

USE OF ALCOHOL AND OTHER DRUGS BY MOTHERS AND CHILDREN ATTENDING A CHILD PSYCHIATRIC CLINIC

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Summary

Maternal and child alcohol and other drug use was examined in 30 consecutive families attending a child psychiatric clinic. Thirteen percent of mothers were problem drinkers by the MAST classification, 13% were taking benzodiazepines daily and a further 7% were taking those drugs on an irregular basis. Regarding children, 20% reported smoking cigarettes, 10% drank alcohol and 6% used drugs on at least one occasion. There were no relationships between maternal drug use and child behaviour problems as rated by teachers. Levels of alcohol consumption by mothers were high indicating that alcohol use in the family may be a target for intervention in the child psychiatry context.

Introduction

Alcohol and drug use are of particular concern in the context of the young family. Foetal alcohol syndrome and cognitive impairment in children of alcoholic mothers have been described (Clarren and Smith, 1978; Streisguth *et al*, 1980; Aronsen *et al*, 1985). Maternal alcoholism has been related to conduct disorder in children while maternal depression and paternal alcoholism is related to the risk of depression in the child (Welner and Rice, 1988). A study by Marsh *et al* (1986) reported that 16% of 15 year old boys claim to have drunk over twenty-five units of alcohol in the previous week. The level of alcohol and drug use of young Irish parents is unknown. A large study of substance use by Irish post-primary urban school children by Morgan and Grube (1986) provides information about cigarette, alcohol and drug consumption by Irish teenagers.

This study examined substance use by mothers and children attending a child psychiatric clinic. The aim was to describe levels of substance use by mothers and children and to examine the relationships between maternal substance use and child variables.

Method

Thirty mothers and their children, consecutive attenders of an urban child psychiatric clinic, were studied. Confidentiality was assured to mothers and their children who were interviewed separately. Mothers were asked to complete the Michigan Alcoholism Screening Test (MAST) questionnaire (Selzer, 1971), a twenty-five item questionnaire pertaining to drug consumption over the previous month. Scores range from 0-25, a score >4 indicating problem

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drinking. Drugs were divided into three classes: (1) prescribed drugs e.g. antibiotics and oral contraceptives, (2) over the counter preparations such as vitamins and (3) tranquillizers (see Appendix). Other variables recorded were age of child, social class of family (using the O'Hara (1982) classification), marital status of mother and number of children in the family.

Thirty children, aged 5-16 years, were clinically assessed by a child psychiatrist and categorized according to the ICD 9 classification system. They then completed a questionnaire pertaining to smoking habits and alcohol and drug consumption which has previously been used with Irish children (Morgan and Grube, 1986). Children under 10 years were questioned by the interviewer while older children completed the questionnaire themselves. The Rutter Scale B [2] (Rutter, 1967), a children's behavioural questionnaire for completion by teachers, was forwarded by post to each of the children's teachers.

Results

Social class of the families was classified on the basis of parental occupation. The majority of families (86%) came from the lower social class, i.e. classed V and VI. Most mothers (73%) were currently married and the mean number of children in the family was 3 (S.D-.2.2). The mean age of children was 9 (S.D: 3 years) years.

Four mothers scored at borderline or above on the MAST, four reported using benzodiazepines on a daily basis and two used these drugs on an irregular basis. Fifteen of the mothers smoked cigarettes daily.

By ICD-9 classification the majority of children in this study were categorised as having conduct disorders (Table 1).

TABLE 1
Diagnostic categorization of children using the ICD-9 classification

Diagnostic Category	Number of Children
Conduct disorder (312-1)	14
Adjustment reaction (309)	9
Borderline mental handicap (317)	2
Anxiety disorder (313-8)	3
No psychiatric disorder	4

TABLE 2
Consumption of cigarettes, alcohol and drugs by children in this study compared with results of an Irish urban study of 13 year old children carried out by the Economic & Social Research Institute (1986).

Behaviour (at least once)	This study (N=30) %	ESRI study (N=2927) %
Smoking	20	32
Drinking	10	45
Drug abuse	6	8

Twenty per cent of the children in this study admitted to smoking on at least one occasion, 10% to drinking alcohol and 6% to abusing drugs. The consumption of alcohol, drugs and cigarettes by children in this study was compared with that of a previous Irish study of post-primary children aged approximately 13 years (Morgan and Grube. 1986). Usage was lower in this study for each category of use (Table 2).

Twenty (60%) of the Putter Scale B [2] forms were completed and returned by teachers. There was a high concordance between the ICD-9 diagnosis and the Putter Scale classification of behavioural disorder. For instance, all eleven children categorised as having a conduct disorder by ICD-9 scored positively on the Putter Scale B [2] with 10 scores indicating an antisocial behavioural disorder and one an undifferentiated behavioural disorder.

No statistically significant relationships were found between demographic factors and maternal drug use or between maternal drug use and behavioural disorders in children (Table 3).

TABLE 3
Relationships among demographic factors, maternal alcohol and drug use and behavioural disorders in children.

a) *Maternal alcohol use and demographic factors*

*MASTx marital status (married/other): $X^2=0.10$ (n.s.)

MAST x number of children: Pearson correlation: $r=+0.26$ (n.s.)

MAST x age of child: Pearson correlation: $r=+0.11$ (n.s.)

b) *Child behaviour rating and maternal substance use*

*Rutter x MAST score: $X^2 = 0.97$ (n.s.)

Rutter x maternal use of tranquillizers (yes/no): $X^2=0.34$ (n.s.)

MAST: Michigan Alcoholism Screening Test (7)

Rutter: Rutter Scale B [2] (9)

*For Chi-square statistics MAST was dichotomised into 0-3/4+ scoring, i.e. without/with high alcohol use, Rutter Scale B[2] was dichotomised into 0-8/9+ scoring, i.e. without/with behaviour problems.

Thus there was no direct relationship between behavioural disorders in children and maternal alcohol and drug consumption. Maternal alcohol and drug use was not associated with demographic variables

Discussion

The finding that 13% of mothers experienced problem drinking is significant. A study of general practice attenders using the CAGE, a more sensitive measure of alcohol use than the MAST, found that the prevalence of problem drinking in women was 1.3% (King, 1986). The results of this study suggest that mothers of children attending a child psychiatric clinic have a high prevalence of problem drinking.

Results from the children's questionnaire indicated that the prevalence of cigarette smoking and alcohol, although not drug, consumption are low when compared with the results of the Morgan and Grube (1986) study. This may be because the children in this study were younger. The figures may also be an underestimate as children may not have been convinced of the confidentiality of the interview knowing that the interviewer would meet the mother alone subsequently. Children in the larger study completed the questionnaires anonymously at school.

The fact that no significant relationships were evident between the variables in this study may be due to the relatively small numbers. Also the MAST may not be sensitive enough to detect more graded forms of excessive drinking. Another possibility is the relatively homogenous nature of the sample; all families were by definition problem families with referrals to a child psychiatric clinic. The relationships between maternal and child substance abuse should be examined in larger community samples.

APPENDIX

QUESTIONNAIRE ON DRUG CONSUMPTION COMPLETED BY MOTHERS

How often have you used each of the following:

1. Aspirin or other headache medications
2. Aids for stomach or digestion problems
3. Laxatives
4. Cough, cold or sinus medicine
5. Medication to pep you up or keep you going
6. Medication to calm you down (tranquillizers)
7. Antibiotics
8. Medication for blood pressure or heart problems
9. Vitamins, tonics or other dietary supplements
10. Other prescription medicines
11. Oral contraceptives
12. Illicit drugs
13. Other non-prescribed medicines or drugs
14. Cigarettes

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- Code:**
0. Never
 1. Once weekly
 2. Once/twice weekly
 3. 3-4 time weekly
 4. Daily
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- Class**
- (1) Prescribed drugs: 7, 8, 10, 11.
 - (2) Over the counter preparations: 1, 2, 3, 4, 5, 9.
 - (3) Tranquillizers: 6.

In view of the findings of the relatively high level of problem drinking in mothers of children referred for assessment, it may prove useful to ask questions pertaining to parental alcohol and drug consumption routinely at assessment. Thus parents who have problems can be identified and referred for appropriate treatment. This would be an essential part of the overall therapy for the child.

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