

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

- Report of Working Group on Drugs Rehabilitation (2007)
 - 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

- 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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