Box DS1 Negative experiences of children and adolescents living with parental substance misuse

- High levels of violence (Black et al., 1986)
- Experiencing or witnessing neglect or abuse – physical, verbal or sexual (Kelleher et al., 1994; Chaffin et al., 1996; Cleaver et al., 1999; Forrester & Harwin, 2004)
- Poor and/or neglectful parenting (Cleaver et al., 1999)
- Inconsistency from one or both parents (Roosa et al., 1988; Jarmas & Kazak, 1992; Jones & Houts, 1992)
- Having to adopt responsible or parenting roles at an early age (Cleaver et al., 1999)
- Feeling negative emotions such as shame, guilt, fear, anger and embarrassment (Orford & Velleman, 1990; Velleman & Orford, 1993)
- Possible neurodevelopmental consequences of substance misuse in pregnancy, such as foetal alcohol syndrome or drug effects (McElhatton, 2004; Plant, 2004), which may contribute to developmental delays or intellectual disability

Box DS2 Negative effects of living with a parent with a substance misuse problem

**Children**

Children who have the experiences outlined in Box 2 often subsequently demonstrate their negative effects, including higher levels of:

- behavioural disturbance, antisocial behaviour (conduct disorders) (Robins, 1966; Nylander, 1979; West & Prinz, 1987)
- emotional difficulties (Orford & Velleman, 1990; Cleaver et al., 1999)
- behavioural problems and underachievement at school (Knop et al., 1985)
- social isolation, because they feel that it is too problematic or shameful to bring friends home (Cork, 1969; Black et al., 1986), or because they are not able to go out with friends as they have responsibilities caring for other family members (e.g. siblings or the misusing parents) (Cleaver et al., 1999; Orford & Velleman, 1990, 1995; Velleman & Orford, 1993, 1999)
- ‘precocious maturity’ (Orford & Velleman, 1995; Velleman & Orford, 1999)

They also tend to have a more difficult transition from childhood to adolescence and increased likelihood of being referred to social services because of child protection concerns (Forrester and Harwin, 2004)

**Adolescents**

Two common patterns often emerge:

- increasing introspection and social isolation, with friendship difficulties (e.g. the young person is unlikely to visit or invite friends to their own home), anxiety or depression (Velleman & Orford, 1999) (for which psychoactive medication may be prescribed); attempts to escape their family home (e.g. by leaving home at an early age or entering into a long-term relationship; Velleman & Orford, 1999)
- development of strong peer relationships which are kept separate from their own family (Velleman & Orford, 1999); these relationships may themselves involve early alcohol or drug use (Chassin et al., 1996; Velleman & Orford, 1999), participation in sub-cultures perceived to be ‘deviant’ (Nylander & Rydelius, 1982), in antisocial activity, unsafe sex and unplanned and/or early pregnancy (Velleman & Orford, 1999)

**Adulthood**

- Some of the problems of childhood and adolescence can continue into adulthood
- It has been assumed that children with one or more problem-drinking parents are more likely themselves to develop problematic drinking patterns in adulthood (Heller et al., 1982; Sher, 1991).

There is evidence that such inter-generational continuities can occur (Schuckit & Sweeney, 1987; Parker & Harford, 1988; Pandina & Johnson, 1990). However, this assumption may have been exaggerated. A review of the literature suggested that most adults who had problem-drinking parents do not have worse problems than others, either in terms of substance misuse or other areas of adulthood adjustment (Velleman & Orford, 1999)
References


