



To the Minister of Health and Social Services Liisa Hyssälä, Helsinki, Finland

Initiative on reducing the use of alcohol and the problems caused to children from parental drinking

Children are the main ones to suffer from parental alcohol problems

Alcohol abuse by parents threatens the possibilities of children in Finland to a good life. Parental alcohol abuse is one of the most serious reasons for the lack of well being among children. According to the studies carried out by the Fragile Childhood (Lasinen lapsuus) programme, one hundred thousand children live in families where parental alcohol abuse causes them varying degrees of harm.

The rights guaranteed by the UN Convention on the Rights of the Child are not realised for children living in families where alcohol is abused. The problem for children is not solely due to conspicuous high quantity consumption of alcohol. Parent's intermittent ill considered over indulgence when drinking also makes for an insecure growing environment for children.

It is the responsibility of adults, as authorities, near-ones and members of the community to intervene when children's rights are violated. Children are entitled to live without having to shoulder adults' responsibilities and concerns. Finland cannot afford to allow a considerable number of its children to suffer the harm caused by their parents drinking.

It is for this reason that we propose that the Ministry of Social Affairs and Health decides to make the reduction of parental alcohol use and the support of children who suffer from their parent's alcohol problems a focal point of its strategy and practical activity. In particular, this needs to be recognised in the planning of existing National mental health and drug and alcohol programmes.

The Ministry should ensure the promotion of the measures for the necessary national coordination mentioned in this memorandum, the commitment of municipalities to act and the necessary results-based guidance of the provincial administrations, STAKES, the National Public Health Institute and the Institute for Occupational Health.

The Ministry should also promote the funding of activities on this focal area by organisations working on public health and alcohol abuse issues. This emphasis should be taken into account in the funding policy of the Finnish Slot Machine Association and other similar funding organisations.

The reform of the Act on Welfare for Substance Abusers should pay special attention to the support and care needs of children of parents with intoxicant problems. The law will contain regulations concerning the treatment of pregnant women who are intoxicant abusers, and will clarify last resort measures, including compulsory ones, stipulating their treatment.

In addition, there should be forthcoming action to ensure the funding of Internet and hotline services for children who suffer from parental alcohol problems as well as for expanding information and other prevention activities for the whole population and for professionals.

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MEMORANDUM AND INITIATIVE TO THE MINISTRY OF SOCIAL AFFAIRS AND HEALTH ON REDUCING THE USE OF ALCOHOL BY PARENTS AND THE PROBLEMS CAUSED TO CHILDREN

Alcohol problems threaten the possibilities of children to a good life

Children are the main ones to suffer from parental alcohol problems. Increasing alcohol consumption has awoken wide concern about the welfare of children. The 2005 survey by the Central Union of Child Welfare found that people in Finland consider parental alcohol and drug problems a serious threat to the well being of children (60 % agreed with this statement).

Parental alcohol abuse and the violence often associated with it are common reasons why children are taken into custody. The increase in alcohol use is reflected in the growing numbers of children taken into custody. This has been apparent from surveys made of municipal social work professionals following the 2004 reduction in the tax on alcohol. According to a 1996 survey by Teuvo Peltoniemi of the Fragile Childhood project, among the professionals in schools, day care centres, child welfare clinics, parishes, homes for children and young people and shelters, 52-97 % of employees had during the year identified children from the homes of alcohol abusing parents and had been aware of an average of nine children suffering as a result of parental alcohol use.

Police statistics reflect the same problem from the increase in alcohol consumption. In 2005 the police had 8 % more cases of domestic violence that they had to pacify compared to the previous year. A survey by Church of Finland among its lay and educational professionals carried out in 2005 indicates that a common cause of children's increased risk of exclusion is seen in parental intoxicant abuse.

The results of the nationally representative surveys carried out by Peltoniemi in the Fragile Childhood project in 1994 and 2004 show that one in ten Finnish children grows up in a family in which parental alcohol use causes different degrees of acute and permanent harm to children. According to the studies, living in a alcohol-abusing family is marked as a period of insecurity, fear and loneliness.

What are the problems caused to children by parental alcohol use?

Living with a parent who has alcohol use problems is characterized by continual uncertainty and stress. The child's basic needs for nutrition, intimacy, security, health and learning are often unfulfilled. As a result, hundreds of thousands continue to suffer as adults from self-esteem, identity and mental health problems.

Extreme alcohol abuse by mothers can destroy the prerequisites of their children's health before birth. Each year 600-650 children are born in Finland who were exposed to alcohol during their foetal stage of development.

According to the population surveys by the Fragile Childhood, the problems experienced by children from alcohol abusing families can be divided into four main groups: insecurity and fear; general self-directed negative feelings; problems experienced away from the family, such as poor progress at school; and direct problems linked to the alcohol abuse, which however are comparatively rare among children.

On the basis of international studies, a more detailed description of the problems of children living with parents who have alcohol problems can be made:

1. The children of parents with alcohol problems are not heard. Children have few means of telling about their experiences and adults may keep children quite in various ways.
2. The alcohol problem is different from a child's perspective than from that of the parent who drinks or of another adult. This is because of the behaviour of the inebriated parent towards family members, who endure the consequences and wider reactions from their surrounding. Problems may relate directly or indirectly to drinking.
3. Living with alcoholic parents in both difficult and so-called normal circumstances combines negative and often powerful emotional experiences. The most usual are fear, anger and shame. In addition, there is insecurity, anxiety, sadness and worry. Negative emotional experiences may have serious psychological and physical effects.

4. Parental alcohol use is often associated with violence. Mental violence is particularly common. Physical violence, either witnessed or experienced is also usual. Children experience many different forms of social, sexual and financial violence. What makes the problem worse is that children's ability to see and understand the presence of violence and its effects are undervalued.

5. In the worst circumstances children's daily lives are chaotic. Children may suffer from continual lack of sleep. It is impossible for them to lead normal childhood lives. Children have to interrupt their play, recreation and schoolwork to take care of other things. Chaos also threatens their basic sense of security and children may be continually under stress.

6. Children living in the most difficult families are exposed for violence, neglect and maltreatment to the degree that it seriously endangers their health.

7. The parenting done by alcoholic parents is to many children's minds more often weak and even sometimes sadistic. Children can feel unwanted, abandoned and unneeded.

8. Children do not feel to receive support and help from the adults around them. Their efforts to speak out and get help may be scorned, repelled and belittled. Their non-drinking family members are often their only support. This combined with their parents' efforts to cover up their drinking can mean that there may be no help available.

9. Children develop various survival methods, partly linked to the difficulty in getting help from adults. Adults do not see or know how to support these survival methods.

10. The models and solutions that adults offer (foster care, taking into care) are not necessarily good options from children's perspectives.

It can be proved that parental alcohol abuse is the most serious single cause of children's distress. The problems are not centred solely on conspicuous high quantity consumption or 'alcoholic families' Occasional ill-considered alcohol use can cause children problems and fears. This is why it is necessary to speak more widely about reducing and preventing the children's suffering due to parental alcohol use.

The reasons for this are seen, for example, in the new doctoral thesis by Leena Valkonen, in which she sets out good parenting criteria as told by 5-6 grade pupils. In the children's view a feature of a good parent is that he or she "doesn't drink or smoke" The same kind of results appeared in the research compiled by the Encare EU network in which the same concern is raised about the impact of parents' alcohol abuse, drugs, violence and other similar risk factors on children's welfare (www.encare.info).

Attention is also given to the harmful impact on children of parental substance use by the EU strategy on member states' support for reducing alcohol-related harm. One of the main areas of emphasis in the common strategy of the Commission's communication of 24 October 2006 is the mention of protection of youth, children and unborn children, which is sought among other things by reducing the harm experienced by children from families with alcohol problems.

The excessive use of alcohol by parents threatens the implementation of the UN Convention on the Rights of the Child.

It is hard to measure the costs due to parental substance abuse and welfare losses. However, the sheer extent of the problem, the violations of children's rights and the amount of human suffering it causes require from government more effective action than is currently the case.

Finland is bound to the 1991 UN Convention on the Rights of the Child, which is legally in force.

From the perspective of the UN Convention on the Rights of the Child the problems caused by parental alcohol abuse and the lack of government measures to help children result in the following sections of the Convention remaining unimplemented:

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| Article 3 | The best interests of the child shall be of primary consideration in official actions and decisions. |
| Article 6 | The survival and development of the child shall be ensured to the maximum extent possible. |
| Article 9 | The necessity for the separation of a child from his or her parents in cases involving abuse or neglect is not realised. |

Article 12	Sufficient attention is not given to the views of the child in issues of disruptive parental alcohol use.
Article 19	The state has not undertaken appropriate measures to protect children from physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation.
Article 37	Finland has not been able to prevent the torture of children, inhuman or degrading treatment or punishment.
Article 39	The state has not undertaken appropriate measures to promote the physical and psychological recovery of child victims of neglect, exploitation, abuse, torture or any other form of cruel, inhuman or degrading treatment or punishment.

The current situation of assistance to children

One can say that a general assessment of assistance in Finland for children of parents with alcohol problems is that it is insufficient and help can be hard to find. Organisations providing assistance, such as social work and drug and alcohol services are structured from an adult perspective. The unevenness of student welfare and school health care and child welfare clinical services also complicates the detection of the problem and the receipt of help.

Some services may however also be based on ideologies about which there is no evidence based information from the viewpoint on the consequences for children's positive development. There is actually no systematic assistance based on research information, and there are no common criteria for support and aid.

The challenge children face in getting support is also framed by the fact that the work is essentially based on projects, fixed term plans or the activity of organisations and individual people. Important development work is carried out in projects and organisations, but the problem is the lack of continuity. The 20 year-old Fragile Childhood activity run by the A-Clinic Foundation is an important player and promoter of debate, which since 2002 has developed services also in close cooperation with the European Encare network. The Mannerheim League for Child Welfare and the youth telephone hotline have also given assistance since the 1980s, including for children whose parents have alcohol problems. The Federation of Mother and Child Homes and Shelters has for a long time developed models of care for expectant women with substance abuse problems.

Development needs for children's support activities

1. The development of current services

Special assistance and support for children can take place within existing alcohol abuse and child protection services. There is a need however to pay attention to the following points:

1.1. Measures directed at alcohol abusers

The straightest way to help children is to get parents who drink heavily to control or abstain altogether from drinking. For this reason family access to swift treatment needs to be assured. When clients seek treatment it should be ascertained immediately whether children are involved in the situation. The inclusion of families in treatment has been shown by research to help the treatment results and improve the quality of life of close relations.

1.2. Measures directed at children

Often, a family member's drinking problem does not change or rehabilitation will take a long time. For this reason it is needed to be able to alleviate the difficulties and symptoms affecting children. It is also often the case that a heavy drinker will not agree to treatment, which is why it must be made possible to assist children regardless of their parents' wishes.

2. Alcohol policy

In addition, general alcohol policy must take up the social impact of alcohol alongside its economic and public health impacts. The safeguarding of children's rights must be a criterion in decision-making on alcohol policy. General activities reducing total alcohol consumption will have an effect on reducing the use of alcohol by children's parents. These include tightening alcohol taxation and preserving the monopoly on retail sales of alcohol.

3. Cooperation between the authorities and third sector

The interaction and exchange of information between authorities working with children and NGOs must be improved by, among other things, developing the processes of cooperation and clarifying the set limits of confidentiality.

4. The development of research and training

More attention must be given to identifying, helping, supporting and treatment for children who suffer from parental alcohol abuse by developing basic and further training and research and forms of assistance and treatment of the social affairs and health sector.

5. Measures that take account of children's different ages

Measures are needed in helping children whose parents have alcohol problems that depend on children's age.

5.1. Child protection before birth

Maternal alcohol use can endanger the mental and physical health of unborn children. In addition to raising the level of awareness (for instance warning labels), there is a need for information to be part of the work of child welfare clinics. The aim must be to reduce the alcohol use by women in the age of fertility and by expectant mothers. Child welfare clinics should also distribute information generally on how children experience parental alcohol use and the harm it causes children.

The activities of homes for unmarried and substance abusing mothers in support of heavy users and problem users and their children must be prioritised in care commitments.

Directional care guidance of problem users in Sweden and Norway is stricter than in Finland and gradually progressing. In these countries, whose human rights legislation is comparable to Finland's, there are also possibilities for parallel compulsory treatment. Finland should study the types of activity carried out by Sweden and Norway and their effectiveness as well as the rewarding of stopping alcohol use. Finland must develop the treatment, as well as the motivation for it, of expectant mothers who have alcohol problems. In addition clarification should be made of rehabilitation possibilities for expectant mothers regardless of their wishes as a last resort measure.

5.2. Protection of small children

Some small children face the problem of neglect, maltreatment and mental and physical abuse. In addition to the problem and the risks it poses, small children cannot ask for help or contact people outside the home and family. Small children also do not know their rights, but are at the 'mercy' of their parents and the authorities. Measures are needed for the sufficient support and long-term treatment of mothers and small children when mothers have been found to have alcohol problems.

The placing of children in care outside their homes must be assessed from the children's perspective. The practices of making child protection reports must be clarified with the presentation of the new Child Protection Act. In addition, operational methods of child protection and legislation must be developed so that the situation of small children living in risk situations due to parental alcohol use can be monitored, including when they are living with their parents. Parents must be enjoined to cooperate also when it is not a matter of relocating children outside the home.

Day care and child welfare clinic personnel need further training on how to approach children and parents in suspected cases of disruptive alcohol use, how to support children and how parents can be directed to seek treatment.

5.3. The protection, help and support of children of school age

When it comes to children of school age attention must be paid to the stress children face associated with school attendance, being socially labelled and bullied, in addition to direct problems due to parental drinking.

Measures undertaken need generalised information directed at all children on their rights and on what it is like to live with parents who have alcohol problems. The aim should be to highlight and reduce the problems related to social labelling and bullying faced by children whose parents have drinking problems.

Children who suffer due to parental alcohol use need special help. The need for support varies: some children need people to listen to and discuss with them; others may be in danger of ill health. The correct form of help can be found by listening to the children themselves. For example, interactive child welfare clinical service websites, such as the Fragile Childhood, the Child and Youth Phone Hotline and internet site and child peer group activities should be expanded and incorporated into the service system as a whole.

School student care should deal with help for children whose parents have alcohol problems so that children can get help in the school environment. Children do not necessarily know how to find special services.

It may be difficult for children to get the help from adults that they need from their immediate environment. This is why low threshold general services, such as internet services and phone services for children of parents with drinking problems need to be used.

Shelter activities should develop safe homes intended for children in situations where their being at home is impossible or threatens their lives or health.

Conclusions

One aim of the National alcohol programme is to reduce the harm alcohol does to the well being of children and families. This goal is written into the Government principle resolution on reducing alcohol-related harm. So far the emphasis has been on reducing the alcohol use of children and young people themselves. There is a need for stronger measures along side this:

to reduce the general alcohol use by children's parents
to reduce the harm to children by alcohol use in families by parents
to ensure early help for children suffering due to the use of alcohol in families.

Alcohol consumption must be reduced and alcohol-related harm prevented by determined and coherent policy.

We propose that:

1. The Ministry of Social Affairs and Health will take up the issue of reducing parental alcohol use and of supporting children whose parents have alcohol problems, as well as the promotion of the aforementioned measures, as part of its near-term strategy and programme of action.

- This should be one of the focal points or a sub-programme of the programme on mental health and drugs and alcohol.
- The Ministry will ensure that the necessary national coordination, the planning and arrangement of further training, the development of support and cooperation of professional working practices, as well as the development of methods of counselling, support and care, are started rapidly and that supportive research activities are activated. Appointing a working group to plan on this issue could do this.
- The development of the necessary activities, especially further training, in supporting and assisting children whose parents have alcohol problems should become a part of the object contracts and other forms of cooperation of the provincial state administrations, STAKES, the National Public Health Institute and the Institute of Occupational Health.
- The same objective should be taken up in the forthcoming social and healthcare national development programme, and through it discussions held with the municipalities on assuring common commitments. Programme funding must be oriented to this development work at the municipal level and also promote cooperative programmes between municipalities and organisations. Similarly, the general preconditions of drug and alcohol care and treatment must be strengthened to respond to the growing need for care and treatment stressed by alcohol abuse in families.

- The Ministry must emphasise the importance of this area of focus by the appropriate funding and direct the assistance policies of the Finnish Slot Machine Association so that they pay attention to a sufficient extent and programmatically to the development of support activities for children whose parents have alcohol problems.

- This work should involve schools, day care centres, the police, the mental health sector, domestic violence care services as well as researchers, in addition to the social and healthcare and drug and alcohol care and treatment authorities and organisations.

2. There is a need for the short-term definite activity of developing and ensuring the continuity of supportive web services phone help lines for children of families with alcohol problems. There is in addition a need to expand the information and prevention work directed at both professionals and the population as a whole. There is a special need for material produced from children's perspectives. Children's peer support activities need to be expanded. These measures require funding from the ministry and other funding sources, such as the Finnish Slot Machine Association.

3. There needs to be regulations written into renewal of the Act on Welfare for Substance Abusers on the support and care of children whose parents have substance abuse problems. Similarly, the regulations on the care and treatment of substance abusing expectant mothers need to be strengthened. At the same time, the possibilities of compulsory substance abuse treatment for expectant mothers with alcohol problems as last resort need to be clarified.

4. Alcohol policy needs to be strengthened to protect children from the problems of parental alcohol use. The goal of alcohol policy should take the same kind of health viewpoint as the law on tobacco control. Alcohol policy needs to promote health and social welfare. The tax on alcohol must be raised. The monopoly on retail sales of alcohol held by Alko must be preserved. There must be strong limits imposed on alcohol advertising. In occupational health care more attention needs to be paid to people's alcohol use. In addition, attitudes to alcohol need to be influenced in the society in general so that there is better awareness of the harms done to children by parental alcohol use. The problems caused by parental alcohol use to children are not limited only to problem groups or those who consume large quantities of alcohol.

The main sources used in this memorandum include the report by Maritta Itäpuisto for the Ombudsman for Children on the development of activities for children of parents with alcohol problems, and the studies of Teuvo Peltoniemi for the Fragile Childhood project published e.g. in: Utoslahti & Peltoniemi (eds.: Pikkuaikuisia – kirjoituskilpailun kertomuksia ja tutkimustietoa Lasinen lapsuus -hankkeesta. (Minor adults – Writing competition stories and studies from the Fragile Childhood project.) A-Clinic Foundation 2003, and at Tiimi magazine nr 2/2005: Suomalaisten lasinen lapsuus 1994 ja 2004 (Finnish fragile childhood in 1994 and 2004).

More references can be found at:

www.lasinenlapsuus.fi
www.encare.info
www.teuvopeltoniemi.net
www.lapsiasia.fi

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