








## The effect of parental substance abuse on young people

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There is growing policy and practice interest in the effect of parental substance misuse – both drugs and alcohol – on children. Despite this, young people are often neglected in both policy discussion and service provision. This qualitative study was undertaken in Scotland and explored the lives of 38 young people between the ages of 15 and 27 years whose parents have or had a drug and/or alcohol problem. It found:

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-  Parental drug and alcohol misuse created considerable problems for most of the young people. Many felt that their parents were unable to provide consistent practical or emotional care. While the effects of drug and alcohol abuse were similar, the former brought with it more anxiety and social stigma and the latter was more associated with violence and parental absence.
-  Many of the young people felt their childhood was shortened through having to assume early responsibility for their own and others' wellbeing.
-  Although the young people in this study lived in a range of circumstances, they showed resilience and adaptation in finding ways to deal with their difficulties.
-  A sense that others, especially parents, cared about them even when they did not care for them helped them keep going.
-  Informal relationships – with extended family members, neighbours, friends and friends' families – were very important. But such support was seldom either reliable or unconditional.
-  Where experienced, a strong personal relationship with a service worker was highly valued.
-  The young people shared similar goals and dreams – of jobs, houses and families – but not all were on the way to achieving this. Education and work were key factors in putting them in a position to achieve their goals.

## Background

In the UK there are estimated to be between 250,000 and 350,000 dependent children living with parental drug misuse, and 920,000 living with parental alcohol misuse. Parental substance misuse can cause considerable harm. Children are at risk from emotional and physical neglect as they grow up. They also risk developing emotional and social problems later in life. Both outcomes are of growing concern to policy and practice. Older children, especially those aged 16 and over, are often neglected in policy discussion and in service provision. More needs to be known about their lives so that effective policy and service support can be developed.

The study involved interviews with 38 young people between the ages of 15 and 27 years old (most were between 16 and 21) who had been affected by parental substance misuse. The late teens and early twenties is a period of transition to adulthood, and interviews explored past experiences and present situations, before asking interviewees to consider the future.

While most of the young people came from socio-economically disadvantaged backgrounds, six had middle-class backgrounds. Some of the young people appeared to be managing well for themselves, and within this group several were in higher education. Others had relatively chaotic or precarious lives. Twelve had serious drug problems; most of this group were receiving treatment.

## What effect does parental substance misuse have?

It was apparent from the interviews that most of the young people put parental substance misuse at the heart of the problems they experienced.

**“Living w/ two alcoholic parents fer the amount of time I did. It was the most hellish experience you could ever imagine.” (Ian, 23; mother and father both alcohol misusers.)**

Parental substance misuse was reported as affecting the young people’s relationships with both parents and other family members. The abuse was frequently reported as making parents unable to fulfil parenting roles and obligations, leaving children to adopt adult responsibilities.

A general sense of neglect pervaded many accounts. Many interviewees said that they had to provide both practical and emotional care for their parents, often from a very young age. This included protecting their parents from harm. Some of the young people had to get themselves and brothers or

sisters ready for school and keep their home in order. Parents failed to meet basic needs, such as providing a reasonable diet.

**“I’d only be [in school] for a certain amount of time and then I’d have to go home and look after my mum ... I used to come in from school. I would do the dishes. Put, like, all the clothes in the washing machine. My mum would be lying steaming [drunk] on the couch and I’d have to try and cook dinner.” (Rachel, 17; mother alcohol misuser)**

Some parents with drug or alcohol problems tried to maintain a normal home atmosphere and some of the children reported that their parents clearly did their best to look after them. Parents often went to some lengths to hide substance misuse, especially drug misuse, from children and many of the sample spoke of how they had found out about the abuse for themselves.

However, it was evident that parental attempts at hiding substance misuse did not protect children effectively. Indeed the secrecy only created another responsibility for the children as they tried to conceal what went on. This was especially true in the case of drug use.

**“If [the police] ever ask you anything you just say nothing.” (Dan, 21; mother and two stepfathers heroin misusers.)**

The research indicated that while the effects of drug and alcohol abuse were broadly similar, there were some differences. In the young people’s accounts, violence was strongly associated with alcohol. Alcohol abuse was also more public and could be an especial problem on social occasions like Christmas. It was also more likely to take the parent out of the home, with some parents disappearing for weeks at a time on ‘benders’. Drug use, on the other hand, appeared to create more worry and stigma for children.

## How do young people cope with parental substance misuse?

The interview findings often painted a bleak picture of young people’s lives. However, many of the sample had found ways both to cope with their parents’ substance misuse and to protect themselves. Periodically separating themselves mentally and physically from the home situation was one way of doing this.

**“I always went [to school]. Everything always still played on my mind [in school] because I’d be like: ‘God**

**what's gonna happen?' But then I would just push it to the back and get on wi' things. And enjoy my day at school." (Emma, 21; mother alcohol misuser)**

The ability to cope with adversity is suggestive of resilience. It seemed, from the interviews, that children managed best when they were part of a network of emotionally satisfying and practically useful relationships with others, such as family members and service workers. In addition, a sense that at least one parent had their interests at heart – a sense of being cared about even if they did not feel properly cared *for* – was also important for many of them.

**"[Dad] stood by me through everything ... Even though I got put in a home and I did feel deserted and all that, I know now that my dad didnae want me to get put in the home, that my dad tried to stop it." (Graham, 18; mother dihydrocodeine misuser)**

The young people's experiences underscored the importance of the extended family and other informal relationships. These were usually the first resort in times of difficulty. Grandparents, aunts and uncles provided care and respite, sometimes becoming foster carers. Older brothers and sisters could also protect them. For some interviewees, neighbours and friends' families were good at filling in the gaps by providing places to eat and sleep. In addition, many of the young people clearly felt a strong need to give love and care.

**"I love him to bits because he's my brother but he doesnae really see me as his sister. He's only 8. But he might do when he gets older." (Tabetha, 17; mother alcohol misuser)**

Despite their positive effects, the fragility of these family relationships and friendships was ever-present in the young people's accounts. The interviews suggest that support was seldom given unconditionally and apparently warm and caring relationships could end quite abruptly. The ways that the young people got through their experiences had costs associated with them and learning to cope was an often painful process of trial and error. For instance, many of the young people spoke of how their attempts to influence the parent's substance misuse usually ended in failure.

**"I've shouted at him about it before. But he just doesn't take much attention ... and comes up with the excuse that it's because of his back." (Adam, 16; father cannabis misuser)**

Many of the young people said they had had no support from services while they were under the age of 16 although, by the time of interview, many were clients of a variety of services, including drug and homeless agencies. For those who had experienced it, a strong relationship with a service worker seemed to contribute to resilience. Young people spoke of what was needed in these relationships and the qualities mentioned included flexibility, informality and a forward-looking orientation. While the child lived at home, outside understanding of the substance misusing parent was more helpful than criticism. Young people did not always want to be obliged to talk about feelings or experiences, or to dwell on the past.

**"If I've got a problem and I'm depressed he'll [youth worker] come up and say, 'Are you alright?' 'Aye.' 'What's the matter?' And I'll say whatever it is. 'Do you want to talk about it?' 'Nah.' 'Right, bye.' That's the end of it." (Jeff, 16; mother alcohol misuser)**

### **How do they go about moving on?**

In British society the experience of youth is now characterised by what might be termed extended childhood. In contrast, many of the young people in this study felt they had to mature too early, with childhoods characterised by adult duties and responsibilities. Some were now concerned with reclaiming their youth and focusing on their own needs.

Many of the young people in the sample had reached a point in their lives when they were starting to move on. They shared the near-universal goals of having a house, a job and a family. Some had plans to help them attain these goals but others regarded them as remote hopes, preferring to take one day at a time.

**"I always say, 'What's the point of looking to the future?' Because you cannae choose what's gonnae happen." (Faith, 19; father alcohol misuser)**

Interviewees identified a number of paths to independence. For some, education was important, while others saw work as the key element. Exercising control over their lives and managing independently in spite of obstacles was a source of pride to many.

**"Nothing will stop me. Whether it'll take me ten years, I'll still dae it. I've got three Highers so I could go straight to university but I think I'll go to college first. Got [two As and a B] ... Nine months pregnant I done my exams." (Lucy, 17; mother alcohol misuser)**

However, many of the sample were drawing benefits or in casual employment and felt they had few prospects. A wide variety of services were helpful to their post-16 transition to independence. Supported accommodation and drop-in centres seemed to be of especial help.

### Conclusion

The interviews on which this research was based provide clear insights into the difficult lives of these vulnerable young people. While some of the sample were moving successfully into independent adulthood, the futures of others seemed more uncertain. The strategies and resources for coping that were employed by many of the young people seemed to lead to isolation, and support networks were fragile.

While the authors wish to conclude with suggestions for policy and practice, they would also point out the difficulties of reaching these young people. Very many young people are affected by parental substance misuse, but finding young people to participate in the study proved difficult. The research team used both formal and informal mechanisms to reach these young people and great tenacity was required in the process. Services will have to do the same as young people in need will not seek them out.

Policy and practice can begin to address the needs of these young people by supporting those strategies and resources the young people themselves have developed. The research suggests:

- Integrated policy and service provision – starting in childhood and extending into young adulthood – could enhance the processes that young people find helpful.
- Policy and services could usefully integrate along two dimensions: the family and the lifecourse. Young people currently find family and other informal relationships very helpful and these could be supported. Services might find ways to support continued ties with a parent or parent-figure where this is desired by the young person while at the same time supporting the young person in independent living above the age of 16.
- Young people should be involved in debates about the kinds of support they need and value. It is important to recognise their own ability to manage adverse life circumstances.
- Children who care for adults and siblings, and foster carers within the immediate family, should

be supported. Young carers' groups were especially appreciated by those involved with them. Non-stigmatising acknowledgement of the situation of the young carers together with informal and unobtrusive support can prove extremely helpful.

- Youth work could do more to help young people set themselves up as independent people. An expansion of such services might help support young people affected by parental substance misuse as they grow up.

### About the project

The study was based at the Centre for Research in Families and Relationships at the University of Edinburgh. Data was collected using in-depth qualitative interviews conducted by Sarah Wilson. Interviewees were recruited from a wide range of drug, youth work and homelessness services, and through leafleting and 'snowballing'.

### How to get further information

The full report, **Parental drug and alcohol misuse: Resilience and transition among young people** by Angus Bancroft, Sarah Wilson, Sarah Cunningham-Burley, Kathryn Backett-Milburn and Hugh Masters, is published by the Joseph Rowntree Foundation as part of the Drug and Alcohol series (ISBN 1 85935 248 0, price £13.95).