

ANALYTICAL STUDY ON IMPACT OF PARENTAL SUBSTANCE ABUSE ON CHILDREN

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ABSTRACT:

Drug abuse is the world's leading cause of death and a global epidemic. Per year, millions of deaths and millions of new HIV cases are caused by the worldwide issue of addiction and substance misuse. India has seen an increasing trend in drug dependency in recent years. In India, tobacco, cannabis and opiates are the most popular drug users. The usage of drugs, whether lawful or illegal, induces substantial individual health issues. We investigated (1) variations in the prevalence of emotional and behavioural disturbances over time between children of alcohol-free parents, parents with lesser issues with alcohol, and parents with serious problems with alcoholic substances.

Keywords: Substance, Addiction, Alcohol, Mental, Disorder, Abuse

INTRODUCTION:

Misuse of substances has been defined as a 'great and growing bad' within the UK. Since alcohol is the only psychoactive medicinal product that people can use without the socially appropriate and lawfully accessible medication, alcohol is often the reason for enormous social and medical problems. Accordingly, the UK pays about £20 billion annually for substance abuse, including the cost of addiction and anti-social behaviours, alcoholic wellbeing, lack of job security, and domestic violence through the national alcohol

harm reduction strategy. In this national policy paper, about 50% of all violent offences and up to 70% of all patients in accident and emergency services are related to substance abuse at peak hours.

Drug trafficking, claims more victims than ever, in horrendous ways. According to the UN, between 15 and 64 years of age, 250 million people in 2014 using at least one medicine and 29 million people suffering from medicinal diseases, compared with 27 million in 2013. In trafficking and the use of illicit drugs today, Africa holds the world's second place. According to UN figures, 28 million drug consumers have died of diseases connected with their use in Africa in 2014 and 37,000 persons annually. The children, particularly those who cannot resist peer pressure, are classified as the most vulnerable DW. The Imagination Made (2013).

The following can be described: the trend of use of drugs and associated syndrome of substances –

In the case of a new drug misuse intake, substance poisoning is a reversible, substance-specific condition. Signs of poisoning also entail uncertainty, disadvantaged judgment, carelessness, and diminished engine and spatial abilities.

Tolerance is the physical habit of a medication, induced by repeated usage. To produce the same result, higher doses are required. The person will raise the volume of medicines to such a degree that they can be lethal to non-drug consumers.

Dependence is a series of signs, both physiologically and behaviorally. If a person targets substance usage over other habits, which were previously more valuable, it may be considered drug-addicted. The condition of dependency is marked by an intense urge or a feeling of drugs addiction, difficulties in managing substance use behaviour, abstinence, resistance, neglect of alternate enjoyment and continued drug use, despite obvious indications of adverse effects.

Withdrawal syndrome (also referred to as abstinence syndrome) is a cluster of symptoms occurring when an individual dependent suddenly ceases consuming a certain drug after intense, sustained usage. Some typical withdrawal symptoms involve anguish, rest loss and body pain whereas specific withdrawal symptoms are medicinal. The symptoms of withdrawal therefore vary between drugs.

The overall public is more impacted by drug addiction, and young people are most affected. Studies indicate that the period of indulgence has plummeted to 4 years, for several explanations (Oketch, 2008). The substance addiction crisis is linked to foreign methods being introduced. Parents often relinquish their part in raising children in an environment of caring and leave almost all at the hands of home assistance and TV. The challenges and considerations of youthfulness are rather peculiar. This is an adolescent time, fraught with various obstacles, such as physiological and physiological stress, school rivalry and life in general, the divide in generations, unequal and cruel worlds. Psychologically, young people have major psychological tasks to deal with, such as peer selection and parental individualization. Sex identifying; identifying and negotiating questions of legitimacy, control and liberty is the key to social and occupational roles.

LITERATURE REVIEW:

Njeru Alice Njeri (2014) despite numerous efforts to avoid drug and chemical violence, our young people managed to wreck and schooling. This thesis tried to figure out what helps students use medication and what impact this procedure has on them. The analysis was performed in high schools in the Dagoretti division in Nairobi. The sample test design was used. Data were gathered using questionnaires. For the study, data have been structured and developed by encoding and entry into the Social Sciences Statistical Package (SPSS). The research found that most students' medicines used for violence felt strong and were caused by social pressure. Furthermore, low output was observed in students as the biggest consequence of drug and alcohol misuse. This report proposes severe punishment for drug offenders and guidelines and advice to eliminate defects and free drug usage in high schools.

Yahya Muhammed Bah (2018) Street children are expected to be more vulnerable to any disease, particularly drug trafficking. The research aimed to classify the incidence and incidence of substance addiction among street kids in parking lots. Six important fields were the key subject of the research: the awareness of substance addiction, its understanding, the knowledge of triggers, its harmful consequences, the knowledge of preventative strategies and social resources provided by offenders. A standardised questionnaire was used to gather information from thirty-five people (i.e. one driver and six recreational trainees from each of the five parks). Tables and percentages were used to display and interpret the results. The results show that there is. However the emotions are mixed, a strong standard of understanding of substance addiction. Like all kids, road kids use drugs primarily because of social control to achieve

relaxation, community acceptance, peer confidence, and more. Participants are therefore well conscious of the adverse effects of warfare, robbery, psychiatric disease, etc. Victims with all kinds of risky anti-social behaviours, romance and exposure to other illnesses like STIs and HIV and AIDS, are used to support behaviours.

Kristjan Kask (2013) The consumption of alcohol by young people in Europe is a major and growing issue. This research aims to investigate the impact on problematic alcohol consumption by young people of family influences such as structure, social influence, affluence, and negative life events. The International Self-Report Delinquency study gathered data on alcohol use and family causes (ISRD-2). Using several levels, it was observed that the intensive use of alcohol was reduced in the whole family and strong social influence by parents. In contrast, traumatic life experiences in the family and the high family had increased young people's heavy alcohol use. For all family variables but an affluence, variations were present between regions of Europe. The influence of the family system and social regulation on extreme alcohol consumption in Northern Europe has been greater than in other regions (e.g., Western Europe, Mediterranean, and Post-socialist countries). In Northern Europe, too, while the number of young people without negative life events is highest, there is a greater effect on the intensive use of alcohol on negative life events; that is to say, alcohol usage increased by negative life events. We believe that the family plays an important part in the unhealthy usage of alcohol in young people.

Rebecca Gilbertson (2008) the incidence of alcoholism is affected by ethnicity, family background, comorbid psychiatry and drug use issues, and age. Moreover, these causes interfere with intoxication to impair the

development of the neurocognitive during detoxification. This paper explores these aspects and examines how they communicate. This ambiguity reinforces the need for both animal and human study and indicates many causes vulnerable to unequal prevention, action and care. Hypothesis / guiding study designs are thus crucial to defining these stimuli' relative potential and their interactions.

Sajad Ahmad Bhat (2017) stated by the United Nations Office on Drugs and Crime (UNODC, 2017), global figures of early deaths related to problem medication are 190,000 that can often be avoided. A large percentage of these fatalities are attributed to drugs. An estimated 250 million or nearly 5% of the world's adult population took narcotics at least once in 2015 and roughly 30 million of those became hooked to drug use disorders. It has been calculated that the epidemic substance usage has destroyed 28 million years of economic life and that 17 million years were spent good lives because of disorders of drug use. This paper discusses the global substance addiction situation and associated challenges. This paper seeks to outline the issue of the usage of substances lucidly to provide an overall picture of the entire problem of drug use.

GLOBAL SCENARIO OF THE DRUG PROBLEM:

According to the World Drug Report of the United Nations Office on Drugs and Crime (UNODC), (2016):

- 1) For the first time in six years, the percentage of individuals identified as suffering from substance use problems has grown disproportionately. Compared with the previous number of 27 million, the figure is 29 million.
- 2) Around 27 million people are problem drug consumers, of which almost half are

injectors (PWID). In 2013, almost 1, 65 million people lived with HIV injecting medications.

- 3) Two hundred seven thousand drug-related fatalities were recorded in 2014, an unacceptably large number of deaths that can be prevented in effective action cases.
- 4) For the last two years, drug use and dose-related fatalities seem to have risen dramatically. Drugs appear to face the greatest possible health and damage to major medications.
- 5) Cannabis is the most widely consumed medicine worldwide and is believed to be used by 183 million people in 2014. The study reveals that its usage has risen in line with changing societal attitudes against cannabis and increased acceptability of the substance through reviewing patterns over many years.
- 6) In jail, there are large amounts of drug usage, including opiate use and drug injection.
- 7) The study reports that men are three times more likely to use tobacco, cocaine or amphetamines than women, whereas women are more prone to use narcotics and tranquillisers than men.
- 8) While more men than women use drugs, the effect of drug use on women is greater than on men as women appear to lack access to comprehensive services for substance dependency. Women spouses and children of drug consumers are often more likely to be casualties of drug-related abuse within the family background.
- 9) The drug trade is commonly seen to thrive where the state's intervention is small, regulations are not enforced fairly and exploitation opportunities occur.
- 10) As an alternative to prison, the provision of evidence-based therapy and care facilities to prisoners who use drugs has greatly

improved recovery and prevented recurrence.

- 11) The worldwide drug overdose crisis causes 5 million fatalities and around 42 million new HIV cases per year.

DATA COLLECTION:

For the analysis of the fairly uncommon alcohol events, the entire birth population's results are used rather than only a survey. The research used demographic statistics from state lists for health and social services. The registers contained (1) the Medical Birth Registry, (2) the Demographic Register, (3) the Healthcare Register, (4) the Social Service Services Register, (5) the Social Aid Record, (6) the Congenital Malformations Register, (7) the Drug register, (8) the Unique Refund Register for Entitlement, (9) the completed schooling and degrees Register, (10) Causes of Illness and Death. The data collection started with the Medical Birth Registry, which collected the personal identification numbers of all children born in 1997 (N = 59, 131) and biological mothers, allocated to all Finnish citizens at birth or residency. The amount of the fathers' name was derived from the population register. We did not involve children (and their parents) abandoned for adoption (n = 131), transient (n = 1288) or dead (n = 333) in the follow-up. 799 kids whose fathers were not recorded in the Population Registry Centre's data, and their fathers could not be identified with the kids. Therefore, 57,377 girls, 57,074 mothers and 56,714 fathers were the final data. Data connections via personal identification numbers are achieved. From the infant's birth (in 1997) until the end of 2012 children and parents were followed. The registrar at the National Institute for Health and Social Welfare (THL), social insurance institution and Statistics collected, registered links, and anonymised results. The THL Ethical

Examination Board accepted the research proposal.

DATA ANALYSIS:

It is seen in Table 1 that 1.3 per cent of moms with children born in 1997 had a minimum registration for extreme alcohol abuse (as specified in our definition) and 1.0 per cent had registration for lower alcohol abuse. The corresponding estimates for fathers were 2.8% and 0.6%. The proportion of parents of less than 10 years of schooling for parents with substance dependence was slightly higher than that of other parents. Similarly, they obtained government services and were identified with a mental illness and did not reside with the boy. Also, parents with

heavy substance addiction have become more vulnerable to all complications than parents with less severe alcohol abuse. When we look at the likelihood of parental issues using multivariable logistics, we found certain discrepancies between mothers with decreased alcoholic intake and serious substance misuse. Moms with extreme substance addiction are at higher risk of financial problems (OR=1.73, 95% CI 1.36–2.19), mental conditions (OR 1.52, 95% CI 1.20–1.93) and not children's lives (OR=2.99, 95% CI 1.48–6.02) than moms with less serious alcohol abuse. The risk of fathers with extreme substance dependence is often higher than those with less significant abuse concerns (CI 1.15–2.30 95%, OR=1.63).

Table 1: Substance Abuse by Parent

Substance Abuse	No	Less Severe	Severe	p(this)
Mother (all)	97.7	1.0	1.3	
Education<10 year	10.4	29.1	34.6	<0.0001
Social assistance	11.8	48.7	65.0	<0.0001
Psychiatric disorder	2.9	29.3	42.1	<0.0001
Not living with the child > 1 year	0.7	1.7	6.0	<0.0001
Father (all)	96.6	0.6	2.8	<0.0001
Education<10 year	16.2	33.2	34.9	<0.0001
Social assistance	11.1	39.9	44.4	<0.0001
Psychiatric disorder	2.1	34.5	38.4	<0.0001
Not living with the child > 1 year	4.7	14.3	21.5	<0.0001

IMPACT OF PARENTAL SUBSTANCE ABUSE ON CHILDREN:

Clinicians also hypothesised that "attachment problems" can develop at a high rate among children with alcohol, partly due to violence, and negligence (when these disorders have occurred), partly due to cognitive and social-emotional deficiencies associated with alcohol to less tolerance. Studies say that a certain degree of drug consumption involves approximately one third to two-thirds of child abuse incidents. The detrimental implications

of either or both SUD parents vary from minor covert harm. A child or teens have trouble forming trustworthy connections with others to become socially excessively responsible in relationships and assuming adult positions far younger than developed. The consequence of maternal drug misuse that causes harm to developing the foetus and results in congenital disabilities, foetal alcohol syndrome and foetal alcohol symptoms may start much more extreme. These conditions may contribute to disorders needing early action and sometimes

continuing social and mental health care. Social workers will aid by advising their clients who misuse medications to discourage pregnancy and offer details on the dangers raised by maternal substance usage in foetal growth. When a social worker works with a SUD pregnant client, referral to an OB/GYN clinic and high-risk pregnancy is provided.

Parents that experience drug use disorders would also have their own preceding or resulting dysregulation. As a result, it would be hard for children and teens to maintain safe impact control, which will raise the risks of children and young people internalising issues like depression, anxiety, drug misuse and so forth, or externalising problems like opposition, behavioural difficulties (stealing, deceit, truancy), outbreaks of rage, aggression, impulsivity and alcohol addiction again. Children might be present at the neighbourhood behavioural well-being facility or a school in a social worker's close practice. Social psychologists can provide these clients with the search for signals and effects of using

parent substances in social environments and playing behaviour. Social workers should check how the kid's symptoms help establish homeostasis in the family environment. Providing family therapy, parent preparation and instruction in ambulatory, school or in-home therapy, play therapy, life skills training, and coping training are opportunities for social workers to help.

The most common diagnostic classes were linked to behavioural and mental conditions (F9; 8.2% of boys and 4.3% of girls) and social development disorders (F8; in 8.7 per cent of boys and 3.4 per cent of girls). Mood disturbances (F3; in 1.1% of boys and 1.3% of girls) and neurotic, depression and somatoform disorders (F4) were less common. (F4; in 1.4% of children and 1.7% of girls). We observed that such conditions (Table 2) were more common in children with substance-dependent parents. The incidence of children with parents with serious substance addiction was much higher than with parents who had less severe alcohol abuse.

Table 2: Mental and behavioural disorders in children aged 0–15

Alcohol abuse	No	Less Severe	Severe	p(this)
Mother				
Any F	11.8 (6601)	24.6 (143)	28.2 (213)	
F3	1.1 (631)	3.4 (20)	4.8 (36)	<0.0001
F4	1.4 (801)	3.8 (22)	54.8 (36)	<0.0001
F8	6.0 (3323)	11.2 (65)	11.8 (89)	<0.0001
F9	6.0 (3349)	15.2 (88)	18.8 (142)	<0.0001
Father (all)				
Any F	11.7 (6239)	18.9 (62)	20.0 (309)	<0.0001
F3	1.1 (590)	2.7 (9)	2.8 (43)	<0.0001
F4	1.4 (757)	2.4 (8)	3.0 (479)	<0.0001
F8	5.9 (3139)	8.5 (284)	9.8 (152)	<0.0001
F9	5.9 (3154)	12.2 (40)	11.1 (172)	<0.0001

Due to the log-rank (Mantel-Cox) testing of longevity equity, both father and mother's less serious and severe substance dependence have been substantially correlated with the prevalence of psychiatric and behavioural problems of their offspring ($p < 0,000$). However, the disparities in violence and extreme abuse within classes were less severe (log ranks: $\mu^2=1.865$, $DF(1)$, $p=0.172$ for mothers; $\cdot^2=0.175$, $DF(1)$, $p=0.676$ for fathers). The same applies to all different types of diseases.

HARM TO CHILDREN:

61.6 per cent recorded various hazards among those who reported at least one form of alcohol-related damage to adolescents. The common reporting of various hazards indicates the combined effects of these hazards on children. 42.9 per cent of those witnessing a child being physically injured have indicated

that a child is left in a risky/unsafe condition due to inadequate monitoring. Also, 40.8% of the respondents who recorded a child experiencing severe abuse at home reported no money for a child's needs. The reporting of alcohol-related harm to children in each domain was closely linked to non-heavy episodic consumption and the reporting of various hazards, whether without or with adaptations to Demographic socio characteristics. Non-heavy episode drinkers had an increased likelihood of disclosing damage, differing by domain relative to the abstainers, regarding socio-demographic characteristics. Heavy episodic drinkers are more likely to experience physical violence (odds ratios [OR] = 3.5, 95% CI 2.8, 4.5), mental abuse (OR = 3.6, 95% CI 3.0, 4.3), carelessness (OR = 3.4, 95% CI 2.8, 4.1) and various damages (OR = 5.3, 95% CI 4.3, 6.6) relative to abstainers Compared to abstainers.

Table 3: Harm faced by children due to substance Abuse

Harm to children	% (95% CI)	
	Never	Ever occurred in the past year.
How many times in the last year, because of someone's drinking (including your own), was any child		
Physical abuse	-	-
Physically hurt because of someone's drinking?	84.3	15.7
Psychological abuse	64.4	35.6
Witness serious violence in the home?	82.2	17.8
Yelled at or verbally abused?	70.5	29.6
Neglect	76.3	23.7
Left in a risky/unsafe situation because of poor supervision?	84.6	15.4
In difficulty as there was not enough money for the things needed by them?	85.7	14.3
Overall	-	No. (%)
Total respondents reporting at least one harm to a child	-	2172

RESULT AND DISCUSSION:

The family setting in which a child is born can affect his or her growth and potential existence most strongly and long-term. The early family experience can impact the kind of later experiences that children can enter and the knowledge, actions, and behaviours that they interact within these environments (Rutter 1984). Drug misuse is obvious in Northern Ireland among small children in state care, with 41.8 per cent of the community impacted in this survey. Drug misuse can therefore be taken into consideration in households with many stressors. Parental drug misuse was one of the issues reported in children's social work files and was closely linked to substance abuse, mental wellbeing problems and insulting behaviour. Many children are willing to overcome early adverse family conditions with the right resources. Given a mixture of many early life adverse circumstances that may interfere and strengthen one another in nuanced ways, children's growth is likely to be severely compromised and life opportunities severely undermined. We analysed the intensive use of alcohol by young people from 25 European countries. The intensive use of alcohol was related to various family causes, including structure, bonding, monitoring, affluence and negative events in life.

For similar context details, gender, grade and migrant status, the study was monitored. Our theories about family arrangement have been tested. Adolescents from two-parent families were less prone to use intense alcohol than single-parent families, which confirmed several prior studies. The multilevel study showed variations between countries and between nation clusters as well. The effect of family structures in Northern Europe on heavy alcohol consumption was greater than in other areas (Western Europe, Mediterranean, and Post-socialist countries). In

Northern Europe, on the one hand, the percentage of young people residing with both parents was the lowest, but with both parents, the impact on heavy alcohol use was the greatest. Interestingly enough, the family system's influence on intense drinking was comparable in Mediterranean and Post-socialist countries; nevertheless, the proportion of both parents residing with teenagers in Mediterranean countries is higher.

CONCLUSION:

In every corner of the planet, the issue of substance misuse and addiction is rising. There is also an increase in trafficking and smuggling of illegal substances and the figures listed in this paper can be found. The most problematic is eliminating these synthetic narcotics and toxins that cause humanity to die politically, healthily and severely. The drug substance itself is linked to over 180,000 premature deaths. International law is making a difference, but even more needs to be done to curb this threat at the judicial, state, and personal levels. The commitment of the masses is also huge, since the issue is growing. Treatment is insufficiently accessible as only one out of six problem abusers had recourse to treatment. Also, innovative prevention approaches at the level of neighbourhood health were required. Psychological approaches are often needed to implement innovative prevention methods to meet trend demands for substance usage. Researchers in addictions confirmed the mutual association between alcohol disorder and the climate. Both people affect and are affected by their social climate. The family structure must lead to the awareness of disease production and maintenance and the efforts needed for effective care. The sooner we may interfere in a SUD's progress, the greater the performance for all household members. We think it is reasonably simple how practitioners will

support families mitigate risk, build protective factors and promote youth resilience. However, more study is required to enable clinicians to allow more concentrated and integrated use of this expertise to look at a wider continuum of an infant's needs.

It should also be remembered because, whether a psychiatric condition is used or prescribed medication is purchased as substance addiction measures, the reference group of non-abuse can still include parents who abuse narcotics. It can often take several years after the beginning of alcoholic violence to undergo therapy. Therefore, maternal substance abuse initiation or the exact period of exposure to an alcoholic abuse adult cannot be determined. In the future, in non-professional communities (i.e. persons who have no clinical evaluation or therapy contacts) the impact of parental violence on psychological or behavioural problems in children should be investigated to see if the relationship continues in situations when the alcoholic offender is not looking for support. Several potential buffering mechanisms shield the infant from the harmful consequences of parental substance dependence.

REFERENCES:

- 1) Kirsimarja Raitasalo, The effect of the severity of parental alcohol abuse on mental and behavioural disorders in children, *European Child & Adolescent Psychiatry* (2019) 28:913–922
- 2) Richard Velleman, Understanding and modifying the impact of parents' substance misuse on children, *Advances in Psychiatric Treatment* (2007), vol. 13, 79–89
- 3) Laura Lander, The Impact of Substance Use Disorders on Families and Children: From Theory to Practice, *Soc Work Public Health*. 2013 ; 28(0): 194–205
- 4) Jyotika Singh, Drug Addiction: Current Trends and Management, *The International Journal of Indian Psychology*, Volume 5, Issue 1
- 5) Bhat, Sajad. (2017). The emerging problem of substance abuse. 2. 2455-4030.
- 6) Rebecca Gilbertson, The Role of Selected Factors in the Development and Consequences of Alcohol Dependence, Vol. 31, No.4, 2008
- 7) Kristjan Kask, The Effect of Family Factors on Intense Alcohol Use among European Adolescents: A Multilevel Analysis, *Hindawi Publishing Corporation Psychiatry Journal* Volume 2013, Article ID 250215, 12 pages
- 8) Yahya Muhammed Bah, Drug Abuse among Street Children, *M J Case*. 2018, 3(1): 038.
- 9) Njeru Alice Njeri, CAUSES AND EFFECTS OF DRUG AND SUBSTANCE ABUSE AMONG SECONDARY SCHOOL STUDENTS IN DAGORETTI DIVISION, NAIROBI WEST DISTRICT-KENYA, *GJISS*, 2014, Vol.3(3):1-4
- 10) MARISSA B. ESSER, Physical abuse, psychological abuse and neglect: Evidence of alcohol-related harm to children in five states of India, *Drug and Alcohol Review* (2016)
- 11) Gruber, K.J. & Taylor, M. F. (2006). A family perspective for substance abuse: Implications from the literature. *Journal of Social Work Practice in the Addictions*, 6, 1/2, 1-29.
- 12) Stuart, G.L., Moore, T.M., Ramsey, S.E., & Kahler, C.W. (2003). Relationship aggression and substance use among women court-referred to domestic violence intervention programs. *Addictive Behaviors*, 28, 1603-1610.
- 13) Ragin, D. F., Pilotti, M., Madry, L., Sage, R.E., Bingham, L.E., & Primm, B.J. (2002). Intergenerational substance abuse and domestic violence as familial risk factors for lifetime attempted suicide among battered

women. Journal of Interpersonal Violence, 17(10), 1027-1045.

14)Scharff, J.L., Broida, J.P., Conway, K., & Yue, A. (2004). The interaction of parental alcoholism, adaptation role, and familial dysfunction. Addictive Behaviors, 29(3), 575-581.

15)Fargas -Malet M & McSherry D (2017) The Mental Health and Help -Seeking Behaviour of Children and Young People in Care in Northern Ireland: Making Services Accessible and Engaging. The British Journal of Social Work <https://doi.org/10.1093/bjsw/bcx062>