

Challenges in Research on Adolescent Children of Alcoholics: Implications for India

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Abstract: *In the field of research there has been a growing focus on the children of alcoholics particularly in the West, seeking to understand the overall harms of alcoholism particularly parental alcoholism. In India this awareness is still very little. This study investigated the prospects and problems in this area of research, basing itself on some selected research studies both in the West and in India, and for that reason it is not an exhaustive attempt. The study revealed that the West has particularly advanced in establishing methods for assessing quite accurately alcohol related harms both to the user and the others. They have also made specific strides in researching in to the psychosocial functioning of the adolescent children of alcoholics. However, the level of intervention has not been keeping with the level of research. Longitudinal and intervention oriented studies are wanting. In India, researches in this regard are still few and the available data mostly media based. The study makes a strong case for the urgent need for policy oriented studies and a serious commitment on behalf of the administrators and primary care givers in the best interest of the adolescent children of alcoholics.*

Keywords: *child research, children of alcoholics, parental alcoholism, vulnerable children, child policy.*

I. Introduction

One in six or 16% of the global population in the age group of 15 years and above develops substance use disorders according to World Health Organization (WHO) [1]. Obviously many of them are parents. In India the situation is the same according to a study made by National Institute of Mental Health and Neurosciences (NIMHANS) [2]. The magnitude of alcoholism and the problems of being an alcoholic have been of late drawing the attention of the common public, the health experts and the governments. In a country like India, even the judiciary is stepping in to reprimand the blatant attitude of the government in this regard [3]. Further, the problems faced by the adolescent children of alcoholics (COAs) too have been drawing a lot of attention particularly in the West. In the low income countries, this area is slowly becoming more and more conspicuous. There is a general awareness that more than the alcoholics themselves their family members are the true victims. In the words of Ackerman, "It is almost as if we are just 'discovering' that along with the existence of generations of alcoholism we have also had generations of children of alcoholics"[4]. Alcoholism today is considered as a family disease [5]. In India about one third of the male population is said to be regular users of alcohol and that about 10 to 15% are severely addicted to it [2]. It is estimated that for every alcohol dependent person, there are about 21 to 28 persons around him who are seriously affected and they are called co-dependants [6]. In UK there has been a successful effort to assess the harms of most abused 20 drugs including alcohol. Each drug was measured on a 16 point multi-criteria scale assessing a drug's harms to the user and to those around him or her. Overall, alcohol was the most harmful drug (overall harm score 72), with heroin (55) and crack cocaine (54) in second and third places [7, 1]. Further it asserted that 'aggressively targeting alcohol harms is a valid and necessary public health strategy'. However, in the lower income countries the harm assessment is either deliberately neglected or simply ignored as less important. The true victims of such neglect are the children of such families. Even in the West, surprisingly advanced research findings have not led to much of meaningful interventions [8]. In India the National Child Policy does not even recognize COAs as a category of children in distress [9]. Among children the adolescents stand in need of special care because of their particular developmental stage which has already many other challenges [10]. The purpose of this study is to highlight the need for systematic and serious enquiry in to the problems of the adolescent children of alcoholics (COAs) so that it may pave the way for proper child policies and appropriate interventions. This paper will look at the various challenges that have existed so far in this field of adolescent COA research and sort out those challenges already addressed and those yet to be faced. However, it is not an exhaustive attempt, the authors must admit.

II. Many Challenges of Adolescent COA Research

In solving crucial social problems in a society, scientific researchers have a major role. Once the various real dimensions of a problem are highlighted, all those who are concerned will become aware of the urgency of the situation and assume responsibility for the same. In the case of COAs, there is a lack of interest in most of the countries. Even in the West, there is an unjustified hesitation in this regard. This affects badly any meaningful intervention. Prevention and treatment are the most crucial and challenging areas of COA research, especially in countries like India. The overall harm of alcoholism and its social burden have to be realistically gauged. A proper profile of the adolescent COA has to be arrived at in order to differentiate the vulnerable COAs from those invulnerable. In India most of the States are drawing almost one fourth of their revenue from the sale of alcohol, unaware of the harm it is causing their people. Policy oriented researches have to be taken up by the governments. However, at first let us take a look at the progress made so far in COA research, followed by an assessment of the current challenges in this field.

2.1. Progress in COA Research

Interests in the COA research began in early 20th century. However, widespread interest in the problem is noticed only since the sixties. By mid-seventies a wide range of problems encountered across their life span by the COAs began to be documented. In the next twenty years, research advanced on several fronts and has helped to clarify the nature and extent of problems facing COAs as well as the numerous variables that must be considered when attempting to make generalizations about this group [11]. According to Sher, the most significant revelation about COAs is the difficulty in making valid generalizations about them mainly because the alcoholics do not seem to represent a homogeneous class of people. Besides, many other psychological disorders coexisted with alcoholism. They are common to people who abuse other drugs too. Then, there were methodological complexities.

2.2. Important Breakthroughs

Researchers did make some important breakthroughs. They proposed numerous approaches to tackle the problem of heterogeneity among alcoholics. They incorporated a range of dimensions such as age of onset, drinking pattern, extent of anti-sociality, severity of dependence, personality traits and even family history [12, 11]. The specificity of disorders caused by alcohol was another bone of contention. There came the UK's largest survey [8] in the beginning of this new century, a highly sophisticated analysis and an attempt to establish the specificity of the problems of the COAs. This survey considered in a single instance, the children of parents with mental disorders, the COAs, whose parents had mental disorders too, and the COAs whose parents did not have any mental disorders. This survey initiated by the National Association of Children of Alcoholics [8] established certain specificities about the COAs.

- For example, the COAs experienced significantly more discord and violence in their home lives than the children of non-alcoholics and the children of the parents with mental disorders. COAs suffered more.
- It was also found that there was no significant difference between the COAs whose parents had mental disorders and those COAs whose parents had no mental disorders. This again would imply the COAs suffered more than the others.
- Another finding was that the COAs were more likely to experiment alcohol and drug abuse than the other groups mentioned above. In this the boys had greater risks than the girls. There were differences of opinion earlier in this area of added risk of COAs taking to alcohol more readily than the others. While some had attributed it to genetic factors of the COAs, some others had attributed the source of that risk to stress and negative affect pathways, decreased parental monitoring, and increased temperamental emotionality.
- The COAs were significantly less likely to seek help and support to deal with their problems than children of parents with mental disorders. This is because unlike mental disorders, alcoholism has multiple and interacting factors at the familial, societal and community levels. The family often tries to keep as a secret the problem of parental alcoholism, becomes isolated, lacks social support and children often blame or condemn themselves for the situation.

The above survey convincingly concluded that more serious interventions must be targeted at the COAs in order to protect this vulnerable population of children.

Another important breakthrough [13] was in the area of risk factors related to positive family history of parental alcoholism. It was reported that despite the similar levels of alcohol consumption, the FHP (Family History Positive) subjects experienced significantly more alcohol-related problems than did the FHN (Family History Negative) subjects, including academic problems, rejection by friends, automobile crashes, blackouts, unsuccessful attempts to stop drinking, problems with other drugs, and more serious behaviour problems. The findings were further clarified using a prospective design of administering a specific amount of alcohol to the

participants to find if the difference in their intoxication levels had anything to say. The experiment found that among both the FHP and FHN groups, subjects who had demonstrated a low intoxication level were more likely to have become alcoholic than were subjects who had exhibited greater intoxication in response to the same alcohol dose at an early age.

2.3. Stress-related Studies

In 2008, brain studies were conducted by Heitzeg and others on the COAs [14]. It was discovered that although COAs had a greater risk of developing alcohol – use disorders, not all would develop them. It was a study that used functional magnetic resonance imaging to examine their brain activity. Findings indicated that different brain regions might contribute to whether COAs would be resilient or vulnerable to the development of alcohol use disorders.

One of the recent findings in the West has been about the alcoholic father and his children who are infants. It is a well known fact that the alcohol use disorder (AUD) of the mother had a big influence on the early development of children, causing what is known as Foetal Alcohol Syndrome (FAS) [11]. But what is recently found is that the father’s problems can also affect child development at this stage. When the children were 12 months old, Edwards and others [15] found that compared to the control fathers, the alcohol-abusing fathers: spoke less to their infant; expressed less positive involvement; expressed more negative emotions; and reported more exasperation with their infant. Observations of the parents with their children also revealed that the alcohol-abusing fathers were less sensitive in their parenting compared to the control fathers. This means they were neither aware of their children’s behaviour, nor guided by the behaviour of their children. By the time the children were 18 months old, the children of alcohol-abusing father: displayed symptoms of anxiety; had more symptoms of depression; and displayed more externalizing problems, like tantrums.

2.4. Accurate Assessment of Harms to User and Others

Current estimates of the societal costs of alcoholism do not consider the impact of parental drinking on children, according to Balsa [16]. He shows that having a problem-drinking parent is associated with longer periods out of the labor force, lengthier unemployment, and lower wages, in particular for male respondents. In another study by Balsa and others [17], much of the research on adult children of alcoholics has focused on the transmission of drinking patterns from parents to their children and the development of alcohol-related problems. Less is known about how exposure to parental problem drinking affects children as they progress into adulthood in terms of other mental health outcomes. This is crucial because the average age of onset for depression and other mental health disorders is during late adolescence or young adulthood.

In this context, multi-criteria analysis was carried out in UK, to measure the harmfulness of the 20 most commonly used drugs including alcohol on 16 selected criteria: nine related to the harms that a drug produces in the individual and seven to the harms to others. The study revealed that heroin, crack cocaine and methamphetamine were the most harmful to the individuals, whereas alcohol, heroin and crack cocaine were the most harmful in term of their harms to others. Overall, alcohol came out as the most harmful drug [7, 18]. The 16 criteria and the results [7] are presented below in two images brought out by the same study.

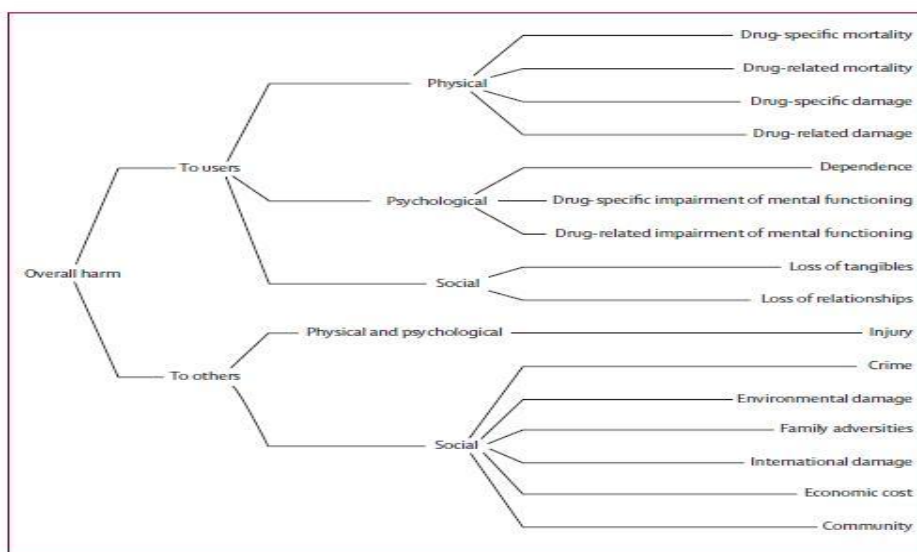


Figure 1: Evaluation criteria organised by harms to users and harms to others, and clustered under physical, psychological, and social effects

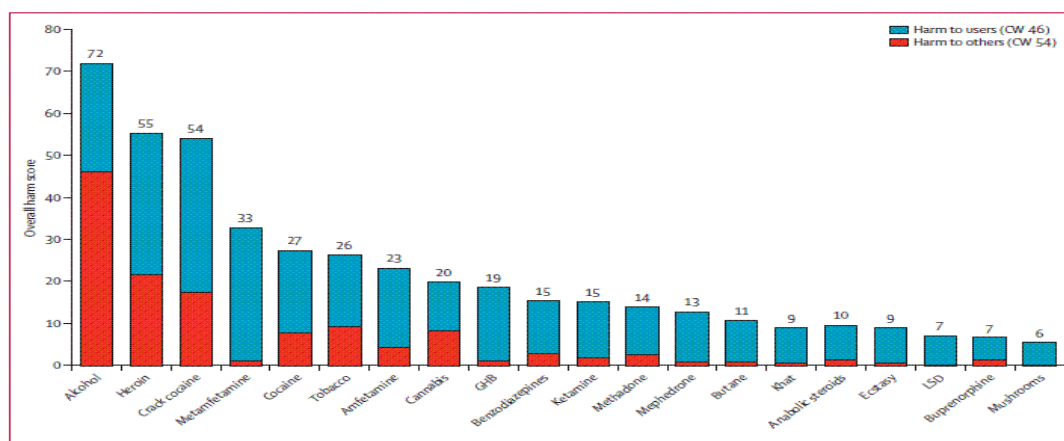


Figure 2: Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others. The weights after normalisation (0-100) are shown in the key (cumulative in the sense of the sum of all the normalised weights for all the criteria to users, 46; and for all the criteria to others, 54). CW=cumulative weight. GHB=γ hydroxybutyric acid. LSD=lysergic acid diethylamide.

2.5. Researches in India: some Important Milestones

The earliest research on COAs was most probably done by Narang and others [19] in India under the Department of Psychiatry of Dayanand Medical College and Hospital, Ludhiana. This was a study on only male COAs and in the age group of 04 to 12 years of age. The female children were not included. The study found noticeable disturbances in the COAs in the areas of conduct disorders, anxiety, physical illness with emotional problems compared to the children of non-alcoholic parents. This study made an important observation that not all COAs were affected in the same way and that there were those invulnerable.

In 2004, a study on victims of alcoholism was carried out by Mrs. Shanti Ranganathan [20], the founder of T.T. Ranganathan Clinical Research Foundation, Chennai. According to her, alcoholism created a series of escalating crises in family structure and function, which might bring the family to a system crisis, and as a result, the members developed dysfunctional coping behaviours.

In 2008, Chopra and others [21] carried out a study in India, on the association between parental and off springs’ alcohol use. The study collected information on all family members above the age of 10 years in a household and it was limited to Kerala. It was not an exclusive study on the adolescent COAs. It confirmed the association between alcohol use by father and their male offspring.

In 2008, Stanley and Vanitha [10] made a study on the psychosocial correlates in adolescent children of alcoholics in Tiruchy, a city in Tamil Nadu. It was a comparative study which examined the manifestation of self-esteem and adjustment in a group of fifty adolescent COAs and a matched reference group of adolescent children of non-alcoholic homes. They found lower self-esteem and poor adjustment in all spheres studied, in the COAs than in the controls. They attributed the deficits to the increased stress and vitiated alcohol complicated domestic environment of the COAs. They made a strong case for psychosocial intervention with COAs who are normally neglected in conventional de-addiction programmes in India. Their research situated that Indian literature from this perspective was scanty and that there was a need for more comprehensive investigation to explore the consequences of parental alcoholism particularly on adolescent children.

A major study by the National Institute for Mental Health and Neurosciences (NIMHANS) needs a special mention here [2]. It was called “Alcohol related harms: Implications for public health and policy in India”. It recorded that about one-fourth of violence and other forms of abuse against women and children has been linked to chronic alcohol use. The same report documented that several psychosocial problems, cognitive disabilities, behavioural problems and scholastic disadvantages have been observed among children of alcoholics. They further added that the short, medium and long-term impact of alcohol use on children has not been examined closely in the Indian region.

2.6. Continuing Global Challenges

In the West [8] the challenge seems to be in the area of interventions rather than one of lack of awareness of the problem. It calls also for refining their findings especially in arriving at the right profile of a COA. It is extraordinary that, after decades of research reporting on the perturbing circumstances of CoAs, so very little has been done to intervene. There is no single profile of CoAs. There are those who suffer greatly and fail to thrive or cope with their lives. There might be those who, despite all the odds, do enjoy good health from birth and develop into socialised, competent, and self-confident individuals: the so-called “resilient children”. But their resilience should not be a justification for ignoring their needs as children [8].

Another challenging area is that of targeting alcohol related harms. After having considered and compared 20 commonly abused substances including alcohol, Nutt and others spoke strongly about alcohol harms, the overall harm score for which was the highest, with heroin and crack cocaine in second and third places. They said that aggressively targeting alcohol harms is a valid and necessary public health strategy. This observation is confirmed in the same study by UK and the Netherlands the two leading experts in this area of harm assessment of drugs [7]. It is a serious observation for all countries, particularly keeping in mind the growing menace of parental alcoholism and the increasing popularity of alcohol among the youth. Globally the percentage of under-15 boys who have not had alcohol went down from 44% to 30%, while for girls it decreased from 50% to 31% in the 2000s. The trend of heavy drinking witnessed among the young of all countries has experts worried. "It can be dangerous and have long-term effects such as habit formation or other chronic conditions," said herpetologist Dr Aabha Nagral, who consults with Jaslok Hospital [22]. This is an important call for each country to go and do a sincere and scientific reassessment of alcohol related harms in their countries.

Then there are other important areas for action. According to Gilvaary, studies on CoAs have, sadly, been characterised by small sample sizes, selective sampling and absence of control groups. The consequences of these weaknesses in methodology are that their findings have been generalised to all CoAs and we still know relatively little about the broader population of COAs [8].

2.7. Indian Challenges

Compared to the quantity and quality of research on COAs at the global level the Indian situation lags much behind on several counts. According to Chopra and others [21], there is little information available from India on the association between parental and offspring alcohol users. This is a vital area because the number of parents taking to drinks in India is on a historical upswing. The Paris-based Organization for Economic Cooperation and Development (OECD) [22] recently published a report examining the economic and health implications of alcohol use among its 34 member and a few non-member countries. Among a list of 40 nations, India got the third position, only after Russian Federation and Estonia, for shooting alcohol intake between 1992 and 2012. This is of importance in the case of adolescents because parental addiction has a lot of influence on the adolescents. A single Chapter in the Bhole Committee Report in 1946 [2] was the earliest public health oriented report on alcohol in India. Among other things it emphasized instructions in schools on the effects of alcohol and narcotics. The report went unheeded. Besides, the Bhole Committee did not mention explicitly the need for research and documentation on the social consequences of alcohol related harm. As Gururaj and others [2] would say that though, in recent years, a methodical documentation has begun, psychosocial consequences of alcohol use has been inadequately documented in the Indian region and the existing data are largely anecdotal, and media reported with limited scientific evidence. This was also noted by other researchers [10, 19, 21, 23].

According to Benegal [23], the subject itself is of low priority and funding for research is low and so there is little by way of a body of published literature in India. According to Narang and others [19], historically most studies of COAs explored the immediate short-term negative effects of parental alcoholism and overlooked coping patterns and mechanisms. Keeping all these in mind, the current challenges in need of research may be ranked as below:

- Impact of parental alcoholism on adolescents on their personality, family relationships and academic performance. This would help us to arrive at a true profile of an Indian COA.
- The association between parental and offspring alcohol use. Fifty per cent of the existing adult alcoholics are themselves COAs.
- Peer pressure and addictions in adolescence [24].
- Research on methodologies (longitudinal/proactive) and documentation.
- Accurate assessment of the social cost and social burden of alcoholism, in order to impress strongly on the government.

III. Recommendations

As we have earlier pointed out, one in six are victims of substance abuse and most of them are parents both globally and locally [1, 2]. With help children at risk will become children of promise. This should be the ultimate goal of COA research in India or abroad. With this in mind the authors would like to make these following suggestions.

- Primary care givers, educators, the members of the judiciary, child specialists, social workers, and faith community members have to be sensitized on the issue of COAs. In achieving this non-governmental organizations especially those working child rights can play a major role.

- Frontline professionals and administrators in major areas of public concern have to be sensitized on the need for extensive as well as intensive COA research.
- Developing core competencies [25] in health care providers in the areas of prevention, assessment, intervention, and coordination of COAs.
- The major and urgent areas of research already pointed out at the global and local levels should be given priority. Pathological studies on COAs must be given equal priority too.
- Existing intervention programmes in both high and low income countries must be studied and success stories replicated.
- Exploratory as well as longitudinal studies, oriented towards treatment and prevention are the need of the hour.
- The government should come forward to fund the COA research in the best interest of this vast majority of children at risk.

IV. Conclusion

In solving crucial social issues, scientific researchers have a major role. Once various dimensions of a problem identified properly the urgency of the situation can be highlighted and responsibility fixed. In the case the COAs, there is a lack of total awareness of their sufferings in developing countries and their cries for a major part are going unheard even in the developed countries. Countries like India are suffering from ignorance of the problem and indifference marks even that small section that is aware of the problem. In the West where there is certain considerable awareness, the problem is one of indecision or shilly-shallying. If one in six is an alcohol or other substance abuser and if most of them are parents, then prevention and treatment are of paramount importance with regard to parental alcoholism, and therefore serious scientific researches are a must in this regard. The social and overall harms of parental addiction and their social burden have to be realistically assessed to understand the gravity of the situation. Alcohol policies and legislations must be guided by public health and child rights concerns.

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