

## Evidence Briefing 5: Pre-birth, infancy and early years

### Need to know

- Parental alcohol and drug use can have a negative effect on children. If this is the case, it could be considered to be an Adverse Childhood Experience (ACE) dependent on levels of use etc, alongside other harmful experiences such as physical abuse, emotional abuse and neglect. An accumulation of ACEs can increase the risk of a child being affected by problem alcohol and drug use in later life
- Children who grow up in homes where alcohol or drug use is problematic are statistically more likely to develop alcohol and drug issues themselves and face significantly higher risks of medical, psychosocial and behavioural issues
- Children who are exposed to alcohol prenatally can have specific and lifelong neurodevelopmental problems collectively referred to as Fetal Alcohol Spectrum Disorder (FASD)

### Key findings

- Improving parenting skills and bonding between children and their parents is an effective preventative approach
- A focus on developing protective skills, values and attitudes in early years education is effective
- For children whose mother or father has issues with alcohol and/or drug use, effective prevention begins before the child is born to lower their risk of problem alcohol or drug use later in life and positively influence their development
- The individuals delivering an approach – teachers, psychologists, mentors, peers – need on-going, high quality training and support. This includes training to ensure their practice is trauma-informed
- One approach might not fit all. The age, developmental stage, circumstances and needs of each child and family within a targeted group need to be considered when designing and delivering a prevention programme

### Good practice

- Triple P Positive Parenting Programme
- *Children Harmed by Alcohol Toolkit C.H.A.T.*
- *Oh Lila* resource pack for pre-school

### Potential Stakeholders

- Early years education (including childcare services)
- Prenatal and postnatal care (including health visitors)
- Families and children
- Third sector
- Police Scotland
- Social workers

## 1 Introduction

This evidence briefing focuses on what works with regards to alcohol and drug prevention in pre-birth, infancy and early years. It relates to parents during pregnancy and infants and children up to five years old. However, it is important to note that there is a large cross-over of what works with the evidence briefing on children and young people.

## 2 Context

Factors influencing a person's alcohol and drug use over the life course can emerge very early in life and parental alcohol and/or drug use has a range of potentially serious consequences for children. Therefore, effective prevention work can begin before a child is even born and practitioners should consider potential factors that may influence a child's alcohol and drug use later in life, as well as the effects of parental substance use on their development.

Parental alcohol and/or drug use can have negative effects on children. If this is the case, it could be considered to be an Adverse Childhood Experience (ACE), dependent on levels of use, alongside physical abuse, emotional abuse and neglect and other recognised stressful events experienced in childhood.<sup>1</sup> An accumulation of ACEs can increase the risk for a range of negative outcomes. Thus, children who grow up in homes where alcohol or drug use is problematic are statistically more likely to develop problem use themselves and face significantly higher risks of medical, psychosocial and behavioural issues.<sup>2</sup>

Children who are exposed to alcohol prenatally can be affected by a range of lifelong physical, emotional and developmental issues due to the effect of alcohol on their developing brain in the womb. These alcohol-related mental and physical problems are referred to as Fetal Alcohol Spectrum Disorder (FASD). Fetal Alcohol Syndrome (FAS) is a specific diagnosis within this spectrum identified by the presence of specific facial and physical features which must all be present for a diagnosis of FAS to be made. It is difficult to estimate the number of children born with FASD because the condition is often misdiagnosed. However, given the levels of awareness and alcohol consumption during pregnancy in Scotland and the UK more generally, FASD is likely to be a significant public health concern<sup>3</sup>:

SIGN 156 estimates prevalence to be around 3% in the UK.

- Almost one third of people in the UK do not know that official UK guidelines recommend it is safest not to drink at all during pregnancy<sup>4</sup>
- Over half of respondents (54%) to the 2017 Scottish maternal and infancy nutrition survey reported that they did not stop drinking alcohol before pregnancy, although 25% did say that they had "cut down" the amount they were drinking<sup>5</sup>
- More than one in ten respondents (11%) to the 2017 Scottish maternal and infancy nutrition survey indicated that they had continued to drink alcohol after they realised they were pregnant<sup>6</sup>
- The relationship between deprivation and the consumption of alcohol during pregnancy appears to be complex. A recent study comparing high and low deprivation areas in Scotland found that even though heavy episodic and frequent drinking was more common in more deprived areas, women with the highest deprivation scores in each area drank on average less than women with the lowest deprivation scores<sup>7</sup>.

Effective approaches to lower the risk of problem alcohol and/or drug use later in life, and to minimise alcohol related harm for children pre-birth up to five years old, focus on treating problem alcohol use in pregnant women, improving parenting skills and family relationships, and supporting pre-school children in developing a range of protective and resilience factors ,including a range of personal and social skills (see table below).

### 3 Detailed analysis of what works

#### Key to evidence briefing

High quality and multiple source evidence to support this approach (1)

Some evidence or emerging evidence to support this approach (2)

Limited evidence for this approach or potential development area for further investigation (3)

Early Years Education	Community Based	Family Based
Personal & social skills (1)	Parenting programmes (1)	Parenting programmes (1)
Cognitive, social & language skills (1)	Prenatal and infancy visits (2)	Prenatal and infancy visits (2)
	Identification of alcohol and/or drug harm and support for pregnant women (2)	Identification of alcohol and/or drug harm and support for pregnant women (2)

Intervention Type	Description	Relevant groups / Settings	Effectiveness	Factors that help (✓) or hinder (×) effectiveness	Good Practice
<p><b>Parenting Programmes</b></p>	<p>Teaching core parenting skills and improving bonding between children and parents. It includes supporting parents as to how to take a more active role in their children's lives and providing positive and age and stage appropriate discipline.</p>	<p><b>Community Based</b></p> <p>All children including families affected by alcohol and/or drug harm</p>	<p>Effective</p>	<ul style="list-style-type: none"> <li>✓ Enhances attachment between parent and child</li> <li>✓ Made easy and appealing for parents to participate (child care, out of office hours, choice between different formats etc)</li> </ul>	<p>Triple P is a multilevel, evidence-based parenting and family support system designed to prevent behavioural, emotional and developmental problems in children. Triple P that teaches parents evidence-based effective principles and strategies that may be applied positively in most parenting situations <sup>8</sup></p>
		<p><b>Family Based</b></p> <p>All children including families affected by alcohol and/or drug harm</p>	<ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Drugs</li> </ul> <p>Sustained impact</p>	<ul style="list-style-type: none"> <li>✓ Series of around 10 sessions, more for at-risk groups</li> <li>✓ Includes activities for the parents, the children and the whole family</li> </ul>	<p>Children Harmed by Alcohol Toolkit C.H.A.T. developed by Alcohol Focus Scotland, contains a range of interactive materials to be used with children, young people and families harmed by problem alcohol use<sup>9</sup></p>
			<p>Transferable</p>	<ul style="list-style-type: none"> <li>× Perception that it undermines parents' authority</li> <li>× Perception that it only provides information on drugs to parents so that they can talk to their children about it<sup>12</sup></li> </ul>	<p>NSPCC Parents Under Pressure - 20 weeks programme of home visits to support parents who are on a alcohol or drug treatment programme<sup>10</sup></p> <p>Getting Our Priorities Right - Scottish Government good practice guidance for all agencies and practitioners</p>

Intervention Type	Description	Relevant groups / Settings	Effectiveness	Factors that help (✓) or hinder (×) effectiveness	Good Practice
					working with children, young people and families affected by alcohol or drug use <sup>11</sup>
<b>Personal &amp; Social Skills</b>	This involves a series of structured, interactive sessions to teach children a range of personal and social skills, including how to cope with difficult situations in a safe and healthy way.	<p><b>Early Years Education</b></p> <p>All children</p>	<p>Effective</p> <ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Drugs</li> </ul> <p>Transferable<sup>13</sup></p>	<ul style="list-style-type: none"> <li>✓ Series of structured sessions with booster sessions over several years</li> <li>✓ Sessions are primarily interactive</li> <li>✓ Delivered by a trained nursery teacher, teacher or facilitator</li> </ul> <hr/> <ul style="list-style-type: none"> <li>× Provides information on specific alcohol or drugs, including fear arousal</li> <li>× Focuses only on self-esteem<sup>15</sup></li> </ul>	Oh Lila - flexible resource pack based on a storybook to help build protective and resilience factors in – Americanism – pre-school children <sup>14</sup>
<b>Cognitive, social &amp; language skills</b>	Education programmes to improve cognitive, social and language skills of pre-school children from deprived communities.	<p><b>Early Years Education</b></p> <p>Children from deprived</p>	<p>Effective</p> <ul style="list-style-type: none"> <li>• Cannabis</li> <li>• Other drugs</li> </ul> <p>Sustained impact</p>	<ul style="list-style-type: none"> <li>✓ Daily sessions</li> <li>✓ Delivered by trained</li> </ul>	

Intervention Type	Description	Relevant groups / Settings	Effectiveness	Factors that help ( ✓ ) or hinder ( × ) effectiveness	Good Practice
		communities	Transferable <sup>16</sup>	<p>teachers</p> <p>✓ Provides support to families on socio-economic issues<sup>17</sup></p>	
<b>Prenatal and infancy visits</b>	This involves pre-birth and infancy visits to provide support with socio-economic issues to mothers and teach them basic parenting skills	<p><b>Community Based</b></p> <p>Children of mothers living in difficult circumstances</p>	<p>Effective</p> <ul style="list-style-type: none"> <li>• Alcohol and drug use of child later in life</li> </ul> <p>Sustained impact</p>	<p>✓ Delivered by trained health workers</p> <p>✓ Regular visits pre-birth and until the baby is two years old. At first every two</p>	

Intervention Type	Description	Relevant groups / Settings	Effectiveness	Factors that help (✓) or hinder (×) effectiveness	Good Practice
		<p><b>Family Based</b></p> <p>Children of mothers living in difficult circumstances</p>	<p>Transferable</p> <p>Innovative<sup>18</sup></p>	<p>weeks, then every month, then less towards the end<sup>19</sup></p>	

Intervention Type	Description	Relevant groups / Settings	Effectiveness	Factors that help ( ✓ ) or hinder ( × ) effectiveness	Good Practice
<p><b>Identification of alcohol and/or drug harm and support for pregnant women</b></p>	<p>Providing adequate screening, interventions, treatment and support to pregnant women</p>	<p><b>Community Based</b></p> <p>Children of mothers who have issues with alcohol and/or drug use</p> <p><b>Family Based</b></p> <p>Children of mothers who have issues with alcohol and/or drug use</p>	<p>Effective</p> <ul style="list-style-type: none"> <li>• Improve emotional and behavioural functioning and development of unborn child</li> </ul> <p>Sustained impact</p> <p>Transferable</p> <p>Innovative<sup>20</sup></p>	<p>✓ Delivered by trained health workers</p>	



## References

- 
- <sup>1</sup> More information on Adverse Childhood Experiences is available at [Psychological trauma and adversity including ACEs \(adverse childhood experiences\) - gov.scot](#)
- <sup>2</sup> Families Affected by Parental Substance Use, Smith, Wilson, 2016. Available at: <https://pediatrics.aappublications.org/content/pediatrics/early/2016/07/14/peds.2016-1575.full.pdf>
- <sup>3</sup> *Screening prevalence of foetal alcohol spectrum disorders in a region of the United Kingdom: A population-based birth-cohort study*, McQuire C. et al. 2019. Available at: <https://www.sciencedirect.com/science/article/pii/S0091743518303323> *Silent Voices. Supporting children and young people affected by parental alcohol misuse*, Adamson, Templeton, 2012. Available at: [https://dera.ioe.ac.uk/15497/1/FINAL\\_OCC\\_Report\\_Silent\\_Voices\\_Parental\\_Alcohol\\_Misuse\\_FULL\\_REPORT\\_11\\_Sept\\_2012%5b1%5d.pdf](https://dera.ioe.ac.uk/15497/1/FINAL_OCC_Report_Silent_Voices_Parental_Alcohol_Misuse_FULL_REPORT_11_Sept_2012%5b1%5d.pdf) *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review*, Public Health England, 2016. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/733108/alcohol\\_public\\_health\\_burden\\_evidence\\_review\\_update\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf) *Parental substance misuse and social worker intervention*, Smith, 2017. Available at: <https://www.iriss.org.uk/resources/esss-outlines/parental-substance-misuse-and-social-worker-intervention>
- <sup>4</sup> *How we drink, what we think*, Alcohol Health Alliance UK, 2018. Available at: <http://ahauk.org/what-we-think-2018/>
- <sup>5</sup> *Scottish maternal and infant nutrition survey 2017*, Scottish Government, 2017. Available at: <https://www.gov.scot/publications/scottish-maternal-infant-nutrition-survey-2017>
- <sup>6</sup> Ibid
- <sup>7</sup> *Peri-Conceptual and Mid-Pregnancy Alcohol Consumption: A Comparison between Areas of High and Low Deprivation in Scotland*, Symon et al, 2016. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/birt.12252>
- <sup>8</sup> More information available at <https://glasgowcity.hscp.scot/news/supporting-parents-and-their-teenagers>
- <sup>9</sup> More information available at [C.H.A.T + Alcohol Focus Scotland \(alcohol-focus-scotland.org.uk\)](http://www.alcohol-focus-scotland.org.uk)
- <sup>10</sup> More information available at <https://learning.nspcc.org.uk/services-children-families/parents-under-pressure/>
- <sup>11</sup> Available at <https://www2.gov.scot/Resource/0042/00420685.pdf>
- <sup>12</sup> *International Standards on Drug Use Prevention, Second Updated Edition*, World Health Organisation/United Nations Office on Drugs and Crime, 2018. Available at: <http://www.unodc.org/unodc/en/prevention/prevention-standards.html> - where is this referenced in the text?
- <sup>13</sup> Ibid
- <sup>14</sup> More information available at [Oh Lila | Alcohol Focus Scotland \(alcohol-focus-scotland.org.uk\)](http://www.alcohol-focus-scotland.org.uk)
- <sup>15</sup> *International Standards on Drug Use Prevention, Second Updated Edition*, World Health Organisation/United Nations Office on Drugs and Crime, 2018. Available at: <http://www.unodc.org/unodc/en/prevention/prevention-standards.html> Should this be IBID?
- <sup>16</sup> Ibid
- <sup>17</sup> Ibid
- <sup>18</sup> Ibid
- <sup>19</sup> Ibid
- <sup>20</sup> Ibid