

## **Drug and Alcohol Prevention: Intergenerational factors and the role of the family**

*‘Young people’s drug use is a distinct problem...drug or alcohol misuse can have a major impact on young people’s education, their health, their families and their long-term chances in life.’*

**Drug strategy 2010**

### **Background**

When talking about the prevention of substance use, it is useful firstly to unpick what we actually mean by the term ‘prevention’: what are we trying to prevent? What is the ultimate aim – and how is it best achieved? In reality, a number of goals come under the prevention banner, including the prevention of any substance use at all, delaying the onset of use, and preventing or reducing the *harms* caused by substance use to individuals, families and communities. This briefing encompasses all of these concepts of prevention.

Many people use substances at some point in their lives without experiencing adverse long-term effects, but for a minority, substance use escalates into a highly problematic issue. This can have a devastating impact both on the lives of those using drugs and alcohol and those around them, most notably their families. Recognising that the application of different approaches is required for different circumstances, the government’s 2010 Drug Strategy stated that *‘interventions need to respond incrementally to risks in terms of drug use, vulnerability, and particularly age.’*<sup>1</sup> So as well as different goals, prevention activities also have different audiences. Traditionally, most prevention initiatives have been universal; that is, *‘directed at unselected populations of children or young people, typically in a classroom situation.’*<sup>2</sup> Prevention activities can often be concealed within more ‘generic’ activities, such as sports and other clubs, which promote positive development in children and young people. By comparison, there are few initiatives which selectively target children thought to be at a heightened risk of substance use involvement – for example, where parental substance use is a factor there is a strong case for targeted and intensive interventions, since children whose parents use substances are typically at greater risk. Similarly, universal prevention activities are of little relevance where substance use has already become problematic. In such cases, approaches geared towards reducing the harms and consequences of substance use are more suitable.

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<sup>1</sup> HM Government (2010) [‘Reducing demand, restricting supply, building recovery: Supporting people to live a drug free life.’](#) (Drug Strategy)

<sup>2</sup> ACMD (2006) [Pathways to problems: Hazardous use of tobacco, alcohol and other drugs by young people in the UK and its implications for policy](#)

## Familial influences on prevention: Positive or negative?

The susceptibility of children to parental challenge and influence – and therefore the true extent to which parents can in fact prevent children’s substance use – has been debated. However, we know that parental attitudes and styles of parenting are extremely influential in children’s ‘socialisation’ – the process by which *‘individuals learn, assimilate, work out and assume rules and values of the society they live in, by the interaction with surrounding environment, especially within the family.’*<sup>3</sup> As such, the role the family plays in fostering attitudes towards drugs and alcohol, and in encouraging or deterring their children’s substance use, can be imperative. Families can, on the one hand, offer protective factors which mitigate against the risk of the child going on to use alcohol and drugs problematically; whilst on the other, families can also present risk factors which *increase* children’s vulnerability to substance use.

## Risk factors and protective factors

Adolescent substance use has multiple predictors, ranging from biological factors to personality, family and peer variables. Still, research has shown that family factors are one of the major predictors of adolescent substance use.<sup>4</sup> There are a number of risk factors which, when present in a family, can predict a child’s substance use, especially when these familial factors are combined with risky environmental factors such as the ready availability of drugs. However, these risks can be mitigated and a number of ‘protective factors’, with particular emphasis on resilience, have been highlighted in the literature.

### 1. Intergenerational risk

Generally speaking, children affected by parental substance use can experience *‘intense stress and [a] more negative existence in many areas of life’* than children from non-substance-using families.<sup>5</sup> The stigma and fear of exposing the situation to others also results in the isolation of the child and family.<sup>6</sup> Whilst not all children affected by parental substance use will go on to use substances themselves, a number of studies have demonstrated that a family history of substance use significantly increases the likelihood of offspring later becoming substance users: one such study found that these children were actually seven times more likely to develop a substance misuse problem.<sup>7</sup>

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<sup>3</sup> Mendes et.al. (2001) *‘Family: the challenge of prevention of drug use,’* IREFREA, Valencia

<sup>4</sup> Wils & Yaeger (2003) *‘Family factors and adolescent substance use: models and mechanisms,’* 12(6) Current Directions in Psych Science 222

<sup>5</sup> Mendes et.al. (1999) *‘Family relationships and primary prevention of drug use in early adolescence,’* IREFREA, Portugal

<sup>6</sup> Kumpfer (2004) *‘Doing it together strengthens families,’* 10 Drug and Alcohol Findings 16

<sup>7</sup> McKeganey (2004) *‘Pre-teen children and illegal drugs,’* 11(4) Drugs: Education, Prevention and Policy 315

Families with a history of substance use can lead chaotic lives, which may affect their ability to provide a nurturing and supportive environment in which children can develop. The risks to which children might be exposed when their parents use drugs are plentiful, including the availability of drugs in the home. In addition, drug-using parents spend relatively little time with their children, particularly time spent doing activities as a family unit.<sup>8</sup> A family history of drug or alcohol use is further correlated with a range of other variables linked to adolescent substance use: for instance, difficult temperaments in adolescents, lower levels of parental support and higher levels of child-parent conflict. Given that children of substance using parents can be subjected to a range of adverse circumstances, it has been suggested that targeted, intensive interventions are the most appropriate form of prevention when considering this 'at risk' group.

## 2. Support, Communication and Parent-Child Relationships

Low levels of communication between parents and children, or poorly-defined or communicated expectations of a child's behaviour, has been found to increase the risk of substance use, as well as several other problematic behaviours.<sup>9</sup> Negative communication systems such as blame and criticism are equally damaging. Meanwhile, regular communication of parental warmth, affection and support of the child's competencies can inhibit problematic behaviour. A study of young people whose parents have or had a drug or alcohol problem found that children manage such adverse circumstances best when they are '*part of a network of emotionally satisfying and practically useful relationships with others, such as family members.*'<sup>10</sup> Similarly, a sense of '*being cared about even if they did not feel properly cared for*' was important to many of the children in the study. Therefore, it seems that children do better where they have at least one parent or family member (such as a grandparent) who gives the child a degree of emotional support and affection, even if other aspects of parenting and home life are quite chaotic.

It is also crucial for parents to have open and honest conversations with their children about drugs and alcohol. A survey of drug use among young people found that 68% of 11-15 year olds consider parents to be a useful source of information on drugs and alcohol,<sup>11</sup> whilst another survey revealed that 78% of parents had talked to their children about illegal drugs, with 68% feeling 'very confident' in doing so.<sup>12</sup> When asked specifically about legal highs, however, fewer parents had discussed these drugs with their child and they also felt less confident in doing so.

It is not necessary to formulate one 'perfect' message for children; nevertheless, open and honest communication generally, and specifically in relation to substances, fosters good parent-child relationships – which is a powerful tool in prevention. Indeed, a close parent-child relationship has

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<sup>8</sup> Wils & Yaeger (2003)

<sup>9</sup> Velleman et.al. (2005) '*The role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people,*' 24 Drug and Alcohol Rev.93

<sup>10</sup> Bancroft et.al. (2004) '[Parental drug and alcohol misuse: Resilience and transition among young people,](#)' JRF, York

<sup>11</sup> Fuller & Hawkins (2014) '[Smoking, drinking and drug use among young people in England in 2013,](#)' NatCen/Health & Social Care Information Centre

<sup>12</sup> Ibid

been found to discourage drug use both directly and indirectly (through its impact on the child's choice of non-drug using friends) and is linked to educational commitment: adolescents with higher educational attainment tend to drink less often and in smaller amounts.<sup>13</sup> Conversely, where adolescents report low maternal support and negative self-perception they are more likely to be using substances.<sup>14</sup> Several studies have found evidence that parent-child conflict leads to adolescent disengagement from the family and entry into peer networks that engage in risky behaviours.<sup>15</sup>

### 3. Discipline and Monitoring

Similar to the need for support and communication, parental monitoring and discipline are also considered to be protective factors. Results from a number of studies demonstrate that parental supervision and monitoring can prevent or delay the onset of adolescent drug and alcohol use. This, in turn, reduces the risk of more serious involvement in substance use later in life, given that strong associations between early onset of drug or alcohol use and later problematic use have been identified.<sup>16</sup> One international study found that adolescents used 'substantially more' alcohol, tobacco and cannabis when their parents did not know where they were on a Saturday night.<sup>17</sup> Another study confirmed this, finding that low parental monitoring was one of the factors most associated with both single and multiple drug use.<sup>18</sup>

Other research has focused on parenting 'styles' and how these relate to adolescent substance use: findings suggest that both neglectful and *overly* authoritarian styles of parenting increase risk, whilst indulgent and authoritarian (but not overly so) styles lead to better outcomes.<sup>19</sup> Consistent warmth and discipline – the 'tough love' approach to parenting – is considered to be the most effective parenting style to prevent unhealthy relationships with alcohol, with lasting effects into the mid-thirties age range.<sup>20</sup> Parental management techniques, together with the parent-child relationship, has actually been found to be more influential in terms of adolescent substance use than factors such as parental drug use.<sup>21</sup> A study by Demos found that even after accounting for 'income,

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<sup>13</sup> Velleman et.al. (2005)

<sup>14</sup> Ibid

<sup>15</sup> Wills & Yaeger (2003)

<sup>16</sup> Hutchinson et. al. (2014) '[The impact of alcohol use disorders on family life: a review of the empirical literature](#)' NDARC Technical Report No. 325

<sup>17</sup> Hibell et.al. (2004) '[The ESPAD Report 2003: alcohol and other drug use among students in 35 European countries](#),' Swedish Council for Information on Alcohol and Other Drugs, Stockholm.

<sup>18</sup> Corbett et.al. (2004) '[Scottish Schools Adolescent Lifestyle and Substance Use \(SALSUS\) National Report: Smoking, drinking and drug use among 13 and 15 year olds in Scotland in 2004](#),' Scottish Executive, Edinburgh.

<sup>19</sup> Calafat et.al. (2014) '[Which parenting style is more protective against adolescent substance use? Evidence within the European context](#),' 138 Drug and alcohol dependence 185

<sup>20</sup> Demos (2011) '[Poor parenting increases likelihood of binge drinking at ages 16 and 34](#)

<sup>21</sup> Spooner (1999) '[Causes and correlates of adolescent drug abuse and implications for treatment](#),' 18 Drug and Alcohol Review 453

*education, ethnicity, gender, parents' drinking and more,' parenting style is 'enormously important.'*<sup>22</sup>

#### 4. Parental attitudes towards drugs and alcohol

*"Since it is in the family that one acquires and develops attitudes, beliefs, values, life styles and behaviours, we should consider the family context as a priority area of prevention."*<sup>23</sup>

Adolescents who begin using a substance at an early age tend to have parents who caution less often about use, mothers who use the substance and fathers with a positive attitude towards the substance.<sup>24</sup> An American survey corroborated these findings, reporting that where young people thought their parents would disapprove of them using cannabis, the percentage that then went on to try the drug was low (4%) compared to the young people who thought their parents would show less or no disapproval (29%).<sup>25</sup>

Many academics contend that the single most important influence on adolescent drinking is parental behaviour and attitudes.<sup>26</sup> Smoking or alcohol use in the home has been found to correlate with adolescent substance use<sup>27</sup> – and here it is worth considering alcohol independently. Earlier we looked at how parents should be having conversations with their children around drugs and alcohol, with many parents reporting feeling confident in discussing these issues. Alcohol, however, may be rather more complex, due to its legal and 'accepted' status in society and the fact that it is often present within the home. This is reflected in the difference in focus between the government's Alcohol Strategy and Drug Strategy. The current Drug Strategy takes a broad, whole-life approach, considering a range of policy responses: it focuses on reducing demand, restricting supply and providing support to those seeking to recover from dependence. The Alcohol Strategy, on the other hand, mainly targets the effects of *excessive* drinking; it looked at measures such as minimum pricing, restricted licensing and robust enforcement of under-age sales. 'Prevention' as it relates to alcohol use, then, is seemingly more predicated upon a harm reduction philosophy attributable to the existing, widespread use of alcohol, rather than preventing its use.

A study of underage drinkers found that:

- 34.2% had last drunk in their own house
- of those who didn't pay for the alcohol they consumed, 24.5% had been bought the alcohol by a parent, guardian or other adult family member
- 7.8% had taken the alcohol from home.<sup>28</sup>

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<sup>22</sup> Bartlett & Grist (2011) [Under the Influence](#), Demos

<sup>23</sup> Mendes et.al. (2001)

<sup>24</sup> Velleman et.al. (2005)

<sup>25</sup> US Department of Health and Human Services (2014) *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*. Available at: [www.samhsa.gov](http://www.samhsa.gov) (accessed Nov 2014)

<sup>26</sup> Forney et.al. (1989) 'Predictor variables of adolescent drinking,' 8(2) *Adv. Alcohol Substance Abuse* 97

<sup>27</sup> Wils & Yaeger (2003)

<sup>28</sup> US Department of Health and Human Services (2014)

One research project found that the home is the main place where children learn about alcohol, and that even at an early age children have quite a sophisticated understanding of alcohol and its effects – which mostly comes from observing their parents or other adult relatives.<sup>29</sup> Some parents might feel it is preferable to introduce their children to alcohol in a controlled setting at home, where they can be supervised and the amount of alcohol restricted, subsequently hoping that their children will then be less tempted to drink alcohol outside the home without their supervision. However, since we know that early onset of drinking and drug-taking are indicative of later problematic use, this can be counterproductive; parents can in fact reduce risk simply by delaying their children's first drink. In addition, parents can overlook or be in denial about their own drinking habits at home and its impact on their children. Seeing their parents drink at home potentially normalises alcohol in the eyes of children, and can lead to the adoption of unhealthy or carefree attitudes towards alcohol. The widespread and accepted use of alcohol means that parents often feel more uncertain when trying to enforce boundaries around alcohol than illegal drugs, and makes it more difficult to engage parents in prevention activities around alcohol.

## 5. Family life events

Adverse family life events can increase the risk of substance use, and have been found to correlate with adolescent association with peers who engage in risky behaviours.<sup>30</sup> Such events could include parental unemployment, accident or illness, death in the family, neglect, psychosocial or sexual abuse and social exclusion. Links have also been identified between social disadvantage and early drug use. Focus should therefore fall on providing families with the resilience skills to be able to cope with adversity, and on promoting the development of healthy habits, attitudes and values within the family.

These factors noted by no means provide an exhaustive list – myriad other factors can increase the risk of children going on to use substances. Family coping, sibling substance use, unrealistic parental expectations and behavioural limits have all been emphasised in the literature. Often, these risk factors do not represent independent processes, with family factors all correlated with one another: for example, parental substance use is linked with the risk of negative family life events, parent-child conflict and lower levels of parental monitoring. Nevertheless, people with similar experiences do not all have the same outcomes, because some variables are able to function to reduce or negate the impact of risk factors. This has been termed the *resilience* (or buffering) effect.<sup>31</sup> A number of protective factors which promote resilience in children have been cited throughout, with protective factors commonly being the inverse of risk factors i.e. a close parent-child relationship versus parent-child conflict. However, we must consider further how we can most effectively support children to become resilient and how we can best support parents to promote resilience in their children.

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<sup>29</sup> Percy et.al. (2011) [Teenage Drinking Cultures](#), Joseph Rowntree Foundation

<sup>30</sup> Mendes et. al. (2001)

<sup>31</sup> Wils & Yaeger (2003)

## Facilitating the family's role in prevention

### 1. Information and advice for parents

Parents need to be provided with clear and accurate information on drugs and alcohol, and with advice on how to positively communicate attitudes and boundaries to their children. One study found that almost 90% of parents and children strongly supported the idea of parents being helped to talk with their children by providing them with leaflets, a talk by a drugs worker or watching a TV programme. It also found that whilst young people prefer their parents to initiate discussions, parents lacked confidence in their own knowledge and ability to communicate these messages.<sup>32</sup>

Parents prefer to highlight what they consider to be the more problematic substances such as tobacco or illicit drugs, resulting in limited discussions between parents and children about alcohol and, in turn, a gap in knowledge among children about the effects and risks of excessive alcohol consumption.<sup>33</sup> It has also been discovered that simple public health messages do not have much resonance with parents because messages don't seem to reflect their own drinking habits.<sup>34</sup> In response to this finding, it has been recommended that parents be provided with age-appropriate information, '*grounded in the reality of alcohol use and the different approaches of individual parents.*'<sup>35</sup>

Who the guidance comes from is also important, and evidence suggests that conveying healthy and positive messages is more conducive to prevention than talking in terms of 'bad behaviour'. Schools may be well-placed to deliver such information to parents, having less of a 'governmental' message and representing an institution where the child's interests are paramount.

### 2. Early intervention

Generally speaking, it is accepted that prevention is better than cure. Given that the first three years of a child's life are when children are developing most rapidly, early interventions carried out during this time are very likely to have a meaningful impact, at a time when they are able to embed essential social and emotional skills. To illustrate the importance of early experiences on later life, one piece of research found that a child's 'development score' at 22 months could accurately predict educational outcomes at age 26.<sup>36</sup> When aiming to prevent substance use, then, it is arguable that intervening early, especially in the case of high-risk groups such as children of substance using parents, is crucial. Intervening later is much more costly and rehabilitative and reactive treatments become less effective as children get older, with entrenched behaviours becoming harder to rectify.

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<sup>32</sup> Quinn (1996) '*Mobilising parents,*' Druglink, London

<sup>33</sup> Eadie et. al. (2010) '*Pre-teens learning about alcohol: Drinking and family contexts,*' JRF

<sup>34</sup> Sondhi & Turner (2011) '*The influence of family and friends on young people's drinking,*' JRF

<sup>35</sup> Ibid

<sup>36</sup> Allen (2011) '*Early intervention: Smart investment, massive savings,*' Second report to Her Majesty's Government

A better understanding of the links between early onset of drug use and continuing harm has further fuelled the drive for early intervention and the direction of prevention activities towards young people. However, little robust research has been conducted into interventions for substance using parents *specifically during infancy*; this is unfortunate since pregnancy is a prime opportunity to engage and work with substance using parents, and becoming a parent can be a motivator for change. What is needed is investment in robust and reliable longitudinal evidence of early intervention work with substance using parents to show not only the impact on the child's early development, but also on adolescent behaviours and the risks of substance use in later life.

The importance of early intervention was recognised in the Drug Strategy, which explicitly states that extra support in the early years of life can reduce the risk of a range of problems, including substance use. A number of government initiatives have built on this idea: for example the Healthy Child Programme aims to promote healthy child development, providing regular reviews, parenting support and health promotion guidance; and Family Nurse Partnerships seek to develop parental capacity within potentially vulnerable families, through intensive interventions and structured support from early in the pregnancy until the child is two.<sup>37</sup>

As such, efforts should be directed towards ensuring that early interventions are in fact reaching those most in need. A study of young people whose parents had a drug or alcohol problem revealed that many of them hadn't received any support from services until they were 16 – many of whom by this time were a client of several services, including homelessness and treatment services.<sup>38</sup> For those who had received support, a strong relationship with a service worker seemed to contribute to resilience, and young people cited flexibility, informality and forward-looking orientation as essential qualities for a successful relationship. Greater vigilance of the risks children face and proactivity in identifying and safeguarding those most at risk is required.

### **Working with the family: Good Practice**

School-based education and public information programmes have often sought to deter substance use by increasing adolescents' awareness of the adverse consequences associated with substance use. Yet despite the fact that some education professionals still believe that an effective teaching resource should contain 'hard-hitting' messages, research has shown that, *'fear arousal is... not very effective in changing behaviour, especially amongst the young.'*<sup>39</sup> Instead, new types of prevention programmes with a psychosocial focus are gaining credence, together with a growing recognition of the benefits of whole-family approaches.

One promising initiative appears to be the **Strengthening Families** programme: it is *"one of the few [interventions] whose substance use prevention credentials have survived rigorous inspection by*

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<sup>37</sup> Ibid

<sup>38</sup> Bancroft et. al. (2004) FNP's provide savings five times greater than the cost of the programme in the form of reduced welfare, criminal justice expenditure and higher tax revenues

<sup>39</sup> Boddington et. al. (2013) ['Drug and alcohol education in schools'](#), Mentor-Adepis



*independent scholars,*"<sup>40</sup> and the Cochrane review called it *'the most promising effective intervention over the longer-term for the primary prevention of alcohol misuse.'*<sup>41</sup> The programme is an internationally recognised parenting and family strengthening programme for both high-risk and low-risk families. It is delivered through weekly sessions and supports parents to do the best for their primary school-age children, by improving parent-child relationships and changing family dynamics. It includes play sessions, where parents are coached in how to enjoy their children and reinforce good behaviour. Evaluations of the programme showed that, compared to controls, families improved in areas such as parenting, children's social skills and family relationships. Among older children, there was a substantial reduction in the use of tobacco, alcohol and drugs: a follow-up 3.5 years after the programme ended showed that on most measures, drug use among the children (then aged 15-16) whose families had undergone the programme was 'significantly and substantially less':

- 40% had drunk alcohol without parental permission, compared to 59% of controls
- 26% had been drunk vs. 44% of controls
- 33% vs. 50% had tried smoking tobacco
- 7% vs. 17% had tried smoking cannabis.

Moreover, the gap between Strengthening Families children and controls actually *grew* as they got older, and it was estimated that the programme saves almost ten times its cost by averting alcohol-related harm. A systematic review of primary psychosocial and education-based alcohol use prevention programmes found that Strengthening Families was the only one that demonstrated effectiveness on any level, particularly in the long-term (more than three years).<sup>42</sup> Interestingly, the programme recommends itself as a generic approach, of equal interest to mental health, crime prevention, education, child welfare and family services.

*"Most impressive and perhaps too most instructive, it [operates] by de-focusing almost entirely from the substance use to concentrate instead on the processes which sustain family life and promote healthy development."*<sup>43</sup>

Another popular intervention has been the **Parents Under Pressure** programme (PUP), specifically designed to mitigate against the impacts of parental substance use and provide parents with the help they need to develop secure and healthy relationships with their children. Created in Australia, it is a home-based intervention which targets multiple dimensions of family functioning. It initially worked with methadone-maintained mothers with children aged 2-8, and was shown to reduce child abuse potential, parenting stress and child behaviour problems.<sup>44</sup> Whilst no assessment of whether the programme reduces the number of children going on to use substances has been carried out thus far, the reductions noted can be said to constitute protective factors which can indirectly reduce the likelihood of substance use in later life.

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<sup>40</sup> Kumpfer (2004)

<sup>41</sup> Foxcroft et. al. (2002) '[Primary prevention for alcohol misuse in young people](#),' 2 Cochrane Database Syst Rev

<sup>42</sup> Foxcroft et. al. (2003) '[Longer-term primary prevention for alcohol misuse in young people: a systematic review](#),' 98(4) Addiction 397

<sup>43</sup> Kumpfer (2004)

<sup>44</sup> Rayns et. al. (2013) '[All Babies Count: Spotlight on drugs and alcohol](#),' NSPCC, London

The **'Good Behaviour Game'**, focusing on resilience, targets primary school-aged children and aims to improve behaviour in the classroom – but it has also been found to have significant long-term effects on their life chances by reducing the development of risk-taking behaviours in later life. Unlike the other programmes discussed, the Good Behaviour Game is not a targeted prevention initiative, nor does it involve family work: children are grouped into teams and are expected to help each other to 'win' the game through meeting behavioural objectives. Findings show that children began to regulate each other's behaviour and work cooperatively, thus building resilience. More specifically, these children were less likely to go on to use substances and more likely to go into higher education.<sup>45</sup> There are now plans to trial the programme in schools across England in 2015.

*'Evidence-based family skills training programmes have been found to be the most effective way to prevent substance use among children and adolescents,'* according to the United Nations Office on Drugs and Crime.<sup>46</sup> Key components include building parental skills around monitoring, supervision, communication and age-appropriate limit-setting. Such programmes lead to further positive outcomes in terms of child attachment and academic performance, social competence, pro-social behaviour and a decrease in family conflict, in addition to reductions in substance use. Academics have also stressed the necessity for long-term interventions with clear goals and outcomes, starting in infancy and extending into young adulthood.<sup>47</sup>

## Challenges

One problem is that research behind these types of programmes is rarely 'hard science': in order for such programmes, which often tackle a number of complex areas, to prove their effectiveness in reducing the number of children who use substances later in life, large-scale and complex longitudinal studies are required– which are costly and difficult to conduct. The strong commissioning emphasis on hard evidence-based approaches means that research can struggle to meet the requisite evidence threshold. In addition, research on adolescent drug use and prevention often gives rise to concerns around *'the accuracy of surveys, high attrition rates, excessive numbers of variables, lack of replication across studies, poor specificity in meta-analysis techniques and an absence of comparison groups.'*<sup>48</sup> Therefore, the evidence of long-term outcomes needed to prove a programme's value would require the undertaking of studies which are generally neither funded nor available, and programme administrators are thus caught in a cyclical effort for funding.

Another challenge is that of 'legal highs' and new psychoactive substances. It is difficult to keep track of all the new drugs which are constantly emerging and evolving, and even more difficult to ensure that parents (and teachers) are given accurate information and clear advice. Whilst it is not necessary to possess a wealth of drug-specific information to undertake effective prevention work

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<sup>45</sup> Chan et. al. (2010-12) ['Improving child behaviour management: an evaluation of the good behaviour game in UK primary schools.'](#) Oxford Brookes University, Oxford

<sup>46</sup> United Nations Office on Drugs and Crime (web page) [Family skills training programmes in drug abuse prevention](#)

<sup>47</sup> Mendes (2001); Bancroft et. al. (2004)

<sup>48</sup> Skiba et. al (2004) 'Adolescent substance use: reviewing the effectiveness of prevention strategies,' 49(3) Social work 343

(as we have seen with the broad, whole-family programmes outlined above), it is reasonable to assume that parents with a baseline knowledge will feel more confident in approaching the issues with their children. It is this lack of knowledge that may underlie the fact that compared to the 78% of parents in one survey who had talked to their children about illegal drugs, only 28% had talked to their children about legal highs.<sup>49</sup> Efforts would thus be well placed in conducting further research into these new drugs and providing guidance for parents to have effective conversations with their children about them.

The particular challenges associated with enforcing boundaries around alcohol have already been discussed. With alcohol's embedded and prominent role in everyday society, it is easy for parents to feel confused about what they should be communicating to their children about alcohol. Again, research into the healthiest and most effective messages for parents to deliver to children is advisable, with information and advice so that parents feel confident in tackling the issue.

## Conclusion

'Prevention' activities are typically thought to be best aimed at young people, often in educational settings. However, different approaches aimed at different groups of young people may be more effective, making them age and gender-appropriate, sensitive to the particular risk factors to which they may be exposed, and with clearly defined goals to test against. For example, a small number of classroom activities are unlikely to have a significant impact in mitigating against the risks to which young people affected by parental substance use are exposed, and they are likely to require more targeted and intensive interventions. The evidence for intergenerational transmission of substance use also supports the assertion that specialist interventions for the children of substance users should be available across the country, in order to reduce harms to individuals and communities and also to save the significant state expenditure incurred to the health, treatment and criminal justice systems when problems have become entrenched. Similarly, initiatives focused on absolute prevention will not be suitable for everyone, such as people who have already begun using drugs and alcohol; in such circumstances, it is perhaps better to focus on reducing the harms and consequences of their existing drug or alcohol use. There is no one, simple answer; still, greater recognition of the potential of harm reduction initiatives is worthy of examination when considering that the prevention of drug – and more so alcohol – use altogether is unrealistic.

Whilst the risks resulting from substance use within the family are usually only considered by parents when children become adolescents, parents and professionals need to be aware that a child's early experiences, including the relationships they establish, are critical to the formation of risk and resilience.<sup>50</sup> Intervening early, therefore, is likely to yield more positive outcomes – as evidenced by programmes such as Strengthening Families and Parents Under Pressure, which promote the development of skills and values conducive to the prevention of substance use. Despite evidence that a small number of school-based programmes are largely ineffective in preventing substance use, it is nonetheless true that schools sit at the centre of young people's lives – and, as

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<sup>49</sup> Fuller & Hawkins (2014)

<sup>50</sup> Ibid

such, are a suitable platform from which to provide information. Nevertheless, any school-based education must be enhanced by family-based prevention programmes,<sup>51</sup> and schools should establish strong relationships with local children and young people's services, health services, appropriate voluntary and community organisations and, crucially, parents.

Although it is important for adolescents to develop their own autonomy, it needs to be articulated and conciliated with firm parental attitudes. Quality and style of parenting have been found to predict children's development and substance use later in life, but they also interact with variables such as psychological wellbeing, life stress and social support. However, family influence does not occur in a vacuum, and there are obviously other determinants for drug and alcohol misuse, such as intrapersonal factors, peer influence, wider influences from the media, the availability of substances and environmental deprivation.<sup>52</sup> Despite a loving and supportive family, some people can and do develop serious dependency issues, and in the same way, some children who have had a string of negative or difficult experiences never go on to engage in substance use. The identification of links between the early onset of drug and alcohol use, problematic use and social deprivation, has also led the ACMD to recommend heavy governmental investment in initiatives which minimize the number of children and young people in relative poverty, and to protect and support the most disadvantaged and vulnerable young people.<sup>53</sup>

Above all, more needs to be done to build a robust and reliable evidence base for long-term outcomes, to ensure that effective prevention programmes are both funded and delivered, especially for high-risk groups such as the children of substance users. Given the multitude and sometimes serious risks they face, including of intergenerational transmission, these services should be more widely and routinely available.

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<sup>51</sup> The Drug Education Forum (2013) '[The Principles of good drug education.](#)'

<sup>52</sup> Velleman et. al. (2005)

<sup>53</sup> ACMD (2006)