The 'Risk Gradient' in policy on children of drug and alcohol users: Framing young people as risky

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Abstract

Parental drug and alcohol problems can have a profound impact on children. There is a growing policy and practice focus on this topic in the UK. Most is concerned with children of primary school age and younger. Older children tend to be neglected in the debate, and young people of age 16 and over are mostly absent from it. It is argued here that this reflects, and is reflected in, the construction of a 'risk gradient' in policy and practice. An analysis of Hidden Harm, *the report of the Advisory Council on the Misuse of Drugs' inquiry into the impact of parental drug misuse, and related documents is used to illustrate this. In the risk gradient, children are constructed as being at risk when younger, and becoming risky to themselves and others when older. The risk gradient stigmatises young people as manifesters of risk, diminishes ongoing difficulties they face, and denies their coping strategies. The definition of risk as manifesting in institutional settings and services underscores this. It encourages a focus on parent-child risk transfer, to the detriment of other difficulties the child or young person may be facing, and renders the young person invisible when they leave service contexts. Finally, the culturally and legally established distinction between illicit drugs and alcohol tends to isolate families with alcohol problems. Most of the response to parental substance use has focused on illicit drugs, rendering the difficulties of young people affected by alcohol problems less visible except as when they are manifesters of risk.*

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Introduction: Parental Drug and Alcohol Problems, Children and Young People

A theme of recent policy debates on substance use problems has been their impact on family life, and in particular the effect of parental substance use on children. Approximately 250,000-350,000 children in the UK are living with parents who have an illicit drug problem (Advisory Council on the Misuse of Drugs, 2003), and 920,000 with an alcohol problem (Alcohol Concern, 2000). The impact on children varies, and it is not the case that the type and form of particular problems maps directly on to poorer outcomes for children. Some experience disruption of care and neglect; an unstable home environment; associated violence or criminality; disruption to education; develop mental health problems; and some take on caring responsibilities themselves. However, as in other situations of potential adversity, there is also extensive evidence of resilience (Gilligan, 2003). Many children are able to mobilise resources and strategies to help them mitigate problems or avoid difficulty. To date there has been little research with young people who had or have this experience. 16 year-olds and over tend to be absent from policy debates, which focus on the under-16s and on very young children in particular, locating their focus in statutory services and institutional settings. The needs and interests of young people past age 16, who are no longer present in service settings, are little considered, if at all. They tend from that age on to appear in service and policy accounts wholly as sources of risk to others.

This paper examines some of the processes through which young people are rendered invisible, using an analysis of *Hidden Harm*, the report of the Advisory Council on the Misuse of Drugs inquiry into the impact of parental drug misuse, along with related policy documents. We compare this analysis with the findings of our study which researched young people from 15-27 years whose parents had or have a drug/alcohol problem. Our central argument is that the framing of

risk (Firkins and Candlin, 2006) in research, policy and practice constructs a 'risk gradient' from pre-birth, birth, infancy, through to adolescence and adulthood. Whilst very young, or before they are born, the child is conceived of as being in a state of vulnerability, at risk from parents and the home environment they create. As children grow older, they are assumed to take on risk characteristics, either manifesting risk in problem behaviour, or becoming risky to themselves and others. This leads to an assumption that harm is embedded in the child from an early age, and that they can often be expected to become a problem for others later on. As such, the acceptance of the risk gradient as a model of children's experiences and their responses to them may effectively stigmatise and pathologise them, as well as downplaying their resilience and problematising their agency as inherently risky. A related element in this framing is a structural factor shaping knowledge about these children: policy and practice focus on statutory services and institutional settings, so risk is defined in terms set within these services and institutions, whose assessment, evaluation and monitoring systems are designed in terms of measuring final outcomes rather than processes. Another factor structuring knowledge in this field is that little is known about the experiences of children from families who are not involved with services, most research drawing on clinical rather than community samples.

Underlying the specific policy and service contexts is a distinctive feature of contemporary Britain, and other Western societies, which is an established division between illicit drugs and alcohol and the problems associated with them. There is a consequent divergence in the conceptualisation and treatment of parental drug and alcohol problems, which embeds separate and empirically unjustified assumptions about the different impact of drug and alcohol problems (Russell, 2007), and that renders children and young people affected by alcohol problems less visible. When the two are lumped together as 'substance use' this also can involve mistakenly generalising from one to the other – usually from illicit drugs to alcohol – without considering relevant differences. This amounts to a lack of attention to cultural and structural factors that separate 'illicit drugs' from alcohol and render some difficulties as personal troubles and others as public problems. What becomes a public problem is shaped by institutional interest, cultural factors, historical dynamics and not any dispassionate assessment of the harms associated with the use of

a particular substance (Gusfield, 1996, Gusfield, 1997). As we suggest, young people have ongoing needs resulting from the experience of having a parent with a drug/alcohol problem that can be addressed more effectively in policy and practice if the consequences of these framings are critically examined.

Why this paper?
The research project out of which this paper developed was a qualitative study of young people aged 15-27 who had experienced parental substance use problems. We conducted a qualitative interview study that explored the experiences and trajectories of young people affected by parental drug, alcohol and polysubstance use problems. Our interest in this group arose out of an acknowledgement that they are little considered in the literature, except as adults (Velleman and Orford, 1999), and from a desire to identify their specific needs and problems and explore themes of risk, resilience and transitions. Further, since drugs and alcohol are effectively held separate in the research literature and in policy and we also wished to give ourselves an opportunity to look at both in the same study. In the process of analysing our data and presenting findings to policymakers and practitioners it became apparent that there was a mismatch between the approach of many researchers and service providers, which was to explore the experiences of young people and in the latter case seek to provide support and tools with which to help them develop as independent adults, and on the other hand many of the assumptions embedded in our and others' intellectual approach to the issue, which tend to demand a focus on them as damaged and damaging. This paper was written as part of our attempt to think through why this was.

The Risk Gradient: Framing Young People as Risk Takers and Producers
The term risk gradient is intended to capture a framing implicit within policy and research on parental drug and alcohol use problems, in which children move from a position of being wholly risk vulnerable when very young to one of being defined to a large degree as potential risk producers as young people. Here we are using the age classification of the major British policy document on parental drug misuse, *Hidden Harm* (Advisory Council on the Misuse of Drugs, 2003), which draws on Cleaver et al (Cleaver et al., 1999), and is also contained within the Scottish Executive responses to *Hidden Harm*, *Hidden Harm: The Scottish Executive Response* (Scottish Executive, 2004) and *Hidden Harm: Next Steps* (Scottish Executive,

2006); and its own guide to practice, *Getting Our Priorities Right* (Scottish Executive, 2003). Although these documents do mention alcohol they, and the research they are drawing on, are largely concerned with illicit drugs.

The gradient begins with a status of complete vulnerability, assigned to the foetus and the newborn baby. Responsibility for protecting them is placed with the mother. The father appears only as another possible cause of harm to the foetus, for instance through domestic abuse (Barnard and McKeganey, 2004). The mother's body is seen here as a risk transmission vector, a perspective that has gained ground in epidemiology. The foetal origins or Barker hypothesis encapsulates this well in focusing on material disadvantage as articulated through foetal suffering, manifesting in problems later on life (Barker, 1992). Risks can be 'programmed' into the body of children, who can be 'primed' for substance use (Al Mamun et al., 2006). A feature of the new genetics is that this conceptualisation of risk can be expanded up and down the generations (Hallowell, 1999), tying the bodies and behaviour of parents to outcomes for their children. This super-vulnerability located in the body of the parent and child can make interventions and policy approaches excessively substance focused, to the detriment of other problems affecting the mother of which drug or alcohol problems may be symptomatic, such as poor mental and physical health (Reinarman and Levine, 2004).

Such approaches also confer some limited personhood on the foetus, which is in some jurisdictions, including several US states, effectively granted rights apart from, and in conflict with, those of the mother, who can be prosecuted for endangering it (Toscano, 2005, Zerai and Banks, 2002). The debate in the UK is more temperate, but this concept of foetal interests is not entirely absent. For instance, Chapter 2 of *Hidden Harm: Next Steps*, entitled 'The Unborn Child,' notes the risk to the growth of healthy foetuses and from transmission of the HIV/Hepatitis C viruses (Scottish Executive, 2006). Pregnancy is then constructed in terms of opportunities for intervention. The foetus is given some personhood in terms of it having 'needs', which presumably may be independent of the mother's needs, and which can be protected by professional intervention. So before birth, the foetus is made into a separate entity from the body of the mother, whose connection to it is largely one of potential danger to it. This type of gaze is embedded in medical surveillance

technology, which in the case of imaging techniques like ultrasound literally 'pictures' the foetus as apart from the mother, and which is used to construct its individuality (Eugenia, 1996, Williams, 2005). The infant from birth to age 2 or 3 is, like the foetus, entirely vulnerable. He or she is at risk from exposure to neglect, damage to psychological development/attachment, and understimulation. Risk also comes from exposure to illicit drugs in the home, alcohol not being considered a hazard in this way, or associated paraphernalia like injecting equipment. Alcohol is mentioned as a problem only in combination with or analogous to illicit drugs. *Hidden Harm: Next Steps* states very clearly (page 8) that age 0-3 is the prime window for intervention, after which damage becomes permanent and children may then 'go on to live chaotic lives themselves.' There is a clear idea here of the infant being imprinted with risk as this age, which without intervention will become permanent.

In *Hidden Harm*, from age 3-4 there are physical dangers, continued psychological problems, some manifestation of impaired development and adjustment in terms of anxiety, attention deficit, and 'inappropriate responses' to witnessing violence, theft, and adult sex. At this point we can see how the child's agency is emerging, but in a problematic manner. At 5-9 the child still is described as mostly risk exposed, but is beginning to manifest more active, externalising risk behaviours in the form of antisocial behaviour in boys, withdrawal and/or depression in girls. At this point he or she is beginning to turn risk outward from the family and onto other children. The secondary school age child (10-14) now manifests risk in smoking, drinking, and drug use. Bullying of other children, other problems with school conduct and criminality firmly place the child at this age as beginning his or her career as a risky subject. When describing the school environment a duality is apparent. *Hidden Harm: Next Steps* acknowledges school may be a respite from problems at home, but then posits this behaviour as problematic in terms of institutional requirements of school attendance, educational progress, social and behavioural skills, producing both risks to the institution and the young people concerned.

A more active response on the part of children to their situation is child parenting. This term describes situations where children take over some caring roles, assuming responsibility for others in the

household, such as siblings and sometimes parents themselves (Barnett and Parker, 1998), and is a common experience of many children in these circumstances (Bekir et al., 1993, Kroll, 2004). In policy it is also subsumed under the risk gradient. *Hidden Harm* mentions parenting-like responsibilities for secondary school age children, as it does for those of 3-4 and 5-9, but now these become problematic as manifesting in poor performance and/or intermittent attendance at school. We suggest that this change in the qualities attributed to the role is due to the setting in which it is related, secondary school, which becomes the institutional lens through which it is assessed. Parenting responsibilities move from being issues of relationships and identity, to problems of education and cognitive ability, reflecting the changing institutionally located definitions of the children's difficulties.

Children's responsibilities for parents and siblings then disappear from *Hidden Harm* at age 15 and over, when the focus is then on their risk of harming themselves through substance misuse, early sexual activity, and the likelihood of female children becoming involved in prostitution. This is also very much the case in the wider research literature, in which adolescents are now risk carriers of their own, likely to manifest problems of drug use (Obot et al., 2001), negative personality traits (Elkins et al., 2004), and other risk behaviour or problematised characteristics. Risk becomes a pathogenic trait, rather than, for instance, a response to a particular set of circumstances.

Implications of the risk gradient
In this paper, it is suggested that the existence of this risk gradient creates some limitations in how the experiences of children and young people are assessed and addressed. First is the assumption that harm is locked in at an early age, and that later on, the child can be expected to be a source of problems themselves. This often leads to a focusing of resources on the youngest children and a conceptualisation of older children and young people as 'riskers' rather than, for instance, on their management of their parents' substance use; their coping strategies; and the responsibilities for the care of parents and other family members they frequently take on (although *Hidden Harm* does discuss young carers). The risk gradient rapidly establishes children and young people as having a dual subjectivity – as at risk and risky – after early infanthood. For

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older children and young people their agency is perceived as primarily apparent in risk manifestations, becoming a risk agency, downplaying their own resilience and consideration of effective measures to support it. Agency is a key component in resilience processes hence taking these manifestations to be largely risky is limiting if effective support is to be provided for children and young people.

Reflecting the construction of vulnerable foetal- and infant-hood (to age 5), interventions and monitoring systems are focused on the pre-natal period, birth and infancy. This prioritises those children who are born to parents with a substance use problem, and especially a drug problem, as they are most likely to be picked up by risk surveillance systems. It misses out children whose parents develop substance use problems later on, or who do not present in specialist drug services or who have an alcohol problem. It also excludes instances where the person in the parenting role is not the child's legal parent, such as grandparent carers, foster parents, siblings and other intimates. Constructing an ideal intervention period at pre-birth and around birth also emphasises maternal drug use, and constructs parenting primarily in terms of mothering, whereas our study involved young people affected by mothers' and fathers' substance use problems.

Settings and Services: Problematising Intimacy and the Family
The second common factor framing risk for and of children and young people affected by parental drug and alcohol use is its location in statutory services or institutional settings. The Scottish Executive's initial response to *Hidden Harm* is not atypical, and follows *Hidden Harm* in its focus on settings – schools, maternity wards, GP surgeries, residential care – and services – health visiting, social work, specialist drug and more rarely alcohol services (Scottish Executive, 2004). The concentration on settings and services is eminently practical as those are the points of intervention and engagement with both user and child. However, it means that risks are defined as manifested in these environments or in terms of the remit of particular services, often effectively excluding those with alcohol problems. It can problematise or ignore other important sources of support like the extended family and other intimate relationships such as friendships.

Linking settings and services directly to parental substance use turns the issue inward, as the manifestation of a family problem. As such, the family home is seen as the place producing risk and the institutional setting or service as the place in which risk is identified and potentially dealt with. It is the case that the family home can become a very bleak place for children in these circumstances, but children often feel ambivalent about this. They commonly seek and find other informal respites where they can have care and support. Families then tend to be presented as being cut off from community and society, and as generative of social problems. Other problems that children and young people encounter, such as homelessness or their own drug and alcohol problems, are presumed to be the legacy of parental substance use rather than involving wider social factors; for instance, the cultural validation of heavy drinking (Bromley and Ormston, 2005), normalisation of recreational drug use (Measham et al., 1994), poverty and social exclusion (Webster et al., 2004), and so on. The UK has, in comparison to most other European countries, very high levels of illicit drug and alcohol use (European Monitoring Centre for Drugs and Drug Addiction, 2002); and extensive problems associated with them. For instance, illicit drug use is not uncommon among young Scots (Scottish Executive, 2005), yet peer relationships seemed to be a stronger factor in shaping the substance use of young people than their experiences with parental substance misuse.

As a result of the settings/services focus, there is little research on young people who are no longer covered by statutory services or who cannot be reached through institutional settings. They next reappear in the research as adults manifesting risk (Velleman and Orford, 1999), or as parents who potentially are recreating their childhood psychological problems with their own children (Bekir et al., 1993). Our argument is that this creates a lacuna, whereby the young person who is still in a process of transition, or who has ongoing commitments to parents and siblings who need looking after or looking out for, is missing from the literature. It also pushes the focus away from their experiences and continued struggles, and onto them as risk manifesters.

The Drug/Alcohol Divide: Embedding Risks in Substances and Families
The final element in the framing of risk for children and young people is the existence of a division, in the arenas of policy,

services and research, between illicit drugs and alcohol. This relates to how the social problem of parental substance misuse is defined; which itself relates to how the problems of drugs and alcohol are conceptualised (Gusfield, 1996). The two fields embody separate approaches with distinct assumptions about risks, problems, dangers and so on. Sociological, anthropological and historical studies have explored the effects of this division in terms of how users themselves are framed (Gusfield, 1996, Stein, 1985, Room, 2003, Bourgois, 2000) and the embedding of problems within substances – in the UK, mostly heroin or methadone - or within people – as with alcohol problems. This has implications for children as well, as we will indicate.

The different legal status of various substances contributes to the extent and kinds of knowledge surrounding potential drug and alcohol problems. The policy literature on children whose parents have an alcohol problem is much less detailed than the illicit drugs literature (Turning Point, 2006). *Getting Our Priorities Right* mentions alcohol in general but not in detail. There is often an assumption of additionality – that alcohol use adds to problems of drug use - rather than alcohol problems being a distinct set. *Hidden Harm* assumes comparability between illicit drug and alcohol problems, although it was outside that study's remit to examine similarities and differences. Parental alcohol studies do not have the finely gradated differentiation between age groups of as little as 2 years present in the parental drug literature. This may be because the surveillance of drug users and their children is more extensive and intensive, due to the specific prohibition regime surrounding illicit drugs and the wide ranging surveillance apparatus around drug use and pregnancy.

The risks to children and young people are constructed out of this division, which research both employs and legitimates. In terms of research into how substance use problems affect the family, broadly speaking, literature on illicit drugs draws its key themes and concepts from criminology, including notions of deviance surrounding the substance itself. The alcohol literature draws instead on medicine and psychology, placing its emphasis on pathological family dynamics and coping strategies (Barker and Hunt, 2004). Alcohol problems are defined in terms of semi-metaphorical disease; alcoholism is understood as a brain disease, a disease of the will

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(Valverde, 1998), which can be passed on to the child. Heredity is apparent in alcohol studies, which have emphasised the possibility of a genetic component in alcoholism (Miles et al., 2005). The emphasis on heritability constructs the child as a risky body, a carrier of risk potential.

Some risks are themselves engendered by the legal status of specific substances. Heroin prohibition generates risks for children, and responsibilities for them, such as keeping the problem hidden from outsiders. The focus on heroin using parents in much research in this area, influenced by the especially stigmatised status of this drug, also further submerges the risks for children in the use of legitimated substances like methadone, which is prescribed in the UK to maintain heroin addicts. Methadone has dangers and affects parenting behaviour (Bourgois, 2000), but is assumed to be less problematic than heroin because it has a legitimated, medicalised status (Lennard et al., 1972). It may not be experienced as unproblematic by children however. The possibility of controlled heroin use is also precluded in this schema (Shewan and Dalgarno, 2005, Warburton et al., 2005).

This also reflects the structuring of interventions for drug and alcohol problems. Drug problems tend to be defined in terms of use of the substance; there is great reluctance to accept that regular heroin use, for instance, is anything other than problematic, although the evidence is that it can be controlled given the right circumstances (Shewan and Dalgarno, 2005, Warburton et al., 2005). Alcohol problems are, in contrast, defined in terms of the person using it; the alcoholic is seen as a specific personality type, or a person with a specific, incurable disorder, distinct from the majority of users of alcohol. This shades the problem differently in each instance. It tends to locate parental alcohol problems in their effect on family dynamics, and drug problems more in the effect on family resources, as the user expends time, energy and money in order to get hold of the drug. Alcohol becomes a problem *of* the family, illicit drugs a problem *for* the family. Policy, practice and research form part of a cycle which generates and affirms the socially constructed 'fact' that illicit drugs constitute a public problem, and alcohol a private trouble.

Discussion: From Vulnerability to Volatility

Young people who have experienced parental substance use problems are in an ambivalent position between the poles of childhood and adulthood, constructed as having a legacy of risk vulnerability but primarily as being volatile, risky persons. There are a number of paradoxes contained in the research in this field, and indeed in this paper. Young people have their own interests as constructed and expressed by them – their needs, wants, desires, opportunities; but also have a sense for many of being in a transitional state (Thomson and Holland, 2002). We have examined how, in one instance, risk is tied into the trajectory of the child over time, through youth and into adulthood. To some extent, this reflects more general societal attitudes to childhood, youth and the family. The proliferation of discoveries and definitions of risk factors contributes to the prevailing public impression that childhood is becoming more risky. This is not just a matter of the expansion of a culturally located diagnosis; it changes the way the parent-child relationships, and childhood itself, are conceived by services and in policy.

Child welfare services approach children in terms of relative risk and the possibility of future danger (Munro, 1999). Children's behaviour is refracted through this risk paradigm, as manifesting risk in the present, or storing it up for the future. The focus by services on early years children is welcome but render later life stages invisible, except in the latter form of problems waiting to happen. Adulthood is largely approached as a time when problems laid down in childhood become manifest (Rafferty and Hartley, 2006); young people are assumed to be cut off from the environment in which risks are presumed to be produced this is not totally clear (Cuijpers et al., 1999, Stein et al., 2002). This cutting off may be related to youth being conceived of as a risky life stage (Social Exclusion Unit, 2006). With parental drug and alcohol problems, risk stems from the effects parent's substance use has in creating a volatile environment (Kroll, 2004). Over time these risks are seen to be embodied in the child and later the young person, incorporated into risky selves that extend into adulthood.

Youth in British society is a period of life that is both stretched and compacted. It is stretched vertically, in that practices associated with youth extend further up and down into what were previously defined as adulthood and childhood (Morrow and Richards, 1996). It is more acceptable for adults to display or rediscover

'youthful' traits and interests. It is also more common for younger children to adopt some 'adult' orientations to the world, such as being accorded a degree of independence and being consulted over parental decisions. This exists alongside greater protectiveness on the part of parents (Fotel and Thomsen, 2004). The lives of young people with this experience have been notable for the absence of these boundaries, or the necessity of imposing their own boundaries. Young people with substance misusing parents put some effort into maintaining the boundaries of knowledge around the family, and perceive risk in the possibility that these boundaries might be broken. Many of their experiences may be very different from the cultural norm of childhood-adolescence-adulthood transitions prevailing in Britain. We suggest that the lack of visibility of young people who have this experience stems both from their similarity to and differences from normative childhoods and adolescences.

The risk gradient identified in research and policy also structures our understanding of the pathways taken by children and young people affected by parental substance misuse, from risk vulnerable to risk manifesting. This downplays their reflexivity and agency, and tends to pathologise them, as well as submerging the ongoing problems and responsibilities they often have. This perspective is limiting when it comes to encapsulating young people's experiences. It defines their experience with parental substance misuse as past, as a 'legacy' borne by them. This assumes that the relationship with parents is over and that any problems there are now exist in the past, which does not square with empirical findings. Young people often have an ongoing relationship with, and in some cases still live with their parents, or are seeking to re-establish close contact with their parents. Some have younger siblings living in the parental home who they feel responsible for or have a close relationship with. The experience is very much a present and ongoing one for many, and is not just part of a risky past.

This gradient plays out in service settings, affecting the availability and structure of provision. As well as young people being conceived as manifesting risk, risk is made manifest in the surveillance mechanisms of settings and services. Manifestations of risk are often defined in terms of the child failing to achieve the status of a well-regulated subject (Singh, 2004, DeGrandpre, 2000).

This can lead to a focus on the needs of the institution rather than the child or young person; for instance, 'behavioural problems' identified within the school setting are often defined in terms of adaptation to the school environment. This leads us to define resilient and risky behaviour as that which manifests in surveillance systems, or the measurement scales or interview schedules used by researchers (Gilligan, 2003). We assume that both risky and resilient behaviours are objects within our closed system of risk measurement, rather than a form of practical action in the world (Bourdieu, 1980). This is patterned also by the cultural validation of alcohol and the de-validation of illicit drugs which is affirmed in the largely separate policy, services and research structures and agendas attached to each.

As researchers we need to take care with this. The articulating of the experiences and actions of children of substance users and their parents and other family members as risky or resilient can substitute our abstract logic as researchers for their practical logic as social actors. Because researchers view the end product as a risky or a resilient outcome produced at the end of this risk gradient, we tend to present the outcome as if everything the child or young person did was oriented towards that end. As researchers in this field, we often assert the importance of doing research with children of substance users by seeking out evidence of harm and risk as manifested in the terms described above. Doing so may reinforce constructions of the child or young person as risky and it is necessary for us to be aware of the implications of those constructions, and what they derive from.

Conclusion

Risk has displaced deviance as the primary discursive mode of liberal governance in Western societies (Moore and Valverde, 2000), attaching to drug and alcohol problems in terms of the location of riskiness – in the substance (illicit drugs) or the person (alcohol). Discussing personal problems in terms of risks gives the appearance of avoiding any moral judgements or overtones about the actions of our research subjects, whilst still doing the work of regulating behaviour and the practices of the self. Framing parents' drug and alcohol use in terms of risk to children is a practice of regulation without moralising, although it does involve very difficult issues (Barnard, 2005). The way in which children and especially young people who have had this

experience are constructed as risky subjects has wider cultural resonance, relating to the general 'riskyness' of childhood intimacies. Children and young people in the UK are risky in two senses. They are represented in public discourses as at perpetual risk (Furedi, 2004); but also as themselves manifesting or producing risk, risky to others and to themselves (Kelly, 2003). These two co-existing cultural conceptions of childhood and youth form the basis of an increasing degree of intervention, often in the form of medicalisation (Miller and Leger, 2003) but also criminalisation, surveillance and constraint upon children's and young people's movement, associations with others, manner of dress, conduct and intervention into parenting practices (Stephen and Squires, 2004).

The young person affected by parental substance use performs a curious disappearing act from this narrative. They are conceived as being full-on risk manifesters, at the high end of a gradient of risk that starts before they are born; yet at this point they bow out of the limelight as they leave the settings and surveillance mechanisms of statutory services. They make their next appearance in the research literature as adults who are playing out the legacy of parental substance use in their own relationships with children and spouses (Bekir et al., 1993). There is significantly less policy focus and practice interventions on children and young people affected by alcohol problems. The intention this paper was to point to how the framing of this issue in terms of risk gradients, settings and services and the drug/alcohol divide limits our understanding of their experiences as young people. Children are malleable (as a focus of intervention) but as they become perceived as less malleable and exhibit greater personal agency (towards youth) they are more risky. Children and young people then embody risk, become risk embodied. Risk is emplaced in them, in their life trajectories. Policy, services and research need to be critically aware of these assumptions, what they make visible and what they obscure, and their implications in order to engage effectively with young people who have these experiences.

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