

## **Alcohol and the Family in Europe**

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### **Background**

Four of the five ethical principles of the Alcohol Charter signed by Member States of the WHO European region in 1995 refer to the family, beginning with the right of all people to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption. The Charter also includes a right of all people with hazardous or harmful alcohol consumption and members of their families to accessible treatment and care.

Despite these worthy sentiments, throughout most of the countries of Europe family members remain the 'forgotten victims' of alcohol problems. Even in countries with formalised national alcohol misuse policies, the family aspects of the problem may not be fully recognised. Not surprisingly, therefore, service provision in any form is uneven and is in some respects non-existent for substantial proportions of the European population.

In 1997, EURO CARE began gathering support for a project on alcohol problems in the family. Meetings were held with the WHO European Office and with the Director General of European Commission DG V. The project was finally to be carried out jointly by EURO CARE and the Confederation of Family Organisations in the European Union (COFACE), a working party being set up which consisted of representatives of all Member States of the EU with the addition of Norway. The project was funded by DG V, and the Commission holds the copyright of the final report.

The report was published in December 1998 in both English and French, followed later by a Spanish version. The report bears the logos of EURO CARE, COFACE, WHO and the European

Commission. It was officially launched at a press conference by then EC Commissioner Pádraig Flynn. Subsequently, the report provided one of the workshop themes at the WHO Ministerial Conference on Alcohol and Young People held in Stockholm in 2001.

The purpose of the report was to help put family alcohol problems on the political agendas of the Member States and of European Union institutions, and the project was carried out as a contribution to the WHO Alcohol Charter and the European Alcohol Action Plan. In other words, the report was not itself a scientific publication but an exercise in advocacy, although it was of course advocacy based on a scientific understanding of family alcohol problems.

The intention was to assess the scale of the problem and to find out what is being done, or not being done, in member countries. It quickly became clear that the shortage of hard information made this a very difficult task. It is known that alcohol is involved in a range of social and family problems such as domestic violence, divorce and family break-up and behavioural problems in children, but the contribution of alcohol to these problems is not normally ascertained or recorded in official statistics.

While this lack of information was disappointing it was itself one of the main findings of the report, one of principal aims of which was precisely to identify gaps in knowledge and to make appropriate recommendations.

The report is comprehensive and as well as considering the ways in which alcohol problems can impair families, it also discusses how different kinds of family structures and family difficulties can increase the likelihood of alcohol and other drug problems in adults and children.

## **Size of the Problem**

The headline finding was that in the late 1990s between 4.5 million and 7.7 children in the European Union were living in families suffering from the adverse effects of parental problem drinking. The lower estimate was based on Danish research showing that 7% of 13–19 year olds had at least one parent who had been admitted to hospital with an alcohol-related diagnosis. The higher estimate was based on Finnish research suggesting that 12% of children had experienced harm from excessive parental drinking.

If these findings are a satisfactory basis for estimating the general scale of the problem, then in the 10 new member states somewhere between 880,000 and 1.5 million children aged under 15 are experiencing harm from parental drinking, giving a grand total of 5.4 to 9.2 million. To put this in perspective, the upper estimate is approximately equal to the entire population of Sweden.

## **Family Break-up as a cause of alcohol problems**

Before discussing the adverse effects of alcohol problems on families it is worth noting that intact families can also protect their members from alcohol problems. It has been commented upon that marriage and families have a literally sobering effect. Especially in the case of men, those who are married or are in stable relationships tend to drink less than those who are divorced, separated, single, or widowed. There are a number of reasons why single or newly-separated people drink more, an obvious one being the lack of responsibility for others and the time and money to spend in bars. Conversely, studies show that single people who acquire new families and stable relationships tend to consume less alcohol. If stable family life is a factor in avoiding the abuse of alcohol, then clearly it will also minimise the problems for the children in those families.

A large number of studies have found a link between family break-ups and substance abuse problems in the children. For example, one study found that 15–16 year olds living with both parents were significantly less likely than those living with only one parent to drink alcohol to intoxication, smoke cigarettes or use illicit drugs, although the differences were reduced when factors such as social support were taken into account. (2) This finding is consistent with the conclusions of studies of adolescent drinking behaviour which have found adolescent drinking to be associated with low levels of parental support and control. **Support** refers to parental behaviour which fosters in adolescents feelings of comfort, belonging and acceptance; **control** refers to the presence or absence of a framework of family rules and boundaries for adolescents to live by.

Given the trends of increased family instability and break-ups the significance of these trends is clear. In the EU, divorce rose from 11 per cent of marriages in 1970 to 30 per cent in 1995; marriages fell from eight per 1,000 inhabitants in the 1970s to 5.1 per 1,000 in 1995. Across the Union, therefore, hundreds of thousands of children are now experience parental divorce, and the figures are of course hugely greater in the European region as a whole.

It has been found that higher levels of alcohol consumption, heavy drinking and problem drinking occur in those who experienced parental divorce in childhood. The increased risk becomes apparent between the ages of 23 and 33. The same effects were not found for later parental divorce or parental death.

If the present trend continues, one third of marriages in the European Union will end in divorce. In the EU divorce has risen from 11 per cent of marriages in 1970 to 30 per cent in 1995. There has also been a significant drop in the number of marriages. Given these findings, the potential for alcohol related harm to young people may be presumed to be growing at an alarming rate.

However, the problems are not restricted to the children. There is evidence for some countries that marital break-up increases the risk of alcohol problems, as well as other mental and physical health problems, in adults, at least in men. In both men and women, those who divorce are at greater risk of premature death than those whose marriages remain intact. One known cause of increased mortality is alcohol misuse, and in the UK, researchers have suggested that high rates of separation and divorce, (the highest in the European Union), may have been an underlying cause of increased alcohol-related mortality and morbidity at a time when national alcohol consumption was generally stable.

### **Alcohol-Impaired Families**

In regard to the problems caused to families by alcohol, the report considers the effects of problematic drinking on spouses but it is primarily concerned with the experience of children of problem drinking parents.

Fully to understand the impact of problematic drinking on the family it is necessary to go beyond a list of disparate problems and consider the ways in which the structure and functioning of the family as a whole system of relationships can be impaired. The report examines this aspect in relation to Roles (the division of labour within the family); Routines; Rituals; Social Life; Finances and Communication. As problematic drinking takes hold, roles within the family can change: the drinker may not be able to perform his or her function as breadwinner or financial manager. Routines are, of course, highly susceptible to the behaviour of an abusive drinker and, for example, unpredictability often means that set times for meals or punctuality in picking up the children from school become impossible. Family rituals, which are symbolic of the unity of the family, can be disrupted, as when the drinker by his or her absence – or, worse, presence – casts a blight on such celebrations as Christmas or birthdays. Within the family, social life becomes restricted as the drinker declines to

participate or when the other avoid activities for fear of the reaction of the drinker. Outside the family, social life is necessarily curtailed if family members find the actions of the drinker in public shameful or embarrassing. All of these elements of family life can be disrupted, sometimes to the point of destruction.

Families containing a problem drinker often suffer financially. Holidays may be impossible or the children may have forego other material benefits which their peers are able to take for granted.

Lack of communication within a family can affect the development of a child. In the case of an alcohol-damaged family, it is not unusual for the problem never to be mentioned – what is sometimes known as "The Elephant Behind the Sofa Syndrome". On the other hand, at a later stage, alcohol can come to be the sole topic of conversation. In either case, the children are denied the normal intercourse of family discussion.

The spouse may be affected by relationship difficulties not only with his or her partner but also with the children. Most obviously, as the alcohol problem comes to dominate the lives of everyone in the family, the non-drinking parent may simply have less time and fewer emotional as well as material resources to devote to the children. The non-drinking parent may have to assume the whole responsibility for disciplining the children, and it may well be the non-drinking parent who has to give the children the bad news that, for example, they cannot invite friends to the house or that there is no money for them this week. It is reported that, ironically and poignantly, children, especially perhaps young children, who cannot see behind the surface, may at times resent and blame the non-drinking parent as much or more than the drinking parent. (6)

The non-drinking parent is thus likely to experience an acute conflict of interests and loyalties between her partner and her children and to feel guilty for neglecting someone whichever course she takes. It is also reported that spouses, perhaps

especially women, may blame themselves for their partner's drinking problem believing that they are in some way its cause.

One common feature is, of course, that in all countries it is more usual for the problem drinker to be male and the affected spouse or partner, female. It has been suggested that another gender difference is that men may be more likely to separate from a problem drinking female partner than women to separate from a problem drinking male partner. We could not obtain hard statistical evidence on this point, although we did speculate that whatever may have been the case in the past, the pattern may be changing as it becomes easier for women to find employment and to live independently following divorce or separation.

## **Children**

Internationally, the evidence is consistent in regard to the effects of parental problem drinking on children, who report social isolation and being forced to take on adult roles and responsibilities, caring for younger siblings or indeed their parents. Such children are at increased risk of a wide range of psychological and health problems, as are the partners of problem drinkers.

Of course, parental alcohol consumption can adversely affect the child even before birth. Whilst foetal alcohol syndrome – growth retardation, problems with the central nervous system, characteristic facial deformity – is relatively rare, it is still encountered in 3.3 births per 1,000 in France, for example. Some studies have shown that, as opposed to foetal alcohol syndrome, foetal alcohol effects may be experienced by babies born to women who consume as little as one or two drinks a day. These effects include an increased risk of learning disabilities and other cognitive and behavioural problems

The children of problem drinking parents often have problems which include:

- i. Anti-social behaviour: children of problem drinking parents are at raised risk of aggressive behaviour, delinquency, hyperactivity and other forms of conduct disorder.
- ii. Emotional problems: these include a wide range of psycho-somatic problems from asthma to wetting; negative attitudes to their parents and to themselves, with high levels of self-blame; and depression.
- iii. School environment: the problems include learning difficulties, reading retardation; loss of concentration; generally poor school performance; behavioural problems such as aggression and truancy.

A Spanish study quoted in the report shows a statistically significant impairment among children of problem drinkers in many areas, including: anorexia, language and communication skills, insomnia, a higher rate of depressive symptoms, disturbed behaviour patterns.

Of course, not all children are affected equally, or at all. There are variations in the range and severity of problems they experience, and while some appear not to suffer significant problems, others experience problems of the utmost severity. Research suggests (27) that some of the main factors influencing the likelihood of experiencing problems and thus the degree of negativity of the child's experience are:

**Violence:** witnessing violence even when not its target greatly increases the child's risk of experiencing the kind of problems described earlier.

**Marital conflict:** even non-violent marital conflict appears substantially to increase the likelihood of children experiencing severe problems.

Separation, divorce and parent loss: this also appears to be another major factor affecting the negativity of the child's experience.

As far as the difficult problem of child abuse is concerned, in compiling the report we were unable to find figures for all member states but those which were available indicated high levels of a association between child abuse and alcohol. In Norway, for example, it is believed that alcohol plays a part in between 60 and 70 per cent of child abuse cases. The figure for Italy is 50 per cent. There are more detailed figures available for the United Kingdom which endorse this worrying picture.

These numbers are of course larger still in the European Region as a whole, and they suggest that severe alcohol-related problems in children and adolescents may be more likely to arise from adult drinking than their own.

While it abundantly clear that children of problem drinking parents have a very bad time while they are children, encouragingly, the evidence is also clear that the problems do not in the majority of cases continue into their adult lives. The pessimistic picture presented by some advocates is incorrect, in that the majority of children of problem drinking parents survive the experience more or less intact, albeit unhappily. However, for a significant minority the problems do continue into their adult lives and a proportion go on to become problem drinkers themselves.

It is thus clear that there are factors which serve to protect the psychological wellbeing of children in adverse circumstances – to encourage resilience, and which reduce the likelihood of their of their experiencing continuing problems in adulthood. It is of course important that these factors be identified because they suggest measures which can be taken by helping agencies and by families themselves to mitigate the worst effects of drinking problems.

Some evidence suggests that the crucial factor affecting whether or not problems continue into adulthood is experience of family disharmony. In families which manage to remain intact and relatively harmonious despite the alcohol problem, the children appear to emerge largely undamaged. In contrast, children from disharmonious families are more likely to report continuing problems in adulthood, whether it was alcohol or some other issue that was the cause of the disharmony.

### **Obstacles to Service Provision**

It is clear that the problematic consumption of alcohol affects millions of families, and thus millions of children and adults across the European Union, causing harm and misery on a scale which dwarfs the problems associated with illegal drugs. The difficulties experienced by family members go beyond individual unhappiness to health and social problems that affect, and are an economic burden upon the whole society. Unknown but clearly large amounts of public money are expended in all member states each year on health and social services in dealing with the consequences of alcohol problems in families.

Yet, in no member state do family alcohol problems appear to be accorded the importance that they actually deserve. All member states promote often very high profile public awareness programmes on the dangers of drunken driving: none promotes any remotely similar awareness programme about the dangers of drunken parenting.

Across the European Union there are some treatment and helping services for family members but provision is patchy and, undoubtedly, there are many people, particularly children, who currently have no real access to help or support. A particular problem identified is that alcohol treatment services may not be prepared or equipped to deal with the family aspects of the problem, while family treatment services may not be prepared or equipped to deal with alcohol problems.

The conclusion of our report was that across the Union, the situation as regards alcohol-impaired families was far from satisfactory. In most Member States, the contribution of alcohol to family problems such as divorce and child abuse was not normally ascertained; treatment and helping services for family members were poorly developed, and relatively little attention was paid to family alcohol problems in preventative programmes. We would like to believe that our report helped to change that situation, but it would be rash to make too optimistic assumptions, and the likelihood is that, while the situation varies greatly from one country to another, there are two main features that still seem to apply generally:

- there is a lack of national focus on the family aspects of alcohol problems, and this is part cause and part consequence of a lack of factual information about their nature and extent.
  
- there is uncertainty regarding who is responsible for helping family members affected by alcohol problems. In most countries, children and other family members tend to slip through the gaps between helping agencies: alcohol treatment agencies may not provide help to the family of the drinker, while agencies providing treatment and help to families may not be equipped to deal with alcohol problems. Even where help is offered to family members, this is normally dependent upon the problem drinker first being identified and offered treatment. Where this does not happen, which is in the majority of cases, the children and other family members may well be left without recourse to any expert help or support.

In most member states, we were unable to find any explicit reference to the family aspects of the alcohol problem in national policy, or any authoritative statement by government ministers recognising the existence of family alcohol problems and the need to do something about them.

It is not surprising, therefore, that there is much that is not known. As we made clear in the report, lack of information makes difficult even a rudimentary estimate of the size of the problem. In most member states there appears to be a lack of statistical information about the involvement of alcohol in cases of child abuse and related social problems. Our Portuguese colleagues described this lack of knowledge as the 'ostrich response', and it does not require an excess of cynicism to believe that a lack of information can on occasion be extremely convenient. So long as the true scale of a problem remains unknown, it has no real existence in relation to public policy, and Governments and others are spared the unwelcome necessity of having to do something about it.

Children and the non-drinking parent may here be paying the price of the clear difference in public attitudes towards problems associated with alcohol and those associated with the illegal drugs. When problems occur with illegal drugs, the tendency is to blame the drugs; when problems occur with alcohol, the tendency is to blame the drinker. The drinker's family are likely to experience the problem of guilt by association, and blaming the individual drinker diverts attention from the social and economic factors that encourage the problematic consumption of alcohol.

### **Obstacles to an Effective Response**

In summary, the main obstacles to a more effective response can be seen as:

- Ignorance

Generally, there is a lack of information on the contribution of alcohol to family problems. Questions are

not asked; there is little if any routine monitoring of the alcohol involvement in family problems.

- Stigma

The habit of concealment contributes to lack of information. Women may be reluctant to accept help for fear of consequences for children.

- Family alcohol problems are generally accorded low priority

Alcohol problems in general tend to be given low priority, but even within alcohol policies family aspects tend to be regarded as secondary.

- Pessimism regarding outcome

In both the medical and social work professions, there are still a lot of negative attitudes concerning problem drinkers alleged dishonesty, denial, lack of motivation, and poor prognosis, these negative attitudes leading many to conclude that attempts to help are doomed to failure.

- Uncertainty regarding who is responsible for providing help

Alcohol impaired families are likely to disappear down the gap between family services and alcohol treatment services – the former may not be geared up to deal with alcohol, the latter with family members.

- Lack of training and support

Doctors/ social workers seem generally to receive little training in regard to substance abuse in general, family aspects in particular. Treatment response often fragmented, and practitioners not have access to expertise.

- Difficulties of crossing boundaries:

Dealing with family alcohol problems is always likely to require cooperation between a range of different agencies such as specialist alcohol problems agencies, and generic family treatment agencies, and also both the statutory and the non-statutory sectors.

- Confidentiality –

The issue of confidentiality can greatly complicate relations between different agencies, and is one of the causes of the alcohol problem underlying the presenting problem not being identified and confronted.

- Lack of coherent national alcohol policy

As noted above, even where national alcohol harm reduction policies exist they tend to pay relatively little attention to the family aspects of alcohol problems, but in any case most EU countries appear to lack such policies. Such policies are of course needed to give clear direction and engage major stakeholders in achieving common objectives. Family alcohol problems are a prime example of an issue requiring a co-operative approach – no single discipline or agency has the whole answer. Alcohol policies are needed to provide the basic framework for this co-operative approach, to define responsibilities and priorities and to allow for the needed allocation of resources.

## Recommendations

These considerations lay behind the recommendations of the Eurocare report to national governments, the European Commission and to Non-governmental organisations:

### National Governments should:

- Establish improved systems of research and monitoring to obtain more complete and reliable information about the contribution of alcohol to divorce, family break-up, child neglect and abuse and other family problems and to assess the economic costs of these problems.
- Formulate and implement coherent national policies for reducing alcohol-related problems. National policies should make explicit reference to family alcohol problems.
- Ensure that national alcohol education programmes provide information not just about alcohol and health but also about alcohol as a potential social problem and the ways in which alcohol can disrupt social and, especially, family relationships.
- Require local health and social service authorities to draw up plans for tackling alcohol problems and, in particular, for meeting the needs of family members including children. This will involve specifying the ways in which they will make best use of specialist alcohol services, including those provided by NGOs.
- Ensure that schools and other institutions and professionals having contact with children are provided with the education and training necessary for identifying and supporting children from problem drinking families.

- Ensure that a free telephone help line is available for children. It is probably unrealistic to propose a special, dedicated helpline for the children of problem drinking parents: however, alcohol helplines (such as those available in Denmark and the UK) should be geared up to dealing with enquiries from children as well as adults and, similarly, general helplines for children should be geared up to deal with calls concerning alcohol problems.

Ensure that the bodies responsible for the education and training of social workers and other professionals having contact with families and children, and their accreditation, receive appropriate education and training about alcohol problems, methods of intervention and the needs of family members.

The European Commission should:

- Encourage member states to improve the collection of information in regard to family alcohol problems, co-ordinating such investigations (perhaps through the European Observatory on National Family Policies) and, on the basis of the results of such investigations, supporting a programme to ascertain the economic costs of family alcohol problems in the European Union.
- Utilise the existing Health Promotion Programme as a vehicle for disseminating information about alcohol in general and family alcohol problems in particular.
- In view of the fact that for many young people, alcohol, tobacco and illicit drugs are all part of the same domain, extend drug awareness campaigns to include alcohol and tobacco.

- Continue to promote workplace alcohol policies and anti-drink driving campaigns, the latter paying particular attention to the management of the 'high risk offender'.
- Ensure that the Union's other policies, particularly those on taxation and the single market do not undermine efforts to reduce alcohol problems.
- In view of the generally worsening situation in Eastern European countries seeking membership of the Union, begin to collect and disseminate, in co-operation with international agencies such as WHO, information on ways of tackling family alcohol problems.
- Together with member states co-operate with and financially assist non-governmental organisations to:
- raise the level of public awareness about alcohol and family problems,
  - b) develop appropriate information and helping services and
  - c) encourage the spread of good practices in order that all citizens of the Union are able to have access to the help they may require.

#### Non-Governmental Organisation

- Specialist alcohol agencies should designate a member of staff to be responsible for family and children's services.
- These agencies should also ensure that adequate training is provided to staff in relation to child development and the family aspects of alcohol problems.
- Specialist family agencies should ensure that adequate staff training in alcohol problems is provided.

- COFACE and EURO CARE should co-operate in the field of alcohol problems in the family by setting up a joint working party at European level which would meet on a regular basis to take stock of developments and decide on and carry out joint initiatives.
- COFACE and EURO CARE should encourage their members at national, regional and local community level to seek co-operation with each other to develop a network of appropriate information, support and counselling services for families suffering from alcohol problems.