Risk factors and strategies for preventing alcohol abuse among young adults with a family history of substance abuse

Literature review prepared for Polk County Public Health

The issue and its scope

Nationally, 43 percent of children (under age 18) live in households with at least one adult that has been diagnosed with alcohol abuse or dependence at some point during the child’s lifetime (Zucker and Wong, 2005). If that percentage holds true in Polk County and has remained steady over time, we can estimate that approximately 3,150 children in Polk County are living with an adult that has a current or past issue with alcohol dependence or abuse and 1,355 young adults grew up with family members with alcohol abuse or dependence disorders (calculated based on population data from U.S. Census Bureau). In addition, in 2013, 10-11 percent of 8th, 9th, and 11th grade students in Polk County reported living with someone who drinks too much (2013 Minnesota Student Survey).

Children of alcoholics face multiple risks. Young adults with a family history of alcoholism have been shown to initiate drinking behaviors at an earlier age (Capone and Wood, 2008). Children of alcoholics are two to ten times more likely to become alcoholics themselves (Hall and Webster, 2007 citing Sher 1997). In comparing young adults (average age of 20) with and without alcoholic parents, Chassin and colleagues (1999) found that “children of alcoholics were at significantly elevated risk for diagnosis of alcohol abuse or dependence, drug abuse or dependence, and depressive disorder and were marginally elevated in their risk for anxiety disorder.” Children of alcoholics have an increased risk of mental health problems; behavior problems; difficulty in school; and difficulty forming healthy relationships with others (Templeton, Novak, and Wall, 2011).

Capone and Wood (2008), however, note that alcohol use among college students tends to be higher in general, and what separates young adults with a family history of alcohol use is that they tend to have more alcohol-related problems, such as drinking and driving, neglecting their responsibilities, or engaging in unwanted sexual behaviors.
In addition, “individuals with a family history of alcoholism were less likely than others to grow out of high-risk drinking” (Hansoon et al., 2006; Jackson et al., 2005). Young adults with alcoholic parents were also at higher risk for alcohol abuse and dependence regardless of whether the parent’s alcoholism was active or remitted (Chassin et al., 1999), indicating parental alcohol abuse impacts their children even if the parent is no longer misusing alcohol.

The degree to which youth and young adults are at greater risk for developing alcohol dependency later in life varies based on who within the family is alcoholic. Not surprisingly, Capone and Wood’s (2008) research with college students found that young adults who have multiple alcoholic relatives, including both a parent and extended relatives, engaged in more negative behaviors as a result of drinking than students with no or only one alcoholic relative (Capone and Wood, 2008). Men and women may be affected differently by family alcohol abuse. Capone and Wood (2008) found that women with a family history of alcoholism are at higher risk of engaging in negative behaviors because of alcohol use, whereas Jennison and Johnson (1998) found that men who had an alcoholic parent are more likely to be heavy alcohol users.

Local data further demonstrates the risks youth face growing up in households where alcohol is abused. According to analysis of 2013 Minnesota Student Survey data, 8th, 9th and 11th grade students who are living with someone who drinks too much are more likely to report having used alcohol and binge drinking in the last 30 days themselves, with those in Polk County indicating higher risk than students in Minnesota at-large.

**Students reporting any past 30 day alcohol use and binge drinking**
By whether they report living with someone who drinks too much, all grades combined, 2013

<table>
<thead>
<tr>
<th></th>
<th>Past 30 day alcohol use</th>
<th>Past 30 day binge drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives w/ someone who drinks too much</td>
<td>44%</td>
<td>26%</td>
</tr>
<tr>
<td>Does NOT live with someone who drinks too much</td>
<td>36%</td>
<td>20%</td>
</tr>
<tr>
<td>Lives w/ someone who drinks too much</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td>Does NOT live with someone who drinks too much</td>
<td>15%</td>
<td>7%</td>
</tr>
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</table>

Lives w/ someone who drinks too much
Does NOT live with someone who drinks too much
Past 30 day alcohol use
Past 30 day binge drinking
Polk County
Minnesota
Why are children from families with a history of alcohol abuse at greater risk?

Researchers note both genetic and environmental risk factors that may contribute to children of alcoholics’ increased risk of alcoholism (Zucker and Wong, 2005; Hedges, 2012). Some researchers have estimated that genetic factors explain about half of a person’s higher risk (Capone and Wood, 2008 citing Schuckit, 2000); however given the inability to change a person’s genetics, this section focuses on environmental factors that may lead children of alcoholics from alcohol-abusing homes to abuse alcohol themselves. Many expert psychologists have also offered more detailed theories and explanations that are beyond the scope of this literature review.

- **Normalization.** Growing up in a substance abusing household can make substance use and/or alcohol abuse seem normal (Hedges, 2012).

- **Stress.** Living in a stressful environment can cause children of alcoholics to begin using alcohol. Research indicates that children growing up in stressful environments, such as those with a family member that is alcoholic or has a chronic health condition, suffer similar risks of alcohol abuse (Zucker and Wong, 2005). In some cases, this may be because children of alcoholics take on parent roles (Hedges, 2012; Templeton et al., 2011; Hall and Webster, 2007). Alcohol use can be used as a coping mechanism for children of alcoholics who may lack adequate skills to manage stress (Hansson et al., 2006).

- **Lack of support.** Ultimately, family is typically a source of support for children. Those that grow up in alcoholic homes may not get the emotional support they need to develop a sense of self-confidence or self-worth (Hall and Webster, 2007). Children of alcoholics that do not abuse alcohol themselves often have other sources of social support.

What protects children from families with a history of alcohol abuse from abusing alcohol?

- **Involvement of non-alcohol abusing parent:** Children of alcoholics who have a supportive, non-alcohol abusing parent are at less risk than those without. As Johnson and Stone (2009) point out, children of alcoholics who have a parent who is not a problem drinker and consistently available are able to gain the emotional support and care needed to develop resiliency to prevent future negative behaviors. Parental support, consistency of discipline, and stability can protect children of alcoholics from developing alcohol abuse (Rice et al., 2006), though the impact of a positive family environment is less effective for children who are at highest risk, such as those with multiple relatives who abuse alcohol.
- **Long-term mentors.** Cavell and colleague’s (2002) research on long-term mentoring provides some context on the role of mentors in the lives of at-risk youth and young adults. Children of alcoholics do not always get adequate support and care from their parents. As such, mentors can help serve that role. In their retrospective research with college students (average age of 18.5), Cavell and colleagues found that those young adults who grew up with alcoholic parents were best supported by adult mentors who were also relatives or close family friends that the young adult had first met by the age of six. These “natural mentors” may be effective at helping protect children of alcoholics from the negative effects of parental alcoholism because they are already familiar with the family dynamics. Though it is difficult for outside programs and organizations to match young adults with long-term mentors, organizations may be able to assist young adults in identifying adults in their lives that can play a greater role in supporting them into adulthood.

- **Self-esteem, self-worth, and self-regulation.** Pearson and colleagues (2011) found that an individuals’ self-regulation or self-control reduced the risk that children of alcoholics would have alcohol-related problems, such as neglecting their responsibilities, driving drunk, and getting into fights. Young adults who felt more able to control their behavior were less likely to have negative consequences as a result of their alcohol use, though their consumption of alcohol was similar.

**What strategies are there for reaching young adults from families with a history of alcohol abuse?**

Research indicates that some potential strategies that may help prevent youth and young adult alcohol use and abuse, particularly among youth and young adults with a family history of alcohol abuse, are:

**Education, skill-training, and activities**

- **Stress management and coping skills education:** Roosa and colleagues (1989) conducted a pilot study of the Stress Management and Alcohol Awareness Program (SMAAP) for 4th through 6th graders. Their study had success in reaching young children of alcoholics to participate and participants learned strategies for coping with their parents’ alcoholism (Roosa et al., 1989). Though the research is dated and it is not clear whether the curriculum still exists, the authors note that given the difficulty in getting alcoholic parents into treatment, teaching children how to deal with the stress of having an alcoholic parent is a promising practice, especially when started early. Hansson and colleagues (2006) tested three interventions among a population of young adults – an alcohol intervention, a coping intervention, and a combined intervention. One-year follow-up results showed that the alcohol intervention, either
alone or in tandem with the coping intervention, resulted in reduced alcohol use (Hansson et al., 2006). However, after two years, Hansson and colleagues (2007) found that it was the combined intervention that included coping strategies that resulted in a longer-term reduction in alcohol use.

- **Alcohol education**: Hall and Webster (2007) suggest Marlatt and colleague’s skill training intervention that teaches young adults how to monitor how much they are actually drinking and to pay more attention to the situations in which they drink (e.g. because they are having a bad day and “need” a drink, or “need” a drink to have fun). Hall and Webster (2007) also note that “emphasis can also be placed on teaching children of alcoholics not to use alcohol as a means of self-medication for anxiety, depression, and guilt.” With increased skills to self-monitor their behaviors, young adult children of alcoholics can reduce alcohol use and avoid alcohol use for self-medication or coping (Hall and Webster, 2007 citing Marlatt et. al. 1998 & 2001).

- **Web-based support and education**: Elgin and colleagues (2012) are exploring opportunities to support youth and young adults via Internet-based interventions. The Individual Coping and Alcohol Intervention Program (ICAIP) is a face-to-face intervention that has been shown to be effective at reducing alcohol consumption and improving mental health. Since young people are highly computer literate and are high users of social media, researchers hypothesize that web-ICAIP may be successful at preventing the onset of alcohol use or reduce risky alcohol consumption among young people. This team is testing the web-ICAIP with 15- to 19-year-olds who have parents with alcohol problems. Web-based interventions can encompass may of the other strategies noted above, such as providing support and supportive relationships, coping strategies, and education on alcohol use and self-regulation.

- **Activities outside the home**: In their study, Jordan and Chassin (1998) followed a group of youth who had alcoholic parents from adolescence (age 10-16) to young adulthood (17-23) and found that those who are involved in activities outside the home are less likely to become dependent on alcohol. Such activities provide youth and young adults with a sense of pride and self-worth that they may not be obtaining at home.

**Family-based intervention programs**

Though not specifically targeting young adults, research suggests that family programs are effective at helping families be safer and healthier for all members. Family-based interventions serve families in which one member (a parent, older child, or other household member) has current or past issues with alcohol abuse and provide support to all family members. Parents receive education on parenting and family management.
techniques, while children receive companion education and support at their age level. Among the programs noted are (Zucker and Wong, 2005; Templeton et al., 2011):

- **Strengthening Families**: A 14-week program for high-risk families which starts with families sharing a meal, then family members break into age-specific groups (adult, ages 12-16, ages 6-11, and ages 3-5) for skill development. A 7-week program is also available for general populations (http://www.strengtheningfamiliesprogram.org/)

- **Celebrating Families**: A 16-week support group model in which families have a meal together, then separate by age for education and support. Educational components are available for ages 3 through adult. (http://www.celebratingfamilies.net/)

- **Moving Parents and Children Together**: An 8-week group program that works with a small group of families with parental substance misuse.

**Conclusion**

Many interventions for children of alcoholics are geared toward youth and offered in school-based settings or family-based, in that they involve all members of the family. Young adults have either aged-out of the programs or need the involvement of their family. Interventions for young adult children of alcoholics are more limited. Al-Anon is a companion support group for friends and family in Alcoholics Anonymous, but not specifically targeted to young adults. A program that targets all college-age students may be most promising, as college students in general are at high risk of abusing alcohol, and a program open to all young adults would not require young adults to identify as a child of an alcoholic. As noted above, such interventions should include a combination of both alcohol education and education on coping strategies and stress management.
Citations

2013 Minnesota Student Survey results for Polk County.


U.S. Census Bureau; American Community Survey, 2010-12 3-year estimates; using American FactFinder; http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_3YR_B01001&prodType=table