

THE DEVELOPMENT OF ALCOHOL DEPENDENCE IN PEOPLE ON MATERNITY/PARENTAL LEAVE IN THE CONTEXT OF FAMILY ALCOHOL DEPENDENCE

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Abstract

This paper is devoted to the issue of alcohol addiction among people on maternity/parental leave. This study is part of the student project INT/2025/0001 Alcohol Addiction on Maternity/Parental Leave, which is being carried out in 2025 at the College of Polytechnics Jihlava. The aim of the article is to highlight the experiences of alcohol addiction among parents who developed addiction while on maternity/parental leave. Excessive alcohol consumption has negative impacts on society as a whole. These impacts are primarily health-related, social, economic, and moral. Therefore, it is in everyone's interest to develop effective prevention and treatment programs. Understanding the role of heredity in the development of addiction and other influences, i.e., those that can be influenced, is important not only for addicted parents, but also for other addicted individuals, their families and loved ones, and everyone else who comes into contact with alcoholics.

Keywords: Addiction, Alcohol, Heredity, Family, Societal Impact

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Introduction

Alcohol is a socially acceptable drug. Alcohol consumption among the adult population in the Czech Republic is high. Alcohol is consumed daily or almost daily by 6–11% of adults, 11–19% of men, and 4–5% of women (Report on Alcohol Consumption in the Czech Republic 2024, 2025). In small doses, it is consumed to improve mood and relieve tension and anxiety. Alcohol induces euphoria while slowing reactions and impairing coordination. Its excessive consumption has a negative impact not only on the addicted individual and their family, but also on society as a whole. Treatment for alcohol addiction is demanding, lengthy, and costly. It is estimated that the total costs associated with alcohol consumption amount to CZK 50–57 billion, which corresponds to 0.7–1.2% of GDP. The most expensive factors are decreased productivity and premature mortality. Household spending on alcohol accounted for 2% of the family budget, which corresponds to CZK 3,739 per year (Report on Alcohol Consumption in the Czech Republic 2024, 2025). Therefore, the topic of alcohol consumption, prevention, and treatment is of interest to many fields, from economics to psychology, sociology, addiction studies, and medicine. Since 2014, alcohol policy in the Czech Republic has been part of an integrated addiction policy that combines legal and illegal substances as well as behavioral addictions.

Alcohol

According to Act No. 65/2017 Coll., on the protection of health against the harmful effects of addictive substances, Section 2(f) defines an alcoholic beverage as spirits, beer, wine, or any other beverage containing more than 0.5% alcohol by volume. A harmful dose is considered to be more than 60 grams of alcohol per day for men and more than 40 grams per day for women, which corresponds to approximately 3–5 standard drinks per day for men and 1.5 to 3 drinks for women. In the Czech Republic, the average is 10 liters of ethanol per capita per year, or approximately 22 grams of ethanol per capita per day, including seniors and children. Alcohol is very readily available in the Czech Republic and can be purchased almost anywhere. The law restricts sales to minors and sales in schools or other facilities for children and adolescents.

Alcohol consumption among children and adolescents is declining, but it is still very high; for example, 24% of children aged 11 have already had experience with alcohol consumption. Three to four percent of adolescents consume alcohol daily. Adult residents of the Czech Republic have long been among the leaders in alcohol consumption, despite the fact that the prevalence of excessive alcohol consumption

among adult men has been declining since 2019 (Report on Alcohol Consumption in the Czech Republic 2024, 2025). According to the WHO (2023), the rising trend in alcohol consumption among Czech women has also resulted in higher mortality rates among women due to alcohol consumption. Because women on maternity/parental leave in the Czech Republic significantly outnumber men, and because they are overrepresented in our research, it is important to highlight the main characteristics of alcohol consumption among women.

The Ministry of Labor and Social Affairs (2025) reports that in 2024, an average of 244,873 thousand recipients of parental allowance were on parental leave each month, of which 239,701 were women and 5,172 thousand were men. There were 74,000 people on maternity leave, 98% of whom were women. Since 2018, the number of women who end up in detoxification centers or are hospitalized in the Czech Republic has been rising (IHISCR, 2021). Mravčík *et al.* (2021) report that in 2010, women accounted for 34% of those in rehabilitation facilities, while in 2020, this figure had risen to 36%. Stašová *et al.* (2023), Walter *et al.* (2003), Nešpor (2006), Kohoutek (2007) point out that women are more prone to health complications resulting from alcohol consumption. They have smaller livers, fewer alcohol-metabolizing enzymes, and less water in their bodies, so they have higher blood alcohol levels than men when drinking the same amount of alcohol. They are more often diagnosed with dual diagnoses, anxiety disorders, and depressive disorders. According to Green (2006), women are more likely to seek help later than men because their social and economic barriers are greater. They also tend to feel a stronger sense of shame and make a greater effort not to give up caring for their children. Women are more likely to start drinking excessively when their partner drinks excessively than vice versa. In August 2024, the Women with Courage campaign was launched, focusing on alcohol addiction in women. This campaign was made visible primarily by the film *The Alcoholic's Diary*.

Societal Impacts of Excessive Alcohol Consumption

Unlike some other drugs, alcohol consumption is acceptable in our society and even required on certain occasions. According to Matoušek (2003), alcohol addiction is more socially harmful than the use of hard drugs because the effects of alcohol are not immediately visible and alcohol consumption is socially tolerated. The impacts of alcohol on society can be divided into the following interrelated areas: health, economic, social, safety, moral, and ethical.

Alcohol causes various diseases, most commonly liver, heart, and vascular diseases, as well as psychiatric disorders. Approximately 6% of all deaths worldwide are caused by alcohol. Alcohol can also play a significant role in accidents. Alcohol disrupts relationships within families, with friends, and at work. As a result, some parents neglect their children or get divorced. More than 50% of domestic violence cases are committed under the influence of alcohol. Addicted individuals experience decreased work productivity and are more frequently ill, which has a negative impact on gross domestic product. Alcohol is the cause of traffic accidents and other crimes. As a result, the costs of policing, courts, and prisons are rising (iHeta, 2019; Global status, 2018; Health and Glanc, 2017; Drug-info, 2017).

Alcohol Dependence

ICD-11 defines alcohol dependence as follows: “Alcohol dependence is a disorder of alcohol use arising from repeated or continuous alcohol use. A characteristic feature is a strong internal urge to consume alcohol, manifested by an impaired ability to control consumption, increasing priority of consumption over other activities, and continued consumption despite harm or negative consequences. These experiences are often accompanied by a subjective feeling of compulsion or craving for alcohol. Physiological signs of dependence may also be present, including tolerance to the effects of alcohol, withdrawal symptoms after stopping or reducing alcohol use, or repeated use of alcohol or pharmacologically similar substances to prevent or alleviate withdrawal symptoms (withdrawal symptoms).” Signs of dependence are usually evident for at least 12 months, but a diagnosis can be made if alcohol use is continuous (daily or almost daily) for at least one month. At higher doses, it causes general sedation.

Etiology of Alcohol Dependence

The etiology of alcohol dependence is multifactorial. Genetic factors play an important role. Genetics contribute to the development of alcohol dependence by approximately 40–60%. In addition to genetics, social factors (e.g., family, social status), psychological factors (e.g., low tolerance for frustration and pain, level of self-confidence, intense experiences and disproportionate assessment of everyday situations, emotional instability), and biological factors (e.g., brain development) also play a role. Difficult periods, which certainly include maternity/parental leave, can be a stage during which addiction develops. Parents may feel lonely, overwhelmed, and find it difficult to cope with their new role and manage the routine of caring for a child.

Genes contribute to the development of addiction to approximately the same extent as the environment. Therefore, for addiction to develop, environmental factors must coincide with genetic factors. Growing up in an alcoholic family does not necessarily mean that there is a risk of developing a stronger alcoholism. Type I alcoholism, which usually develops after the age of 25, is only slightly influenced by heredity. In contrast, type II alcoholism, in which problems arise before the age of 25 and the individual is unable to abstain from drinking and has problems with self-control, has a high heritability (Šerý, Zvolský, 2001). According to epigenetics, alcohol consumption can have a negative effect on gene expression, i.e., on the switching on and off of selected genetic mechanisms. Changes in gene expression can also be passed on to children (McCulley, 2023). In addition to the set of genes that may influence the development of alcohol dependence, the habits, attitudes, and behaviour patterns that children of alcoholics encounter during childhood and adolescence also play a role. These children are more likely to be exposed to normalization of alcohol use, using alcohol to solve problems and cope with difficult life situations, neglect, unmet basic needs, and instability (Woititz, 2021; Röhr, 2015).

Methodology

The aim of the article is to highlight the experiences of alcohol addiction among parents of individuals who developed addiction while on maternity/parental leave. The research was conducted in 2025 based on semi-structured interviews with nine women and one man who developed alcohol dependence while on maternity/parental leave. The participants in the study were approached on social media in groups focused on alcoholism. All participants are now abstinent, but the length of their abstinence varies. Some of them underwent outpatient treatment, others residential treatment. Some of them still take medication to suppress cravings or antidepressants, while others are completely medication-free.

Participation in the research was voluntary. Participants were informed about the purpose of the research and its course, and signed an informed consent form. This is an ethically sensitive topic, so the authors of the research approached it with the utmost caution. The research was approved by the Ethics Committee of the Polytechnic University of Jihlava. Individual interviews were conducted online or face-to-face at a location chosen by the participants, according to their preferences. The interviews were recorded and transcribed. The data obtained was anonymized. For research purposes, participants are labelled P1–P10. Data was coded based on thematic analysis. This paper will answer the research question: What is the experience of alcohol dependence among parents of individuals who developed alcohol dependence during maternity/parental leave?

Results

Most participants in the study report that alcohol addiction has appeared in other family members, most often parents and siblings. Each participant links their addiction to inherited genes and family patterns and behaviour models in a slightly different way.

Seven participants consider alcohol addiction to be a genetic burden that simply exists and cannot be helped. The recurrence of addiction in the family evokes very strong emotions in participants, primarily anger, fear, and regret. Nevertheless, they describe their efforts to break this chain, especially in connection with motherhood and parenthood. Participant P3 describes her feelings about recurring alcohol addiction as follows: “Even when I look at my mother, because if I don't stop drinking, in ten years I'll be exactly like her. A schizophrenic alcoholic with aggressive behaviour and completely unpredictable actions. Unfortunately, I don't think there's any way to help her anymore. We've all been trying for a good twenty years, but without the slightest success. Then, when I see her, I am infinitely grateful that I have managed to break this family curse.” Research participants often described feelings of great hopelessness, as recurring addiction among multiple members of a single family is extremely psychologically demanding for the entire family. Nevertheless, in some cases, the immediate family is able to unite in treating the addiction and helping the addicted member. For example, P5 states: “They say that alcoholism is hereditary, and there's probably something to that, because my dad used to drink a lot too, and so did his whole family. My parents were really supportive. It wasn't just me who was getting treatment, my brother was too.” Another participant P1 describes the support of her family and the understanding that comes with personal experience with addiction: “My mom helped me a lot with this. She spent the last four days with me, was there for me, and also kept an eye on me to make sure I didn't go out and buy alcohol. My mom was treated on an outpatient basis, so she knew what it was like.”

Unfortunately, not all families are able to support their addicted member. P9 describes: “I learned to drink from my mom. She was also an alcoholic, I remember that from when I was little. My dad didn't drink, but my mom probably did. I heard that alcoholism is partly genetic. I don't know how true that is. But my uncle, who was actually a very educated man, also drank, and his wife found him dead in bed, apparently from organ failure caused by alcohol. He was my mom's brother.” Ancient family history can

also be a subject of dispute between an addicted individual and their partner or ex-partner, and can be used as an aggravating factor in a child custody dispute. P8 states: “Well, now we’re facing another court case, because last December she filed a motion requesting sole custody, citing my alcohol problem as one of the reasons, but she also included something completely incomprehensible, writing that my mother also has an alcohol problem, which is not true. Twenty years ago, my mother was in an alcohol rehabilitation center. She underwent three months of treatment, which she has obviously forgotten happened twenty years ago. My mother has been sober for twenty years, which only about three percent of people manage to do for that long.” Two participants reflect on the transmission of habits and behaviour patterns, rather than on the question of genetic predisposition. They describe how growing up in a family where one parent was addicted to alcohol has left them with habits and patterns that tolerate and encourage excessive alcohol consumption and prevent them from having a healthy view of their own alcohol consumption. Participant P4 describes her childhood memories as follows: “But because we also had a small vineyard, wine was drunk like water in our house. My parents are good people, they live a fairly simple life. They both drink too much for my liking, but they say they never had any problems. Even as a teenager, I drank more than was appropriate for a lady a few times, but no one made a big deal out of it.” Participant P2 recalls how her family was troubled when she repeated patterns of behaviour she had seen in the family: “I have a grandmother, and my grandfather was also an alcoholic, and she absolutely hates alcohol, and she’s the type of person who thinks that if someone drinks alcohol, like a glass of wine a day, then they’re an alcoholic. She kept telling me that I would have a problem, and she was the only one who kind of sensed it and knew that I was drinking too much.” Only one participant in the study comes from a family in which neither parents nor other close relatives consumed alcohol excessively. P7 says: “But my parents don’t drink at all. I’ve probably seen them drink three times in my life. My brother is actually a drug addict, he still sells drugs, and he was in prison for over a year for drug distribution and stuff like that, and he was only twenty.”

Discussion and Conclusion

One of the biggest limitations of our research is the diversity of participants. The research involved people who differed in age, social status, health status, personality characteristics, length of abstinence, and level of available social support. The presented survey is only a part of the project, which also addresses other research questions used to map the path from the development of addiction during maternity/parental leave to maintaining abstinence.

In relation to the family context, it would be useful to examine more closely the parenting styles of the family of origin, the way conflicts are resolved within the family, communication, coping with difficult life situations, and the family’s position in society. The information obtained could be key to planning preventive and treatment programs. Early identification of families with addicted individuals and appropriately selected preventive and treatment programs are important both in terms of the health and quality of life of the addicted individual and the entire family, as well as in terms of the financial costs and ethical and moral implications for society as a whole. The aim of the paper was to highlight the experiences of alcohol addiction among parents of individuals who developed addiction during maternity/parental leave. Nine out of ten research participants stated that alcohol addiction is a genetic issue, as at least one of their parents was also addicted. The vast majority of them (7 participants) are convinced that they have inherited the genes for addiction. Participants report how difficult it is to overcome this genetic predisposition. They are trying very hard to do so because both their addiction and their parents’ addiction can have a negative impact on their current functioning and quality of life. Two participants emphasize the transmission of negative habits, behaviour patterns, and a high tolerance for excessive alcohol consumption. Only one participant has parents who did not address their alcohol addiction. Professional literature (Šerý, Zvolský, 2001) states that genetics has approximately a 40–60% influence on the development of addiction and that it is essential for inherited genes to interact with environmental influences. It stands to reason that blaming genetics may be the easiest way for an addicted individual to explain their addiction. Even if an addicted individual blames genetics rather than their own disposition and social functioning, they must take an active approach to treating their addiction. The success of treatment depends primarily on the individual themselves, their motivation, and external factors (e.g., social support, finances, etc.). The inheritance of addiction genes and the transmission of behavioural patterns is a topic that deserves more attention in both preventive and treatment programs. Given the specific group of participants in our research, people on maternity/parental leave, questions of heredity and the possibility of breaking the cycle of hereditary transmission are key issues. Reassurance that while unchangeable genetic predispositions play a role, external circumstances that can be changed are no less important can be very important, and not only for addicted parents. Most therapeutic approaches focus on factors that the individual can influence themselves. For addicted individuals, awareness of the genetic basis of addiction can be helpful in the following ways: If an individual is aware that this risk exists in their family, they may be more

attentive to their own alcohol consumption, monitor the amount of alcohol they drink more strictly, and focus more on other strategies for coping with stress and resolving conflicts. Awareness of genetic predisposition can also help addicts realize that the development of addiction is not solely their fault, that it is not caused solely by a lack of willpower, for example. It is precisely this awareness that can be key to seeking help in time. Families who are aware of the increased risk can raise their children with an emphasis on healthy habits and open communication about alcohol. Mutual understanding can also be easier. Our research also showed that this may or may not be the case.

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