The International Review of Multidisciplinary Research
Volume 1, Issue 4, April 2026, pp. 288-294
https://doi.org/10.5281/zenodo.19696128

Unveiling Substance Use Patterns and Dysfunctional Family Dynamics Among Adults in Rehabilitation

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Article Details:

Received: 26 February 2026
Revised: 28 March 2026
Accepted: 10 April 2026
Published: 22 April 2026
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Recommended Citation:

Bagsit, ME. M., Eje, G. B. (2026). Unveiling Substance Use Patterns and Dysfunctional Family Dynamics Among Adults in Rehabilitation. The International Review of Multidisciplinary Research. 1 (4), 288-294.
https://doi.org/10.5281/zenodo.19696128

Index Terms:

family dysfunction, addiction recovery patterns, emotional neglect, rehabilitation context, coping behaviors, qualitative case study, family-based intervention

Abstract. Substance use disorder is commonly approached as an individual condition; however, increasing evidence highlights the role of family environments in shaping substance use behaviors. This study examines how dysfunctional family dynamics influence substance use patterns among adults undergoing rehabilitation in the Philippines, addressing the gap between individual-focused treatment and relational influences A qualitative case study design was employed involving five participants selected through purposive sampling. Data were collected using semi-structured interviews, the McMaster Family Assessment Device, and secondary records. Thematic analysis was applied to identify recurring patterns across cases. Findings revealed four consistent patterns: early initiation of substance use, coping-driven use, progression from experimentation to dependence, and delayed help-seeking. These patterns were strongly associated with family conditions such as emotional neglect, poor communication, lack of supervision, trauma, and substance use modeling. Across cases, substance use emerged as a response to sustained emotional and relational difficulties. The study demonstrates that substance use is not solely an individual behavior but a relationally shaped process. Findings highlight the importance of integrating family-centered approaches into rehabilitation programs to improve long-term recovery outcomes. These results provide a basis for developing culturally grounded intervention strategies within family contexts.

Introduction

Substance use disorder is commonly approached as an individual condition; however, increasing evidence highlights the role of family environments in shaping substance use behaviors. This study examines how dysfunctional family dynamics influence substance use patterns among adults undergoing rehabilitation in the Philippines, addressing the gap between individual-focused treatment and relational influences.

A qualitative case study design was employed involving five participants selected through purposive sampling. Data were collected using semi-structured interviews, the McMaster Family Assessment Device, and secondary records. Thematic analysis was applied to identify recurring patterns across cases.

Findings revealed four consistent patterns: early initiation of substance use, coping-driven use, progression from experimentation to dependence, and delayed help-seeking. These patterns were strongly associated with family conditions such as emotional neglect, poor communication, lack of supervision, trauma, and substance use modeling. Across cases, substance use emerged as a response to sustained emotional and relational difficulties.

The study demonstrates that substance use is not solely an individual behavior but a relationally shaped process. Findings highlight the importance of integrating family-centered approaches into rehabilitation programs to improve long-term recovery outcomes. These results provide a basis for developing culturally grounded intervention strategies within family contexts.

Methodology

Research Design

This study employed a qualitative case study design to examine how dysfunctional family dynamics influence substance use patterns among adults in rehabilitation. This design was selected because it allows an in-depth exploration of complex, real-life experiences within their natural context. Given that substance use behaviors are shaped by relational and environmental factors, the case study approach was appropriate for capturing the interaction between individual experiences and family systems.

Participants

The study involved five (n = 5) adult participants currently enrolled in a drug rehabilitation facility in the Philippines. Participants were selected through purposive sampling to ensure that individuals had direct and relevant experiences related to the research problem. Inclusion criteria required participants to be at least 18 years old, currently undergoing rehabilitation for substance use, have a minimum stay of six months in the facility, and be able to communicate in Filipino or English. Individuals with severe cognitive impairment or those not yet psychologically stable for participation were excluded. Purposive sampling was selected to obtain information-rich cases essential for qualitative analysis.

Materials and Instruments

Data were collected using multiple sources to ensure triangulation. A semi-structured interview guide was employed to explore substance use patterns, coping mechanisms, family dynamics, and recovery experiences (see Appendix B), allowing flexibility while maintaining focus on key themes and ensuring consistency across interviews. The McMaster Family Assessment Device (FAD) was administered to assess family functioning across domains such as communication, roles, affective involvement, and behavior control, selected due to its established reliability and validity. In addition, secondary data sources, including case records, house parent reports, and personal journals, were reviewed to support and validate participant narratives.

Procedure

Prior to data collection, participants were oriented about the purpose of the study and provided informed consent. A brief Mental Status Examination (MSE) was conducted to ensure readiness for participation. Participants first completed the McMaster FAD, followed by semi-structured interviews lasting approximately 45 to 60 minutes. Interviews were conducted in a private setting within the rehabilitation facility to ensure confidentiality. Secondary data were subsequently reviewed to triangulate findings.

Ethical Considerations

Ethical procedures were strictly observed in this study. Participants were provided with an informed consent form outlining the purpose, procedures, risks, and confidentiality of the study prior to participation (see Appendix A).

Data Analysis and Treatment

Data were analyzed using thematic analysis following Virginia Braun and Victoria Clarke (2006), employing an inductive coding approach to identify patterns and generate themes across cases. The analysis involved data familiarization, initial coding, theme development, review, and refinement. Triangulation was applied by comparing interview data, McMaster FAD results, and secondary sources to ensure credibility. Data were coded manually using structured thematic procedures; given the small sample size, qualitative software such as NVivo was not required. As this study is qualitative in nature, no statistical significance testing (e.g., $p < 0.05$) was applied; instead, emphasis was placed on thematic convergence and consistency across cases. A thematic convergence table summarizing significant statements, codes, and themes is presented in Appendix C, illustrating how participant responses were systematically analyzed and categorized.

Results and Discussion

Primary Outcome: Substance Use Patterns within Dysfunctional Family Contexts

Across all five participants (n = 5), four core substance use patterns were identified: early initiation (5/5), coping-driven use (5/5), progression to dependence (5/5), and delayed help-seeking (3/5). McMaster Family Assessment Device (FAD)

results indicated dysfunction in communication, roles, affective involvement, and behavior control across all cases. Each participant exhibited at least two domains of family dysfunction prior to substance use escalation.

These results suggest that substance use patterns emerged within consistently dysfunctional family environments. Rather than isolated behaviors, substance use developed alongside relational instability, indicating that family conditions served as both initiating and sustaining factors. This is reflected in participants' lived experiences, where substance use was embedded in everyday family contexts.

For instance, JRB shared, "In our family, we loved parties, and my biological dad introduced me to drinking and gambling at a very young age." This illustrates how substance use was not perceived as deviant but normalized within the family, reinforcing early exposure and acceptance.

These findings are consistent with prior research emphasizing the role of family environments in shaping substance use behaviors. However, unlike studies that primarily report statistical associations, the present findings demonstrate how these patterns unfold through lived experiences, providing deeper contextual insight into the mechanisms underlying substance use.

Case	Age of First Use	Substance Used	Family Dynamics	Key Pattern	Help-Seeking
JMBC	13 years old	Alcohol	Emotional neglect, permissive parenting	Coping, progression	Delayed
ANT	17 years old	Marijuana, Meth (Shabu)	Parental absence, poor supervision	Coping, progression	Delayed
RPC	12 years old	Alcohol, Cigarettes, Marijuana, Meth (Shabu)	Family conflict, trauma	Early initiation, dependence	Earlier
PLS	15 years old	Alcohol, Marijuana, Meth (Shabu)	Emotional neglect, identity-related conflict	Coping, relapse	Delayed
JRB	14 years old	Alcohol, Marijuana, Meth (Shabu)	Substance use modeling, strict parenting	Progression, dependence	Delayed

Secondary Outcome 1: Early Initiation of Substance Use

All participants (5/5) reported initiating substance use during adolescence or earlier. In three cases, substances were directly introduced or made accessible within the home, while in the remaining cases, lack of supervision and permissive environments facilitated early experimentation.

These results suggest that early initiation is strongly associated with weak parental monitoring and normalization of substance use within the household. This is evident in the experience of JMBC (Case 1), who stated, "I can drink during special occasions, and I can drink with my friends as long as it is in our house so she can monitor us." While this may have been intended as supervision, it suggests that substance use was implicitly permitted, reducing perceived risk and reinforcing early exposure.

Similarly, ANT reported, "I started drinking and smoking when I was in grade school. My uncle offered it to me." This reflects how substance use was introduced within family relationships rather than external environments, further supporting the role of family modeling in early initiation.

The consistency across all cases indicates that early exposure is a foundational stage in the development of substance use patterns.

This finding aligns with existing literature identifying permissive family environments as significant predictors of early initiation. However, unlike studies that emphasize peer influence as the primary factor, the present results highlight the dominant role of family-based exposure, suggesting a shift in emphasis from external to internal sources of risk.
Secondary Outcome 2: Substance Use as a Coping Mechanism

All participants (5/5) reported using substances to cope with emotional distress, including loneliness, family conflict, and unresolved trauma. Emotional triggers linked to family experiences were consistently identified as precursors to substance use.

These results suggest that substance use functioned as a coping strategy in response to unmet emotional needs. This is reflected in the experience of JMBC (Case 1), who shared, "Drinking has always been my comfort thing… it somehow makes me feel numb." This statement illustrates how alcohol was used as a form of emotional regulation rather than recreation, indicating an attempt to manage internal distress.

Similarly, ANT (Case 2) described substance use as a form of escape, stating, "All the stress, frustration, and anger that I wanted to escape from… drugs helped me forget all of it at the moment." This suggests that substances served as a temporary relief from overwhelming emotional experiences rooted in family conflict.

RPC expressed, "Whenever I am stressed and don't know what to do with family issues, I would isolate and use drugs." This highlights a pattern of withdrawal and reliance on substances in the absence of supportive communication within the family.

The absence of supportive family relationships contributed to reliance on substances as an alternative form of regulation. This finding is consistent with research indicating that emotional distress increases vulnerability to substance use. The present study extends this understanding by directly linking coping-driven use to specific family dynamics, such as emotional neglect and poor communication, thereby providing a more nuanced explanation of this relationship.

Secondary Outcome 3: Progression from Experimentation to Dependence

All participants (5/5) described a progression from initial experimentation to habitual or dependent use. This transition occurred gradually and was reinforced by continued access to substances and absence of early intervention.

These results suggest a predictable trajectory in which early initiation, combined with sustained exposure and lack of corrective structures, leads to dependence. This progression is evident in the experience of RPC (Case 3), who shared, "I also sold some of our things to support my drug expenses… I'm neglecting my life, my hygiene, sleep, and my family." This reflects a shift from voluntary use to compulsive behavior, where substance use begins to dominate daily functioning.

Similarly, another participant stated, "Eventually, I got addicted and lost everything. My brain became distorted." This highlights the cognitive and behavioral impact of prolonged substance use, indicating deepened dependence.

The uniformity of this progression across cases highlights the reinforcing role of dysfunctional family environments.

Consistent with prior studies, early onset is associated with higher risk of dependence. However, unlike research that focuses on biological predispositions, the present findings emphasize the role of environmental reinforcement, particularly within family systems, in sustaining substance use behaviors.

Secondary Outcome 4: Delayed Help-Seeking and Resistance to Treatment

Delayed help-seeking was observed in three out of five participants (3/5), particularly in cases where families exhibited denial, avoidance, or lack of awareness. In contrast, two participants (2/5) experienced earlier intervention due to more responsive family involvement.

These results suggest that family responsiveness plays a critical role in determining the timing of treatment. This is reflected in ANT (Case 2), who shared, "My mom knew that I've been doing a lot of vices, but she just told me to fix myself and said this phase will pass." This response indicates minimization of the problem, which may have delayed intervention.

Similarly, another participant reported, "She didn't say anything; she just took the marijuana from me. We never had a conversation about it." This highlights the absence of open communication, which prevented early support.

In another case, the participant stated, "We were all in denial… We waited for the symptoms to worsen before they decided to put me in rehab." This reflects a collective family response characterized by avoidance, contributing to delayed help-seeking.

Delayed recognition and limited support contributed to the escalation of substance use prior to intervention.

This finding aligns with literature identifying stigma and denial as barriers to treatment. However, the present study highlights how these barriers operate within family systems, demonstrating that help-seeking is not solely an individual decision but a relational process influenced by family dynamics.

Discussion of Integrated Patterns

A cross-case analysis indicates that all participants followed a similar developmental pathway characterized by early initiation, coping-driven use, and progression to dependence, with variation observed in help-seeking behaviors. These results suggest that dysfunctional family dynamics act as both initiating and reinforcing mechanisms across the substance use trajectory.

These findings support family systems perspectives, which conceptualize individual behavior as embedded within relational contexts. Substance use, therefore, can be understood as a response to systemic dysfunction rather than an isolated behavioral issue. This contributes to existing literature by reinforcing the need to examine substance use within broader relational frameworks.

To further illustrate the integrated relationship between dysfunctional family dynamics, substance use patterns, and recovery processes, a conceptual framework is presented in Figure 1.

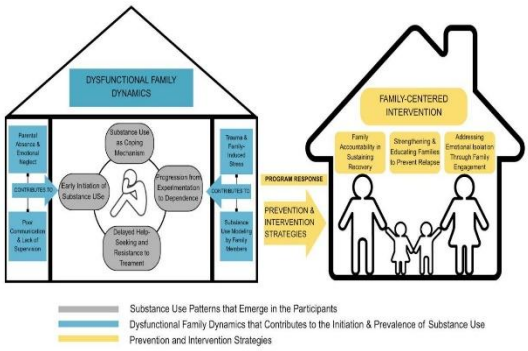

Figure 1. Nexus of Substance Use Patterns from Dysfunctional Family Dynamics

Figure 1 presents a conceptual model summarizing the study's findings. It illustrates how dysfunctional family dynamics, including emotional neglect, poor communication, trauma, and substance use modeling, contribute to the development of substance use patterns such as early initiation, coping-driven use, progression to dependence, and delayed help-seeking. The framework further highlights that recovery is strengthened through family-centered interventions that emphasize accountability, emotional engagement, and preventive education. This model reinforces the view that substance use is not an isolated behavior but a relationally embedded process shaped by family systems.

Methodological Constraints and Boundary Conditions

The findings should be interpreted within the context of several limitations. The small sample size (n = 5) limits generalizability, and the qualitative design does not allow for statistical inference. Additionally, the study was conducted within a single rehabilitation facility, which may influence the transferability of results.

These limitations reflect boundary conditions rather than flaws in the study design. The use of triangulation across interviews, FAD results, and secondary data strengthens the credibility of findings, allowing for deeper contextual understanding despite the limited sample.

Practical and Policy Implications

These data support interventions targeting family dynamics as a central component of substance use treatment. Rehabilitation programs may benefit from incorporating structured family involvement, particularly in improving communication, emotional support, and accountability.

At the policy level, these findings support the expansion of family-centered approaches within community-based rehabilitation programs. Strengthening family systems may reduce early initiation, prevent escalation, and improve long-term recovery outcomes.

Directions for Future Research

Future research may examine these patterns using longitudinal designs to track how family dynamics influence substance use over time. Studies involving larger and more diverse samples could assess the generalizability of these findings across different populations. Additionally, intervention-based research may evaluate the effectiveness of family-centered rehabilitation programs in improving recovery outcomes and reducing relapse rates.

Conclusion and Recommendations

This study examined how dysfunctional family dynamics influence substance use patterns among adults in rehabilitation. The findings show that substance use behaviors, including early initiation, coping-driven use, progression to dependence, and delayed help-seeking, are consistently shaped by relational conditions such as emotional neglect, poor communication, lack of supervision, and substance use modeling. These results directly address the study objectives by demonstrating that substance use is not solely an individual behavior but a process embedded within family systems.

The study contributes to existing knowledge by strengthening family systems perspectives in addiction research. While prior studies have identified associations between family dysfunction and substance use, this study advances understanding by illustrating how these dynamics operate across developmental stages through lived experiences. It positions substance use as a relationally constructed behavior, offering a more integrative framework for interpretation.

Practically, these findings support the integration of family-centered approaches in rehabilitation. Programs that incorporate structured family involvement, particularly in communication, emotional engagement, and accountability, may enhance recovery outcomes. At the policy level, these data support the expansion of community-based and family-inclusive rehabilitation models, especially in contexts where family plays a central role in social functioning. Based on these findings, a family-centered rehabilitation program was developed to address the identified patterns of substance use and underlying dysfunctional family dynamics. The program integrates key components such as family communication, emotional engagement, and accountability, and is structured across pre-intervention, intervention, and aftercare phases to support sustained recovery and reintegration. A summary of the program's phases, key activities, and expected outcomes is presented in Appendix D.

This study is limited by its small sample size and context-specific setting, which may restrict generalizability. However, these constraints highlight the need for broader investigations across diverse populations and settings.

Future research may examine these relationships using longitudinal designs to track changes over time and test causal pathways. Intervention-based studies may evaluate the effectiveness of family-centered rehabilitation models in reducing relapse and improving long-term outcomes. Comparative research across cultural contexts may further clarify how family systems influence substance use patterns.

Acknowledgement

The author would like to acknowledge the rehabilitation facility, participants, and professionals who provided valuable support, cooperation, and insights throughout the conduct of this research. Their willingness to share experiences and facilitate data collection greatly contributed to the completion of this study. Any remaining errors or omissions are the sole responsibility of the author.

Funding

This research received no external funding from any public, commercial, or not-for-profit funding agency, and no organization provided financial support for the conduct of the study, authorship, or publication of this article.

Competing Interests Statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

Data Availability Statement

The data supporting this study are not publicly available due to confidentiality and ethical restrictions, as they involve sensitive participant information from a rehabilitation setting. However, limited data may be made available from the corresponding author upon reasonable request, subject to ethical approval and institutional guidelines.

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Appendices

No appendices are attached to this study.