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Family Factors Leading to Drug Addiction and the Role of the Family in Recovery from the Addicts' Point of View

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Abstract

Objectives: This study aimed to identify the familial factors leading to drug abuse from the perspective of addicts in rehabilitation centers, to determine the patterns of family acceptance of the addict from their point of view, and to explore the role the family plays during the treatment period.

Methods: The study employed a descriptive-analytical approach to analyze data collected through a comprehensive social survey of all drug addicts (60 individuals) undergoing treatment in rehabilitation centers.

Results: The results indicated that the most influential familial factor in drug abuse is weak communication among family members. The findings also pointed to a relatively positive attitude among some families, as reflected in their commitment to providing emotional and psychological support to the addict during treatment, as well as showing respect for them despite their presence in a rehabilitation center. Additionally, the results revealed that the family plays a pivotal role in supporting the addict's decision to join a treatment center and in meeting their personal needs during their stay. However, the study also showed a noticeable lack of family participation in awareness and counseling sessions offered by the treatment center.

Conclusions: The family plays a crucial role in supporting the addict during recovery by providing adequate support and showing respect and appreciation, even while the addict is in the treatment center. The most significant role of the family lies in assisting the addict in entering the rehabilitation center and fulfilling their personal needs.

Keywords: addiction; recovery; addict; addiction treatment center.

العوامل الاسرية المؤدية إلى الإدمان على المخدرات ودور الأسرة في التعافي من وجهة نظر المدمنين

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ملخّص

الأهداف : هدفت هذه الدراسة إلى تحديد العوامل الأسرية المؤدية إلى تعاطي المخدرات من وجهة نظر المدمنين في مراكز علاج الإدمان، وتحديد أنماط تقبل الأسرة للمدمن من وجهة نظرهم، والدور الذي تلعبه الأسرة خلال فترة العلاج

المنهجية : اعتمدت الدراسة على المنهج الوصفي التحليلي لتحليل البيانات التي جُمعت من خلال مسح اجتماعي شامل لجميع مدمنين المخدرات وعددهم (60) الذين يتلقون العلاج في مراكز علاج الإدمان

النتائج : أظهرت النتائج أن أكثر العوامل الأسرية تأثيراً في تعاطي المخدرات هو ضعف التواصل بين أفراد الأسرة. كما أشارت النتائج إلى وجود موقف إيجابي نسبياً لدى بعض الأسر، يتجلى في التزامها بتقديم الدعم العاطفي والنفسي للمدمن خلال فترة العلاج، بالإضافة إلى إظهار الاحترام له رغم وجوده في مركز علاج الإدمان. كما كشفت النتائج أن للأسرة دوراً محورياً في دعم قرار المدمن بالانضمام إلى مراكز العلاج، وفي تلبية احتياجاته الشخصية خلال فترة إقامته. ومع ذلك، أظهرت الدراسة ضعفاً ملحوظاً في مشاركة الأسرة في جلسات التوعية والإرشاد التي يقدمها مركز العلاج.

الاستنتاجات: للأسرة دور هام في دعم المدمن خلال فترة تعافيه، من خلال توفير الدعم الكافي وإظهار الاحترام والتقدير، حتى أثناء وجوده في مركز العلاج. ويكمن الدور الأهم للأسرة في مساعدة المدمن على دخول مركز العلاج وتلبية احتياجاته الشخصية.

الكلمات المفتاحية : الإدمان ؛ التعافي ؛ المدمن ؛ مركز علاج الإدمان.

Introduction

Drug addiction is one of the most complex health and social issues facing contemporary societies. It is a significant challenge for families and communities, as this behavior leaves profound impacts not only on the addicted individuals but also on their families and society as a whole. Addiction has widespread negative effects that extend beyond the addict to their family and the community. Thus, families must play a crucial role in helping their children recover from addiction (Rachman et al., 2020). This role is complex and is influenced by daily interactions and multiple dynamics within the family. The family has a pivotal role in the recovery process, as proper family support can significantly expand an addict's chances of recovery and psychological stability. The quality of familial relationships also affects the likelihood of children developing addiction (Khan et al., 2024). Therefore, there are familial factors that contribute to creating a supportive environment for individuals at risk of drug addiction. Effective communication within the family influences the likelihood of addiction, and the presence of effective channels for discussion and interaction can reduce the chances of addiction.

Family members emotional support helps individuals resist addiction, besides a supportive and active environment can reduce the risk of addiction. Family behavior and caregiving styles influence the development of addiction-related behaviors in children. Exploring the family's impact on recovery from drug addiction through the experiences of addicts themselves is crucial, as it highlights the positive role the family can play in helping children through treatment and preventing relapse.

Jordan, like many countries faces the growing problem of drug addiction in all its forms. The rate of drug use has noticeably increased. Statistics and reports from the Public Security Directorate show a significant rise in drug-related cases, whether involving trafficking or use. In 2023, more than 20,000 drug cases were recorded, compared to 16,000 in 2022. The number of drug possession and use cases was 13,039 in 2022, compared to 15,611 in 2023. The number of juvenile cases rose from 133 in 2022 to 172 in 2023 (Public Security Directorate, Jordan, 2023). These figures are particularly worrying as youth are the most affected by this dangerous scourge, which threatens the entire society.

The family plays the largest role in protecting its members from drugs and accepting them if they become addicted. Families must offer ongoing support to help addicts reach the recovery stage. This study seeks to uncover the familial causes that lead to drug addiction from the perspective of addicts, as well as to explore how families accept and support addicts during their treatment, and understand the family's role in the treatment process from the perspective of addicts. In light of this issue, the study aims to answer the following questions:

1- What are the family's factors leading to drug abuse from the addict's point of view in the addiction treatment?

2- What are the patterns of family's acceptance of the addict from the addict's point of view in the addiction treatment?

3- What is the family's role during the treatment of the addict from the addict's point of view in the addiction treatment?

4- Are there statistically significant differences between the family's patterns of dealing with their drug-addicted members from the addict's point of view in the addiction treatment center, attributed to some variables related to (age, educational level, marital status, average family income, and number of times entering the recovery center)?

1.2 Study Significance

This study is considered significant for theoretical and practical reasons:

The theoretical importance of this study appears in enhancing the academic understanding of family factors affecting drug use and the recovery process by exploring the perspectives of addicts. The study contributes to bridging the gap in the current literature on the family environment's impact on addiction and treatment. The study also provides new insights into how family factors such as family dynamics, parenting styles, and levels of family support affect addicts' behavior and recovery phases. These insights can help therapists improve treatment programs by installing family support effectively into addiction recovery programs, besides helping researchers and policymakers develop more comprehensive theoretical models to understand addiction and recovery .The practical importance of this study is obvious in providing practical recommendations for treatment centers, addiction specialists, and families dealing with addicts. By understanding the family factors that contribute to drug abuse, preventive programs aimed to reduce those factors and limit addiction can be developed. The study also highlights how to improve family acceptance patterns and their role during treatment, which can contribute to developing more effective family support strategies to enhance recovery opportunities, also, results can be

used in designing training programs for families to improve their abilities to deliver appropriate support to addicts during the different stages of treatment, thus reflecting on improving recovery success rates.

Study objectives

The study addresses the main following objectives:

1- Identifying the family factors leading to drug abuse from the addict's point of view in the addiction treatment center
2- Identifying patterns of family acceptance of the addict from the addict's point of view in the addiction treatment center.
3- Identifying the role of the family during the treatment of the addict from the addict's point of view in the addiction treatment center.
4- Exam the existence of statistically significant differences between the patterns of family interaction with their drug-using children from the addict's point of view in the addiction treatment center related to some variables.

Key Definitions

- **Addiction (procedurally):** A state of continuous and repeated use of narcotic substances, which leads to physical and psychological dependence on these substances.
- **Addict (procedurally):** any individual who receives treatment at the Addiction Treatment Center in Arjan, and who suffers from a state of drug addiction.
- **Family support (procedurally):** It is a set of procedures and interventions carried out by the family to support its drug-addicted members during the treatment time and beyond to reach recovery.
- **Addiction Treatment Center:** A medical facility specialized in providing treatment and care for individuals suffering from drug addiction. In this study, the addiction treatment center refers to the Addiction Treatment Center / Arjan.
- **Recovery (procedurally):** It is the stage that the addict goes through during his treatment period at the Addiction Treatment Center / Arjan, which includes medical, psychological, social, and behavioral treatment

Literature Review

Kassni et al. (2015) aimed to estimate the time to relapse and the recovery rate after addiction treatment. The study was conducted in four addiction centers in Ilam, Iran, with a sample of 1,400 addicts. One of the most prominent findings was the necessity of involving the addict's family in the treatment process to reduce the relapse rate. Likewise, Sha'ban (2017) investigated the relationship between parental treatment and positive social behavior among adolescents recovering from addiction, analyzing social behavior based on behavioral theory. The study emphasized the importance of the family environment and parental interactions in preventing drug use. The study's results indicated that unstable family environments, characterized by abandonment and divorce, accelerate the path back to addiction. The study also noted that the feelings of inferiority that recovering addicts experience due to negative family interactions may act as a trigger for relapse.

Ritanti et al. (2017) explored the experiences of families with children who use drugs, describing their feelings, the stigma they experience, the coping mechanisms they employ, and their strategies for resolving the problem. The study adopted a qualitative and descriptive phenomenological design, using sequential sampling, with interviews and recordings from seven participants. The key findings indicated a state of non-acceptance and negative feelings among families with addicted children. Families used coping mechanisms to address the problems faced by addicted children, such as fostering spirituality, accepting facts, and focusing on the addict's emotions. The study also highlighted the financial burden of treatment on families and their need for psychological and social support at rehabilitation centers.

Al-Anzi's (2020) study aimed to identify the most common types of drugs that increase the relapse rate and the key methods used to reduce them. The study was based on a survey method and included a sample of 85 specialists working in an addiction treatment center. The study found that the main causes of relapse among addicts were family disputes, weak

family supervision, and irregularity in the treatment plan, and families' suffering from poverty and deprivation.

Moustafa and Bourenane (2020) explored the role of the family in treating drug addiction through theoretical and interpretive models. The study revealed that preventing and treating addiction is primarily a family responsibility. The family's roles include assuming responsibility for therapeutic treatment and cooperating with the medical team to complete the process. Furthermore, the way the addict is received by the family after recovery plays a role in preventing relapse, achieved by integrating them into the family and society.

Hasan et al. (2021) examined the factors and causes of relapse among addicts from the perspective of addiction treatment providers. The study sample included 48 individuals involved in addiction treatment. The study results showed that family reasons, treatment methods, and the family's economic situation were significant factors in addiction relapse from the participants' perspective.

Riaz and Soomro (2021) examined the effects of perceived parental acceptance and rejection, and parental control, between addicts and non-addicts. The study selected a group of 50 addicts and 50 non-addicts, with the addicts residing in rehabilitation centers in Hyderabad and Sangar, while the non-addicts were university students in the Hyderabad region. The findings indicated that addicts experienced more parental rejection than non-addicts, and addicts viewed their parents as neglectful and aggressive towards them.

Al-Sheikhi (2022) examined the extent of family acceptance of drug addicts using a case study method. The sample included 25 families of recovered addicts in the extended care unit at Al-Amal Hospital in Jeddah. The study results indicated a high degree of shame felt by both the recovered addict and their family. Additionally, family trust was affected by the fear of relapse and the type of drug used.

Ahmad et al. (2022) explored the psychological structure of a recovering addict, with the goal of identifying the psychological disorders that contribute to relapse and the key factors for a successful recovery. The study was conducted on a recovering addict who had been sober for more than 12 years. One of the key findings was the relationship between the psychological structure of the recovering addict and their addiction to drugs. Recovery depends on the degree of resilience in the recovering addict, adherence to the treatment program, and the social support received from their family, which contributes to their psychological stability. The study emphasized the importance of family-related social treatment, which should complement medical and psychological treatment by convincing the addict of the need to continue recovery. Good relationships with family and avoiding negative behaviors contribute to sustained recovery.

Pino, et study (2023) named " Drug Use, Family Support, and Depressive Symptoms Among Latinx Sexual Minority Men: A Longitudinal Analysis". The study sample was 448 young American Latin origins males in the age group of 16 to 24 from the Healthy Young Men's Study in Los Angeles, USA. The study aimed to identify the role of family support in alleviating the depressive symptoms associated with addiction among gay men who abuse drugs using a content analysis method, the study results to that, the family's rejection of the abuser increases the health consequences for him, especially depressive symptoms and that family dialogue contributes in reducing depression in the abuser. (Pino, et study 2022).

Alobeidli and Khattabi's (2023) study aimed to highlight the roles of institutions related to addiction and their impact on promoting sustained recovery from the perspective of recovered addicts to reduce the likelihood of relapse. The study sample consisted of 118 addicts, using closed interviews for data collection. The study emphasized the importance of the family's role as a social institution in sustaining recovery, the necessity of family and community awareness of addiction, as well as the importance of family involvement in treatment and rehabilitation programs.

Habib (2024) explored the role of the family in instilling positive values in their children and its impact on preventing addiction from the perspective of teachers. The sample included 100 teachers. The key findings emphasized the importance of family communication skills and their role in encouraging children to stay away from drug use. Increased religious awareness, giving advice, and fostering a sense of responsibility were identified as key values that help prevent addiction.

Theoretical Framework:

Social support appears when an individual realizes in his perception that there are enough people in his social network who can help him get rid of his addiction (Warikat, 2013). Social Support Theory considers that social support enhances

the well-being of the individual who suffers from life stress and that the well-being of society is linked to integrating its members into a wide network of family and social relationships. Therefore, family social support leads to the well-being of the addict who is receiving treatment and suffers from the negative effects of daily actions. The addict who suffers from psychological stress because of drug abuse finds that his family's support alleviates these stresses (Cohen & Will, 1985). Through the social support theory, it can be said that the family plays a major role in the recovery of its members from drugs by providing them with sufficient social support during the recovery procedures by showing respect and appreciation for them despite their presence in addiction recovery centers. This support contributes to solving their social and psychological problems such as conflict, anxiety, and stress, and reduces the negative effects resulting from addiction.

Social influence theory explains that an individual's behavior is greatly affected by the social interactions and influences surrounding him, and the strength of the relationship between the individual and other people surrounding him. Whenever the relationship between an individual and others in his close environment is strong, the environment's social influence will be more effective, whenever the relationship of the active people in an individual's close environment is closer their effectiveness will be more operative.

If the family has a solid relationship with the addict, it can play a major role in supporting him in recovery. On the contrary, if the relationship is weak or bursting with conflicts, this may increase the likelihood of addiction continuing. The same applies to individuals who live with the addict or spend a long time with him, they can have a greater influence on his decisions and behaviors compared to those who live far away from him. According to the Social Influence Theory, the influences exerted by the family and the social environment on the individual are crucial in shaping his behaviors and decisions, and appropriate family support can contribute greatly to improving the chances of recovery and psychological stability for the addict. The quality of family relationships also affects the likelihood of developing addiction in children (Asif Nawaz, A. et al. 2023).

Family factors contribute to creating a supportive environment for individuals at risk of drug addiction, as the nature of communication within the family has an impact on the likelihood of resorting to addiction, and the presence of effective channels for the exchange of ideas and interaction within the family may reduce the possibility of addiction, in addition, the availability of family members emotional support affects children's resistance to addiction, therefore the presence of a supportive and effective environment can reduce the risk of addiction, as family behavior and the pattern of care and socialization in the family have an impact on the formation of family member behaviors related to addiction, so exploring the effects of the family on family member recovery from drug addiction through the experiences of addicts themselves will be important for the family to have a positive role in helping family member in treatment and preventing them from returning to addiction (Guy-Evans, O. 2023).

Social influence theory clarifies the addict's behavior and recovery from addiction. If the addict is surrounded by supportive and influential family members, such as the family providing emotional and positive support, this can have a significant impact on their recovery. On the other hand, if the person's social environment is full of negative or unsupportive relationships, this can make overcoming the addiction more difficult. Social control by the family also plays an important role. Self-control theory points to the great importance of the family in controlling the behavior of its members and helps to build strong self-control. The theory states that proper family socialization helps to introduce family members to deviant behaviors that conflict with society's accepted values. In addition, monitoring the family and correcting undesirable behaviors of its members helps prevent them from becoming deviant. If the family does not do this, it can lead to undesirable low self-control of the individual, which increases the likelihood of criminal behavior (Al-Shammari, 2021).

Gottfredson and Travis Hirschi believe that the differences between individuals in the commission of crimes are not due to personal characteristics related to the individual’s disposition, but rather to differences in the degree of self-control. They attribute the reason for low self-control to ineffective socialization from an early age. The family, which constantly educates and supervises its members, can detect low self-control and punish them if they display deviant behaviour. Lack of parental supervision of children’s behaviour or failure to punish for deviant behaviour also leads to low levels of self-control (Warikat, 2013).

The individual's capacity for self-control arises from appropriate socialization, which makes him compatible with the norms and values of society and the legal and legitimate controls of society, which helps to limit criminal behavior. In contrast, the lack of appropriate socialization in the family or social environment weakens the individual's capacity for self-control making him vulnerable to descend into criminal behavior and substance abuse, leading to the emergence of negative personality traits such as impulsivity, recklessness, risk-taking, and a lack of rational thinking about the consequences of criminal behavior (Al-Badania, 2005). If the addict lives in a dysfunctional family that suffers from weak bonds, divorce, abandonment, the death of a parent or constant arguments, this leads to a lack of harmony between family members and their family. In addition, tensions and the loss of stability and love within the family can lead family members to move away from the norms and values of society and the family, to escape their reality and their psychological and social problems, and to seek solace outside the family. This increases the risk of falling into substance abuse, in addition to the fact that substance abuse is due to the individual's weak self-control.

Methods

The study employed a descriptive analytical method, appropriate for exploring family interactions with their addicted children from the perspective of addicts at an addiction treatment center in Amman.

Study's Population and Sample

The study population consisted of young people voluntarily receiving treatment for drug addiction at the addiction treatment center affiliated with the Public Security Directorate, totaling 60 individuals during the study period. They were selected using the comprehensive survey method during the period from April 30, 2024, to July 22, 2024. The addiction treatment center provides services to everyone around the clock in a confidential manner, consistent with international human rights standards, to take advantage of any opportunity where the addict is convinced to seek treatment. Below is a general clarification of the demographic characteristics of the study sample.

Table (1): Distribution of study sample by demographic variables

Variable	Frequency	Percentage
Age		
18-29 years	32	53.3
30 years and above	28	46.7
Marital Status		
Single	36	60.0
Married	24	40.0
Educational Qualification		
High school or less	35	58.3
Diploma or higher	25	41.7
Occupation		
Government employee	3	5.0
Private sector employee	23	38.3
Self-employed	27	45.0
Retired	--	--
Unemployed	7	11.7
Number of Family Members		
1-3 members	18	30.0
4-6 members	23	38.3
7-9 members	16	26.7
10 or more members	3	5.0

Variable	Frequency	Percentage
Family Income Level		
Less than 300 dinars	12	20.0
300 – 600 dinars	18	30.0
More than 600 dinars	30	50.0
Number of Admissions to Center		
Once	45	75.0
Twice or more	15	25.0
Source of Knowledge about Drugs and Usage		
Friends	44	73.3
Relatives	1	1.7
School colleagues	1	1.7
Family	11	18.3
Neighbors	3	5.0
Age at First Drug Use		
Less than 22 years	31	51.7
Less than 25 years	20	33.3
25 years and above	9	15.0

It was observed from Table (1) that there is a significant homogeneity among the age groups of the study sample, with 53.3% of the sample being between 18-29 years old, and 46.7% being older than 30 years. Socially, the sample also showed homogeneity among the addicts, with 60.0% being single and 40.0% being married or divorced.

Regarding educational qualifications, 58.3% of the addicts at the treatment center had lower educational qualifications such as high school or less, while 41.7% had higher qualifications like a diploma or more. As for occupations, 5.0% were government employees, 38.3% were private sector employees, 45.0% were self-employed, and 11.7% were unemployed. Concerning family size, 30.0% of the sample had 1-3 family members, 38.3% had 4-6 members, 26.7% had 7-9 members, and 5.0% had 10 or more members. Family income levels varied, with 20.0% having an income of less than 300 dinars, 30.0% having an income between 300-600 dinars, and 50.0% having an income of more than 600 dinars.

The table shows that 75% of the study sample had been admitted to the addiction treatment center in Arjan once, 20.5% had been admitted twice, and 4.5% had been admitted three times or more. Regarding the source of knowledge about drugs, 73.3% learned about drugs and their use from friends, 1.7% from relatives and school colleagues, 18.3% from family, and 5.0% from neighbors. It was found that 51.7% of the study sample had been less than 22 years old at the time of their first drug use, 33.3% were less than 25 years old, and 15.0% were older than 25 years.

Data Collection

A data collection tool was developed, which is a scale designed to gather information on how families interact with their addicted children at the addiction treatment center from their perspective. Several previous studies were consulted to aid in constructing the study's items. The scale comprises three main sections:

- The first section includes demographic characteristics: (marital status, educational level, occupation, number of family members, family income level, and number of admissions to the center, source of knowledge about drugs and their use, age at first drug use).
- The second section addresses the familial factors leading to drug use from the perspective of addicts at the treatment center, and includes 14 items.
- The third section covers family interaction patterns with the addict from the addicts' perspective at the treatment center, and includes 12 items.

Validity of the Study Tool

The validity of the study tool was verified using two methods, one of which was the expert validity approach. The family interaction scale with their addicted children from their perspective was presented to five experts in the fields of sociology, social work, and psychology. They assessed the tool to ensure it measures what it was intended to measure. The experts reviewed the scale, removed items that did not align with the tool's objectives, and revised the wording of several items to ensure they were appropriate and measured the characteristics of their respective sections. A criterion of (0.80) was set to determine the validity of each item. After a thorough review by the experts, the final version of the scale included four sections covering the personal data of participants, familial reasons leading to drug use from the addicts' perspective, family interaction patterns with the addict from the addicts' perspective, and the role of the family during the treatment of the addict from the addicts' perspective, thus confirming the validity of the study tool.

The internal construct validity of the study tool was assessed by calculating the correlation coefficients of each item with the total score of its respective section using Pearson Correlation. The purpose of this type of validity is to ensure that each item belongs to its section and measures the same characteristics. A value of (0.30) was adopted for item validity and differentiation, as shown in Table 2.

Table 2:Correlation coefficients of items with the total score of their respective sections using Pearson's correlation to assess construct validity of the study scale

Familial Factors Leading to Drug Use	Family Interaction Patterns with the Addict	Role of the Family During Treatment
Item Number	**Correlation Coefficient**	**Item Number**
1	.860**	1
2	.691**	2
3	.838**	3
4	.791**	4
5	.783**	5
6	.846**	6
7	.809**	7
8	.343**	8
9	.713**	9
10	.813**	10
11	.541**	
12	.400**	

Table 2 shows that the construct validity of the study tool is acceptable because the correlation coefficients between the scale items and the total score of their respective sections were significant, with values higher than the standard acceptance threshold of (0.30) according to Pallant (2005). This is the minimum and acceptable threshold for item differentiation. The results indicated that all items contribute effectively to the total score of the scale and measure the same characteristic, confirming the internal construct validity of the study scale.

Reliability of the Study Tool

To calculate the reliability of the study tool, which consists of three main sections, the researcher used Cronbach's Alpha test. The results are shown in Table (3).

Table 3: Reliability coefficients of the study tool items using Cronbach's alpha test

Study Sections	Cronbach's Alpha Coefficient
Familial factors leading to drug use from the perspective of addicts	0.847
Family interaction patterns with addicts from the perspective of addicts	0.714
The role of the family during the treatment of the addict from the perspective of addicts	0.924
Overall tool	0.816

According to the results in Table 3, which pertain to the reliability coefficients of the study scale, the Cronbach's Alpha values for the sub-sections of the scale ranged from (0.847 – 0.924). The overall Cronbach's Alpha coefficient for the entire scale was (0.816). These values are acceptable for the purposes of the current study according to Hair et al. (2020).

Statistical Procedures

Descriptive and inferential statistical methods were employed using the SPSS software to address the study questions, as follows:

- Frequencies and percentages were used to describe the sample's demographic characteristics.
- Pearson Correlation and Cronbach's Alpha tests were used to verify the reliability of the tool.
- Means and standard deviations were used to understand the level of responses from the sample on the study items and overall scores. Standard deviations were used to understand the dispersion of responses from the mean values to answer the first, second, and third study questions.
- The One Way MANOVA test was used to address the fourth study question.

Ethical Considerations

A letter was submitted to the Drug Enforcement Administration to obtain approval for interviewing addicts receiving treatment at the addiction treatment center, which operates 24/7 confidentially and in accordance with international human rights standards. The purpose was to utilize any opportunity where the addict was willing to opt for treatment. The addicts voluntarily entered treatment, and the study tool was distributed to the sample in the capital governorate, Amman. The application involved explaining some aspects of the study, its objectives and significance, and emphasizing the confidentiality of information and its use solely for scientific research. Additionally, participants were reminded of the importance of seriousness and accuracy in dealing with the study scale items.

Results

To answer the first question: What are the most significant familial factors leading to drug use from the perspective of addicts at the addiction treatment center? The means and standard deviations were used as shown in Table 4.

Table 4: Means and standard deviations of the most significant familial factors leading to drug use from the perspective of addicts at the addiction treatment center

Item Number	Item	Mean	Standard Deviation	Rank	Level
4	Poor communication between family members	2.87	1.70	3	Average
2	Tension among family members	2.67	1.59	4	Average
5	Lack of emotional support from family	2.60	1.53	5	Average
6	Criticism and derogatory remarks from family	2.53	1.72	6	Average
1	My family's preoccupation with me made me resort to drugs	2.42	1.75	7	Average
3	Poor treatment from the family	2.42	1.63	7	Average

Item Number	Item	Mean	Standard Deviation	Rank	Level
10	The family makes me feel like a burden	2.37	1.69	10	Low
7	My family does not welcome my presence at home	2.23	1.67	11	Low
12	My failure in studies	2.05	1.43	9	Low
11	Death of a family member	1.88	1.38	13	Low
9	Expulsion from home	1.60	1.22	12	Low
8	A family member using drugs	1.25	0.75	14	Low
Overall		2.37	0.89		Average

The results from Table 4 show that the most significant familial factors for drug use from the perspective of addicts at the treatment center was other significant factors included poor communication between family members, persistent tension due to ongoing family problems, and lack of emotional support from the family. The least endorsed items were expulsion from home and having a family member who uses drugs.

To answer the second question: What are the most important family interaction patterns with their drug-using children from the perspective of addicts at the addiction treatment center? Means and standard deviations were used as shown in Table 5.

Table 5: Means and standard deviations of the most important family interaction patterns with their drug-using children from the perspective of addicts at the addiction treatment center

Item Number	Item	Mean	Standard Deviation	Rank	Level
1	My family insists on providing sufficient support during my recovery from addiction	4.47	1.14	1	High
4	My family shows respect and appreciation despite my presence at the treatment center	4.33	1.34	2	High
3	My family consistently visits me at the center	4.00	1.45	3	High
8	My family doubts my actions due to addiction	3.93	1.44	6	High
10	My family understands the challenges I face during treatment	3.87	1.43	4	High
7	My family is aware of the relapses I experience during drug use	3.65	1.67	7	Medium
2	My family understands the difficulties I face due to addiction	3.62	1.69	5	High
5	My family treats me harshly due to drug use	2.97	1.64	9	Medium
6	My family handles me chaotically and disruptively	2.93	1.74	10	Medium
9	My family accepts all my behaviors	2.80	1.70	8	Medium
11	My family treats me as hopeless and without any chance of recovery	2.75	1.86	11	Medium
12	My family has become indifferent to me	2.62	1.87	12	Medium
Overall		3.49	0.78		Medium

The results from Table 5 show that the mean scores for the most important family interaction patterns with their drug-using children from the perspective of addicts at the treatment center ranged from (4.47 to 2.62). The five patterns with the highest mean scores were: "My family insists on providing sufficient support during my recovery from addiction," "My family shows respect and appreciation despite my presence at the treatment center," "My family consistently visits me at the center," "My family understands the challenges I face during treatment," and "My family understands the difficulties I face due to addiction." The lowest mean scores were for "My family has become indifferent to me" and "My family treats me as hopeless and without any chance of recovery."

To answer the third question: What is the role of the family during the treatment of the addict from the perspective of addicts at the addiction treatment center? Means and standard deviations were used as shown in Table 6.

Table 6: Means and standard deviations of the most important roles of the family during the treatment of addicts from the perspective of addicts at the addiction treatment center

Item Number	Item	Mean	Standard Deviation	Rank	Level
1	My family played the biggest role in my entering the treatment center	4.65	0.88	1	High
8	My family checks and provides for my personal needs	4.32	1.13	2	High
5	My family has closed all doors to my return to drug use	4.08	1.34	4	High
15	Family members regularly communicate with the therapists to learn about my progress	4.08	1.24	8	High
4	My family encourages me to adhere to treatment sessions and medical follow-up	4.03	1.48	3	High
9	My family alleviates the difficulties surrounding me during my treatment	3.90	1.54	7	High
2	My family provided me with emotional support during the treatment stages	3.88	1.64	5	High
10	My family visits me regularly to provide psychological support	3.88	1.56	8	High
7	My family provides me with financial support during my treatment at the center	3.83	1.63	6	High
3	My family followed my treatment plan with interest	3.82	1.66	8	High
13	My family ensures a healthy and drug-free home environment	3.80	1.58	11	High
6	My family deals with me with patience and understanding during any relapses	3.77	1.69	12	High
12	My family avoids discussing past issues related to my addiction to not affect my treatment	3.45	1.67	13	High
14	The family participates in planning relapse prevention strategies with the therapists	3.38	1.72	14	High
11	Some family members participate in awareness and counseling sessions provided by treatment centers	2.92	1.67	15	Medium
Overall		3.85	1.05		High

The results from Table 6 indicate that the mean scores for the most important roles of the family during the treatment of addicts from the perspective of addicts at the treatment center ranged from (4.65 to 2.92). The item "My family played the biggest role in my entering the treatment center" was identified as the most important role of the family during the treatment. This was followed by "My family checks and provides for my personal needs," "Encouraging adherence to treatment sessions and medical follow-up," and "My family has closed all doors to my return to drug use." In contrast, the least endorsed items were "Participation of family members in awareness and counseling sessions provided by treatment centers" and "Participation of the family in planning relapse prevention strategies with therapists."

To answer the fourth question: Are there statistically significant differences in family interaction patterns with their drug-using children from the perspective of addicts at the addiction treatment center attributable to certain variables related to age, education level, marital status, average family income, and number of times entering the center? Means and standard deviations were used as shown in Table 7.

Table 7: Means and Standard Deviations to Identify Differences in Family Interaction Patterns with Their Drug-Using Children from the Perspective of Addicts at the Addiction Treatment Center Attributable to Certain Variables Related to (Age, Education Level, Marital Status, Average Family Income, Number of Times Entering the Center)

Variable	Category	N	Mean	Standard Deviation
Age	18-29 years	32	3.74	0.88
	30 years and above	28	3.28	0.78
Education Level	High School or Less	35	3.44	0.95
	Diploma or Higher	25	3.67	0.68
Marital Status	Single	36	3.46	0.98
	Married	34	3.66	0.60
Average Family Income	Less than 300 Dinars	12	3.37	1.30
	300 - 600 Dinars	18	3.64	0.69
	More than 600 Dinars	30	3.55	0.60
Number of Times Entering the Center	Once	45	3.40	0.89
	Twice or More	15	3.92	0.64

Table 7 shows apparent differences in the mean scores for differences in family interaction patterns with their drug-using children from the perspective of addicts at the addiction treatment center attributable to certain variables related to age, education level, marital status, average family income, and number of times entering the center. To identify the significance of these differences, a One Way MANOVA test was used, and its results are shown in Table 8.

Table 8: One Way MANOVA Test to Identify the Significance of Differences in Family Interaction Patterns with Their Drug-Using Children from the Perspective of Addicts at the Addiction Treatment Center Attributable to Certain Variables Related to (Age, Education Level, Marital Status, Average Family Income, Number of Times Entering the Center)

Source of Variance	Sum of Squares	Degrees of Freedom (DF)	Mean Square	F Value	(Sig.)
Age	5.206	1	5.206	8.257	*.007
Marital Status	2.182	1	2.182	3.461	.071
Education Level	.231	1	.231	.367	.548
Family Income Level	.292	2	.146	.232	.794

Source of Variance	Sum of Squares	Degrees of Freedom (DF)	Mean Square	F Value	(Sig.)
Number of Times Entering the Center	2.824	1	2.824	4.480	*.041
Error	23.327	54	.432		
Total	579.847	60			
Corrected Total	31.473	59			

* Significant at the 0.05 level.

The results from the One Way MANOVA test shown in Table 8 indicate that the F values for differences in family interaction patterns with their drug-using children from the perspective of addicts at the addiction treatment center attributable to age and number of times entering the center were (8.257 and 4.480), respectively. These values are statistically significant at the 0.05 level or lower. The source of differences in family interaction patterns by age was in favor of the younger age group (18-29 years). Regarding the significance of differences in interaction patterns by the number of times entering the center, it was in favor of addicts who had entered the treatment center more than twice.

The results also showed that differences in family interaction patterns attributable to marital status, education level, and family income level were not statistically significant at the 0.05 level or lower, and the differences in mean scores, if present, did not reach statistical significance.

Discussion

Discussion of Results Related to the First Question: What are the family-related causes of drug addiction from the perspective of addicts?

The results indicate that the main causes leading to addiction are leisure time, which affects youth due to the lack of job opportunities and youth centers, as well as the family's inability to guide their children to manage their time positively and productively. These results align with Mustafa (2020). The findings also reveal that young people struggle with problem-solving due to the family's lack of focus on socialization to prepare youth for solving their problems independently. Additionally, weak family communication and family tension were noted, which is consistent with Sha'ban (2017), who indicated that young people suffer from a lack of family support and that the family is the primary source of responsibility for youth addiction. This is also in line with Riaz and Soomro (2021), which emphasized that family relationships and poor treatment within the family contribute to drug addiction, as well as with Al-Anzi (2020), who highlighted that family conflicts and weak family supervision lead to relapses.

These findings reflect the Social Support Theory, which underscores the importance of emotional support in protecting individuals from engaging in harmful behaviors. The lack of communication and family tension contributes to increasing youth problems, necessitating enhanced family communication and support to create a healthy environment that strengthens youth's ability to face challenges. The Social Influence Theory also highlights that interactions with peers significantly impact individual behavior, especially in the absence of constructive activities, potentially leading youth to engage with peers in negative environments like the streets, increasing the likelihood of drug addiction. Moreover, according to Social Control Theory, weak family supervision and guidance increase the chances of deviance towards addiction, emphasizing the need for strengthened social support from the family and improved social control by the family.

Discussion of Results Related to the Second Question: What are the main family patterns leading to drug addiction from the perspective of addicts?

Results related to family interaction patterns with their addicted children from the perspective of addicts show that the family's insistence on providing adequate support during recovery highlights the importance of family support during the recovery period to boost the addict's confidence in their ability to recover. The results also reveal that respect and appreciation from the family are present despite the addict being in the center, indicating the significance of family

sentiment, which improves the addict's mental state and motivates them to continue treatment. This finding aligns with Habib (2024) on the role of the family in supporting its members to avoid substance use.

Furthermore, the results showed that regular family visits to the addict in the center are important for providing emotional and psychological support to help them get through this stage of their lives. The family's understanding of the challenges faced by the addict during treatment is crucial as it helps in providing appropriate support during this period. This is consistent with Mustafa et al. (2020). Understanding the family's awareness of the difficulties faced by the addict reflects the family's acceptance of the situation, aiding in the provision of necessary and adequate support for recovery, which aligns with Ahmad et al. (2022) on family understanding and cooperation. This result agrees with Social Support Theory, which asserts that continuous family support is critical for enhancing the recovery process by providing a supportive and encouraging environment. Respect and appreciation enhance self-confidence and encourage the addict to continue treatment, while regular visits strengthen family bonds and provide essential emotional support. Family awareness of the difficulties and challenges faced by the addict helps in providing more effective support and makes the treatment process smoother and more effective. Negative patterns in dealing with the addict, such as family indifference or despair, harm the recovery process and lead to feelings of isolation and frustration for the addict.

Based on these results, it is clear that the family plays a very important and decisive role in the recovery process from addiction. Positive support and understanding can significantly contribute to the success of this process.

Discussion of Results Related to the Third Question: What is the role of the family during the treatment of the addict from the perspective of addicts?

The results regarding the family's roles during the treatment of addicts from their perspective indicate that the family's primary role is to assist the addict in entering the treatment center. This is due to the prominent role the family plays in maintaining its members by educating, guiding, and directing them in case of substance use. During recovery, the family plays a role in correcting this behavior and attempting to help the addict through persuasion to enter treatment centers voluntarily if the addict is aware, or sometimes the family may resort to coercion if the addict becomes unaware of their behavior or poses a danger to themselves or their family. This aligns with Mustafa et al. (2020) and Kassni et al. (2015), which emphasize the family's role in upbringing and behavior modification for their children.

The study also highlights the family's significant role in addressing the addict's personal needs, as addicts may experience withdrawal symptoms leading to aggressive behaviors (such as tearing clothes), excessive sweating, and a need for frequent bathing. This underscores the family's critical role in continuously and increasingly meeting these needs during the initial stage of recovery, which makes the addict feel cared for by their family. Especially since the initial stage of treatment may prevent the family from seeing the addict, their role is limited to meeting personal needs, serving as a way to show the addict that the family cares during the treatment period. This is consistent with Ahmed et al. (2022) and Habib (2024), which focus on support processes, family roles, and family responsibility in enhancing the recovery process.

The study also found that family participation in awareness and guidance sessions provided by treatment centers is still weak. This may be due to the lack of effective plans within these centers, focusing on the medical and psychological aspects of the addict without involving the family in the sessions offered to the addicts (post-care), with family interviews limited to gathering information about the addict and coordinating to meet their personal needs. This was confirmed by Kassni et al. (2015), Al-Obaidli (2023), and Al-Anzi (2020), who highlighted the irregular family involvement in the treatment plan.

Discussion of Results Related to the Fourth Question: Are there statistically significant differences in family interaction patterns with their drug-using children from the perspective of addicts at the addiction treatment center attributable to certain variables?

Data revealed differences in family interaction patterns with their drug-using children attributable to variables related to age and the number of times entering the center. The differences related to age favored the younger age group (18-29 years), and differences related to the number of times entering the center favored addicts who had entered the treatment center more than twice. This indicates that age and the number of times entering the center have a significant impact on family interaction patterns with their drug-using children. The younger age group (18-29 years) may be more susceptible

to different family interventions due to increased family concern and attention during this age period, as most young people are unmarried and live with their families. Conversely, addicts who have entered the center more than twice may be subject to more stringent or supportive family patterns, reflecting the impact of repeated treatment on family interaction. These results highlight the importance of age and the number of times entering the center as influencing variables on family interaction patterns, suggesting the need for targeted intervention strategies for different age groups and individuals with a repeated history of entering addiction centers.

For addicts who have entered the center more than twice, repeated treatment often reflects previous recovery attempts' failures, prompting the family to adopt stricter or more supportive methods. Families may use their influence to either increase support or impose strict limits and attempt to enforce discipline, making them more prepared to intervene immediately when needed. This readiness enhances the family's ability to continuously influence the addict's behavior. The family plays a crucial role in affecting the behavior of their children through strong emotional bonds and immediate responses. Youth in this age group are more receptive to family interventions due to the strong emotional impact and continuous contact.

Thus, providing support by the family or not is of high importance, which is also explained by Social Support Theory. This theory asserts that individuals who feel supported by their social networks, especially their family, tend to cope better with stress, and the absence of family support exposes youth to the risks of deviance and addiction. Social support includes providing psychological and social resources to help individuals solve problems. Additionally, weak communication and family tension hinder effective support, making youth more vulnerable to addiction. Effective social support requires positive treatment and mutual respect within the family, as poor treatment deteriorates family relationships and increases addiction risks. Parents' preoccupation and lack of emotional support lead to feelings of isolation and separation from the family.

The study recommends developing training programs that focus on enhancing a supportive family environment to develop self-regulation skills in children. Increasing awareness about the importance of the family's role in supporting and appropriately dealing with addicts can contribute to improving treatment outcomes and reducing relapse rates through post-care.

REFERENCES

Ahmad, R., Abdel Baqi, S., & Mansour, L. (2022). Psychological structure of the recovering addict of some psychoactive substances (Case study). *Journal of Educational and Social Studies, 4*(July 2022). https://jsu.journals.ekb.eg/article_293056_db6eb232a686ff58f1ced27b0222116c.pdf

Al-Anzi, M. (2020). Social and economic factors leading to relapse in drug addicts: A study conducted on specialists working at Al-Amal Medical Complex in Riyadh. *Journal of the College of Arts, University of Port Said, 15*.

Albadayneh, D., & Al-Muhairi, N. (2005). Examining the hypothesis of the general theory of crime in the Kingdom of Saudi Arabia. *Mu'tah Journal of Research and Studies, Humanities and Social Sciences Series, 20*(1). https://search.mandumah.com/Record/126626

Al-Munae, H., & Al-Qarni, M. (2019). Family problems and the phenomenon of drug addiction. *Journal of Scientific Research in Education, Ain Shams University, 20*(5). https://journals.ekb.eg/article_59074.html

Alobeidli, K., & Khattabi, A. (2023). The role of addiction-related institutions in enhancing the sustainability of recovery from the point of view of the recovered addicts (Field study). *Sharjah University Journal for Humanities and Social Science, 20*(3), 77-89. https://doi.org/10.36394/jhss/20/3/13

Al-Shammari, M. F. (2021). Factors leading to drug abuse among women: A field study applied to women convicted in drug abuse cases in prisons in the Makkah Al-Mukarramah region. *Journal of Human Sciences, Hail University, 4*(9). https://uohjh.com/fulomeg/2021/05/Issue9.pdf

Al-Sheikhi, A. (2022). The extent of the family acceptance of a recovering drug addict (A case study of a sample of the families of the recovered in the extended care unit at Al-Amal Hospital in Jeddah). *Academic Journal for Research and Scientific Publishing*, *33*(January 2022). https://www.ajrsp.com/vol/issue33.pdf

Al-Warikat, A. (2013). Criminology theories (2nd Ed.). Amman: Dar Wael Publishing and Distribution.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310–357. https://psycnet.apa.org/record/1986-01119-001

Department of Statistics. (2023). Jordanian statistical yearbook: Estimated population by the end of 2023. https://dosweb.dos.gov.jo/ (accessed June 12, 2024).

Guy-Evans, O. (2023). Social impact theory in psychology. *Simply Psychology*. https://www.simplypsychology.org/social-impact-theory.html (accessed April 13, 2024).

Habib, T. (2024). The role of the Iraqi family in developing some positive social values (protection from the scourge of drugs as an example) from the point of view of faculty. *Al-Mustansiriya University Arts Journal, 105*(2), 68-90. https://amm.uomustansiriyah.edu.iq/index.php/mustansiriyah/article/view/1175/1005

Hasan, A. (2021). Relapse factors from the point of view of the addictive therapists. *Journal of Educational and Social Studies, 27*(March 2021). https://jsu.journals.ekb.eg/article_175525_02fa10e35c533c25a3871259a30cabdd.pdf

Kassni, A. N., Hassanzadeh, R., & Menati, J. (2015). Survival analysis of drug abuse relapse in addiction treatment centers. *International Journal of High Risk Behavior & Addiction, 1*(4), 3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4609495

Khan, M., Alam, I., Khan, K., Ullah, L., Ahmad, M., Khan, A., & Ullah, M. (2024). Impact assessment of the extent of drug addiction on the family environment and interventions for drug-addicted youth: A quantitative analysis. *MDPI Open Access Journals*. https://doi.org/10.3390/adolescents1010008

Moustafa, B., & Bourenane, S. (2020). A study of some theoretical perceptions about the role of the family in treating drug addicts. *Social Empowerment Journal, 2*(3). https://www.asjp.cerist.dz/en/article/128694

National Council for Family Affairs. (2022). The second report on the conditions of refugee families in Jordan. https://ncfa.org.jo/ (accessed May 20, 2024).

Nawaz, A., Soomro, S. A., & Batool, S. (2023). Investigating the impact of family motivation on promotive voice behavior through the mediating effect of moral engagement. *Global Knowledge, Memory and Communication*. https://doi.org/10.1108/GKMC-04-2023-0113

Pino, H. E., Harawa, N., Shoptaw, S., Schrode, K., & Karlamangla, A. (2023). Drug use, family support, and depressive symptoms among Latinx sexual minority men: A longitudinal analysis. *AIDS and Behavior, 27*(June 2023). https://doi.org/10.1007/s10461-023-04098-w

Public Security Directorate. (2023). Criminal information department: Criminal statistical report. https://www.psd.gov.jo (accessed April 20, 2024).

Rachman, W. O. N. N., Syafar, M., Amiruddin, R., Rahmadania, W. O., & Gerung, J. (2020). The family roles in prevention of drug abuse in adolescents. *Malaysian Journal of Medicine and Health Sciences, 16*(SUPP10), 137–141. https://medic.upm.edu.my/upload/dokumen/2020111315260826_MJMHS_0865.pdf

Riaz, F., & Soomro, P. (2021). Parental acceptance-rejection and parental control as determinants of substance abuse: A comparative study of drug addicts and non-drug addicts. *International Research Journal of Arts and Humanities, 49*(49). https://sujo.usindh.edu.pk/index.php/IRJAH/article/view/3829/2867

Ritanti, W., Dewi, W. A., Imalia, S., & Susanto, T. (2017). A phenomenological study of families with drug-using children living in the society. *International Journal of Pediatrics and Adolescent Medicine, 4*(3). https://journals.lww.com/ijpam/fulltext/2017/04030/a_phenomenological_study_of_families_with.3.aspx

Sha'ban, R. (2017). The relationship between parental treatment methods and positive social behavior for drug recovery addicts for adolescents. *Social Works Journal, 58*(10). http://search.mandumah.com/Record/892485

The Hashemite Kingdom of Jordan (HKJ). (2020). The official site of the Jordanian e-government. https://portal.jordan.gov.jo (accessed July 9, 2024).