

### From the Editor



As we approach the end of our second year it is great to see our membership continuing to grow; we now have over 130 members!

As Jim writes elsewhere, you will see that our survey has helped us as a Board of Trustees to think about the future direction of AFINet, including how we can continue to expand our membership and what you all want from AFINet. For example, we are starting our first two AFINet projects and as you will see on page 3, Laura and I will be handing over the Editorial reins of these newsletters to three AFINet colleagues.

I was invited to attend a roundtable event the other week, organised by Alcohol Research UK (a key funder of alcohol research here in the UK – see <http://alcoholresearchuk.org>)

The aim of the event was to discuss what is called ‘public and patient’, or ‘service user’ involvement in alcohol research and in the organisation itself. It was an interesting and thought-provoking event attended by a diverse group of people.

This is something that has become increasingly part of research I’ve been involved with over the years, and an issue which is becoming a much more embedded part of research and practice over here. Perhaps this is an issue we can share international expertise in? How important is ‘service user involvement’ in your country? What successes and challenges have you had? Why is it so important and what are the main elements of doing it well?

It’s been mine and Laura’s pleasure to edit this newsletter and I for one am looking forward to seeing how both it and AFINet develop in 2017. Just the other day I received a journal alert which included an article about the extent to which families are included (or not) in South African substance use policy; the conclusions of that paper could no doubt be seen in many other countries around the world, suggesting that AFINet has a relevant and important role to play. Season’s Greetings to you All!

*Lorna*  
Newsletter Editor



### From the Chair of Trustees

**Thank you to those of you who completed our members’ questionnaire.**

The final number of completed questionnaires was 62, which is a response rate of 49%. This is excellent. Thanks to everyone involved including Martha Canfield who kindly translated the questionnaire into Portuguese which helped boost the response rate amongst our Brazilian members. Your Trustees discussed the results of the questionnaire at their September meeting and came to the following conclusions.



# From the Chair of Trustees

## 1. Priorities for AFINet and Criteria for Membership.

The questionnaire responses indicated that carrying out international research relevant to AFMs (affected family members), the promotion of evidence-based practice relevant to AFMs, and influencing national policy were the areas that the larger number of members endorsed as priority areas for AFINet. Most people were in favour of restricting membership, at least for the time being, to researchers, practitioners, service managers, policy makers and other relevant professionals. Relatively few thought that AFINet should be a source of information about AFMs or raise awareness about family members affected by addiction (although, conversely, 60% of respondents believed that the website should also be for affected family members). We decided, therefore, that at least for the time being AFMs, unless they fell into one of those categories, would not be eligible for membership. Although this could change in the future, we think this is realistic for now. Our feeling is that we cannot do everything. We are now working on a plan for how to recruit more members, including new members from currently under/non-represented countries.

## 2. Website and newsletters.

Almost all respondents believed the website should be a repository for information and materials, while a smaller proportion, about two-thirds, believed it should be a place for engagement in discussion and debate. Trustees agreed that the focus for the website should be

on developing the repository aspects of the website to a high standard including, where possible, the translation of specific pages or sections, and linking the AFINet Twitter feed with updated website content. We are now in the process of reviewing the website and developing a plan to modify it accordingly. It was also agreed that the newsletter is key to promoting AFINet and engaging members. We were very pleased that no less than 47 people said they were willing to contribute material to the newsletter and 20 to help edit the newsletter.

## 3. Projects.

We asked people whether they would be willing to actively help with one or other or both of the two AFINet projects which we outlined in the 2016-19 Strategic Plan. You may remember that Project 1 would address the question of how AFMs can be reached effectively in larger numbers around the world. Project 2 would document policies and practices regarding AFMs in a number of specified countries. Again, the replies were extremely positive – in each case in the region of 60% of questionnaire respondents said they would be willing to be involved. This encourages us to go ahead with the initial planning of both projects. In each case two Trustees have been assigned to the tasks of drafting a project proposal for trustees to comment on in the first instance, and then approaching other AFINet members who might become involved.

*Jim Orford*

**Chair AFINet Trustees**

# New AFINet Newsletter Editors!

There was an encouraging response to our survey question about whether any of you might want to get more involved with the Newsletters in 2017. Laura and I are delighted that Anne Whittaker (Scotland, UK) and Eileen Farrar (Maine, USA) will be leading with the content side while Martha Canfield (England, UK) will be working on the design side. All three new Editors introduce themselves below, and you'll be hearing from them when they are putting together the newsletters for 2017. It is possible that, as AFINet continues to develop, we can explore how to make the newsletters (and indeed other resources) available in other languages.

---



**Anne** is a Senior Lecturer/Reader at Edinburgh Napier University, Scotland, seconded from her clinical post in NHS Lothian's Substance Misuse Directorate. She is Principle Investigator on a number of studies which focus on parental substance use. She also teaches substance use policy, theory and practice on undergraduate and postgraduate courses and supervises PhD students whose topics are related to the treatment and care of individuals and families affected by alcohol and drugs.

**Eileen** is a recent graduate of the MS in Addiction Studies programme jointly offered through Kings College/University of Adelaide/Virginia Commonwealth University, and is also a graduate student in the MS, Clinical Counseling program at the University of Southern Maine, USA. She volunteers with the Parent support Network through the Partnership for Drug Free Kids ([drugfree.org](http://drugfree.org)) in the US. This is a phone based peer parent coaching program for parents concerned about their child/young adult's substance use, and is based on principles of Motivational Interviewing, CRAFT, and ACT, and was developed through a collaboration with the Center for Motivation and Change in NYC ([motivationandchange.com](http://motivationandchange.com)). She is also the mother of a wonderful young man in recovery.



**Martha** is a researcher in the Addictions at the National Addiction Centre, Institute of Psychiatry, Psychology & Neuroscience (IoPPN), King's College London, UK. She is a mixed methods researcher focusing on the relationship between psychosocial factors and substance use; cultural influences on substance use, and family dynamics around having a relative who misuses drug(s). At the National Addiction Centre, she is currently involved in primary research exploring factors associated with mothers with substance use problems who lost and/or regained custody of their children. She is also currently collaborating with colleagues from the Federal University do Sao Paulo, Brazil, in a study about the experiences of family members affected by their relatives' substance misuse.

# Updates from Around the World

In this edition we have updates on work in New Zealand, Australia, Brazil, Scotland, Germany, Finland, Northern Ireland and England.



## New Zealand

Dr Helen Moriarty from New Zealand has recently retired and Anna Nelson from Matua Raki (the national addiction workforce development centre) has recently joined AFINet.

In September 2015 the Ministry of Health launched the guideline *Supporting Parents, Healthy Children*. Primarily aimed at adult mental health and addiction services, it describes expectations and recommendations for engaging with children, family and whānau (a Māori word which refers to an extended family and/or community of people traditionally connected by a common ancestor). The guideline is a five year plan, including workforce development initiatives, focusing on developing an adult mental health and addiction sector that:

- Is family and whānau focused.
- Takes responsibility for promoting and protecting the wellbeing of children.
- Makes the rights and needs of children a core focus of all that they do.
- Employs a strengths-based approach that protects and strengthens parenting capability and builds the resilience of children.
- Provides interventions that are informed by evidence about what works.
- Provides services that are culturally safe and appropriate for all families and whānau.
- Finds, includes and when necessary, connects family and whānau to community supports

and services ensuring a coordinated response to addressing the needs of the whole family and whānau.

- Provides a safe and competent workforce that is confident and able to recognise and respond to the needs of children and their family and whānau.

For more information see:

[www.supportingparents.nz.org](http://www.supportingparents.nz.org)

## Australia

In Australia, the NHMRC Centre for Research Excellence in Mental Health and Substance Use has partnered with the Commonwealth Government to produce an online “Ice Toolkit” to improve access to evidence-based information about methamphetamine, raise awareness about the potential harms and mental health problems associated with its use, and provide information about how to access services and/or support. But the Final Report of the Australian National Ice Taskforce (2015) stated that

*“The first priority must be supporting families, workers and communities to better respond to people affected by ice”.*

To that end, Project Checkmate has been funded, initially for 2 years, to add value to this online toolkit both by developing an online family/friend resilience and wellbeing program to support the parents/ carers/ friends of people who use methamphetamine, and by developing a face-to-face and telephone service to back up this online resource. The basis for this work will be an integration between the 5-Step Method approach, and work already developed in Australia to [support](#)



# Updates from Around the World

[families of people with depression](#) and families where there are other [chronic health conditions](#). AFINet member Frances Kay-Lambkin is leading the project in Australia alongside Jenny Geddes, and Richard and Gill Velleman are assisting from AFINet-UK.

## Brazil

There are three updates from Brazil. First, Maria and Helena have updated on a national survey (conducted by the National Institute of Public Policies on Alcohol and Drugs at the Federal University of São Paulo) with 1,741 adolescents aged 14-25 years from 149 cities in all country. Highlights from the survey included that almost half of respondents reported drinking before the age of 15 (3 years before the age at which people are legally allowed to drink), and also that 30% reported having driven drunk at least once in the past year.

The survey also found that 5% of young people had used cannabis in the last year, although there were significant differences between genders. Of even more concern, but perhaps unsurprising given that Brazil is one of the highest consumers of cocaine in the world, is the finding that 5% of young men and 2% of young women reported cocaine use. There are clear implications from such findings about how best to support parents and other family members affected by the substance use of young people in Brazil.

Second, and in response to the growing crack user population in São Paulo, as well as the prevalence of other drug use and dependence, the Government of the State of São Paulo implemented (in March 2013) Program RECOMEÇO (RESTART). This is a coordinated programme of support for users and families, including prevention, treatment, social rehabilitation, reduction of social vulnerability and

health. With regards to families, “Espaço de Acolhida e Vínculos Familiares” offers support and assistance, aiming to prepare the family to incorporate new reinforcing behaviors and develop skills to cope with situations related to addictions, with the overall aim of improving quality of life and minimizing the risk of mental health problems. So far the programme has supported over 4,000 family members. For more information contact Maria and Helena.

Finally, Cassandra and colleagues have had a paper published called ‘Six-month Outcomes of a Randomized Motivational Tele-intervention for Changing Codependent Behavior of a Family Members of Drug Users’ (Bortolon et al., 2016, Substance Use & Misuse - [DOI: 10.1080/10826084.2016.1223134](https://doi.org/10.1080/10826084.2016.1223134)).

Families of substance abusers may develop maladaptive strategies, such as codependency, to address drug-related problems. It is important for families to receive specialized treatment to contribute to the recovery process of substance addiction. The Tele-intervention Model and Monitoring of Families of Drug Users (TMMFDU), based on method motivational interviewing and model stages of change, aims to encourage the family to change the codependents' behaviors.

325 families with high or low codependency scores were randomized into the intervention group (n=163) or the usual treatment group (n=162). After six months of follow-up, the family members of the intervention group were twice as likely to modify their codependency behavior (OR 2,08 CI 95% 1,18 to 3,65), suggesting that the tele-intervention is effective in changing codependent behaviors in family members of drug users.

# Updates from Around the World

## Scotland

There are two updates from Karen and Anne. First, despite the growing evidence base and policy developments supporting family involvement in substance misuse treatment, family-orientated service provision remains limited. A recently completed study aimed to explore the attitudes and current practices of addiction occupational therapists' (OTs) regarding family involvement. It investigated the perceived facilitating and inhibiting factors for implementing family-focused interventions and the extent to which OTs believed they have a legitimate role in this area of practice. Twenty-eight OTs from four addiction teams across central Scotland completed questionnaires which measured attitudes relating to family working. Follow-up interviews were carried out with 7 participants to gain greater contextual understanding of attitudes and current practices. Results suggest although participants demonstrated a sense of legitimacy, motivation and awareness of the potential positive impact of family involvement, the majority had little or no contact with family members. Therapeutic attitudinal factors such as confidence, knowledge and support had a considerable influence on OTs' family engagement along with organisational cultures. Findings demonstrate the need for organisational support and development of a professional framework to provide guidance to OTs engaging families. Further nationwide research is required to evaluate current evidence-based family training packages with OTs and support the development and evaluation of OT specific family assessments, intervention tools, and training initiatives. A nationwide peer learning forum, relating to family working, may also be beneficial to support reflective practice and sharing of practice examples to encourage the profession to advance in this

important area. For more information contact Karen Bell.

Second, led by Dr Anne Whittaker, is a NIHR (National Institute for Health Research) Public Health Research programme funded study which aims to test the feasibility of implementing the *Parents under Pressure* (PuP) programme with drug dependent fathers/male carers and their families (mothers and children) in two non-NHS settings: PREPARE (a social work led pregnancy service for substance dependent women) and CIRCLE (a third sector specialist service for families affected by parental substance misuse). PuP is an intensive home visiting and case management programme which aims to improve parental emotional regulation, parent-child relationships and the overall caregiving environment. The programme will be delivered as an adjunct to opioid substitution therapy and involves 12 modules delivered flexibly over a 6 month period by accredited PuP practitioners. Previous PuP studies have focused primarily on mothers as the 'primary caregiver' but this innovative study will focus on opioid dependent fathers and their families.

The study will commence in early 2017 and includes the Australian developers of PuP – Professor Sharon Dawe (Griffith University) and Dr Paul Harnett (University of Queensland) - as well as other academics and clinicians including: Professor Roy Robertson (University of Edinburgh), Dr Peter Littlewood (NHS Lothian Substance Misuse Directorate), Professor Lawrie Elliott (Glasgow Caledonian University), Professor Julie Taylor (University of Birmingham), and Andy Stoddart (University of Edinburgh). For further information, contact Dr Anne Whittaker [anne.whittaker1@nhs.net](mailto:anne.whittaker1@nhs.net)

# Updates from Around the World

## Germany

To date, there has been no specific written resource in the German language for the families and friends of problem of pathological gamblers. All available books focus on gamblers with some of them mentioning a few tips for families and friends. That is why we decided to write a self-help guidebook focusing on families and friends that includes information on gambling problems, practical tips on dealing with the situation and different exercises. The guidebook is based on the existing German programme ETAPPE (a manualized [group programme for counselling centres](#)) and the e-mental health programme EfA ("[Don't gamble away my life](#)" – see also [Bayerische Akademie](#)).

Our aim is to support people who are affected by the gambling problem of a family member or a friend and who do not get in touch with the professional help-system for various reasons. The guidebook is meant as a low-threshold opportunity to gain initial knowledge about gambling disorder and to learn about different coping strategies. Furthermore, it tells about counselling and treatment services to enable readers to reach out to professional help if necessary. The release date for the self-help guidebook is scheduled for spring 2017. For more information contact Ursula Buchner & Annalena Koytek.

## Finland

There are two updates from Finland, provided by Janne and Anne. First, the Fragile Childhood programme at the A-Clinic Foundation is piloting a new form of work with adult children of alcoholics, a three month online counseling peer group. The group is confidential and can only be accessed by approved members of the group. With very limited advertising there were 151 applications of which 12

were selected (considering the applicants life situation and prioritizing those who were believed to be encouraged to step over the line to seek help elsewhere for their childhood experiences both in the group and elsewhere).

The first month was successful with all group members attending the online sessions and putting forward ideas for how to get started with changing their life for the better. After getting acquainted and setting personal goals the team is now sharing life stories before moving on to discussions about personal resources, relationships, dealing with emotions, personal boundaries etc. The team is willing to share their experiences with any interested party once the pilot group has been finished in December 2016.

The group is counselled by Laura Barck (Finnish Central Association for Mental Health), Janne Takala (A-Clinic foundation) and a peer counsellor Tanni Karvonen.

For more information contact Janne at [janne.takala@a-klinikka.fi](mailto:janne.takala@a-klinikka.fi)

Also in Finland, Anne H Salonen (from the National Institute for Health and Welfare) reports that the Institute is continuing its work with affected family members. In October 2015, senior researchers Anne Salonen, Sari Castrén and Johanna Järvinen-Tassopoulos (all from the National Institute) held a CSO-symposium at the Conference of Health Psychology, Helsinki. They presented first, a comprehensive view of the CSOs status in a population level; second, a study of problem gambler as a family member - parents and adult stories told - a qualitative analysis, and third, a review of available practical tools/interventions (i.e. 5-Step Method) for professionals.

# Updates from Around the World

Additionally, in October a new article investigating the extent and type of gambling harms for CSOs at population level was published in the Scandinavian Journal of Public Health (Salonen, Alho & Castren). This study found that female CSOs experienced more harms than males. The extent of harms was greatest if the problem gambler was a family member, particularly a partner, child/children or mother. However, a substantial amount of harms were experienced when the problem gambler was a close friend. Overall, typical harms were worry about health or well-being of close ones, emotional distress and problems in a relationship or other interpersonal relationships. The data was based on the Finnish gambling 2015 dataset which is now available for research purposes from the Finnish Social Science Data Archive (<http://www.fsd.uta.fi/en/>). To find out more, contact AFINet member Anne Salonen ([anne.salonen@thl.fi](mailto:anne.salonen@thl.fi)).

## Northern Ireland

Ed Sipler tells us about a new campaign (launched in September 2016) called 'Break the silence, reach for help' for family members in Northern Ireland. The impact of living with a loved one misusing alcohol and/or other drugs can be devastating for family members yet many barriers exist that block them reaching out for support. The 'Break the silence, reach for help' highlights the support that is available across Northern Ireland for family members and encourages them to get help in their own right. The campaign includes eight short films which can be shared on social media. They have been developed by the Public Health Agency (PHA) in partnership with the Alcohol and You Partnership (ASCERT, Addiction NI and the South Eastern Trust) who were responsible for developing the original design concept and key messages.

The purpose of these short story clips is to highlight that there are services in place across the region which can offer support to family members. Workers from the organisations delivering these services were trained to deliver the 5-Step Method in March 2016. This is the first time in Northern Ireland dedicated services for family members have been commissioned. Our message to family members is clear and simple: you deserve help in your own right and there is support for you. We will be trying to gauge the impact social media has in reaching family members and share this as part of one of the AFINet projects which Jim has outlined elsewhere in this newsletter. To view the videos visit <http://www.drugsandalcoholni.info/familysupport/>



## England

There are a number of updates from Adfam. First, the Alcohol and Families Alliance (an alliance run by Adfam and Alcohol Concern) has joined with the Institute of Alcohol Studies and Alcohol Focus Scotland on an exciting new research project into parental drinking and its impact on children. While there is a significant amount of research on the impact of chronic drinking on families and children, far less is known about the impact of 'moderate' or 'lower risk' drinking.



# Updates from Around the World

This project aims to address this by investigating the impact of alcohol on children across a range of drinking levels and patterns. There is a call out for written evidence on this subject from as wide a range of stakeholders as possible. We welcome submissions from anyone who feels that this is relevant to their professional experience. [Find out more.](#)

Second, Adfam will soon be launching a project looking at the experiences of the family and friends of those living with, or at risk of contracting, Hepatitis C. Parallel surveys will be launched in November for these two groups – the findings from which will be combined with structured phone interviews and a literature review to make a briefing published in the new year. If you are interested in finding out more, or highlighting relevant research or resources please contact [Alison Hill](#).

Finally, The Recovery Partnership, a programme of work focused on the health and development of the drug and alcohol treatment system, has produced sets of Quality Standards for both community and residential treatment services. These are designed as tools which services can use to assess their own health and prepare their services for CQC inspection. Both sets are freely available in the public domain and are encouraged to be shared as widely as possible. There is also an implementation guide available for the community standards. [Please see here for more details.](#)

A further update from England comes from Richard and Gill Velleman who have recently trained another



11 people in the 5-Step Method. Participants who attended the 2 day course were varied: one was a freelance trainer who works with national alcohol and drug organisations, another came from a counselling service in Bath; many came from



SMART, which runs services and community projects related to alcohol or drug problems across much of Oxfordshire, Berkshire and Buckinghamshire; and one person flew all the way from South Africa, where she hopes to develop services and research based on the SSCS model and the 5-Step Method.

---

*"Good variety of activities and time to reflect on the materials."*

*"Excellent training. Well-presented and easily understood- I would highly recommend training."*

*"[the] handbooks are going to be brilliant tools for me and clients."*

---

Feedback from the course was extremely positive, with 91% strongly agreeing, and 9% agreeing, that the training provided them with an understanding of the 5-Step Method as an intervention, and of the principles of this method. Further, 73% strongly agreed and 27% agreed that the training helped them improve their skills to help family members.



## Journal Corner

It was suggested in the last Newsletter (Issue 4, July 2016) that a regular feature within these newsletters could be to summarise recently published papers.

Richard Velleman takes a brief look at two new reports which have come out about the UK, one about Scotland and the North of England, the other about Wales, within the global Alcohol's Harm to Others project. This is a world-wide project, gathering pace, which looks at the range of negative impacts that alcohol consumption can have on people other than the drinker, including on affected family members (obviously the main interest for AFINet) but also looking at other areas, including physical violence, road traffic accidents, feeling scared in public places, etc.).

Both reports contain a wealth of interesting material which complements the more clinical, more detailed work on family harm which the AFINet group have undertaken over the past 30 years. Both studies seem to show just how widespread harm related to other people's drinking is. Although they look at a wide range of 'harms' and of 'relationships' (e.g. including strangers) they show clearly, as our work has done previously, that there are significant harms to family members in such areas as finances, relationships, arguments, safety, and so on. Generally, the Harms to Others approach is very helpful and promising and complements very well the more detailed and qualitative work which many of us have been undertaking over the years.

**Gell et al. (2016), *Alcohol's Harm to Others: A report for the Institute of Alcohol Studies produced by the University of Sheffield School of Health and Related Research (ScHARR)***

Using survey data from 1,020 people aged 18 years and older living in the North West of England and 1,007 people aged 16 years and older living in Scotland, among the key messages are that the prevalence of harm from another person's drinking is high, with 51.4% of respondents in Scotland reporting at least one of 16 harms, and 78.7% of respondents in North West England reporting at least one of 20 harms in the past 12 months; commonly reported harms include being harassed, afraid or insulted in a public place, being annoyed by vomiting, urinating or littering on the streets, and being kept awake at night; younger age groups were significantly more likely to report having experienced a number of harms than older age groups; and two clusters of harms were found: one related to being harassed, threatened or feeling afraid in public spaces; the other related to household financial difficulties, alongside relationship problems (in the North West England sample) and being kept awake at night (in the Scotland sample).



Quigg et al. (2016), [\*ALCOHOL'S HARMS TO OTHERS: the harms from other people's alcohol consumption in Wales\*](#).

Using data from a cross-sectional telephone survey of 1,071 adults across Wales, and focusing on 19 categories of harm, this study aimed to provide an initial understanding of alcohol's harms to others in Wales. They found an estimated 59.7% of adults aged 18 years and older in Wales had experienced at least one harm from someone else's drinking in the last 12 months, with the most common harms being: feeling anxious at a social occasion; being kept awake due to noise or disruption; having a serious argument; being let down; feeling threatened; and suffering emotional neglect. The risk of experiencing any harm was higher in younger age groups. Over two fifths (43.7%) of adults had experienced at least one 'more severe harm' in the last 12 months, with the prevalence of experiencing more severe harms being significantly higher amongst those living in the most deprived areas. The report also highlights how different harms were associated with different types of relationship.

## Revisiting Past Research

Developing the idea that a regular feature of the Newsletter could be summaries of recent published papers, it may also be useful to sometimes look at older papers which may benefit from a re-examination. Richard Velleman summarises two older papers on what happens to the children of problem drinkers once these children reach adulthood.

1. Velleman & Orford (1993). The adulthood adjustment of offspring of parents with drinking problems. *British Journal of Psychiatry*, 162, 503-516. This paper is one of a series relating to the Risk and Resilience project undertaken by Jim and Richard colleagues in the 1980s, where highly detailed interviews were conducted with 164 young adults (aged 16-35) who were the now-grown-up offspring of one or more parents with a serious alcohol problem. Their experiences were compared with equally detailed interviews with a comparison

group who did not have such parenting. The 1993 paper concluded that, although the offspring of parents with drinking problems did report considerably more disharmony in their families of origin, and many more childhood difficulties, adult adjustment was similar in the two groups.

Many young people in both groups showed high levels of what was termed 'Demoralisation', which was particularly related to disharmony in the family of origin, and to reported childhood difficulties, not to parental problem drinking. The paper also showed that if young people were not 'demoralised', then having a parent with a drinking problem might sometimes be a strengthening experience.

See also the book: Velleman & Orford (1999). *Risk & Resilience: Adults who were the Children of Problem Drinkers*. London; Harwood.

# Revisiting Past Research

2. Anda et al. (2002). Adverse Childhood Experiences, Alcoholic Parents, and Later Risk of Alcoholism and Depression. *Psychiatric Services*, 53, 1001-09. This paper describes a study examined how growing up with 'alcoholic' parents and having adverse childhood experiences are related to the risk of 'alcoholism' and depression in adulthood. Unlike the Velleman and Orford study above, they used very different samples and methods: 9,346 adults who visited a primary care clinic completed a survey about nine adverse childhood experiences: experiencing childhood emotional, physical, and sexual abuse; witnessing domestic violence; parental separation or divorce; and growing up with drug-abusing, mentally ill, suicidal, or criminal household members. They then looked at associations between parental alcohol abuse, the adverse experiences, and 'alcoholism' and depression in adulthood, using logistic regression analyses.

They found that more than 20% of respondents (N=1,894) reported 'parental alcohol abuse'; and that the risk of having had all nine of the adverse childhood experiences was significantly greater among this 20%. They found that the number of adverse experiences had a graded relationship to 'alcoholism' and depression in adulthood, independent of parental alcohol abuse; that the prevalence of 'alcoholism' in adulthood was higher among persons who reported parental alcohol abuse, no matter how many adverse experiences they reported; and that the association between parental alcohol abuse and depression was accounted for by the higher risk of having adverse childhood experiences in alcoholic families.

They concluded that: children in 'alcoholic' households are more likely to have adverse experiences; the risk of 'alcoholism' and depression

in adulthood increases as the number of reported adverse experiences increases, regardless of parental alcohol abuse; depression among adult children of 'alcoholics' appears to be largely, if not solely, due to the greater likelihood of having had adverse childhood experiences in a home with alcohol-abusing parents.

So, both of these papers, using very different methods (one highly detailed individual interviews, the other questionnaire surveys) seem to have reached broadly similar and comparable findings, which suggest that children in households with alcohol problems tend to have a greater number of adverse experiences; and that people's risks of developing problems in adulthood (depression/demoralisation, and addiction problems) are more related to whether these adverse childhood experiences occurred and how badly they did rather than whether or not a parent had an alcohol problem *per se*.

---

*Season's Greetings to you All!*

