Early childhood experiences, parenting and the process of drug dependency among young people in Tehran, Iran

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Abstract

Introduction and Aims. Substance abuse has become a major public health problem in Iran. The process of developing an addiction is complex and multifaceted. Early childhood experiences are thought to be one of the important determinants of addictive behaviour. The aim of this qualitative study is to explore the early childhood experiences, especially the experiences within the immediate family, of current substance-using young adults in Iran. Design and Methods. The study is qualitative in nature. In-depth interviews were conducted with 15 young men and women who were either in treatment for their addiction or were active drug users at the time of the interviews. Moreover, four interviews have been conducted with family members of participants. Results. The majority of the participants experienced traumatic events during childhood and came from dysfunctional families. There appears to be a significant disconnect between these individuals and their families. An obedience-instilling parenting style and parents’ knowledge and attitude toward drug using and prevention were also identified as important determinants of substance use. Discussion and Conclusions. The results of this research point out the need for early interventions for at-risk families as well as at-risk individuals. [Mirlashari J, Demirkol A, Salsali M, Rafiey H, Jahanbani J. Early childhood experiences, parenting and the process of drug dependency among young people in Tehran, Iran. Drug Alcohol Rev 2012;31:461–468]

Key words: addiction, qualitative research, young people, parenting experience, Iran.
million people, of which 35 million are younger than 24 years of age [12], making a large part of the population vulnerable to addiction issues.

There are many factors, which might contribute to initiation and development of drug use, including genetic, social and familial factors [13,14]. It has been shown that problematic family relationships, poor parenting practices, low-quality family management, history of being abused or neglected and inadequate coping skills, along with parental drug use and modelling, might be counted among the early predisposing factors for drug use [6,15–17]. Some studies especially highlighted the parental absence, separation and poor supervision prior to teenage years of a child as contributing factors to drug use [18].

While addiction has become a major public health problem in Iran, there is very little known about the experiences, perceptions and practices of young individuals who are drug-dependent in this country, and the impact of the early life experiences as reported in literature has not been validated for the Iranian population.

This paper explores the process of drug dependency among Iranian young adults. It focuses particularly on the early life experiences of drug users with a special attention to immediate family relationships, and how that might relate to and explain their current practices.

Methods

This study employed a qualitative approach to explore participants’ thoughts, practices and experiences around their drug use. Because of its capacity to explore and explain human behaviours, qualitative methods are well suited to demystifying the facts about drug use and to replacing stereotypes and myths about addiction with more accurate information that reflects the daily reality of substance users’ lives [19].

The study was conducted in different sections of Tehran, between April 2009 and March 2010. Drug users between the ages 18 and 35 from both sexes who were capable of giving consent were eligible to participate.

Purposeful sampling coupled with theoretical sampling was implemented for recruiting participants. In purposeful sampling, the researchers select cases with a particular purpose or goal in mind, searching for informants who possess certain indications or qualities. Researcher select samples according to the aim of the study, also seek maximum variation. Therefore, some participants are ‘richer’ than others; they are more likely to bring insight and understanding regarding the phenomenon. Theoretical sampling is used following purposeful sampling; by defining the properties of each category and discovering the way they mediate the relationship between categories, the researcher try to strengthen the emerging theory [20].

As saturation determines the majority of qualitative sample size [21], the recruitment process was continued until new data did not shed any further light on the issue under investigation.

To ensure that a wide variety of backgrounds were captured, the participants were recruited from different sections of Tehran. Table 1 summarises the demographics of the participants.

Nineteen in-depth, semistructured interviews have been conducted with young drug user men and women (n = 15) and their family members who were willing to talk to the interviewer (n = 4). Participants were recruited from medically assisted treatment centres, non-governmental organisations (NGOs) that aim to help addicts with treatment and public parks where users gathered. Participation was voluntary, and there was no financial reimbursement for participants.

Table 1. Demographic information of drug-dependent participants (n = 15)

<table>
<thead>
<tr>
<th>Age</th>
<th>20–35 (mean 26) (standard deviation 3/92792)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant numbers</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>University degree</td>
<td>5</td>
</tr>
<tr>
<td>High school</td>
<td>5</td>
</tr>
<tr>
<td>Early school leavers</td>
<td>5</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>5</td>
</tr>
<tr>
<td>University student</td>
<td>2</td>
</tr>
<tr>
<td>Private companies</td>
<td>2</td>
</tr>
<tr>
<td>Own business</td>
<td>1</td>
</tr>
<tr>
<td>Taxi driver</td>
<td>2</td>
</tr>
<tr>
<td>Not reported/unknown</td>
<td>3</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>3</td>
</tr>
<tr>
<td>Unmarried</td>
<td>12</td>
</tr>
<tr>
<td>Drug-using status of the participants</td>
<td></td>
</tr>
<tr>
<td>Average years of drug use</td>
<td>9 years (almost 80% of participants began their drug use before the age of 18). At the time of interviews 5 of them were active drug users and 10 of them were under treatment.</td>
</tr>
<tr>
<td>The sort of drug used</td>
<td>2 opium users, 2 shireh\textsuperscript{a} users, 1 heroin user, 2 methamphetamine users, 5 keraak\textsuperscript{b} users, 3 poly drug users</td>
</tr>
</tbody>
</table>

\textsuperscript{a}Opium residue. \textsuperscript{b}A form of concentrated heroin.
Consenting participants were interviewed by the first author. The interviews, which lasted between 60 and 150 min in one to two sessions, were audio-taped and then transcribed.

The participants were asked to talk about their childhood experiences, their relationship with their families, when and how they came to know about drugs, their first drug use experience, and the conditions and the environment in which the first drug use took place. Their exposure to any type of prevention strategy-targeting drugs was also explored during the interviews.

The data analysis followed Strauss and Corbin’s constant comparison method [20]. It began with detailed coding of data, then data were broken down into separate parts, they were examined closely, and different parts were compared for similarities and differences. Words, sentences and paragraphs were considered as indicators and were abstracted and labelled. They were hierarchically organised and were revised and repeatedly compared across the data to form the main categories of themes. Categories, their properties and dimensions were developed by paying special attention to the conditions and the interactions between participants and their families, as well as strategies and tactics they used to deal with their problems. This process continued until a saturation point had been reached and no further themes emerged. At last, themes were formulated as the meaning of the hidden content of the transcripts.

Credibility was enhanced through member checking, validation of emerging themes in subsequent participant interviews and debriefing with expert supervisors. Prolonged engagement with participants, peer checking and maximum variation of sampling has been used for the validation of data.

This study was granted ethics approval by the Research Committee at the Nursing Faculty of Tehran University of Medical Sciences. Informed consent was obtained from all participants.

Results

Traumatic events during childhood

Traumatic events in early childhood were a common experience for the majority of the participants ($n = 14$), and included physical, sexual and emotional abuse, exposure to parental violence in early childhood, and other family problems, such as family breakdown and parental addiction.

Some participants talked about severe physical violence inflicted on them by family members to punish them whenever they made a mistake.

Once I came back late, my father chained me, he bashed me black and blue, instead of talking and giving some advice, my parents often used to beat me up. They didn’t have good behaviour with me, therefore I preferred not to tell them the truth and I began to hide my problems. [M, 21 years old (yo)]

Three female and one male participants talked of sexual abuse in their childhood. One of the participants linked the onset of substance use to the time that she was raped. The majority of the perpetrators of abuse were reported to be family members or someone very close to the family. They found this experience to be very traumatic, to a degree that it still affected their lives.

My parents were divorced, my father was an addict and couldn’t support me, therefore I went to my mother’s house, but her husband had dirty thoughts about me. You can’t believe how he intimidated me. Several times he tried to rape me. (F, 21 yo)

I was 17, we went to the country side without our parents, we drunk alcohol and there one of my family members who used to pretend loving me raped me. I was scared and crushed, crying all the way coming back home. That night was the first time I used opium in order to forget my misery. (F, 31 yo)

Emotional abuse and ongoing humiliation by parents or caregivers were reported by the majority of the participants. They reported that their family members made them feel unworthy and blamed them for things that went wrong within their families. It appeared that this type of treatment left lasting impressions on these young adults.

My parents were divorced because my dad was a heroin addict. In fact seeing my dad using heroin in the kitchen was my first experience of being familiar with drugs; we were living with our grandmother. She was so cruel to me, didn’t let me see my mom, always used to call her names. I was just a kid but she was telling me that I was a whore, especially when I had my first period, she slapped me on the face, telling everybody that I was a dirty girl, I knew nothing about menstruation. I didn’t even have a pad to control my bleeding; I was too shy to ask anybody about it. Once, my friend said that she had something, which could help me feel better; she brought opium and thought me how to use it. (F, 23 yo)

Issues, such as divorce, living in blended families, parental disputes and parental addiction, were also common among many of the participants’ life stories. It appeared that these family problems prevented parents from getting involved effectively in these young individuals’ lives.
I was about 9 years old. My mother was a user, and I couldn’t tolerate seeing her buying the drugs. Other people were saying things behind my mother back. Thus I became responsible for buying her drug from drug seller. Besides, since I was a kid, nobody was suspicious of me. This was how it all began and I was introduced to drugs and drug selling. (M, 23 yo)

An obedience-instilling parenting style

Participants’ descriptions of life experiences suggested that the majority of them \( (n = 12) \) were submissive. Participants felt they were expected to obey and follow their parents’ opinions and values without opposition or protest, against their own preferences. Their experiences and perspectives suggested that this style of upbringing shaped their personalities and how they related to the world: simply accepting what was asked of them.

I didn’t used to talk at all, you know, I learnt not to protest against their decisions. Even if they beat me on the head, I was ready to be beaten another time. You know I grew up in this kind of atmosphere and it made me react passively, it made me feel that I have no power and should accept other people’s opinions without protest. (F, 23 yo)

In addition to these common themes of parental control, there were interesting contrasts in the family experience of some participants. While some parents were over-controlling, others were highly permissive and not involved with the participants’ lives at all, especially during their adolescent years. The parents of these participants seem to have had an ‘all or nothing’ approach toward discipline.

A common thread among the informants’ experience was that their parents did not explain why some decisions were made on their behalf, or even why they were punished. Those who grow up in authoritarian families and were under tough monitoring and discipline explained that they were always searching to find a way to get rid of parents’ supervision and tried to do things secretly.

Disconnection between parents and child

Fourteen participants reported that although they were well provided for, their parents’ involvement in their day-to-day life was superficial and they lacked a basic understanding of who their own children really were. Participants perceived that they were living in parallel universes with their parents and never understood each other.

Participants also explained this disconnection in the context of their parents having expectations of them that were too high to be met. Not meeting these standards resulted in punishment by their parents, which forced the participants to hide their weaknesses and problems from them. Most participants seemed to put on a show to please their families, but in reality they lived a life far from the family’s expectations.

That was their fault; they forced me to hide the truth because they always expected me to be their dream child. I used to hide problems and learnt that by telling a lie I would be able to shut out their nagging and punishment . . . gradually the distance between us grew bigger and bigger. (F, 20 yo)

She always had problem with her dad. They used to quarrel about everything, blaming each other and communicating in a way that they could never understand each other. (Mother)

Parents’ knowledge and attitude toward drug using and prevention

Data analysis revealed that none of the participants’ parents gave them appropriate information about drugs and addiction which were reasonable and according to facts. Tolerant parental attitudes toward drug using—both recreational and medicinal—were a common theme in participants’ development of knowledge and views about drugs. Some parents believed using opium and marijuana for recreational purposes was acceptable \( (n = 9) \). It was interesting to observe that opium was perceived as an acceptable pain-killer for a variety of pain-related symptoms. Such attitudes likely led to normalisation of drug use for these participants.

Once I asked my father about his drug use and he answered that he was not an addict and claimed that he knew how to control himself, he added that he would never be the slave of drugs. His idea about drug using was always in my mind, for the first time when I used opium I told myself that I was his son and I never would be an addict. (M, 23 yo)

Despite the tolerance of some families to types of drug use, some of the parents did not know much about the facts on drugs. As a consequence friends appeared to be the only source of information for all participants. Those families who chose to talk about drugs appeared to give exaggerated and inaccurate advice to scare the children off drug use. In contrast, other parents appeared to be reluctant to talk about drugs with a fear that this talk might encourage their offspring’s drug use.
I was told if I would use drugs, probably I would be dead or become like those addicts who were homeless, having no control over their lives, sleeping in dirty places and everybody could find out that they were drug users just by looking at their appearances. But the first time I used it nothing wrong happened, instead we had fun therefore my fear subsided. (F, 21 yo)

No one spoke about drugs and addiction in our home and drugs were not discussed at school... They taught us everything other than how to protect ourselves against drugs... may be because my parents never believe that their daughter might be in danger of addiction. I got all the information from my boyfriend. (F, 26 yo)

During their childhood, the participants of this study did not have many opportunities to develop problem-solving skills in their families. They appear to lack role models in their lives with regards to coping with stressful situations.

My mother left us and got a boyfriend. My father was shattered and increased his drug use. When ever he used to use opium he became relax and harmless. It was in my mind that using opium is an effective way for getting over difficulties. (F, 20 yo)

Boredom emerged as a significant problem among these participants during their adolescence. It appeared that these individuals were not engaging in interesting recreational activities. Their only outlet seemed to be ‘hanging out with friends’ with minimal parental supervision. They claimed that drug use aimed to ‘kill time and have fun’.

Most of the time I used to hang out with my friends in the streets and public parks. All of my friends were older than me, and many used to use drugs. (M, 26 yo)

Discussion

The present study gives first-hand information on the early childhood experience and its probable influence on the process of developing drug dependency among Iranian young adults, as described by the participants.

The method of inquiry in this study is naturalistic and qualitative in nature, and therefore this paper does not seek to generalise its findings to general population; however, those who work in similar settings may find the outcomes of this study relevant to their practice.

The results of the study are consistent with research, which suggests that the roots of drug dependency are formed years before the first drug use experience [22], and that family is the most important environment in which both protective and enabling factors for drug use may exist [23,24].

The participants talked about childhood experiences, which would be considered as traumatic by most people. This finding is in line with the results of other studies that link physical, sexual and emotional abuse, especially during childhood, to a sense of humiliation, degradation and low self-respect, and to drug use [25–28]. In this study, the majority of the informants had experienced hostile parental exchanges. It is reported that witnessing inter-parental violence can undermine a child’s sense of emotional security, which is suggested to be a predisposing factor for future drug use [29].

Almost all of the participants claimed that they were not treated fairly by their parents and gave graphic details of their negative experiences and their long-term impact, which was in line with other research [30]. The manner in which parents value their children, and the way they express it, are an important factor in helping children to develop self-confidence and self-respect [31], which, in turn, can help them to say no to drugs [30,32].

Family structure and parenting dynamics also emerged as an important theme. In this study, the majority of the participants were from broken homes. Their stories indicated that their childhood experiences of family breakdown were traumatic and continue to affect their lives and practices, including drug use.

Research findings into the influence of family structure on deviance among children are inconsistent. Some studies have found that adolescents living in dysfunctional families are at a greater risk of drug use and that divorce is a particularly stressful experience that can affect children’s well-being and personal and emotional development [28,33]. Primary socialisation theory suggests that poor parenting and divorce might meddle with the quality of parent–child relationships and, as a result, children might be more likely to be under influence of deviant peers [34]. Some studies go further and suggest that children of divorced parents growing up in single-parent families have an increased risk of becoming involved in drug abuse [35–38]. In contrast, other studies found no relation between family structure and childhood delinquency [37], and the quality of parenting, regardless of the family structure, would be more important than living in a conventional family where father and mother are together but their relationship is volatile and disruptive.

An obedience-instilling parenting style was another significant theme to emerge from this study. Although some researchers argue that high parental permissiveness leads to involvement in drug abuse and parental control is recognised as the most powerful protective
factor against illicit drug use [23,38], others suggest that drug use is related to the consequences of over-controlling parenting practices [39]. These findings are contradictory, and some researchers argue that the probable protective effect of parental supervision against peer influence and drug initiation disappears during the late adolescence [40]. A consistent and moderated discipline [41] may be more effective in reducing adolescent drug use [42].

The majority of participants in this study mentioned that their decision-making powers have been taken away from them by their parents. Their experience may reflect the way in which many Iranian families operate, where the traditional style of child rearing is still the norm.

In traditional Iranian family structure, the relationship between parents and children is vertical and children are expected to obey their parents’ order and values. They usually live with their parents until they get married, no matter how old they are. Moreover, segregation of the sexes in public places, such as schools, is mandatory. Mostly young people would find the opportunity to communicate with the opposite sex in universities and work places. Sexual relationships before marriage are prohibited by religion, culture and law in Iran, and the majority of parents would not find it acceptable [43].

However, during the last decade, following access to satellite dishes, internet and vast amount of information from other countries, young adults and their parents are experiencing a big gap in their points of views [43]. In many cases, the previous tradition style of parenting is no more acceptable by children, leading to some conflict between two generations. The widening generation gap can affect both family and adolescent health. Troubled relationships with parents were significant predictors of smoking in Iranian adolescents, notably in girls. As Iran is a high-risk country for illicit substance misuse, an effective family with warm home environment and conscientious parents will be important in preventing offspring addiction [43].

The literature from western societies asserts that creating democratic communication and sharing power between children and parents may help children develop stronger personalities, leading to fewer problem behaviours [11,31]. It is not clear how this information translates to traditional societies, such as Iran, and whether a traditional style of upbringing might contribute to individuals’ unquestioning acceptance of others suggestions. Further research is needed to clarify the impact of this issue on drug use behaviour.

The participants of this study appeared to be disengaged from their families, a finding which is in line with studies which reveal that drug users, in comparison with non-users, are more likely to perceive their families as distant, under-involved and misunderstanding [22,42]. Disruption of normal child–parent relationships is considered one of the determining factors for some children’s initiation to drug use [44–46].

Our findings on the significant influence of parents’ attitudes toward drugs and drug using on their children is consistent with other research [11,23,41]. According to Bandura’s theory of ‘delayed modelling’, the process of socially transmitting beliefs, values and behaviour from parent to child may happen over a period of years [47], and based on social learning perspectives, a positive parental attitude toward drug use might lead to normalisation [48].

Drug awareness programs and public campaigns, which target both parents and the susceptible individuals, such as adolescents, might influence the way parents communicate with their offspring. Studies suggest that children who talk about drugs with parents will be less likely to rely upon misinformation from friends or from those who try to attract them into illicit drug use. A real conversation about drugs must move beyond prohibition. Honest communication, which acknowledges both the negative results and the fun of the drug use, gives parents credibility in the conversation and creates democratic atmosphere for discussions on finding effective ways to lower the risk [11,42,49–51].

The last dimension to emerge from our analysis was participants’ sense of ‘boredom’. Studies show that one of the main factors associated with drug abuse is not having organised activities in a young person’s spare time in order to relieve boredom [52]. It is important to acknowledge that many people may classify drug use as a leisure time activity as well [53]. Leisure activities need to be structured and carefully planned. It is proposed that the people who children and adolescents spend time with is more important than the activity itself [54,55].

Limitations of this study

One of the limitations of this study is that it depends solely on the participants’ self-reporting. It is plausible that participants may be externalising the reasons for their drug use. This study aims to paint the picture through the experiences of drug users as they reported.

This research is qualitative in nature and does not seek to generalise its results. The sampling was purposeful and the findings are context-based. However, the themes and findings of this research were reviewed by experts in the field of addictions, participants and non-participant drug users; it is plausible that the results of this research might be transferable to similar groups and contexts to those represented by drug users in this study.
Conclusion

Findings of this study highlight the fact that childhood experiences and parenting approaches might have an influence on the process of developing drug dependency among young Iranian people. Further research, especially population-based studies, into this area are needed, particularly into the influence of family structures and different models of parent–child power relationships on this process. Findings of this research indicate that targeted prevention programs along with drug awareness programs, both for young people and their parents, are needed.

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References


