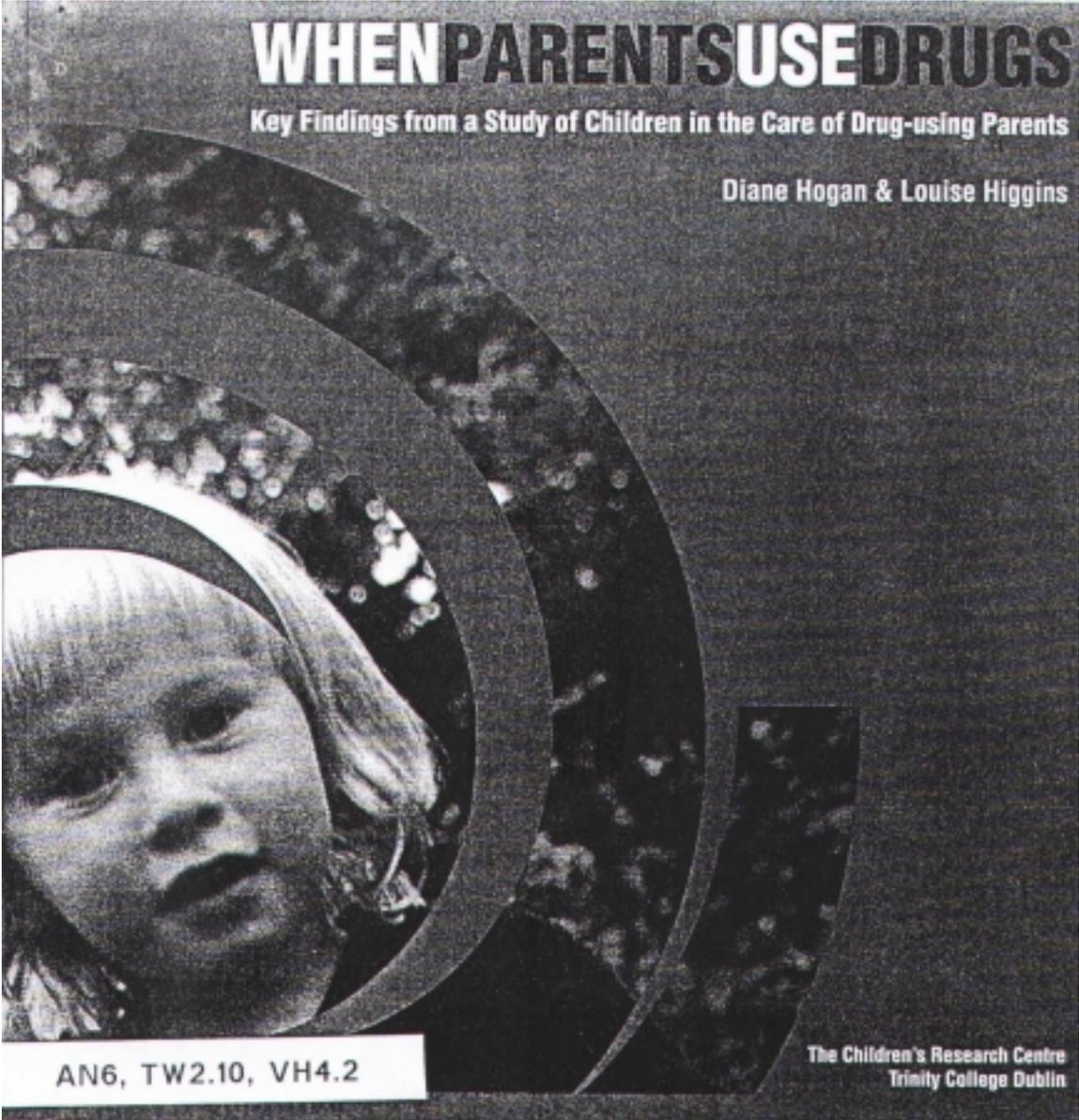


# WHEN PARENTS USE DRUGS

Key Findings from a Study of Children in the Care of Drug-using Parents

Diane Hogan & Louise Higgins



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The Children's Research Centre  
Trinity College Dublin



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in the Care of Drug-using Parents**

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## **Contents**

Acknowledgments	iv
Foreword	v
Introduction	2
Key questions	2
Approach	2
Definitions	3
Location	3
Context for the Research	4
Research context	4
Drugs policy and service context	5
Methods	6
Data collection	6
Sample overview	7
Providing basic care	8
Emotional care and relationships	10
Children's exposure to drugs-related lifestyle	14
Drugs and drug-taking in the home	14
Crime	17
Children's school progress	18
Children's social and emotional well-being	21
Teachers' views	21
Parents' views	22
Professionals' views	23
Support for drug-using parents and their children	25
Family support	25
Support from service providers	27
Conclusions	30
Implications and recommendations	32
Service responses	32
Policy responses	35
Final Remarks	35
References	37

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## **Foreword**

Good social research raises issues and opens up new ways of thinking about them. In this study, Dr Diane Hogan and Louise Higgins bring analysis and compassion to bear on an issue which has received little public consideration. The needs of drug-using parents and their children pose many challenges - for the parents and children themselves, for their families and neighbourhoods, for the professionals serving them and for all of us who are concerned about the kind of society we are shaping.

With the National Development Plan we are quite literally building a new future - renewing infrastructure and developing new facilities undreamt of even a decade ago. Yet reading this study reminds us that building a future is not just about building physical structures, it is also about building a society - about nurturing the social solidarity that binds us together. Building a society which sustains every citizen requires understanding and appreciation of the diverse experiences of the people in this new society. *When Parents Use Drugs* challenges simplistic stereotyping of the problems or needs of individual parents who use drugs. Their needs vary according to their precise circumstances. Like any parent, they are likely to do better when stress is low and when support is available as needed. These parents and children - and the extended families who often support them - will benefit from flexible and tailored responses to their individual needs. They will also benefit from measures to tackle poverty, which is often at the root of their difficulties.

This study produces further evidence that action is needed to support children, parents, extended families and neighbourhoods affected by the toxic mix of poverty and drug problems. The Children's Research Centre hopes the findings and recommendations will make a contribution to relevant policy and service developments under the National Development Plan, the National Children's Strategy and the new National Drugs Strategy.

In completing this study, the Centre has had the support and co-operation of many partners- We thank them all.

**Robbie Gilligan**  
**Director**



# **WHEN PARENTS USED DRUGS**

**Key Findings from a Study of Children  
in the Care of Drug-using Parents**

## **Introduction**

This study explores the impact of parental opiate use on children's day-to-day life within families. It focuses on primary school aged children in the care of at least one opiate using parent. The sample was made up of 100 families. The target group was 50 families in which at least one parent was dependent on opiates (such as heroin and methadone), and their experiences were compared to those of a matched comparison group of 50 families. Comparison families were from the same areas of Dublin and had similar socio-economic backgrounds to those of drug users, but neither parent was a drug user.

### **Key questions**

The study set out to explore some key questions:

- what is the impact of parental drug use (problem opiate use) on children of primary school age who are in their parents' care?
- how do these children differ from children whose parents do not use drugs?
- how does drug use affect parents' capacity to provide care to children?
- in what ways are children's social experiences in their families affected by their parents' use of drugs and associated lifestyles?
- how do children of drug users progress at school in comparison with other children?
- what is the social and emotional impact on children of parental drug use?
- what help and support is available for drug-using parents and their children?

### **Approach**

The study was carried out in two phases. An exploratory phase, involving 10 families, led to the identification of key issues for families with parental drug dependence. The findings of that phase were used to design the main study, in which 100 families participated. This report highlights the findings of the main study.

## **Definitions**

In this study, drug users were defined as people who were dependent on an opiate substance, At the time of data collection, seventy-four per cent of those defined as drug users were receiving treatment for their problem drug use, with sixty-eight per cent receiving methadone treatment. The remaining drug-using parents were currently untreated. Non-drug-using parents were defined as those who reported that they had not used opiates in the lifetime of their children.

For the purpose of the study, a single (focal) child in each family was selected. In the target group of drug-using parents, this was the oldest child of primary school age. Focal children had been in the care of their parents for most of the year prior to the study. Concentration on one child in each family allowed us to include 100 families and therefore to reflect a wide range of family circumstances and experiences. It also allowed for collection of in-depth information of each focal child's experiences of care by their parents, their exposure to drugs-related lifestyle, and their social-emotional well being and academic progress.

## **Location**

The study took place in two locations in the Dublin city area - one in the city centre and one in a suburban area. Both were areas with documented high levels of opiates use and were also areas with high levels of unemployment.

## **Context for the Research**

### **Research context**

The social and psychological needs of children whose parents use drugs is an issue that has received surprisingly little attention from researchers. The focus of research on children of drug users tends to be medical rather than social and psychological. Much of the existing research focuses on the effects on infants of prenatal exposure to drugs (for example, Keenan, Dorman, & O'Connor, 1993; O'Connor, Stafford-Johnson, & Kelly, 1988; Ryan, Magee, Stafford-Johnson, Griffin, & Kelly, 1983), rather than on children's caregiving environments (Hogan, 1997). This medical orientation is evident not only in Irish research but also in the international literature, where the social experiences of children of drug users is, in any case, relatively under-researched compared with other issues (Colten, 1982; Hogan, 1998; Johnson, 1991). Furthermore, with few exceptions (for example Sowder & Burt, 1980), the international literature focuses on children in infancy and those in adolescence, while children of primary school age have received far less attention. There are also few studies that examine whether and how drug use directly and uniquely affects parental or family functioning, separate from other social factors such as poverty.

The small body of research that has tackled issues such as parenting by drug users and the psychological well-being of children of drug users (see Deren, 1986; Hogan, 1998; & Mayes, 1995 for reviews) has produced largely inconclusive findings about the well-being and needs of children.

One clear limitation of previous research is that it has tended to look at whether there is a relationship between the social problem of drug use on the one hand and child outcomes such as neglect, sexual abuse, and cognitive development on the other, but typically does not seek to explain why a relationship should exist. There has been little research on how drug use by parents might affect children's everyday lives within their families, schools or communities (Colten, 1982, Hogan, 1997; Hogan & Higgins, in press). There are a few exceptions, however, that are worth noting. Rosenbaum (1979) and Taylor (1993) carried out studies on the lives of women opiate users in California and Glasgow respectively. Both pieces of work point to the importance for the women of caring for their children and highlighted the ways in which they struggled with the competing demands of their drugs-related lifestyles and meeting their children's needs.

Our interest, in contrast to most research in this area, was in the fabric of ordinary daily family life - for example the impact of drug use on parenting, the everyday lifestyle implications for children of their parents' drug taking behaviours, the relationships between drug-using parents and their children, and the support systems that families drew upon to

help them. This approach was based on the view that it is difficult to design appropriate policies and services for drug users and their families in the absence of an understanding of the processes by which drug use, parenting, and children's well-being are connected.

We also wanted to learn more about how parenting and children's well-being are affected by drug use, separate from the effects of poverty.

### **Drugs policy and service context**

At the levels of policy and service provision, illicit drug use has mainly been viewed in Ireland as a problem affecting individual adults, while little attention has been paid to the potential for family members other than the individual drug user to be affected (Murphy & Hogan, 1999). In recent years, however, there has been growing awareness in Ireland of the potential for the drug use of individuals to have implications for other family members and particularly for the welfare and development of children.

The changing understanding of the social consequences of drug use for family members has emerged in the context of findings from epidemiological research and action by drug treatment agencies. First, epidemiological research indicates that, while most heroin users are male, a significant minority are female. In 1996, -for example, 31% of those who received treatment in Dublin were women (Moran, O'Brien & Duff, 1997). Some commentators argue that these figures might under-represent the true numbers of women drug users, and especially those with children, since fear of removal of their children from their custody is a likely obstacle to their take-up of services (Butler & Woods, 1992). These research findings challenge the stereotype of the heroin user as a single male without family roles and responsibilities. Second, drug treatment agencies have played a prominent role in highlighting issues for children. For example, the Ana Liffey Project and the Rialto Community Drug Team, in a series of reports (Ana Liffey Drug Project Annual Reports, 1991, 1994, 1996; Bowden, 1996) argued for more family inclusive approaches to drug treatment, and particularly, for greater support for parenting and for attention to the needs of children. These ideas were taken on board by the Eastern Health Board (1997) and were reflected in the First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (Rabitté, 1997). In the late 1990s, in partnership with local drugs task forces, the Eastern Health Board established the first intensive support service for chronic opiate using parents and their children in Community Care Area 5 (Murphy & Hogan, 1999) and other agencies, such as the Ana Liffey Drug Project, are now offering specialised services to cater for the needs of children.

The present empirical study was conducted with the aim of creating a better understanding of the experience and support needs of children growing up in households in the care of drug-using parents.

## **Methods**

Drug-using parents were approached through a range of statutory and voluntary service providers, including drug treatment agencies and a prison. Contact was made through professionals working in these organisations. The selection criteria were that parents viewed themselves as problem opiate users and that they had a child of primary school age who had been in their care for most of the previous year.

A sample of non-drug-using parents with similar social and economic backgrounds was created through random sampling of children in schools in the areas in which the target group of families lived. Contact was made with families by letter and then in person, with the help of home-school liaison teachers. The sample was selected on the basis of key matching variables, which included social-economic background of families, age and sex of focal children of drug users, and, where possible, sex of the interviewed drug-using parents.

### **Data collection**

- Interviews with 100 parents (one parent per child, 68 mothers, 32 fathers)
- 2 focus groups with professionals working with drug users and/or their children in a range of sites, including drug treatment centres and clinics, community care, probation and welfare services, and GP's surgery
- Survey questionnaire in 26 schools with teachers of 64 children (24 children of drug users and 40 children of non-drug users)

Due to the sensitive nature of the topic, and drug-using parents' expressed reluctance during the exploratory phase to involve their children directly in the research, it was decided to focus on the views of adults for the present study.

## Sample overview

- 50 drug-using parents (32 mothers, 18 fathers)
- 50 non-drug-using parents (36 mothers, 14 fathers)
- Drug using parents defined as being dependent on opiates. 745 were or had been regular IV drug users and 80% regularly used more than one type of opiate (heroin, morphine sulphate tablets, methadone)
- Most drug-using parents (74%) were receiving drug treatment at time of interview
- Focal children were of primary school age (4-12 years). The average age of children of drugs users was 8.06 years (SD=2.17)\* and of children of non-drug users was 7.91 years (SD=2.2)
- 52 boys and 48 girls were represented in the study, with 26 boys and 24 girls in each group
- Focal children had lived with the interviewed parents for most of year prior to interview
- Comparison group drawn from same geographical areas and matched on socio-economic background of family, and age and sex of child
- The average age of school leaving for drug users was 14.8 (SD=1.6) and for non-drug users was also 14.8 (SD=1.7). In each group, most families (82%) lived in local authority housing 84% of drug users and 54% of non-drug users were unemployed. 6% of drug users and 28% of non-drug users were employed part-time.

\*SD = standard deviation

## **Caring for children**

### **Providing basic care**

The daily care of children was explored using in-depth interviews with parents, both drug users and non-drug users, and through focus groups with professionals who worked with drug users and/or their families.

Drug-using and non-drug-using parents in this study had similar socio-economic backgrounds; most were unemployed and had low levels of educational attainment. They mainly lived in local authority housing in areas with poor local amenities, such as playgrounds and childcare facilities, and often in cramped housing conditions. In both groups, some parents were raising their children alone. For these reasons, parents who used drugs and those who did not experienced some similar difficulties in raising their children.

**[A]t first when I was living on me own I found it very difficult It was a struggle but I always got there in the end. It was very difficult to pay the bills, get the grub and clothes. I live on a £100 a week, it's no joke for two kids, with paying bills, getting the grub, fuel, and clothing them. I'm managing okay.**

**(non-drug-using mother of six-year-old girl)**

For drug-using parents, the stresses associated with drug dependence were additional to those arising from socio-economic circumstances (e.g. poor housing and lack of adequate local amenities such as playgrounds and childcare facilities) and thus, in some respects, they experienced parenting as more difficult than non-drug users.

Both groups of parents stressed the importance of their parenting role but drug users tended to lack confidence in their ability to meet their own standards of care for their children while dependent on drugs. They had a strong awareness of their childcare responsibilities and their changing personal capacity to meet them as their drug use moved in and out of different stages.

Opiate dependence, and especially active heroin use, was associated with disruption to the provision of physical care to children in many families. Some drug-using parents found it difficult to provide shelter and housing for their children and most relied on others for periods of time to provide childcare.

A key feature of the family experiences of drug users and their children was instability. Parents' financial status was linked to changes in their drug-taking and to access to money through crime and through partners, which could bring them quickly to financial extremes. More than half of non-drug users had also experienced difficulties providing for their children, but their financial situations were more stable.

**I got paid on a Thursday, I'd wake up on a Friday and wouldn't have a penny and I'd be hiding from people I owed money. Now that [I'm on methadone] I have it. There's a big difference now.**

**(drug-using mother of nine-year-old boy)**

When drug-using parents became stable on a treatment programme, according to professionals, their financial situations tended to become more stable and were comparable to those of non-drug users with the same social and economic backgrounds.

**On methadone you're not ... having the extras, the extra money from stealing or dealing ... You may then reach a level of poverty which a lot of people around you are in.**

**(drug treatment counsellor)**

Drug users found it difficult to set and sustain family routine, such as regular mealtimes, bedtimes and sending children to school, because they were often tired or in withdrawal due to their drug use. This difficulty with stable day-to-day organisation of family life was one of the main ways in which they differed from non-drug-using parents.

**The sickness and trying to get money for your gear when you have kids, trying to look after them is hard.**

**(drug-using mother of ten-year-old boy)**

Drug-using parents were concerned that they might be viewed as neglectful and that their children would be taken into care. They worried that their efforts to care for their children well, in spite of their drug use, might not be appreciated by the authorities.

**They always came first, dressed, fed, going to school ... it didn't affect me with the kids at all, I always looked after them first, I didn't want them taken off me.**

**(drug-using mother of ten-year-old boy)**

## **Emotional care and relationships**

Drug use was associated with reduced availability of parents for their children, both physically and emotionally. Long-term separation of drug-using parents and children was typical in most families, with parents absent due to imprisonment (mostly fathers), residential drug treatment (also mainly fathers), hospitalisation due to drug-related illness, and inability to care for children due to lifestyle.

**A physical separation is part of a [drug user's] life. You bring them into prison, you bring them into treatment, you bring them into hospital.**

**(social worker)**

It appeared that for some children of drug users imprisonment of their parents, especially fathers, was a familiar experience and, for some children, prison was the main setting in which they had contact with a parent over a number of years.

**He only knows his father through prison, but he has a good relationship with him.**

**(drug-using mother of ten-year-old boy)**

In the course of their daily lives, drug-using parents were often absent from the home or unavailable to children within the home, especially when actively using heroin. Parents were typically unavailable to children when acquiring money for drugs, and obtaining and using drugs.

**I didn't have as much time - with looking for money and trying to get gear, it takes 3 to 4 hours ... It made it difficult, you had to go out and rob, rob for your money and your drugs. If you weren't on drugs, you wouldn't have to do that. You have to get someone to mind them while you get the [drugs] and then get them outside for using. I didn't have much time for them, for playing or anything.**

**(drug-using mother of seven-year-old girl)**

**She was the parent and I was the breadwinner, it was as simple as that. Being a drug addict is a 24-hour job, out robbing all the time, you're out all the time.**

**(drug-using father of seven-year-old girl)**

Many drug-using parents said that they were often emotionally unavailable to their children when using heroin. At such times their responsiveness to their children could be low and erratic. Typically this was associated with periods of withdrawal from drugs, most often in the mornings, when parents felt physically ill and were worried about securing more drugs for that day.

**You weren't able to give them attention. Not being able to do stuff was the main Problem. As soon as I got something into me I had time for them.**

**(drug-using mother of nine-year-old boy)**

**You just sit down and put needles in your arm, you don't care ... always trying to get money and wondering where you'll get your next hit. It's hard being with them crying in your face and you're sick, you're roaring and shouting at them ... it's not fair on the kids. She used to go to me ma's a lot, she was happier with her.**

**(drug-using mother of nine-year-old girl)**

Drug-using parents viewed the anxiety and sickness they experienced during withdrawal as the greatest threat to their capacity to care for their children. Their fear of withdrawal created a daily stressor that negatively affected their parenting, sometimes causing them to be irritable.

While most drug-using parents were confident that their children's physical needs were being met, some were concerned about the emotional impact on their children of parents' predictable behaviour when they were using drugs.

**Even when I was strung out, I knew there was someone to look after them. I always knew they wouldn't come to any harm, but it affected them at school. They wouldn't know whether you were coming or going ... they don't know if you'll come back happy, whether you'll be roaring or playing with them, or sending them to watch TV.**

**(drug-using mother of seven-year-old girl)**

At times they could be preoccupied with their drug needs and therefore emotionally unavailable for their children. When withdrawal was severe they were sometimes unable to bring children to school, or brought them late.

**When parents have to have something, they're a little bit more edgy with their children at that stage and it causes more distress than when they are actually stoned.**

**(social worker)**

Some drug users said that they experienced difficulties caring for their children when they were intoxicated following drug consumption, since this could cause them to feel tired and unfocused. Some, however, felt that after taking drugs they could resume 'normal' parenting.

**As soon as [my partner] came back with money and gear, I got it so I could be normal and not sick, I'd be back to myself and do what every other mother could do normally.**

**(drug-using mother of ten-year-old girl)**

Some drug-using parents found that their drug use led to difficulties with discipline and control of their children. They had problems with setting and maintaining clear limits and boundaries. They also found it difficult to be consistent. They explained these difficulties as arising partly from their feelings of guilt about their unavailability to their children and their efforts to compensate.

**I'd feel guilty ... sometimes I spoil her too much. At times I found it difficult when I was sick. After using it was easier on them, 'cause I was on a high, when I was down or off the drugs I'd feel guilty.**

**(drug-using mother of four-year-old girl)**

The impact of drug use on parenting differed in some respects for men and women. Men were more likely to be involved in crime and to be imprisoned, and therefore to be separated from their children more often and for longer periods of time. When both parents were drug users, women often depended on their partners for a supply of drugs, which meant that they had to spend less time away from their children. This also meant, however, that some men had to secure enough money for drugs for both parents each day. Mothers were usually the primary caregivers, and therefore they were more likely to experience the everyday strain of caring for their children's needs and trying to sustain a family routine.

**For him, he could go out the door. I had to worry about the kids, like food, and getting meals, getting them up. If I didn't do it, who would? [On the drugs] you couldn't really do anything, it's not a life, you can't get up in the mornings.**

**(drug-using mother of six-year-old girl)**

Professionals working with drug users believed that drug use by parents did not, in itself, constitute evidence of difficulties with parenting, and that family needs and resources should be assessed on a case-by-case basis.

**I find that in the families I am working with the parents are very good emotionally with their children but you find a small number who aren't. Because they are drug users they try to give so much to their children to make up, and they feel so guilty because they are drug users, and if they are stabilised and doing well and have their heads together, they can give the child so much. A lot of the time they will actually over-compensate, and try to buy their affection more so than to give their emotion.**

**(child care worker)**

The views of professionals regarding the potential impact of drug use on parenting were similar to parents' own views. Professionals were, however, more likely to attribute some of the difficulties experienced by parents to social and policy factors. These included negative attitudes to drug users, lack of family-oriented support services, and housing policies that evict families for drug use and 'anti-social activities' and continue to exclude them from housing even when they have gained stability or are drug-free. Professionals believed that children in the care of drug-using parents could receive good quality care, some directly from their parents on a full-time basis and others with extensive support from non-parental caregivers in the extended family. They pointed to the complex mix of individual, family and societal factors that influence parenting.

Drug-using parents themselves, in contrast, tended to describe their difficulties in terms of their own individual choices, behaviours and responsibilities. Many parenting drug users lacked confidence in their ability to care for their children and tended to be self-critical. They placed a high value on being present for their children, both physically and emotionally. They were highly concerned about protecting their children from knowledge of and association with their problem drug use and related activities. While confident that their children were not neglected, they were generally unhappy about the strain placed on their families by their drug use.

## **Children's exposure to Drugs-related lifestyle**

This issue was explored through individual interviews with parents and focus group interviews with professionals.

### **Drugs and drug-taking in the home**

According to their parents, most children of drug users had not witnessed parental drug use, but a substantial minority of children had done so. Forty per cent of children of drug users had witnessed drug taking by their parents, while forty-four per cent had seen drugs (cannabis and/or heroin) and drug-taking equipment (such as needles and syringes) or 'works' in their homes. None of the children in the comparison group, according to their parents, had witnessed drug use by a parent or seen drugs or equipment in their homes.

Children of drug users were more likely than children of non-drug users to live in households where relatives, friends, and strangers came into their homes to use and/or buy and sell drugs. This study focuses mainly on children's experiences within their immediate families. It is important to note, however, that children in both groups had relatives who used drugs in their extended families. Furthermore, children in both groups were exposed to drug-taking and equipment in their local environments outside the home, and to others buying and selling drugs.

**She sees works outside on the stairs ... they all use on our stairs.**

**(drug-using mother of nine-year-old girl)**

**He's seen needles on the stairs ... He'd see them selling. It goes on very openly. You'd be walking by and they'd say 'are you looking?'**

**(non-drug-using mother of eleven-year-old boy)**

Younger children of drug users were more likely than older children to witness parents injecting heroin, since parents tended to believe that it was not damaging to them at an age when they could not understand. In families where parents were long-term drug users, children were vulnerable to exposure to all aspects of drug-related behaviours over time.

**I did use in front of her when she was younger, thinking she didn't cop but she did, I'm not going to lie. When she was about 3 or 4, she put a piece of string around her arm and started tapping her arm, mimicking me.**

**(drug-using mother of nine-year-old girl)**

Drug-using parents were extremely concerned about children's exposure to this aspect of their lifestyle and tried to conceal their drug-taking from children. In practice, it was difficult for some parents to maintain constant vigilance when their drug use was intensive.

**None of them have ever seen. I always sent them out or over to the shops. I'd use the front room. I'd send them out playing.**

**(drug-using mother of five-year-old girl)**

**He might have spotted me once or twice ... I used upstairs in the house, mainly when they were outside. When you're on drugs, you always slip up. He might have seen me injecting once. He might have barged into the room once. I might have been neglectful and forgot to lock the door. If you're using five times daily, of course you drop your guard.**

**(drug-using father of eight-year-old boy)**

Many drug-using parents were aware of the potential dangers associated with contact with drug-taking equipment and took measures to protect their children from access to them in the home. Some parents had bottles of Physeptone®<sup>†</sup> (a brand of methadone, colloquially known as 'Phy') in their homes and described precautions they took to prevent children gaining access to them. Both drug-using and non-drug-using parents were concerned about children coming into contact with drugs and drug-taking equipment in their localities, such as on the stairs in flat complexes, and said that they warned their children not to touch them.

**All the kids see syringes. They're told not to be picking them up. Some kids pick them up and bring them to their parents.**

**(non-drug-using mother of six-year-old girl)**

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<sup>†</sup> Physeptone® was available on prescription at the time of the fieldwork, but has since been withdrawn.

Parents who used drugs tried to conceal their involvement with drugs from their children. This extended to drug treatment, with most parents pretending that they were receiving treatment for a non-drug-related medical condition. They maintained a strict taboo within the family around their problem drug use. Most drug-using parents believed it was inappropriate to discuss their drug problem with their children, or were ambivalent about doing so. Some long-term drug users were notable exceptions to this.

**I try and keep him away from it altogether. I didn't want him affected. It's bad enough on us without dragging him into it.**

**(drug-using mother of eleven-year-old boy)**

**She knows everything about me, she grew up with it... she always knew about drugs, knew we were taking heroin, from growing up with it.**

**(drug-using mother of twelve-year-old girl)**

Most drug-using parents believed that their children noticed and reacted to changes in their behaviour associated with drug ingestion (intoxication) and withdrawal. Some said that their children knew about their drug use and had witnessed it, but, nonetheless, drug use by parents was a taboo in the family.

**Of course she, did notice. I didn't realize ... when you use, your speech goes, your eyes go ... she'd say 'did you take something today? I bet you were out getting your, drugs today.' She'd be annoyed.**

**(drug-using mother of nine-year-old girl)**

Professionals were unsure as to the actual impact of exposure of children to drug-taking and other aspects of a drugs-related lifestyle. They suggested that the more important issue is the impact of drug-taking on parents' availability to their children, which they saw as potentially being reduced. They also argued that the meaning attached to these events is as significant as the events themselves, both within the home and in society.

## Crime

Drug-using parents were more likely to ever have had involvement with the criminal Justice system and to have spent time in prison. Almost half of drug-using parents (48%) had been convicted of a crime, compared with twelve per cent of non-drug users. Almost half (46%) of drug users had served a prison sentence, compared with ten per cent of non-drug users. Among drug users, fathers were more likely to have spent time in prison than mothers; eighty-three per cent of drug-using fathers had been in prison and twenty-five per cent of mothers, in the comparison group, all of those who had spent time in prison were fathers.

Children of drug users were more likely than children of non-drug users to be exposed to crime and the criminal justice system. Twenty-four per cent of drug-using parents said that their child had been with them on at least one occasion when they committed a crime, compared with two per cent of non-drug users. Drug-using parents were also more likely to say that their child had seen them being approached by police on the street (48% compared with 2%), to see parents being searched by police (58% compared with 2%), and to see police coming to their house (76% compared with 12%), Drug-using parents were more likely to say that their child had visited them in prison (34% compared with 4%).

Drug-using parents were reluctant to tell their children, especially those who were younger, that they were in prison and they typically pretended to children that they were in hospital until children were old enough to question this. They were even more reluctant to reveal to their children that they had been imprisoned in connection with drug-related crime, as this would mean acknowledging to their children their involvement with drugs.

**He knows why I'm here. He knows it's from crime but not drugs. I'm a criminal, he's seen me and [his mother] committing crimes ... times where she wouldn't pay for anything same as meself. He knows the police has us here.**

**(in prison, drug-using father of eight-year-old boy)**

Drug-using parents were concerned about the impact of their lifestyle on their children but many found it difficult to discuss positive parenting practices with professionals due to their fears of being judged unfit to care for their children.

## **Children's school progress**

Children's progress at school was explored through a survey of teachers. Although teachers were not told as part of the research whether children in the study had parents who were drug users or non-drug users, it was clear from some comments that teachers were aware of drug problems in the home. It is not clear, however, how this knowledge may have affected their views on children's progress and well-being.

Children of drug users and children of non-drug users were making varying degrees of progress at school, according to teachers.

**She puts in tremendous effort academically and is reaching her full potential.**

**(teacher of ten-year-old girl with non-drug-using parents)**

**[He] made very good progress this year, works hard, seems interested in his work.**

**(teacher of eight-year-old boy with drug-using mother)**

Proportionately more children of drug users were experiencing serious academic difficulties and fewer were excelling. Children of drug users were viewed as making less satisfactory progress than children in the comparison group, and teachers had serious concerns about more of these children in terms of their ability to catch up with their peers academically. They had greater difficulties with their school work, especially homework completion. They were more likely to be seen by teachers as needing remedial teaching and more individual attention from teachers.

Children of drug users tended to be less engaged with school than children in the comparison group. Fifty-eight per cent were perceived as having attendance problems (more missed days and a tendency to arrive late for school), compared to ten per cent of children in the comparison group. They also had a greater likelihood of moving schools. Many of the academic difficulties of children of drug users appeared to be related to their erratic school attendance and to changing schools, which created gaps in their learning that were difficult to make up. Some children of non-drug users also experienced difficulties with school engagement, but the pattern was more pronounced for children of drug users.

**[He is] under-achieved, his progress is slowing. Irregular attendance has hampered his progress.**

**(teacher of five-year-old boy with non-drug-using parents)**

**He has made very little progress at school due to absences [and] will repeat junior infants. The child needs the routine of going to school every day.**

**(teacher of five-year-old boy with drug-using father)**

Some of the difficulties experienced by children of drug users appeared to be related to poor concentration at school.

**Some days she is obviously upset coming to school and does very little work those days- She is an able, bright child who is not realising her full potential, She is bringing a lot of 'baggage' to school with her, which is causing concentration problems ... Her mother realises the importance of having her in school each day and is doing her best.**

**(teacher of four-year-old girl with drug-using mother)**

Some children of non-drug users were also described as having social and emotional problems that interfered with their school work, for example:

**Emotional problems and lack of concentration prevent her working to the best of her ability.**

**(teacher of nine-year-old girl with non-drug-using mother)**

Low degrees of involvement in their children's education by some drug-using parents may affect their children's educational progress. Among drug-using parents there were varying degrees of involvement with children's education, but drug-using parents were more likely than non-drug-using parents to say that they had low levels of involvement with their children's school and school work. The majority of children of drug-using parents (58%) were seen by teachers as having parents with low levels of involvement with their children's education, such as overseeing homework completion, and ensuring regular attendance and punctuality.

Teachers perceived most drug-using parents as being committed in principle to ensuring their children attended school regularly and completed homework, but stated that some parents were unable to follow through in practice. Others, however, were described as being responsive to teachers' suggestions for supporting their children's progress at school. A key difficulty in this group was lack of consistency in their support for children's schoolwork and attendance.

**I think his mother is quite concerned for his education and does her best. She is committed to ensuring [he] attends school daily because even if they sleep in she brings him to school later.**

**(teacher of five-year-old boy with drug-using father)**

According to teachers, relatives played an important role in supporting children's education, especially in terms of ensuring children's regular attendance at school. Grandparents, aunts and older siblings were seen as offering most support in this regard.

**I only see the aunt and grandmother who seem to take care of her most weekdays. They are very supportive and realistic. They offer one hundred percent support. They have ensured very good attendance.**

**(teacher of nine-year-old girl with drug-using mother)**

There appears to be an important distinction between drug-using parents' goals for their children's education and their ability to follow through in pursuing these goals. Drug-using parents were perceived by teachers as being as concerned about their children's attendance as non-drug users, but as having more difficulties ensuring actual attendance and punctuality. The findings suggest that drug dependency places practical impediments in the way of parents' consistent involvement over time. In some cases these operational problems were overcome by action taken by relatives.

Most parents of children in the comparison group were viewed by teachers as being involved with their children's education. There were also, however, several exceptions in this group. Some non-drug-using parents were perceived as lacking interest in supporting their children's education. They were seen as having home difficulties that created barriers to their involvement and commitment to children's attendance and school work.

**I am aware of difficulties at home – mother working and father not present at the moment. Because of the current situation, parents are in a difficult position. However [the child is] provided with notes to explain absences.**

**(teacher of nine-year-old boy with non-drug-using mother)**

These findings suggest that practical and emotional difficulties other than drug use by parents can interfere with parents' ability to ensure good school attendance and school work. They also indicate, however, that drug use by parents cannot, alone, fully explain why some children experience more academic difficulties than others.

## **Children's social and emotional well-being**

Children's social and emotional well-being was explored through a survey of teachers, interviews with parents, and focus groups with professionals working with drug users and/or their children.

### **Teachers' views**

As with academic difficulties, there was a great deal of variation among children in terms of emotional well-being. Some children in both groups had social and emotional difficulties, while others in both groups were seen as developing very well with few social problems.

**Overall she is doing quite well at school. She is extremely good at sports and this has given her a lot of confidence.**

**(teacher of ten-year-old girl with a drug-using mother)**

**[She] is very emotionally stable and displays a lot of confidence in her interaction with others.**

**(teacher of eight-year-old girl with non-drug-using mother)**

Children of drug users were more likely than children of non-drug users to be perceived by their teachers as having behaviour problems. Some children in this group were thought to have a tendency to be withdrawn and anxious, and perhaps to 'cling' to teachers and seek attention in class. For some children these behaviours were perceived as being related to anxiety and worrying about family problems.

**She is basically a nice child. She shows hyperactivity. She settled for a period and became more secure but she is very unsettled again and is attention-seeking.**

**(teacher of nine-year-old girl with a drug-using mother)**

Some children of drug users were described as having difficulties with self-control and showing aggression towards peers and teachers.

**[He] can be very aggressive in school. The slightest offence can lead to an argument. He can't control his temper.**

**(teacher of nine-year-old boy with a drug-using mother)**

In several cases, however, teachers indicated that the behaviour of children in this group was subject to substantial change over time, as children moved in and out of periods where they appeared unsettled.

The main difficulties described for children of non-drug users were in the area of low self-confidence. Although some children of drug users were viewed as having problems with confidence in their work, their insecurity tended to be linked by teachers to perceived instability in their care and relationships at home, whereas this was not reported as being a factor for children of non-drug users.

Teachers believed that these social and emotional difficulties of children of drug users reflected a need for more stable and predictable care-giving and living arrangements. In contrast, the main area of need for children of non-drug users, according to teachers, was opportunities to build self-esteem.

Many drug-using parents were reluctant to discuss with the researchers the impact that their drug use may have had on their children's social and emotional well-being. Most expressed the view that, since they had concealed their problem drug use from their children, it was unlikely that it had affected them. Other parents believed that their children had experienced distress and worry as a direct consequence of their problem drug use and a small number described these difficulties.

Many drug-using parents believed that their children noticed and reacted to their changed behaviour when the parent was in withdrawal and intoxicated. They thought that the children altered their own behaviour accordingly, for example avoiding parents when they were 'dying sick' or in withdrawal.

**She knew not to go near me in the morning 'till I had me foil, then Mammy would play. In the mornings the sickness was the worst... I'd just be telling her to get away. Once I had the gear into me I'd be the best mother on the earth.**

**(drug-using mother of four-year-old girl)**

Some children, according to their drug-using parents, felt angry about their parents' drug use, and some felt hurt and disappointed when their parents did not follow through on promises to spend time with them. Some children were seen as being distressed about separation from parents. Some children were described as being upset when they witnessed parents moving through different phases of intoxication and withdrawal, especially when they were not getting the emotional response or attention they needed from their parents.

**I think it hurts her to see me stoned all the time, not to be like a normal father. I think it does hurt her when her ma and da are stoned. I'd say she has missed out on other things. I know we were there 24 hours ... but we weren't really, we were stoned.**

**(drug-using father of twelve-year-old girl)**

**[How I got along with her] was affected. Like coming into a room [when I was using], I'd be kicking her out. She'd say, 'I hate you, you're always kicking me out of the room.'**

**(drug-using mother of four-year-old girl)**

According to drug-using parents, some children reacted with annoyance to their parents' lifestyle, and especially to their contact with other drug users. Some felt discomfort and anxiety about other people coming to the house to buy, to sell, or to take drugs.

**She's very angry. If she seen me bringing anyone into the house that she doesn't know she'd start screaming. I'd have to tell her who they are and that they don't use.**

**(drug-using mother of nine-year-old girl)**

According to drug-using parents, some children worried about their parents' welfare as well as their own, and made efforts to protect them and to help them, for example by offering to obtain drugs for them when they were in withdrawal, or in some cases, by trying to prevent them from contact with other drug users.

**When people would come calling to the flats selling clothes she'd say I wasn't there. She's very protective. She'd be afraid they would give me something [drugs]. She knew when I was up to something. If I met someone on the street she'd say, 'you're going with them for something'.**

**(drug-using mother of seven-year-old girl)**

Because few parents discussed this issue openly with the researchers, the extent to which distress is a feature of the experiences of children of drug-using parents cannot be concluded on the basis of this study and needs further investigation.

### **Professionals' views**

Professionals pointed to the close emotional relationship that often exists between drug users and their children in spite of separations.

**There seems to be this extreme loyalty to the, parent even though the parent mightn't be there for them all that much physically in their lives ... the children will still feel**

**the same love, the same bond, and the same attachment to the parent even though they might be in prison, or they might have left the country.**

**(community child care worker)**

Professionals were concerned that children of drug-using parents may take on adult roles at an inappropriately young age. They perceived them as likely to worry about the well-being of the family and to take on adult care-giving responsibilities in the home.

**They become adults very young, they're like the carer to their parent. They actually know, you can see it in them, that they know when their parent isn't well ... it seems to be constantly a worry.**

**(child care worker)**

Professionals were also concerned about the risk of social isolation of children of drug users in their schools and communities. This might arise because of parents' difficulties with providing structure in children's everyday lives (affecting ability to engage in regular activities), parents' fears about being judged inadequate (leading to lack of contact with services and to low involvement with local communities and schools), evictions and anti-drugs activities, and children's and parents' fears of social stigma.

**Children [of drug users] will feel very distinct and separate and different from other children ... if their mother or father has been named as a drug dealer, that's huge.**

**(drug treatment counsellor)**

In the opinion of some professionals, the impact on children of social policies and activities aimed at removing drug users from their communities had not been adequately addressed.

**The effects on the children [of eviction] have been ignored ... in terms of the disruption to their education, if they're removed from the extended family, their grannies, aunts and all of that.**

**(drug treatment counsellor)**

These findings indicate that there is considerable variation among children of drug users, depending on their family circumstances, and also on the age at which they have certain experiences. Children of drug-using parents in the study were of different ages and their personal family histories were quite varied; some had grown up with long-term drug users in the family who were stable at the time of interview, while others were living in more unstable circumstances, with changing caregivers, family separations and bereavements shaping their day-to-day experiences.

## **Support for drug-using parents and their children**

Information about the support available for parenting drug users and their children was obtained through interviews with parents, focus groups with professionals, and contacts made by the researchers with a range of drug treatment and social service agencies.

### **Family support**

Drug-using parents and their children received extensive support from their families, especially with practical childcare, such as helping to ensure that children attended school and had regular meals, when parents were unable to do so.

**Me ma and da were very supportive with the kids and minding them, or if I was short of money. They helped me through, helped me get me Phy from the chemist.**

**(drug-using mother of twelve-year-old girl)**

Relatives, and especially grandparents, constituted an important source of continuity and stability for children when parents were under strain, such as during periods of intensive drug use or at the start of a new treatment programme. Relatives were largely unsupported themselves in this role.

**The grandmother has a primary role, and with children of school going age, in a lot of cases they are responsible for the child going to school ... The grandparent will recognise that the child is starting to miss a lot of school and steps in, calls to the house in the morning and makes sure that the child goes to school. They also make sure that the child has a good meal, that it's not just a packet of crisps.**

**(child care worker, drug treatment clinic)**

**For drug users who want to access treatment, the granny or extended family are invaluable and possibly many drug-using parents couldn't enter treatment without their support.**

**(drug treatment counsellor)**

Difficulties could arise in the provision of such support when relatives, mainly grandparents, did not themselves have the resources to help, or when resources had to be shared with other grandchildren in the family.

**It's hard describing how me mother felt. She had one [child who was using], lost one, and now another one. She's sick of it, I'm sick of it. i hate heroin. If it was out there I'd take it. The bottom line? It's a nightmare. My father has a drink problem ... but they still support me.**

**(drug-using father of nine-year-old boy)**

According to professionals, it may not be possible to rely to such an extent on the help of grandparents in the future. The present generation of drug-using parents will be the grandparents of the future, and their histories of problem drug use and associated health problems are likely to place a strain on their personal resources and affect their ability to support their own children if they too become drug-using parents.

**Just in the last 12 months it's more apparent in our service ... that a second generation of children could move on to have an addiction themselves, so the resource of maternal grandparent may not be a resource that is available in some cases to us ... due to the fact that the maternal grandmother may have an addiction herself, or due to the fact that they may have an illness from a previous addiction that will shorten their lifespan as well.**

**(social worker)**

In some families, according to parents and professionals, intensive involvement of grandparents or other relatives in childcare could give rise to difficulties within the family, especially when there was pre-existing conflict between parents and grandparents.

**A big problem with the grandmother and the parent is that there can be an awful lot of conflict there. Even though the child is probably better off in the placement [with the grandparent], and the parent who uses drugs knows that, children can be used as power and that can be very stressful for the kids.**

**(community child care worker)**

Professionals also believed that if children of drug-using parents spend a great deal of time in the care of relatives they may experience confusion about whom to look to as their main parenting figure, even if they remain emotionally close to their parents. This can be more difficult for the family if the relative who is providing care is reluctant to hand over complete responsibility for the child to the parents.

**What I've often found is that the extended family are very reluctant to give back the parenting role to the drug user and that's where there are often difficulties in those situations where drug users have come out of treatment and are drug-free or have stabilised or are on methadone maintenance. Their confidence in their ability to be a parent is continually eroded by criticism. I found that we need to do a lot of work to rebuild that confidence ... we've found that a real problem, to separate the grandparent from the child or children and put everyone back into their own roles. It's a bit mixed up and confused, also for children as well; whom do they look to as the parent?**

**(drug treatment counsellor)**

Insights provided by drug-using parents and by professionals point to the importance of support provided by relatives for stability and continuity in children's lives during periods when parents are most vulnerable. They also suggest that family support is often a complex issue that needs greater understanding.

### **Support from service providers**

According to parents and to professionals, drug-using parents received little support from services or agencies to help them cope with the care of their children or deal with family problems arising from their drug dependence. They also pointed to an absence of dedicated services for children of drug users.

**I think, in terms of children, the only response until very recently has been in looking at mothers as worse, more deviant, than other drug users. I think that's the only way that children have ever come into services - as the children of female drug users.**

**(drug treatment counsellor)**

Drug treatment services were perceived by both parents and professionals as focusing primarily on drug users as individuals, rather than as family members with relationships and responsibilities which are affected by their drug use. They believed that services did not directly address the social-emotional, lifestyle and behavioural issues associated with drug dependence.

Few parents reported that they had received help through services to deal with such issues as communication within the family about their drug problem and lifestyle, to manage the tension between their drugs needs and their childcare responsibilities, or to understand and address the implications for family relationships of their high levels of reliance on support from relatives. Parents and professionals thought that most drug-related services did not address children's experiences and psychological needs, such as their worries about their

parents' well-being, their concerns about stigma and social isolation, and their risk of falling behind at school.

**It's hard to know with kids, they bottle up stuff a lot. It's her [my daughter] that went through it. There should be places the whole family could go to, that would be therapeutic, but in a kid's way.**

**(drug-using mother of eight-year-old girl)**

Methadone treatment was viewed by parents and professionals as having both advantages and disadvantages. The tension for parents was between the benefits of stability brought about by such treatment, which most saw as helping them to provide consistent childcare and routine, and the constraints of long-term dependence on medical intervention.

**I'm still on Phy but it's different, I can get up and do things. I can get up and bring her to school, I can depend on myself.**

**(drug-using mother of five-year-old girl)**

**I don't even want a maintenance, I want a detox, I want the life I had before I was on drugs.**

**(drug-using mother of four-year-old girl)**

Parents also stressed the need for improved drug treatment services, believing that treatment was essential to their capacity to be physically present for their children and emotionally responsive. They also emphasised the need for alternative treatment options and especially for more 'family-friendly' services, such as residential treatment facilities that can accommodate children. This was seen as especially important for mothers.

Professionals believed that drug treatment agencies should strengthen their response to parenting drug users, their children, and the extended family, offering competence-focused support with greater attention to behavioural and lifestyles issues. A number of parents said that they needed someone to talk to about the impact of their drug use and lifestyle on their parenting without feeling judged. They did not believe that such services were currently available.

**I worry about my [my children] ... I decided myself to get treatment and my mother helped. Drug users [with children] need someone to talk to and get them sorted.**

**(drug-using mother of nine-year-old girl)**

Professionals believed that services should view drug use as complex. Drug use gives rise to potentially long-term support needs and to the need for rapid responses to changing circumstances. They emphasised the need for co-ordination of services for drug users.

Professionals and parents also believed that services should be able to respond immediately to the needs of parenting drug users, once they have made initial contact, rather than place them on waiting lists. They believed that it is extremely difficult for drug users who are parents to make contact with services because of their fears about being judged unfit to care for their children, and that they may not maintain contact if placed on a waiting list.

Parents also emphasised the need for services to be based in local communities, given the difficulties for parents with young children to travel longer distances. Some parents felt that treatment should be offered mainly as part of the mainstream health service in order to avoid stigma and marginalisation of the family.

Professionals argued that drug-using parents may have difficulties with self-confidence about their parenting, even when their drug use is under control and they are stable. They saw this as an important issue that service providers should focus on.

A number of parents thought that it was important to offer counselling services for children of drug users, especially if they had been exposed to a great deal of drug-taking. Some believed that it was especially important for older children, to help them to understand their parents' drug use, and that it should have a preventive focus.

Parents who were drug users and those in the comparison group were concerned about the lack of opportunities for children to play or get involved in activities in their communities, and some believed that this would eventually lead them to drug use.

**The reason kids growing up take heroin is that there's so much of it ... it's boredom. There's nothing for the kids to do. They need things to do, something that will give them a reward. Lots of kids are stuck on the stairs in blocks of flats writing their name, smoking hash and drinking. It's sickening for me to see.**

**(drug-using father of seven-year-old girl)**

Drug-using parents highlighted the need for adequate amenities in their localities and especially for childcare facilities, playgrounds, and organised activities for children. They stressed the importance of improved mainstream provision of such amenities rather than specialised provision for children of drug users.

## **Conclusions**

The everyday strains experienced by parents with low incomes living in areas of pronounced social disadvantage can be greatly exacerbated by problem drug use. Parents who are dependent on opiates, and especially those who use heroin, face conflicting pressures between the time and lifestyle demands of their drug problem and their children's needs for care and attention, all in the context of wider social and economic disadvantage. In the course of daily life they struggle to sustain attentive responses to their children while moving through different phases of each cycle of drug use, which brings them from intoxication to withdrawal repeatedly. Their drug use also has negative implications for their health. Opiate use, and especially active heroin use, can take parents away from their children, both physically and emotionally, and parents may thus be forced to rely heavily on relatives to support care-giving to children.

In this study, children of drug users differed from children of non-drug users in terms of the extent of instability they were likely to experience in family life and in relation to school. They were more likely to be separated from parents and to receive a great deal of basic care from relatives, especially grandparents. Even when in the care of their parents, they had less access to them and received less consistent attention and care. This was especially true when parents were intensively engaged in a lifestyle involving high levels of heroin use and crime. At these times children were also vulnerable to exposure to drug use and crime, in spite of parents' efforts to buffer them from inappropriate experiences. Children of drug users were more likely to have difficulties in school, both academically and socially, and to be perceived as likely to experience worry and distress. Support services were not in place to respond to the needs of children in families with drug-using parents, to the parenting and lifestyle needs of drug users, or to the needs of relatives providing care to these children.

The findings suggest that there is a good deal of variation among drug-using parents and their children. Some parents appeared to manage to provide ongoing basic care in an emotionally responsive home environment, and to support their children's education in spite of their involvement with drugs. Some had a great deal of support from relatives, which helped them to continue to care for their children even during periods of greatest vulnerability, such as more active heroin use, or at the start of a treatment programme. Different family configurations - for example, single parent families - needed additional support in caring for children where the parent was a drug user. In summary, the picture was not black and white. The reality for most families where a parent was using opiates was that both the nature of parents' drug use and treatment changed over time, as did the parents' availability to their children and their capacity to respond to their children's changing needs.

Four key areas in which parental drug use may have an impact on children's daily life were identified. These can serve to guide assessment of children's needs on a case-by-case basis. It should be recognised that families may face some of these difficulties some of the time, but that drug dependence is complex and changing and therefore needs will differ across families, and change within families, over time.

*Disruption to Parenting and Care:* Children may experience disruption to care provision and routines in daily life. They may experience separations from parents, both short- and long-term. Their needs for positive and sensitive emotional care may not be fulfilled by parents during periods when parents' drug use is intensive.

*Exposure to Parents' Lifestyles:* Children may witness drug use and related activities, such as buying and selling drugs and other crimes. They may have contact with the police and prisons due to parents' lifestyle. They may find it difficult or impossible to openly communicate within the family about a parent's lifestyle.

*Children's Emotional Well-being:* Children may worry about the welfare of their parents and their families, and need support and reassurance. They may experience grief and distress in connection with separation from parents, and upset and worry in connection with their parents' lifestyle. Children may face confusion about their parents' drug problems, and about their own care arrangements and relationships with caregivers. They may assume adult roles of caring for the family and, beyond the family, they may experience social isolation in the community and school. They may have difficulties with self-control, and show a greater tendency to 'cling' to teachers and seek attention.

*Children's Academic Progress:* Children may go through periods of being disconnected from school. They may be at risk of poor attendance, and low levels of parental involvement in their education and schools.

## **Implications and recommendations**

### **Service responses**

The study findings suggest that drug treatment services need to target the needs of drug users as parents, as well as the needs of their children (both those in their care and in the care of others) and their relatives who help to care for their children. Drug treatment services need to focus not just on the drug user as a person, but also as a parent where this is the case. Drug treatment services need to address the support needs of parents and their children.

Drug treatment providers should adopt a more family-oriented approach for those who need it, providing help with parenting, behaviour and lifestyle issues, working in collaboration with mainstream health and social services. They should develop interventions that focus on parenting strengths and on confidence building, helping parents to recognise their own areas of competence and vulnerability. They should also address the issue of parents talking to their children about their drug use and treatment, and communicating positively with relatives about childcare issues. Training should be made available to staff to increase their knowledge in these areas.

Services can become more parent-friendly in terms of the delivery of practical support and counselling to drug users. The following are some specific suggestions for making services more responsive to the needs of drug users and their families.

### **Practical support**

- There is a need to develop services that respond to practical difficulties experienced by drug-using parents, such as problems getting children to school in the mornings, helping children with homework, and making arrangements for them to attend local events and activities, in developing services to meet the needs of parents and their children, consideration should be given to targeting vulnerable periods of the day for parents as this research suggests that there are ‘stress points’ in the day that correspond to drug taking. Services should be available at a local level for ease of access.
- There is a need for services to take a long-term perspective in providing help for drug users and their families. Services should recognise that drug use tends to fluctuate over time, and that parents’ need for support in caring for their children may also change. Sometimes support may not be necessary and at other times support may be needed at short notice.

- Further resources should be dedicated to the provision of childcare for drug users, both in residential and non-residential drug treatment services, in order to increase parents' treatment options and facilitate better uptake of current services. It should be noted that child care within residential treatment settings is likely to raise complex issues which need careful attention.

### **Advice/counselling**

- Drug-using parents may need support from non-judgemental professionals to discuss the impact of their drug use on their parenting and to help them to strengthen their existing competencies as parents.
- Drug-using parents may need help to find ways to sustain communication and positive relationships with children from whom they are separated for long periods.
- Drug-using parents may wish to have opportunities to discuss ways of communicating with their children and other family members about their drug use and treatment and the implications for family life and relationships.
- Drug-using parents may want help to identify their own needs and to make use of existing supports. In particular, they may need help to identify appropriate supports to help them to care for their children during periods of vulnerability.

### **Support for children**

Services should recognise the need to address the welfare and development needs of children of drug users, both for those in the care of their parents and also for those in the care of others. Support should be made available directly to children. Such support should be given sensitively and take into consideration parental concerns about disclosure and stigma. As far as possible, it should be delivered with parents' input and cooperation. Possible risks to children arising from parental drug use should be assessed on a case-by-case basis, taking into account changes in parents' drug use and lifestyle over time, family resources and children's age, experiences and access to support.

Services could develop their responses to children in some of the following ways:

### **Practical support**

- Children may need practical help to sustain regular school attendance and progress in their school work, such as having somebody to call for them in the mornings and help to complete homework.
- Children who have missed a lot of school may need intensive individual attention from teachers to make up gaps in- their learning.

- Children may need encouragement to join in local activities and groups. Younger children may need to be collected and brought home from events.
- Children may benefit from appropriate mentoring-type relationships with relatives or concerned members of the community.

### **Advice/counselling**

- Children may need opportunities to speak with their caregivers and/or other responsible adults to make sense of their family circumstances and especially to cope with anxieties and fears they may have regarding their parents' lifestyle and welfare.
- Children may need support to cope with separation and loss, or worries about loss, especially if parents are ill or in prison.
- Children may also need help to gain a greater understanding of and to find ways of dealing positively with experiences of social isolation arising from their parents' involvement with drugs.

### **Other support needs**

#### **Support for relatives who help care for the children**

Relatives who provide support to drug-using parents and their children should become a focus of family and child-centred service responses. Relatives too may have practical support needs, such as a need for help in preparing meals for children, helping them with homework, attending medical services and so on. Advice and counselling should also be made available to relatives to help them to understand the impact that parental drug use can have on family relationships. They may need help to recognise and strengthen their own resources as carers of children, and to communicate positively within the family about how best to respond to children's needs.

#### **Support for schools**

Support should be made available to schools in areas with high levels of drug use. Such support should aim to help schools and teachers to respond effectively to the Impact of parental drug use on the lives of children and families. It might include in-service training for teachers about the experiences and, needs of children of drug users, and providing additional resources for children to receive individual attention when needed to compensate for gaps in their education.

#### **Mainstream facilities for families**

The study underlines that all children, whether those of drug-using or non-drug-using parents, need opportunities to develop to their full potential in suitably resourced environments. It is important, therefore, to put into place adequate mainstream recreation facilities for children in their local communities, and to ensure that all their families have access to childcare facilities.

## **Policy responses**

Policy approaches to drug services tend to focus mainly on the physiological and health implications for individual drug users. The findings of this study suggest that policy responses to parental drug use should include attention to social and behavioural problems, which may be associated with drug use by parents, and take account of the social and psychological implications for the children of drug users and others who are close to them.

The overall aim of policy in relation to drug-using parents should be to strengthen the capacity of professional systems and service responses of specialist drug services and generic health and support services. Policy should strive to promote a commitment in all services to be parent-friendly, child-centred and family-sensitive. Staff across all services (specialised and mainstream) should be helped to not lose sight of children's interests when planning and delivering services.

There seems to be a strong case for establishing a forum of professionals to facilitate discussion about effective responses to the needs of drug-using parents and their families. Such a forum could develop ideas about models of service provision and identify a repertoire of responses that reflect the differing needs of drug-using parents and their children in different circumstances. The forum could also contribute to training by developing practice guidelines for those working directly with drug users and/or their families.

It seems desirable for agencies in the field to develop a 'good practice manual', which draws on professionals' own experiences and the findings of research.

## **Final Remarks**

This study has opened many issues, yet many more questions remain to be explored, both in terms of needs and effective responses. Efforts should be made to carry out research directly with children to explore their experiences and needs from their own perspectives. Given the sensitive nature of this topic, and parents' concerns about shielding children from knowledge of their drug use, such research would have to be carefully tackled, and would require considerable support from relevant organisations and from parents themselves. Research of a more prospective nature, tracking the progress of children over time, would also be useful in helping to gain further insight into this complex issue.

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