Article

Who Cares? Voices of Parents Caring for Adolescents Recovering from Substance Use Disorder

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Abstract

The role of parents is crucial in the development and recovery of adolescents with substance use disorder (SUD), as they can either increase the risk to, or promote protection and resilience of, these adolescents. Nonetheless, the experiences, opinions, and treatment attitudes of parents of adolescents recovering from SUD have been the subject of very few research studies. The problem of how adolescents recovering from SUD affect parents and family dynamics is mostly ignored, and parents of adolescents recovering from SUD find it difficult to cope. The aim of the research was to gain an in-depth understanding of how parents of adolescents recovering from SUD can be supported. Qualitative research with the intervention design and development (IDD) model was used to investigate the phenomenon using the family systems theory as the point of departure. We conducted face-to-face interviews using a semi-structured interview with 16 purposively sampled parents of adolescents recovering from SUD, in Tshwane, South Africa. Data were thematically analysed and verified using Guba's model. Participants expressed their perspectives on caring for an adolescent recovering from SUD and described the support services they would like to receive. It is evident from the findings that parents have to assist their child recovering from SUD and have to cope with the emotional, physical, and spiritual consequences of SUD on themselves and their families.

Keywords: adolescents; parents; caring; recovery; substance use disorder (SUD)

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Introduction

Substance use disorder (SUD) is a significant problem affecting young people of all races, particularly adolescents, in South Africa as well as globally (Mokoena and Setshego 2021). Most adolescents are at risk of experimenting with substances from as early as 12 years, and this continues into their later adolescent years (Jordan and Andersen 2017). About 275 million people globally have experimented with drugs at least once in 2015 (United Nations Office on Drugs and Crime [UNODC] 2019). SUD among adolescents devastates parents, families, and the community (Lander 2013).

The family is an institution that provides individuals with information regarding various aspects essential for their development (Kapur 2022). The family is the primary institution with parents or caregivers responsible for nurturing and guiding adolescents and other siblings, and plays a crucial role in their development by providing essential knowledge and support. As the fundamental unit of society, the family is vital in preventing and combating the spread of SUDs (Williams, Burton, and Warzinski 2014). Parents have an essential role in supporting adolescents with SUD; however, living with a person with SUD can be very challenging for families (McCann et al. 2017). Parents often carry the primary responsibility of supporting the person with SUD; they also have to deal with issues of stigma, isolation from society, and disagreements within the family (Smokowski et al. 2018). Support-giving seems challenging and negatively affects the parents' health and well-being (Thomas, Liu, and Umberson 2017). According to Mathibela and Skhosana (2020), robust parental monitoring and open communication of values within the family can be a protective measure against substance misuse. Furthermore, parents can help with interventions and support for recovery and sobriety (Williams, Burton, and Warzinski 2014).

Parents of adolescents with SUD are challenged by the high levels of stress and conflict among family members, which results in the weakening of their psycho-social well-being (Bisetto-Pons, et al. 2016). Confirming this, Masombuka and Qalinge (2020) note that parents often blame themselves for their adolescent's SUD, feeling they have failed in performing their parental responsibilities. Parents might feel guilty and even embarrassed by the behaviour of adolescents with SUD (Masombuka and Qalinge 2020). Considering SUD's prevalence and detrimental effects, SUD-related factors and family features, including parental well-being, are among the factors that have garnered substantial research attention (Essau and De la Torre-Legue 2021).

By contrast, very little attention has been given to interventions that focus on the support needs of parents (Groenewald and Bhana 2018). In other words, interventions have chiefly targeted individuals misusing substances, and not their parents, especially concerning how they can be supported to cope with adolescent SUD (McKeganey 2014). Parents need to be assisted to cope and manage their lives and the whole family unit (Shadung et al. 2020). Challenges faced by parents that are undealt with, can develop into serious difficulties; hence, McKeganey (2014) states that there is a need for interventions designed to strengthen the coping strategies of parents during the

adolescents' recovery from SUD. The purpose of this study was to gain an in-depth understanding of the perspectives of parents on caring for adolescents recovering from SUD and how they can be supported to cope with the associated strain. To accomplish its purpose, this study was guided by the following two research questions: 1) What challenges do parents face in parenting adolescents recovering from SUD; and 2) how can parents of adolescents recovering from SUD be supported? The authors aimed to listen to parents' voices to understand their perspectives and their support needs in caring for adolescents recovering from SUD.

Literature Review

Adolescent SUD in South Africa

The prevalence of SUDs is a concerning issue among adolescents and is becoming increasingly significant on a global scale (Smith and Estefan 2014). According to UNODC (2018), more than four in every 10 people worldwide were using substances in 2016; of these, 26% were in the 0–14-year age group, and 16% were in the 15–24-year age group. South Africa is not immune to the problem. There has been a concerning rise in the use and misuse of substances, particularly among adolescents, and the Department of Social Development ([DSD] 2013a) indicates that this high level of substance use has negatively impacted the lives of both adolescents and their parents. Moreover, SUDs in South Africa have escalated fast, which necessitates a comprehensive national response (DSD 2013b). In support of this, Olawole-Isaac et al. (2018) assert that SUDs have become more prevalent among adolescents in developing countries, particularly in Southern Africa. Approximately 7.6% of the South African population misuses substances, and one in every 14 people is a regular user (Masiko and Xinnwa 2017). According to the research of Mokwena, Shandukani, and Fernandes (2021) on SUDs among high school learners, relapse from prior treatment was high at 42%, and of those who had previously been admitted for treatment, 55.8% said they had not finished the recommended course of action. According to Tshitangano and Tosin (2016), substance use in South Africa is thought to be twice as high as the global average. It is a challenge causing health, economic, and social problems, with potentially deadly effects (Flensburg et al 2021).

Challenges Faced by Parents of Adolescents Recovering from SUD

According to Masombuka and Qalinge (2020), adolescent SUDs severely impact the family system, especially the parents. Parents of adolescents recovering from SUD may experience many challenges, including having to find coping skills and mechanisms, and other stresses (Winters 2015). The family is the first institution to provide support for the user; however, families are not empowered with knowledge about SUD, and are, therefore, under excessive pressure (Mardani et al. 2023). Qualitative studies conducted by Smith and Estefan (2014) and Choate (2015), indicate that adolescent SUDs drain families emotionally, physically, spiritually, and financially. Supporting this, Gordo et al. (2018) state that the high-stress levels experienced by parents create negative feelings

toward the adolescent and hinder the parent-adolescent relationship. Adolescents with SUDs continue to affect parents, family members, and communities in many ways, including through criminal behaviour and psychosocial factors (Jacobs and Slabbert 2019). Agreeing with this notion, Flensburg et al. (2021) posit that adolescent SUDs expose parents to mental health concerns, conflicts, dysfunctional family structure, socioeconomic challenges, and problems in their relationships with partners or spouses. All the above-mentioned issues indicate the need to support parents. This is also guided by the Prevention of and Treatment for Substance Abuse Act 70 of 2008 (South Africa 2008), which stipulates that programmes should be available to support and empower parents in addressing the challenges faced by their adolescents recovering from SUD.

Theoretical Framework

Here we used Bowen's family systems theory (FST) as a point of departure. In FST, a family is defined as the primary relationship context where a person learns behaviour and develops character traits (Smith 2016). The FST aims to understand how individuals interact within the family unit, focusing on the ways family members influence each other's lives (Olson, Waldvogel, and Schlieff 2019). In a family system, family members impact each other's thoughts, behaviours, and emotional well-being. Furthermore, what happens to one member is likely to affect the whole family, since each member has a role to play in the family unit (Johnson and Ray 2016). The FST shows that an adolescent with SUD becomes a problem and burden for the entire family unit (Erdem and Safi 2018).

Parents are continuously worried about the well-being of their adolescent recovering from SUD, particularly since because SUD becomes the whole family's disease (Schaeperkoetter, Bass, and Gordon 2015). It is understood that families are multifaceted and puzzling to understand if one tries to individualise or understand them separately (Lodge et al. 2018). The FST pursues an understanding of how people function in their interactions with each other within the family unit (Olson et al. 2019). Within a family, the structuring of roles is seen as essential to strike a balance within the system (Jamir Singh and Azman 2022). This means that parents in the family with adolescents recovering from SUD will have to find better ways of balancing support for their adolescents with SUD and supporting other siblings in the family (Galovan et al. 2014). The FST has contributed significantly to assisting researchers in understanding the family and its dynamics and how parents are affected throughout the process of the adolescents' SUD and their recovery journey.

Research Methodology

We adopted a qualitative research approach and the intervention design and development model (IDD) to guide the research methodology. IDD research focuses on designing, developing, and evaluating innovative human solutions that can be applied to real-world situations (Fouché et al. 2021). The IDD model comprises six phases,

namely situation analysis and project planning, information gathering and synthesis, design, early development and pilot testing, evaluation and advanced development, and dissemination. For this study, we utilised the first four phases to implement intervention research. The decision to use only four phases was influenced by time and financial constraints.

The study was conducted in the Tshwane district of Gauteng Province, South Africa. Given the nature of the population, as well as time and financial constraints, it was impractical to study everyone in the targeted population; therefore, a sample was taken. The purposive sampling technique, a non-probability sampling method, was used for the study and proved successful. The first author recruited participants, the parents of adolescents with SUD who indicated an interest in the study, with the assistance of social workers working in substance dependency treatment centres. Permission to conduct the study was sought from the treatment centre managers as gatekeepers. Consequently, the participants were identified from the previous caseload at the treatment centres with the assistance of the social workers. Following approval from the Gauteng Department of Social Development, interviews were scheduled with the participants.

Data were collected through semi-structured interviews to gather information on participants' thoughts, feelings, beliefs, values, and assumptions. Face-to-face interviews lasted for about 45 to 60 minutes with individual participants. The interview guide consisted of questions that would help the researcher understand the challenges faced by parents of adolescents recovering from SUD and how those parents want to be supported to cope. Due to the qualitative nature of the study, the sample size was not predetermined, but the principle of data saturation was applied. The authors recognised that the saturation point was reached when the repetition of information became apparent.

A total of 16 parents with adolescents recovering from SUD participated in this study. Data were analysed according to six steps described by Maguire and Delahunt (2017), which are: familiarisation with data; coding; searching for themes; reviewing themes; defining and naming themes; and writing up. An independent coder ensured the study's trustworthiness. The authors and the coder looked at the uniqueness of each theme and reached a consensus on naming the identified themes (as per Fouché et al. 2021). The researcher then started writing the analysis of the identified themes and incorporating the storylines and relevant literature. The study achieved conformability by ensuring that the findings accurately reflected the participants' experiences and coping strategies rather than the values and characteristics of the researchers (Kumar 2014).

The University of South Africa (UNISA) Scientific Review Committee (SRC) and College Research Ethics Committee approved this study (Rec-240816-052), and we adhered to strict ethical principles throughout this research. Participants were not exposed to any harm during the study. Participants gave their informed consent and

volunteered to participate in the study, after their rights and the research objectives were explained to them. They were informed at the beginning of the study about their right to withdraw from the study at any time, and their confidentiality and anonymity were ensured. Furthermore, confidentiality and anonymity were maintained by ensuring that participants' identities and the data they provided were not disclosed outside the research community. Pseudonyms were used to replace participants' real names.

Research Findings

The 16 participants comprised four fathers (including a grandfather) and twelve mothers. The findings therefore show a gender bias towards female participants. Table 1 presents the biographical data for each participant's gender, along with the number of times the adolescents were admitted to treatment centres.

Themes and Sub-Themes

Two themes with six sub-themes emerged from participants' experiences and support challenges in living with adolescents recovering from SUD. These themes, subsequent sub-themes, and verbatim participant quotations are included here to support the study findings.

Theme 1: Parents' Accounts of Their Experiences in Parenting an Adolescent Recovering from SUD

Parents of adolescents with SUD often face ongoing challenges, including stress, financial strain, and coping difficulties, which were expressed in similar ways.

Sub-Theme 1.1. Financial Challenges

The parents spoke of the financial challenges they endured as a result of their adolescent's SUD and the cost of treatment and aftercare:

> Financially, it is strenuous, and it is draining. He currently attends aftercare, and I must give him money to attend those sessions. I have spent a lot trying to get him to quit using drugs; financially, things are bad, but I cannot say no to him because I am scared he will relapse. I give him anything he asks because I try to ensure he does not relapse and blame me for that. (Parent 3)

> Financially, he is draining me with all the treatment and aftercare, and now I had to leave a good paying job to be close to home. (Parent 9)

> It is financially straining; he tells me I do not want to support him if I do not have that money. He says I do not prioritise his needs. He says he is not using any drugs anymore, but he is so manipulative I cannot take it anymore. (Parent 11)

Table 1: The biographical data of participants.

Participants	Gender	Age	Relationship with the adolescent recovering from SUD	Number of times the adolescent was admitted for treatment[a]
Parent 1	Female	47	Mother	2
Parent 2	Female	45	Mother	3
Parent 3	Female	39	Mother	Lost count
Parent 4	Female	43	Mother	2
Parent 5	Male	35	Father	3
Parent 6	Female	58	Mother	3
Parent 7	Female	54	Mother	Child 1: 3; Child 2: 1
Parent 8	Male	48	Father	3; 1 (Admitted to two different treatment centres.)
Parent 9	Female	55	Mother	2
Parent 10	Female	42	Mother	2
Parent 11	Male	55	Father	1; 3 (Admitted to two different treatment centres.)
Parent 12	Male	68	Grandfather	2
Parent 13	Female	48	Mother	2
Parent 14	Female	33	Mother	1
Parent 15	Female	42	Mother	2
Parent 16	Female	44	Mother	1

[a] Values refer to the number of times an adolescent was admitted to a particular institution. When admitted to different institutions, these numbers are indicated separately.

Sub-Theme 1.2. Parents' Relationships Are Significantly Affected

Not only did the parents find it difficult to parent an adolescent recovering from a SUD, but other relationships were also affected due to the SUD. Parents indicated they struggled to maintain relationships with other family members and friends. The statements from the participants below highlight this:

> It has not been easy; my family has never been the same since he started using drugs. We are forever fighting with my husband; we are no longer the happy family we used to be before all these things of drugs started. (Parent 1)

> It is all bad; nothing feels right in the house. I have tried talking with them; my girlfriend is a teacher, and I tried speaking to them, but nothing seemed to work. Sometimes, it seems like they understand and agree to change, but as soon as they get their drugs, then things automatically change. (Parent 7)

> [T]he other time, I had to pay R4000 rental and food for him to go and stay in town because he said he needed to be away from the township to be away from the lifestyle here. He was clean for two weeks. … He was sharing a flat with my cousin's son. He ended up introducing that boy to drugs, now we are no longer on good talking terms with my cousin. (Parent 12)

The first author has also observed the brokenness in the voices of the parents when they explained how they have lost valuable relationships due to their recovering adolescents' behaviour. Some of the parents shared that their adolescent's recovery process has impacted their marriages negatively, leaving them vulnerable. This was also because parents are often in disagreement on how to treat their child on their recovery journey. It should, furthermore, be noted that parents felt the pressure of not paying enough attention to their other children, as they focus mainly on the recovering adolescent.

Sub-Theme 1.3. The Level of Care from Parents Has Decreased Significantly

Some of the parents described how, because of all their experiences with the adolescent, they no longer cared about life itself, but instead wanted to die or wished their adolescent child would die. The above sub-themes are outlined in the following extracts:

> He is so selfish that he does not even care how his behaviour affects my health. I hate him and wish he could die because if he does not, I will die of a heart attack. They told me I needed to give him a chance at the rehab centre, but how many chances should I give him? (Parent 2)

> At the moment, I think I do not care anymore; if there is any chance that he can leave home, I will be happy. I am tired and cannot take it anymore; I have had it with this boy. … When I shout at him, he says I am the reason he keeps relapsing. (Parent 8)

Some parents verbalised that they did not know what to do anymore, and that they were at the point of giving up and letting their adolescents be. Parents expressed that they struggle to instil discipline because the adolescent recovering from a SUD kept threatening and manipulating them. They shared that they no longer knew what to do, leaving them vulnerable. However, parents indicated they struggle to set boundaries with the adolescent recovering from SUD. One of the participants shared how she sometimes feels so numb, she was not sure if she still loved her recovering adolescent.

Theme 2: Parents' Descriptions of the Support Services They Would Like to Receive

After recounting their parenting experiences, the researcher asked the participants to describe the support they needed as parents of an adolescent recovering from SUD.

Sub-Theme 2.1. More Information and Knowledge of SUD

Almost all participating parents suggested that more information and knowledge on a wide range of topics and situations related to their adolescent's recovery should be included in a support programme for parents such as themselves. This is highlighted in the following perspectives:

> [P]arents need to be told what they should look out for to see if the child is using drugs, maybe warning signs. We did not see any warning signs because we did not know them. (Parent 13)

> Firstly, social workers should provide us with information on supporting or communicating with children after being discharged from the treatment centre. Then social workers should stop teaching parents about drugs and find ways to focus on how to help parents build trust or get a balance. (Parent 15)

> I guess it will be good to be provided with information on what to look for when someone is about to relapse or has relapsed, which will also assist in preparing parents. That information will help parents, so we are not surprised. (Parent 11)

Sub-Theme 2.2. Parent-Adolescent Groups with Adolescents Recovering from SUD

The parents also touched on what should be covered during the support group meetings:

> If we can have a support group, maybe once, then that will be for parents only to know what we are going through and deal with our emotions, challenges, and stresses. Then, we can have other sessions whereby our children join in so that they can also understand what we are going through as parents. They must know what they are doing to their parents, family, whatever. (Parent 5)

> I would also suggest we meet with the children to share what we are going through. We all need help. After all we have been through with our children, we all need to take a step back and start rebuilding those broken relationships and finding ways to meet each other halfway. (Parent 9)

> It would be good to interact more with other parents; I know some parents may have good or better stories to share. … I would suggest weekly meetings to allow parents always to have a place to go when needing help. (Parent 14)

Parents verbalised that they would prefer to hear from other parents what coping skills they employ to deal with the challenges they face as parents of adolescents recovering from SUD. Parents shared that they appreciate listening to other parents' lived experiences. Some parents shared that although they know other parents with the same challenge, it is not easy to approach them; hence, the support groups will make it easier for them to communicate. The parents also shared the importance of having a platform where they can all share their challenges, both the parents and their recovering adolescents.

Sub-Theme 2.3. Training in Parenting and Life Skills

Some parents suggested that support services should include skills development, especially parenting and life skills.

> I would suggest parenting skills to help us see where we went wrong as parents and how to make better decisions to avoid this mishap with other siblings. I would also suggest family sessions to assist other family members, especially the siblings, because they also get affected by the behaviour of those using drugs. (Parent 3)

Parents shared that they also need guidance and parenting skills to cope with their adolescents' changing worlds and needs. They felt that they were being ignored and abandoned in the recovering process. The following narrative supports the concerns of the parents:

> I feel like I am fighting a losing battle with my children; I want to understand them, but they are forever in their rooms, and when I go there, I am invading their space. The next thing I know, one of them is on drugs. How do I deal with this, and how do I even ensure it never happens again? (Parent 6)

Parents verbalised a serious need for more parenting skills, stating that the social world is drastically changing, making parenting more challenging. They shared that they also struggle to keep up with their children's social demands and needs, especially where SUD is concerned.

Discussion

Our study aimed to gain an in-depth understanding of how the parents of adolescents recovering from SUD can be supported. Evidence from the data and literature reveals that adolescent SUD is a cause for concern for parents. The study confirmed that parents face numerous challenges and need to be supported. Parents shared that they no longer know what to do, leaving them vulnerable. They are also concerned that social workers seem to be more focused on supporting the recovering adolescents than helping them with the necessary skills to cope. In fact, parents felt that their inability to handle the stress and pressure brought on by their adolescent's substance usage made them want to give up on life (Groenewald and Bhana 2018).

Two of the recurring themes emerging from the study revolve around financial and relational pressures experienced by parents with adolescents recovering from SUD. It was evident that families struggle to cope with the financial strain resulting from a member misusing, and recovering from, substances. Groenewald and Bhana (2016) confirm that the financial burden on the parents includes the cost of the treatment, travelling for aftercare, and constant damage to property as a result of the adolescents' substance misuse behaviour. There is no denying that substance misuse has a negative financial impact on the family. Furthermore, parents indicated that they experience difficulties in creating healthy relationships with their significant others due to their adolescent's SUD. In this regard, McCann et al. (2017) confirmed that adolescents recovering from SUD negatively affect relationships in their families. Sometimes, parents feel demotivated and want to give up on supporting the adolescent child due to the adolescent's lack of commitment to recovery (Chukwuere, Sehularo, and Manyedi 2022).

Interparental connection serves a vital leadership role in the family, guiding good parenting techniques and assisting in maintaining proper boundaries around the interparental relationship (Fosco et al. 2014). However, parents indicated that they

struggle to set boundaries with the adolescent recovering from SUD. Hlungwane et al. (2020) share that parents experience challenges in trying to reprimand their recovering adolescents. Instead of a strict environment where the parental emphasis is on enforcing respect and therefore weakening the parent-adolescent relationship, clear limits should be set, and roles should inspire nurturing and care (SAMHSA 2015). One of the participants shared how she sometimes feels so numb, and she is not sure if she still loves her recovering adolescent. Botzet et al. (2019) show in their study that if parents can have healthy parent-adolescent relationships, there will be a reduction in the likelihood of adolescent drug use.

Regarding the support services parents would like to receive, they mentioned that they would appreciate more information and more guidance on SUD and relapse. Furthermore, they shared that they would benefit from information on specific topics such as monitoring, the rule set, communication, and guided experience, how youth internalise parents' attitudes, values, beliefs, and health behaviours, including substance use. Available data suggest that families are continuing to give their recovering children long-term care, mainly because substance misuse is a relapsing condition (Shumway et al. 2018). Support groups help families to focus more on moving from alone to together in SUD treatment. Kirst-Ashman (2017) emphasises that self-help programmes and support groups allow parents to learn from each other and gain insight into how others cope with stress. Masombuka and Qalinge (2020) agree that formal support structures such as parent support groups can help parents cope better with their circumstances.

Social workers are critical as a support system to parents of adolescents recovering from SUDs, which is created through facilitating individual and family sessions (Singwane and Ramoshaba 2023). Participants acknowledged that the burden of caring for and supporting the adolescent recovering from SUD is enormous and cannot be one person's responsibility. Findings by Masombuka and Qalinge (2020) point out that formal support structures, such as parent support groups, can assist parents and help them to cope. Some parents shared that although they know other parents with the same challenges, it is not easy to approach them. Hence, the support groups will make it easier for them to communicate with other parents. Hlahla et al. (2023) highlight the lack of support for parents in coping with the adolescent recovering from SUD. Parents play a vital role in supporting adolescents who are recovering from SUD. Therefore, it is essential to support parents through collaborative efforts. Increasing their knowledge about adolescent SUD, SUD recovery, and awareness can help create a substance-free future and foster a generation that is equipped to face life's challenges.

Limitations

Participants in this study were predominantly females, which could result in a gender bias in the findings, as fathers' experiences may be different. Therefore, a similar study should be conducted with males, especially fathers, to hear their views. The other limitation was that data were collected from only three treatment centres in Tshwane.

The reason was that most treatment centres cater exclusively for adults, while other centres were not registered with the DSD. As a result, the findings cannot be generalised, but they can be used to support parents of adolescents recovering from SUD in similar contexts.

Recommendations and Conclusion

This research emphasises the importance of supporting parents to help them cope with, and better support, their adolescents with SUD. It suggests that improved and healthier parent-adolescent relationships can contribute to the adolescent's recovery from SUD. The findings indicate that parents should receive relevant support and information about adolescent SUD recovery. Parents should be encouraged to practice effective parenting and be part of parent support groups and counselling. One potential way to intervene in the cycle of SUD is to build strong family relationships. Rather than treating adolescent SUD and parental support as separate issues, social workers should balance treatment for recovering adolescents with support for the parents. Ensuring that parents are well informed about the recovery process will assist in improving the lives of adolescents recovering from SUD and will also assist parents in understanding and coping better with their situation.

We make three recommendations based on our findings. The first is to inform parents about the nature and trajectory of SUDs. This can be achieved through regular campaigns and the wide dissemination of information about SUD treatment to communities to increase knowledge and understanding of the nature of SUDs. Secondly, we recommend formal structures and support groups for parents and adolescents recovering from SUD. More workshops on substance dependency to work with affected parents should be encouraged. Finally, parental and life skills programmes should be a significant part of the parent support group programmes to enhance their coping skills. This recommendation can be implemented if the government allocates funds for parental and life skills training while the recovering adolescent is still in the treatment centre.

It is clear from the findings that parents of adolescents recovering from SUD carry a double responsibility. Parents have to assist their child recovering from SUD and must cope with the emotional, physical, and spiritual consequences of SUD on themselves and their families. Social workers tend to focus more on the recovering adolescents than on their parents. There is a need for more workshops on substance dependency aimed at helping parents. Additionally, social workers should create more interventions specifically designed for the parents of adolescents who are recovering from SUDs. In doing that, social workers will be dealing with the issue of adolescent SUDs holistically, instead of addressing only one aspect. Furthermore, substance dependency policies should be reviewed to cater to diverse individuals, especially parents. These questions remain: Do we, as social workers, hear these parents' voices? Do we care?

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