

EVERY CHILD MATTERS  
FAMILIES  
UNDER  
THE INFLUENCE

Barnardos would like to acknowledge  
the research paper prepared by  
Dr. Shane Butler, Addiction Research  
Centre, Trinity College Dublin.

**Families Under The Influence**

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## FOREWORD

We seem to have two broad and contradictory approaches to the issue of alcohol abuse in Ireland.

The first of these is our blindness to it. Like the elephant in the parlour, it is so obvious we don't even see it. We may wring our hands about the very real effects of drug abuse, yet fail to consider alcohol as a drug or to recognise the effects of problem drinking on families and communities in Ireland.

Alternatively, we recognise and agonise over the problem yet believe that there is nothing that can be done to change it.

Such paradoxical perspectives mirror the inconsistencies of government policy in this area. While the Department of Health and Children, for example, conducts health promotion campaigns and the costs of problem drinking weigh heavily on our health services budget, the Exchequer reaps massive amounts of revenue from taxes on alcohol and politicians are highly receptive to the demands of the wealthy and powerful drinks industry. This is unacceptable and unsustainable. It is time for change.

There can be no denying that we have an appalling problem of alcohol abuse in Ireland. There is now substantial international comparative data – referred to in this report – which identifies how consumption levels have grown in recent decades. For example, alcohol consumption per capita in Ireland increased by 41% between 1989 and 1999, and by the year 2000, Ireland ranked second in alcohol consumption per capita in the EU after Luxembourg. Meanwhile over half of Ireland's young people begin drinking before the age of twelve years, and half of girls and two-thirds of boys in the fifteen-to-sixteen-year-old group are current drinkers. Individually we all have anecdotal evidence that confirms this. And in Barnardos we have the evidence of our experience in delivering services to children and families throughout the country, which is reflected in the case studies which are also included in this report.

Barnardos believes it is time to recognise the true impact of problem drinking on the lives of children and families in Ireland and to challenge our society to address it effectively. We also believe that the key to reducing the incidence of alcohol use and problem drinking by young people is for adults to change their attitudes and behaviour – and that this must be encouraged, supported and reinforced by government policies and action.

The question then is, do we have the will, as a country, to refuse to accept the inevitable and to take concerted, consistent and effective community action over the long term to change very ingrained but damaging national behaviour? If so, when are we going to start? Where will we find the leadership? How will we pay for it?

Our society is saturated with alcohol. No mourning ritual or celebration – including childbirth, christening, First Communion, Confirmation, and Christmas – is complete

without an abundance of alcohol. As adults we express dismay at the centrality of alcohol in the lives of our young people, yet adult drinking behaviour has provided all-too-effective conditioning.

Alcohol represents a threat to the well-being of children and young people in two main respects: firstly, through the problem drinking of parents and other significant adults; secondly, through the increasing exposure of young people to alcohol, and the abusive attitudes and drinking behaviour of a high proportion of young people, including under-age drinking. Although Barnardos believes that these manifestations of problem drinking are not unrelated, we recognise that they need to be addressed and reversed through distinct and focused actions.

The effects of excessive drinking by parents are well documented, are found amongst all social classes and both sexes and include ill-health, relationship difficulties, aggression and violence, accidents at home, at work and – particularly – on our roads, financial problems, inconsistent parenting, inappropriate responsibility being carried by children who may consequently suffer fear, anxiety, low self-esteem, and other emotional problems. The actual impact on children is frequently overlooked when considering the effects of problem drinking, yet can carry the consequences into future generations.

The increasing norm of alcohol use by young people includes the fact that many are drinking illegally. It also involves the potential for very damaging physical effects on immature bodies, problem behaviour, conflict at home, the financial cost – which is frequently funded by excessive hours of working with a further negative impact on school work – while it increases the risks of young people's potential life chances being compromised by involvement in crime, violence, and vulnerability to sexual exploitation and crisis pregnancy. Fundamentally it can undermine and destroy the otherwise exceptionally positive and attractive characteristics of young people. Sadly, as a society, we have offered few alternatives to our young people in the form of relevant and accessible recreational facilities. Drinking appears to offer the only outlet and pubs the only place to congregate.

It may well be that there is a consensus of concern at the reality of extensive dysfunctional drinking in Irish society. Yet this is too frequently accompanied by a collective resignation that it is just too difficult to reverse. Barnardos believes that it is precisely this thinking that has led to the current situation becoming so serious. We see little point in condemnation, but neither are we prepared to condone or collude in behaviour that is socially detrimental and destructive of young people's futures. They have a right to guidance and leadership that is at once sympathetic but responsible. We recognise the challenge of addressing the current reality but believe there is no option for our society but to meet it with a realistic, coherent and effective response. National behaviour has been significantly changed (for example, in relation to smoking) and must be the focus of addressing our serious alcohol-related behaviours.

Action is necessary on many fronts and must be underpinned by the will to change. Ultimately political leadership and the willingness to confront the influence of the powerful drinks lobby must drive this. Are the political parties prepared to state, for example, that they will consistently favour the interests of young people and families over the industry? Are politicians prepared to give leadership on such issues as banning alcohol advertising to youth audiences and being photographed with drinks in their hands?

Are we prepared to commit substantial resources – perhaps funded by increased taxation on drink – to fund a range of recreational facilities which would transform every community in the country? Are we prepared to replace the current sponsorship of sport by the alcohol industry? Are we committed to strengthening and, critically, enforcing the law on underage drinking? Will we invest more resources in effective community-based treatment programmes for problem drinkers? Are we committed to effective health promotion strategies over the inducements of the industry? Can we reconcile the inconsistencies in prevailing government policies and behaviour to achieve a healthier national alcohol culture?

In short, Barnardos is advocating concerted, determined action to challenge conventional behaviour in relation to alcohol. We believe our collective inaction has allowed a potentially dire situation for this, and future, generations to develop. The time is well past to reverse this in the interests of our children, both now and in the future. We are proposing nothing less than significant cultural change. We need others, individuals, companies and organisations which share our concern and determination, to join us in its achievement.

## BARNARDOS' EXPERIENCE

Barnardos' experience is that the use and misuse of alcohol in Irish society has grown dramatically in recent years and that this has had a major impact on children and young people. This is evident both in terms of underage drinking and in terms of the impact of parental problem drinking on children and young people. There are a range of perspectives and theories on why children and adults drink alcohol and become problem drinkers. Barnardos' particular concern is that abuse of alcohol in Irish society is seen as an acceptable way to celebrate, to mourn, to deal with stress in our culture. Problem drinking is common to all ages, both sexes and all classes in Irish society.

Barnardos works with many families where children and young people are experiencing material, physical and emotional neglect because a parent or carer is unable to care properly for their children due to the effects of problem drinking. Barnardos also sees many situations where children and young people suffer when they use alcohol at an early age. This can have adverse effects on their health and their ability to perform well in school; it can increase the risk of being physically or sexually assaulted, the risk of becoming involved in crime and in becoming a teenage parent.

Children are victims both in the case of parental problem drinking where children fail to develop due to family neglect and in the case of underage drinking where young people are innocent victims of the alcohol industry and the saturation advertising of alcohol directed at young people.

Barnardos sees some of the grim realities of problem drinking and its impact on children and young people:

- The effects of being brought up in a family where a high proportion of the family's income is spent on alcohol leads to material deprivation. The children may suffer acute child poverty as a result and this may be manifest in terms of lack of a proper diet, lack of school books, clothes and toys.
- One or both parents are often drunk in front of the child, their friends and neighbours.
- A parent is unable to get up in the morning to get the child ready for school.
- A child or young person is addicted to alcohol while still in their teens.
- Children can be victims of conflict, marital breakdown and parental separation.
- Children can be both witnesses and victims of alcohol-related domestic violence in the home.
- Children can become engaged in inappropriate, ill-informed and possibly involuntary sexual activity.
- Children can become either victims or perpetrators of violent assaults.

Irish society and culture is immersed in alcohol. Often family celebrations such as First Holy Communions, Confirmations, weddings, funerals and Christmas are dominated by alcohol.

Parents need to be aware of how their children are spending their time and money. Finally, an effective ban on alcohol advertising directed at young people needs serious consideration.

## CASE STUDIES

The following case studies are presented to illustrate the impact of problem drinking on children and young people:

### SINEAD'S STORY

Sinead is fifteen years old and lives with her mother and two younger sisters in South Dublin. Her father left the family some years ago and is living with a new partner.

Sinead was referred to an alcohol treatment service for young people by the social work team of a hospital. She had been admitted to hospital seeking help having left home a few days earlier following a row with her mother. A year before this Sinead had been admitted to the Accident and Emergency as a result of suspected drugs misuse.

Following regular contact with an alcohol counsellor, it became clear that Sinead is drinking heavily on a regular basis. When she is drinking, Sinead becomes very aggressive and loses control of her behaviour. She regularly gets involved in violent rows and has been seen with a black eye and bruising.

She often stays out all night without informing anyone of where she is. Sinead is at high risk of teenage pregnancy. Recently she stayed out two nights running which led to a row with her mother and her removal from home by the Gardaí.

### REBECCA'S STORY

Rebecca is fourteen and is the eldest of three children who live in a small town. Both her parents are professionals and are employed in busy jobs. Her father drinks heavily and her mother is also a problem drinker. Rebecca's father is very controlling and is physically abusive to her mother.

Rebecca speaks very fondly of her father, and uses imaginary stories to describe items her dad has bought her and places he will bring her. She never speaks about either of her parents' drinking.

Rebecca has very poor self-esteem and finds it hard to make friends. She also struggles academically. She finds it hard to identify with her feelings and tends to act out an imaginary life in which she is a young child. Rebecca has the responsibility for keeping the younger children quiet when her father is drinking.

Rebecca is very cautious about talking about home and is not comfortable with people being in her house. She denies that her parents drink and makes up excuses like "Everyone has a drink now and again" or "Dad is in a bad mood because we were noisy and gave him a headache".



Rebecca is very wary of people but is also very needy of adult attention, leaving her vulnerable to negative attention. The charade of the normal family life Rebecca portrays is damaging to her as it forces her to deny her real feelings and perceptions. It is difficult for her to develop a strong sense of self-confidence if she must lie about what she is feeling or thinking.

#### **MICHAEL'S STORY**

Michael is fourteen years old and is a quiet and shy young man. He lives with his father and some of his older siblings; his mother no longer lives with the family. Michael keeps to himself in the house and does not have anyone to talk to at home. His father sees Michael as a good lad but he does not see him all day and so is unaware of his son's problems.

Michael's father and all of his older brothers drink heavily. Michael was introduced to the effect of alcohol at an early age; his brothers allowed him to drink in their flat. Michael drinks up to four or five cans of lager some nights. He describes the good feeling he gets from drinking; he talks about feeling brave and being chatty and most importantly, for him, being popular.

Unfortunately alcohol has led him to mix with older boys who are involved in petty crime. Michael is engaging in anti-social behaviour with these friends who make him feel popular. He has also begun to smoke hash. Michael finds it hard to concentrate in school and his attendance is poor.

Michael can see nothing wrong with drinking as all his friends are involved with alcohol and it makes him feel better than when he is sober. He is also enabled by his brothers to drink as they do not discourage it and adopt the attitude that "boys will be boys". Michael does not see the dangers which his lifestyle is exposing him to.

#### **SHEILA AND JOE'S STORY**

Both Sheila and Joe are problem drinkers. They have two children, Brad and Jade. Joe can spend long periods of time sober but then this is interrupted by four or five days of persistent drinking and during these binges he often disappears from home. When he reappears he can be aggressive and threatening and this has turned to violence on occasions, particularly if Sheila has been drinking too. Rows can escalate from verbal abuse to breaking or throwing items to actual physical assault. The Gardaí have been called and recently Sheila has obtained a safety order.

Sheila drinks daily and she is depressed and does not acknowledge either problem. She usually goes to local bars while the children are at school but brings the children with her after school or at weekends. Both children have been seen with her when she is obviously drunk and on occasions have been in pubs until late at night. While support has been offered particularly in relation to the domestic violence, Sheila maintains all is fine and can become agitated and threatening if questions are asked about her situation.

While Sheila clearly loves her children she is unable to respond to their emotional needs. Her response to her children is erratic, limits are not set and boundaries constantly change so therefore neither Brad nor Jade can be sure how their mother will react to situations. Joe and Sheila often disagree on parenting; Joe often undermines Sheila's attempts at discipline but he is much more authoritarian than she is when he thinks the children are in the wrong.

Brad who is nine years old, spent his first year of life in the care of his maternal aunt as Sheila and her family felt she was unable to cope with a newborn baby. Both children attend a local national school. Brad is described by his teacher as disruptive in class; he has a short attention span. He is behind in both reading and writing for his age and needs extra support. Brad could be described as the "class clown" as he loves the attention of his classmates but he does not have any particular friends; he can be aggressive and gets into fights easily in the playground.

Jade is seven and is in first class. She is described as "emotionally immature"; she seeks out and needs the attention of adults, is easily upset and still uses comforts such as a soother. Jade found it very difficult to settle in school, particularly separating from her mother and this pattern repeats itself following any prolonged break from school. Jade does not mix well with her peers and appears isolated during playtime.

Both children have missed time at school and are often late; they frequently go to school hungry and can at times seem very tired. Jade and Brad are underweight and the Public Health Nurse has raised concerns about their failure to thrive. Jade attends speech therapy but her attendance at appointments is erratic. The children are very close and at times the whole family unit functions well but this is transitory and has led to signs of emotional insecurity in Brad and Jade.

## ALCOHOL CONSUMPTION AND ITS NEGATIVE IMPACT ON IRISH CHILDREN AND YOUNG PEOPLE:

*A research paper prepared by Dr Shane Butler, Addiction Studies Centre, Trinity College Dublin.*

### INTRODUCTION

Although it may appear to be little more than a cliché, it is nonetheless important to start this discussion of alcohol consumption and its negative impact on children by referring to the ambivalence of Irish society – and indeed most western societies – towards this mind-altering substance. Alcohol is simultaneously Ireland's *favourite drug*, without which much of its social and recreational activities would seem impossible, and the *demon* to which is attributed an impressive array of social and health problems prevalent in this country. It seems that Irish people cannot contemplate a society without alcohol; yet neither are they blind to its role in the creation of problems, which for children and young people include disrupted family relationships, early school-leaving and poor academic performance, unplanned and unsafe sexual activity, physical and mental disorders, road traffic and other accidents, and a host of other difficulties.

In view of this societal ambivalence, it is not surprising that public policy responses to alcohol in Ireland and elsewhere are usually characterised by a vagueness and ambiguity, which is particularly noticeable when alcohol policy is compared to public policy on illegal drugs. In Ireland, as is becoming the norm in EU countries, national drug policy has moved decisively in recent years towards clearer strategies, based upon horizontal collaboration across governmental sectors and vertical collaboration between the statutory system and the voluntary and community sector (*Building on Experience: National Drugs Strategy 2001-2008*). Attempts to implement an integrated national alcohol policy based upon health promotional principles in this country have not, however, had anything like the same success (Butler, 2001).

This review of alcohol and its impact on Irish children is therefore based upon a pragmatic, harm-reduction philosophy. It is accepted that alcohol is a culturally acceptable drug, which has considerable economic importance in this society and which provides pleasure and confers benefit on its consumers, so that it would be quite unrealistic to propose policies of a neo-prohibitionist type. What is not accepted, however, is the fatalistic idea that alcohol consumption and its attendant problems are somehow beyond the reach of public policy, and so must be left to the vagaries of the market. Instead, drawing upon the authoritative work of the World Health Organisation's European Region and an impressive body of empirical research (for example, Holder and Edwards, 1995), what will be explored here is the possibility of using a range of logical and evidence-based strategies to reduce the harm, and particularly the harm to young people, associated with this drug.

The detrimental impact of alcohol consumption on young people will now be reviewed from two main perspectives: the first is concerned with the negative effects which children and young people experience directly by virtue of their own drinking, while the second deals with the indirect but significant effects of parental problem drinking.

#### DRINKING AMONGST YOUNG PEOPLE IN IRELAND

It might be supposed that as a legal drug, alcohol poses relatively few health risks for its consumers but the truth of the matter is that, quite apart from its potential to create dependency or addiction, alcohol is a toxic substance which is harmful to almost all the major physiological systems. These risks are greater in the case of consumers characterised by physical and psychological immaturity, and there is also some evidence to suggest that young people who wait until the age of 20/21 before starting to drink are less likely to develop alcohol-related problems during their adult years (Chou and Pickering, 1992). In Ireland, as in most jurisdictions, policy aimed at protecting young people from alcohol has traditionally been based upon legal measures which make it an offence to sell alcohol to persons below a specified minimum 'drinking age' or to otherwise supply alcohol for public consumption to such young people. The Intoxicating Liquor Act, 1988, the most recent legislation which deals significantly with this issue, retains 18 as the legal age at which alcohol can be purchased or publicly consumed in this country, while also making provision for a voluntary 'age card' scheme aimed at making it easier for retailers to establish the precise age of young customers. It is not an offence, however, for those below the age of 18 to drink alcohol provided they do so in a private place.

Despite the clarity of the legislative intent underlying the Intoxicating Liquor Act, 1988, survey data from this time onwards confirms that in this country young people are becoming regular and heavy alcohol consumers at increasingly younger ages. The following are just a few authoritative examples of research which confirms this trend.

**Morgan and Grube (1994)** reported findings from a survey of 2,000 Dublin post-primary students conducted in 1991 involving comparisons with a similar study, which they had carried out in 1983. Across the full range of post-primary ages (12 to 19) they reported that four fifths of the 1991 sample had consumed alcohol at some time as opposed to two thirds in 1983. The dramatic decline in abstinence was illustrated by comparing 17-year-olds from 1991 with 17-year-olds from 1983: in 1991 those who were abstainers made up only 7% of 17-year-olds, as opposed to 21% 8 years earlier.

**Friel, Nic Gabhainn and Kelleher (1999)** reported findings from their 1998 Health Behaviour in School-Aged Children (HBSC) study, based on a national sample of 8,497 ranging from age 9 to 17. More than 50% of the sample reported having had a drink prior to ages 9 to 11; 29% of the total sample reported having been 'really drunk' at least once; 8% of boys and 3% of girls report having been really drunk more than 10 times.

**Hibbel *et al* (2000)** reported findings from the European School Survey Project on Alcohol and Other Drugs (ESPAD), a comparative study of 16-year-olds in 30 European countries. The alcohol findings of this ESPAD study generally confirm that Irish 16-year-olds are regular consumers, with a notable finding that Irish respondents had the third highest rate of binge drinking (defined as having 5 or more drinks in a row) in the 30 days prior to the research.

Even to those unfamiliar with the research projects cited these findings are unlikely to come as a surprise, since they largely correspond with media and popular cultural discussion of changed patterns of alcohol use by young Irish people – particularly

media coverage of the drinking rituals which take place annually at the publication of the results of the Junior and Leaving Certificate examinations. They also overlap with anecdotal evidence of teachers on children missing school or coming to school with hangovers, or of social workers or other childcare professionals on the role played by alcohol in the behavioural problems of young people. How are these trends to be interpreted and explained? Why have Irish children and young people started to drink heavily, regularly and dangerously at a very young age? And, most importantly, what can be done to reverse this trend or prevent the continued growth of problems in this sphere?

Child welfare professionals, policy makers and others who might expect clear and unambiguous answers to these questions are likely to be disappointed, however, by the overall tenor of the interpretation of the data and the ultimate conclusions of social scientists on this topic. In summary, research has failed to identify any specific causal factors or influences, which explain changed drinking trends amongst young people and which might form the basis for effective preventative measures (for example, Morgan *et al*, 1999). Vague but popular ideas, such as those about the importance of 'self-esteem', 'peer pressure' or the 'lack of healthy alternatives', have generally proved unfruitful in explanatory terms and to a large extent social scientists have been forced back to acknowledging the importance of wider cultural and environmental factors as influences on the drinking habits of young people. Unpalatable as it may be, one of the central conclusions is that drinking by young people is largely a reflection of drinking by adults. In Ireland, alcohol consumption in the adult population has increased significantly – especially during the years of the so-called 'Celtic Tiger' – and over the past few decades there has been a radical decline of temperance sentiment. Detailed data on increased consumption and on the strength and pervasiveness of the drinks industry has been presented in two recent health policy documents, *National Alcohol Policy – Ireland* (1996) and the *Interim Report of the Strategic Task Force on Alcohol* (2002).

What all of this means is that it is not surprising that young people drink heavily in a society which is increasingly tolerant of alcohol consumption, where adults also drink heavily, and where the drinks industry promotes, advertises and retails its products with a minimum of statutory restriction. There has been periodic controversy about the style of alcohol advertising practised in this country, and public health advocates have concluded on the basis of their own research (Dring and Hope, 2001) that existing codes are regularly infringed by advertising which suggests to young people that alcohol consumption is linked to social, sporting and sexual success. Drinking is a 'normal' adult behaviour, legally and commercially facilitated and central to the social life and relaxation of Irish adults. It would be surprising, therefore, if children and young people did not aspire to this badge of adulthood and did not have the guile to circumvent what can appear to be the hypocritical barriers to alcohol put in their way by adult society. This implies that effective prevention of alcohol problems amongst young people is only possible when conducted in a broader environmental context, acknowledging the detrimental effects of alcohol to society as a whole and the necessity to devise and implement health-based policy for society as a whole.

Just as problem drinking by young people is best understood with reference to its wider environmental context, so too would it appear that treatment and counselling of young problem drinkers is best regarded as a legitimate task for a wide range of generic child care or youth professionals and services, rather than the function of specialist addiction services. While specialised addiction facilities may play some role in fostering and maintaining change in young problem drinkers, it would generally seem more profitable for locally-based generic workers to acknowledge their own capacity to work with these commonly-occurring problems. There will be further discussion of treatment and rehabilitation issues in the next section, which deals with parental alcohol problems.

Some key recommendations for the prevention of alcohol problems in young people will be presented at the end of this report, but the overall thrust of evidence-based policy is as follows.

**It is unrealistic to expect strategies aimed at the prevention of problem drinking by young people to succeed if these strategies are solely focused on young people and ignore the drinking habits of the adult population.**

**Environmental or public health recommendations as to the prevention of alcohol-related problems are usually presented in the form of a 'policy mix': this means that no single strategy or intervention on its own is seen as capable of achieving desired outcomes, and that success is only likely to result from the use of a range or mix of strategies all of which are based upon a common philosophy (Edwards *et al*, 1994).**

**Taking school-based alcohol education as an example, what this means is that little should be expected by way of positive outcome of this strategy if the messages conveyed in school are not reflected in and supported by all the other elements in the policy mix (Room, 2002; Morgan, 2001). (And at present, of course, messages indicating that alcohol is risky are effectively contradicted by wider public policy on alcohol, which tends to make it more accessible and to promote its use).**

#### **PARENTAL PROBLEM DRINKING AND ITS IMPACT ON CHILDREN**

In addition to the direct risks posed by their own alcohol consumption, Irish children are also indirectly affected in a negative way when one or both parents are alcohol-dependent or have some other alcohol-related problem. Parenting, which can be stressful at the best of times, is hugely complicated by a parental preoccupation with alcohol and by the physical and mental problems associated with episodic or regular heavy drinking. Family life, to say the least, is not enhanced by a parental alcohol problem. However, none of the childhood difficulties which are causally linked to parental alcohol problems are unique to this situation, but tend to consist of one or more of the social and psychological disorders which would be familiar to child welfare and child psychiatric professionals generally. For instance:

**Children of varying ages who have already been toilet-trained may start to bed-wet in reaction to a parental alcohol problem.**

Children who have previously been performing well in school may, in response to parental conflict over alcohol, start to display poorer concentration and a reduction in their overall academic achievement.

Children (mainly boys perhaps) exposed to alcohol-related verbal or physical aggression may themselves begin to act out in an aggressive way and may develop early patterns of problem drinking or drug use.

Children (mainly girls perhaps) with previously good social skills may become shy and withdrawn.

From a child protection and welfare perspective, it is commonly observed that parental alcohol problems are associated with child neglect and, perhaps less frequently, with child abuse. Similarly, professionals who work with juvenile offenders are likely to identify parental alcohol problems as an element in the overall package of family dysfunction which is likely to accompany this offending behaviour. Generally, it would appear that all professionals – whether from a health, social service, educational or criminal justice background – who deal with children cannot fail to be aware of the role played by parental alcohol problems in childhood disorders.

It is also commonly suggested (for instance, Thombs, 1999) that there are quite specific family dynamics to be observed where there is a parental alcohol problem, and that the main features of family culture in this situation include a taboo on direct comment upon or discussion of the alcohol problem within the family, as well as a tendency to conceal the problem from people outside the immediate family circle. Without denying the current pain or the adverse long-term consequences of growing up in such families, it is important to point out that research on this topic – as opposed to popular cultural representations of the ‘alcoholic family’ – does not support the stereotyped view that all members of these families are pathological or dysfunctional and doomed to lifelong difficulties. Instead, the picture painted by research (such as Bennett and Wolin, 1990; Laybourn, Brown and Hill, 1996; Velleman and Orford, 2000) is more subtle and mixed, indicating the following:

- Families cope in varying ways, and with varying degrees of success, with the presence of a serious and ongoing alcohol problem.
- An important moderating role in protecting children from current or long-term adversity may be played by the parent who does not have an alcohol problem (and also by grandparents, aunts, uncles and other members of the extended family) and other formal and informal social networks in the educational and social spheres.
- Individual vulnerability also varies, with some children demonstrating remarkable resilience to the disruption caused by parental problem drinking.
- Children suffer least, both immediately and in the long-term, where the parental drinking problem is not allowed to disrupt family rituals – daily, annual and lifetime – which offer stability and continuity in the face of potential chaos.

In Ireland, as perhaps in most countries (Brisby, Baker and Hedderwick, 1997; Hampton, Senatore and Gullotta, 1998), children of problem drinkers tend not to

have their needs identified and responded to directly or coherently, because of the way in which health and social service provision is conventionally organised.

Treatment and rehabilitation services for Irish adult drinkers usually consist of a mix of medical detoxification and addiction counselling, whether delivered through the statutory health system, a voluntary organisation or a partnership between these two sectors. What is most significant about these services is that their focus is on their adult client/patient, with parenting and child care issues either ignored or dealt with in a peripheral and minimalist way. Understandably, adult mental health and addiction specialists see addiction treatment as their particular area of competence and feel less sure of themselves in handling child care issues; the assessment and management of child care problems appear to demand knowledge and skill not routinely at the disposal of addiction specialists, and they also raise the unwelcome spectre of statutory child protection. Addiction counsellors are sometimes fearful that any explicit focus on child care – in particular any suggestion that clients' children are being neglected or abused – could compromise the therapeutic relationships which they see as essential to bringing about and sustaining change in problematic substance use.

On the child care side a similar problem arises in terms of professional demarcation, since specialists in child welfare and protection tend to see the management of adult drinking problems as being beyond their competence and as matters best left to addiction specialists.

In summary, interventions into families where there is a parent with an alcohol problem may involve two parallel service systems – one staffed by addiction specialists who are unsure as to the legitimacy or competence of their interventions with children, and one staffed by child care specialists who are unsure as to the legitimacy or competence of their interventions with adult problem drinkers – as a result of which the children within these families appear to fall between two stools.

There has been little or no research aimed at establishing the precise contribution of parental drinking problems to child welfare problems in Ireland, and official statistics on this subject – both nationally and regionally – are haphazard and methodologically suspect (Butler, forthcoming). There is an obvious need for research on this topic, just as there is an obvious need to create some kind of bridging structures between child welfare and adult addiction services. Alcohol problems are so common and impact so frequently on children that child care specialists need to move beyond the mystique of addiction specialism and develop belief in their capacity to work effectively with these problems. This belief and capacity to work with alcohol problems can be fostered in primary education and training schemes for child care specialists, but it also needs to be reinforced and updated through management support and in-service training. Similarly, addiction specialists should be encouraged and persuaded to adopt a more explicit child care and parenting focus since so many of their clients have alcohol problems which contribute to and complicate their child care difficulties.



## BARNARDOS' RECOMMENDATIONS

The impact of problem drinking on children and young people can only be seriously addressed if:

- There is political will to implement effective alcohol policies;
- The public is actively engaged in the debate;
- And, most significantly, young people are involved at all stages.

- 1 National policy should be based upon public health principles and draw explicitly on the 2001 Declaration on Young People and Alcohol drawn up by the European Region of the World Health Organisation (WHO).<sup>1</sup>

This document suggests:

- That children and young people have a right to grow up in an environment protected from all the negative consequences of alcohol consumption.
  - That preventative strategies aimed at young people cannot be realistically separated from strategies aimed at the population as a whole.
  - That a mix of policy measures should be implemented aimed at reducing the pressure on young people to drink by:
    - curbing advertising and promotion;
    - making young people more knowledgeable about the risks involved in drinking;
    - expanding the range of healthy alternatives to drinking;
    - strictly enforcing under-age drinking laws.
- 2 A central aim of Irish policy should be to delay the age of onset of drinking by young people.
  - 3 In the context of the above, there should be a major review and public debate on the effectiveness of current under-age drinking measures, including the use of the age-card system.
  - 4 A specific tax on the alcohol industry's profits to be earmarked for health promotional or preventative purposes should be introduced.
  - 5 The Commission on Liquor Licensing should give serious consideration to reducing the opening hours of licensed premises.
  - 6 Existing alcohol advertising codes should be reviewed with a view to limiting the overall exposure of children and adolescents to alcohol and advertising which links drinking to success in social, sporting or sexual terms should be eliminated.
  - 7 School-based alcohol programmes may have a role to play if supported by a range of policy initiatives.
  - 8 Research should be carried out on the gap between adult addiction treatment services and child welfare and protection services.
  - 9 Education and training should be provided for health and child care professionals who work with children and young people on the management of alcohol problems.

1. The text of the Declaration on Young People and Alcohol is reproduced in full as an Appendix.

## APPENDIX WORLD HEALTH ORGANISATION DECLARATION ON YOUNG PEOPLE AND ALCOHOL, 2001

The European Charter on Alcohol adopted by Member States in 1995, sets out the guiding principles and goals for promoting and protecting the health and wellbeing of all people in the Region. This Declaration aims to protect children and young people from the pressures to drink and reduce the harm done to them directly or indirectly by alcohol. The Declaration reaffirms the five principles of the European Charter on Alcohol.

- All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.
- All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption on health, the family and society.
- All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.
- All people with hazardous or harmful alcohol consumption and members of their families have the right to accessible treatment and care.
- All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safeguarded from pressures to drink and be supported in their non-drinking behaviour.

### RATIONALE

Health and wellbeing are a fundamental right of every human being. Protecting and promoting the health and wellbeing of children and young people are central to the United Nations Convention on the Rights of the Child and a vital part of WHO's HEALTH21 policy framework and of UNICEF's mission. In relation to young people and alcohol, WHO's European Alcohol Action Plan 2000-2005 identifies the need to provide supportive environments in the home, educational institutions, the workplace and local community, to protect young people from the pressures to drink and to reduce the breadth and depth of alcohol-related harm. Further, a major opportunity for putting youth and alcohol issues on the policy agenda is approaching as governments worldwide prepare for the United Nations General Assembly Special Session on Children, to be held in September 2001, with UNICEF serving as secretariat.<sup>2</sup>

### YOUTH ENVIRONMENTS

The globalization of media and markets is increasingly shaping young people's perceptions, choices and behaviours. Many young people today have greater opportunities and more disposable income but are more vulnerable to selling and marketing techniques that have become more aggressive for consumer products and potentially harmful substances such as alcohol. At the same time, the predominance of the free market has eroded existing public health safety nets in many countries and weakened social structures for young people. Rapid social and economic transition, civil conflict, poverty, homelessness and isolation have increased the

2. The United Nations General Assembly Special Session was deferred because of the September 11 tragedy. It was eventually held in May 2002.

likelihood of alcohol and drugs playing a major and destructive role in many young people's lives.

### **DRINKING TRENDS**

The main trends in the drinking patterns of young people are greater experimentation with alcohol among children and increases in high-risk drinking patterns such as "binge drinking" and drunkenness, especially among adolescents and young adults, and in the mixing of alcohol with other psychoactive substances (polydrug use). Among young people there are clear links between the use of alcohol, tobacco and illegal drugs.

### **THE COST OF YOUTH DRINKING**

Young people are more vulnerable to suffering physical, emotional and social harm from their own or other peoples' drinking. There are strong links between high-risk drinking, violence, unsafe sexual behaviour, traffic and other accidents, permanent disabilities and death. The health, social and economic costs of alcohol-related problems among young people impose a substantial burden on society.

### **PUBLIC HEALTH**

The health and wellbeing of many young people today are being seriously threatened by the use of alcohol and other psychoactive substances. From a public health perspective, the message is clear: there is no scientific evidence for a safe limit of alcohol consumption, and particularly not for children and young adolescents, the most vulnerable groups. Many children are also victims of the consequences of drinking by others, especially family members, resulting in family breakdown, economic and emotional poverty, neglect, abuse, violence and lost opportunities. Public health policies concerning alcohol need to be formulated by public health interests, without interference from commercial interests. One source of major concern is the efforts made by the alcohol beverage industry and hospitality sector to commercialize sport and youth culture by extensive promotion and sponsorship.

## DECLARATION

By this Declaration, we, participants in the WHO European Ministerial Conference on Young People and Alcohol, call on all Member States, intergovernmental and nongovernmental organizations and other interested parties to advocate for and invest in the health and wellbeing of young people, in order to ensure that they enjoy a good quality of life and a vibrant future in terms of work, leisure, family and community life.

Alcohol policies directed at young people should be part of a broader societal response, since drinking among young people to a large extent reflects the attitudes and practices of the wider adult society. Young people are a resource and can contribute positively to resolving alcohol-related problems.

To complement the broader societal response, as outlined in the European Alcohol Action Plan 2000-2005, it is now necessary to develop specific targets, policy measures and support activities for young people. Member States will, as appropriate in their differing cultures and social, legal and economic environments:

### 1. Set the following targets that should be achieved by the year 2006:

- Reduce substantially the number of young people who start consuming alcohol.
- Delay the age of onset of drinking by young people.
- Reduce substantially the occurrence and frequency of high-risk drinking among young people, especially adolescents and young adults.
- Provide and/or expand meaningful alternatives to alcohol and drug use and increase education and training for those who work with young people.
- Increase young people's involvement in youth health-related policies, especially alcohol-related issues.
- Increase education for young people on alcohol.
- Minimize the pressures on young people to drink, especially in relation to alcohol promotions, free distributions, advertising, sponsorship and availability, with particular emphasis on special events.
- Support actions against the illegal sale of alcohol.
- Ensure and/or increase access to health and counselling services, especially for young people with alcohol problems and/or alcohol-dependent parents or family members.
- Reduce substantially alcohol-related harm, especially accidents, assaults and violence, and particularly as experienced by young people.

### 2. Promote a mix of effective alcohol policy measures in four broad areas:

- Provide protection: Strengthen measures to protect children and adolescents from exposure to alcohol promotion and sponsorship. Ensure that manufacturers do not target alcohol products at children and adolescents. Control alcohol availability by addressing access, minimum age and economic measures, including pricing, which influence under-age drinking. Provide protection and support for children and adolescents whose parents and family members are alcohol-dependent or who have alcohol-related problems.

- Promote education: Raise awareness of the effects of alcohol, in particular among young people. Develop health promotion programmes that include alcohol issues in settings such as educational institutions, workplaces, youth organizations and local communities. These programmes should enable parents, teachers, peers and youth leaders to help young people learn and practise life skills and address the issues of social pressure and risk management. Furthermore, young people should be empowered to take responsibilities as important members of society.
- Support environments: Create opportunities where alternatives to the drink culture are encouraged and favoured. Develop and encourage the role of the family in promoting the health and wellbeing of young people. Ensure that schools and, where possible, other educational institutions are alcohol-free environments.
- Reduce harm: Promote a greater understanding of the negative consequences of drinking for the individual, the family and society. Within the drinking environment, ensure training for those responsible for the serving of alcohol and enact/enforce regulations to prohibit the sale of alcohol to minors and intoxicated persons. Enforce drink-driving regulations and penalties. Provide appropriate health and social services for young people who experience problems as a result of other people's or their own drinking.

**3. Establish a broad process to implement the strategies and achieve the targets:**

- Build political commitment by developing comprehensive countrywide plans and strategies with young people, with targets to reduce drinking and related harm, particularly in the different segments of the youth population, and evaluate (with young people) progress towards them.
- Develop partnerships with young people especially, through appropriate local networks. Look to young people as a resource and promote opportunities for young people to participate in shaping the decisions that affect their lives. Special emphasis should be placed on reducing inequalities, particularly in health.
- Develop a comprehensive approach to addressing the social and health problems experienced by young people in connection with alcohol, tobacco, drugs and other related issues. Promote an intersectoral approach at national and local level, to ensure a sustainable and more effective policy. When promoting the health and wellbeing of young people, take into consideration their varying social and cultural backgrounds, and particularly those of groups with special needs.
- Strengthen international cooperation among Member States. Many of the policy measures need to be reinforced at the international level, if they are to be fully effective. WHO will provide leadership by establishing appropriate partnerships and utilizing its collaborative networks across the European Region. In this regard, cooperation with the European Commission is of particular relevance.

The WHO Regional Office, through its European Alcohol Information System, will monitor, evaluate (with the involvement of young people) and report on progress in the European Region towards meeting the commitments made in this Declaration.

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