conversation with [brother 2], and they kind of went through sort of drug experiences that they'd had when they were younger. So my Dad was very

open that he used to smoke weed, and my Mum was very open that she went on a trip in Thailand and, you know, experimented with some things. And I think that helped [brother 2] because my parents are very, their jobs are very like, well they're both like [profession], so they're seen as very straightforward, like straight cut, very you know disciplined people. And so I think it helped him to see that they had some experiences and they were being open with him about it and how they felt about it. 'cause my Mum had like a terrible trip in Asia, and so she was telling him about it, and just, I think that helped him to see that he wasn't sort of alone and like everyone sort of, maybe not everyone goes through this sort of thing, but like it's more common. And that, it just kind of built this level of trust, 'cause he just felt like he was telling them everything and so they kind of opened up at the end and were sort of like 'well you know we've done this and we want you to know that like, what you're feeling, like we kind of understand you.'

Another participant described thinking that his brother would be more likely to change if the impetus came from someone within his world, such as the "leader of this gang."

A couple of participants talked about the importance of having people who understand in supportive roles with people who work with young people with substance use difficulties. This included where they saw that as an asset to what they brought to their role. Mark talked about how it would have been helpful if his brother had access to professionals with similar life experiences:

But my brother, he's tried counselling once but he's like, he said to the counsellor, he's like 'how can you tell me not to feel like this or it's going to be okay, have you been there, have you done that?' And she's like 'oh no,' and he's like 'well then you don't have the right to tell me shit.' And I said the same thing, but then I spoke to, like my counsellors were ex-offenders or something, people that have actually been there. And that's like well I can actually believe what you say 'cause you've done it.

Another participant talked about the importance of coming from the same community as the young people so that you better understood what they are going through. He noted that:

So that for, for myself, I'll only work in [suburb], I won't work in any other suburb. 'Cause I grew up here. We've got a branch down in [city], we've got a branch in [town]. But I don't understand their needs.

Several participants talked about how when they talked to people who did not understand that they could experience this as unhelpful, and at times painful. This included when they felt that friends dismissed the extent of the problem that they were facing, made hurtful assumptions about their family or offered unhelpful advice. For example, Caitlin talked about how painful it was talking to her friends about her sister's substance use when she felt that they did not understand what she was going through:

No, I didn't, didn't really have anybody who I thought could hear me out. And I remember the first time talking to friends about it. And feeling so ashamed, feeling so

ashamed. And they kind of didn't really think it was a big deal. And I also don't think I had the words, I don't think I could articulate actually, actually what was happening. Yeah. And so I felt quite dismissed about it, and I didn't feel like it was actually that much of an issue, or that bad of a problem. I think my friends kind of said to me, 'you know, there are a lot worse things happening. There's lots more out there, you know, other people have it pretty bad.' And I was like, 'okay, yeah.' And so, yeah, I think that happened a lot, talking to friends as a young adult. And it hasn't been until recently where people have been like, 'woah, yeah, actually, that's huge' (laughing). 'That's, yeah'.

A couple participants suggested that not having people in their world who knew what they were going through was a barrier to being able to access support from others and identified that there were likely to be people with similar experiences that they were not aware of. One participant talked about how others reached out to her and shared their similar experiences and how this was helpful:

I've had quite a few people come out of the woodwork and tell me that their family members have had the same problems. One in particular, one of my friends was telling me about her uncle and how that he's living a really nice life now. And that kind of, that was around Christmas time and that kind of made me feel a little bit more hopeful. 'Cause I was just thinking you know, you can't get away from P, it's gonna ruin the rest of his life. He's gonna lose his kids. You know, as a family we're gonna lose the kids. But when I heard her story and the struggle that they went through, and it took four years

for him to get off the stuff, which was like ‘four years sounds, feels like, you know, a lifetime.’ Now it doesn’t after a year. (laughing) But like hearing those common stories from people may, it was really helpful, yeah. And especially people you know.

Participants suggested that factors such as class or shared cultures could impact the ease with which people perceived that they would be able to access support from people who would understand. For example, one participant described thinking it would be helpful if she could attend a support group for people whose loved ones had privileged upbringings but had still used drugs, noting:

I can almost empathise with the kids in other like families who have you know, you hear about you know, terrible things um and you think ‘yeah that’s the reason that’s happened’. But I almost feel like but yeah he has no excuse.

Grace described how it felt easier talking to people from lower class backgrounds about substance use than those from:

more sort of middle, upper class life who don’t have contact with those, those, those things, that’s gonna be very hard for them to understand. And it’ll be probably quite shocking and uncomfortable for them to be talking about something that they don’t know about and they find disturbing or scary, or whatever.

Another participant described how it would make a difference if her brother was able to talk to friends from a similar ethnicity so that he could then be understood, as people from other ethnic backgrounds may not understand their experience because they could stereotype her family's reaction as a result of their ethnicity.

This theme looks at the importance of having people with similar experiences in the lives of families where a young person is using substances in problematic ways. This was seen as allowing the family members to feel understood and accepted, whether they choose to talk to that person about the current problems or not. Talking to others about the situation was seen as coming with risks, as sometimes participants described talking to people who did not understand as painful. Some of the factors that participants implied could influence the extent to which people perceived others as understanding them was their class, cultural background or growing up in a similar community.

**Other young people are important supports: “he was probably the one person who was there the entire time”**

Several of the participants talked about other young people as being some of the most important supports for themselves, or for their siblings. This included friends or partners of the participants or their siblings. These young people appeared to fulfil functions that would not be met by parents or services. Participants described them being present in the young people's world, such as at the same schools or universities, or following the siblings' social media



accounts. They shared how this allowed them to monitor the siblings' behaviour, be available for support and spend time with the siblings in activities other than substance use.

A few of the participants talked about their siblings being open to support from young people when they would refuse it from adults, such as their parents. For example, one participant talked about seeing her friend play an important role in keeping her sister safe when she was living on the street:

So we'd have to go to hospital because she just, would black out. And pick her up, but she was very persistent that she didn't want my mum picking her up, so I had to get a friend who we both knew, that she had trusted to come and get her as well and bring her back to the house. And he was probably, probably stuck through it the entire time my sister was like that. I completely forgot about him, completely forgot about him. But he was probably the one person who was there the entire time. He was helping... I remember I was asking him 'cause he was working in security, so and she was on the street. He would kind of watch her and just make sure she was okay if anything happened he would step in. If, like she kind of was, did something, he would go and help her or if she drank too much, or smoked too much, to the point where she wasn't all there, he would pick her up and just let her, 'cause she wouldn't wanna come home so he'd just let her sleep in his car.

Another participant described a situation where she sought help from her brother's friend as she felt that there were limitations to the support that her brother would accept from her:

I was like ‘I’m his sister he won’t listen to me all the time, but you know, can you help as his best friend.’ And so he jumped on board and he helped out quite a bit. Started seeing him more and stuff and he became quite happy. And so that helped, ‘cause he had sort of a friend supporting him too. And so that became better, we got him into Uni, he did a semester of [occupation] as well.

Some participants talked about situations where young people were aware of services that their siblings could be referred to, or even advocated on their sibling’s behalf with the service. This included where the young people had accessed these services themselves. For example, Sarah talked about her friend attending an appointment with a mental health service with her sister and providing feedback that a group intervention was going to be unhelpful for Sarah’s sister who she described as “pretty much agoraphobic:”

so the reason I bring up that my friend was there is because she’s like, she was able to say that for [sister]. So my sister’s like, ‘I can’t say no,’ but [friend], who’s my friend, was like, ‘I can do this.’ And she’s like, ‘[sister] has this, why are you suggesting this? That’s fucking stupid.’ And she was just like, ‘woah, okay, what about this?’ And [friend]’s like, ‘she can’t do that, because A, B, C.’ Yeah. Which was super-helpful, but just the fact that she was suggesting these things, was like, yeah, a bit crazy and super-unhelpful.

In some instances, the participants who highlighted the importance of young people as supports were in situations where they felt the adults in their life were not being particularly helpful. This included describing adults who were engaged with their own problematic substance use or mental health difficulties. For example, one participant spoke of her own substance use having become problematic in the context of her siblings and mother's substance use, and this only shifting with the support of her boyfriend:

I think it wasn't until I like met my boyfriend and was telling him, like 'cause I was living with a group of people not my mum. And was telling him like something that had happened over the weekend and like the fact that I was on so many grams of acid and stuff. And he was just like what the hell are you doing like you're only 16. And then I like I got sober after meeting him for a bit. And it kind of just being, like surrounded by people that were constantly doing it. And I'd just kind of came to a realisation that that wasn't normal at all and it wasn't how you get on with life.

In some instances, participants talked about being the main supports for their siblings, which is another way in which young people were seen as helpful sources of support. In other situations, participants described adults actively engaged in providing support, but finding that it was the young people in their world who could offer specific types of support, or support that would be accepted by the sibling.

Several participants also talked about the ways in which young people were unhelpful in their siblings' or their own lives with respect to substance use. This included talking about how

siblings' friends encouraged substance use or did not discourage it. For example, Maria spoke of how it would not be helpful for her brother to seek support from his friends:

it's hard because his friends are really into recreational drugs, especially MDMA and things like that. So it's kind of hard for him to turn to them for that because, they don't have a problem with, well they probably do have a problem, just haven't like, you know, come to terms with that. So if they don't understand how he could have such a big problem with it.

One participant, specifically talked about wanting to be able to talk to an adult rather than a young person about what is happening but not having that adult support:

'cause I often felt like the support that we had wasn't sufficient enough 'cause this, if you have support from an elder person it feels a lot more supportive than you do if someone of the same age or younger. And so all I had was people of the same age and younger and so often I felt like whenever I saw my grandma just you know, bursting into tears and going I need help, like I really need help. And, but I couldn't do that 'cause I didn't wanna worry her either.

This theme explores how young people could be seen as important sources of support for participants or their siblings through this experience. They were talked about as present in the lives of participants and their siblings, had ideas about what interventions could be helpful and could be seen as more approachable than adults. In some instances, participants identified that

there were also supportive adults around, and in other situations the participants and their siblings seemed to be navigating the situation primarily with the support of young people. Many of the participants described their sibling having young people in their lives who encouraged problematic substance use as well.

## **Chapter Four: Discussion and Conclusion**

This thesis aimed to explore young people's experiences of having a sibling who engaged in problematic substance use. It also looked at the perspectives of these young people with respect to what support would be helpful for them, their siblings and their wider family in this situation. In this final chapter I will discuss the findings of the research. This includes the impact on the participants of having a sibling who engages in problematic substance use and how it affected the family. I then look at the perspectives shared by the participants about what would be helpful for families to do in this situation, and what support is helpful from services and the broader community. I outline the clinical implications derived from this research and highlight strengths and limitations of the current study.

### **Impacts on the Young Person**

Many of the participants spoke about the experience of having a sibling who uses substances in problematic ways as resulting in significant challenges for them. In this section, I highlight some of the different factors that participants saw as impacting on their own wellbeing.

One of the themes that emerged most strongly in participant's interviews was an overwhelming concern about their sibling. At times participants spoke about their siblings facing life-threatening risks such as engaging in suicidal behaviour, overdosing on substances or being victims of violence due to the lifestyle associated with their substance use. In their study with adolescents, Clarfield (2017) highlights how their participants' descriptions of living with the worry that they could lose their siblings to overdose is consistent with the symptoms found in

diagnostic criteria for posttraumatic stress disorder. This captures the high degree of stress that some young people talk about experiencing when they have a sibling engaging in problematic substance use.

Some of the participants described living with a degree of fear for their own safety or that of their family that they linked to their siblings' substance use. This could include fear relating to the potential for, or past experiences of, siblings or siblings' associates using violence towards participants or family members. Some of the participants described living with this fear as having on-going impacts on their own well-being later into their lives, such as contributing to anxiety or feeling unsafe for years afterwards. This experience of on-going fear may share some similarities to on-going exposure to community violence or family violence, which are associated with trauma responses and adjustment problems in young people (Macmillan & Wathen, 2014; Tompsett et al., 2009; Vu, Jouriles, McDonald, & Rosenfield, 2016).

The instances where participants described having experienced siblings being violent towards them highlight a further potential challenge that young people may face in the context of siblings' substance use. Violence between siblings can be highly prevalent and studies have linked it to substantial short and long-term impacts on young people's mental health (Caffaro, 2013; Elliott, Fitz-Gibbon, & Maher, 2020). Substance use has been identified as a risk factor for sibling violence (Caffaro, 2013). Young people can describe facing a number of barriers to disclosing or accessing support in relation to violence by siblings, such as pressure from the family not to disclose or adults dismissing abusive behaviour as normal sibling rivalry (Elliott et

al., 2020). The normalisation of violence between siblings can contribute to young people having their experiences invalidated (Caffaro, 2013).

Some of the participants in the present study also described worrying about what the substance use would mean for their siblings' futures. This included concerns about whether siblings would be able to live independently. Siblings' present choices regarding substance use were seen as potentially precluding worthwhile or successful futures. Where participants expressed particular concern about siblings' life prospects, this tended to be in situations where they described not having a lot of access to privilege or financial security. This may reflect the impact of narrow views of success for young people, and the challenges they can face in attaining these (Wyn, Joanna & White, 2015).

Some of the participants talked about their siblings' substance use making them more likely to use substances or to do so in problematic ways. This is consistent with Barnard's (2007) study where participants described older siblings' substance use as a factor that contributed to their own use. Participants in the present study described their substance use being influenced in this way by both siblings that were older and younger than them. At the same time, many participants in the present study talked about being more careful about their own substance use due to observing their siblings' problematic use. That the siblings' problematic substance use is framed as a deterrent to substance use is an idea that is present in several other qualitative studies with siblings of people engaged in problematic substance use (Barnard, 2007; Clarfield, 2017; Howard et al., 2010; McAlpine, 2013). It tells a different story than quantitative findings that there is a positive association between siblings' substance use even when controlling for parental



use (Kothari et al., 2014). It is possible that this could be indicative of the self-selection of participants who chose to participate in studies about the impact of their siblings' substance use. It could also suggest greater complexity in the relationship of substance use between siblings than quantitative findings indicate.

Some of the participants spoke about their experience with their sibling being a substantial challenge that they had come through or were still facing. This included where they described their siblings' substance use having led to considerable amounts of distress, or negative effects that had continued into their lives for many years, such as making it more difficult to trust others or feel safe. Even where participants talked about substantial negative impacts of their siblings' substance use, they did not describe this as having impaired their ability to live a meaningful life at the time of the interviews. It is important to validate the degree of challenge that young people face in this situation, without this experience being positioned as another risk factor that is seen as predisposing inevitable outcomes (MacLean et al., 2013).

In the present study there were participants who reflected that the experience of having a sibling who engaged in problematic substance use had positive influences on their development. This was also found in other studies with siblings of people engaged in problematic substance use (Clarfield, 2017; Craig, K. L., 2010). The idea of people developing through suffering is an ancient idea that has been referred to more recently as posttraumatic growth (Tedeschi & Calhoun, 2004). Posttraumatic growth can involve positive changes in one's sense of self, relationships with others, and philosophy on life following stressful life events (Calhoun & Tedeschi, 2013). Research with siblings of people going through challenging situations such as

experiencing mental health difficulties or cancer have been found to experience posttraumatic growth such as perceiving themselves as a stronger person and developing a sense of wanting to contribute to society (Duran, 2013; Sanders & Szymanski, 2013). Posttraumatic growth is not seen as something that occurs for all people following stressful experiences (Calhoun & Tedeschi, 2013). Sanders (2013) concluded that participants in their study potentially experienced lower levels of posttraumatic growth when they found it overwhelming to support siblings diagnosed with mental health disorders. The potential for posttraumatic growth should not take away from the need to support young people, and framing it as an expectation may be invalidating (Calhoun & Tedeschi, 2013).

Where participants in the present study described experiencing growth, this often seemed to be related to becoming more other-focused. This included supporting others, advocating for others' needs to be met and reducing their focus on themselves. Gabriel (2017) positions the increased caring that some of the participants in their study undertook in their families and careers as a 'hero' role, which allowed participants to have a function within the family when their own needs were overlooked due to families focusing on the siblings' substance use. Becoming more other-focused could be perceived as subjugating one's own needs in the context of these not being attended to, or it could be understood as positively developing in line with one's values. There could be elements of both, and it could vary depending on one's values and culture, such as whether one originates from a more collectivist or individualist culture (Prioste, Narciso, Goncalves, & Pereira, 2015). There appears to be potential for the experience of having a sibling engage in problematic substance use to positively contribute to one's personal development. This speaks to the idea that an individual can have an adverse experience, that it

can impact their well-being at that time, but that they do not necessarily need to have disadvantageous life outcomes as a result (Kilmer, Tedeschi, & Kilmer, 2005).

While some participants had described lasting effects of having a sibling engage in problematic substance use, others talked about their siblings' substance use not having been the most important factor impacting their well-being or talked about it not having substantial impacts. This could reflect differences in their situations, such as the nature of their siblings' substance use or other stressors in their lives. In one study a participant described it as invalidating when a therapist focused on this in therapy, presuming that it was a factor that was impacting them (Joslin, 2000). While it may be that not all young people with siblings who engage in problematic substance use describe this as negatively impacting their well-being, it is important that we do not overlook the possibility that this could be part of their experience. It may be particularly important to explore this when the young person is positioned as the strong one in the family, such as where they are supporting others (Incerti et al., 2015). Attending to the potential for these young people to be affected allows them to have the opportunity to have the impacts of this experience validated by those supporting them and their families.

### **Impacts on the Family**

The analysis highlighted how having a young person in the family use substances in a problematic way could impact on the family system as a whole. In this section I summarise the key changes that participants identified as occurring in the family and the challenges this posed for the functioning of the family.

Participants talked about the siblings' substance use contributing to conflict within the family, or even complete breakdown of relationships. Family conflict or loss of family relationships has the potential to be particularly challenging for young people and is associated with negative outcomes for emotional well-being, as well as academic and social measures (Harold & Sellers, 2018). Similar with other studies, home could become a place that some participants wanted to avoid (Clarfield, 2017; Craig, K. L., 2010; Webber, 2003). Sometimes the siblings' substance use appeared to have exacerbated existing tensions within the family. There appeared at times to be a cyclical relationship whereby the siblings' substance use impacted family relationships and was in turn impacted by family relationships. Other participants spoke about their siblings' substance use not being influenced by any challenges within the family, but stemming solely from their sibling's personality, or outside influences. Velleman and Templeton (2007) highlight that arguments that dysfunction within a family causes child substance abuse or vice versa are simplistic. They suggest that these arguments do not acknowledge the manner in which interactions within the family and social network can be reciprocal, with families influencing children, and children eliciting parental reactions.

One of the relationships that participants often described being changed by the siblings' substance use was the relationship between the participant and their sibling who was using substances in problematic ways. Many participants spoke of the substance use having detrimental impacts on their relationships with their siblings. Witnessing changes in a family member due to substance use is described as contributing to a complicated type of grief, as the person is still present, but their behaviour has changed substantially (Landau & Garrett, 2014). In

the present study it was rare for participants to report having completely severed their relationship with their siblings. Many continued to maintain a role in their siblings' lives despite describing being on the receiving end of very challenging behaviour by siblings. Several studies talk about how participants distanced themselves or even disengaged from their relationships with their siblings as a way to cope (Barnard, 2007; Craig, S. L. & McInroy, 2013; Howard et al., 2010; McAlpine, 2013). Participants being younger in the present study may have felt that it was harder to divest themselves from the sibling relationship. For some participants in the present study the sibling relationship appeared to be seen as particularly important if the participant was describing not receiving adequate support from their caregivers or having limited social connections outside of the family. A good quality sibling relationship is argued to contribute to resilience for young people when there are difficulties within families (Gass, Jenkins, & Dunn, 2007; Waite, Shanahan, Calkins, Keane, & O'Brien, 2011; Wojciak, McWey, & Waid, 2018). This highlights the potential significance of sibling relationships for young people in the context of these challenges.

One of the changes within relationships in the family following siblings' using substances in problematic ways was participants taking on an increased amount of responsibility within their families. This involved providing additional emotional and practical support to siblings, and at times to parents. Participants presented mixed views about taking on this role, with some describing being adversely impacted by the pressure that they faced because of it, others describing it as something they were used to, and some talking about the positives of being able to support their family members. Similarly, Incerti (2015) talks about participants identifying both beneficial and detrimental elements of taking on this supportive role within the family.

They highlight that participants described that the support role could be a positive experience and contribute to closeness in relationships, while noting that it resulted in emotional conflict about not feeling able to experience difficulties themselves as they could not burden parents. Wyn, Lantz and Harris (2012) suggest that where young people take up support roles within families, they are often filling the gap for services that previously would have been the responsibility of the state.

The idea of young people taking on responsibility within families such that they can be seen as being in a parental role can be constructed as inherently dysfunctional (Lewandowska-Walter, Rostowska, & Borchet, 2016). Researchers have concluded that young people can experience benefits from taking on a higher level of responsibility within households, particularly when this is appropriate within cultural norms, is time-limited, when the support is necessary and seen as of value to the family and where there are close bonds within the family or a high level of satisfaction with communication and family life (Lewandowska-Walter et al., 2016; Shin & Hecht, 2013; Ungar, Theron, & Didkowsky, 2011). It is argued to build up a young person's sense of self-worth, contribute to learning altruistic ways of behaving and can build resilience when growing up in families experiencing high degrees of stress (Lewandowska-Walter et al., 2016; Ungar et al., 2011). The impact of parentification is likely to vary depending on culture, such as the extent to which people value collectivism or family interdependence, or the importance of hierarchy versus an egalitarian approach (Hooper, Tomek, Bond, & Reif, 2015; Khafi, Yates, & Luthar, 2014).

The increased support that participants offered could be perceived as part of a phenomenon whereby the household increasingly revolved around the siblings' substance use, or became 'addicted to the addiction.' This could be seen in the behaviour of parents or in the descriptions of participants' own behaviour. Historically when family members have been perceived as fixated on an individual's substance use this has been framed as pathological, rather than normalised in the context of family members trying to mitigate risks and maintain relationships in very challenging situations (Denning, 2010). Participants spoke to the effects of this fixation, including reflecting on how this could contribute to feeling unseen within their families, and how unhelpful this could be for the siblings, the parents, and other young people in the family. In other studies participants have talked about parents not realising at the time that they were not attending to the needs of other children due to their focus on the child using substances (Barnard, 2007; Incerti et al., 2015). Gorell Barnes (2014) argues that when certain family members' voices are marginalised within a family this can impact how those family members perceive themselves.

Some of the participants described coming through this experience in a way that brought the family closer together, including deepening relationships with their sibling. The strengthening and deepening of relationships in the context of an adverse situation can be conceptualised as shared posttraumatic growth (Calhoun & Tedeschi, 2013). This is constructed as being facilitated through people reassessing the value they place on relationships, having greater awareness of family members' strengths in the face of adversity and speaking more openly about their vulnerabilities (Calhoun & Tedeschi, 2013; Duran, 2013). A similar process has been seen in situations such as for family members of a child facing cancer, where the family

unites in support of the child, more openly expresses emotions, values family relationships more highly and experiences increased closeness (Duran, 2013). There is potential for having a young person engage in problematic substance use to be an experience that deepens relationships within families, while this certainly may not occur for all families. Re-storying families' narratives about the experience, and the extent to which they are problem saturated or look for exceptions may impact this (White, 2007).

Another role that participants could take on in the context of their siblings' substance use was that of advisor. Participants spoke about being in a position to offer different perspectives on their siblings' substance use to other members of the family, including describing being more aware of siblings' substance use than parents. This is consistent with research that concludes that parents tend to have low levels of awareness of the extent to which their children use substances and when intervention would be beneficial (Berge, Sundell, Öjehagen, Höglund, & Håkansson, 2015; Curtis, Ashford, Rosenbach, Stern, & Kirby, 2019). In qualitative studies with young people, some participants have described parents finding it difficult to respond to substance use in a way that is helpful, including when their approach does not fit with young people's experiences (Grenville et al., 2018; Slemon et al., 2019). In the present study, participants noted that their advice was not always taken on board, and they did not always offer it due to concerns it was not their place. Siblings can have an important perspective on what family members, professionals and society more generally could be doing to support families where young people who use substances in problematic way. This is discussed in sections three and four.



### **Improving Family Responses**

The young people who took part in this study provided their perspectives on how families could better cope with a young person who was engaging in problematic substance use. These suggestions often related to the behaviours of parents and caregivers who were seen as having the power to implement the changes necessary. In this section I highlight some of the perspectives that participants offered on what could be helpful for family members to respond to the siblings' substance use.

Some of the participants talked about the idea that families should be setting clearer boundaries with stricter consequences for siblings, using more 'tough love.' They suggested that family members' behaviour could enable the siblings' substance use and prevent the sibling from making changes. Some participants also talked about how caregivers should be applying more tough love to support the well-being of other family members, including maintaining the family's financial well-being. The frustration at caregivers engaging in 'enabling' behaviour is consistent with experiences across several studies with siblings of people engaged in problematic substance use (Barnard, 2007; Craig, K. L., 2010; Gabriel, 2017; Howard et al., 2010; Joslin, 2000; Tsampanli & Frrokaj, 2016; Webber, 2003). Findings from quantitative research are mixed with respect to the extent to which parental strictness or discipline is associated with preventing or reducing problematic substance use amongst young people (Alati et al., 2014; Bahr & Hoffmann, 2010; Benchaya et al., 2019; Montgomery et al., 2008; Ryan et al., 2010). In a qualitative study with young people accessing substance use treatment, some participants described their parents' use of strict consequences as contributing to them entering treatment

(Grenville et al., 2018). They noted that they had not appreciated measures such as being asked to move out of home at the time but had since been able to reflect that it came from a place of caring.

Tough love, however, was not universally spoken about in a positive light in the present study or presented as an easy solution. Participants also spoke to the downsides to having strict boundaries or consequences, such as the sibling not confiding in family members, moving out, or damaging the relationships between the siblings and other family members. Some of the participants described barriers to engaging in tough love, such as concerns about safety and the consequences for siblings and their children if family members limited support. It was acknowledged that it can be harder to put in place tough love measures as a parent than a sibling. Denning (2010) speaks to the idea that advocacy for ‘tough love’ measures may not recognise that family members choose to make substantial personal sacrifices when attempting to reduce the risk of harm to their loved ones and the breakdown of the relationships. They suggest working with families to support them in taking a harm reduction approach for how families support the family member engaged in problematic substance use. This includes finding ways families can hold boundaries with the family member so as to attempt to limit the detrimental impacts on themselves, while supporting the family member in a manner that is compassionate and has patience for the change process.

Some participants suggested that parenting needed to be neither too punitive nor too relaxed, suggesting that there may be an elusive middle ground. This idea of being neither too strict nor too lenient was something that was spoken about in a qualitative study about what is

helpful for parents to do in response to young people's substance use (McLaughlin et al., 2016). One quantitative study found that when there were either particularly high or low levels of supervision and control by parents that this was associated with higher levels of binge drinking than moderate levels of supervision and control (Guilamo-Ramos, Jaccard, Turrissi, & Johansson, 2005). Participants in the present study also acknowledged the challenge for parents of finding a balanced middle ground. Barnard (2007) talks about the idea that 'tough love' as advocated for by family support groups can reflect the point that people reach when they realise that it is impossible to find a balance that involves both supporting the young person using substances as well as having some degree of normalcy in the wider family. There may be an elusive middle ground that parents can aspire to, or it may be that families need to choose what sacrifices they are and are not prepared to make.

Some participants talked about the idea of not being able to make siblings change their substance use if they did not want to make changes, and how this should influence families' responses. This included talking about the importance of recognising siblings' autonomy around their choices with respect to substance use. This is consistent with findings that when caregivers put pressure on young people to reduce or not use substances, this has been found to be associated with reductions in intrinsic motivation to change use, increased use or desire to use substances, conflict in the relationship and reduced communication about substance use (Chaplin et al., 2014; Moore & Hardy, 2019; Slemon et al., 2019). In the present study, a few participants spoke of the futility of trying to change their siblings' use through advice giving, and described role modelling limited substance use as more effective. Young people in other studies have talked about pressure to access substance use services as a threat to their autonomy, with this

being a barrier to accepting professional support (Grenville et al., 2018; MacLean et al., 2013). Grenville et al. (2018) conclude that parents could learn about how to support young people to access treatment without putting undue pressure on them. One idea that came through in the present study was that caregivers should allow the sibling autonomy, while also keeping them safe. This can be particularly challenging in the context of substance use, particularly where young people use substance use as a means of testing out risks (MacLean et al., 2013).

In the present study some participants described seeing a role for caregivers to have undertaken a more substantial response to their siblings' substance use. Some participants described wanting caregivers to try to get siblings to access support from services, to engage in activities with the sibling and to show them love and emotional support, and refrain from behaviours that encourage substance use. Participants talked about limitations on caregivers' support due to not perceiving the substance use as problematic, having a liberal parenting style, because of caregivers' own substance use or mental health difficulties, or being absent from the family. Young people's problematic substance use is argued to contribute to unhelpful parenting practices, which are in turn proposed to increase the chances that children will develop substance use difficulties (Kim et al., 2017). This can include parents reducing their monitoring and resorting to controlling types of parenting, which have found to be less effective, and argued to contribute to parents giving up (Rodriguez-Meirinhos et al., 2020). In their study, Barnard (2007) noted that some of the fathers tended to respond by distancing themselves from the child and even the family more broadly as a strategy for coping. In some instances in the present study, the parents' lack of action had resulted in participants taking more of a parental role in the family. Even when participants in the present study described parents having engaged in what could be

perceived as neglectful or unhelpful behaviour, they mainly described wanting the parent to behave differently and have greater involvement in the parenting. It is argued to be more important to work with siblings when parents are not in a position to provide the support young people require (Gorell Barnes, 2014). It may also be particularly important to support parents in instances where there are limitations on their support (Bertrand et al., 2013).

One of the areas that participants described a role for families' support around their siblings' substance use was how they shared information about the siblings' substance use. Some of the participants described family members, parents in particular, withholding information about the substance use in an attempt to protect them. This was seen as beneficial when age appropriate, but also a barrier to learning from their siblings' mistakes or knowing that the parents' emotional state related to the sibling's substance use not the participant. Several of the studies found that siblings described it as difficult that the family did not talk to them about what was happening with their siblings' substance use (Craig, K. L., 2010; McAlpine, 2013; Webber, 2003). This can reflect beliefs that young people will be negatively affected by exposure to conversations about their siblings' substance use (Barnard, 2007). Craig (2010) highlights how it could contribute to siblings feeling alone and invalidated by parents. The process of caregivers abruptly changing from protecting the participant to telling them everything that was happening was described as painful by some participants in the present study. Other studies have talked about the shock that participants experienced upon finding out about their siblings' substance use, and experiencing this as traumatic (Clarfield, 2017; McAlpine, 2013). Guidance based on research with families where a parent uses substances in problematic ways encourages parents to talk about the substance use as children are likely to be aware that something is happening within

the family despites attempts to hide substance use (Houmøller, Bernays, Wilson, & Rhodes, 2011).

At times the same participants advocated for seemingly contradictory approaches. Some participants specifically spoke to the idea that some responses would be helpful for some young people but not others. This highlights that a generic set of advice is unlikely to be helpful for all families of young people who engage in problematic use. Whether it is temperament, culture, age or gender, young people differ and approaches may need to reflect that (Burk et al., 2011; Cablova et al., 2014). The idea that there may not be a one-size-fits all approach to supporting a young person with substance use difficulties could be daunting, and could also validate how hard it is for family members to respond when a young person is using substances in problematic ways. When there are substantial safety risks, family members can be under significant pressure to make decisions that they hope will keep their young person safe. They may be balancing these with the intention of supporting the young person to change their substance use or allow other family members adequate attention to flourish. Craig (2010) talks about the empathy that participants in their study had for the difficulty faced by their parents in trying to work out how to effectively respond to their siblings' substance use, which also came through in the present study. Families can be making really difficult decisions, and they can be the ones who hurt if their young person is hurt in the context of their substance use. The findings suggest that family members can do the best that they can, but that it may be impossible to manage all risks and have an impact on whether the young person changes their substance use.

## **Services and Community Support**

Participants shared their perspectives on what factors within the broader community impacted their families' experiences. The young people talked about how differences in the available supports and societal responses to substance use could have benefited their families. In this section I summarise some of their reflections on support from services and the broader community.

Some of the participants described feeling unsupported, with their families not getting the support that they needed from services or the community. This included services not acting fast enough, not providing a crisis response, being re-referred between substance use and mental health services, or services offering group interventions when that was seen as inappropriate. The difficulties that families face accessing timely and responsive support around substance use is a widespread challenge, and one that has been highlighted in New Zealand as part of the Government Inquiry into Mental Health and Addictions (Government Inquiry into Mental Health and Addiction, 2018; Joslin, 2000; McAlpine, 2013; Orford et al., 2005; Schultz & Alpaslan, 2016). Some participants described feeling that there was not support for them as families of the young person, or that it was too difficult to get family members to engage with support that existed. This is consistent with findings that it can be difficult for families to identify what support and information is available, and that stigma can be a barrier for engaging (Corrigan et al., 2006; Mccann, T. V. & Lubman, 2018).

One situation where participants felt alone or unsupported was where their siblings did not want to access support and the family was supporting the sibling on their own. For some participants this seemed to contribute to them feeling isolated or out of their depth in trying to support their sibling. This raises the question of how to support families where young people do not want to access services, particularly where these may be the young people with the most problematic use (Wells et al., 2007; Wells et al., 2007). One option is to support families prior to young people agreeing to engage in services, as a means to enable families to support or facilitate their young person entering treatment (Grenville et al., 2018). There are interventions with family members that focus on encouraging a loved one to enter treatment such as the Community Reinforcement and Family Training (Kirby et al., 2017; Roozen, De Waart, & Van Der Kroft, 2010; Versek et al., 2015). Some studies have looked at training caregivers to be agents of change through the use of motivational interviewing (Botzet et al., 2019; Smeerdijk et al., 2015). Motivational interviewing has an underlying principle regarding respecting people's autonomy and right to make decisions (Miller & Rollnick, 2009).

The other option is to consider how families can be supported when the young person, and some family members do not want to access services. Some participants in the present study described norms of not asking for or accepting support from outside one's family, including linking this to cultural expectations. The expectation that difficulties should be resolved within families without accessing outside support can be important in a number of cultural groups within New Zealand (Masson et al., 2013; Yu et al., 2009). These groups have also identified experiencing higher rates of discrimination by health professionals (Crengle et al., 2012). This highlights the importance of making services more culturally responsive and approachable for



youth, while also providing evidence-based self-help materials or strengthening the social support structures for families in general (Gulliver, Griffiths, & Christensen, 2010; Masson et al., 2013; McCann, T. V. et al., 2018; Yu et al., 2009). This may also indicate the potential for it to be important for families to be able to connect in to social support networks during these times, which has also been found to be a precursor to accessing services (McCann, T. V. & Lubman, 2018).

Some participants described feeling on their own because of barriers regarding sharing what was happening with their sibling with friends, extended family, or the community. This often related to stigma about problematic substance use or mental health difficulties. Some specifically noted that the idea that a young person using substances reflects badly on how the family is coping is a narrative that prevented them speaking to others because of fear of judgement of their family. This is consistent with studies showing that family members of people engaging in problematic substance use can experience stigma and blame relating to the substance use, including from services (Corrigan et al., 2006; O'Shay-Wallace, 2020). This highlights the need to consider how the challenges that a young person is facing can be seen as operating within a system, while being conscious that blame or judgement of people within a system can be experienced as isolating.

Some of the participants described themselves, their siblings and other family members having people in their world who they could talk to about the situation with their siblings and finding this helpful. Some participants noted that this would have been helpful for themselves or family members if it had been available. It varied for individuals as to whether they would find it

helpful to talk to people within their lives or professionals. The importance of being able to talk informally to other members of the community, while not necessarily wanting to engage in counselling, is something that has been talked about in other studies with young people engaged in problematic substance use or their siblings (Clarfield, 2017; MacLean et al., 2013). Calhoun (2013) suggests that posttraumatic growth in stressful experiences can be facilitated through the supportive companionship of friends, family or professionals. Supporting young people to engage in social connection may help them come through what can be a challenging experience, in a meaningful way.

For some of the participants in the present study, the deciding factor in the helpfulness of having someone to talk to could include having people who understood the situation, due to personal experience of problematic substance use in their family. The extent to which the similarity of lived experience was important also included perceiving talking to people from the same class, community or ethnicity as more helpful. The idea that there is something fundamentally different about the support of people who have been through a similar situation has come through in research relating to substance use and other experiences (Clarfield, 2017; Craig, K. L., 2010; Wagner & Calhoun, 1992). Consistent with the present study, other studies with siblings of people engaging in problematic substance use have found that talking to someone with family difficulties helped them feel more normal and less lonely (Clarfield, 2017; Craig, K. L., 2010). In a study with individuals who lost a family member to suicide, participants rated the support offered by people with a similar experience as comparable in type and frequency to the support offered by those without a similar experience, it was just experienced as more helpful (Wagner & Calhoun, 1992). Participants in their study described feeling that those

without that experience would never truly understand. For a couple of participants in the present study it was enough for them to have someone in their life who understood the situation even if they did not talk to them about what was happening.

Substance use is a field with a strong tradition of having people involved in treatment who have experienced problematic substance use themselves or within their family (Novotna et al., 2013). This has included through professionals with lived experience, mutual-help groups such as twelve-step programmes or through peer support services (Bassuk, Hanson, Greene, Richard, & Laudet, 2016). Lived experience can be highly valued amongst professionals working in substance use treatment, and they have been found to give lived experience more credence than evidence based practice (Novotna et al., 2013). This can include recommending interventions based on personal experience. Attempts to quantify whether clinicians with lived experience of substance use difficulties achieve superior outcomes have not found a significant difference (Najavits, Crits-Christoph, & Dierberger, 2000). The involvement of lived experience through use of peer support programmes has been found to have positive impacts in supporting individuals in recovery from problematic substance use (Bassuk et al., 2016; Reif et al., 2014; Tracy & Wallace, 2016). Being able to connect with those with lived experience, either personally or professionally, can be an important component to feeling understood.

Some of the participants talked about how it was other young people who were some of the most important supports in their own or their siblings' lives in the context of the problematic substance use. This differs from ideas that position young people's friends and associates as risk factors for substance use difficulties (Kam & Yang, 2014). In the present study participants

certainly also described young people having an impact on the development or maintenance of problematic patterns of substance use by their siblings, but they also saw young people as important sources of support. Other qualitative studies have talked about the way that young people support each other around substance use such as expressing concern when the use appears problematic (Jenkins, Slemon, & Haines-Saah, 2017; Kam, Krieger, Basinger, & Figueroa-Caballero, 2016). Researchers have found that young people are more likely to turn to friends, siblings or other family members rather than professionals in the context of mental health and substance use difficulties (Gulliver et al., 2010; Leavey, Rothi, & Paul, 2011; Lubman et al., 2017). One study found that adolescents rated close friends as most likely to be helpful in the context of mental health difficulties, ahead of health professionals or parents (Reavley & Jorm, 2011). Young people can see adults as unhelpful due to their lack of understanding of their lives (Gulliver et al., 2010). Other young people such as siblings or peers can be positioned to offer helpful feedback in areas that are the expertise of youth and parents may be unfamiliar with (Gorell Barnes, 2014). This highlights the importance of seeing young people as being not just sources or risk, but having inherent value as sources of support (Kam & Yang, 2014).

Some of the participants talked about the significance of supporting siblings to have something worthwhile in their lives other than substance use. The extent to which someone has a purpose in life has been found to be associated with their temptation to consume alcohol (Roos, Kirouac, Pearson, Fink, & Witkiewitz, 2015). Based on qualitative research with young people attending substance use treatment, MacLean et al. (2013) argue that substance use services for young people should be framed as supporting them to live a full and rich life instead of positioned as curing young people's deficiencies. They argue for the inclusion of activities that

leave young people feeling independent and provide the excitement and social element that substance use involves. In the present study participants talked about the importance of systems outside of the immediate family in providing this purpose in life, including through connecting with cultural identity, peers and extended family, and the societal infrastructure to support young people transitioning from education to employment. Wyn and White (2015) argue that the system often blames individual young people when they encounter difficulties transitioning into employment, whereas there is a need for systemic change such that young people are more likely to be able to enter the workforce. The response to young people's substance use could be seen as requiring an increase in the opportunities for fulfilment and purpose in young people's lives.

One idea that participants spoke about, was that in order for the sibling to change their substance use, that the environment around them needed to change. This related to the family environment they were in, the legal framework and societal discourses regarding substance use, and the physical environment that promotes and makes substances accessible. In their interviewed based study with Canadian young people, Slemon et al. (2019) conclude that narratives that frame young people or their parents as to blame for young people's substance use, do not see the broader societal framework in which families operate. They argue that policies aimed at harms from young people's substance use should consider macro-level factors and move beyond blaming parents. Potentially this speaks to the strength of performance of ecologically based family therapy as an intervention with young people (Hogue et al., 2014). Approaches that consider the impacts on young people of their immediate and broader environments may move beyond discourses of blame on families. When we just focus on what is happening within families, we do not take into account the broader environmental setting that

can have as much influence on young people's substance use, including the availability of substances and the societal culture that promotes their abuse (Velleman & Templeton, 2007).

This study adds to the scarce research focused on the experiences of young people who have a sibling who has engaged in problematic substance use. This includes looking at how these participants have talked about the effects on themselves, amplifying the potentially unseen or unheard stories of this group of individuals (Barnard, 2007). I have drawn on family systems ideas in exploring participants' descriptions of how they saw their siblings' substance use as influencing and influenced by the family system, and the systems that their families interact with. Taking a family systems approach allows us to understand problematic substance use beyond the individual and provides a framework for conceptualising substance use within family dynamics, and as impacted by other systems and broader influences. I have also specifically focused on the perspectives of young people regarding how their families, services and the wider community can respond to their siblings' substance use in a manner that is experienced as helpful for participants, their siblings and their families.

### **Implications for clinical practice**

The findings in this study are consistent with the idea that it is important to consider families when working with a young person who is engaged in problematic substance use. Families are impacted by the young person's substance use and should be offered validation and support for these impacts (Barnard, 2007; Copello et al., 2010b). There is a rationale for supporting families even when the young person engaging in problematic substance use does not

want support for themselves (Orford, Velleman, Copello, Templeton, & Ibanga, 2010). Supporting families through this challenging situation can be important for family members' well-being, as well as being beneficial for the young person engaged in problematic substance use (Bertrand et al., 2013; Velleman & Templeton, 2007). Working with families can help to interrupt vicious cycles within the family, and where possible this should be done without transferring blame from the young person to the family (Fisher et al., 2019). This could include recognising where family members such as parents are impacted by broader systems, struggling with their own challenges, or have barriers to seeing how best to respond to their child's substance use. While families can be seen as part of the problem, for the most part, young people still return to their families, and the family is likely to have more of an impact than engagement with a service (Barnard, 2007; Lee et al., 2012). It is important to continue breaking down barriers that interfere with families accessing support, or being involved in treatment (Lee et al., 2012; Mccann, T. V. & Lubman, 2018).

When working with young people engaged in problematic substance use or their families, we should not forget about siblings (Barnard, 2007). The present study supports existing findings that there is potential for this to be experienced as both detrimental to siblings' well-being, as well as contributing to their development (Clarfield, 2017; Craig, K. L., 2010). It is worth considering how we can increase the likelihood that a young person with a sibling engaging in problematic substance use can benefit from the experience, as conceptualised through models such as posttraumatic growth (Calhoun & Tedeschi, 2013). An initial step includes clinicians enquiring about the impacts on siblings and offering them support. Where possible we should highlight the needs of all children within families, without pathologising the tendencies of family

members to focus on the young person's substance use (Denning, 2010). This could include considering how we might support the family and communities to reduce the disadvantages and increase any benefits of increased responsibility by young people (Hooper et al., 2015). This could include making explicit the balance between a young person developing more other-focused attributes such as being caring, compassionate and kind (Prioste et al., 2015), with the possibility that it reflects the absence of supports needed from other sources (Wyn, Johanna et al., 2012). This reflects the need for families, communities or services to be providing support so that young people are not overwhelmed by the experience of having a sibling engaging in problematic substance use. We should guide families around providing young people with enough information about what is happening with their siblings' substance use to allow them to make meaning of why their sibling is behaving that way and what their families are upset about, without providing too much age-inappropriate content. Supporting young people to engage in social connection may help them come through what can be a challenging experience, in a meaningful way (Calhoun & Tedeschi, 2013). Access to others with similar experiences, either through personal networks or support groups may enable this.

One consideration with respect to how to support siblings is in managing the sibling relationship. Given the importance of the sibling relationship, we should support young people in maintaining relationships with substance using siblings that foster warmth and resilience where possible, while balancing this with putting in place boundaries or distancing these relationships if necessary (Caspi et al., 2018). This includes considering risk through factors such as sibling violence or abuse (Caffaro, 2013). Family therapy can be used to enhance the sibling relationship so that it is a source of support for siblings' in times of family stress or breakdown in the



parenting (Gass et al., 2007; Gorell Barnes, 2014; Milevsky, 2016). Externalising the substance use and differentiating it from the sibling may help with maintaining sibling relationships (Incerti et al., 2015; McAlpine, 2013).

We should also consider seeking out siblings' perspectives on how to respond to the situation. Siblings may be well-placed to consider who in the family requires support and what support may be beneficial. The findings from the present study suggest that there is unlikely to be one generic set of advice that works for all families of young people engaged in problematic substance use, at all times. In some instances, it may be important to allow young people autonomy, and at others to put in place tough love. Sibling perspectives may be helpful where families are balancing competing objectives. For example, where family members are trying to keep the young person safe and maintain relationships, without enabling substance use and contributing to others not getting their needs met.

These findings highlight the importance of services being funded in a way that they can provide the support that is needed from families of young people who are using substances in problematic ways (Werry Workforce Wharaurau, 2019). This should include flexibility to provide the interventions that work for particular young people and families, at the point when they need it. This could include providing family therapy, crisis response when it is needed, and individual rather than group interventions where that is appropriate. The overlap between mental health and substance use should not result in referrals for young people bouncing between different services. There should be ready availability of options that make it easier to access services such as home visits if this helps people to engage. It is also important to have services

that provide young people with what works for them, such as more activity-based or mentoring services to give people a sense of purpose or meaning. In terms of families having access to people who understand, it may be important to continue to provide services such as support groups for families, or peer support services. Many of these elements reflect intentions that are spoken about at policy levels within New Zealand (Inter-Agency Committee on Drugs, 2015) or are in line with the 5-Step Method (Copello et al., 2010b), it is possible that there may remain barriers to implementing some of these policies.

Young people in this study talked about the influence of the environment and broader systems on the impact of their siblings' substance use. This included factors such as the availability of substances and how substance use is perceived, through to young people needing support when transitioning from education into the workforce. One of the ways of responding to broader systemic impacts on substance use, is to change some of these wider systems (Government Inquiry into Mental Health and Addiction, 2018; New Zealand Law Commission, 2010). This could include the legal implications of substance use, and other factors that impact its availability such as the presence of liquor stores outside schools (Campbell et al., 2009; Stjepanovic et al., 2019). It could involve responding to New Zealand's binge drinking culture through harm reduction measures that are responsive to how young people understand their substance use (Hutton, 2012; Hutton et al., 2013). Within New Zealand there is a focus on intervening early (Inter-Agency Committee on Drugs, 2015). It could also involve investigating whether there are adequate supports around families such that if a young person does not follow the exact steps needed to get into the right trajectory they are not precluded from living a life that they perceive as worthwhile (Wyn, Johanna et al., 2012).

What came through in this study is that how we talk about substance use matters. This includes for within clinical practice and wider society. This highlights the importance of measures that aim to reduce stigma around substance use in society, and the impact of narratives of substance use on the well-being of families of people engaging in problematic substance use (O'Shay-Wallace, 2020). As a society we should continue to talk about substance use and mental health in ways that combat the stigma of these experiences. This may include providing more information about these experiences and their prevalence across society. When working with families, how clinicians talk about the substance use may have potential for contributing to how family members relate to each other. Narratives that place blame on individuals and families without acknowledging wider systemic impacts may isolate people. Supporting families to find new ways to talk about the substance use, may open up space for more empathic ways of seeing how everyone in the family is experiencing the situation and contributing to change. This could involve externalising it or focusing on cycles of behaviour that may not attribute fault to individuals (Tomm et al., 2014; White, 2007). Having a family member engage in problematic substance use can be an experience that families can work through to deepen relationships and communication, find a new sense of purpose and develop as individuals in line with posttraumatic growth (Calhoun & Tedeschi, 2013). Although it is important to acknowledge that this may not be every family's experience.

One of the considerations that came through in the present study is how does society support families of young people who do not want to access help. In part this could involve removing barriers to accessing services wherever possible and provision of self-help material

(Gulliver et al., 2010; McCann, T. V. et al., 2018). This could involve providing greater support to families even when young people do not want to access services. This support might involve guidance for families in how they manage the effects of the young person's substance use and how to respond it. Support around how to talk to young people around substance use may draw on principles of motivational interviewing and harm minimisation approaches (Botzet et al., 2019; Jenkins et al., 2017; Slemon et al., 2019). This could be framed as how to have supportive conversations with young people around substance use, to give families tools to support young people in managing risks (Slemon et al., 2019). It may be thinking more broadly about who the potential supports for the young people are. This could include other young people in their world who they may feel more comfortable accessing support from. Continuing efforts to change the stigma around substance use and mental health may make it easier for young people and families to have conversations with others and find people who understand (McCann, Terence V. & Lubman, 2018). Where young people and some family members do not want to access services, it could be that bolstering social services that support families in general may be helpful. Getting shifts in young people's problematic substance use, may require efforts to address the underlying factors at the heart of the challenges that families face (Werry Workforce Wharaurau, 2017). Where families experience greater support from the community and society more broadly, they may be in a better position to support themselves and the young people using substances.

### **Strengths and Limitations**

This study built on the limited research looking at the impacts for young people of having a sibling who has engaged in problematic substance use and did so within a New Zealand context. The siblings of young people engaging in problematic substance use is an important group to consider, as it is one who is at risk of going unseen and unheard. In looking at this experience in the New Zealand context, the study explored experiences of families where a young person was using substances that are prevalent within New Zealand such as alcohol, cannabis and methamphetamine. The study explored the impacts on families as described by participants from a broad range of ethnicities within New Zealand, as well as both older and younger siblings. The study looked at the impacts on siblings and broader families in situations where young people did not want to access services as well as those who had accessed support. This is particularly important in the context of thinking about the needs of families where young people do not access services. It included the experiences of both young people who felt their siblings' substance use had contributed to the likelihood of their own use increasing and those who had not. The study specifically asked about siblings' perspectives on what is helpful for families, services or the broader community to respond in supporting families in the context of young people using substances in problematic ways. This allowed for exploring narratives and systemic factors that influence problematic substance use beyond the individual, both within and beyond family systems.

The findings reflected the different ways that young people can experience having a sibling with problematic substance use. This included young people using different types of substances, differing lengths of time the sibling had been engaged in substance use and the degree of risk it posed to their safety. Participants also varied in the number of siblings using

substances in problematic ways, as well as individual factors such as culture, gender, class or age when the substance use was most problematic. The study captured the experiences of young people who had experienced the impacts of their siblings' substance use for more than a decade and could reflect on long-term impacts, as well as the experiences for those for whom this was a new experience that they were currently discovering. Where participants were reflecting on experiences from many years ago their memories may have been less accurate and influenced by knowledge and experience that came later. Nonetheless these retrospective accounts offer a valuable way of understanding not only the impact of particular experiences but also how they have taken on meaning in participants' lives. Having a more restricted definition of problematic substance use, a smaller age range, or focusing on one substance may have meant there was less variation within the sample. The research aimed to reach a broad sample to include those who might experience barriers to participating, such as those who may be unlikely to label a sibling as having a substance use disorder, or those who had particularly difficult experiences who may not have been in a space to discuss it when it was at its worst. It employed a broad strategy of recruitment to try and get a range of participants. Regardless of these efforts the study will be limited by only capturing experiences of people who choose to participate in research.

## **Conclusion**

This study highlights the many ways in which young people can be affected when they have a sibling who engages in problematic substance use. This speaks to the importance of considering siblings when working with young people and their families regarding substance use. This could include exploring what ways siblings have been affected, in order to validate

these experiences and raise the visibility of their needs within the systems that they are involved in. Siblings also offer a unique and valuable source of information for what is helpful for families of young people engaged in problematic substance use. The perspectives they offered within the current study highlighted the challenge in how parents and other family members can support a young person and the broader family in the context of problematic substance use. This challenge can also reflect the ways in which the availability and responsiveness of services in supporting young people and their families around substance use, the way we talk about substances, and the environments in which families operate can influence how families are impacted in this experience. This study speaks to the need to look broadly when considering how to work with a young person engaged in problematic substance use. This includes considering how narratives around substance use in the family can be re-storied in a way that looks beyond pathologising the individual or blaming families.

## Appendices

### Appendix A: Research Advertisement

# HAVE YOU WORRIED ABOUT YOUR BROTHER OR SISTER'S DRUG OR ALCOHOL USE?

A new research project is looking to talk to 16-to-30-year-olds about their experiences of having a brother or sister whose drug or alcohol use causes problems.

Interested? For information get in touch with the researcher, Hannah Swinton on:

028 4177 654 or [hswi002@aucklanduni.ac.nz](mailto:hswi002@aucklanduni.ac.nz)

You will be thanked for your participation in the research with a \$20 voucher.

Approved by the University of Auckland Human Participants Ethics Committee on 30/10/2017 for three years. Reference number 019370.

[facebook.com/siblingsandsubstances](https://facebook.com/siblingsandsubstances) | [siblingsandsubstances.wordpress.com](https://siblingsandsubstances.wordpress.com)





## **Appendix B: Participant Information Sheet**

### **Project title: Experiences of young people whose brothers' or sisters' drug or alcohol use causes problems**

**Principal Researcher:** Hannah Swinton

**Supervisors:** Dr Kerry Gibson and Dr Susan Cowie

My name is Hannah Swinton and I am a Clinical Psychology doctoral student from the University of Auckland, School of Psychology. My supervisor is Kerry Gibson, who is an Associate Professor at the Psychology Department at the University of Auckland. We are carrying out research to better understand the experiences of young people whose brothers or sisters have difficulties with alcohol or drugs.

### **What is this research about?**

We are doing some research to find out what it is like to have a sibling who experiences difficulties as a result of their alcohol or drug use. We are interested in hearing your perspective on how your brother or sister's substance use has impacted you and your family. I am interested in young people's ideas about what is helpful for them and their families when they have a brother or sister whose drug or alcohol use causes problems. I hope that this research will be useful for knowing how to support young people and their families around substance use difficulties.

### **Who can take part in the research?**

I am interested in hearing from people aged between 16-to-30-years-old whose brother or sister's drug or alcohol use has caused problems. Even if this problem is not happening at the moment, but happened in the past, we are still interested in hearing from you. The substance(s) that your brother or sister has used could be any drug or alcohol. The sibling could be your full biological sibling, half-sibling, stepsibling or adoptive sibling. They need to have lived with you at some stage in your life. If you meet these criteria, then you are invited to take part in this study.

### **What will taking part in the research involve?**

I would interview you for about an hour, at a time and place that suits you. We can provide a private room at the University of Auckland, or meet you somewhere else that suits you. I will email you or text you to arrange a good time and place for the interview. Before the interview starts I will ask you to fill out a consent form so we can check that you are sure you want to take part in the interview. I will ask you about your experiences of having a brother or sister whose drug or alcohol use causes problems. This will include talking about how your brother or sister's alcohol or drug use has impacted you and your family. I will not ask you to tell me things that your brother or sister has asked you to keep secret. My questions will focus on your experiences, for example how your brother or sister's drug or alcohol use made you feel, how you reacted to it and what was helpful for you and your family in managing any problems it caused. The interviews will be audio recorded. At any time you may stop the interview or ask to have the audiotape switched off without giving a reason and you do not have to answer all of the questions. The audio recordings will later

be typed out (transcribed), by either myself or a transcriber (person who types out audio files) who will have signed a confidentiality agreement.

**Will it be confidential?**

Your decision to participate in this research (or not) and all personal information collected from you will remain confidential to the researchers. If you told me about something that might be a serious risk to someone's safety, I will talk to you about it and might have to tell someone else about it.

Parts of what you say may be quoted in research reports or presentations, such as in academic journals and presentations in international conferences. However we will make sure that there is nothing in any reports or presentations that could identify you. For example, we would change the names of people or places.

**Who gets to decide?**

You get to decide whether or not you want to be part of this research. Even if you do agree to be interviewed, you can change your mind during the interview and decide to stop without giving a reason. For up to two weeks after the interview, if you decide you do not want your interview to be used in the research you can let us know and we will delete any files and/or documents related to you.

**What will happen to the research?**

This research will be part of Hannah Swinton's thesis, and we would also like to write up the research findings for articles or conferences so that others can find out more about young people's experiences of having a brother or sister whose drug or alcohol use causes problems. When writing up the research we might use quotes and examples from your interview but we will make sure that nobody can identify you.

**What will happen to the interview material after the research is completed?**

All researchers are obliged to keep the transcribed interviews as well as the forms in which you have given your consent to take part in this research. We will keep your consent forms in a locked cabinet in the Department of Psychology for 6 years and will then destroy them. The interview transcripts will be kept for 6 years also in a locked cabinet, separately from the interview material so that nobody can identify you from the interview transcript.

**What's in it for you?**

You will have the opportunity to talk about your experience of having a brother or sister whose drug or alcohol use causes problems, and we hope that this will be useful for you. We also hope that you will contribute to clinicians having a better understanding of how to support families of young people with drug or alcohol difficulties. We will send you a copy of the findings of the research once we are finished if you would like this.

We will also give you a \$20 voucher as a way of thanking you for the time you have given to help us with this research.

**What if talking about this upsets you?**

Sometimes talking about personal things can make you feel upset as you think back to difficult times. If this happens we can help get you to get some support if you need it. We can put you in touch with agencies that will be able to offer you support.

**So what do you need to do next?**

If you think you would like to take part in this research or would like to hear more about it then please contact **Hannah Swinton**.

**text or phone her on 028 4177 654 or**

**email her at [hswi002@aucklanduni.ac.nz](mailto:hswi002@aucklanduni.ac.nz)**

If you want to talk to someone else about the study you can also contact my supervisor, Dr Kerry Gibson, at [kl.gibson@auckland.ac.nz](mailto:kl.gibson@auckland.ac.nz), or the Acting Head of the School of Psychology, Dr Ian Kirk, at [i.kirk@auckland.ac.nz](mailto:i.kirk@auckland.ac.nz).

For any concerns regarding ethical issues you may contact the Chair, the University of Auckland Human Participants Ethics Committee, at the University of Auckland Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 ext. 83711. Email: [ro-ethics@auckland.ac.nz](mailto:ro-ethics@auckland.ac.nz)

Approved by the University of Auckland Human Participants Ethics Committee on 30/10/2017 for three years. Reference number 019370.

**Appendix C: Consent Form****THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS**

**Project title: Experiences of young people whose brothers' or sisters' drug or alcohol use causes problems**

**Name of Researcher: Hannah Swinton**

**Names of Supervisors: Dr Kerry Gibson and Dr Sue Cowie**

I have read the Participant Information Sheet and have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to take part in this research.
- I understand that I will be interviewed for a period of about 1 hour.
- I understand that I am free to withdraw participation at any time before and during the interview, and to withdraw any data traceable to me up to two weeks after the interview.
- I agree to be audiotaped.
- I understand that a third party who has signed a confidentiality agreement may transcribe the audiotapes.
- I give permission for my interview data to be quoted anonymously in publications arising from this study.
- I understand that interview transcripts will be kept for 6 years after which they will be destroyed and my consent form will be kept for 6 years.
- I am aware that I may find participation in the study distressing and that referral to a supportive service can be made if I am experiencing distress.
- I understand that I will be offered a \$20 voucher in acknowledgement of my participation.
- I understand that data from this research may be used in Hannah Swinton's doctoral thesis, academic publications, reports and/or presentations.
- I would like to receive a summary of the research findings Yes/No (please circle)  
If Yes, please provide an email address: \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved by the University of Auckland Human Participants Ethics Committee on 30/10/2017 for three years. Reference number 019370.

**Appendix D: Demographic Questions**

How old are you? \_\_\_\_\_

What gender do you identify as? \_\_\_\_\_

What is your cultural/ethnic identity? \_\_\_\_\_

Who is in your family (please include ages, genders)? \_\_\_\_\_

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What drugs has your sister or brother used that have caused problems (can include alcohol)?

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How long has your brother or sister used drugs or alcohol in a way that has caused problems?

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If you brother or sister has stopped using drugs and alcohol in a way that causes problems, how long ago did they stop? \_\_\_\_\_

**Appendix E: Interview Schedule**

What are the effects of your sibling's substance use?

In what ways has your sibling's substance use impacted you?

In what ways has your sibling's substance use impacted your family?

In what ways has your sibling's substance use impacted them?

What have you done to cope with the effects of your sibling's substance use?

What has your family done to cope with the effects of your sibling's substance use?

What do you think about your sibling's substance use?

In what ways have other people responded to your sibling's substance use?

In what ways have other people responded to the effects of your sibling's substance use on you and your family?

In what other ways could people have responded to your sibling's substance use that would have been helpful?

**Appendix F: Confidentiality Agreement Form**

This form will be held for a period of 6 years following publication of research findings

**Experiences of young people whose brothers' or sisters' drug or alcohol use causes problems**

**Principal Researcher:** Hannah Swinton

**Supervisors:** Kerry Gibson and Susan Cowie

In accordance with the standards of the University of Auckland and Human Participants Ethics Committee the information contained in these files is strictly confidential and may not be used for any purpose by yourself or any other individual, except in accordance with this agreement. You have access to these confidential audio files for the purposes of transcription only. Should you recognise the voice of the participant recorded in an audio file you have been asked to transcribe, you are expected to immediately discontinue transcription of that file and are also expected to inform the Primary Researcher as soon as possible. All audio files and transcripts must be promptly deleted subsequent to the return of the transcript to the primary researcher.

In signing below you confirm:

- I am undertaking transcribing services for the above named project;
- I understand that I am bound by ethical confidentiality guidelines regarding these data, and will not break confidentiality in any way;
- I will not communicate about the data, or the participants, with anyone other than the researcher.
- I have read understand and hereby agree undertake this job in accordance with these stated conditions as outlined in this confidentiality agreement form dated xx/xx/xx.
- I will delete/destroy any copies I may have made as part of the transcription process when it is complete.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by the University of Auckland Human Participants Ethics Committee on 30/10/2017 for three years. Reference number 019370



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