Parental Substance Misuse: addressing its impact on children
A Review of the Literature

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Overview

- Policy context
- Parental substance misuse
  - Outcomes for the child
  - Mechanisms
- Responding to parental substance misuse
  - Some key challenges
  - Very little on solutions
    - Seminar
- NACD recommendations
Background

Policy context
Policy context

  - Identifies children of drug users as a specific risk group
  - Recognises lack of knowledge/information

- National Drugs Strategy (2009-2016)
  - Recognises the implications for child development and parenting

- The National Children’s Strategy
  - The family affords the best environment for raising children
  - Outcomes focused approach to providing education, physical, mental and emotional
Parental substance misuse

- **Substances**
  - Illegal drugs, alcohol data where useful
- **Use vs Misuse**
  - Harmful effect on a person’s life, dependency
- **Chronic, relapsing condition**
  - A priority to the exclusion of significant personal relationships
    - May impact ability to care for children
Child outcomes
NACD Report compiles evidence

- Key areas of child development are affected
  - Attachment, self-regulation & stress response
- Prevents this group of children from developing key skills and competences
  - Lower academic achievement
  - Psycho-social development (resilience)
As a consequence...

- Risk of developing problem substance use is higher
  - Early onset
  - Telescoping
    - Transition from onset to dependency is shorter where parental substance misuse is involved
Cascading -domino effect

- Academic functioning
- Social skills
- Peer groups
- Substance misuse
- Depression, anxiety etc
Some key mechanisms

Pre-natal exposure
Parenting
Family life disruption/stress
Mechanism 1: Pre-natal period

- Misuse of substance at pre-natal stage
  1. Crosses the placental barrier
  2. Constriction of blood vessels/oxygen
     - Heavy, prolonged use e.g. cocaine
  3. Maternal stress/lack of prenatal care
     - Cortisol levels mother’s blood & amniotic fluid
Mechanism 1: Pre-natal period

- Impacts foetal and child development
  - Premature births
  - Physical, neurological implications

- Foetal alcohol spectrum disorder (FASD)
  - Craniofacial abnormalities, heart defects, reduce muscle tone, reduced height, weight.
  - Functional: thinking, speech, movement, social skills

- Neo-natal abstinence/withdrawal syndrome
  - Group of symptoms in newborn infant (substance dependent)
  - E.g. Fever, poor feeding, hyperactive reflexes, rapid breathing, excessive crying & sucking, distorted muscle tone
Mechanism 2: Parenting

- Where parental substance misuse a factor, serious problems with
  - Quality of parenting (responsiveness)
    - Early years
    - Security, safe haven, associated with mothers
  - Parenting strategy (boundary setting)
    - Up to adolescence
    - What is acceptable, exploring boundaries, risk taking, associated with fathers
Parental substance misuse and responsiveness

- Bonding opportunities
- Drug, alcohol misuse & parenting
  - Low responsiveness
  - More withdrawn
  - Inconsistent response
Parental substance misuse and boundary setting

- Alcohol, drug users
  - Authoritarian (over-controlling)
  - Instable and inconsistent
  - Punitive
Mechanism 3: Family life disruption

- Reported episodes of domestic violence
- Men in treatment
- Women in treatment victims/survivors of DV
  - Male partners very likely to misuse substances
- Isolation from support
Family life disruption: Care arrangements

- Sporadic and inconsistent life circumstances
  - Unable to provide economic security
  - Involvement with CJS, treatment

- Out-of-home care
  - Starts young
  - Informal/ statutory arrangements (court order)
  - Likelihood of being reunited dependent on treatment success, network of support
Aims

- Reduce/stop parental substance use
- Improve parenting skills
- Provide stable family life
  - Domestic violence
  - Mental health
Key areas of response and challenges
Treatment/rehabilitation

- Treatment reduces substance misuse
  - Environment safer/better for children
- Strengthen by integrating parenting perspective
  - Being a parent a motivation & strain
- Mother’s needs
  - Specialized health and mental health services
  - Woman-centered treatment involving children
  - Home visitation, transportation, childcare
  - Short-term targeted interventions
Treatment/rehabilitation

- Relatives involved to encourage participation in treatment
  - Also provide support for child, systematic and coordinated approach
- Discuss men’s role and how substance use affects their roles as fathers and partners
- Challenging
  - How to develop therapeutic relationship which includes a focus on parenting?
Family & child support/protection

- Statutory, community & voluntary sectors
  - Social workers, therapists, primary care, family, child, youth workers and other relevant professionals

- In-home support, centre-based support
  - Parenting skills, behavioural training, family skills training communication skills, relationship building,
  - Therapy (individual, group, family); stress-strain coping skills
Family and child support/protection

- Services aim to strengthen parenting skills and a stable family environment (protection)
  - Goal: safety & wellbeing of child within family
- Strengthen by integrating addiction perspective
  - Openness/trust re substance misuse
  - Understanding re substance misuse issues (UK)
    - Ltd familiarity with nature of alcohol and drug problems, treatment options
    - Are all families affected? How long is recovery? Indications of relapse? Children safe (in/out treatment)? Which substances matter more?
Challenges

- Barrier
  - A focus on child protection without addiction perspective
    - Client fears losing custody of children
    - Need for support with parenting and substance misuse issues
  - Dilemma of how to safeguard the child while supporting parents who are substance misusers
Integrating perspectives

- Working with other agencies/organisations
  - Linking, co-ordination/co-operation (protocols)
    - Substance use, family and child support, welfare and child protection, domestic violence, mental health
    - E.g. how agencies can support one another on assessment, motivation techniques, case management, visitation etc.

- Cross-training of frontline workers
  - Overlapping skills/knowledge to incorporate perspectives
  - Training on cross-system collaboration
  - Re-definition of roles
    - Need for integration must be reflected in use of protocols within services to guide service provision
Helps to ensure

- Clients are fully assessed and their needs are understood
- Desired case outcomes are consistent between the two systems so that agencies are not working toward conflicting goals,
- Resources are used efficiently to prevent duplication of services
Areas for Recommendation
Research

1. Improve and strengthen existing data
   - Move beyond anecdotal, solid data on outcomes
     - Numbers of children living with parental substance misuse
   - Nature of problem (monitor & understand)

2. Mapping existing services, identify gaps

3. Fathering and parental substance misuse?
   - Mother and father’s parental role
   - Potential to be the child carer
Key Recommendations

4. Increase awareness re consumption of alcohol and drugs (women & men); risks during pregnancy

5. HSE Children First guidelines
   - Should be used by all working regularly with children who experience parental substance misuse and with their parents.

6. Assess service provision
   - That drug and alcohol treatment services incorporate parenting dimension
   - The extent of liaison among drug and alcohol, family, child support domestic violence and other relevant services
Key recommendations

7. Providing adolescents with opportunities to talk with significant others
8. Assess whether relevant education and training curricula address parental substance misuse
9. Recognition of the role of family support groups in parental substance misuse
10. Culturally sensitive approach
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Thank you

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