



Parental Alcohol Misuse and Children



Multiple studies on parental alcohol misuse show it has significant negative effects on children's physical and mental well-being. Such effects can be experienced over the short- and long-term, and can continue throughout life. This POSTnote outlines what is known about the prevalence of PAM in the UK, and reviews evidence about its effects. It also describes services available for affected children.

Background

During childhood, parental alcohol misuse (PAM) can affect children's everyday routines and mental and physical well-being. Children can also experience direct physiological effects from pre-natal exposure to alcohol. However there are no systematic national data on children affected by parental drinking or clear guidelines on the level of drinking at which parenting capacity is impaired.

Existing Government guidance focuses on minimising health risks for the drinker and recommends men and women over 18 years drink fewer than 14 units per week, and spread drinking over three or more days.¹ A unit of alcohol is equivalent to a half-pint of ordinary strength (3-4% ABV) beer a small glass of wine, or a standard measure of spirits.² Alcohol misuse generally refers to drinking at harmful or dependent levels (see Box 1).

The level of drinking at which parenting is impaired is unclear. Most evidence focuses on the effects, on children, of parents drinking at or above harmful or dependent levels. This POSTnote therefore uses the term PAM to refer to

Overview

- Parental alcohol misuse (PAM) refers to a spectrum of problem drinking by those with parental responsibility for children.
- It is unclear how many children across the UK this affects.
- Most studies focus on the effects of parents' harmful and dependent drinking on children, including educational and behavioural effects and impacts on physical and mental health.
- Services for families affected by PAM can be provided by local authorities or charities and vary geographically. It is not clear how many of these services are targeted specifically at children.
- Effective interventions focus on factors known to protect children from the effects of PAM, as well as providing services for the whole family and improving parenting skills.

harmful or dependent drinking by any adult with parental responsibility, including biological parents, step-parents, and foster carers. This POSTnote outlines what is known about the number of children affected by PAM in the UK and reviews evidence about its effects. It describes the services available for children affected by PAM and effective interventions. Less research focuses on the effects of low levels of parental alcohol consumption on children, but is highlighted where available.^{3,4}

Scale of PAM in the UK

Estimates of the total number of children affected by PAM vary widely according to sources and definitions used (Box 2). These figures are likely to be underestimates as they are taken from survey data and respondents generally under-report alcohol consumption.⁵ Uncertainty about what constitutes 'problematic drinking', associated stigma, and fear of having children removed by social services may delay drinkers and their families in seeking help.^{6,7} In addition, most figures are based on either the number of adults with children who are seeking treatment for alcohol dependence or the number of children known to social

services due to problems that may include PAM. There may be more children whose parents are not in treatment or who are not known to social services, and who do not receive support themselves.⁸

Box 1. Defining Alcohol Misuse

Guidance on alcohol consumption focuses predominantly on minimising health risks for those who drink. There are two main approaches to categorising health risks from alcohol consumption.

- **Unit-based approach.** Health risks from alcohol consumption are calculated on the number of units of alcohol consumed per week. For example, Public Health England outline three levels of risk: lower risk (drinking fewer than 14 units per week); increasing-risk (regularly consuming between 14 and 35 units a week for women, and between 14 and 50 units for men); and higher risk (regularly consuming over 35 units a week for women, and above 50 units a week for men).⁹ The Government defines binge drinking as exceeding 6 units (for women) or 8 units (for men) on a single drinking occasion.¹⁰
- **Questionnaire-based approach.** The World Health Organisation's Alcohol Use Disorder Identification Test is a screening tool often used to detect problem drinking.¹¹ It identifies three levels of potentially problematic drinking based on answers to a series of 10 questions: hazardous drinking (drinking that increases the risk of harm to the drinker or others); harmful drinking (drinking causing physical or mental health problems directly related to alcohol); and alcohol dependence (drinking above harmful levels, typically with a strong desire to consume alcohol and difficulties in controlling its use).

Policy on children affected by PAM

Responsibility for children affected by PAM spans a number of national Government departments, (including those with responsibility for health, education, and communities and local government), as well as local authorities, as it can include adult treatment services, children's social care services, and public health.¹²

The Government's 2012 Alcohol Strategy made no mention of children affected by PAM.¹³ Subsequent guidance published by Public Health England (PHE) in 2013 and the Department for Education in 2015 recognised the need to support children affected by PAM.^{14,15} The 2015–2020 Troubled Families programme, administered by the Ministry of Housing, Communities and Local Government, works with families affected by substance misuse (drugs and/or alcohol), among other complex problems.¹⁶ Evaluation findings for this programme are expected in Autumn 2018. In 2016 the Chief Medical Officer published new guidelines on health risks from drinking, which included advice on drinking during pregnancy.¹ The 2017 Drug Strategy recognises that many approaches to address drug misuse, also apply to tackling alcohol misuse.¹⁷ In the same year, the then Health Minister Nicola Blackwood committed to improving the information, support and, if necessary, treatment, to reduce the harms of alcohol misuse.¹⁸

The Scottish Government's alcohol strategy includes the aim to support families affected by PAM, including improving the identification of those affected, sharing of information amongst agencies, and building the capacity and availability of support services.¹⁹ The Welsh Government's strategy

also includes the aim to support and protect families, and specialist Integrated Family Support Services work with families affected by PAM.²⁰ In Northern Ireland, addressing the effects of PAM is a key priority in the New Strategic Direction for Alcohol and Drugs, including commissioning therapeutic services for children affected.²¹

Effects of PAM

The effects of PAM depend on the level of parental drinking, whether both parents misuse alcohol, the child's age, and the presence of other factors such as domestic violence.²² Studies in this area suffer from a number of weaknesses.

- PAM is associated with other issues such as marital conflict and deprivation, which are themselves linked to negative outcomes for children.^{23,24} Such issues may exacerbate the negative impact of PAM on children.²⁵ It is difficult to determine whether negative outcomes experienced by children are caused by PAM, or by these other associated factors.
- There is little standardisation in the definitions of PAM, hampering comparability between studies.
- There are gaps in the data. Few studies examine the effects of parental drinking in the general population, rather than those involved in specialist treatment services or child protection cases. Gaps also exist for specific groups of children, including those from minority ethnic groups.^{8,24}

This section first examines existing evidence of the effects of drinking during pregnancy on children's physical health and cognitive outcomes. It then considers the effects of PAM during childhood on social relations, mental and physical health, educational outcomes, experience of neglect, and future alcohol use.

Maternal drinking during pregnancy

Determining the effects of drinking during pregnancy is difficult due to the influence of other factors such as diet.²⁶ Government guidelines now recommend that the safest approach for pregnant, breastfeeding, or women who are planning a pregnancy, is not to drink alcohol at all.^{1,27}

Low levels of drinking during pregnancy

There is a lack of consensus on the effects of drinking small amounts of alcohol during pregnancy. UK cohort studies, which follow the same group of people from birth onwards, have found no effect of drinking at low levels (no more than 1-2 units per week or per occasion) on child educational and behavioural outcomes after accounting for socioeconomic and other factors (such as level of educational attainment and whether the pregnancy was planned).^{28,29} Studies using different methods, have found drinking at low-moderate levels (between 1-6 units per week) is linked to small decreases in child IQ, educational attainment and behavioural scores compared to not drinking at all during pregnancy.^{30,31,32} The strongest evidence is for an increased risk of pre-term birth and low birthweight for mothers that drink more than one unit a week.³³

Box 2. Estimates of Prevalence of PAM and Children Affected**UK-wide data**

- An estimated 41% of pregnant women in the UK drink during pregnancy, placing the UK in the top five European countries in terms of alcohol use during pregnancy.³⁴
- Heavy drinking during pregnancy, generally above 'binge' levels, can lead to foetal alcohol spectrum disorders (FASD), including foetal alcohol syndrome (FAS).³⁵ NHS data from 2014-15 shows there were 276 diagnoses of FAS in England, 2 in Wales, and no diagnoses in Scotland or Northern Ireland.³⁶
- These figures are likely to underestimate prevalence as the clinical features of FASD are not well-defined. For example, a recent review estimated that in 2012, 32 children were born with FASD for every 1,000 number of live births in the UK.³⁷ Another review estimated the prevalence of FAS among the general population in the UK to be 61 per 10,000 people.³⁸ Differences between these reviews and NHS statistics suggests that there may be a number of children affected by FASD that are not diagnosed and therefore not receiving support.

Data from national survey data for England

- Public Health England are producing new estimates of the number of children affected by PAM.¹⁷ This will update statistics from a 2009 report,³⁹ which were based on 2004 data and is expected in April 2018.
- Analysis of data from two large surveys from 2014 estimated between 189,000 and 208,000 children live with an alcohol-dependent adult, of which 14,000 live with two alcohol-dependent adults.⁴⁰
- Data from Public Health England and the Office for National Statistics suggest that in 2016, 15,500 children in England lived with an adult receiving treatment for alcohol dependence.⁴¹

Data from national survey data for Scotland

- Estimates from the 2008-10 Scottish Health Surveys suggest between 36,000 and 51,000 children live with parents or guardians whose alcohol use is potentially problematic.⁴²

Data from national survey data for Wales

- Data from a number of national surveys in 2016 shows there were nearly 5,000 'children in need' registered with local authority children's services due to parental substance misuse (including both alcohol and drug use).⁴³ 'Children in need' include those who are likely to have their health significantly impaired or are unlikely to maintain a reasonable standard of health and development without the provision of local authority children's services.

Data from national survey data for Northern Ireland

- Data from a 2013 national survey reported that 65% of 1,987 respondents with dependent children had exceeded recommended daily limits (3-4 units for men and 2-3 for women) in the week before the survey. Responses to clinical interview questions (used internationally as an assessment instrument for identifying problems with alcohol) indicated that 9% of survey respondents with dependent children were problem drinkers.⁴⁴

Differences in definitions and measures between surveys mean the statistics above are not directly comparable, but give a broad picture of the issue across the UK.

Foetal Alcohol Spectrum Disorders (FASD)

Alcohol can affect foetal development and can cause birth defects or complications during pregnancy.⁹ The term 'foetal alcohol spectrum disorder (FASD)' refers to a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. Children affected by FASD often have learning difficulties; mood, attention or behavioural problems; poor physical growth; and distinctive

facial features.⁹ They are also at high risk of mental health issues, problems at school, and involvement in crime.³⁵

Parental drinking during childhood*Social relations and everyday life*

PAM can disrupt everyday routines and lead to inconsistent and unpredictable parenting.²⁵ Research with children living with alcohol-dependent parents has found that many report feeling socially isolated, and are reluctant to seek help due to feelings of stigma, shame and guilt about not wanting to betray parents.^{8,45,46,47} Calls to helplines reveal the chronic worry and fear experienced by children living with PAM.^{8,48,49} Children may have to care for the affected parent or younger siblings.⁴⁶ This can negatively impact school attendance and homework.⁵⁰ Recent research found that non-dependent parental drinking can also affect children. For example, 18% of children reported feeling embarrassed by seeing their parent drunk, while 15% reported disrupted bedtime routines as a result of their parents' drinking.³

Physical and mental health impacts

PAM is associated with impacts on children's mental and physical health. Reviews of studies identify increased risk of obesity, eating disorders, and attention deficit hyperactivity disorder, as well as of hospital admissions and injuries.^{50,51}

Neglect and abuse

A 2011 study found 61% of care applications in England involved misuse of alcohol and/or drugs.^{9,52} Between 2011-14, PAM was implicated in 37% of cases involving the death or serious injury of a child through neglect or abuse in England.⁵³ Children involved in child protection cases involving PAM have poorer welfare outcomes than those in cases where alcohol is not a factor, and such cases place a considerable burden on social services.^{54,55}

Attitudes to alcohol and future alcohol use

Parents' alcohol use is linked to adolescent alcohol use,⁵⁶ though some studies suggest peer alcohol use may be a more important influence.^{4,9,57,58,59,60} Many parents believe that introducing adolescents to alcohol is an important part of 'growing up', and may be beneficial.^{61,62} There is mixed evidence about the effects of parents providing adolescents with alcohol. Some studies suggest it reduces risky drinking, such as bingeing,⁶³ but other studies find it is associated with earlier initiation into alcohol use and heavier drinking by adolescents.^{64,65} Government guidelines recommend children do not drink at all under the age of 15, and thereafter only under parental supervision.⁶⁶

Services for children affected by PAM

The services that are available vary throughout the country as each local authority has different needs. A freedom of information request by the All-Party Parliamentary Group (APPG) for the Children of Alcoholics (COA) to local authorities in England found that none of the 138 respondents had a specific strategy to support children affected by PAM.¹² Services for children may also be commissioned as part of adult alcohol treatment services.

However, these can only support children whose parents are already in treatment and are therefore likely to reach only a limited number of children affected by PAM.⁶⁷

A report by the charity Adfam suggested that dedicated family services are rare and often provided by grassroots organisations with local expertise and support networks, rather than local authorities. These organisations may not have the capacity to meet modern commissioning requirements and secure funding.⁶⁷ Charities providing services for children affected by PAM include the National Association for the Children of Alcoholics (Nacoa), the NSPCC, and Addaction.

Effective interventions

There have been few high-quality evaluations of services specifically targeting children affected by PAM in the UK (Box 3).⁶⁸ Research suggests three effective aspects.

Protective factors and resilience

Many children experiencing PAM go on to become well-adjusted adults despite stressful childhood experiences.^{25,69} Research has identified a number of protective factors that help children to be resilient and have positive outcomes. These include individual characteristics such as having high self-esteem and being optimistic, as well as other factors, such as maintaining normal routines like family meals.^{51,69,70}

Family-focused services

Family-focused services have been shown to improve outcomes for the alcohol misuser as well as children, and to be cost effective.^{8,71,72} Data from a cohort study and interviews with children found that services focusing on the whole family, rather than just the child or parent, were effective in achieving long-lasting change.^{73,74}

Research with children themselves has found that children want services that focus on them as individuals, rather than defining them by their parents' problems.^{48,75} Group support is beneficial in reducing feelings of isolation and blame.⁸ Young people appear to favour services that combine space for them to engage in 'normal' activities alongside more therapeutic services such as counselling.⁷⁶

Up to half of children cared for by a family member, usually a grandparent (commonly referred to as kinship care), have experienced PAM. This group faces challenges including social isolation and stigma, and may require specialist services.⁷⁷ A pilot programme run by Mentor UK in Scotland helped kinship care families to form peer support groups. Initial evaluation has shown that the groups foster family cohesion and self-esteem among children.⁷⁸

Parenting skills

Interventions which target both parenting practices and substance misuse aim to improve family functioning and reduce family conflict in order to protect children. There have been few well-evaluated studies in the UK, but initial

findings suggest this approach improves family communication, cohesion, and child well-being.⁷⁹

Box 3. Evaluated Interventions in the UK

Evaluations of services that specifically target children affected by PAM are generally small, short-term and often lack a comparison group to allow the benefits for children to be specifically linked to the intervention.⁸ Interventions that have been evaluated include:

- Family Drug and Alcohol Courts (FDAC) target families involved in care proceedings where substance misuse is a factor. Families have regular meetings with a judge trained in motivational interviewing, and have access to peer support workers. Compared to similar cases heard in traditional courts FDAC have been shown to be better at helping families keep together, improve adherence to treatment and prevent further neglect or abuse. They are also more cost-effective.^{71,72}
- The Option 2 Programme is a short-term intensive intervention for families in Wales with serious child protection concerns related to parental alcohol or drug misuse. Families are assigned a case worker to address the multiple problems they face. Families receiving Option 2 are more cohesive, with parents more likely to reduce substance misuse, and less likely to have psychological problems or feel stressed.⁸⁰
- M-PACT (Moving Parents and Children forward Together) programmes bring groups of families together to help improve family life while 'managing addiction'. Evaluations show families benefit from improved communication and reduced conflict.⁸¹ Programmes in prisons have shown promising results.⁸²

Future directions

Recommendations from researchers and organisations have been made in four main areas.

- **Policy.** It has been suggested that the Government give greater attention to the effects of PAM on children. For example, the APPG for COA recommended that a national strategy for affected children be produced.^{8,12}
- **Service provision.** Suggestions include increasing available support for families affected by different parental alcohol consumption levels, improving multi-agency working, and more training for professionals, including those in schools.^{3,8,12,83}
- **Awareness raising.** Recommendations include raising awareness amongst children, parents, practitioners and wider communities about the impact of alcohol misuse and available support.^{12,83,84}
- **Evidence and data.** Recommendations include improving data collection on the families accessing support and more robust evaluation of services targeted towards families and children affected by PAM; better evidence on under-represented groups, the impact of different levels and patterns of alcohol consumption, and the relationship between PAM and issues such as domestic violence.^{3,8,12,83}

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