

## ARE THE CHILDREN OF ALCOHOLICS DIFFERENT? AN OVERVIEW

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### Abstract

*Alcoholism is an important issue for any society. Drug dependence too shows a rising trend all over the world including India, perhaps primarily due to the newer and greater stress related issues in the rapid changing life styles of day to day life. Drug dependence is a growing problem and the consequences of drug dependence causes great harm to the community and forms a major health problem. Alcohol and drug related behavioural and medical complications are a major concern for policy planners and health professionals or most countries. In the last three decades, many epidemiological surveys have been carried out in India to assess the prevalence of alcohol and drug users. Several children of problematic alcoholics undergo a series of varying challenging situations at home and society which makes them feel less hopeful of their future and as a result they are more prone to negativism and related personality problems. This problem has received some attention in the recent years among the general public and mental health professionals. The various therapies incorporated in the de-addiction treatment needs to be widened to address the challenging phases of the growing children of alcoholics together with other members of the family. The health care sector needs to address this serious social issue in a more proactive manner so that it will ensure that there is no in the upbringing of the younger generation so that they become a promising generation of the future. The Government and non government organizations working in the field of youth welfare should take care in planning and implementing programmes to cater to the needs of such*

*ambitious youth from becoming antisocial elements by the misuse of alcohol and drug related products.*

**Key words:** *Alcohol, Alcohol dependence, Co-dependence, Children of alcoholics.*

### Introduction

Alcohol is a depressant drug that slows down the activity of the brain, contains no nutrients, and does not help relieve tension or induce sleep. All alcoholic beverages contain the same mood-changing agent—ethyl alcohol—in varying proportions. Due to the size of the population of India, which has been identified as potentially the third largest market for alcoholic beverages in the world and this has attracted the attention of multinational liquor companies.

Alcoholism affects the family. Alcoholics may have young, teenage, or grown-up children; they may have wives or husbands; they have brothers or sisters too and they may have parents or other relatives. An alcoholic can totally disrupt family life causing harmful effects on the other members of the family. Children of alcoholics (COA's) are affected by a variety of problems that span over the course of their life. Such problems include fetal alcohol syndrome, which is first manifested in infancy; emotional problems and hyperactivity in childhood; emotional and conduct problems in adolescence; and the dependence on alcoholism in their adulthood. Although a lot has been learned about these problems over the years, a number of controversial research areas remain unexplored or insufficiently studied.

The impact of these chronic parental alcohol misuse on both parenting and child welfare is being increasingly recognized, with such problems featuring in significant proportions on families in which there are child-care concerns. There is a growing body of researchers who suggests that there are often particular difficulties in gaining access to such families, because effective engagement has been regarded as central for appropriate intervention and essential for assessing children's welfare in these situations (Taylor et. al., 2008).

Many potential explanations can be found for the connection between parental alcoholism and children's externalizing disorders. Such

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explanations include the effects of alcohol on family disruption and parenting, co-morbidity of parental alcoholism with anti social personality disorders and even reverse causation (i.e., externalizing behaviour problems in a child that contribute to a care giver's alcohol use).

The family of alcoholics which consists of the spouse, siblings, parents and children undergo a series of challenging and even life threatening situations in their daily life owing to the hazardous implications of the alcohol dependent. The closely related family members of the alcohol dependent can be named as co-dependents of alcoholics whose lives are under turmoil due to their close link and association with the problematic alcohol dependent. But there are many living examples in our society which shows that not all children of alcoholics are under the same challenging life situations and this depends on the cohesion of family ties, their socio-economic constellation, educational background of children and other members in the family, family history of alcoholism, social support, outlook of the co-dependents towards the problem of alcoholism. There are however, several studies depicting the various aspects of alcoholism and associated matters which shows that such co-dependent children are more vulnerable to drug dependence, personality pathology and likewise antisocial tendencies.

### **Prevalence of Alcoholism in India**

A study conducted by Gupta et al. (2003) to assess the prevalence and pattern of alcohol use in a middle-aged and elderly population in Mumbai, (India) found that 18.8 percent were currently consuming alcoholic beverages, of whom 32.8 percent drank at least for six days per week. The most popular beverage was locally distilled products of fruits and grain (country liquor). Seventy-five per cent of the consumers of country liquor consumed over 53 gms of ethanol per day when they consumed this liquor, with 46.6 percent of them doing so on at least six days per week.

Alcohol use is increasing in developing countries, but reliable data on it are not available. Since 1990, 47 percent of developing countries in transition and 35 percent of developed countries have increased their consumption of absolute alcohol per adult. Alcohol causes four percent of the total Disability Adjusted Life Years (DALYs) and alcohol use disorders

account for 1.4 percent of the total burden of disease, according to recent estimates (World Health Organization, 2002).

Mohan et al. (2001) conducted a survey in three districts (of central, north and north-east India), on 32,000 people and used standardized questionnaires based on DSM III R. They reported a prevalence of current alcohol use of 20–38 percent in males and of 10 percent among females.

### **Parental Alcoholism and its Impact on their Children**

Parents who abuse alcohol place their children at increased risk for alcohol and other drug abuse, as well as on other psychological problems (Heath & Ellito, 2002). Both genetic and environmental factors affect a child's development and may increase the risk for future alcohol use. Using a purely epidemiological approach, the observation that alcoholism tends to run in families might lead to the inference that social learning processes are the main factor in its development (Heath & Ellito, 2002).

Children of parents with alcohol-dependence syndrome are particularly at a higher risk for substance use as well as in other emotional and behavioral problems such as learning disability, hyperactivity, psychomotor delays, somatic symptoms and emotional problems (Silva et al., 2007). Children of alcoholics are two to ten times more likely to develop alcoholism than children of non-alcoholics (Lieberman, 2000). Children with relatives who abuse or are dependent on alcohol apparently have a slightly higher risk for drug abuse or dependence on it than those without relatives who consume alcohol. Evidence from twin and adoption studies has highlighted the significance of genetic influences, and the heritability of alcoholism has been estimated at 40-60 percent (Enoch & Goldman, 1999). Risk factors that mediate the increased vulnerability and protective factors which moderate the risk included in this review are: parental antisocial personality disorder, externalizing behaviour, internalizing symptoms, differential response to the effects of alcohol and positive and negative alcohol related expectancies.

Children of Alcoholics (COAs) have been described as both vulnerable and resilient. Although identified as at-risk for mental and physical health problems, chemical dependency, and child abuse and neglect, yet several of them go on to lead successful lives (Mylant, 2002).

### **Physical Effects of Parental Alcoholism On the Unborn Child (Fetal Alcohol Syndrome)**

Physical effects on the children of alcohol dependent parents begin to manifest its defects before birth. Parental alcoholism may affect the fetus even before a child is born. In pregnant women, alcohol is carried to all the mother's organs and tissues, including the placenta, where it easily crosses through the membrane separating the maternal and fetal blood systems. When a pregnant woman drinks an alcoholic beverage, the concentration of alcohol in her unborn baby's bloodstream is the same level as her own. A pregnant woman who consumes alcohol during her pregnancy may give birth to a baby with Fetal Alcohol Syndrome (FAS). FAS is one of the three top known causes of birth defects. According to the National Council on Alcoholism and Drug Dependence, about 5,000 babies are born each year with severe damage caused by FAS; another 35,000 babies are born with a milder forms of FAS (Parsons, 2003).

### **Physical cost of alcoholism**

Children of alcoholic parents, either pre-nataly or later in life, if they themselves develop alcoholism, may fall prey to one or more of the following physical problems inherent to alcoholism (Volpicelli, 2001). Alcohol dependence is the most common cause of cirrhosis of the liver, the eighth leading cause of death in the United States. Alcohol is also associated with other gastrointestinal disorders such as ulcers, gastritis, and pancreatic cancer. Alcohol causes several cardiovascular complications and is responsible for about 15 percent of all cases of hypertension and most of the cases of cardiomyopathy. Chronic alcohol dependence can produce severe damage to the peripheral and central nervous system. Peripheral neuropathy is often responsible for the ataxia seen in chronic alcoholics. Other neurological complications caused by chronic alcohol abuse include the following: Wernicke's disease (ocular disturbance, ataxia and confusion) associated with thiamine deficiency, Korsakoff's psychosis, a permanent inability to learn new information and finally, structural changes in the brain associated with severe cognitive impairment (dementia). Alcohol suppresses neutrophil function and cell-mediated immunity. This predisposes alcoholics to serious infections including fatal cases of pneumonia and tuberculosis. Suppression of cell-mediated immunity may be responsible for the higher incidence of

several types of cancers seen in alcoholics. Male alcoholics have increased estrogen and decreased testosterone. This leads to impotence, testicular atrophy and gynecomastia. An often-overlooked complication of alcohol is the adverse effects of alcohol during pregnancy that can cause mental retardation, facial deformity and/or other neurological problems (fetal alcohol syndrome). Chronic alcohol dependence is often associated with emotional problems. Many alcoholics have co-existing anxiety disorders (about 25%), depression (20-40%), and occasionally hallucinations (alcohol hallucinosis). It is not clear if psychiatric disorders predispose to alcohol dependence (self-medication hypothesis) or result from chronic abuse of alcohol. Alcohol-dependent patients are often suicidal, and about one-quarter of all suicides are committed by alcoholics, generally white males over 35 years old. Just as alcohol intake depresses the nervous system, alcohol withdrawal produces over excitation of the nervous system. Many alcoholics begin to experience tremors called "the shakes" about 24 hours after their last drink. Without a drink, they begin to experience rapid heart rates, sweating, decreased appetite, and difficulty sleeping. For some individuals, symptoms of withdrawal can become quite severe. One to three days after their last drink, alcoholics can have a generalized seizure (rum fits). About three to five days after their last drink, these patients can suffer from disorientation, high fevers, and visual hallucinations. This syndrome is call delirium tremens (DTs). During the DTs people are very susceptible to suggestion. For example, one patient became convinced that a pink elephant was dancing on an imaginary string between his therapist's fingers. Individuals in DTs can also be paranoid. The DTs are a serious medical emergency. Before aggressive modern medical treatment, 15 percent of patients with DTs died. Now with adequate medication and nutritional support, fatalities from DT's are rare.

### **Personality characteristics of children of alcoholics**

Some of the commonly observed characteristics of adult children of alcoholics are difficulty to guess what 'normal' is: Because they did not have any example or role model to follow from their childhood and never experienced "normal" family relationships. Adult children of alcoholics and addicts are confused as to what it means to be normal. They sometimes cannot tell the good role models from the bad ones. Some of them are not comfortable around their family because they don't know what to do or how to react.

**Judge Themselves Without Mercy:** Many adult children of alcoholics or addicts find it difficult to give themselves a break. They do not feel adequate, and feel that they are never good enough. They may have little self-worth and low self-esteem and can develop deep insecure feelings of inadequacy.

**Take Themselves Too Seriously:** Because they judge themselves too harshly, some adult children of alcoholics may become very critical of themselves. They can become depressed or anxious because they have never learned to accept or adjust to their simple failures. They can get very angry with themselves when they make a mistake.

**Have Difficulty Having Fun:** Many adult children of alcoholics find it difficult to allow themselves to indulge in every day fun and frolic. Perhaps because they have witnessed so many vacations and other family events sabotaged by the alcoholic parent, they do not expect good things to ever happen to them.

**Have Difficulty With Intimate Relationships:** In order to have an intimate relationship, one must be willing to look to the other person for interdependence, emotional attachment, or fulfillment of your needs. Because of trust issues or lack of self-esteem, adult children of addicts find it difficult to let themselves do that. They don't know how to allow themselves to get close to others.

**Have Trust Issues:** After growing up in an atmosphere where denial, lying and keeping secrets was the norm, adult children of alcoholics can develop serious trust problems. All the broken promises of the past tell them that trusting someone will backfire on them in the future.

**Become Terrified of Abandonment:** Because their alcoholic parent was emotionally unavailable or perhaps physically not around, adult children of alcoholics or addicts can develop an absolute fear of being abandoned. As a consequence, they can find themselves holding on to undesirable relationships that they should dispense with but hold on to them just because they do not want to be lonely or alone.

**Become Frightened of Angry People:** If their alcoholic parent was mean or abusive when they were drunk, adult children can grow up with a fear for

all people, who become angry quickly. They may spend their lives avoiding conflict or confrontation of any kind, thinking it could turn violent.

**Constantly Seek Approval:** Because they constantly judge themselves too harshly, many adult children of alcoholics are constantly seeking approval from others. They can become people-pleasers and become unhappy on demand if someone is unhappy with them. They absolutely fear criticism of any kind.

**Feel They Are Different:** Many children who grow up with an addicted parent find themselves thinking they are different from other people and not good enough. Consequently, they avoid social situations and have difficulty making friends. They can tend to isolate themselves as a result from the company of others.

**Can Become Super Responsible:** Perhaps to avoid criticism or the anger of their alcoholic parent, many children from alcoholic homes become extremely responsible or perfectionists. They can become overachievers or workaholics. On the other hand, they can also go in the reverse direction, becoming very irresponsible members of society.

### **Incidence of Alcoholism: A Comparison**

Genetically speaking, researchers have discovered that alcohol dependence runs in families. In the children of alcohol-dependent biological parents, the risk of becoming an alcohol dependent increased. In contrast, if the adoptive parents were alcohol-dependent, there was no increased risk of alcoholism. In general, if one biological parent is alcoholic, the likelihood of a child becoming dependent on it increases nearly three times. If both parents are alcoholic, the likelihood of alcohol dependence increases about five times (Volpicelli, 2001).

Studies comparing COAs with non-COAs also have found that parental alcoholism is linked to a number of psychological disorders in children. Divorce, parental anxiety or affective disorders, or undesirable changes in the family or in life situations can add to the negative effect of parental alcoholism on children's emotional functioning (Schuckit and Moos, 1982).

The study by Stanley and Vanitha (2008) has revealed that the majority of COAs manifest lower levels of self-esteem and a lesser degree of adjustment than non-COAs. The results of several studies have shown that children from alcoholic families report higher levels of depression and anxiety and exhibit more symptoms of generalized stress (i.e., low self-esteem) than do children from non-alcoholic. In addition, COAs often express a feeling of lack of control over their environment. A recent study by Rolf and colleagues (1988) noted that COAs show more depressive effects than non-COAs and that their self-reports of depression are measured more frequently on the extreme end of the scale.

Based on a child-centered definition of children of alcoholics (COA), the Children of Alcoholics Foundation defines alcohol dependence as the child's perception that a parent drinks too much and that drinking interferes with the child's life. This definition underscores the Foundation's underlying philosophy: COA's may need and deserve help, whether or not their parent or parents continue to drink and that for some, help may be needed over a lifetime. Some COA's require counseling or long-term treatment; others may do well, depending on their level of vulnerability (Woodside, 1997).

On a brighter note, not all children of alcoholics are adversely affected. Some children, for a variety of reasons, show resilience to their parents' addictions. Concern about the effect of alcoholic parents on their children has been frequently expressed by clinicians and by others in recent research literature. In a comprehensive review of the literature on children of alcoholics (COAs), Russell et al. (1985) concluded that such children are at a particularly high risk for alcoholism and other emotional and behavioral problems, including difficult social adjustment and substance abuse. They also cited studies in which COAs were found to possess distinctive personality characteristics, including lower self-esteem and a more external locus of control. However, it has also been suggested that COAs are more resilient than what the previous studies have indicated (Werner, 1986).

### **The iceberg side of alcoholism**

An estimated 6.6 million children under the age of 18 years live in households with at least one alcoholic parent. Current research findings suggest that these children are at risk from a range of cognitive, emotional,

and behavioral problems. In addition, genetic studies indicate that alcoholism tends to run in these families and that a genetic vulnerability for alcoholism exists.

Yet, some investigators also report that many children from alcoholic homes develop neither psychopathology nor alcoholism. This *Alcohol Alert* focuses on three major research questions concerning children of alcoholics (COAs): 1) What contributes to resilience in some COAs; 2) Do COAs differ from children of non-alcoholic (non-COAs); and 3) Are the differences specifically related to parental alcoholism, or are they similar to characteristics observed in children whose parents have other illnesses? Ervin and her colleagues found that Full IQ, performance (a measure of abstract and conceptual reasoning), and verbal scores were lower among a sample of children raised by alcoholic fathers than among those children raised by nonalcoholic fathers.

It is well established fact that children of problem drinkers have an increased risk of developing mental health problems, not only during childhood but also when they grow up into adolescents and adults as observed by Cuijpers et al. (2006). Cummings et al. are of the view that risks for COAs might relate specifically to parental alcoholism and its impact on offspring development and not to the combined effects of various parental psychopathologies and/or extreme forms of family instability. Exposure to marital conflict is associated with children's adjustment problems, including internalization and externalization.

In a study comparing COAs and non-COAs whose families were educated and whose parents lived in the house, despite the lower scores, however, COAs performed within the expected normal ranges for the intelligence tests in each of these conducted studies.

Children of alcoholic fathers are at higher risk for psychopathology and also gender-related differences seem to exist too. (Furtado et al., 2002, 2006). Depression and anxiety are recurring themes in the literature on COAs (Steinhausen, 1995; Kelley, 1996) However, Behavioral problems in adolescence have been shown to be associated even within the presence of a positive family history of alcoholism and negative parenting practices (Barnow et al., 2004).

Menees and Segrin (2000) observed that COAs are characterized as an at risk population because of the dysfunctional family environment that disrupts their psychosocial development. They often lack guidance and positive role modeling and live in an atmosphere of stress and family conflict. It is important to note that cognitive competence can vary with the instrument used to measure performance as well as with the individual who is evaluating these functions. The investigators noted, however, that the children with alcoholic parents underestimated their own competence. In addition, the mothers of COAs under rated their children's abilities. The mothers' and children's perceptions of abilities may affect the children's motivation, self-esteem, and future performance.

The dysfunctional family environment created due to the presence of parental alcoholism has been the focus of several investigations. A recent study by Kelley et al. (2007) reveals that adult children of alcoholics reported more parentification, instrumental care giving, emotional care giving, and past unfairness in their families of origin as compared to children of alcoholics. The single most potent risk factor is their parent's substance-abusing behavior and this can place children of substance abusers at biologic, psychological, and environmental risk.

Hart et al. (2003) interpreted their results as providing partial and preliminary support for the contention that living in an alcoholic environment during childhood and adolescence plays a role in the manifestation of serious medical problems in adulthood. Findings from a longitudinal study by Andreas and O'Farrell (2007) show that fathers' heavy drinking patterns and children's psychosocial problems appear to be closely related to one another over time, waxing and waning in meaningful patterns, such that children's adjustment improved during times of parental alleviated drinking and was worsened during times of parental exacerbated drinking. Their results thus add additional support to the hypotheses of causal linkages between problematic parental and problematic child functioning.

Moos and Billings, (1982) found that the emotional stress of parental drinking on children lessens when parents stop drinking. These investigators assessed emotional problems in children from families of relapsed alcoholics, children from families with a recovering parent, and children from families with no alcohol problem. Although the children of relapsed alcoholics reported

higher levels of anxiety and depression than children from the homes with no alcohol problem, emotional functioning was similar among the children of recovering and normal parents.

Finally, children from homes with alcoholic parents often demonstrate behavioral problems. Study findings suggest that these children exhibit such problems as lying, stealing, fighting, truancy, and school behavior problems, and they often are diagnosed as having behavioural disorders. Teachers have rated COAs as significantly more overactive and impulsive than non-COAs.

COAs also appear to be at greater risk for delinquency and school truancy. Several investigators have reported an association between the incidence of diagnosed conduct disorders and parental alcohol abuse. However, other problems associated with alcoholism (e.g., depression among the alcoholic parents and divorce) also may contribute to conduct problems and disorders among COAs.

Obot and Anthony (2004) found evidence to favour the hypothesis that adolescent children living with an alcohol dependent parent have more delinquency problems than other adolescents. Mylant et al. (2002) found that adolescent COAs scored significantly lower on all psychosocial factors of family/personal strengths and school bonding and significantly higher on all factors of at-risk temperament, feelings, thoughts, and behaviors than non-COAs and that they were at risk for depression, suicide, eating disorders, chemical dependency, and teen pregnancy.

The alcoholic family's home environment and the manner in which family members interact may contribute or be a problem that enhances the risk for the problems observed among COAs. Although alcoholic families are a heterogeneous group, common group characteristics have been identified. Families of alcoholics have lower levels of family cohesion, expressiveness, independence, and intellectual orientation and higher levels of conflict compared with nonalcoholic families. Some characteristics, however, are not specific to alcoholic families.

Impaired problem-solving ability and hostile communication are observed both in alcoholic families and in families with problems other than

alcohol. Moreover, the characteristics of families with recovering alcoholic members and of families with no alcoholic members do not differ significantly, suggesting that a parent's continued drinking may be responsible for the disruption of family life in an alcoholic home. Andreas et al. (2006) have found that before their fathers' treatment, COAs exhibited greater overall and clinical-level symptomatology than children from a demographically matched comparison sample, but they improved significantly following their fathers' treatment.

The family environment also may affect transmission of alcoholism to COAs. Children with alcoholic parents are less likely to become alcoholics as adults when their parents consistently set and follow through on the plans and maintain such rituals as holidays and regular mealtimes.

The age of onset of initiation is a better predictor of severity of alcoholism, than family history of alcoholism alone. Postponing the use of alcohol till the age of 25 years could be explored as a primary prevention strategy in genetically vulnerable adolescents. (Praveen et al., 2010).

### **The lending hands of health care professionals**

The professionals working in the field of health care settings such as clinicians, allied health care staff i.e. nurses, psychologists, social workers and counselors can do very effective intervention in ameliorating this ever increasing social issue from the beginning stages itself with the purposeful involvement of family members and alcoholics. The school counselors can act as a guide in promoting the positive qualities of the children of alcoholics which may help them to become more confident and competent in their academics and also to attain a healthy approach towards their problematic home environment. This will definitely help to reduce the tendency towards truancy among such children and also to impart resilience to its possible desired extent. The alcoholic's anonymous groups for the teenage children of alcoholics are highly essential in dealing with the rehabilitation possibilities of such victims.

Newport (2004) holds that prevention at the family level includes appropriate family monitoring and rules, moderate and consistent family discipline and family conflict resolution. Kempner et al. (2003), held that

since "substance abuse" is a "family disease" of lifestyle, effective family strengthening prevention programmes should be included in all comprehensive substance abuse prevention activities. They advocate dissemination of five highly effective family strengthening approaches (e.g., behavioural parent training, family skills training, in-home family support, brief family therapy, and family education). Gains for COAs will hence accrue if they are involved in family therapy sessions. This will facilitate opening up of communication channels and resolution of conflicts within the family and thereby enhance the domestic and emotional adjustment of the children.

Ranganathan (2004) observes that it is imperative to involve family members in treatment and that family therapy ought to be specific, with attainable therapeutic goals. An effective package to overcome alcoholism should go beyond routine pharmacotherapy and individual psychotherapy for patients. A holistic intervention package must involve other therapeutic adjuncts such as family therapy, couples therapy for not only the spouse but also the COAs. O'Farrell and Fals-Stewart (2002) have advocated Behavioral Couples Therapy (BCT) since it has been found to reduce social costs and domestic violence and showed indirect benefits for the couple's children, and so BCT ought to be expanded to include family members other than spouses, particularly the COAs.

Children of alcoholic fathers represent a group at risk and are deserving of more attention in prevention and early intervention (Furtado et al., 2002). Erlich et al. (2001) contend that since COAs themselves are at particularly high risk for developing drinking problems, early intervention efforts among COAs need to be initiated. Some of the guidelines that they stress include emphasizing the negative consequences of alcohol, developing in youth an increased sense of responsibility for their own success, helping them to identify their talents, motivating them to dedicate their lives in helping society rather than feeling/thinking that their only purpose in life is to be consumers, providing realistic appraisals and feedback for youth rather than graciously building up their self-esteem, stressing multicultural competence in an ever-shrinking world, encouraging to value education and skills training, increasing cooperative solutions to problems rather than competitive or aggressive solutions, and increasing not only a sense of responsibility for others but also caring for them.

It is therefore important that the therapeutic needs of these children are addressed through individual psychotherapy and other supportive therapies by providing an opportunity for ventilation/openly airing of feelings and integrating elements that will boost their self-esteem and promote their psychosocial adjustment in deficient areas. Normal difficulties and dilemmas associated with adolescence in general should also be worked through in these sessions besides just focusing on issues pertaining to parental alcoholism. A study from Korea reports that stress management programmes help children of alcoholics by enhancing self-esteem, providing information about alcohol, and improving emotional and problem-focused coping abilities, eventually enhancing their mental health (Yang and Lee, 2005). Hence stress management techniques and relaxation modalities could be an important component of working with COAs.

The government needs to take steps in curtailing the promotion of beverages and its products through the social media. Whereas at present it is presenting the use and abuse of such products as a symbol of status in the society thereby imparting a wrong message among the new generation. The social workers working in the field of de-addiction need to take initiative in propagating remedial support for the victims as quickly as possible before it reaches the extreme levels such as family suicide or homicide.

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