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# THEMATIC PAPERS

CHILDREN'S VOICES  
Experiences and perceptions of European children  
on drug and alcohol issues

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## Introduction

The purpose of this paper is to give meaning and insight into some of the key drug and alcohol issues that affect children from the perspectives of the children themselves. It is not to estimate the relative magnitude of a specific drug or alcohol problem or the numbers of children affected by it. Each section of this paper will be preceded by one or two key statistics and whilst the quotations that follow may highlight a need to develop more robust and detailed statistics on a key issue, the overriding objective is to give the children a voice.

The planning of effective interventions should take into account the varied perspectives and circumstances of the children concerned. We present a selection of quotations gleaned from qualitative research interviews in Europe, which provide glimpses into the experiences and perceptions of children about issues or problems related to the use of alcohol and drugs. In 1989, world leaders decided that children needed a special convention because people under 18 years old often require care and protection that adults do not. Article 12 of the legally binding United Nations Convention on the Rights of the Child (UNCRC, 1990) (1) states that children must be able to express their views in dialogues and decisions affecting their lives and that they should have the right to freedom of expression. Qualitative research among children provides a channel for that expression and can help to reveal and interpret what lies behind child and adolescent statistics. Article 33 of the Convention states that children have the right to protection from the use of narcotic and psychotropic drugs. Research that focuses on the meanings and perceptions of drug and alcohol use from the perspective of children whose lives are in some ways exposed to these substances offers a way to understand their needs and to plan appropriate interventions. In 2006, a European Commission Communication Document actively promoted children's representation and planned to gradually and formally include children in all consultations and actions related to their rights and needs (Commission of the European Communities, 2006).

### Methods

Quotations come from a range of sources: local research studies, non-government organisations (NGOs), articles which have been published in peer-reviewed journals, government reports and other grey literature. Quotations were collected during research interviews with children under 18 years and some older youths reflecting on their childhoods, as well as from parents and other carers. Other quotations were taken from reports by professionals in contact with children such as social workers and teachers. Non-English language quotations were translated into English by the national focal points or experts and others were translated and edited at the EMCDDA. Some words in the quotations have been rewritten to use accepted spelling and to make the text easier to understand and any information added by the authors placed in square brackets.

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(1) Full text available at: <http://www2.ohchr.org/english/law/crc.htm>

Research studies and reports about children usually start from a position based on the belief that they have the right to harmonious development and protection from harmful influences, abuse, neglect and exploitation. Therefore, the quotations that are used in this paper illustrate the experiences of children on these issues. The quotations do not claim to provide a comprehensive overview of all key drug and alcohol issues for children. They inevitably reflect the policy and research interests of the fourteen European countries <sup>(2)</sup> and the period (1997–2010) in which the quotations and research interviews are set.

The quotations used give voice to four main issues for children:

1. Living with harmful parental drinking or drug taking
2. Being separated from parents and looked after by relatives, foster carers or institutions
3. Experience and perceptions about alcohol and drug consumption
4. Experience and perceptions about interventions to address alcohol and drug consumption

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<sup>(2)</sup> Denmark, Spain, Germany, Finland, Ireland, Latvia, Malta, Netherlands, Norway, Austria, Poland, Romania, Sweden and the UK.

## 1. Living with parents <sup>(3)</sup> with drug or alcohol problems

- In Europe, it is estimated that at least 60 000 children are likely to be living with illicit drug users receiving treatment <sup>(4)</sup>. Very many more children are in contact with a drug using parent who is not in treatment.
- Estimates from a sample of EU countries indicate that between 5 % and 30 % of children live with at least one binge <sup>(5)</sup> or problem drinking parent.

(Source: EMCDDA, 2008 and 2009a; Manning et al., 2009)

Most parents who use drugs or alcohol to a harmful extent try to care for their children. However for some parents, regular or intensive drinking or drug use can seriously affect their ability to care and respond appropriately to their child's basic needs for nutrition, intimacy, security, health and learning. For example, a UK ChildLine <sup>(6)</sup> report shows that whilst alcohol was rarely the child's presenting problem, it often emerged during the course of a call as having a profound impact on their lives (Wales et al., 2009). Other qualitative research reports show that living with a parent who has drug or alcohol use problems may be characterised by some level of neglect, uncertainty and stress and in the more extreme cases by violence and abuse (Hogan and Higgins, 1997; Bancroft et al., 2004; Barnard, 2005; Eurochild, 2010).

### Neglect

Children may experience neglect through the disruption of care and routines in daily life, such as regular mealtimes and bedtimes, which can affect their school attendance, academic performance and social behaviour.

One respondent highlighted how surprised she was that her foster-family changed the sheets regularly, recalling that her parents' house:

*Was like a squat really so I would ... well tidying was a bit difficult but ... me and my brother would try and do the washing, just doing things like that, cooking ...*

16-YEAR-OLD GIRL, UK [1]

<sup>(3)</sup> Parents include other adults with parental responsibilities, as well as birth parents.

<sup>(4)</sup> This figure must be interpreted with caution. Data are not reported from all treatment centres in Europe and numbers are based only on people entering drug treatment and not on all clients currently in treatment. The figures do not differentiate between different types of drug users (e.g. heroin or cannabis).

<sup>(5)</sup> 'Binge drinking' is a term used to refer to heavy, episodic drinking.

<sup>(6)</sup> A free, confidential helpline for children and young people with trained volunteers on hand to provide advice and support by phone and online, 24 hours a day.

Parents will often acknowledge the neglect after they have sought help for their problems:

*It hurts her to see me stoned all the time, not to be like a normal father. I'd say she has missed out on other things. I know we were there 24 hours ... but we weren't really, we were stoned.*

DRUG-USING FATHER OF 12-YEAR-OLD GIRL, IRELAND [2]

Children often believe that they are in some way responsible for the neglect they are experiencing:

*I just wanted for someone to tell me that my mum and dad loved me, and to tell me that it wasn't my fault. I thought it was all my fault.*

19-YEAR-OLD, UK [3]

Struggling with addiction and experiencing drug withdrawal is one of the main ways in which parents who have drug use problems differ from non-drug-using parents. Periods of withdrawal from drugs, typically associated with mornings, when parents are physically ill or worried about securing more drugs for that day, may result in failing to send children to school.

*She knew not to go near me in the morning 'til I had my foil, then 'mummy would play'. In the mornings the sickness was the worst... I'd just be telling her to get away. Once I had the gear [drugs] into me I'd be the best mother on the earth.*

DRUG-USING MOTHER OF FOUR-YEAR-OLD GIRL, IRELAND [2]

However, a common concern of drug using parents is that they will inevitably be viewed as neglectful and that their children will be taken into care. They worry that their efforts to care for their children well might not be appreciated by the authorities.

A mother makes the point that despite her addiction:

*They always came first, dressed, fed, going to school ... it didn't affect me with the kids at all, I always looked after them first, I didn't want them taken off me.*

DRUG-USING MOTHER OF 10-YEAR-OLD BOY, IRELAND [2]

Social workers acknowledge that there are parents who manage well and in some cases their strengths as parents were emphasised:

*I honestly feel they are the same as any other ordinary parents, and that is not something I'd say of all drug users ... They are willing to talk about the potential effects on the kids. And they have a great sense of protection of their children and a great pride in them.*

KEY SOCIAL WORKER, IRELAND [2]

Similarly, a mother who was a drug user is described as:

*A good parent: a very concerned parent. She is very consistent in terms of delivering physical care.*

KEY SOCIAL WORKER, IRELAND [2]

## Violence and abuse

Episodes of parental violence are commonly associated with intensive patterns of alcohol use:

*He [father] comes home late from the bar and hits my mother.*

12-YEAR-OLD GIRL, ROMANIA [5]

*My mum used to protect me ... She'd be like 'right just go up to your room and pretend you're sleeping' ... She said she'll have a word with him and try and calm him down ... And I'd hear my mum screaming at night as well, when he used to hit her.*

18-YEAR-OLD BOY, UK [1]

*On Saturdays, dad came home and beat us because of the mischief mother told him that we had done. And later, my elder brothers would beat him and then I beat my sisters. There was massive aggression in the air all the time.*

MALE RECALLS BOYHOOD, SWEDEN [4]

Children of parents with drug or alcohol problems were more likely than children of non-users to live in households where relatives, friends and strangers came into their homes to use alcohol or drugs.

In a group discussion about what very young Finnish children think when adults drink, this quotation expresses children's dislike for the kind of guests parents bring home:

*We had guests — the stupid sort.*

7- TO 10-YEAR-OLD CHILD, FINLAND [6]

A quote from notes made by a telephone help line counsellor describes sexual abuse taking place in the context of drunken guests. The child is saying:

*Mum and dad have been drinking all night. They had friends over drinking as well. Was sleeping in my room. Dad's friend took off my pjs (pyjamas). Not sure what was happening. My body is hurting — down below is hurting.*

CALLER TO CHILDLINE, UK [7]

When violence and abuse is intermittent, it is less likely to be reported by the child or noticed by others:

*That's when she is drunk. But when she is not, it's much better...  
Sometimes they get in a happy mood though.*

7- TO 10-YEAR-OLD CHILD, FINLAND [8]

## Effects on children's behaviour

Work in Sweden highlights the efforts neglected children might make to get attention:

*The children try both positive and negative behaviour to get attention,  
but still don't get it.*

RESEARCHER, SWEDEN [9]

Numerous research quotations show that children often assume adult roles in caring for the family, for example:

*They become adults very young; they're like the carer to their parent.  
They actually know, you can see it in them, that they know when their  
parent isn't well ... it seems to be constantly a worry.*

CHILD CARE WORKER, IRELAND [2]

*It was terrible. Then came the time when I had to get up at night, when  
he was so drunk that he threw up. Then he woke me up and I had to  
clean it. At night when he was hungry I had to cook, and when he  
needed cigarettes I had to run to the vending machines.*

RECALLING LIFE AS A 12-YEAR-OLD GIRL, GERMANY [10]

The harshness of their experience is illustrated in stark words:

*... well, I've basically had to look after myself my whole life.*

17-YEAR-OLD GIRL, UK [1]

In the case of a child living with a drug-addicted HIV positive mother, she notes that:

*... yes I've skipped my childhood!*

13-YEAR-OLD GIRL, GERMANY [11]

ChildLine research shows that some children are routinely taking on a range of practical duties including shopping for food, housework, cooking and caring for younger siblings or at times a parent:

*These children have taken on this huge responsibility ... if one thing goes wrong then that can be very frightening ... they are devastated ... we do get calls from children who have been taking responsibility for a long time ... and they are just exhausted.*

CHILDLINE COUNSELLOR, UK [7]

## Stigma and shame

Not least among the problems that children of drug and alcohol users face is the need to keep problems of parents hidden from the public view. The capacity of the child to hide the problem features strongly as a way of 'coping' because of the stigma associated with it. Embarrassment and shame at their parents' behaviour is common and even more acute with illegal drugs than alcohol and more acute with mothers than with fathers:

*I don't know. I'd just rather she [mother] drank ... Because people wouldn't call her a junkie.*

18-YEAR-OLD BOY, UK [1]

*I wouldn't go to anyone — I wouldn't like an outsider knowing what was going on in my house. It's private business. We wouldn't go to our friends, 'cause you would be scared that they would say it to someone. Family is very personal, I wouldn't trust others.*

BOY (AVERAGE AGE OF FOCUS GROUP 16 YEARS), IRELAND [12]

*I feel ashamed to talk to people — friends, the police, anyone.*

CHILD (BETWEEN 12 AND 18 YEARS), EUROPEAN STUDY [13]

To protect their parents, children themselves may become secretive and afraid to repeat anything that was said to them:

*There were so many things I had to keep quiet so I just didn't bother to say anything in case I let something slip out that I shouldn't have done so whenever they started talking about things I'd just say I didn't know.*

15-YEAR-OLD BOY, UK [14]

A consequence of a parent's drug or alcohol use is that the children may experience social isolation in the community and school:

*In the morning I went to school. I would hear other children saying 'Go away, you stink of alcohol' ... I never really had friends. Most children were forbidden by their parents to play with me.*

GIRL RECALLING LIFE AT 12 YEARS OLD, GERMANY [10]

*Children [of drug users] will feel very distinct and separate and different from other children ... if their mother or father has been named as a drug dealer, that's huge.*

DRUG TREATMENT COUNSELLOR, IRELAND [2]

*The whole village talked about the fact that my father drank. All knew of the conditions at home and none dreamt of helping us. They looked at us as if we were monsters. They ignored us and laughed at us.*

23-YEAR-OLD WOMAN RECALLING LIFE AT 12 YEARS OLD, GERMANY [10]

Chronic isolation of children is reflected in a report stating that the majority of children who called UK ChildLine between 2007–08 were between 11 and 15 years old and were unknown to statutory services (Wales et al., 2009).

## Coping strategies

A European study conducted with 57 children and young people with parents with serious alcohol problems (interviewed in Germany, Spain, Malta, Poland and the United Kingdom) identified some of the ways that children cope with substance using parents. The following quotations illustrate the children's need to communicate problems to a sympathetic and suitably skilled person and to identify places to go to outside the home (Velleman and Reuber, 2007).

Whilst many young people coped by talking to others, these people were carefully selected:

*I speak to my aunt, who listens and calms me down.*

CHILD (BETWEEN 12 AND 18 YEARS), EUROPEAN STUDY [13]

Some children derive comfort from their friends:

*My friend cheers me up. And I know someone who has been through a similar experience, and that's helpful.*

CHILD (BETWEEN 12 AND 18 YEARS), EUROPEAN STUDY [13]

But others do not:

*Just telling me to leave home isn't helpful: I want them to understand — and not just to say it's all going to be OK. I know that could never be true — even if my mum stops drinking, I'll always be worried. It is more helpful if my friends don't try to sort it out for me.*

CHILD (BETWEEN 12 AND 18 YEARS), EUROPEAN STUDY [13]

Children also find ways to extract themselves physically from the situation so far as it is possible:

*I try to feel better by spending time with others such as family, grown-ups or friends.*

CHILD (BETWEEN 12 AND 18 YEARS), EUROPEAN STUDY [13]

*Nowadays, I leave the house; but when I was younger I played and pretended not to notice that anything was going on.*

CHILD (BETWEEN 12 AND 18 YEARS), EUROPEAN STUDY [13]

For some children and teenagers school or work is viewed positively and provides a source of self-esteem and satisfaction, and enabled a positive outlook on the future:

*I love working. I like getting up in the morning and going to work and putting everything into my work and trying my best at it.*

17-YEAR-OLD GIRL, UK [1]

*She is extremely good at sports and this has given her a lot of confidence.*

TEACHER OF 10-YEAR-OLD GIRL WITH A DRUG-USING MOTHER, IRELAND [2]

## Implications for children with parents who drink or take drugs

In the sensitive arena of children's rights, caution is required to avoid stereotyping parents who use drugs or alcohol to a harmful extent. Drug and alcohol issues are changeable, complex and these quotations illustrate the fact that needs of both parents and children vary according to their precise circumstances. Families may face difficulties at a particular moment in time and not at another and therefore flexible and tailored responses are required to meet their individual needs. Like all parents, those with drug and alcohol problems are likely to do better when stress levels are low and when support is available, if it is needed.

In more than half of the Member States, provision of preventive interventions for vulnerable families is limited, rare or, in some case, no provision exists.

Seven Member States report that most families with substance abuse (including alcohol) problems known to the statutory services are reported to receive targeted interventions. However, little is known about the content of these interventions. In only five Member States, the contact with these families is made at home (as opposed to services or statutory bodies) (7).

Support services that also help to empower parents whose children are in alternative care are a crucial component of service provision for children. The recently published Eurochild report states that:

*too often the child is removed and little is done to help the parents improve their parenting skills in order for the child to be able to return home.*

(EUROCHILD, 2010, p. 9)

Finally, the fact that poverty is often at the root of parents' difficulties and the need for measures to alleviate this should not be underestimated. This was stressed by Eurochild's Secretary General at the launch of the report on Europe's children in care (Eurochild, 2010a).

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(7) EMCDDA (2007), Reitox structured questionnaire 26.

## 2. Children looked after by relatives, foster carers and institutions

- Hundreds of thousands of children and young people in Europe are being cared for by family members because of the alcohol and drug problems of parents, although the exact numbers remain unknown (Kinship Carers European Project 2009).
- It has been roughly estimated that approximately one million children are taken into public care across the EU (rather than supported in their own or foster families) and the number of children in institutions is stable or rising in several EU countries. However, the proportion varies between countries and the numbers are not comparable across European countries due to differences in definitions and methods used for estimating them <sup>(8)</sup> (Eurochild, 2010).

Research shows that large numbers of children who are separated from their parents are particularly vulnerable to developing drug and alcohol problems. There are considerable country variations in where these children go, what options are available to them and what systems are in place to ensure that the children themselves have a say in where and with whom they live (EMCDDA 2008; Eurochild, 2010).

Strong emotional relationships often exist and endure between parents with drug or alcohol problems and their children despite the difficulties the families and children experience.

*There seems to be this extreme loyalty to the parent even though the parent mightn't be there for them (all that much) physically in their lives ... the children will still feel the same love, the same bond, and the same attachment to the parent even though they might be in prison, or they might have left the country.*

COMMUNITY CHILD CARE WORKER, IRELAND [2]

A family social worker in Ireland noted that:

*the children were getting to see their mother consistently when she was in prison, but not when she left ... She was really not getting it together to visit her children on a regular basis ... The children often said that she hadn't come to see them regularly, that Mummy said she was coming and then she didn't come.*

SOCIAL WORKER, IRELAND [2]

<sup>(8)</sup> For example, in Latvia around 2.2 % of children are taken into public care; in Sweden approximately 0.66 % of the child population is affected and in Romania, approximately 1.6 % of the child population is under special protection (EMCDDA, 2008).

A child reveals concern about its mother saying that:

*In a way, I wanted my mum to go back to prison, because she was clean [drug free] for a few weeks when she came out of prison.*

CHILD (BETWEEN 12 AND 18 YEARS), EUROPEAN STUDY [13]

Distress about a child's separation from a parent may be increased when school teachers are not appropriately informed about the situation:

*A teacher said to me 'I'm going to tell your mum about this', and I said 'Oh, ARE you?' and the others told him I don't live with my mum no more ... it made me upset because it reminded me of the happy time when I was with my mum.*

13-YEAR-OLD BOY, UK [16]

## Relatives

Relatives, especially grandmothers, constitute an important source of continuity, refuge and support for children when parents are under strain, such as during periods of intensive drug or alcohol use or at the start of a new treatment programme (Wales et al., 2009).

A teacher in Ireland observed that:

*The aunt and grandmother seem to take care of her most weekdays. They are very supportive and realistic. They offer one hundred percent support. They have ensured very good attendance.*

TEACHER OF NINE-YEAR-OLD GIRL WITH DRUG-USING MOTHER, IRELAND [2]

In the following quotation, a young person acknowledges that:

*If I hadn't had my nan and granddad [grandparents] I can't say where I'd be now. They've been my world. I've spent a lot of time with them.*

19-YEAR-OLD REFLECTING ON EARLY CHILDHOOD, UK [3]

Relatives are largely unsupported themselves in this role and consequently this support can be fragile. Concern has been raised by professionals in some countries that the present generation of drug-using parents will be the grandparents of the future. A social worker observes that:

*Just in the last 12 months it's more apparent in our service ... that a second generation of children could move on to have an addiction themselves, so maternal grandparents may not be a resource that is available in some cases to us.*

SOCIAL WORKER, IRELAND [2]

## Residential care settings

In 2009, Eurochild carried out a survey of the situation of children in alternative care in 30 European countries through its member organisations. It raised concerns about the numbers of children involved and the conditions of their care.

A Swedish researcher notes that being in foster care, summer homes, institutions, and boarding schools is a pattern common to the children of parents with severe alcohol problems:

*Usually, it was not the same places they went to, it was new environments every time. The feeling of these children being away from home was powerlessness, loneliness and confusion.*

RESEARCHER, SWEDEN [9]

An especially vulnerable group of children are those who run away from home or, more commonly, from institutional care, and subsequently become homeless. In the UK it has been noted that some young people coming out of institutional care had spent most of their young adult life moving around the hostel 'circuit':

*Lots [of young people] feel shunted around between friends and family, between accommodation schemes. That does nothing for their self-esteem and confidence ... You don't know where you're going. Nobody really wants you ... some young people get themselves involved in all sorts of undesirable lifestyles, including sexual exploitation. They're exposed to all sorts of issues that you wouldn't see as desirable for 16- and 17-year-olds.*

VOLUNTARY SECTOR REPRESENTATIVE, UK [16]

But for others — particularly mothers with children fleeing violence — temporary refuge accommodation may be associated with increased feelings of safety, as they are distanced from abusive relationships (Quilgars et al., 2008).

## Implications for children in alternative care

Statistics that are available suggest that children who have been in care — and in particular in residential care settings — are more likely to end up homeless; to commit crimes and take drugs themselves; and to have their own children taken into care. However, there are too few longitudinal studies to show the circumstances under which successful outcomes can be achieved for those children who have been in care (Eurochild, 2010). Furthermore, transition to independent living is a particularly sensitive period of change for the young person, when high quality, individualised preparation and on-going support are crucial for the youngster to become independent (Quilgars et al., 2008).

Research suggests that relatives who provide support to drug-using parents and their children should become a focus of family and child-centred service responses. They may need help to recognise and strengthen their own resources as carers of children, and to communicate positively within the family about how best to respond to children's needs (Hogan, 1997).

Direct involvement of children, young people and their families is needed, both in the decision-making processes that affect them directly as well as in the development of alternative care policies and services (Eurochild, 2010). Finally, the youth workers involved in providing service to children need to understand the experiences of young people from their own perspectives and to be able:

*to step into their world and understand what their world is like for them.  
If workers can't do that, they can have all the drugs and alcohol  
knowledge, but they're not going to be very successful working with that  
young person.*

YOUTH WORKER, UK [17]

### 3. Children's experiences and perceptions of alcohol and drug consumption

Young people are often at the leading edge of social change, and upward trends in alcohol and illicit drug use by them constitute an important lifestyle development in Europe. In many European countries, young people now have access to an increasingly wide range of substances and are commonly consuming them in combination with alcohol. In general, the likelihood of young people getting drunk or being offered cannabis, or other illicit drugs, as well as their willingness to try drugs, varies between countries but increases sharply during the teenage years. Generally, more males use drugs and alcohol than females.

#### Alcohol

- In 2007, over 6 million (51 %) of 15- and 16-year-old school children in the European Union had experienced being drunk at least once in their lifetimes.
  - 1.6 million (13 %) were 13 years or younger on the first occasion they were drunk.
  - There was an increase in 'binge' alcohol drinking among girls in 15 countries between 2003 and 2007.
- (Source: Hibell et al., 2009 with calculation of population sizes by the EMCDDA).

The following quotations illustrate some children's perspectives on alcohol: its use by adults; its use by children; and some of the risks.

The increase in both binge drinking and under-age (?) drinking over the past decade are major worries in the EU because of the health and social risks of intoxication, accidents, violence as well as early onset of sexual activity and other risk-taking (Anderson and Baumberg, 2006; Williams et al., 2010).

The perceptions that children have about alcohol are shaped by a range of different influences and advertising is one that has been under scrutiny in the European Union. A recent review of longitudinal studies by the Science Group of the European Alcohol and Health Forum concluded that alcohol marketing increases the likelihood that adolescents will start to use alcohol and to drink more if they are already using alcohol (European Alcohol and Health Forum, 2009).

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(?) Alcohol consumption by children below the legal age.

Social status and image are, often through advertising, associated with particular brands of alcoholic drink. This quotation about an 'Alcopop' <sup>(10)</sup> marketed in the United Kingdom with the slogan 'Have you got a wicked side?' associates the product with:

*... students in town ... and they're like sort of hip and cool with the like colours and funky flavours and that sort of thing.*

16-YEAR-OLD GIRL, UK [18]

Another illustrates the sponsorship role of alcohol at music events:

*Heineken was one of like the main sponsors of Evolution so they had Heineken posters around quite a lot ... it was one of the only things [alcohol] you could buy anyway so you didn't really have much of a choice.*

16-YEAR-OLD BOY, UK [18]

Despite legal restrictions on sales, many young people are able to gain access to alcohol, particularly when prices are low:

*We hardly ever drink vodka ... it's about a fiver [about EUR 5.75] for a little bottle ... You can get three litres (of cider) for three nineteen [about EUR 3.67] ... It's good.*

14-YEAR-OLD BOY, UK [18]

Although licensing laws and sales restrictions limit sales of alcohol to children and adolescents, quotations illustrate that they are not always effective:

*Older people buy the alcohol, poor people would buy anything for a fee of 20 santims [EUR 0.20] ... Also, one of us has a fake passport.*

14-YEAR-OLD BOY, LATVIA [19]

*Today grown ups buy beer, booze or cigarettes for younger ones ... It shouldn't be like that! But at least I haven't figured out yet how it could be stopped.*

12-YEAR-OLD GIRL, FINLAND [20]

*You sort of get to learn the places where you will and won't get served ... so you go to those places rather than other places ... I look the oldest, I'm usually the nominated one.*

16-YEAR-OLD BOY, UK [18]

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<sup>(10)</sup> 'Alcopop' is a term used to describe certain flavoured alcoholic beverages.

Although advertisements expose adolescents to social models of drinking, research suggests that young people are likely to be influenced even more strongly by their peers, parents and other adults with whom they have a close relationship rather than by people they do not know and perhaps do not care about (Martino et al., 2006).

A historical and cross-cultural investigation into binge drinking suggested that concerns about binge drinking perceived as a problem of young people in public places gives it undue prominence over other areas of increased alcohol consumption, for example in the family and at home (Berridge et al., 2008).

Parents may underestimate the influence their own drinking habits have on their children's attitude to alcohol (Williams, 2010):

*That's what my dad drinks so I drink that ... I go ... with my dad to the rugby a lot ... we usually have a pint after the match ... that's sort of like you know like that sort of culture ...*

16-YEAR-OLD BOY, UK [18]

Parents with alcohol problems may also serve as a lesson to prevent children following the same path:

*I'm 16 and all young people today drink, and now I'm beginning to drink too ... I must be very careful that I will not be alcoholic like my parents ... which is quite stressful.*

16-YEAR-OLD BOY, GERMANY [10]

Interviews with school children in Austria, following their completion of a self-administered alcohol and drugs questionnaire, reveal a perception that adults are detracting attention from their own problems by focusing on the children:

*It was like this in the past and it will remain like this in the future. Personally, I think that you went out before you were sixteen and drank. I think that you will publish the results and then the newspapers will write 'What has become of our youth!'*

15- OR 16-YEAR-OLD, AUSTRIA [21]

And:

*Don't judge us until consider your own behaviours ... we young people don't ask adults how often they get stoned or drunk.*

15- OR 16-YEAR-OLD, AUSTRIA [21]

Research in Finland has shown that among 5<sup>th</sup> and 6<sup>th</sup> grade pupils 'good parents' are often defined as those who:

*Don't drink or smoke.*

12-YEAR-OLD, FINLAND [22]

Children's exposure to adults with alcohol problems may serve as a deterrent for them in the future, as the following quotation suggests:

*They are so gross. It's really stupid when you're afraid to go to a playground when there are drunkards drinking there. I can admit that I'm afraid of them and I sincerely doubt that I'm the only one.*

11-YEAR-OLD GIRL, FINLAND [20]

Quotations can illustrate the ways in which very young children try to understand the cause and consequences of alcohol dependence:

*Once I started to crave for macaroni and mom made me more. I ate three plates and got stomach aches. That is the way one can lust for booze.*

7- TO 10-YEAR-OLD, FINLAND [6]

Other quotes suggest that adults may play an active role in deliberately encouraging young people to drink alcohol:

*Once there was a situation when men invited me to drink alcohol. I replied that I would call the police; they left me in peace. If I will drink alcohol I won't have an apartment and a car.*

12-YEAR-OLD BOY, LATVIA [19]

The context and reasons given for children drinking alcohol themselves spans a wide range. Peer influence is a commonly cited reason for social behaviours including drinking:

*Since I am a member of several clubs, like Kirmesgesellschaft <sup>(1)</sup> and the auxiliary fire brigade, it is merely not possible to avoid drinking alcohol. Mostly, I am so drunk that I don't know any more what I drank. But my current record is two bottles of Jacky (Jack Daniel's whisky) a night.*

18-YEAR-OLD BOY, GERMANY [23]

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<sup>(1)</sup> A special association of village youth for annual festivities, which include heavy drinking.

Other quotations suggest that drinking alcohol is viewed by some children as a means to escape from family or other problems:

*I drink alcohol to calm down, to escape from bad thoughts. It helps. I don't want to think. For instance, if my mother drinks, there's something happening. When I drink I relax, alcohol makes me besotted, and I fall asleep.*

13-YEAR-OLD BOY, LATVIA [19]

*Me and my mates, we can't afford to pay EUR 50 for a doctor: a six-pack is a lot cheaper; sometimes you drink just so you can sleep at night.*

17-YEAR-OLD BOY, IRELAND [24]

## Illicit drugs

- In 2007, by the age of 15 or 16 years over 50 % of school children in five countries perceive cannabis as being very or fairly easy to get and 2.8 million (13 %) of 15- and 16-year-olds have tried cannabis at least once in their lifetimes.
- Nearly half a million 15- and 16-year-olds have used cannabis over 40 times.

(Source: Hibell et al., 2009, with calculation of population sizes by the EMCDDA)

The majority of children and teenagers in the EU have never used illicit drugs but, among those who have, cannabis is the most frequently used. Most young people who have used cannabis consume higher than average amounts of alcohol and although the majority of them do not use other illicit drugs, they are more likely to do so than their peers who have not used cannabis (EMCDDA, 2009). Prevalence of drug use is often higher than average among specific population groups such as young offenders, early school leavers and young people who live in disadvantaged families or neighbourhoods. And the use of drugs such as ecstasy, amphetamine, cocaine and heroin appear to be strongly influenced by regional and local supply (Quilgars et al., 2008; EMCDDA, 2008).

The following quotations illustrate children's perspectives on why they start to use drugs, why some continue to use them and why others abstain from drug use.

## Why do some children start?

In its early stages, most illicit drug use is a social activity and therefore the drug taking behaviour of friends is a major influence on a child's desire to try drugs and ability to access them.

*I was with my friends and they were all smoking it so I smoked it. I tried it.*

15-YEAR-OLD GIRL, IRELAND [25]

*Everybody was blowing [smoking cannabis], all my friends were offering me a joint. I said NO, but eventually I did it, because everybody did it ... They said: don't be silly! Everybody is doing it and you won't die from it. You can try it once, after that you can stop.*

18-YEAR-OLD GIRL, NETHERLANDS [26]

*'Cause everyone that I knew, they had been taking E [Ecstasy] for a while so one of them just came up to me and said 'do you want half an E' and I was a bit hesitant at first but then I said 'go on'.*

18-YEAR-OLD BOY, IRELAND [25]

Being in bars and clubs or other settings where social alcohol drinking is the primary activity may provide opportunities to buy, share or be given illicit drugs. For example, a teenager notes how she first started to use drugs in the context of being intoxicated or disinhibited by alcohol in a social setting:

*We were all drinking down in the fields and some of the guys, they just came down and they all had Es [Ecstasy tablets]. And then everyone was taking them and I decided I'm not going to be the one that's going to be left out so I just took one and then after that I just took Es kind of regularly, like I'd say I took them five or six times over a six-week period or something like that ...*

19-YEAR-OLD GIRL REFLECTING ON HER EARLY TEENAGE YEARS, IRELAND [27]

A young woman got to know cocaine dealers from:

*... just going drinking in town. We knew who they were and what they were and my friend started going out with one of them and we just ended up hanging around with them.*

18-YEAR-OLD GIRL, UK [35]

Another quotation illustrated the complex dynamics of drug initiation; in this case starting to inject drugs:

*Me and my friend came to an apartment, there were boys. She started to inject, and I tried as well. Just for fun. I was allowed not to pay, he gave my money back. I just said I wanted to.*

15-YEAR-OLD GIRL, LATVIA [19]

## Why do some children continue?

Perceptions about the risks of drug use vary according to the type of drug, the pattern of use and each individual child's perspective. Quotations suggest that some young people believe that it is possible to adopt continuing patterns of drug use which can be controlled and limited to having fun in specific social situations:

*Drug use is essentially a social activity. It's good fun: it makes you feel happy and that. It's a good laugh. You feel relaxed.*

12-YEAR-OLD GIRL, UK [28]

*Everyone should do what he sees fit. I have my own conception of life. I think drug use as such is not the problem, but rather the setting, how you deal with it and if you are able to control it.*

17-YEAR-OLD BOY, GERMANY [23]

*I smoke it [cannabis] with everybody. It's just a social thing like ... It's not an addiction or I don't need it.*

17-YEAR-OLD BOY, IRELAND [27]

A Spanish study of recreational drug use among girls suggests that drug and alcohol use provides a form of empowerment to young women to face up to new situations in their sexual relations:

*Because taking drugs makes you feel like you're not afraid and you can face things and you want new experiences and, I don't know, one thing just leads to the next.*

18- TO 24-YEAR-OLD WOMAN , SPAIN [29]

Ecstasy use is commonly associated with specific social settings and particularly with electronic dance music:

*I only take them when I'm going to parties or going out dancing. I don't take them just to take them. That's every say, few months ... I don't do it unless I'm going out somewhere like. I wouldn't do it just to stand around the flats. Let's put it this way — an E [Ecstasy tablet] is for a party occasion.*

18-YEAR-OLD GIRL, IRELAND [25]

However, other young people are clear about how their drug taking is connected up in their own lives and particularly those in impoverished or marginalised environments where drugs are easily available and drug taking is common.

*You can end up smoking skunk all day when it is readily available in your neighbourhood, your friends are using it, and you've got nowhere to go and nothing else to do.*

UNDER 18-YEAR-OLD DRUG SERVICE USER, UK [30]

*Yeah. Loads of people smoke hash. They stand at the block selling and you can get a five deal or a ten (euro) deal or whatever.*

16-YEAR-OLD, IRELAND [25]

Among those with limited work and leisure opportunities, drug use and selling drugs may provide status and income. Some minority groups and marginalised adolescents may be particularly vulnerable to regular drug use:

*People at that age think they have to be in a gang and take drugs; it's like a fashion. You smoke Marlboro, you wear Nike trainers and you smoke weed for example ... Especially the ethnic minority teenagers, the second generations, they live in two cultures. This makes it easier for them to fall in the trap that I fell for because they have the pressure to learn two different cultures at once.*

16- TO 25-YEAR-OLD ASYLUM SEEKER, UK [31]

*I was 12 and had just woken up, like and they were six or seven years older ... They counted me in, and I earned big bonuses. I was a delivery boy, like, because I looked so ... innocent.*

20-YEAR-OLD MALE REFLECTING ON HIS BOYHOOD, NORWAY [32]

*Yes, I take ecstasy, pills and smoke weed. I tried weed [cannabis] for the first time when I was 10, when I started smoking. My friend owed me [money]. His mother was selling weed, pills and ecstasy, and he returned me weed instead of money. I don't smoke alone, only when with friends.*

16-YEAR-OLD BOY, LATVIA [19]

*I don't have the money to go to the pubs, so my mates and I pick up a few cans and maybe some drugs.*

14- TO 24-YEAR-OLD MALES, IRELAND [12]

Homeless teenagers who live in temporary accommodation often report high levels of continuous drug use:

*Because you are in an environment where there are so many drugs in front of your face and you've got to try and resist all of those drugs, when you are at rock bottom. The pure fact that for twelve hours a day you are sitting with nothing to do ... you will take those drugs because you are bored and it's in your face all the time.*

HOMELESS TEENAGER, UK [16]

Others continue to take drugs as a solution to family or mental health problems:

*Like if I was angry, worried, upset, stressed, the first thing I would do was cut myself — that was the easiest option. Then I replaced it by getting stoned because I'd calm down, I'd mellow out, that kind of stuff. But now I've learned like if I'm worried, upset, angry, I'll talk to someone or I'll kind of read or I'll do something to keep myself busy. I find other ways to cope with it. It's hard to learn them.*

17-YEAR-OLD GIRL, IRELAND [27]

In the following quotation, a young girl who had been abused by a member of her extended family during childhood recalls her teenage years.

*I turned 15 that January, I just went wild then you know after that like. I did have problems at home ... Like when I was growing up, that would have been the start of it, but then I just used to go wild you know with the problems and the issues that I did have, I'd end up going drinking and taking drugs, you know, and not having any, no self-respect or anything for myself.*

22-YEAR-OLD, IRELAND [27]

## Reasons for children to abstain?

Research suggests that fear about the consequences of drug use acts as a deterrent on children, usually either because of parental disapproval, negative experiences or perceived health risks (Peterson, 2010).

The attitudes and anticipated reactions of parents may exert an important restraining influence as far as the use of illegal drugs is concerned. Very few young people say that it does not matter to them whether their parents know about their drug taking:

*They would be angry but more disappointed. They know that some of my pals do it but they know that I wouldn't lower myself to that level.*

14-YEAR-OLD BOY, UK [28]

*If my parents found out I had used Ecstasy, my whole life would be messed up, they would never speak to me again. It would be impossible to have a normal relationship with them.*

17-YEAR-OLD GIRL, NETHERLANDS [26]

The substantial proportion of young people who try drugs and do not continue to take them on a regular basis desist, partly, because of their failure to really enjoy the experience:

*The one time I took hash like, I know it's supposed to relax you but it didn't relax me. So, I just think it's not for me.*

16-YEAR-OLD GIRL, IRELAND [27]

Others are prevented from trying drugs by their perceptions about the health risks; particularly the acute health risks. Heroin, for example, is generally perceived as a very dangerous drug to use by children in many European countries (Hibell et al., 2007).

*Hash isn't too bad but heroin is a different story. That stuff, people dying from it and all, like yeah when (pause) you know the way people bang it up (inject) into them and you know, the way people O.D. (overdose) on it an' all. It could be someone's first time trying it an' just dying, do you know what I mean.*

18-YEAR-OLD GIRL, IRELAND [27]

Some teenagers do not take drugs despite exposure, indeed seeing a family member or friend with problems may serve as a deterrent. For example, the mother of a 13-year-old girl with a drug problem expressed her fear that her daughter could become addicted to drugs. But for her daughter, this fear is unfounded, she says:

*Drugs are stupid. I don't want them. Smoking is sort of OK. But drugs? No.*

13-YEAR-OLD GIRL, GERMANY [11]

A 17-year-old girl in government care, whose mother was a drug user and whose father had died from substance use, had a close relationship with her little 14-year-old sister and did not want to use drugs because, according to her social worker:

*The sister admires her and therefore I think it is important that she doesn't become a drug user like her mother, as this would disappoint her sister.*

SOCIAL WORKER, DENMARK [33]

A young person attending a drug treatment service with a cannabis problem resolves not to use other drugs:

*I don't want to become a crack head, I don't want to take cocaine ... I know so many people where that's their life — when you become a weed addict, yeah, your daily life is weed — every one of my friends we live our lives around that one drug.*

UNDER 18-YEAR-OLD DRUG SERVICE USER, UK [30]

## 4. Children's perceptions about alcohol and drug interventions

Many European schools participate in drug and alcohol surveys and the most common interventions to prevent the use of drugs and alcohol by children take the form of drug information, advice and discussion groups in school. In addition, interventions targeted at vulnerable children and families — referred to as 'selective prevention' are gaining both increased policy visibility, and maturity in Europe in terms of design and evaluation.

Comments made by children in Austria following an international school survey on substance use illustrate some of the difficulties in designing appropriately standardised questionnaires for pan-European surveys.

*Children and youths who have no experience taking drugs ... feel uneasy when being asked to fill in a questionnaire about substance use, because they think they have nothing relevant to contribute to this topic. On the other side children and youths having numerous drug experiences often consider the questions and wording to be ridiculous or old fashioned and conclude that those who formulated the questions are absolutely ignorant about substance use.*

15- TO 16-YEAR-OLD, AUSTRIA [21]

Research suggests a level of scepticism among children about the veracity of the messages they receive from the adult world. Confusing or contradictory messages are reflected in some of the children's quotations.

*Why do the media nowadays over-dramatise these problems! In former times the problems were pretty much the same!*

15- TO 16-YEAR-OLD, AUSTRIA [21]

Some children express strong views on drugs legislation:

*People should be able to decide for themselves what they want to use. But they shouldn't drive a car or take drugs while working. Of course it is wrong to fight your worries with drugs. It is very bad to get condemned by police or other persons just because of your musical style. This makes me aggressive and mad at the state and justice.*

16-YEAR-OLD GIRL, GERMANY [23]

Whilst alcohol is generally included in school prevention programmes, illegal drugs may dominate the less structured drug education initiatives in schools around Europe. Few school-based interventions are likely to address issues about how a child might cope with alcohol in his or her own family. An 11-year-old ambassador at the Finnish Children's Parliament expressed the view that:

*This topic [alcohol] should be discussed in schools. At least in my school there has been no discussion.*

11-YEAR-OLD GIRL, FINLAND [20]

Perceptions about the relative harms of alcohol compared with illegal substances are highlighted in the following comment on current drugs legislation:

*Legalise hashish and there will be less stoners than before (what's forbidden, stimulates the kids). Outlaw alcohol and there will be less criminality (e.g. men beating up their wives). By smoking hash at home, I don't do any harm to anyone. So why all the fuss?*

18-YEAR-OLD BOY, GERMANY [23]

Research among children whose parents suffer with alcohol or drug problems indicates the need for informal non stigmatising support services. For example, a support group for children of alcoholics can provide support, fun and friendship:

*If I have a problem, I can tell it here, and all listen to me. And I learn from others how they deal with their problems. My life has become completely different.*

10-YEAR-OLD GIRL, GERMANY [10]

Children who call a children's telephone help line sometimes express a sense of relief of having spoken to someone about their problems (Wales et al., 2009).

Services targeted at vulnerable children and families, not surprisingly do not draw or report quotations that are critical of the intervention. There are however quotations from some children that suggest the support they or their families received helped them and led to improvements:

*My teacher is trained to help — he listens and gives advice, which is great.*

[13]

Another child expressed his relief that, with a family support service, his mother had:

*... really calmed down ... [and doesn't] hit us and swear at us anymore.*

9-YEAR-OLD BOY, UK [34]

Another spoke about how he now fought much less with his two younger siblings and believed that the change had occurred:

*... by listening to [the social worker]: those little things make you think.*

15-YEAR-OLD BOY, UK [34]

As far as a father was concerned, without the support and help of a family social worker, they would have gone back to using drugs:

*Without wanting to sound dramatic, [the social worker] did save this family.*

EX DRUG-USING FATHER, UK [34]

There is no 'magic bullet' that will prevent the need for children to enter public care. However, it may be possible to develop services that are able to stop some children from entering care by significantly improving their family situation or providing alternative care and support. But these services require careful and ongoing evaluation.

## Conclusions

The quotations drawn together in this paper identify a myriad of complicated issues for children that cannot be fully elaborated here. However, by highlighting the complexity and diversity of children's experiences, the quotations give voice to children's perspectives on drugs and alcohol and signal a warning that what might be considered an appropriate intervention for one child will not necessarily be appropriate for another. Some of these issues will be explored and developed further by the EMCDDA in a Selected issue about drug users with children in 2012. Quotations illustrate the value of taking into account the many varied perspectives and circumstances of children when planning effective interventions for them. Qualitative methods are needed to understand these issues from a child's perspective and inform the development of suitably flexible and holistic interventions.

This paper has drawn together quotations that give children a voice based on work in 14 different European countries. However, a disproportionate number of the quotations overall are taken from studies conducted in Ireland and the UK. The literature identified for this paper suggests that there is a paucity of drug and alcohol-related research in Europe that makes use of direct quotations from interviews with the children, their parents or their carers. More research of this sort will be needed for European progress to be made on the implementation of the United Nations Convention on the Rights of the Child (UNCRC).

The problems that children face in relation to the harmful use of alcohol by one or both parents serve as a powerful reminder that large numbers of parents with alcohol problems may generate more problems overall for children in the European Union than the smaller numbers of children affected by parents with illicit drug problems. Paradoxically, the qualitative nature of children's quotations serves, in some respects, to highlight the seriousness and scale of alcohol related harm to children.

The quotations provide other glimpses into the experiences and perceptions of children, which highlight universal aspects of children's extreme vulnerability in a way that European child and adolescent statistics alone cannot. And importantly, the quotations also reveal the desire and capacity of many children to 'cope' with difficulties and to make rational judgements about their own situation based on objective information and personal experiences.

Quality care and other drug and alcohol interventions are needed to grant children in the European Union their right to harmonious development and protection from harmful influences, abuse, neglect and exploitation. However, the root cause for many children facing both drug and alcohol problems are poverty and social exclusion. The recent Eurochild project report calls for high level political commitment to end child poverty and mobilise more resources for early intervention and prevention.

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