Policy briefing: Problem alcohol use in the home, the invisible victims of alcohol harm
Alcohol Action Ireland (AAI) is the national independent advocate for reducing alcohol harm. We campaign for the burden of alcohol harm to be lifted from the individual, community and State, and have a strong track record in effective advocacy, campaigning and policy research.

Alcohol Action Ireland, together with a pioneering group of founders, established ‘Silent Voices’ in 2019, an advocacy initiative to highlight the hidden harms of parental problem alcohol use (PPAU).

Our strategic plan, Leading Change: a society free from alcohol harm, establishes a vision for our future work across five strategic goals and supporting actions. Our goals: A childhood free from alcohol harm; services for all affected by alcohol harm and the establishment of a state-sponsored Office to lead on alcohol policy, embrace the specific actions required to advance the primary objectives of ‘Silent Voices’ as set out in this policy document.
1.0 Problem alcohol use in the home is an Adverse Childhood Experience (ACE)

“I lived in fear most of my early childhood. Dad could be violent when he drank. I have two younger siblings. I would tell them that everything was going to be ok, while downstairs dad was beating our mum.” SILENT VOICES CONTRIBUTOR

The impact of problem alcohol use on the family is extensive. Growing up in a home where there is parental problem alcohol use (PPAU) has been recognised internationally as an adverse childhood experience (ACE) for over 25 years.

Adverse Childhood Experiences can cause children and young people to feel many negative emotions. These impacts, if not dealt with, can lead to mental health issues such as depression and/or anxiety. Such emotions can also lead to risky behaviours such as problem substance use, eating disorders and suicide attempts/suicide. Sadness, fear and toxic stress are present in the life of a child who grows up with PPAU, the impact of which would not be understood until much later in life, if at all. Thus, as trauma is experience from a very young age, the child's development is critically harmed.

Research indicates that PPAU rarely exists in isolation from other adversities and difficulties such as family relationship problems, trauma in the background of one or both parents, domestic abuse – in all its forms, parental mental health issues, bereavement financial hardship, poverty and homelessness. Studies have found that there is a serious risk that parents with alcohol problems may neglect their children and children are at an increased risk of suffering abuse, emotional, physical or sexual.

1.1 Prevalence

In Ireland, an estimated 1 in 6 young people suffer the impacts of alcohol-related harms at home. Therefore, it is highly probable that today more than 200,000 children in Ireland are living with the traumatic circumstances of a childhood where problem alcohol use in the home is a regular event. It is further estimated that there are around 400,000 people in Ireland today who are adult children from alcohol-impacted families. This means that approximately 600,000 people across all age ranges in Ireland may be suffering because of the impact of alcohol harm in their family.

These figures are a conservative estimate of how many people in Ireland experience living with problem alcohol use in the home. A recent Irish study – the first of its kind in Ireland, found that 25% of adults (over 18) in Ireland experienced living with a problem drinker as a child. This suggests that there are approximately 1 million people living with this legacy. It’s worth noting that the question asked was about living with a problem drinker, so this could also include living with a sibling or other family member and not just a parent. The paper notes the high level of alcohol use in the whole of population in Ireland as a likely contributor to this ACE in particular.
2.0 Impact of PPAU in childhood

“I am 65 years of age and still carry the scars of my childhood surrounded by alcohol.”
SILENT VOICES CONTRIBUTOR

The childhood years, from the prenatal period to late adolescence, are “building block” years that help set the stage for adult relationships, behaviours, health, and social outcomes. A large and growing body of research indicates that toxic stress during childhood can harm the most basic levels of the nervous, endocrine, and immune systems, and changes to the brain from toxic stress can affect such things as attention, impulsive behaviour, decision-making, learning, emotional regulation, and response to stress. The trauma of living with someone with unpredictable behaviour, caused by having a problem with alcohol can impact development and cause toxic stress.

A recently published systematic review of qualitative studies exploring lived experiences of children living with parents who use substances problematically, found that many young people were additionally exposed to parental intimate partner violence and abuse (IPVA), violence and abuse against them directly, siblings or pets, as well as parental mental health problems, intergenerational substance use, or family imprisonment.

Children living with PPAU are more likely to experience mental health problems and have been found to have poor school attendance, behavioural problems, as well as substance use problems and offending behaviours. These findings in international research literature were borne out in recent Irish research carried out by UCC and Alcohol Action Ireland, analysing themes of real-life stories submitted to AAI's Silent Voices 'Shared Stories' portal by people who grew up with this problem and have lived experience.

The aforementioned published Irish ACE study also found that living with a problem drinker had a significant association with later suffering either post-traumatic stress disorder (PTSD) or complex PTSD (CPTSD). Given the litany of impacts outlined here, there are undoubtedly often long-lasting psychological impacts and distresses that can carry into adulthood and last a lifetime. A UK survey carried out by the National Association for Children of Alcoholics (Nacoa) investigating the problems of adult children of alcoholics found that they were more likely to consider suicide, have eating disorders, drug addiction, and be in trouble with the police, as well as having above average alcohol dependency and mental health problems.

Despite all of this evidence, mental health professionals know little about this hidden harm and don’t tend to ask people in their services about it. A study carried out by UCC and AAI found that 70% of mental health professionals receive no training on problem alcohol use in the home despite the serious psychological impacts on children and adolescents.
3.0 Policy solutions

“I am 51 years old and I still have not recovered from the trauma of my mother’s alcoholism. Mental health services are a ‘normal’ part of my life.” SILENT VOICES CONTRIBUTOR

3.1 Europe

As outlined, the research around the impacts on children and families of PPAU is comprehensive, well documented and incontrovertible. Yet still little is done to support children, not only while they grow up with this issue but also into adulthood. There are no dedicated services to address this hidden harm.

Protecting children from harm is not just a public health issue but a human rights one. The United Nations Convention on the Rights of the Child states that children have the right to survive, to be protected from harm and exploitation, to develop fully and to participate in decisions which affect their wellbeing. Children have the right to grow up in a safe home.

In recent years, PPAU has been recognised in policy documents at a European level in a children’s rights context. A comprehensive European report from 2010 looking at the research, policy, practice relating to children living with parental alcohol problems, highlighted that political commitment and motivation to view these children as a priority was urgently required. The report also called for effective and coherent alcohol policies, systematic national recording on the prevalence of the issue and for high quality training for all professionals working with children and families.

In 2021, the Council of Europe began a children’s rights focused research and policy initiative on growing up with problem substance use in the home and carried out analysis of the issue across Europe. In contrast to the limited activity found in the 2010 report, the 2021 study found activity going on in many countries across Europe and highlighted programmes, services and practices in place in the different countries to address the issue. It also found, however, that much remains to be done and the final report contains a wide range of recommendations, many of which mirror the calls AAI’s Silent Voices campaign has been advocating for in Ireland in recent years.
3.2 Ireland

National policy in Ireland in relation to children reinforces the notion that children’s rights and health are of paramount importance to their development and well-being. A comprehensive national strategy document, the Hidden Harm strategy, makes clear that children and young people affected by parental problem substance use must be supported in their own right so that better outcomes are achieved by them and their families. Subsequently, Tusla and the HSE published a joint Hidden Harm strategic statement, setting out a framework for holistic approaches and joint working between the services in relation to this issue.

Along with these commitments, AAI and Silent Voices believes that the strategy also requires a publicly available action plan with measurable outcomes and with proactive measures to raise awareness about this issue at a whole of population level. As the Hidden Harm strategy also points out ‘cultural and procedural change will need to take place if the children and families affected by problem alcohol and other drug use in Ireland are to look forward to better outcomes.’ Key in this is that all professionals – from teachers to mental health professionals, understand the impact of PPAU and have the resources to support children and families at a whole of population level, not just if there are child welfare concerns.

As we know from research at the most serious end of the child care system – the courts, one of the main reasons children come into care is because of parental addiction and neglect. International evidence has found that many parents presenting for treatment for addiction have themselves experienced post-traumatic stress as a result of domestic violence and childhood sexual abuse. As noted in the Hidden Harm strategic statement, there is a high correlation between domestic abuse and mental health issues in families impacted by alcohol and other drug use. However, when parents are in treatment, even though their children are now identified by the National Drug Treatment Reporting System (NDTRS), they do not get support in their own right. This must change. These children are on the radar of professionals working with their parents. They cannot be ignored and must get support too. The gap between adult and children’s services, in favour of a more family-focused approach, that considers the needs of dependent children and other family members of those in treatment, must be bridged without further delay. Not acting is unconscionable as early interventions and support are key to offset trauma and lifelong harm.

Recent research from the UK, evaluating the impact of dedicated funding to support children of alcohol dependent parents found in treatment services where parents received whole-family support, there were improvements in participants’ wellbeing, parenting, relationship quality and self-reported health outcomes. Parents reported that the support helped them to address parental conflict and relationship issues, while experiencing improved life satisfaction and general wellbeing as a result of changes in their behaviour. The evaluation recommended, among other things, embedding whole-family interventions into service delivery to overcome family conflict and ensure parents were aware of the impact of their behaviour on their children.
4.0 Recommendations

The hardest part was the never ending repeated sense of crushing disappointment when one of my parents was drunk again. In one way, I came to expect it but it never stopped being disappointing or painful; there’s always a small amount of hope that you cling on to.” SILENT VOICES CONTRIBUTOR

Children’s intrinsic rights – survival rights, development rights, protection rights and participation rights are all impacted by parental problem alcohol use.

The recommendations set out in this briefing, co-produced with the lived experience of AAI’s Silent Voices advisory group, build on work already carried out in Ireland, namely the comprehensive Hidden Harm strategy. What’s needed is political will to really grasp this issue as one that requires immediate and dedicated attention and funding to implement what’s already set out in national strategy documents - and to take a whole of government approach to a whole of society issue. Children are the future, we must invest in their development, protection, health and wellbeing. Early intervention is key so that children and families can thrive and avoid long lasting impacts of this issue as outlined in detail in this document.

Recommendations:

1. A whole-of-government approach, with an identifiable senior government official who has responsibility to advise, develop and plan appropriate services to address the multiple needs of the 600,000 + children and adults affected is required.

2. The national Hidden Harm framework requires momentum and urgency. An updated action plan must be developed with clear targets, timeframes and funding - and be publicly available and promoted.

3. Professionals from GPs to social workers to psychologists, psychiatrists and other mental health workers must be trained in how to recognise PPAU and its impacts across the lifespan. AAI’s research found that 92% of professionals surveyed reported that they would be supportive of being trained to a minimum degree to identify people who have experienced PPAU.
4. The Irish government must begin to develop national thinking about the concept of trauma-informed services. In neighbouring jurisdictions such as Scotland and Wales, ACE-awareness is leading to better outcomes for children and families. Services across society from teachers to social workers to police are being trained in how to be trauma-informed. Ireland lags far behind in this regard and must catch up with what is growing at pace at grassroots level. Children enduring harm from living with PPAU are entitled to the best experience at school. Schools and teachers must be trained to be trauma-informed. For these children, school may be the only safe place.

5. PPAU is often accompanied by domestic abuse, which is also an adverse childhood experience. Operation Encompass, an early intervention programme that originated in the UK in 2011, allows police to notify schools when a child’s family has been involved in a domestic abuse situation, which the police have been called to, must be implemented in Ireland. This kind of innovative early intervention system will put seldom-heard and seen children on the radar of professionals who can provide support. Children living with domestic abuse are victims in their own right and are entitled to immediate support. Northern Ireland has implemented this programme with overwhelmingly positive results. Children in the 26 counties are no different and this programme must be implemented on a pilot basis via an information sharing protocol between schools and Gardai without further delay.

6. Listening to the voices of those who are experiencing or have experienced PPAU can be hugely impactful in realising what needs to be done to support them. Children must have their voices heard in relation to the impact of problem alcohol use on their lives. Silent Voices comprises adult children who have the lived experience of those who grew up with PPAU. Real life experiences must be harnessed and utilised to inform policy and practice.