

Over the Limit

The truth about families and alcohol



More than 60% of parents believe their drinking has no effect on their family. This report says it does.



GIVE ME STRENGTH

A campaign to avert family crisis
www.givemestrength.org.uk

Over the Limit

The truth about families and alcohol

Contents

Introduction	3
Executive summary	4
Key findings	5
Recommendations	7
Chapter 1. What is the scale of drink and drug misuse in Britain?.....	9
Chapter 2. The impact of parental substance abuse on children and families	11
Chapter 3. Helping families overcome misuse	17
Conclusion.....	24
Research methodology.....	25
Annex.....	26
Bibliography.....	28

Acknowledgements

This is the fourth and final report in 4Children's Give Me Strength campaign, which has called for an end to wasting money and wasting lives by allowing family dramas turn into crises. Our previous reports on the causes of family instability, postnatal depression and family violence can be found online at www.givemestrength.org.uk.

4Children would like to offer our thanks to all those who have been involved in the research and preparation of the report, in particular to Christine Bradley, Addaction, Adfam and Netmums.

Over the Limit
© 4Children, October 2012
Written and published by 4Children
Cover photo © 4Children

Introduction

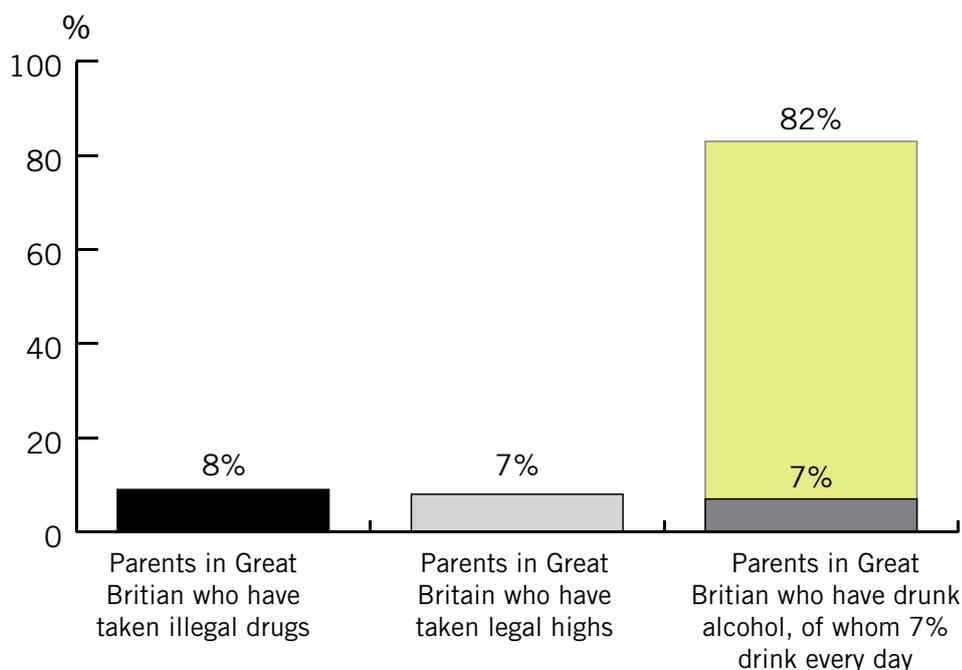
Our relationship with alcohol is the subject of a great deal of comment and soul searching. Yet much of this debate centres on the impact alcohol has on our streets and communities – as a result of booze fuelled disorder on Friday and Saturday nights. Yet research set out in this report shows that as a society we should be equally concerned about the impact alcohol has in our homes and in our families.

As we have done in our previous work on post-natal depression and family violence we have uncovered a silent epidemic in which families are suffering in silence with problems that are a potential ‘ticking time bomb’ – both for the families themselves and society as a whole. We have found that a significant minority of new parents are increasing their alcohol intake soon after the birth of their children; drinking every day; and as a result

experiencing conflict within their relationships. Perhaps most surprisingly, 62% of parents believe that their drinking behaviour has no effect on their family.

Our report also highlights particular concern about the level of drinking amongst new parents. Our ComRes survey found that 17% of parents maintained their intake of alcohol upon discovering they were pregnant, including 5% of mothers – which we estimate to be more than 220,000 every year, 35,000 of them mothers, when extrapolated from ONS figures. Further, the poll found that after the birth of their first child, 23% of parents continues to drink as much as before their baby was born, and 17% say they increased the amount they consumed – which we have calculated exposes 280,000 babies to potential harm every year.

Parents drinking and drug use over the past year



Source: ComRes Survey for 4Children, July 2012.

Executive summary

2 million parents drink every day and 6% of children live with a dependent drinker (around 700,000 children¹) while between 250,000 and 350,000 live with a problem drug user in the UK².

Such experiences can have deep-seated and profound impacts which can last a life time. Those who have first hand experience of habitual parental drinking or drug use have told us of the fear, shame and upset it causes. And of the barriers it puts in the way of children doing well at school and enjoying normal childhood experiences – like having friends round to your house.

4Children's research for this report, carried out by ComRes, found that 17% of parents – more than 220,000 every year – continued to drink the same amount upon discovering they were expecting their first child, while 5% of mothers increased the amount they drank (35,000). Further, we found that after the birth of their first child 23% of parents continued to drink as much as before their baby was born, and 17% say they increased the amount they consumed – exposing 280,000 babies to potential harm every year.

We found that the households most likely to drink were the wealthiest – with almost four times as many families in social group AB drinking every day, when compared to the poorest families in social group DE. Also, fathers are more than three times as likely as mothers to drink every day, and more than twice as likely as mothers to have tried illegal drugs ever.

Though we assume the majority of these parents will not be collapsing drunk on the streets, or using class A drugs in doorways, we found that the impact on children can still be profound. Parenting capacity can be adversely affected, and quality interactions with the youngest children disrupted, by parents who merely drank socially, or finished a bottle of wine over dinner. 4Children is concerned that too often this results from a profound lack of awareness amongst parents of the damage that hazardous drinking can do to their families.

We found that at key transition points in parents' lives – particularly around the birth of their children – services and information provision focussing on alcohol and substance abuse were inadequate. Though almost all mothers report being asked about their drinking or drug use during their pregnancy, little or no emphasis is placed on the impact that alcohol can have after the baby is born; except as it pertains to breastfeeding - with fathers receiving virtually no information about the impact that drinking could have on their children.

In order to ensure that families across Britain are able to cherish their children and enjoy every moment of those crucial early weeks and months it is vital that services, society and the alcohol industry work together to ensure that no parent is oblivious to the risks and impacts hazardous drinking can have on their family and that when things do go wrong, appropriate support is made available before problems become crises.

We were also alarmed to discover that many Clinical Commissioning Groups appear to be ill-prepared to take on the functions of Primary Care Trust, due to come into effect in 2013. Only 20% of Clinical Commissioning Groups responded to our Freedom of Information requests, and of those a full third reported having no plans at all for service delivery post-March 2013, or having plans to recommission all existing services within the year. It is vitally important to families – both those already recognised as needing additional support to reduce their drug/alcohol intake, and those tens of thousands more who are currently slipping under the radar – that existing services remain in place, and that more is done to reach out to those families who do not realise the effects they could be having on their children.

In the spring of 2012 the Government published an alcohol strategy which focuses strongly on the harm 'problem drinking' has on young people and on communities. Though this is important, we believe that families must be added to that list with a revised strategy being developed which puts reducing the impact of alcohol on families at its heart. We hope that our findings and recommendations can inform this work.

1 Manning, V., Best, D. W., Faulker, N., & Titherington, E., 2009. New estimates of the number of children living with substance misusing parents: results from UK national household surveys [pdf] BMC Public Health. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2762991/pdf/1471-2458-9-377.pdf> [Accessed 12 July 2012].

2 Home Office, 2003. Hidden Harm [pdf] Available at: <http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/hidden-harm-full> [Accessed 8 September 2012].

Key findings

What is the scale of drug, alcohol and legal high usage among Britain's parents?

We found that:³

85% of people think families in the UK need more help with drugs and/or alcohol

47% are worried about the effect of drugs and alcohol on their lives

29% of mothers, and 30% of their partners drink more alcohol a week than the recommended amount

41% of people know one or more families that need help with alcohol or drug use

Further:

Close to three-quarters of adults say they have heard of the Government's daily unit guidelines, yet only one in ten who have heard of them can correctly identify them⁴

In the last year:⁵

8% of parents in the UK, equating to around 2.6 million parents and at least 1.5 million households, say they have taken illegal drugs

7% of parents in the UK, equating to around 2.4 million parents and at least 1.3 million households, say they have taken legal highs

Three times as many fathers (13%) as mothers (4%) say they drink every day

Four times as many of those in the richest households (social group AB) (11%) as the poorest households (social group DE) (3%) drink every day

The most likely to take drugs are:⁵

Fathers, 15% of whom have ever taken illegal drugs, compared to only 6% of mothers

Younger parents, 14% of those aged 18-34 have ever tried illegal drugs, compared to only 5% of those aged 45+

³ Netmums survey undertaken for 4Children, September 2012, n=176
⁴ Drinkaware, 2012, Alcohol in the UK, [online] Available at: <http://www.drinkaware.co.uk/alcohol-and-you/social-life/alcohol-in-the-uk> [Accessed 13 September 2012].

⁵ ComRes poll undertaken for 4Children, July 2012, n=575
⁶ Ibid.

Key findings continued

We asked parents whether their patterns of drinking, and/or their use of drugs and legal highs changed when they were expecting their first child, and parents told us that:

Most made an effort to reduce their intake of intoxicants or had never tried them, with:⁷

84% of parents either reducing their use of illegal drugs, or never having tried them

83% of parents either reducing their use of legal highs, or never having tried them

71% of parents either reducing their intake of alcohol, or never having tried it

After the birth of their first child:⁸

23% of parents continued to drink as much as before their baby was born, and

17% increased the amount they consumed

However, a significant minority did not follow that path:¹²

17% of parents said that they continued to consume as much alcohol as before they knew they were expecting

5% of mothers say that they increased their consumption of alcohol when they became pregnant, and 8% say they continued to consume the same amount of alcohol

8% of men and 5% of women continued to use “just as much” illegal drugs following learning they were expecting their first child, while 6% of men and 6% women used the same amounts of legal highs

Awareness of the impact of the use of illegal drugs, legal highs, and excessive alcohol consumption appears low among parents with:

One in five parents (18%) saying that their level of alcohol consumption has had a positive impact on their family⁹

62% of parents saying their use of drugs or alcohol had no effect on their family – with older parents (72% of those aged 45+) and women (66% compared to 56% of men) most likely to recognise no effects¹⁰

Only 9% of parents recognising a negative impact of their drinking or drug use on their family¹¹

Yet,

Alcohol is a factor in 22% of Serious Case Reviews¹³

62% of children who were subject to care proceedings were from families with parental alcohol misuse¹⁴

7 Ibid.
8 Ibid.
9 Ibid.
10 Ibid.
11 Ibid.

12 Ibid.
13 Brandon, M., Bailey, S. and Belderson, P., 2010. Building on the learning from serious case reviews: A two-year analysis of child protection database notifications 2007-2009 [pdf] London: Department for Education. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR040.pdf> [Accessed 2 October 2012]
14 Forrester & Harwin, 2006. Referenced in: Silent Voices: Supporting Children and Young People affected by Parental Alcohol Misuse. Available at http://www.childrenscommissioner.gov.uk/content/publications/content_619 [Accessed 4 October 2012]

Recommendations

Government must revise its Alcohol and Drug Strategies to put families at the heart of a new approach, and ensure reducing the harm caused by alcohol and drugs is a top priority for policy making and service delivery. The revised strategy should include all necessary measures including:

1

A revision of the 'responsibility deal' with the UK alcohol industry to ensure they recognise their responsibility to the wellbeing of consumers and their families by diverting an additional 1% of revenue (approximately £60 million) to fund a new alcohol awareness campaign and treatment services, particularly those aimed at families.

2

Supplement existing 'danger warnings' for pregnant women on alcohol packaging with additional labelling warning of the potential impacts of drinking on raising children.

3

Alcohol awareness – 'Beer Goggles' – sessions should be offered widely through schools, children's centres, and youth clubs to ensure families are all fully informed of the dangers of drinking alcohol when raising children.

4

Midwives and Health Visitors need to redouble efforts to identify families for whom alcohol or drug use is a problem and in addition provide clear and unambiguous advice to all expectant and new parents about the harm that alcohol and drugs can do.

Recommendations continued

5

Vital drug and alcohol awareness and treatment services must not be put at risk by the upcoming NHS reorganisation. The Department of Health, working with local government must ensure a seamless transition.

6

Local authorities and Primary Care Trusts should evaluate the alcohol and drug services they provide, and use the outcomes to direct future service delivery – including further investment in prevention rather than cure.

7

Health and Wellbeing Boards should adopt 'harm reduction as a result of alcohol and substance misuse' in families as a priority target for the future.

8

A 'whole family' approach must be adopted to providing support to those suffering from alcohol or substance misuse to ensure we harness the resource of the family to support those in treatment, and to effectively identify and reduce harm to other family members.

What is the scale of drink and drug misuse in Britain?

From a cold beer on a sunny afternoon, Pimm's and lemonade at Wimbledon, 'booze cruises', to 'lager louts' and fights in town centres on a Friday night, it is clear that drinking is a constant feature of the British way of life. Even those who do not drink themselves live in a country where pubs, clubs, off licences and supermarkets sell alcohol around the clock and where alcohol is marketed and advertised everywhere without stigma, where drinking alcohol is an accepted part of the British character, as normal as drinking tea.

A recent 4Children survey, conducted by ComRes, bears out this perception – with more than half (57%) of all parents drinking alcohol every week, and a minority (7%) admitting to drinking every day. Furthermore, it is not just how often people are drinking, but how much – a recent Netmums poll on behalf of 4Children, found that 29% of mothers, and 30% of their partners drink more alcohol every week than the government's recommended amount, while 47% are worried about the effect of drugs and alcohol on their lives.

Despite much discussion and concern around both illegal drugs, and so-called 'legal highs', from politicians (Government promises 'legal highs' crackdown¹⁵), the media, and civil society (The Government's drug policy: is it working? Church of England¹⁶), the consumption of both remain substantially lower than the consumption of alcohol. Our ComRes poll revealed that only 9% of parents had tried illegal drugs ever, while only 8% had tried legal highs. While consumption rates are higher among children – 17% of 11-15 year olds having experienced taking illegal drugs according for national statistics, even these are falling and have been for 10 years, down from a high of 29% in 2001¹⁷.

The questions of how much Britons drink and how many drugs they take obscures a much more important question; what harm is caused by drinking and drug use in UK families, and who are the victims of that harm? We find that overwhelmingly, when parents drink, it is children who are likely to suffer.

It has been estimated that in the UK, 22% of children live with a parent who drinks hazardously (around 2.6m children) and 6% live with a dependent drinker (around 700,000 children).¹⁸ Children in these families are more vulnerable to both domestic violence – with more than a third of all domestic violence cases involving alcohol¹⁹, and to child abuse, with one quarter of all child protection cases which reach a case conference recording alcohol or drug misuse by parents²⁰. Drug and alcohol abuse also features strongly in the Government's Troubled Families programme – which aims to better support 120,000 families who are experiencing multiple problems, including poor mental health, alcohol and drug misuse, and domestic violence. Of these families, 'over a third...have children subject to child protection procedures'²¹.

In regard to drug use, it is estimated that between 250,000 and 350,000 children live with problem drug users in the UK²². In the most extreme cases, this can result in children being separated from their parents either as a result of imprisonment or child protection proceedings. Around 1 in 8 of the UK prison population are in jail as a result of drug charges, and women prisoners are twice as likely as men to be imprisoned as a result of their substance use. As a result of these men and women being imprisoned, it is

15 BBC, 2012, Government promises 'legal highs' crackdown, [online] Available at: <http://www.bbc.co.uk/news/health-17315657> [accessed 20 September 2012].

16 Church of England Board for Social Responsibility, 2001. Submission to the House of Commons Home Affairs Committee Inquiry into, The Government's Drugs Policy: Is it working? London: Church of England.

17 Office of National Statistics, 2012. Smoking, drinking and drug use among young people in England in 2011 [pdf] London: Office of National Statistics. Available at: http://www.ic.nhs.uk/web_files/publications/003_Health_Lifestyles/smoking%20drinking%20drug%20use%202011/Smoking_drinking_and_drug_use_among_young_people_in_England_in_2011_Summary.pdf [Accessed 4 September 2012].

18 Manning, V., Best, D. W., Faulker, N., & Titherington, E., 2009. New estimates of the number of children living with substance misusing parents: results from UK national household surveys [pdf] BMC Public Health. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2762991/pdf/1471-2458-9-377.pdf> [Accessed 12 July 2012].

19 DirectGov, 2012. Alcohol and Crime. [online] Available at: http://www.direct.gov.uk/en/CrimeJusticeAndTheLaw/CrimePrevention/DG_181558 [Accessed 12 September 2012].

20 Home Office, 2003. Hidden Harm [pdf] Available at: <http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/hidden-harm-full> [Accessed 8 September 2012].

21 Munro, E., 2011. The Munro review of child protection: Final Report: A child centred system [pdf] London: Department of Education, Available at: http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf [Accessed 7 September 2012].

22 Home Office, 2003. Hidden Harm [pdf] Available at: <http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/hidden-harm-full> [Accessed 8 September 2012].

estimated that around 6,800²³ children are separated from their mothers, and around 22,700²⁴ are separated from their fathers, at any time as a result of their imprisonment on drugs offences.

However, these extreme cases are only the tip of an enormous iceberg. While the families identified above are clearly in need of additional help, we know that services largely respond quickly when families reach the stage of an intervention from social workers. For all those families whose problems fly under the radar, the reality can be very different – and the negative impacts of drinking can be invisible even to the drinkers themselves.

Self-awareness, or the lack of it, enshrouds the issue. Of the 62% of parents who said that their consumption or otherwise of alcohol or drugs had ‘no effect’ on their families, and the 19% who said their drinking impacted ‘positively’ on their families, how many are being honest with themselves? How many parents are missing their children’s bedtime because they are down the pub? How

many children do not bring their friends home because they are embarrassed by their parents drinking? How many children are growing up in homes without structure or discipline, in the care of erratic, unpredictable parents? How many parents, for whom alcohol or drugs have become a coping mechanism, would freely admit that their judgement is often skewed, or their ability to parent impaired, when they are ‘under the influence’?

Our ComRes survey found that after the birth of their first child 23% of parents continued to drink as much as before their baby was born, and 17% say they increased the amount they consumed. At the point in which parental interactions with their children need to be of the highest frequency, and the highest quantity, a substantial 40% of parents made no efforts to reduce the amount they drank.

The parents who consumed the highest quantities also tend to escape social stereotypes around alcoholism. We found that the wealthiest families tend to drink frequently more than the poorest, with 11% of families in social grade AB drinking every day and 56% drinking once a week or more, compared to 3% and 42% in social grade DE.

23 Women in Prison, 2012. Statistics. [online] Available at: <http://www.womeninprison.org.uk/statistics.php> [Accessed 24 September 2012]

24 Glover, J., 2009. Every Night You Cry: the realities of having a father in prison [pdf] Barnardo's. Available at http://www.barnardos.org.uk/everynightyoucry_briefing_final_double.pdf [Accessed 8 September 2012].

Chapter 2

The impact of parental substance abuse on children and families

With up to 4 million children living with parents who either drink hazardously or have used drugs in the last year it is vitally important that we understand the impact that parental drug or alcohol abuse can have on families, particularly children. The evidence in this area is well established – with both qualitative and quantitative research outlining negative impacts associated with parental alcohol or drug use.

These negative impacts can occur prenatally, as a result of pregnant women using drugs or drinking alcohol to excess, or as a result of an accident or injury sustained while intoxicated, or as a result of an intoxicated partner. It is estimated that 0.3 – 0.5% of all live births are affected by foetal alcohol effects (FOE) and between 0.1 – 0.2% of live births are affected by foetal alcohol syndrome (FAS) – which can result in facial abnormalities, lower birth weight and a failure to catch up with peers, and mental problems of cognitive impairment, learning disabilities and impulsiveness²⁵.

However, as well as the direct prenatal effects of drugs and alcohol, there is a substantial array of ways in which children's lives may be affected by their parents' drug and alcohol use. Research²⁶ suggests that families can be affected in any of the following ways:

- Parents' 'ability to parent' is compromised;
- Children's social, physical and educational development is delayed or undermined;
- Family relationships suffer, break down, or become abusive; and
- Children's living circumstances substantially deteriorate.

Deaths, injuries and child maltreatment

At its most extreme, drug and alcohol use can devastate families, lead to the deaths of children and parents, and increase the likelihood of child maltreatment. According to the Lancet²⁷, 40,000 people die as a result of alcohol use each year – of whom, around one third are likely to be parents.

Injuries and deaths related to alcohol use encompass a broad range of circumstances – from drink driving incidents where children are a party to the crash, to parents who drink too much and drop their babies or sleep through fire alarms, to deaths from alcohol related diseases such as liver failure. However, a recent US study looking at the effects of alcohol on babies – from conception to childhood – found that *“a context of [parental] alcohol use [should] be considered as a marker for multi-factorial risk in all foetal, infant, and child deaths”*.²⁸

25 Stratton K., Howe C., Battaglia F., 1996. Foetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention, and Treatment. Washington DC: National Academies Press, and Royal College of Obstetricians and Gynaecologists.

26 Kroll, B., Taylor, A., 2003. Parental Substance Misuse and Child Welfare. London: Jessica Kingsley Publishers.

27 BBC, 2012. Most Dangerous Drug? [online] Available at: <http://www.bbc.co.uk/sn/tvradio/programmes/horizon/broadband/tx/drugs/survey/> [Accessed 12 September 2012]

28 Burd, L., Wilson, H., 2004. Foetal, infant, and child mortality in a context of alcohol use. American Journal of Medical Genetics 127C(1), pp.51–58.

The most recent review of child protection procedures has identified parental substance misuse as a key factor in both care proceedings and in long-term child and family social work²⁹. This further supports a broad range of quantitative studies which reveal associations between alcohol and substance abuse and child maltreatment. In their paper, Chafin, Kelleher and Hollenberg (1996) found that substance abuse was associated with both abuse and neglect, while Zeitlin (1994) found that children of alcoholics *“are at risk for child abuse, family drinking patterns are associated with teenage alcohol abuse and... increased the risk of addiction”* and children of alcoholics have *“raised morbidity rates for emotional and behavioural disturbance”*³⁰.

29 Munro, E., 2011. The Munro review of child protection: Final Report: A child centred system [pdf] London: Department of Education, Available at: http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf [Accessed 7 September 2012].

30 Zeitlin, H., 1994. Children with alcohol misusing parents, British Medical Bulletin, 50 (1), pp.139–151.

The unpredictability of the behaviour of an intoxicated parent appears to have a significant impact on children’s development – particularly where daily routines are constantly disrupted. Children’s ability to trust is also damaged, particularly in instances where parents promised to stop drinking or taking drugs, and frequently broke those promises. Consequently, children and young people who have grown up with parents who abuse alcohol or drugs often demonstrate lower self-esteem and self-efficacy, report feeling that major life events are out of their control and feel as though they do not have power over their own lives³¹.

31 Academic, see methodology for details of interviews.

CASE STUDY

“A lot of the children I work with say one of the biggest problems for them is never knowing what they come back home to. You leave in the morning from school, you come back and it is a drama, a passed-out mum, something like that, and it is very unpredictable for them.”

Family Practitioner

“I’d come home, she would just be completely drunk, totally incoherent, wouldn’t be able to make any sense out of anything she said, repeating herself and babbling on about stuff that doesn’t make any sense and smashing the house up.”

Peter, 21 years

“Long-term it affected me because I don’t have a proper mother figure, I don’t show as many emotions... there was a long time when I didn’t have a single positive thing to say.”

James, 19 years

Impact on parenting capacity

It is clear however, that parents who drink to levels of excess that directly endanger the lives of themselves or their children are in a minority. Much more frequently, parental alcohol abuse will be more manageable, only occasionally visible to the world outside the family, and do not result in any activities that could lead to the involvement of social workers, or child protection plans.

It is clear that there can be deep-seated behavioural effects of alcohol and substance misuse on parents, not only affecting their ability to parent, but also their ability to function as an individual. Alcohol and substance misusing parents often display significant ambivalence towards their role as parents. They are frequently self-critical about their capabilities as parents, but also work to reinforce the notion that they had done their best to ensure the basic needs of

their children are met³³. There is also significant evidence that parents often try to conceal their behaviour as a way of safeguarding the children from its effects,³⁴ though it is clear from our interviews that this is often unsuccessful – from both a professional and a parental perspective.

One interviewee, whose parent was an alcoholic said of her mother, *“she would hide wine everywhere, in cupboards, the kitchen, my room, her room, wardrobes, drawers, in the garden shed, the garage, she would just lie through her teeth saying she had quit”*³⁵ – indicating both her ongoing awareness of her mother’s alcohol abuse, and her feelings of anger and betrayal surrounding her mother’s efforts to reduce her alcohol intake, or hide her intake from her family.

32 Family Practitioner, see methodology for details of interviews

33 Fraser, C., 2009. Exploring the impact of parental drug/alcohol problems on children and parents in a Midlands County in 2005/06, British Journal of Social Work, 39, pp.846–866.

34 Smith, G., Miller, T., Kroll, L., Simmons, J., and Gallen, R., 1999. Children’s perceptions of parental drinking: The eye of the beholder, Journal of Studies on Alcohol, pp.817–24, and Hogan, D. M., 2003. Parenting beliefs and practices of opiate-addicted parents: Concealment and taboo, European Addiction Research, 9, pp.113–119.

35 Interviewee, see methodology for details of interviews.

Similarly, one family practitioner interviewed for this report highlighted that even when the physical act of drinking or drug use was successfully disguised, children will often recognise differences in their parent's behaviour – *“lots of parents have the idea that it does not affect the children very much. They find excuses like ‘they don't know I am drinking, they don't know we are arguing, they are upstairs, they are sleeping’”* but *“if [a] parent is already inebriated before bedtime, [they] bundle them off, let the children play PlayStation, watch videos and can't get them up in the morning.”*³⁶

Relationship breakdown

Alcohol and substance abuse put enormous pressure on the family unit leading to increased conflict, a lack of empathy, aggression and eventually family breakdown.

The research shows that family and relationship problems are often catalysed by alcohol, and that alcohol is a significant contributor to divorce rates³⁷. Indeed, alcohol abuse can affect couples' relationships in a variety of negative ways, including communication problems, increased conflict, nagging, poor sexual relations, and domestic violence³⁸. This can often lead to unpredictable and aggressive behaviour from the problem drinker. Family breakdown is extremely common among those who abuse alcohol – in one study, over three-quarters of male admissions for alcohol abuse in Scotland ascribed their marital breakdown or family neglect to their drinking³⁹.

These findings chime with our Netmums survey which found that 47% of people argue as a result of alcohol, and while most only argue occasionally, 15% reported arguing frequently or constantly as a result of drinking. It is also clear that these arguments can become more than drunken spats, with 38% of people saying alcohol has either contributed to, or caused, a past relationship to break down.

Further, even where alcohol or substance abuse does not directly lead to a breakdown in family relationships, the effects can be severe – partners of people being treated for 'alcoholism' reported low self-esteem, elements of self-blame⁴⁰, constantly being on guard⁴¹ and the loss of any positive feelings towards their partners⁴². Indeed, in a significant number of these cases – families staying together without the appropriate support can cause conflict to intensify, and outcomes to worsen. In discussing the negative emotional symptoms of those living with a substance abuser, a study concluded that:

*“The evidence that the levels of symptoms are reduced following either separation or improvement of the alcohol/drug problem lends further support to the notion that living with addiction to alcohol and drugs may be a significant cause of these symptoms”*⁴³

Whether families breakdown or not, it is clear that alcohol and substance misuse can have a significantly negative effect on family relationships, sometimes threatening the health and wellbeing of children.

Ability to parent

The effects of alcohol and drugs on coordination, balance and judgement are well known. An individual who is over the legal limit to drive should not get behind the wheel of a car. Yet a parent who has drunk an equal amount could, in the privacy of their own home, attempt to bath a baby in scalding water, drop a lit cigarette as they lose consciousness, leave a chip pan on the stove, or the baby gate at the top of the stairs unlocked.

Distracted by their own circumstances and alcohol and substance misuse, parents can spend less time and energy with their children than they would otherwise. On a fundamental level, dependent substance and alcohol use can have a negative impact on a parent's physical health and cognition, and child maltreatment can be a consequence of this self impairment.

*“On an extreme level substance misusing parents neglect their families, just because the substance becomes all-consuming and their reactions emotionally, physically, spiritually and psychologically impaired. They are unable to function at a coherent and manageable level... When someone is substance using, [it is] a self consuming act; without realising it they might neglect the basic needs of their families.”*⁴⁴

At less severe levels parents might have difficulty maintaining routines, setting consistent boundaries and meeting basic needs. They may also struggle to bond or 'attach' to their child. This latter point is particularly problematic when children are very young.

36 Family Practitioner, see methodology for details of interviews.

37 Berger, G., 1993. Alcoholism and the family. New York: Franklin Watts.

38 Connors, G., Donovan, D., DiClemente, C., 2001. Substance Abuse Treatment and the Stages of Change: Selecting and Planning Interventions. New York: Guilford Press.

39 Jauhar, P. and Watson, A., 1995. Severity of Alcohol Dependence in the East End of Glasgow. Alcohol and Alcoholism 30(1) 67–70.

40 Asher, R. M., 1992. Women with Alcoholic Husbands: Ambivalence and the Trap of Codependency. London: University of North Carolina Press.

41 Banister, E. M., and Peavy, R. V., 1994. The erosion of self: an ethnographic study of women's experience of marriage to alcoholic husbands. Canadian Journal of Counselling 28 pp.206-221.

42 Yang, J., 1997 Culture, Family and Alcoholism in South Korea. London: University of London.

43 Bailey, M., 1967 Psychophysiological impairment in wives of alcoholics as related to their husbands' drinking and sobriety. In Fox, R., ed. 1967. Alcoholism: Behavioural Research: Therapeutic Approaches, New York: Springer, pp.134–144.

44 Family Practitioner, see methodology for details of interviews.

Graham Allen's report *Early Intervention: The Next Steps* highlights the importance of a good parent-child relationship in the first two years of a baby's life:

"Babies are born with 25 per cent of their brains developed, and there is then a rapid period of development so that by the age of 3 their brains are 80 per cent developed.

In that period, neglect, the wrong type of parenting and other adverse experiences can have a profound effect on how children are emotionally 'wired'. This will deeply influence their future responses to events and their ability to empathise with other people.⁴⁵"

When a parent is under the influence of drugs or alcohol, the key interactions that are necessary to bond effectively with babies are disrupted. In a way reminiscent of parents experiencing postnatal depression, parents who are intoxicated tend to have reduced mutual gaze, interactions and speak less to their baby, which leads in turn to a less alert and less responsive baby⁴⁶ – and one which is not making the key brain connections at the appropriate speeds, with all the consequences Graham Allen outlines in his report.

Early Intervention: The Next Steps⁴⁸

"A child's development score at just 22 months can serve as an accurate predictor of educational outcomes when they are 26... Farrington and others found that aggressive behaviour at the age of 8 is a predictor of the following when the subject is aged 30: criminal behaviour, arrests, convictions, traffic offences (especially drunk driving), spouse abuse and punitive treatment of their own children. The Dunedin Study explores this further, noting that those boys assessed by nurses at the age of 3 as being 'at risk' had two and a half times as many criminal convictions as the group deemed not to be at risk at age 21."

Substance misuse by parents can impose significant burdens on children. As children get older, strong feelings of concern over the health and mental wellbeing of the user often coincide with feelings of anger, resentment and embarrassment over their current situation. Studies that have sought children's experiences of living with a parent who misuses drugs or alcohol reveal the fear and anxiety,

guilt and anger, secrecy and isolation that they experience in their family life. These studies have revealed that most children were aware of their parent's drug or alcohol misuse even when the parent made attempts to conceal it⁴⁸.

Parentification

Older children are also particularly vulnerable to taking on some parenting activities, if their parents' drink or drug abuse means they are unable to complete some of the usual tasks associated with being a parent. It is very common, for example, for older children to take on roles such as cooking, cleaning, shopping, taking younger siblings to school, or helping them with their homework where parents are unable to complete these tasks themselves.

This behaviour tends to be based on the importance children places on protecting and supporting their family members⁴⁹, and while they can often be quite successful in supporting other children, disguising a parent's substance abuse, and keeping domestic arrangements ticking over, this behavior can also have severe emotional consequences in the long run. The internalising and externalising behaviours associated with parental substance misuse later manifest themselves as psychological problems, conduct disorders and risk taking behaviours.

Indeed, a study by Hooper et al showed that adolescent depression has been shown to be significantly related to parent alcohol use, and where children adopted a 'parentified' role that relationship was exacerbated⁵⁰.

CASE STUDY

"Something I always think about when I was doing my GCSEs and on student leave, it was supposed to be the best time of your life and I was coming home and my sister was in tears and my mum was asleep pissed on the sofa and there would be smashed glass about and bottles everywhere. I'd get home from an exam and have to sort my sister out which I shouldn't have had to do at that age."

James 19 years

45 Allen, G., 2011. *Early Intervention: The Next Steps*. An Independent Report to HM Government [pdf] London: Cabinet Office. Available at: <http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf> [Accessed 6 September 2012].

46 Smith, M., 2011. Parental Mental Health: impacts on parenting and child well-being. Presentation presented at the 'Effective Parenting and Well-being Conference', Institute of Education, 21 June 2011.

47 Allen, G., 2011. *Early Intervention: The Next Steps*. An Independent Report to HM Government [pdf] London: Cabinet Office. Available at: <http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf> [Accessed 6 September 2012].

48 Barnard, M., Barlow, J., 2003 'Discovering parental drug dependence: Silence and disclosure', *Children and Society*, 17(1), pp.45–56.

49 Kroll, B., Taylor, A., 2003. *Parental Substance Misuse and Child Welfare*. London: Jessica Kingsley Publishers.

50 Hooper, L. M., Doehler, K., Jankowski, P.J., and Tomek, S.E., 2012. 'Patterns of Self-Reported Alcohol Use, Depressive Symptoms, and Body Mass Index in a Family Sample: The Buffering Effects of Parentification', *The Family Journal: Counseling and Therapy for Couples and Families*, 20(2), pp 164–178.

Socialisation

Family alcohol and substance misuse can also have a significant negative impact on children and young people's ability to socialise, and form healthy relationships with their peers. Children who adopt caring roles for their families, as a result of parentification, see their social lives are significantly disrupted. They are often preoccupied with their additional responsibilities – rushing home early from school, not being able to leave their parents or siblings at home alone on the weekend, or hurrying to pick younger siblings up to ensure their safety, instead of spending time socialising with friends.

Secondly, children may experience acute and prolonged levels of embarrassment about their home situation – one interviewee described how her children would always apologise to their friends and neighbours that *'mummy and daddy were drunk again'* while Peter, now 21, recalls that *"it was kind of embarrassing to have anyone around"*. In these circumstances, children are also much more likely to embrace a culture of secrecy – both from their parents, and from their peers, and remain unable to build strong relationships of trust, often for years to come⁵¹.

Socialisation is particularly damaged in this way when a parent's substance misuse causes a breakdown in the relationship between parent and child. Often the behaviour and emotional unavailability of parental drug and alcohol users is such that children withdraw from parental relationships entirely. This is particularly true in cases in which parent's frequently lie to their children about their drinking or drug use. Jenny, now 15, had the following to say: *"Me and mum never really had a relationship because she would always promise me things that would never happen."*

Finally, in circumstances in which parents' behaviour drives children away from the home, children can be routinely be left isolated, emotionally abandoned, and physically unsafe. To compound the problem further, children who are forced out of their home tend to be left in a very vulnerable position – one family practitioner highlighted both the feelings of abandonment that children in these circumstances feel, but also the dangers they face when they are away from the home: *"it is unbearable, they are fed up with having parents that don't look after them well and when you live in an area that is not nice... they are quite vulnerable to people"*. In the most extreme cases, children may be exposed to those who would groom or emotionally manipulate them for their own ends.

CASE STUDY

"When you get home after a day at school and find your mum in that kind of state and you know your dad isn't going to be home for hours you just go out, you just wouldn't want to stay around the house... go out until you are tired enough to come home and go to bed."

Peter 21 years

Educational impact

Parentification in particular, but also all forms of disrupted socialisation can also have a significant negative impact on children's engagement with education. Poor routines and instability at home can have a physical impact on children and young people's health, and an emotional impact on their ability to engage with their peers or teachers in a positive manner. Those who are studying for exams while parents misuse drugs or alcohol also routinely report that their study space is disrupted, their timetables are inconsistent, and their ability to learn and concentrate is disrupted by ongoing domestic concerns and responsibilities.

Similarly, children may be disruptive at school as a release for the ongoing emotional trauma they experience at home, or as a result of a complete breakdown of appropriate social functioning. Jenny, 15, describes how she *"went completely off the rails, going by my own rules, I wasn't listening to anyone, not teachers at school. It affected my schooling, bunking and going around people's houses."* Though the academic evidence regarding educational outcomes is mixed – some children appear to perform better in school, as a means of compensating for their home environment⁵², it is clear that children exposed to parents who abuse alcohol or drugs, face significant challenges in securing a high quality education.

Intergenerational alcohol and substance misuse

The impact of parental alcohol or drug abuse on children's own substance use also reveals two diametrically opposed outcomes. On the one hand a recent study which looked at the associations between self-reported alcohol use of parents and adolescents revealed that adolescent alcohol use was strongly associated with that of parental use⁵³.

51 Velleman R Templeton, L., 2007. Understanding and modifying the impact of parents' substance misuse on children, *Advances in Psychiatric Treatment*, 13, pp 79–89.

52 Zeitlin, H., 1994. Children with alcohol misusing parents, *British Medical Bulletin*, 50 (1) pp 139–151.

53 Hooper, L. M., Doehler, K., Jankowski, P.J., and Tomek, S.E., 2012. 'Patterns of Self-Reported Alcohol Use, Depressive Symptoms, and Body Mass Index in a Family Sample: The Buffering Effects of Parentification', *The Family Journal: Counseling and Therapy for Couples and Families*, 20(2), pp 164–178.

Whether this is caused by children using drugs or alcohol as an attention-seeking behaviour, as a coping mechanism, or simply as a result of adopting an ingrained behaviour they repeatedly encounter in their home environment, the impact on children of parents' drinking is clear.

What we can be sure of though, is that parents who are themselves alcohol or drug users can provide less support to children who might be exposed to alcohol or drug use outside the home, and will certainly be less able to monitor their behaviour⁵⁴. Furthermore, children who do not show secure attachment to their parents and receive less supervision from them, are statistically predicted to begin abusing substances earlier and more often than their peers⁵⁵.

However, a number of our interviewees reported the opposite outcome – Peter, 21, reported an attitude to alcohol that had clearly been influenced by his experience of a parent drinking too much: *“The bad side of alcohol I have seen... my attitude is drink it responsibly... it is a serious thing.”* As such, it's clear that parental drinking or substance use has a significant impact on their children's later substance use, though whether that impact is always negative is an open question.

Parents in denial

So why do so many parents allow this to happen, especially those that in all other ways appear to be functioning and capable parents?

We have found that the answer to this question is complicated. Parents both attempt to justify that their drinking is not affecting their family, often going as far as hiding incidents or behaviours which might suggest

otherwise, while also feeling guilty and estranged as a result of their substance use. Indeed, it is common for alcohol and substance misusing parents to minimise the effects of their use on their families, particularly when they are still able to function adequately, performing their daily routines as would non-using parents. Parents often hide their use from their children and find it difficult to self-identify as a problematic user, particularly with regard to alcohol use.

One parent remarked *“They never see me use, there is always food on the table, they get to school on time, they feel that the children aren't being impacted upon at all.”*⁵⁶

This sense of parental denial regarding the impact of their drinking or drug use was also clear from our ComRes research. Of those parents who drank on a weekly basis, it is clear that many refused to engage with the negative effects of their behaviour. 18% of parents reported that their drinking or drug use had a positive effect on their family – split evenly between those who thought their families benefitted financially (7%), benefitted emotionally (9%), and benefitted from their improved ability to parent (8%). Similarly, an overwhelming 65% of parents who regularly drink said their alcohol or drug use had 'no effect' on their families, with only 9% recognising that the effects of their substance use/abuse were negative.

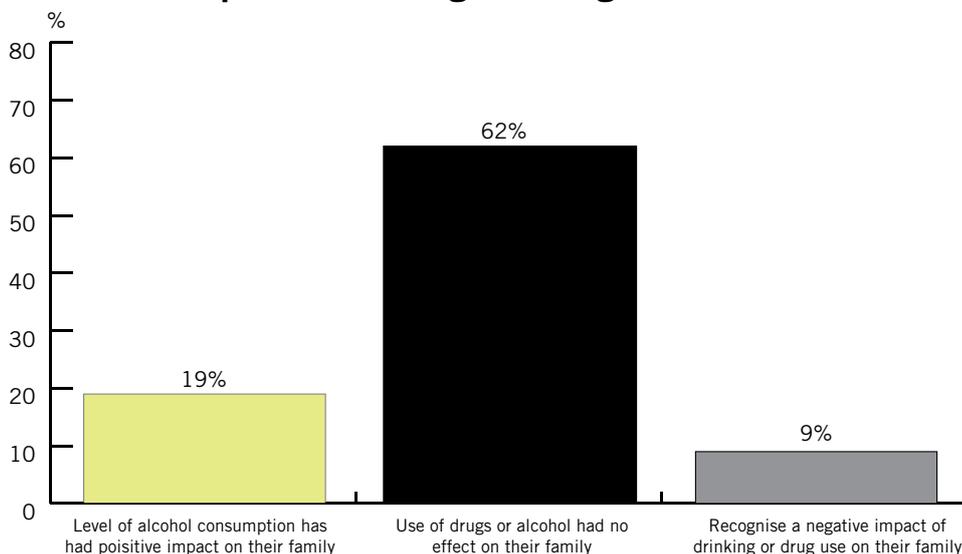
Interestingly, those who do not currently drink, were: more likely to notice a negative effect of their usage or otherwise (12%, compared to 9% of those who currently drink), substantially less likely to recognise a positive effect (11%, compared to 20% of those who currently drink) and substantially less likely to say that there was no effect at all (54%, compared to 64% of those who currently drink). It seems likely then, that parents both attempt to disguise their drink and drug use from their family members, and view the impact of their drinking or drug use as less harmful than it actually is.

54 Chaffin, M., Kelleher, K., and Hollenberg, J., 1996. 'Onset of physical abuse and neglect: Psychiatric, substance abuse and social factors from prospective community data', *Child Abuse and Neglect*, 20(3), pp191-203.

55 Baker, J. H, Maes , H. H., and Kendler, K. S., 2012. 'Shared Environmental Contributions to Substance Use', *Behavioural Genetics*, 42, pp.345-353.

56 Strategic Development Lead, see methodology for details of interviews.

What's the impact of drinking and drug use on families?



Source: ComRes Survey for 4Children, July 2012.

Chapter 3

Helping families overcome misuse

We know that parental misuse of alcohol and drugs can have severe consequences both for parents themselves, and for their children and families, if they are left unchallenged and unresolved. We also know that drug and alcohol misuse in childhood can have severe long-term impacts on children's life chances, and can destabilise the very family relationships they will need to escape substance abuse.

Awareness raising

It is clear that too many parents are not fully aware of the impact that alcohol and drugs can have on their families, and we know that they need more information to make the right decisions.

We know that significant attention has been paid to ensuring that expectant mothers know the risks of drinking in pregnancy. Currently, alcohol is labelled with warnings about the dangers of drinking whilst pregnant and midwives screen for concerns about alcohol during routine appointments. But less emphasis is placed on the dangers of substance use after the birth, and very little information on this subject is aimed at fathers.

Largely through the successful delivery of existing awareness raising measures, Foetal Alcohol Syndrome now occurs in only 1-2 births per thousand. However, while we know that the impact of parental alcohol misuse can be just as significant in the early years when children's brains and bodies are developing – insufficient follow through, after birth, currently occurs.

In the guidance provided by the National Institute for Health and Clinical Excellence (NICE) – clear instructions are provided for pregnant women to avoid drinking entirely in the first three months, and to significantly limit their drinking thereafter, see box opposite.

NICE Guidelines: care and support that women should receive during pregnancy (extract)⁵⁸

- Pregnant women and women planning to become pregnant should be advised to avoid drinking alcohol in the first 3 months of pregnancy, because there may be an increased risk of miscarriage.
- Women should be advised that if they choose to drink alcohol while they are pregnant they should drink no more than 1-2 UK units once or twice a week. There is uncertainty about how much alcohol is safe to drink in pregnancy, but at this low level there is no evidence of any harm to their unborn baby.
- Women should be advised not get to drunk or binge drink (drinking more than 7.5 UK units of alcohol on a single occasion) while they are pregnant because this can harm their unborn baby.

However, no NICE guidance exists in relation to healthy levels of alcohol in the postnatal period, except regarding the increase chance of babies experiencing sudden infant death syndrome (SIDS) if a parent has been drinking and is sleeping in the same bed as their child and as it pertains to breastfeeding⁵⁸.

Similarly, new mothers have reported that health visitors and midwives do not routinely engage with either them or

57 National Institute for Health and Clinical Excellence, 2008. Antenatal care: Routine care for the healthy pregnant woman [online] Available at: <http://publications.nice.org.uk/antenatal-care-cg62> [Accessed 5 September 2012].

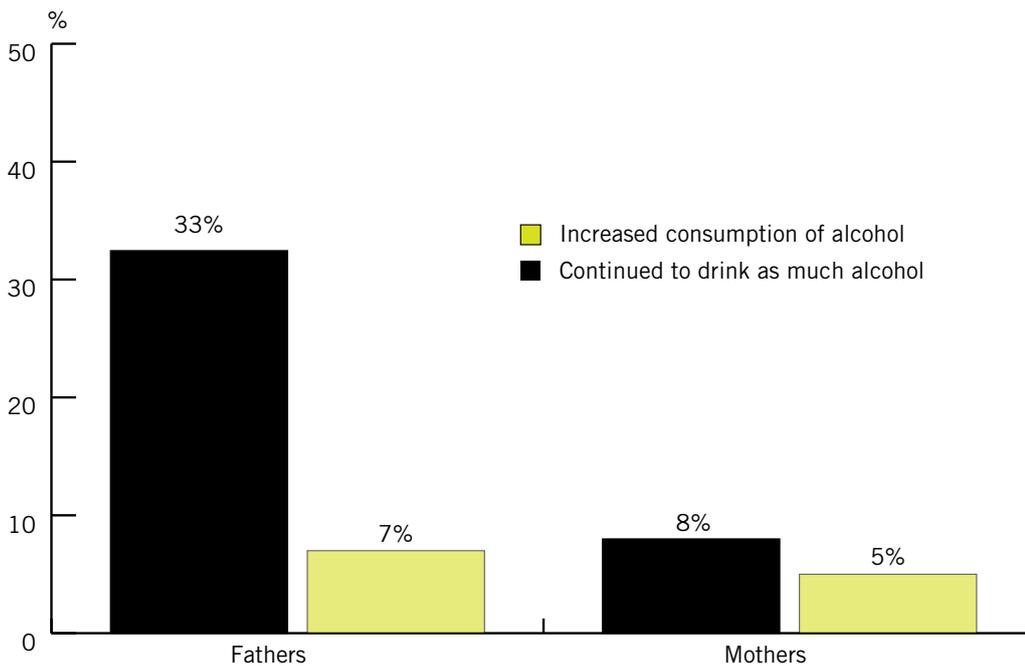
58 National Institute for Health and Clinical Excellence, 2006. Routine postnatal care of women and their babies [pdf] Available at: <http://www.nice.org.uk/nicemedia/pdf/CG37NICEguideline.pdf> [Accessed 2 September 2012].

their partners about their alcohol intake in the postnatal period. This lack of engagement likely stems from both a lack of clear clinical direction in the approach they should be taking, and a broadly held view that alcohol intake is a largely private aspect of family life – and only relevant when the risk of harm is very high.

Our ComRes survey found that:

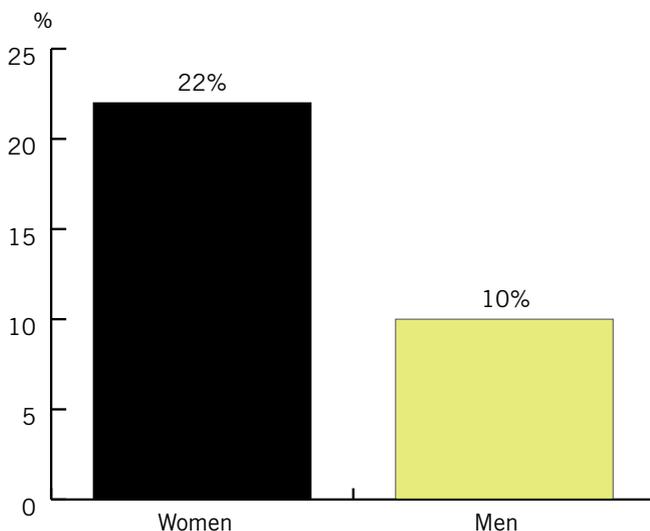
- A third of all fathers either continued to drink as much alcohol (33%) upon learning of their partner’s pregnancy, or they increased the amount they drank (7%), compared to only 13% of mothers; and
- After the birth of their child, more than a fifth of women (22%) and one tenth of men (10%) increased the amount of alcohol they consumed.

Changes to alcohol drinking at pregnancy



Source: ComRes Survey for 4Children, July 2012.

Increase to alcohol drinking after first child birth



Source: ComRes Survey for 4Children, July 2012.

In order to ensure that parents have all the information they need to remain informed about the risks of ongoing alcohol and substance use, there needs to be a coordinated and sustained awareness raising campaign, this should be focused at the postpartum period – when parents are most amenable to messages relating to their child’s well-being.

In order to ensure that parents receive appropriate advice throughout their lives as parents, the following steps should be undertaken:

- Health professionals should engage with fathers at all the points that they currently engage with mothers to ensure that fathers know the effects that their drinking can have on children and family life;
- Health Visitors and Midwives should ensure that safe drinking messages are transmitted clearly both before and after the birth of children; and
- The alcohol industry should take a proactive role in keeping parents informed of the risks drinking poses to child development and family life – including via the use of warning labels of alcoholic drinks.

Which families need support?

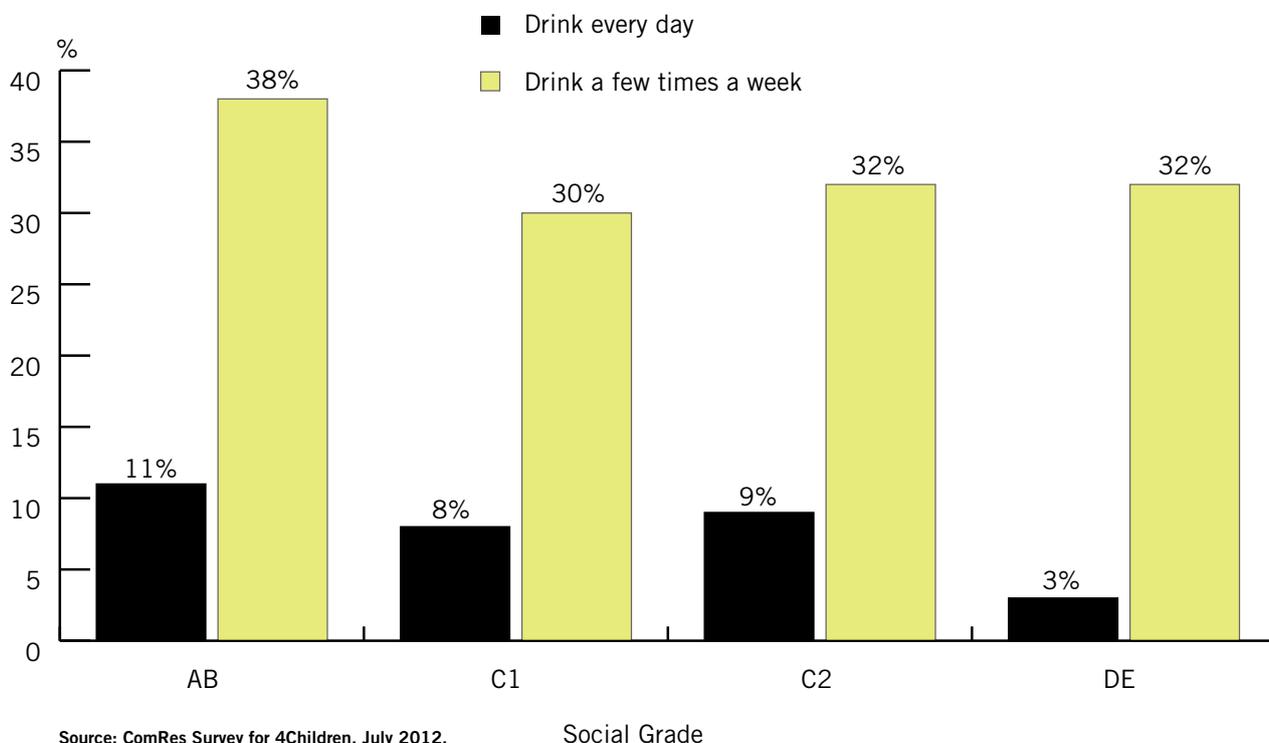
If one key message has emerged from our interviews with family members, family practitioners and academics in the field, it is that every family is different, and has different needs.

It is clear that families who misuse drugs or alcohol do not fall into easily defined social categories – we know that:⁵⁹

- Wealthier families tend to drink more than poorer families, both in terms of the amount they drink⁶⁰, and the frequency at which they drink: those in social grade AB are the most likely to drink alcohol every day (11%), compared with just 3% of those in social grade DE;
- Fathers drink more frequently (40% a few times a week, and 13% drink everyday) than mothers (28% drink alcohol a few times a week and 4% drink everyday); and
- Older parents (aged 45 and over), men, and those in social grade AB are the most likely to have continued their drinking of alcohol unaffected after the birth of their first child.

⁵⁹ ComRes poll undertaken for 4Children, July 2012. n=575
⁶⁰ Ibid.

Who drinks?



One of the reasons that misuse of alcohol or drugs crossed gender, social and income boundaries is because substance abuse rarely emerges alone from otherwise happy families – like much addictive or escapist behaviour substance abuse emerges from, or seeks to disguise other sources of unhappiness or unhealthiness. That is why it is absolutely vital that services acknowledge the diversity of experiences that they are dealing with, and ensure that each family's different needs can be met.

As a result of the many and complex causes of alcohol and substance misuse, services need to be flexible, accessible, and adaptable to meet the needs of families across the country. In order to establish whether the services currently available to those in need of support are delivering all they can, and to map the current availability of services, we sent Freedom of Information requests to every Primary Care Trust, Local Authority, and Clinical Commissioning Group around the country.

Access to services

Local authorities and Primary Care Trusts (PCTs) across the country offer a broad range of services to help people reduce their consumption of drugs and/or alcohol. In some areas, PCTs and local authorities provide services in partnership, in some areas both provide services separately, and in some areas only one or the other will provide services.

However, the vast majority of the services described by local authorities and PCTs related to those families at the serious end of the substance abuse scale. Yet the overwhelming majority of families who are experiencing some alcohol or substance use problems are only in contact with universal services such as schools, General Practitioners (GPs), and children's centres. It is clear that focusing all services via specific alcohol and substance use interventions is likely to leave many families struggling without appropriate support.

While all areas delivered services such as ASGARD, which provides support to young people once they have had an incident related to drug or alcohol intake⁶¹, or Changing Trax which works closely with families “where there are significant risks of children becoming looked after or their names being placed on the Child Protection Register”⁶², few provided details of any preventative services they offered.

Though many Freedom of Information responses included phrases such as “*all services are delivered with harm reduction in mind*”, few provided strong evidence that they had adopted a rigorous early intervention approach to services. Indeed, we found that only a quarter (28%) of the local authorities who responded to our Freedom of Information request identified delivering any forms of drug or alcohol support via schools, only one tenth (11%) reported delivering services via GPs, and only 6% reported

delivering any services via children's centres. Despite the wide acceptance of the importance of engaging early with families to help them develop a healthy relationship with alcohol or substance use, rather than waiting until families hit crisis point:

They simultaneously reported the problems they experienced raising alcohol or substance abuse issues at an early enough stage, and identified specific improvements to the services offered, and the behaviours of professionals, which would be necessary to bring about the required change:

“[There is] work to be done with professionals about having good conversations, which will enable families to feel it is okay to talk about a substance misuse issue.”⁶³

In order to reach families early, and prevent problems from escalating, it is vital for local authorities and PCTs to intervene earlier – to reach out to families before they fall foul of the law, or before social services get involved in their lives.

To address this current shortfall, local authorities and PCTs/Clinical Commissioning Groups must invest in services that are capable of reaching all families, to ensure their awareness is as high as possible and know where to access help if they need to.

Timely intervention

As discussed above, there are key time-periods in parents' lives where they are, or should be, trying to reduce their alcohol intake. Drinking or misusing drugs during pregnancy or in a child's early years has significant potential for causing harm to children. As such, if service provision is to be successful it is vital that they can be accessed when parents need them most. While providing information to parents is a central part of this process, some parents will also need more substantial interventions.

Unfortunately, we can see from the results of our Freedom of Information requests that only a minority of local authorities and PCTs provide appropriate services to expecting parents or those with young children. 35% of all PCTs who responded to our inquiries, and 36% of all local authorities who responded, target no services at expecting families or parents with young children at all.

Further, 25% of all local authorities and 22% of all PCTs offer only a partial service at this stage. While many areas offer excellent support such as midwives specialising in reducing alcohol and substance intake among expecting parents, or services aimed at supporting teenage parents throughout the entire perinatal period – such as the Family Nurse Partnership – key opportunities to reach parents are

61 Service offered in Redcar and Cleveland
62 Service offered in Newcastle

63 Family Practitioner, see methodology for details of interviews.

being missed for a quarter of parents. As we have seen, many parents immediately increase the amount of alcohol they drink after the birth of their child – thus bringing to an end key intervention services at this stage can leave families dangerously unsupported, particularly where they are facing the additional stress of caring for a newborn, and the additional freedom of no longer being pregnant, or supporting a pregnant partner.

In total, 56% of PCTs and 63% of local authorities are missing opportunities to give families the support they need to prosper and develop healthily. It is absolutely vital that further investment is made in pre and post-natal support for families around their use of alcohol and substances. Every family that slips through the gaps at this stage is at far greater risk of developing serious problems with alcohol or substance use further down the road, so they must be provided with access to as many preventative services as possible.

Whole family approach

We know that families provide the bedrock of support in people's lives – spouses, parents, children and extended family can access reserves of strength they didn't know they had, rely on people to help them get through crises, and support each other to achieve remarkable things. So, when families are struggling to control or reduce their drinking, escape addiction, or ensure that they are being the best parent they can be, family is the key place to start looking for that support.

Unfortunately, too often professional services are driven only by their interaction with individuals – be they patients in recovery, victims or perpetrators of crime, or children struggling at schools. Professionals in the field have told us, in no uncertain terms, that the family is key to supporting those with substance misuse problems and helping them to reduce their intake:

“Family focus should be at the forefront of service delivery”⁶⁴

“[Working with family is vitally important] so they have the skills and resilience to contribute and be involved in that process from a position of understanding”⁶⁵

And these messages have been clearly endorsed by the families of service users that we spoke to:

“My family support in my own personal recovery has been huge.”⁶⁶

However, when we asked local authorities and PCTs whether they had embraced the ‘whole family’ approach to working, the results were patchy. 36% of local authorities and 33% of PCTs operated no family procedures at all – with many careful to emphasise the confidentiality of the service. While we absolutely understand the need for privacy, and acknowledge that all service users will need some individual support from time to time, we are deeply concerned by the ambivalence to the family resource in these areas.

Further, we are concerned that under this approach, family members needs will often go unmet – for example, in the treatment of an alcoholic parent, will the emotional, educational or financial needs of their children be recognised? And will they be able to fully engage in the process of recovery, along with their parent? Our interviews with service users families offered many examples of circumstances where this had failed to occur:

64 Family Practitioner, , see methodology for details of interviews.

65 Strategic Development Lead, , see methodology for details of interviews.

66 Interviewee, , see methodology for details of interviews.

CASE STUDY

On her father's treatment for substance misuse:

"I didn't feel I was being listened too, I didn't feel important enough, [that is] why I started self harming"

Amy 15 years

On his mother's treatment for alcoholism:

"First person she went to see was a counsellor. She kind of spurred her on and made her feel it was all our fault."

Peter 21 years

Of those local authorities and PCTs that did engage with family members at some time, 23% and 26% respectively did not operate a coherent 'whole family' approach. In total around 60% of all drug and alcohol services do not engage with the family on a consistent and clearly established basis. This represents a missed opportunity.

Effectiveness of services

Research and evaluation of services is essential to understanding what works to best suit the needs of families and the scale of that need. There is a real lack of clear evidence of which alcohol and drug reduction programmes are effective – while a number of services are supported by small scale qualitative evaluations, there have been relatively few quantitative evaluations of which services work, and which do not.

It is clear from our Freedom of Information responses that funding problems and short-term re-commissioning cycles are making it hard for services to demonstrate their effectiveness, and to do the work necessary to fully embed in the local area. Indeed, in 30% of local authorities, no audit or measure of the current services they run, or the needs of the local population has been undertaken. In more than a quarter of cases, no audit has been undertaken at any point in the last three years.

We recommend that local authority commissioning teams, in partnership with health providers, adopt a longer term approach to service delivery to ensure that public money can be invested effectively in services that work. Further, on a regional or appropriate geographical basis, services should commission detailed, large scale evaluations of the services they offer to ensure they are delivering for the local community.

Transitions to Clinical Commissioning Groups

In March 2013, just 6 months away, PCTs are to be replaced – in part by GP led Clinical Commissioning Groups, and in part by local authorities delivering a public health function.

As part of our research, we wanted to know how the transition would be managed by local authorities and PCTs across the country, and whether the services that were currently available to families would continue to be after the 2013 transition. In order to find out whether Clinical Commissioning Groups had any plans to reduce, increase or maintain services over the transition we sent Freedom of Information requests to the registered contact of each, as provided by the Department of Health. Unfortunately, the response did little to lift the uncertainty around what services would be available post-2013. Of the 212 established (though not yet legally functioning) Clinical Commissioning Groups, only 42 (20%) responded to our requests for information.

Of those that did respond, one third said that they either had no plans for after the transition date, or that they would be re-commissioning all the drug and alcohol services that are currently offered within the next 12 months. Clearly, this poses a significant risk to those families who are currently benefitting from drug and alcohol services, and those who need to receive help over the next 6 months, and the time period thereafter at which services begin to change. A transition that leaves families concerned about the continuity of service, or make it even harder for families to access the services that they need, is bound to lead to people falling through the cracks.

We already know from families that they find services difficult to access, and intimidating. Our ComRes poll revealed that some parents who were trying to reduce their alcohol/drugs/legal highs consumption did not seek advice from anyone because they felt ashamed (2%), they were concerned about their relationship with their children (2%), or they didn't know where to go for help (1%). While a further 23% of parents did not access support because they wanted to reduce their consumption on their own – suggesting a degree of stigma associated with accessing services.

Even those who had eventually accessed services and received the help they needed recognised how difficult it was to locate the right kind of support:

CASE STUDY

“They have spent the money on having all the resources to help people, but have not spent any money advertising their whereabouts or how to go about looking”

Peter, 21 years

As the NHS transitions from PCTs to CCGs they must prepare detailed transition plans and communicate these plans to the public. Where services will no longer be available, or are at risk, it is absolutely vital that professionals and families are aware of that, and able to make plans. Similarly, where new services are commissioned that can help families, care must be taken to ensure that families know of the additional help they can access and are directed to it.

When we asked local authorities what their plans were for delivery in the years ahead, only 12% of those who responded made any clear reference to the role of local authorities public health function, or to the operation of Health and Wellbeing Boards in the new structure.

Though the Department of Health has included the new powers of the Health and Wellbeing Boards in its Alcohol Strategy, published in March this year, which calls on local authorities to intervene in local licensing decisions, and provide a new range of services such as brief interventions, specialised treatment for people dependent on alcohol, and alcohol liaison nurses within A&E⁶⁷, it is as yet unclear whether this ambition will be realised on the ground and whether a more family focused and early intervention approach can be achieved.

It is clear that the public health function provided by local authorities will be absolutely vital to the appropriate delivery of early intervention measures, ‘whole family’ delivery, and investment in prevention rather than cure, in the years ahead. As such, it is our recommendation that every Health and Wellbeing Board in the country should produce a local Alcohol and Substance Use strategy for the next three years, setting out how they intend to: support families whose lives are blighted by alcohol and substance abuse, and reduce the damage caused by alcohol and substance abuse in the long-run.

67 HM Government, 2012. The Government’s Alcohol Strategy [pdf] Available at: <http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy?view=Binary> [Accessed 2 September 2012].

Conclusion

This report highlights the damaging effect that alcohol has in our homes and in our families. Worryingly, away from the headlines, we have discovered a silent epidemic in which families are suffering in silence with problems that are a potential 'ticking time bomb' – both for the families themselves and society as a whole.

The statistics speak for themselves with consumption of alcohol and drugs known to be a major factor in family crisis – from domestic abuse and family conflict to a breakdown in family relationships and the ability to parent. Alarmingly, we have found that a significant minority of new parents are increasing their alcohol intake soon after the birth of their children; drinking every day; and as a result experiencing conflict within their relationships. Perhaps most surprisingly, 62% of parents believe that their drinking behaviour has no effect on their family.

This report demands that we think again about our relationship with alcohol for the sake of all families. For many a nudge in the right direction will help us think more healthily about the alcohol we drink, it would be both negligent and costly in the long run to fail to provide that nudge.

We know that early intervention and awareness raising are vital components of any efforts to reduce the harm caused by alcohol and substance abuse in the UK, and we have seen how children's centres and some local authorities are investing in the necessary support to ensure every family starts off on the right foot when it comes to drink or drugs. We need to see this become common place.

We also recognise the renewed focus that new Health and Wellbeing Boards could bring to this issue – beginning with a new push from midwives and health visitors and followed through by children's centres and schools – upping the game to give parents the information and support they need, when they need it. Where these services do not currently exist, it is vital that health providers and Government invest in the prevention of harm, rather than waiting to deal with the consequences in decades to come.

That's why we are calling for a new public information campaign to raise awareness of the effects of alcohol on family life – reflected in labelling and backed up by messages in promotions and advertising. And we believe it is right to turn to the alcohol industry for help in this respect – to find its sense of corporate responsibility, and invest in programmes that make a difference to families whose lives are blighted by substance misuse, to enable families to make the right decisions around drinking and substance use and get the right help when needed.

In order to ensure that families across Britain are able to cherish their children and enjoy every moment of those crucial early weeks and months it is vital that services, society and the alcohol industry work together to ensure that no parent is oblivious to the risks and impacts hazardous drinking can have on their family and that when things do go wrong, services are there to set them right.

We believe that these recommendations hold the key to improving life for millions of children. Now is the time to act.

Research methodology

This report undertook a range of research methods to gather evidence – these are expanded on below.

Quantitative research

ComRes interviewed 575 parents with children aged 16 and under online from 24th to 27th August.. Data were weighted to be demographically representative of all British adults. ComRes is a member of the British Polling Council and abides by its rules. Full data tables are available at ComRes.co.uk.

Netmums also undertook a survey on behalf of 4Children via its website. 176 parents responded to the survey on a self-selecting basis.

Qualitative research

An independent researcher undertook interviews with professionals and academics in the field of family based alcohol and substance misuse treatment, and a number of service users, to gather information around:

- The impact of alcohol and substance misuse in families;
- Effective ways of working with families; and
- Barriers to effective practice.

Interviews were conducted with 9 professionals:

- 3 practitioners in the voluntary sector
- 3 strategic development leads from the voluntary sector
- 2 academic experts

While case study interviews were conducted with 6 service users from voluntary sector organisations affected by substance misuse and 1 non-service user:

- 4 young people (15-21years)
- 2 parents
- 1 grandparent

Efforts were made to ensure that the involvement of the service users, and the one other participant, as case studies was ethically conducted. The researcher conducting the interviews had a current and enhanced Criminal Records Bureau (CRB) check, training in sensitive interviewing and over 5 years experience conducting sensitive interviews with parents, children and young people. Participation was completely voluntary, with appropriate consent sought and signposting for support provided if required. Participants were informed that all information provided would be confidential, and any information used would be done so anonymously. The only exception to confidentiality would be in the circumstances where current significant risk to a child was disclosed; in this case, no such disclosure was made. Interviews with professionals were conducted face-to-face or by telephone. Based on the choice of the service user, interviews were conducted face-to-face in the service centre, or their home. The non-service user requested to take part over the telephone.

Literature review

A detailed review of the available literature around family substance misuse and family related services was undertaken, covering: academic literature, research evidence, child protection cases, clinical guidelines and government policy

Freedom of Information requests

Freedom of information requests were sent to every Primary Care Trust, local authority and Clinical Commissioning Group in England to pull together a map of services that are available on a nationwide basis, and highlight any gaps in provision. The request letters can be found at Annex A.

Freedom of Information requests

The following questions were asked of all local authorities:

- 1. What services do you currently provide to support patients to reduce their alcohol intake, or their consumption of illegal drugs?**
 - a. Which, if any, of these services utilise a 'whole family' approach to reducing drug or alcohol consumption?
 - b. Which, if any, of these programmes are open to self-referral?
- 2. Do you provide any services designed to reduce alcohol or drug consumption in expecting parents or those who have a child under 2 years old?**
- 3. Are you a member of any partnership or group designed to reduce consumption of alcohol/drug consumption?**
- 4. Do you provide any parenting classes which include specific material on alcohol or substance abuse, or any alcohol or substance abuse support programmes which include parenting information?**
- 5. Do you operate any screening services to identify children/families who may be affected by alcohol/substance abuse?**
 - If so, where do these services operate (e.g. in schools, children's centres etc.)?
- 6. Do you produce an audit/analysis of alcohol/drug consumption in your area?**
 - If so, please provide this audit.

The following were asked of all Primary Care Trusts:

- 1. What services do you currently provide to support patients to reduce their alcohol intake, or their consumption of illegal drugs?**
 - a. Which, if any, of these services utilise a 'whole family' approach to reducing drug or alcohol consumption?
 - b. Which, if any, of these programmes are open to self-referral?
- 2. Do you provide any services designed to reduce alcohol or drug consumption in expecting parents or those who have a child under 2 years old?**
- 3. How many people have received support via your alcohol/drug reduction programmes in each of the last three years?**

The following were asked of all Clinical Commissioning Groups:

- 1. What services do you intend to provide within the next two years to support patients to reduce their alcohol intake, or their consumption of illegal drugs?**
 - a. Which, if any, of these services do you intend to utilize a 'whole family' approach to reducing drug or alcohol consumption?
 - b. Which, if any, of these programmes will be open to self-referral?
- 2. Do you intend to provide any services designed to reduce alcohol or drug consumption in expecting parents or those who have a child under 2 years old?**
- 3. Are there any alcohol/drug reduction programmes currently being run by Primary Care Trusts in your area which you do not intend to provide from April 2013?**
- 4. Are there any alcohol/drug reduction programmes currently being run by Primary Care Trusts in your area which you intend to outsource within the next two years?**

Bibliography

Academy of Medical Sciences, 2004. Calling Time: The Nations Drinking as a Major Health Issue [pdf] Available at: <http://www.acmedsci.ac.uk/download.php?file=/images/publication/pcalling.pdf> [Accessed 6 September 2012].

Adamson, J., Templeton, L., 2012. Silent Voices - supporting children and young people affected by parental alcohol misuse [pdf] Office of the Children's Commissioner. Available at: http://www.ias.org.uk/newsroom/uknews/2012/news110912/FINAL_OCC_Report_Silent_Voices_Parental_Alcohol_Misuse_FULL_REPORT_Sept_2012.pdf [Accessed 7 September 2012].

Allen, G., 2011. Early Intervention: The Next Steps. An Independent Report to HM Government [pdf] London: Cabinet Office. Available at: <http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf> [Accessed 6 September 2012].

Appleyard, K., Berlin, L. J., Rosanbalm, K. and Dodge, K. A., 2011. Preventing early child maltreatment: Implications from a longitudinal study of maternal abuse history, substance use problems, and offspring victimisation. *Prevention Science*, 12(2), pp.139–149.

Asher, R. M., 1992. *Women with Alcoholic Husbands: Ambivalence and the Trap of Codependency*. London: University of North Carolina Press.

Bailey, M., 1967. Psychophysiological impairment in wives of alcoholics as related to their husbands' drinking and sobriety. In Fox, R., ed. 1967. *Alcoholism: Behavioural Research: Therapeutic Approaches*, New York: Springer, pp.134–144.

Baker, J. H, Maes, H. H. and Kendler, K. S., 2012. Shared Environmental Contributions to Substance Use. *Behavioural Genetics*, 42, pp.345-353.

Banister, E. M., Peavy, R. V., 1994. The erosion of self: an ethnographic study of women's experience of marriage to alcoholic husbands. *Canadian Journal of Counselling*, 28, pp.206-221.

Barnard, M., Barlow, J., 2003. Discovering parental drug dependence: Silence and disclosure. *Children and Society*, 17(1), pp.45–56.

Brandon, M., Bailey, S. and Belderson, P., 2010. Building on the learning from serious case reviews: A two-year analysis of child protection database notifications 2007-2009 [pdf] London: Department for Education. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR040.pdf> [Accessed 2 October 2012].

Bays, J., 1990. Substance abuse and child abuse: Impact of addiction on the child. *Paediatric Clinics of North America*, 37(4), pp.881-904.

Bekir, P., McLellan, T., Childress, A. R. and Gariti, P., 1993. Role reversals in families of substance abusers: A transgenerational phenomenon. *International Journal of the Addictions*, 28, pp.613-630.

Berger, G., 1993. *Alcoholism and the family*. New York: Franklin Watts.

Biederman, J., Faraone, S., Monuteaux, M. and Feighner, J., 2000. Patterns of alcohol and drug use in adolescents can be predicted by parental substance use disorders. *Pediatrics*, 106(4), pp.792–797.

Brookoff, D., O'Brien, K. K., Cook, C. S., Thompson, T. D. and Williams, C., 1997. Characteristics of participants in domestic violence: Assessment at the scene of domestic assault. *Journal of the American Medical Association*, 277(17), pp.1369–1373.

Burd, L., Wilson, H., 2004. Fetal, infant, and child mortality in a context of alcohol use. *American Journal of Medical Genetics* 127C(1), pp.51–58.

Chaffin, M., Kelleher, K. & Hollenberg, J., 1996. Onset of physical abuse and neglect: Psychiatric, substance abuse and social factors from prospective community data. *Child Abuse and Neglect*, 20(3), pp.191-203.

Chaffin, M., Kelleher, K. and Hollenberg, J., 1996. Onset of physical abuse and neglect: Psychiatric, substance abuse and social factors from prospective community data. *Child Abuse and Neglect*, 20(3), pp.191-203.

Chuang, E., Moore, K., Barrett, B. and Young, M. S., 2012. Effect of an integrated family dependency treatment court on child welfare reunification, time to permanency and re-entry rates. *Children and Youth Services Review*, 34(9) p. 1896-1902.

Church of England Board for Social Responsibility, 2001. Submission to the House of Commons Home Affairs Committee Inquiry into, The Government's Drugs Policy: Is it working? London: Church of England.

Cleaver, H., Unell, I. and Aldgate, J., 2011. Children's Needs – Parenting Capacity, Child abuse: Parental mental illness, learning disability, substance misuse and domestic violence. 2nd Edition. London: TSO.

Connors, G., Donovan, D., DiClemente, C., 2001. Substance Abuse Treatment and the Stages of Change: Selecting and Planning Interventions. New York: Guilford Press.

Munro, E., 2011. The Munro review of child protection: Final Report: A child centred system [pdf] London: Department of Education, Available at: http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf [Accessed 7 September 2012].

Dunn, M.G., Tarter, R.E., Mezzich, A.C., Vanyukov, M., Kirisci, L. and Kirillova, G., 2002. Origins and consequences of child neglect in substance abuse families. *Clinical Psychology Review*, 22, pp.1063–1090.

Famularo, R., Kinscherff, R. and Fenton, T., 1992. Parental substance abuse and the nature of child maltreatment. *Child Abuse and Neglect*, 16(4), pp.475–483.

Forrester, D., 2000. 'Parental substance misuse and child protection in a British sample: A survey of children on the child protection register in an inner London district office', *Child Abuse Review*, 9, pp.235–246.

Forrester, D., Harwin, J., 2008. Parental Substance Misuse and Child Welfare: Outcomes for Children Two Years after Referral. *British Journal of Social Work*, 38, pp.1518–1535.

Forrester, D., Harwin, J., 2006. Referenced in: Silent Voices: Supporting Children and Young People affected by Parental Alcohol Misuse [pdf] London: Children's Commissioner for England. Available at http://www.childrenscommissioner.gov.uk/content/publications/content_619 [Accessed 4 October 2012]

Fraser, C., 2009. Exploring the impact of parental drug/alcohol problems on children and parents in a Midlands County in 2005/06. *British Journal of Social Work*, 39, pp.846–866.

Glover, J., 2009. Every Night You Cry: the realities of having a father in prison [pdf] London: Barnardo's. Available at http://www.barnardos.org.uk/everynightyoucry_briefing_final_double.pdf [Accessed 8 September 2012].

Harbin, F., Murphy, M., 2000. Substance Misuse and Child Care: How to Understand, Assist and Intervene when Drugs Affect Parenting. Lyme Regis: Russell House Publishing.

- Harwin, J., Forrester, D., 2002. Parental substance misuse and child welfare: A study of social work with families in which parents misuse drugs or alcohol. London: Nuffield Foundation.
- Hogan, D. M., 2003. Parenting beliefs and practices of opiate-addicted parents: Concealment and taboo. *European Addiction Research*, 9, pp.113–119.
- Hooper, L. M., Doehler, K., Jankowski, P.J. and Tomek, S.E., 2012. Patterns of Self-Reported Alcohol Use, Depressive Symptoms, and Body Mass Index in a Family Sample: The Buffering Effects of Parentification. *The Family Journal: Counseling and Therapy for Couples and Families*, 20(2), pp.164–178.
- Home Office, 2003. Hidden Harm [pdf] Available at: <http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/hidden-harm-full> [Accessed 8 September 2012].
- HM Government, 2012. The Government's Alcohol Strategy [pdf] Available at: <http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy?view=Binary> [Accessed 2 September 2012].
- Jaudes, P. K., Ekwo, E. and Van Voorhis, J., 1995. Association of drug abuse and child abuse. *Child Abuse and Neglect*, 19(9), pp.1065–1075.
- Jauhar, P., Watson, A., 1995. Severity of Alcohol Dependence in the East End of Glasgow. *Alcohol and Alcoholism*, 30(1), pp.67–70.
- Jayne, M., Valentine, G. and Gould, M., 2012. Family life and alcohol consumption: The transmission of 'public' and 'private' drinking cultures. *Drugs: education, prevention and policy*, 19(3), pp.192–200.
- Kroll, B., Taylor, A., 2003. Parental Substance Misuse and Child Welfare. London: Jessica Kingsley Publishers.
- Kroll, B., Taylor, A., 2004. Working with parental substance misuse: Dilemmas for practice. *British Journal of social work*, 34, pp.1115–1132.
- Lee, C. E., Christie, M. M., Copello, A. and Kellet, S., 2012. Barriers and enablers to implementation of family-based work in alcohol services: A qualitative study of alcohol worker perceptions. *Drugs: education, prevention and policy*, 19(3), pp.244–252.
- The Health and Social Care Information Centre, 2011. Statistics on Alcohol: England, 2011 [pdf]. London: The Health and Social Care Information Centre. Available at: http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/Alcohol_2011/NHSIC_Statistics_on_Alcohol_England_2011.pdf [Accessed 3 September 2012].
- National Institute for Health and Clinical Excellence, 2006. Routine postnatal care of women and their babies [pdf] Available at: <http://www.nice.org.uk/nicemedia/pdf/CG37NICEguideline.pdf> [Accessed 2 September 2012].
- National Institute for Health and Clinical Excellence, 2008. Antenatal care: Routine care for the healthy pregnant woman [online] Available at: <http://publications.nice.org.uk/antenatal-care-cg62> [Accessed 5 September 2012].
- National Institute for Health and Clinical Excellence 2010. Alcohol-use disorders - preventing the development of hazardous and harmful drinking: Public Guidelines. [online] Available at: <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=13001> [Accessed 2 September 2012].
- Office of National Statistics, 2012. Smoking, drinking and drug use among young people in England in 2011 [pdf] London: Office of National Statistics. Available at: http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/smoking%20drinking%20drug%20use%202011/Smoking_drinking_and_drug_use_among_young_people_in_England_in_2011._Summary.pdf [Accessed 4 September 2012].
- Royal College of Obstetricians and Gynaecologists, 2006. Alcohol consumption and the outcomes of pregnancy [pdf]. Available at: <http://www.rcog.org.uk/files/rcog-corp/uploaded-files/RCOGStatement5AlcoholPregnancy2006.pdf> [Accessed 3 September 2012].
- Standing Conference On Drug Abuse, 1997. Drug Using Parents: Policy Guidelines for Inter-Agency Working. London: Local Government Association Publications.
- Smith, G., Miller, T., Kroll, L., Simmons, J. and Gallen, R., 1999. Children's perceptions of parental drinking: The eye of the beholder. *Journal of Studies on Alcohol*, pp.817–924.
- Smith, M., 2011. Parental Mental Health: impacts on parenting and child well-being. Presentation presented at the 'Effective Parenting and Well-being Conference', Institute of Education, 21 June 2011.
- Stice, E., Barrera, M., Jr., 1995. A longitudinal examination of the reciprocal relations between perceived parenting and adolescents' substance use and externalising behaviours. *Developmental Psychology*, 31(2), pp.322–334.
- Stratton K., Howe C., Battaglia F., 1996. Fetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention, and Treatment. Washington DC: National Academies Press.
- Turning Point, 2011. Bottling it up: The next generation: The effect of alcohol misuse on children parents and families [pdf]. Available at: <http://www.turning-point.co.uk/media/53899/bottlingitup2011.pdf> [Accessed 24 July 2012].

- Turning Point, 2006. Bottling it up: The effect of alcohol misuse on children parents and families [pdf]. Available at: <http://www.turning-point.co.uk/48ECF4D4-9B67-4CF0-BB01-71F01B6B5220/FinalDownload/DownloadId-616ACDEBFD89503E63016701E3928/48ECF4D4-9B67-4CF0-BB01-71F01B6B5220/media/53899/bottlingitup2011.pdf> [Accessed 25 July 2012].
- Taylor, A., Toner, P., Templeton, L. and Velleman, R., 2008. Parental Alcohol Misuse in Complex Families: The Implications for Engagement. *British Journal of Social Work*, 38, pp.843–864.
- Tunnard, J., 2002. Parental Problem Drinking and its Impact on Children, Dartington: Research in Practice.
- Tunnard, J., 2002. Parental Drug Misuse: A Review of Impact and Intervention Studies, Dartington: Research in Practice.
- Velleman, R., 2009. Children, young people and alcohol: how they learn and how to prevent excessive use. [pdf] York: Joseph Rowntree Foundation. Available at: <http://www.jrf.org.uk/sites/files/jrf/children-and-alcohol-use.pdf>, [Accessed 6 September 2012].
- Velleman, R, Templeton, L., 2007. 'Understanding and modifying the impact of parents' substance misuse on children', *Advances in Psychiatric Treatment*, 13, pp79–89.
- Velleman, R., 2001. 'Working with substance misusing parents as part of court proceedings', *Representing Children*, 14, pp.36–48.
- Velleman, R., Orford, J., 1999. *Risk and Resilience: Adults Who Were the Children of Problem Drinkers*, Amsterdam: Harwood Academic.
- Woodcock, J., Sheppard, M., 2002. Double trouble: Maternal depression and alcohol dependence as combined factors in child and family social work. *Children and Society*, 16, pp.232–245.
- Yang, J., 1997 *Culture, Family and Alcoholism in South Korea*. London: University of London.
- Zeitlin, H., 1994. Children with alcohol misusing parents, *British Medical Bulletin*, 50 (1), pp139–151.
- BBC, 2012. Most Dangerous Drug? [online] Available at: <http://www.bbc.co.uk/sn/tvradio/programmes/horizon/broadband/tx/drugs/survey/> [Accessed 12 September 2012].
- Manning, V., Best, D., Faulkner, N. and Titherington, E. 2009. New estimates of the number of children living with substance misusing parents: results from UK national household surveys [pdf] Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2762991/pdf/1471-2458-9-377.pdf>
- DirectGov, 2012. Alcohol and Crime. [online] Available at: http://www.direct.gov.uk/en/CrimeJusticeAndTheLaw/CrimePrevention/DG_181558 [Accessed 12 September 2012].
- The Guardian, 2012. BMA demands a total ban on alcohol ads [online] Available at: <http://www.guardian.co.uk/media/2009/sep/08/bma-alcohol-ads-ban> [Accessed 4 September 2012].
- National Institute for Health and Clinical Excellence, 2008. Antenatal care: Routine care for the healthy pregnant woman [online] Available at: <http://publications.nice.org.uk/antenatal-care-cg62> [Accessed 5 September 2012].
- Women in Prison, 2012. Statistics. [online] Available at: <http://www.womeninprison.org.uk/statistics.php> [Accessed 24 September 2012].

