



**ON CHILDREN
OF ALCOHOLICS**

**A MANIFESTO
FOR CHANGE**

The All-Party Parliamentary Group on Children of Alcoholics



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We all know that having a parent who abuses alcohol is one of the most disruptive experiences for any child and leads frequently to long-term effects in one's self confidence, one's capacity to relate, and even for some people in their own relation to alcohol itself.

My experience, whether easier or more difficult than that of others, was fairly difficult... One of the things I most missed was the company of others who understood the issue.

We are never ourselves when we are solitary, but in all of human history and community it has invariably been the case that it is in relationship that we become most fully what we are called to be, provided that relationship is healthy.

**The Most Reverend and Right Honourable Justin Welby,
Archbishop of Canterbury**

Executive Summary

One in five children in the UK lives with a parent who drinks too much – that’s over 2.5 million children.¹ They are Britain’s innocent victims of drink.

Hard-drinking parents hurt their children for life. Compared to other children, children of alcoholics are:

- twice as likely to experience difficulties at school;
- three times more likely to consider suicide; and
- five times more likely to develop eating disorders.

Worst of all, children of alcoholics are also four times more likely to become alcoholics themselves – there is a cycle of alcoholism cascading down the generations. We have to break the cycle of this terrible disease – and that starts by breaking the silence around Britain’s biggest secret scandal.

The APPG’s research² confirms a shocking picture of support for children of alcoholics:

1. **None** of the 138 respondent Local Authorities have a specific strategy for support for children of alcoholics.
2. Almost no Local Authority is increasing its drug and substance abuse treatment budgets, despite the increases in alcohol-related hospital admissions

Of the 49 Local Authorities providing data on future treatment budgets, 70% (34 Local Authorities) are experiencing **rising** alcohol-related hospital admissions.

- Yet only 9% of these Local Authorities are **increasing** treatment budgets (three Local Authorities in total).
- Over a third are actually **cutting** treatment budgets (12 Local Authorities).

3. The number of people accessing alcohol treatment varies widely, from 0.4% of a Local Authority’s estimated number of hazardous drinkers to 11%.
4. There is huge variation in average drug and substance abuse treatment budgets for hazardous drinkers – from £6.61 a head on the Isle of Wight to £419.04 in Sefton³.
5. There is very little uniformity in the data provided by different authorities. Although a number of national measurement systems for alcohol misuse are available, these are not used by all Local Authorities.

The hidden stigma attached to children of alcoholics typically means that they suffer in silence. This needs to change.

Over the last year, the All-Party Parliamentary Group on Children of Alcoholics has brought together policy makers, experts from charities, interest groups and medicine and – most importantly – children of alcoholics themselves, to spell out what government can start doing and do better.

This manifesto sets out the 10 key points the Government needs to address if children of alcoholics are to be properly supported and the shocking rise in problem drinking halted.

1. Children's Commissioner, *Silent Voices: Supporting children and young people affected by parental alcohol misuse*, September 2012
2. Based on Local Authority Freedom of Information request responses
3. Calculated by dividing the total alcohol treatment budget by the estimated number of hazardous drinkers in the area

The Government needs to:

- 1. Take responsibility for children of alcoholics**
- 2. Create a national strategy for children of alcoholics**
- 3. Properly fund local support for children of alcoholics**
- 4. Increase availability of support for families battling alcohol problems**
- 5. Boost education and awareness for children**
- 6. Boost education and training for professionals with a responsibility for children**
- 7. Develop a plan to change public attitudes**
- 8. Revise the national strategy to tackle alcohol harm to focus on price and availability**
- 9. Curtail the promotion of alcohol – especially to children**
- 10. Take responsibility for reducing rates of alcohol harm**

1.

Government needs to take responsibility for children of alcoholics

The Government should take responsibility for supporting children of alcoholics. They are Britain's innocent victims of drink.

Children of alcoholics are currently a forgotten part of the Government's stance on alcohol.

This means children of alcoholics should be properly recognised within existing alcohol policy and mental health services.

The Government needs to pay more attention to the issue of children of alcoholics but by providing support facilities for those children alongside treatment facilities for existing alcoholics to reduce the prevalence of alcoholism and children of alcoholics in this generation and instances of parents drinking too heavily in future generations.

The Government needs to start by actually listening! They have the power to make small changes that can make big differences.

Marc

2.

Create a national strategy for children of alcoholics

The Government needs to introduce a national strategy for children of alcoholics.

The challenge is that children of alcoholics sit on the fault-line of three different systems and are falling through the gaps between:

- the adult social care system, which might target help at adults but only really those adults with acute needs;
- the children's social care system, which can provide support but, again, only really if the need is acute; and
- the public health system, which is yet to properly develop effective ways of reaching out and helping children of alcoholics specifically.

This strategy will only work if it includes:

1. Appointing a Minister to take charge of policy for children of alcoholics and coordinating policy across government; this brief could be included in that of the Minister of State for Vulnerable Children and Families, for example.
2. Creating a new obligation on Local Authorities and the NHS in every part of the country to:

- tell us the scale of the challenge in their area, including an estimate of the number of children of alcoholics in their area, using standardised definitions and methods of collecting information;
- report every year on what they are doing to support children of alcoholics; and report every year on what they are spending

In addition, the strategy needs to provide:

- properly funded and resourced support facilities for children of alcoholics;
- a plan to deliver better awareness among children of alcoholics, including education about the effects of alcohol and what to do if they have heavy-drinking parents; and
- proper investment in treatment facilities for parents who drink too much.

Crucially, there needs to be a designated person within government, at the central and local level, with responsibility for this strategy and for children of alcoholics as a whole.

3.

Properly funded local support facilities

At the moment, there is a patchwork of poorly funded and disjointed support services at the local level that are failing to reach enough children of alcoholics, as demonstrated by the data gathered from Local Authorities by the APPG.

This cannot be allowed to continue – it endangers too many children.

The Government must ensure that organisations like the National Association of Children of Alcoholics (NACOA) are able to access sufficient funds so that they can be properly resourced.

But the Government should not expect the third sector to take the burden of helping children of alcoholics alone – a point heavily underlined by children of alcoholics themselves.

The Government must ensure Local Authorities and local government agencies are properly funded to deliver crucial support to children of alcoholics. The Government should consider using revenue raised through alcohol duties to fund these vital services.

A vital part of ensuring resources are getting to where they are urgently needed is proper data collection – at the moment,

information about which areas have the most children of alcoholics and need more resources is not recorded. This needs to change and could dramatically improve alcohol policy and ultimately how many people are able to access help and support.

Peer support is the best way to offer help to children of alcoholics according to children of alcoholics themselves – it is essential to their recovery and rebuilding of their self-esteem. It is clear that children of alcoholics themselves must be at the heart of any system of support.

There needs to be a greater understanding of and attention paid to the mental and emotional health of children as well. If support facilities are to be improved, or established in the first place, the Government needs to ensure that mental health professionals have a prominent role in the support of children of alcoholics to ensure all aspects of children's wellbeing – mental, as well as physical – are cared for.

It is very difficult to find someone in the local area who can assist because agencies are less and less, they come and go.

**Hilary Henriques,
Chief Executive of the National
Association for Children of Alcoholics**

It would be impossible to deliver lasting, meaningful change for children of alcoholics without this kind of support.

**Gaby Price,
Regional Head of Operations
at Turning Point**

As a teacher and deputy headmistress at a secondary school, I see the catastrophic impact of this lack of support acutely on a daily basis.

Sarah

Services are being eroded and this is making it increasingly hard to reach out to children of alcoholics.

**Oliver Standing,
Director of Policy
Communications at AdFam**

Alcohol has significant and spreading impacts on children [because] their mental and physical faculties are not fully developed.

**Katherine Brown,
Director of the Institute
of Alcohol Studies**

4.

Increase availability of support for families battling addiction to alcohol

There is a strong demand for more family-wide support to tackle addiction to alcohol.

Many children of alcoholics have stressed that, while they were in need of support, a parent who drinks too much could have a similar negative impact on other family relationships.

Work carried out by Turning Point has revealed a lack of proper understanding of the family-wide experience and impact of alcoholism and that focusing treatments solely on individuals is not always helpful.⁴

When families engage in therapy together, it works better.

Family-wide support and treatment could also prove to be a more cost-effective way of dealing with the issue of children of alcoholics. This has been demonstrated by the 'Strengthening Families' programme used in the US, but most notably in Australia, which has dramatically improved treatment, making a bigger impact but with less costs.⁵

4. Gaby Price, Regional Head of Operations – Substance Misuse at Turning Point, in evidence presented to the APPG on Children of Alcoholics, September 2016
5. Jody Brook et al., 'Cost analysis of the strengthening families program in reducing time to family reunification among substance-affected families', *Children and Youth Services Review*, (2013) 35(2), pp. 244-252

A hidden issue within that of children of alcoholics is kinship carers, mainly grandparents, who have become the main carers due to parental misuse. They receive very little support, either financially or emotionally, while the complex needs of the children themselves are underestimated.

Annette

Children need to be able to talk freely and know that they aren't the only ones dealing with these troubles but at the same time the parents need more help to see what they could potentially be leaving behind. My niece will never know how awesome her grandmother could be.

Jonathan

Children need help but so do partners, spouses, family. The alcoholic needs medical and psychological help to get better. My father tried to stop once and the images of him going through withdrawal still haunt me.

Allopil

5.

Boost education and awareness for children

Education – on alcohol, parental alcoholism and alcoholism generally – for children is a vital part of any strategy to help children of alcoholics.

Children are coming forward seeking help but not in high enough numbers; this could be because children do not understand the issue of parental alcoholism or that they can seek help.

It could also be the case that children of alcoholics, if they are aware of the dangers of their particular situation, do not know where to seek help from. Or perhaps they *do* know that they can seek help and from where but fear that in doing so they could be removed from their parents.

If and when alcoholism is dealt with in personal, social and health education in schools, parental alcoholism and the issue of children of alcoholics needs to be addressed. NACOA and other organisations can address schools about these issues.

Education will also help to tackle the stigma attached to children of alcoholics since more children will be aware of the issue, how to identify whether their peers are children of alcoholics and ultimately

that this is an issue that could affect anyone.

Children of alcoholics however can be students or even *adult* children of alcoholics. While they may be more independent, living away from parents, for example, there is still an emotional and mental toll that goes with being the child of an alcoholic – regardless of age – which cannot be avoided. The Government needs to consider how to reach out to these older children of alcoholics.

Children of alcoholics who are students can be informed similarly to school children, with presentations and literature from NACOA and other organisations, but this will not necessarily work when it comes to adults in the workplace.

A large-scale public health campaign, including prominent television advertising, would be the most effective way of reaching these people. This would be most successful if it were led by the Government but with significant collaboration between it and NACOA, and other helping organisations.

It is partly the stereotype of the selfish cruel alcoholic that leads to so much secrecy and hiding of children of alcoholics.

Laura

I don't think children need to be scare-mongered about alcohol – they need to be educated on the effects and realise when a situation is wrong or dangerous and who they need to contact for help.

Rowan

As an adult child of an alcoholic, there are very few support groups, especially if you consider how many AA groups there are. There should be support to get children of alcoholics into recovery themselves as it could help to break the cycle.

Polly

I wish I had known that certain characteristics were not normal. I wish there was more support or a group I could go to so I didn't feel so alone

Kara

6.

Boost education and training for those with a responsibility for children

There is a crucial role for those who care for children or have responsibility for children as part of the job – teachers, doctors, hospital staff, police officers and social workers.

There are a million A&E admissions for alcohol problems each year⁶ but doctors rarely ask if there are children involved. Teachers teach children about the risks of alcohol but children are not encouraged to talk to the school nurse if there are problems at home. GPs do not routinely screen for alcohol problems or put help within reach of their patients' children.

Everyone paid to work with children should have specific training so that they are more aware of children of alcoholics and how to respond, particularly when it comes to identifying the organisations or local government agency best placed to take the next steps in dealing with the issue.

There is a real need for joined-up thinking around the issue of children of alcoholics; in every community, hospitals, GPs, teachers and school nurses should agree a local plan for putting help within reach of children of alcoholics.

People in positions with a public safety responsibility potentially should also have powers to intervene in cases involving children of alcoholics.

Many of those who responded to the APPG's online survey felt strongly that councils should have stronger protections for children of alcoholics, including prioritising taking children of alcoholics into care and, in serious cases, parents who drink too much being removed from homes. The Government will need to consider how to balance the rights of parents on the one hand and the rights of children of alcoholics to live safely on the other.

6. NHS Information Centre, Statistics on Alcohol: England, June 2016

Schools need to be taught how to deal with these children. My brother and I both went through a disruptive phase at school and were punished for being “naughty” – nobody ever bothered to look into our home life.

Jo

I was asked if I was on drugs when I started dropping grades and classes. When I flunked some A-levels, it never occurred to me that my home situation may have been a cause.

Tom

A better understanding universally that alcoholism is not just round the clock drinking is needed – as is an understanding that alcoholism is the end stage of an often long road and that catching it earlier might help many more families.

Jol

7.

Develop a plan to change public attitudes

Alcohol is the country's third biggest health challenge after obesity and smoking⁷ and yet, because it is loaded with stigma, adults and children are put off from seeking help.

Ultimately there needs to be a change in public attitudes to drinking and alcoholism and to how children of alcoholics are perceived and treated if the problem is to be eliminated.

This does not apply solely to how children of alcoholics are supported but going further to get to the heart of the public's relationship with alcohol.

This is no easy task; it will require high impact change carried out over the long term but without changing behaviours, the same issues will arise again and again.

Alcoholism needs to be taken far more seriously and treated as the serious and debilitating disease that it is.

But there is strong and consistent evidence of what works and that the best outcomes are achieved when government takes the lead.⁸ This returns to the heart of the issue: the Government must take ownership of alcoholism and children of alcoholics, realise the seriousness of both and act accordingly, by being proactive and introducing policies that will help those who so desperately need support but who for the time being remain forgotten.

7. Department of Health, Health matters: harmful drinking and alcohol dependence, January 2016

8. Katherine Brown, Director of the Institute of Alcohol Studies, in evidence presented to the APPG on Children of Alcoholics, September 2016

My mum was the most amazing person. She was intelligent, beautiful and funny. She was also an alcoholic. As the child of an alcoholic I remember the unrelenting worry, fear and shame.

Penny

For a lot of people, alcoholism is synonymous with being homeless and destitute, sitting on a park bench drinking from a wine bottle wrapped in a brown paper bag, and therefore something very far removed from the binge drinking and partying culture that is so prevalent in our society.

John

The real portrayal of the damage done by alcohol has to be accepted by us all – not just those with an addiction to it. The acceptance that seeing someone drunk is somehow amusing is sick.

Betty

8.

Revise the national strategy to tackle alcohol harm to focus on price and availability

Alongside a proper national strategy for children of alcoholics, the Government needs to tackle the rise in alcohol harm, not solely for public health reasons but as an effective method for stopping the rise of future generations of children of alcoholics. The three key drivers of alcohol harm are: **the price of alcohol, the availability of alcohol and the promotion of alcohol.** The Government needs to seriously consider introducing measures in all three of these areas.

The availability of alcohol

There are higher concentrations of venues for alcohol in areas of poverty, where instances of alcohol harm are also higher, than areas that are better off.

The number of off-licences in Britain has increased by 25% since the 1980s.⁹ This is creating a vicious cycle of dependency, which is fueling alcohol harm.

If the Government is serious about reducing alcohol harm in the UK, it needs to modernise licensing laws. Again, Scotland is ahead of the curve as its licensing system already accounts for health impacts in this way – licensing laws across the rest of the country should do the same.

Lord Brooke of Alverthorpe proposed amendments to the Licensing Act 2003

to do this but the House of Lords failed to pass them in time before the 2015 general election. The Government should revisit this idea and ensure it passes into law.

9. Lisa Jones & Harry Sumnall, Understanding the relationship between poverty and alcohol misuse, Centre for Public Health, Liverpool John Moores University, June 2016
10. Tim Stockwell & Gerald Thomas, Is alcohol too cheap in the UK? The case for setting a Minimum Unit Price for alcohol, Institute of Alcohol Studies, April 2013
11. Institute for Fiscal Studies, The IFS Green Budget, February 2016
12. Public Health England, The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review, December 2016

The price of alcohol

The affordability of alcohol is directly related to alcohol harm – as the price of alcohol goes down, people drink more and alcohol harm increases.

Alcohol is now 45% cheaper than it was in the 1980s meaning it is now possible to exceed the recommended safe limits of alcohol for tens of pence rather than tens of pounds.¹⁰

This is incredible and unacceptable.

There is a real and serious need for the Government to review alcohol duties, in particular the duty levied on cider. A litre of 7.5% ABV beer attracts 138p in duty but a litre of 7.5% ABV cider attracts just 39p in duty.¹¹ This makes cheap cider – £3 for three litres, for example, is a typical offer – the choice of many low income alcohol misusers. On a tour of the Gastroenterology Ward of Doncaster Royal Infirmary in February 2016, Caroline Flint MP, Vice Chair of the APPG on Children of Alcoholics, was informed that half of the patients presenting with liver disease or chronic alcohol misuse were consuming cider as their drink of choice.

The alcohol ‘duty escalator’ introduced in 2008, which kept alcohol duty rates at 2% above inflation, was a welcome intervention and helped reduce alcohol harm.

Unfortunately the ‘duty escalator’ was scrapped in 2013 – and alcoholism began to rise again – so the Government needs to seriously consider reintroducing it.

Failing that, there should be a minimum unit price for alcohol.

This would set a floor price for alcohol to ensure it cannot be sold for a ridiculously low price – the more alcohol a drink has the more expensive it will be.

This measure might be more acceptable than an increase in alcohol duty since it is not a tax but rather a targeted way of ensuring alcohol is sold at a sensible price.

The argument regularly made against minimum unit pricing is that it will cost social drinkers. However, minimum unit pricing will not affect these people because they do not drink cheap alcohol; rather, it will be heavy drinkers and those who drink the cheapest alcohols that will be affected.

The experience of other countries – from Canada to Ireland – shows that minimum unit pricing works. Other governments have already taken note – the Scottish Government legislated to introduce a minimum unit price in 2013. The UK Government should follow suit; Public Health England recently singled out minimum unit pricing as the preferred method for tackling rising alcoholism.¹²

9.

Curtail the promotion of alcohol – especially to children

Restrictions on alcohol advertising and alcohol sponsorship should also be introduced – especially to curtail advertising to children.

Alcohol companies spend vast sums on sponsorship, marketing and advertising with the sole purpose of promoting their brands to a future generation of drinkers.

The sheer volume of alcohol advertising and sponsorship is not only normalising alcohol consumption and alcoholism but risks normalising the plight of children of alcoholics.

Restricting alcohol advertising and sponsorship can be achieved by taxing it. Other options include removing alcohol sponsorship from all sporting events and restricting the time at which alcohol adverts on television can be broadcast until well after the watershed. Similarly, alcohol advertising in cinemas should be restricted to films issued with an 18 certificate.

Taxing alcohol advertising and sponsorship would also have the added benefit of raising revenues that can be invested in tackling alcoholism and supporting children of alcoholics.

This is a terrible reflection on English society and on the Government if this is allowed to continue.

**Professor Roger Williams,
Director of Research at the Institute of Hepatology**

Go down any street with a pub on it in the UK and there will be a sign outside with a quote such as “Drinking at 9am doesn’t make you an alcoholic”. Well, to be honest, it probably does.

Gemma

The purpose – and they should just be honest about it, it’s not criminal, just admit it – is to promote their brand and sell as much alcohol as possible to the young people that are the customers of the future.

**Alistair Campbell,
writer and political commentator**

10.

Take responsibility for reducing rates of alcoholism

Children of alcoholics and the experts involved in this area are all of the same view: the Government needs to take responsibility for the rate of alcoholism in the UK.

The Government has such a responsibility because it reaps the benefits of alcohol consumption through alcohol duties and because it is best placed to ensure policies for the treatment of alcoholism are introduced. But it is hesitant to do anything due to persistent lobbying by vested interests within the drinks and alcohol sponsorship industries.

A lead from central government is essential if alcohol harm in the country is to be tackled effectively. This is essential since local government – the level at which almost all treatment and support services for alcohol harm are provided – is at the whim of central government when it comes to funding these services.

The first step is to recognise alcohol dependency as a huge issue for this country – the Government needs to stop seeing alcoholism as a money-raising opportunity at the expense of the health of the population.

Natalie

There is strong evidence of the need for a ministerial lead. Ultimately, things are falling down at the local level due to strain on budgets from central government.

**Katherine Brown,
Director of the Institute of Alcohol Studies**

It all comes back to parliamentarians, to the Prime Minister and the Chancellor but they are all against the strategy for reducing alcohol consumption. There are powerful vested interests at play.

**Professor Roger Williams,
Director of Research at the Institute of Hepatology**

The most important thing that has to be done first is listening to the voices of children of alcoholics and understanding addiction from their perspective.

Elle

**Children of Alcoholics:
A Manifesto for Change**