

## Data supplement

### Box DS1 Negative experiences of children and adolescents living with parental substance misuse

- High levels of violence (Black *et al*, 1986)
- Experiencing or witnessing neglect or abuse – physical, verbal or sexual (Kelleher *et al*, 1994; Chaffin *et al*, 1996; Cleaver *et al*, 1999; Forrester & Harwin, 2004)
- Poor and/or neglectful parenting (Cleaver *et al*, 1999)
- Inconsistency from one or both parents (Roosa *et al*, 1988; Jarmas & Kazak, 1992; Jones & Houts, 1992)
- Having to adopt responsible or parenting roles at an early age (Cleaver *et al*, 1999)
- Feeling negative emotions such as shame, guilt, fear, anger and embarrassment (Orford & Velleman, 1990; Velleman & Orford, 1993)
- Possible neurodevelopmental consequences of substance misuse in pregnancy, such as foetal alcohol syndrome or drug effects (McElhatton, 2004; Plant, 2004), which may contribute to developmental delays or intellectual disability

### Box DS2 Negative effects of living with a parent with a substance misuse problem

#### Children

Children who have the experiences outlined in Box 2 often subsequently demonstrate their negative effects, including higher levels of:

- behavioural disturbance, antisocial behaviour (conduct disorders) (Robins, 1966; Nylander, 1979; West & Prinz, 1987)
- emotional difficulties (Orford & Velleman, 1990; Cleaver *et al*, 1999)
- behavioural problems and underachievement at school (Knop *et al*, 1985)
- social isolation, because they feel that it is too problematic or shameful to bring friends home (Cork, 1969; Black *et al*, 1986), or because they are not able to go out with friends as they have responsibilities caring for other family members (e.g. siblings or the misusing parents) (Cleaver *et al*, 1999; Orford & Velleman, 1990, 1995; Velleman & Orford, 1993, 1999)
- 'precocious maturity' (Orford & Velleman, 1995; Velleman & Orford, 1999)

They also tend to have a more difficult transition from childhood to adolescence and increased likelihood of being referred to social services because of child protection concerns (Forrester and Harwin, 2004)

#### Adolescents

Two common patterns often emerge:

- increasing introspection and social isolation, with friendship difficulties (e.g. the young person is unlikely to visit or invite friends to their own home), anxiety or depression (Velleman & Orford, 1999) (for which psychoactive medication may be prescribed); attempts to escape their family home (e.g. by leaving home at an early age or entering into a long-term relationship; Velleman & Orford, 1999)
- development of strong peer relationships which are kept separate from their own family (Velleman & Orford, 1999); these relationships may themselves involve early alcohol or drug use (Chassin *et al*, 1996; Velleman & Orford, 1999), participation in sub-cultures perceived to be 'deviant' (Nylander & Rydelius, 1982), in antisocial activity, unsafe sex and unplanned and/or early pregnancy (Velleman & Orford, 1999)

#### Adulthood

- Some of the problems of childhood and adolescence can continue into adulthood
- It has been assumed that children with one or more problem-drinking parents are more likely themselves to develop problematic drinking patterns in adulthood (Heller *et al*, 1982; Sher, 1991). There is evidence that such inter-generational continuities can occur (Schuckit & Sweeney, 1987; Parker & Harford, 1988; Pandina & Johnson, 1990). However, this assumption may have been exaggerated. A review of the literature suggested that most adults who had problem-drinking parents do not have worse problems than others, either in terms of substance misuse or other areas of adulthood adjustment (Velleman & Orford, 1999)

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