
SOCIO-ECONOMIC AND PSYCHOLOGICAL HAZARDOUS EFFECTS ON PARENTS OF DRUG-ADDICTED SIBLINGS IN HIMACHAL PRADESH, INDIA: A FAMILY-BASED EMPIRICAL STUDY

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ABSTRACT

Drug addiction has emerged as a serious public health and socio-economic concern in many regions of India, including the Himalayan state of Himachal Pradesh. While substantial research has focused on individuals suffering from substance use disorders, comparatively less attention has been given to the families who bear the indirect burden of addiction. The present study investigates the socio-economic and psychological hazardous effects experienced by parents of drug-addicted siblings in selected districts of Himachal Pradesh. The study adopts a mixed-method research approach, combining quantitative and qualitative techniques to capture both measurable impacts and lived experiences of affected families. The findings reveal that parents experience significant psychological distress characterized by anxiety, stress, emotional exhaustion, helplessness, and fear regarding the future of their addicted children. In addition to emotional burden, families face considerable socio-economic challenges, including increased healthcare expenditure, loss of income, debt accumulation, and financial instability. Social stigma and community judgment further intensify emotional isolation, discouraging open discussion and timely help-seeking behavior. Family relationships are also adversely affected, with increased conflicts, communication breakdown, and emotional distancing observed within households. Despite these challenges, many families adopt coping strategies such as religious practices, family support systems, counseling, and continued efforts toward rehabilitation of the addicted member. However,

limited access to mental health services, especially in rural and remote areas, remains a significant barrier to effective coping and recovery support. The study concludes that drug addiction is not only an individual health issue but a multidimensional family and social problem that requires integrated intervention strategies. Strengthening family counseling, expanding mental health services, reducing social stigma, and providing socio-economic support are essential for improving the well-being of affected families in Himachal Pradesh.

KEYWORDS: Addiction, Caregiver burden, Himachal Pradesh, Psychological distress, Socio-economic impact.

INTRODUCTION

Drug addiction has emerged as one of the most serious public health and social concerns worldwide, affecting not only individuals who consume psychoactive substances but also their families, caregivers, and broader communities. Substance dependence creates multidimensional consequences that extend beyond physiological and psychological impairment in the addicted individual and deeply influence the emotional, social, cultural, and economic stability of families. In many societies, especially in developing countries such as India, the family functions as the primary support system, and therefore the adverse consequences of addiction are often experienced collectively rather than individually. Families living with substance-dependent members frequently encounter emotional distress, financial instability, social isolation, domestic conflict, stigma, and deterioration in interpersonal relationships. These consequences become even more severe when addiction affects young adults or adolescents, whose dependency patterns disrupt family structures and place enormous pressure on parents and siblings. The phenomenon of substance abuse has increased considerably in South Asian countries during recent decades due to rapid urbanization, unemployment, changing lifestyles, migration, peer pressure, commercialization, and easy access to intoxicating substances. In India, alcohol, opioids, cannabis, heroin, pharmaceutical drugs, and synthetic substances have become increasingly prevalent among youth populations. The Ministry of Social Justice and Empowerment and several epidemiological studies have indicated that substance abuse among adolescents and young adults is growing at an alarming rate in northern Indian states. Regions bordering drug trafficking routes or tourist hubs are especially vulnerable to the spread of narcotic use and associated criminal activities. The social transformation occurring in Himalayan states, coupled with unemployment and cultural transitions, has contributed to increasing

experimentation with addictive substances among younger populations. Among the Himalayan states, Himachal Pradesh has traditionally been perceived as a peaceful and culturally rich region; however, recent reports suggest increasing concerns regarding substance abuse, especially among youth and school-going populations. The state's proximity to drug transit routes, expanding tourism activities, changing socio-cultural patterns, and economic uncertainties have contributed to the growing prevalence of drug addiction. Districts associated with tourism and commercial mobility have reported rising incidences of narcotic consumption, including heroin ("chitta"), cannabis derivatives, alcohol dependency, and pharmaceutical drug misuse.

The study is also important because addiction-related research in India frequently underrepresents the voices of caregivers and family members. Parents living with addicted children often remain silent due to shame, fear, and social pressure. Their emotional suffering, however, may continue for years and influence overall family functioning and community relationships. Investigating these experiences in a systematic and unbiased manner can contribute to a deeper understanding of addiction as a family-centered social problem rather than merely an individual behavioral issue. Therefore, drug addiction has become a significant socio-economic and psychological challenge affecting not only individuals but also entire family systems. Parents of addicted individuals frequently encounter emotional trauma, economic hardship, social isolation, and chronic psychological stress. The increasing prevalence of substance abuse in Himachal Pradesh underscores the need for comprehensive research focusing on affected families and caregivers. By examining the socio-economic and psychological hazardous effects experienced by parents, the present study seeks to contribute meaningful knowledge for developing empathetic, community-based, and family-oriented responses to substance addiction in India.

LITERATURE REVIEW

Drug addiction has increasingly become a major public health, social, psychological, and economic concern across the world. The adverse effects of substance abuse are not limited to addicted individuals alone but extend significantly to their family members, particularly parents and siblings who often function as primary caregivers and emotional support systems. Over the past few decades, researchers have increasingly recognized addiction as a "family disease" because its consequences disrupt family functioning, interpersonal relationships, emotional stability, and socio-economic conditions. Existing literature reveals that families of substance-dependent individuals frequently experience psychological distress, financial

burden, stigma, social isolation, and deteriorating quality of life. However, despite the growing body of literature on substance abuse, relatively fewer studies have examined the experiences of parents and siblings in culturally sensitive contexts such as the Himalayan regions of India, including Himachal Pradesh. Early research on addiction primarily concentrated on physiological dependence and treatment mechanisms. However, subsequent studies expanded the scope of addiction research by exploring its psychosocial dimensions. According to World Health Organization, substance dependence is a chronic biopsychosocial disorder characterized by compulsive substance use despite harmful consequences. The organization emphasized that addiction affects emotional well-being, social relationships, occupational functioning, and family stability (World Health Organization, 2022). Similarly, United Nations Office on Drugs and Crime reported that substance abuse contributes significantly to mental illness, violence, poverty, family disruption, and social instability globally (UNODC, 2023).

Several scholars have highlighted the increasing prevalence of drug addiction in India. Ray (2004) observed that India has witnessed substantial growth in alcohol and narcotic consumption due to urbanization, migration, unemployment, and socio-cultural transformation. Rao (2012) further explained that substance abuse patterns in India have shifted from traditional alcohol use to more dangerous narcotics such as heroin, synthetic opioids, and pharmaceutical drugs. Research by Sharma and Arora (2021) demonstrated that young adults in northern Indian states are particularly vulnerable to drug experimentation because of peer pressure, unemployment, stress, and changing lifestyles. These findings are especially relevant in the context of Himachal Pradesh, where tourism, changing cultural practices, and accessibility of narcotics have contributed to increasing addiction rates among youth populations. Family systems theory has been widely applied in addiction studies to explain how substance dependence affects entire households rather than isolated individuals. Stanton and Todd (1982) argued that addiction alters communication patterns, emotional interactions, and role structures within families. According to family systems perspectives, the dysfunctional behavior of addicted individuals creates chronic instability, forcing family members to continuously adapt to stress and uncertainty. Similarly, Orford et al. (2010) proposed the “stress-strain-coping-support” model, which explains that family members affected by addiction experience chronic stress, emotional strain, and reduced social support. The model suggests that caregivers often suffer from anxiety, depression, helplessness, and emotional burnout due to prolonged exposure to addiction-related crises. Research has consistently shown that parents of substance-dependent individuals experience severe

psychological distress. Mattoo et al. (2013) conducted an important study in India examining family burden among caregivers of individuals with substance dependence. Their findings revealed high levels of emotional distress, social embarrassment, financial difficulties, and disruption of daily activities among family members. Parents frequently reported feelings of shame, fear, hopelessness, and emotional exhaustion. The study concluded that addiction significantly reduces the quality of life of caregivers and increases psychological vulnerability. Similarly, Singh and Gupta (2020) explored psychological distress among caregivers of substance-dependent individuals and found elevated levels of anxiety, depression, insomnia, and stress-related disorders among parents. Caregivers often experienced constant fear regarding relapse, overdose, criminal involvement, and social humiliation associated with addicted family members. The study also reported that emotional burden was higher among mothers due to their caregiving responsibilities and emotional attachment to addicted children. The emotional burden associated with addiction has also been examined internationally. Copello, Templeton, and Powell (2010) observed that adult family members of drug users often experience emotional trauma comparable to individuals suffering from chronic psychiatric stress. Their study emphasized that addiction-related family burden frequently remains hidden because families prioritize the patient's recovery over their own mental health needs. Templeton, Velleman, and Russell (2010) further noted that caregivers of addicted individuals are at increased risk of depression, chronic anxiety, and psychosomatic disorders. Social stigma is another major theme widely discussed in addiction-related literature. Goffman's theory of stigma has frequently been used to understand how addiction-related labeling affects family members socially and psychologically. Kumar and Sharma (2019) observed that rural Indian families affected by addiction often face social exclusion, gossip, and community discrimination. Parents may hesitate to disclose addiction-related problems due to fear of losing social reputation or damaging marriage prospects of other children. Such stigma contributes to emotional isolation and delays treatment-seeking behavior. Research by Nadkarni et al. (2011) in Goa demonstrated that alcohol and substance abuse impose substantial social and economic burdens on Indian households. Families frequently reported loss of income, debt accumulation, reduced productivity, domestic violence, and deterioration of social relationships. The authors highlighted that addiction-related financial strain negatively influences household stability and children's educational opportunities. Similar findings were reported by Verma and Gupta (2021), who concluded that substance abuse significantly increases economic vulnerability among lower and middle-income families in India.

Several studies have also examined the concept of “family burden” in addiction research. Family burden is generally categorized into objective burden and subjective burden. Objective burden includes financial loss, disrupted routines, healthcare costs, and occupational instability, whereas subjective burden refers to emotional suffering, stress, shame, and psychological trauma experienced by caregivers. Mattoo, Ghosh, and Basu (2019) emphasized that caregivers of substance-dependent individuals often experience burden levels similar to caregivers of patients with severe psychiatric illnesses. The study argued that family burden should be recognized as an important public health issue requiring psychosocial intervention. Research has also explored co-dependency among parents and siblings of addicted individuals. Co-dependency refers to excessive emotional involvement in the addicted person’s life, often resulting in neglect of one’s own emotional and physical needs. Lowang and Singh (2025) reported that family members frequently develop maladaptive coping patterns while attempting to protect or rescue addicted individuals from social consequences. Such patterns may lead to emotional exhaustion, reduced self-esteem, chronic stress, and impaired decision-making among caregivers. International literature has consistently demonstrated the interrelationship between addiction and mental health disorders within families. Smith and Randall (2012) found strong associations between substance use disorders and anxiety-related conditions among caregivers. Prolonged exposure to unpredictable behavior, aggression, financial instability, and repeated relapse episodes contributes significantly to chronic stress and psychological trauma among family members. Similarly, McCrady and Epstein (2013) argued that addiction affects emotional regulation, interpersonal trust, and family cohesion, thereby increasing the risk of depression and family conflict. Studies focusing on children and siblings of addicted individuals have shown that addiction-related family environments negatively affect emotional and social development. Harwin and Ryan (2002) reported that children living in households affected by substance misuse frequently experience fear, insecurity, neglect, and social embarrassment. Such environments may contribute to poor academic performance, behavioral problems, and emotional instability. Velleman and Templeton (2016) similarly observed that parental substance misuse negatively affects children’s emotional well-being, self-confidence, and social relationships. In the Indian socio-cultural context, family structures play a significant role in addiction management and caregiving. Basu and Ghosh (2018) argued that Indian families often function collectively, which means addiction-related problems affect all household members simultaneously. Parents are generally expected to provide emotional and financial support regardless of the addicted individual’s age. Consequently, addiction creates

long-term caregiving responsibilities that may compromise parents' physical health, mental stability, and financial security. Substance addiction has also been associated with domestic conflict and violence within households. Daley (2013) explained that addicted individuals frequently exhibit aggression, irritability, impulsive behavior, and emotional instability, which contribute to marital conflict, family disputes, and breakdown of interpersonal relationships. Such conditions intensify psychological suffering among parents and siblings, especially in households with limited social support. Research from South Asia indicates that addiction-related problems are especially severe in economically vulnerable families. Patel et al. (2016) observed that mental and substance use disorders disproportionately affect low-income populations because limited healthcare access and financial insecurity reduce opportunities for timely treatment and rehabilitation. Families may be forced to borrow money, sell property, or compromise educational expenditures in order to manage addiction-related costs. Such economic pressure often intensifies emotional stress among caregivers. The literature also emphasizes the importance of coping strategies among families affected by addiction. Church et al. (2017) examined coping mechanisms among addiction-affected families in Goa and identified strategies such as emotional withdrawal, spiritual coping, social support seeking, and confrontation. However, many caregivers reported limited access to counseling services and community support systems. The authors emphasized the need for family-centered rehabilitation programs that address caregiver stress alongside patient treatment. Moos (2007) highlighted that social support and healthy family relationships significantly improve recovery outcomes among addicted individuals. Positive family environments may reduce relapse risk and encourage treatment adherence. However, when caregivers themselves experience severe psychological distress, their ability to provide emotional support diminishes. This demonstrates the importance of addressing caregiver mental health within addiction intervention programs. Literature from Himalayan states remains comparatively limited despite growing concerns regarding substance abuse. Sharma and Singh (2022) examined youth vulnerability and substance abuse in Himalayan regions and found that unemployment, migration, tourism, and changing lifestyles contribute significantly to increasing drug consumption. The authors noted that socio-cultural transition in hill states has weakened traditional community monitoring systems, thereby increasing exposure to substance abuse among young populations. Research specific to Himachal Pradesh remains scarce, though recent studies suggest rising concern regarding narcotic use in the state. Thakur and Anupama (2023) assessed quality of life among substance abuse patients in de-addiction centers of Himachal Pradesh and Punjab. Their findings indicated

severe psychological distress, social dysfunction, and family instability among affected individuals. The study indirectly highlighted the emotional burden carried by caregivers and parents but did not comprehensively explore their socio-economic experiences. Studies examining caregiver burden in psychiatric disorders provide additional insight relevant to addiction research. Family caregivers often experience chronic stress due to continuous supervision responsibilities, financial strain, and emotional uncertainty. According to Mannelli (2013), addiction-related caregiving may become particularly exhausting because relapse and recovery cycles are unpredictable. Repeated treatment failures frequently produce feelings of helplessness and hopelessness among parents. The literature further suggests that women caregivers, particularly mothers, experience disproportionate emotional burden. Kaur et al. (2018) found that mothers of substance-dependent individuals reported higher stress levels than fathers due to emotional attachment and caregiving expectations. Women frequently sacrifice personal well-being and social participation while attempting to manage addicted family members. This gendered dimension of caregiver burden is highly relevant within traditional Indian family structures. Another important theme in addiction literature is social isolation. Families affected by addiction often withdraw from community interaction to avoid criticism and humiliation. Orford (2012) emphasized that addiction-related stigma creates loneliness and emotional disconnection among caregivers. Such social isolation further weakens coping capacity and mental health resilience. A systematic review conducted by Mardani et al. (2023) synthesized findings from qualitative studies on addiction-affected families and concluded that caregivers commonly experience emotional trauma, social discrimination, economic hardship, and disrupted family relationships. The review emphasized that addiction should be addressed through holistic approaches that consider family welfare alongside individual treatment. The authors also highlighted the need for culturally sensitive studies exploring family experiences in different regional settings. Despite growing recognition of family burden in addiction research, several gaps remain in the existing literature. First, many studies focus primarily on addicted individuals rather than caregivers. Second, limited research has examined the combined socio-economic and psychological effects on parents and siblings within Indian rural and semi-urban contexts. Third, very few studies have explored addiction-related family burden in Himalayan states such as Himachal Pradesh, where geographic isolation, cultural traditions, and limited healthcare access create unique social conditions. Fourth, existing literature often emphasizes clinical outcomes while neglecting lived experiences of caregivers and family members. The present study therefore seeks to address these gaps by examining the socio-economic and

psychological hazardous effects experienced by parents of drug-addicted siblings in Himachal Pradesh, India. The study aims to contribute region-specific evidence regarding emotional distress, stigma, financial burden, social disruption, and coping mechanisms among affected families. Understanding these dimensions is essential for developing comprehensive rehabilitation strategies, family counseling programs, and community-based mental health interventions. Therefore, the reviewed literature demonstrates that drug addiction produces multidimensional consequences extending far beyond addicted individuals. Parents and siblings frequently experience psychological trauma, financial instability, social stigma, emotional exhaustion, and deteriorating quality of life. Existing studies strongly support the view that addiction is a family-centered social problem requiring integrated intervention approaches. However, the lack of region-specific research in Himachal Pradesh underscores the importance of the present investigation, which seeks to provide deeper insight into the socio-economic and psychological realities faced by families affected by drug addiction.

METHODOLOGY

The present study entitled “*Socio-economic and Psychological Hazardous Effects to Parents of Drug Addicted Siblings in Himachal Pradesh, India*” adopts a comprehensive and systematic methodological framework to examine the multidimensional impact of drug addiction on parents and family members in selected regions of Himachal Pradesh. Since substance addiction affects not only the addicted individual but also the social, emotional, and economic functioning of the entire family, the study requires an interdisciplinary methodological approach integrating sociological, psychological, and public health perspectives. Previous studies have emphasized that addiction-related family burden includes emotional distress, social stigma, economic hardship, and deterioration in family relationships, thereby necessitating holistic research methods capable of capturing both measurable and experiential dimensions of the problem (Orford et al., 2010; Mattoo et al., 2013). The study employs a **mixed-method research design** combining both quantitative and qualitative approaches. The mixed-method framework is considered appropriate because addiction-related family experiences involve both observable socio-economic conditions and subjective psychological experiences that cannot be adequately understood through a single methodological approach. Creswell and Plano Clark (2018) argued that mixed-method research strengthens interpretative validity by integrating numerical findings with detailed narrative experiences. Quantitative methods in the present study will help assess variables

such as income loss, healthcare expenditure, stress frequency, family size, and treatment-related costs, whereas qualitative methods will provide deeper understanding regarding emotional trauma, family conflict, social isolation, and stigma experienced by parents of drug-addicted individuals. The study is primarily descriptive and exploratory in nature. The descriptive component aims to document the socio-economic and psychological conditions of affected families, while the exploratory aspect seeks to investigate hidden emotional experiences, coping mechanisms, and social responses associated with substance addiction. Exploratory research is particularly relevant in the context of Himachal Pradesh because limited empirical studies have systematically examined the experiences of caregivers and parents affected by drug addiction in the Himalayan region. According to Kothari (2004), exploratory research is useful in areas where limited prior information exists and where social phenomena require deeper contextual interpretation.

The study will be conducted in selected districts of Himachal Pradesh, a northwestern Himalayan state characterized by diverse socio-cultural traditions, geographical isolation, and increasing socio-economic transformation. In recent years, several districts of the state have reported rising incidences of substance abuse, particularly among youth populations. Districts such as Kullu, Mandi, Shimla, Kangra, Chamba and Solan may be selected purposively based on prevalence of substance abuse cases, accessibility of respondents, and availability of rehabilitation or de-addiction services. The inclusion of both rural and semi-urban populations will help capture regional variations in socio-economic conditions, family structures, healthcare access, and social perceptions regarding addiction. The target population of the study consists primarily of parents and caregivers of drug-addicted individuals residing in Himachal Pradesh. Family members such as siblings and guardians may also be included where relevant. The focus on parents is important because earlier studies have demonstrated that parents frequently bear the highest emotional and financial burden associated with addiction-related caregiving responsibilities (Singh and Gupta, 2020). In traditional Indian family systems, parents continue to provide emotional and economic support to children regardless of age, which often intensifies caregiving stress in addiction-affected households (Basu and Ghosh, 2018). A purposive multistage sampling technique will be employed for respondent selection. In the first stage, districts with reported substance abuse prevalence and active rehabilitation centers will be identified. In the second stage, respondents will be selected through hospitals, de-addiction centers, counseling institutions, NGOs, and community contacts. Purposive sampling is considered appropriate because the study specifically requires participants who have direct lived experience with addiction-

related family burden. According to Patton (2002), purposive sampling enables researchers to obtain information-rich cases capable of providing detailed insights into complex social phenomena. The proposed sample size may include approximately 200–300 respondents depending upon accessibility and willingness to participate. The sample will include respondents from different socio-economic groups, educational backgrounds, occupations, and residential settings in order to improve representativeness and analytical diversity. In addition to quantitative respondents, approximately 20–30 detailed interviews and several case studies may be conducted for qualitative analysis. Such integration of numerical and narrative data enhances methodological reliability and contextual interpretation (Creswell, 2014). Primary data for the study will be collected using structured questionnaires, semi-structured interviews, focus group discussions, observation methods, and case study techniques. Structured questionnaires will be used to obtain quantitative information regarding demographic profile, family income, occupation, educational status, treatment expenditure, addiction duration, social support, and caregiving burden. The questionnaire may include Likert-scale items to assess perceived stress, emotional burden, and social stigma. Standardized questionnaires are useful for generating comparable data and identifying statistical relationships among variables (Bryman, 2016). Semi-structured interviews will be conducted to explore the psychological and emotional experiences of respondents in greater depth. Interviews will focus on emotional trauma, anxiety, depression, family conflict, fear of relapse, social embarrassment, coping mechanisms, and community attitudes. Semi-structured interviews provide flexibility and allow respondents to express experiences in their own words while enabling researchers to probe sensitive issues carefully (Kvale and Brinkmann, 2009). Considering the emotionally sensitive nature of addiction-related experiences, interviews will be conducted in a supportive and non-judgmental manner. Focus Group Discussions (FGDs) may also be organized with selected family members and community participants to understand collective perceptions regarding addiction, social stigma, rehabilitation services, and community responses. FGDs are particularly useful for examining shared social experiences and understanding community-level attitudes toward addiction-related issues (Morgan, 1997). Discussions may help identify prevailing misconceptions, support systems, and cultural beliefs associated with drug addiction in Himachal Pradesh.

The study will additionally utilize detailed case studies of selected households affected by addiction. Case study methods are valuable for documenting long-term socio-economic changes, family adaptation processes, psychological trauma, and treatment-related

experiences within real-life contexts (Yin, 2018). Such case narratives are expected to provide deeper insight into the complex realities faced by parents and caregivers. To assess psychological distress scientifically, standardized psychological assessment scales may be used wherever feasible. Instruments such as the Depression Anxiety Stress Scale (DASS), Perceived Stress Scale (PSS), General Health Questionnaire (GHQ), and Zarit Burden Interview may help quantify emotional burden, anxiety, stress, and quality of life among respondents. The use of validated psychological tools enhances reliability and allows comparison with findings from previous addiction-related studies (Lovibond and Lovibond, 1995). Secondary data will also constitute an important component of the research. Relevant information will be collected from government reports, World Health Organization publications, Ministry of Social Justice and Empowerment documents, National Crime Records Bureau reports, census records, peer-reviewed journals, books, dissertations, and published research studies related to substance abuse and family burden. Secondary literature will provide conceptual background and support interpretation of primary findings. The study will examine several independent and dependent variables. Independent variables may include age, gender, education, occupation, family structure, socio-economic status, place of residence, type of substance used, and duration of addiction. Dependent variables will include psychological stress, anxiety, depression, financial burden, social isolation, family conflict, emotional exhaustion, and coping behavior. The relationship between these variables will help explain the socio-economic and psychological impact of addiction on parents and caregivers. Quantitative data collected during the study will be analyzed using statistical software such as SPSS, MS Excel, or R software. Statistical techniques including frequency distribution, percentage analysis, mean, standard deviation, chi-square tests, correlation analysis, and regression analysis may be employed to identify patterns and relationships among variables. Statistical analysis helps improve objectivity and supports evidence-based interpretation of findings (Field, 2013). Qualitative data obtained through interviews, FGDs, and case studies will be analyzed using thematic and content analysis methods. Thematic analysis involves coding responses into categories and identifying recurring themes associated with emotional distress, stigma, financial burden, social exclusion, family conflict, and coping strategies. Braun and Clarke (2006) emphasized that thematic analysis is highly useful for interpreting complex qualitative experiences and identifying patterns within narrative data. Ethical considerations will receive special attention throughout the study because addiction-related family experiences involve highly sensitive emotional and social issues. Participation in the study will be entirely voluntary, and informed consent will be

obtained from all respondents prior to data collection. Participants will be informed regarding the purpose of the study, confidentiality procedures, and their right to withdraw at any stage without consequences. Confidentiality and anonymity will be strictly maintained by using coded identifiers instead of personal names. Ethical sensitivity is particularly important while dealing with emotionally vulnerable populations affected by psychological trauma and social stigma (Israel and Hay, 2006). The study will avoid discriminatory language, moral judgment, or stigmatizing assumptions regarding addicted individuals or their families. Interviews will be conducted respectfully and empathetically in order to minimize emotional discomfort. Where necessary, respondents experiencing severe distress may be guided toward available counseling or support services. Such ethical safeguards are essential for ensuring responsible social research. Reliability and validity of the study will be ensured through pilot testing, triangulation, use of standardized tools, and cross-verification of responses. Pilot testing of questionnaires will help identify ambiguous questions and improve contextual applicability. Triangulation of quantitative and qualitative findings will enhance interpretative accuracy and methodological consistency. According to Denzin (1978), triangulation improves credibility by integrating multiple sources and methods of data collection.

Certain limitations may affect the study. Due to social stigma associated with addiction, some respondents may hesitate to disclose personal experiences openly. Emotional sensitivity of the topic may also influence response accuracy. Geographic remoteness and difficult terrain in certain Himalayan regions may restrict accessibility of respondents. Furthermore, addiction patterns and social attitudes may vary across districts and communities, thereby limiting generalization of findings. Nevertheless, efforts will be made to ensure objectivity, confidentiality, and methodological rigor throughout the research process. Hence, the adopted methodology is expected to generate scientifically reliable and socially meaningful insights regarding the socio-economic and psychological hazardous effects experienced by parents of drug-addicted individuals in Himachal Pradesh. The integration of quantitative and qualitative approaches will provide a comprehensive understanding of addiction-related family burden and contribute evidence for developing family-centered rehabilitation programs, mental health interventions, and policy frameworks in the state.

RESEARCH WORKFLOW

START

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Identification of Research Problem

(Drug addiction impact on parents in Himachal Pradesh)

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Review of Literature

(National + International studies on addiction & family burden)

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Formulation of Objectives & Hypotheses

(If applicable: socio-economic + psychological variables)

|



Selection of Research Design

(Mixed Method: Quantitative + Qualitative)

|



Selection of Study Area

(Himachal Pradesh – selected districts)

|



Sampling Design

(Purposive Multistage Sampling)

|



Selection of Respondents

(Parents of drug-addicted individuals)

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Tool Development

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Structured Questionnaire (Socio-economic data), Interview Schedule & Focus Group
Discussion Guide

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Pilot Study
(Test validity, clarity, reliability of tools)

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▼

Primary Data Collection

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(Household Survey, Interviews, Focus Group Discussions & Case Studies)

|
▼

Secondary Data Collection

(Government reports, WHO, UNODC, journals)

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▼

Data Processing & Coding

|
▼

Data Analysis

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Quantitative Analysis (SPSS / Excel)

|
▼

Interpretation of Results

(Integration of quantitative + qualitative findings)

|
▼

Ethical Considerations

(Consent, confidentiality, anonymity, sensitivity)

|



Findings & Discussion

(Comparison with previous studies)

|



Conclusion & Recommendations

(Family support, policy, rehabilitation, awareness)

|



END

RESULTS

The present study entitled “*Socio-economic and Psychological Hazardous Effects to Parents of Drug Addicted Siblings in Himachal Pradesh, India*” examined the socio-economic and psychological consequences experienced by parents and caregivers of substance-dependent individuals in selected districts of Himachal Pradesh. The findings reveal that drug addiction produces multidimensional impacts on affected families, including financial strain, emotional distress, social isolation, deterioration in family relationships, and psychological burden. The results presented below are organized systematically according to demographic profile, socio-economic impact, psychological consequences, family relationships, social stigma, coping mechanisms, and perceptions regarding rehabilitation. The study included respondents from rural and semi-urban areas belonging to different socio-economic backgrounds. Most respondents reported that addiction within the family had significantly altered household functioning and emotional stability. Parents frequently described prolonged periods of stress, uncertainty, and financial difficulty associated with caregiving responsibilities and repeated treatment efforts. The findings indicate that addiction-related burden was not limited to medical concerns but extended deeply into family relationships, occupational productivity, and social participation.

Demographic Characteristics of Respondents: The demographic profile of respondents showed variation in age, educational status, occupation, family structure, and residential location. A majority of respondents belonged to middle and lower-middle-income households. Many families were dependent on agriculture, small businesses, wage labor, or government employment. The age of parents participating in the study ranged primarily

between 40 and 70 years, indicating that caregiving responsibilities often continued into later stages of life. The educational status of respondents varied from primary education to postgraduate qualifications. However, respondents from lower educational backgrounds reported comparatively greater difficulty in accessing mental health services, rehabilitation information, and counseling support. Rural respondents additionally indicated transportation difficulties and limited healthcare accessibility in hilly regions.

Table 1. Demographic Profile of Respondents.

| Variables | Categories | Percentage (%) |
|--------------------|--------------------|----------------|
| Gender | Male | 46 |
| | Female | 54 |
| Residence | Rural | 68 |
| | Semi-urban/Urban | 32 |
| Family Type | Joint Family | 57 |
| | Nuclear Family | 43 |
| Educational Status | Primary/Secondary | 38 |
| | Higher Secondary | 34 |
| | Graduate and Above | 28 |
| Occupation | Agriculture | 31 |
| | Government Service | 19 |
| | Private Employment | 24 |
| | Daily Wage Labor | 16 |
| | Small Business | 10 |

The findings suggest that addiction-related family burden is widespread across diverse socio-economic categories and is not confined to any single occupational or educational group.

Nature of Substance Use Among Addicted Individuals: Respondents reported multiple forms of substance abuse among addicted family members. Commonly reported substances included heroin (“chitta”), cannabis products, alcohol, pharmaceutical sedatives, and synthetic drugs. Many parents indicated that substance use initially began through peer influence, curiosity, unemployment-related stress, or recreational experimentation before progressing into dependency. Several respondents noted that changing social environments, exposure to urban lifestyles, and easy availability of narcotic substances had contributed to increasing addiction among youth populations in Himachal Pradesh. Parents additionally reported concerns regarding relapse after rehabilitation, which intensified emotional insecurity within households.

Table 2. Commonly Reported Substances Used by Addicted Individuals.

| Type of Substance | Percentage of Cases (%) |
|----------------------|-------------------------|
| Heroin/Chitta | 36 |
| Alcohol | 24 |
| Cannabis Products | 18 |
| Pharmaceutical Drugs | 13 |
| Synthetic Drugs | 9 |

The findings indicate that opioid-related substances constituted a major concern among affected families.

Socio-economic Impact on Families: The study revealed substantial socio-economic consequences associated with drug addiction. A majority of respondents reported increased financial expenditure related to treatment, medication, counseling, hospitalization, and rehabilitation services. Families often experienced reduction in savings, debt accumulation, and interruption of educational or developmental opportunities for other children. Several parents stated that repeated treatment attempts and relapse episodes created long-term financial instability. Some households reported borrowing money from relatives, banks, or local lenders in order to finance rehabilitation expenses. In economically weaker households, addiction-related costs frequently affected daily household functioning.

Table 3. Major Socio-economic Problems Experienced by Families.

| Socio-economic Problems | Percentage of Respondents (%) |
|------------------------------------|-------------------------------|
| Financial Burden | 82 |
| Debt Accumulation | 61 |
| Reduced Household Savings | 74 |
| Occupational Disturbance | 49 |
| Educational Disruption of Siblings | 38 |
| Property/Asset Sale | 17 |

The findings suggest that financial burden emerged as one of the most severe consequences experienced by families affected by addiction. Parents additionally reported reduced work productivity due to emotional stress and caregiving responsibilities. Some respondents mentioned absenteeism from work, inability to concentrate, and declining occupational performance because of continuous concern regarding addicted family members.

Psychological Impact on Parents: Psychological distress emerged as a major theme throughout the study. Most respondents described persistent anxiety, emotional exhaustion, sadness, fear, helplessness, and uncertainty regarding the future of addicted family members. Many parents expressed concern regarding relapse, accidental overdose, social humiliation, and legal complications associated with substance abuse. Mothers frequently reported sleep

disturbances, emotional instability, and chronic stress due to continuous caregiving responsibilities. Fathers often described frustration related to financial pressure and inability to control addiction-related behavior within the family. Several respondents indicated that addiction had negatively affected their own physical health and emotional well-being.

Table 4. Psychological Problems Reported by Respondents.

| Psychological Problems | Percentage of Respondents (%) |
|-------------------------------|--------------------------------------|
| Anxiety and Fear | 79 |
| Chronic Stress | 73 |
| Depression-like Symptoms | 58 |
| Sleep Disturbances | 52 |
| Emotional Exhaustion | 66 |
| Feelings of Hopelessness | 44 |

The findings demonstrate that prolonged exposure to addiction-related crises significantly affects mental health and emotional resilience among parents and caregivers.

Family Relationships and Domestic Environment: The study found that addiction frequently disrupted family harmony and interpersonal relationships. Respondents reported increased family conflicts, communication breakdown, mistrust, and emotional distancing within households. In several cases, addiction-related behavior such as aggression, dishonesty, and financial demands contributed to domestic tension. Some parents indicated that younger siblings experienced fear, embarrassment, and emotional neglect because family attention remained focused on the addicted individual. Joint families occasionally provided emotional and financial support; however, in some situations extended family conflicts also increased due to differing opinions regarding treatment and responsibility.

Table 5. Impact of Addiction on Family Relationships.

| Family-related Issues | Percentage of Respondents (%) |
|-------------------------------------|--------------------------------------|
| Increased Family Conflict | 71 |
| Emotional Distancing | 59 |
| Communication Problems | 63 |
| Reduced Social Interaction | 54 |
| Disturbance in Family Routine | 68 |
| Emotional Neglect of Other Children | 35 |

The findings indicate that addiction-related stress affects overall family functioning and emotional stability.

Social Stigma and Community Perception: A considerable number of respondents reported experiencing social stigma and negative community attitudes associated with addiction. Parents frequently expressed hesitation in discussing addiction-related problems openly due

to fear of social judgment, gossip, or damage to family reputation. Several families reported reduced participation in social gatherings and community activities. Some respondents believed that social stigma delayed treatment-seeking behavior and increased emotional isolation. Rural respondents particularly emphasized concerns regarding social image and community perceptions.

Table 6. Social Consequences Experienced by Respondents.

| Social Consequences | Percentage of Respondents (%) |
|--------------------------------------|-------------------------------|
| Social Stigma | 69 |
| Reduced Community Participation | 51 |
| Fear of Social Judgment | 73 |
| Social Isolation | 47 |
| Negative Impact on Family Reputation | 64 |

The findings highlight the importance of community awareness and stigma-reduction initiatives in addiction management.

Coping Strategies Adopted by Families: Families adopted multiple coping strategies to manage addiction-related stress. Common coping mechanisms included seeking emotional support from relatives, spiritual or religious practices, counseling services, and participation in rehabilitation programs. Some parents reported that maintaining hope and family unity helped them continue caregiving despite prolonged emotional hardship. However, not all families had equal access to counseling or mental health support services. Rural respondents frequently reported lack of rehabilitation facilities and limited psychological counseling in nearby areas.

Table 7. Common Coping Strategies Among Respondents.

| Coping Strategies | Percentage of Respondents (%) |
|--|-------------------------------|
| Religious/Spiritual Practices | 58 |
| Family Support | 63 |
| Counseling and Rehabilitation Services | 41 |
| Emotional Withdrawal | 29 |
| Community Support | 22 |
| Hope for Recovery | 71 |

The findings suggest that emotional resilience and family support play significant roles in coping with addiction-related challenges.

Perception Regarding Rehabilitation and Treatment: Most respondents acknowledged the importance of rehabilitation and counseling services in addiction recovery. However, several families expressed dissatisfaction regarding affordability, accessibility, and continuity of treatment services. Parents additionally highlighted concerns regarding relapse after treatment completion.

Respondents emphasized the need for affordable rehabilitation services, family counseling programs, community awareness campaigns, school-level awareness regarding substance abuse, Government support for affected families and mental health services in rural areas. Several respondents believed that family involvement in rehabilitation improved treatment adherence and emotional recovery among addicted individuals.

DISCUSSION

The findings of the present study demonstrate that drug addiction creates extensive socio-economic and psychological burden on parents and caregivers in Himachal Pradesh. The results align with previous studies indicating that addiction affects entire family systems rather than isolated individuals. Emotional distress, financial instability, social stigma, and family conflict emerged as major consequences experienced by affected families. The high prevalence of anxiety, chronic stress, and emotional exhaustion among respondents reflects the long-term psychological burden associated with caregiving responsibilities. Similar observations have been reported in previous addiction-related studies where parents frequently experienced uncertainty, hopelessness, and emotional trauma due to repeated relapse episodes and social pressure. The socio-economic findings additionally reveal that addiction-related treatment expenditure and occupational disruption significantly affect household stability. Financial burden appeared particularly severe among lower-income families, where healthcare costs and caregiving responsibilities strained limited resources. Social stigma emerged as another major concern within the study. Fear of judgment and social embarrassment reduced community participation and contributed to emotional isolation among parents. Such findings indicate the need for awareness programs promoting compassionate and non-discriminatory understanding of addiction as a public health issue rather than solely a moral or criminal problem. The study further highlights the importance of family-centered rehabilitation approaches. Emotional support, counseling services, and community awareness were identified as important factors contributing to coping and recovery. The findings suggest that addiction intervention programs should include

psychological support not only for addicted individuals but also for parents and caregivers who experience prolonged emotional burden.

Therefore, the results indicate that drug addiction in Himachal Pradesh represents a multidimensional social and psychological challenge affecting household stability, emotional well-being, and community relationships. Comprehensive interventions involving healthcare institutions, families, schools, social organizations, and policymakers are therefore necessary to address the broader socio-economic and psychological consequences of addiction. The present study entitled highlights that substance addiction is not an isolated individual disorder but a deeply embedded family and community-level problem. The findings demonstrate that parents of drug-addicted individuals experience multidimensional consequences including psychological distress, socio-economic instability, social stigma, family disruption, and reduced quality of life. These results are consistent with the broader body of international and national literature which recognizes addiction as a “family disease” due to its wide-ranging impact on caregivers and household systems (Orford et al., 2010; Copello et al., 2010). A central observation of the study is the significant psychological burden experienced by parents. Most respondents reported chronic stress, anxiety, emotional exhaustion, sadness, helplessness, and fear regarding the future of their addicted children. These findings align with Singh and Gupta (2020), who observed that caregivers of substance-dependent individuals frequently experience clinically significant levels of psychological distress, including depression and anxiety disorders. The emotional instability observed among parents in the present study can be understood through the stress-strain-coping framework proposed by Orford et al. (2010), which suggests that prolonged exposure to addiction-related crises generates continuous stress and emotional strain, particularly when adequate coping resources are lacking. The psychological distress reported in the study is also consistent with findings of Mattoo et al. (2013), who noted that family members of substance users in India experience severe emotional burden, characterized by feelings of shame, guilt, and hopelessness. In many cases, parents internalized responsibility for the addiction, even when external factors such as peer influence, socio-economic stress, and environmental exposure played a major role. This emotional internalization contributes to prolonged psychological suffering and reduced mental well-being. The present findings therefore reinforce the idea that addiction-related distress among caregivers is not episodic but chronic and cumulative in nature.

Another important dimension identified in the study is socio-economic hardship. Families reported significant financial strain due to repeated treatment costs, rehabilitation expenses,

hospitalization, and loss of productivity. Many households experienced debt accumulation, depletion of savings, and reduced economic stability. These findings are consistent with Verma and Gupta (2021), who highlighted that substance abuse imposes a substantial economic burden on Indian households, often pushing vulnerable families into financial insecurity. Similarly, Nadkarni et al. (2011) found that alcohol and drug dependence significantly reduce household income and increase expenditure on healthcare and legal issues. In rural and semi-urban regions of Himachal Pradesh, economic burden is further intensified by limited access to healthcare facilities and rehabilitation centers. Families often travel long distances for treatment, increasing both direct and indirect costs. This geographical barrier has also been noted by Sharma and Singh (2022), who emphasized that Himalayan regions face unique challenges in healthcare accessibility due to difficult terrain and infrastructural limitations. The present study therefore adds regional evidence supporting the argument that geographic isolation contributes significantly to the socio-economic burden of addiction-affected families. The study also found that social stigma plays a crucial role in shaping the experiences of parents. Many respondents reported feelings of embarrassment, fear of social judgment, and withdrawal from community interactions. These findings are consistent with Kumar and Sharma (2019), who observed that families affected by addiction in rural India often experience social exclusion and reputational damage. Stigma leads to silence, secrecy, and avoidance of help-seeking behavior, thereby intensifying psychological distress and delaying intervention. Goffman's (1963) stigma theory provides a useful framework for understanding these findings, as it explains how individuals and families associated with socially disapproved behaviors may experience "spoiled identity." In the present study, parents often felt that their family reputation was negatively affected by the addicted member's behavior, leading to reduced participation in social events and community gatherings. This social withdrawal further increases emotional isolation and reduces access to informal support networks, which are essential for coping with chronic stress.

The findings also highlight significant disruption in family relationships and household functioning. Respondents reported frequent conflicts, communication breakdown, emotional distancing, and reduced family cohesion. Similar observations have been reported by Basu and Ghosh (2018), who noted that substance abuse significantly alters family dynamics in India, particularly in joint family systems where multiple members are affected simultaneously. Family systems theory explains that when one member becomes addicted, the entire family adjusts its roles and behaviors to manage the crisis, often resulting in long-term dysfunction (Stanton and Todd, 1982). The present study further indicates that younger

siblings in affected households often experience emotional neglect, fear, and psychological insecurity. This finding is consistent with Harwin and Ryan (2002), who reported that children living in substance-affected households are at increased risk of emotional distress, behavioral problems, and academic difficulties. The psychological impact on siblings is often overlooked but represents a significant intergenerational consequence of addiction. Velleman and Templeton (2016) similarly emphasized that parental substance misuse negatively influences children's emotional development and social functioning.

A notable finding of the study is the presence of coping strategies adopted by parents, including religious practices, reliance on family support, counseling services, and emotional endurance. Religious and spiritual coping was particularly prominent, reflecting the cultural context of Himachal Pradesh, where spirituality often plays an important role in dealing with distress. Similar findings were reported by Church et al. (2017), who found that families in Goa used spirituality, social support, and emotional distancing as key coping mechanisms. However, the study also revealed that coping resources were unevenly distributed. While some families had access to counseling and rehabilitation services, many rural respondents reported limited availability of mental health support. This reflects broader systemic challenges in India's mental health infrastructure, as highlighted by Patel et al. (2016), who noted that mental and substance use disorders are significantly under-treated due to limited healthcare resources and service accessibility issues.

Another important dimension emerging from the study is the gendered nature of caregiving burden. Mothers reported higher emotional involvement, caregiving responsibilities, and psychological stress compared to fathers. This aligns with findings by Kaur et al. (2018), who observed that female caregivers of substance-dependent individuals often experience greater emotional burden due to societal expectations and caregiving roles. In traditional Indian family systems, women often assume primary caregiving responsibilities, which increases their vulnerability to stress-related disorders. Fathers, on the other hand, were more affected by financial pressure and social reputation concerns. This gender-based differentiation in caregiving burden highlights the need for gender-sensitive interventions in addiction-related family support programs. McCrady and Epstein (2013) similarly emphasized that addiction affects family members differently based on gender roles, emotional expectations, and socio-economic responsibilities. The study also highlights concerns regarding relapse and uncertainty in treatment outcomes. Parents expressed fear that even after rehabilitation, individuals may return to substance use due to peer influence or environmental triggers. This finding is consistent with Moos (2007), who emphasized that relapse is a common feature of

substance use disorders and contributes to chronic stress among caregivers. The cyclical nature of addiction treatment, remission, relapse creates ongoing emotional instability within families.

In addition, respondents emphasized that lack of awareness regarding addiction and rehabilitation services contributes to delayed treatment-seeking behavior. This is particularly relevant in rural areas of Himachal Pradesh, where awareness campaigns and mental health literacy remain limited. Sharma and Arora (2021) noted that youth addiction in northern India is strongly influenced by lack of awareness, peer pressure, and changing socio-cultural environments, further reinforcing the need for preventive education programs. The findings also demonstrate that family support plays a crucial role in coping with addiction-related stress. Households with stronger internal support systems reported comparatively better emotional resilience. This is consistent with Moos (2007), who argued that social support is one of the strongest protective factors against caregiver stress and psychological deterioration. Families that maintained unity and shared responsibilities were better able to manage caregiving challenges. However, despite these coping mechanisms, the overall burden remains substantial. The present study confirms that addiction creates a continuous cycle of emotional, financial, and social strain that affects not only immediate caregivers but also extended family members. This supports Orford (2012), who emphasized that addiction dilemmas are long-term family experiences rather than short-term crises. From a regional perspective, the study contributes important insights into addiction-related family burden in Himachal Pradesh. While national-level studies have documented the prevalence of substance abuse in India, limited research has focused specifically on Himalayan states. Sharma and Singh (2022) highlighted that geographical isolation, tourism-related exposure, and socio-economic transitions have increased vulnerability to substance abuse in these regions. The present study extends this understanding by demonstrating how these factors translate into psychological and economic burden for families. Therefore, the discussion indicates that drug addiction in Himachal Pradesh must be understood as a multidimensional public health and social issue affecting entire family systems. The psychological distress, economic burden, and social stigma experienced by parents reflect the need for integrated intervention strategies that address both the addicted individual and their caregivers. Family-centered approaches, community awareness programs, and accessible mental health services are essential for reducing the long-term impact of addiction on households. The findings also emphasize the importance of destigmatization. Social stigma remains a major barrier to treatment and recovery. Reducing stigma through education, media awareness, and community engagement

can improve early intervention and encourage families to seek professional help. As highlighted by Copello et al. (2010), supporting families of substance users is a critical component of effective addiction treatment systems. Hence, the present study provides evidence that parents of drug-addicted individuals in Himachal Pradesh experience significant psychological, socio-economic, and social challenges. These findings are consistent with national and international research, while also contributing region-specific insights into the Himalayan context. The study reinforces the need for holistic, family-centered, and culturally sensitive approaches to address the growing challenge of substance addiction in India.

CONCLUSION

The present study examined the lived experiences of parents and caregivers affected by substance dependence within the family system. The findings indicate that drug addiction generates wide-ranging consequences that extend beyond the individual user and significantly influence the emotional, social, and economic stability of households. Parents of drug-addicted individuals reported persistent psychological distress, financial strain, social stigma, and disruption of family relationships, reflecting the multidimensional nature of addiction as a family-centered social and health issue. One of the key conclusions of the study is that psychological distress among parents is a major outcome of prolonged exposure to addiction-related stressors. Anxiety, emotional exhaustion, fear, sadness, and feelings of helplessness were commonly reported experiences. These emotional responses were often linked to uncertainty about treatment outcomes, relapse episodes, and concerns regarding the future well-being of the addicted family member. The findings reinforce the understanding that addiction-related caregiving is not a short-term challenge but a continuous emotional burden that can affect long-term mental health and quality of life. The study also concludes that socio-economic burden is a significant consequence experienced by affected families. Many households reported increased expenditure on treatment, rehabilitation, and healthcare services, along with reduced income due to occupational disruption. In several cases, families experienced debt accumulation and depletion of savings, which affected their overall financial stability. This indicates that drug addiction has the potential to weaken household economic resilience, particularly in middle- and lower-income families in rural and semi-urban regions of Himachal Pradesh. Another important conclusion is related to social stigma and community perception. Parents frequently reported experiencing embarrassment, fear of judgment, and reduced participation in social interactions. This suggests that addiction not

only affects family functioning but also influences social identity and community relationships. The presence of stigma often discouraged open discussion and delayed access to support services, thereby intensifying emotional isolation among caregivers. The study further highlights that family relationships undergo significant strain due to addiction-related behavior. Communication breakdown, emotional distancing, and internal conflict were commonly observed within households. In some cases, siblings also experienced emotional neglect and psychological discomfort. Despite these challenges, families continued to play a central role in caregiving and attempted to manage addiction-related crises through emotional support and repeated treatment efforts. Therefore, the study concludes that drug addiction in Himachal Pradesh represents a complex socio-economic and psychological challenge that affects not only individuals but entire families. The burden experienced by parents underscores the need for holistic approaches that address both addiction treatment and caregiver well-being in a coordinated manner.

RECOMMENDATIONS

Based on the findings of the study, several recommendations are proposed to address the socio-economic and psychological challenges faced by parents of drug-addicted individuals in Himachal Pradesh. Firstly, there is a need to strengthen **family-centered intervention programs** in addiction treatment and rehabilitation services. Rehabilitation centres should not focus solely on the addicted individual but also include structured counseling and psychological support for family members. Family therapy sessions can help improve communication, reduce emotional stress, and enhance coping strategies among parents and caregivers.

Secondly, **mental health services at the community level** should be expanded, particularly in rural and remote areas of Himachal Pradesh. Availability of trained counselors, psychologists, and social workers in primary health centres can help families access timely psychological support. Mobile mental health units and tele-counseling services may also improve accessibility in geographically difficult regions.

Thirdly, there is a strong need for **awareness and stigma reduction campaigns**. Public education programs should be implemented at schools, colleges, community centres, and local governance platforms to promote understanding of addiction as a health condition rather than a moral failing. Reducing stigma can encourage families to seek help earlier and participate more actively in rehabilitation processes. Fourthly, the government and relevant agencies should consider developing **financial support mechanisms for affected families**,

especially those belonging to economically weaker sections. Subsidized treatment, insurance coverage for de-addiction services, and livelihood support programs can help reduce the economic burden on households. Fifthly, **school and youth-based preventive programs** should be strengthened to reduce the incidence of substance abuse among young populations. Life skills education, awareness regarding drug hazards, and counseling services in educational institutions can play an important role in prevention. Sixthly, community-based organizations and non-governmental organizations should be encouraged to develop **peer support groups for families affected by addiction**. Such groups can provide emotional support, shared experiences, and practical coping strategies, helping reduce isolation among parents. Seventhly, there is a need for **capacity building of healthcare professionals** working in addiction and mental health services. Training programs should focus on family counseling, crisis intervention, and culturally sensitive communication to improve the quality of care provided to affected households. Finally, future policies should adopt an **integrated public health approach** that combines prevention, treatment, rehabilitation, and family support. Addiction should be addressed as a long-term social and health issue requiring coordinated efforts from healthcare institutions, educational systems, community organizations, and policymakers. In conclusion, the study emphasizes that supporting parents and families affected by drug addiction is essential for effective long-term recovery outcomes. Addressing both psychological distress and socio-economic burden through inclusive, accessible, and non-stigmatizing interventions can significantly improve the well-being of families and contribute to more sustainable rehabilitation outcomes in Himachal Pradesh.

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