



Parental Substance Misuse: Addressing its Impact on Children

Key messages and recommendations
from a review of the literature



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Foreword



I welcome the National Advisory Committee on Drug's Literature Review Report *Parental Substance Misuse: Addressing its Impact on Children*. This review draws from the substantial body of literature on the effects of parental substance misuse on children and it serves as a reminder of the need to renew our efforts to deal with the issues that arise in this context.

The information outlined is not surprising but it brings much evidence together in a coherent way that informs policy makers and those involved in dealing with the problems that arise in a very effective way. The report outlines the impact of parental substance misuse on children, from the unborn, through early years and on to adolescents, with differing responses needed across the age brackets.

The report also documents consequences of drug use for parenting and overall family life. Many issues arise in this regard and these can result in children being at high risk of encountering emotional and social problems.

The impact of the report must be that it reinforces the need to renew all our efforts to break the cycle of substance misuse in families and across generations. As Minister of State I am determined to tackle the problems highlighted in this report and in doing so to impact significantly on the overall issue of substance misuse in our country.

I would like to express my appreciation to all those involved in compiling this report. These include in particular Dr. Justine Horgan, Senior Researcher in the NACD who carried out the literature review, the members of the Research Advisory Group for the project and Dr. Des Corrigan and Joan O'Flynn, Chair and Director of the NACD respectively.

Róisín Shortall, T.D.

Minister of State at the Department of Health
with special responsibility for Primary Care

Preface



Among the tasks assigned by the Government to the NACD is that of advising it about the consequences of problem drug taking in Ireland. As part of that remit the NACD has published studies on the effects of the drugs phenomenon on communities, Travellers, the homeless and on families.

This new report focuses on the needs of children whose parents are problematic substance misusers. It was prepared at the request of the NACD by our Senior Researcher Dr Justine Horgan who is to be congratulated on the quality of her review and analysis of the Irish and international literature on what is known about the impact of parental use of a range of drugs on their children. The review looks, not only at the biological impact of drug use during pregnancy and breast feeding, but even more importantly highlights the psychosocial impact on children when their parents misuse drugs including alcohol.

The report draws attention to gaps in our knowledge of the true extent and impact of that drug misuse in Ireland. A number of key messages are identified in this study:

- International evidence underlines that parental drug and alcohol misuse has negative consequences for child development, parenting and family life
- Common principles and standards to support work with parental substance and alcohol misusers should underpin services working to safeguard the development of their children
- The HSE *Children First* guidelines should be used by organizations working regularly with children who experience parental substance misuse and with their parents

- Health promotion and public information messages that target parents and the impact of their drug and alcohol use on their children need to also promote support services and interventions.

The Report also sets out a range of measures which need to be taken on board in order to redress the gaps in our knowledge of what is happening to the children of drug users in Ireland at this time, emphasising five essential research activities.

The NACD endorses the detailed recommendations contained in the report and commends the individual actions to those State agencies with responsibilities in the substance misuse and child welfare arenas.

On behalf of my colleagues on the NACD I would like to thank Dr. Horgan and all those on the Research Advisory Group (RAG) who so ably assisted her in the work leading up to the report.

I would also like to express my personal appreciation to our former Director Susan Scally and to her successor Joan O'Flynn and to the hardworking staff of the NACD for their inputs into the successful production and launch of this landmark report. The NACD also acknowledges the ongoing support for its work from the Minister of State Róisín Shortall and her officials in the Drugs Policy Unit of the Department of Health.

Dr Des Corrigan FPSI
Chairperson

Author's acknowledgements

Many people were involved in the preparation, consultation and review of the report *Parental Substance Misuse: Addressing its Impact on Children*. I would particularly like to thank the members of the Research Advisory Group for their support and advice throughout the duration of the study.

- Mary Ellen McCann, UCD School of Applied Social Science
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- Siobhán Maher, Family Support Network
- Martin Keane, Health Research Board
- Pauline McKeown, Coolmine Therapeutic Community
- Gabriel Staunton, the former Office of the Minister for Drugs.

I would also like to thank members of the NACD Sub-Committee on Prevention and members of the NACD Committee who provided support and advice for the research and for this report.

Other people have generously participated in reading earlier versions of the report. In this regard I am very grateful to Brigid Pike, Health Research Board and to Aidan McGivern, the Drugs Treatment Centre Board for their time and valuable comments on earlier versions of the report.

I wish to express sincere thanks to Dr. Peter Mühlau, Department of Sociology, Trinity College Dublin for his tireless support in accessing research literature. I would also like to acknowledge his helpful input in structuring the report.

Gratitude is also due to Peigín Doyle, who contributed to the finalisation of the report.

Finally, I would like to thank Dr. Des Corrigan, Chairperson NACD, the former NACD Director Susan Scally, the present Director Joan O'Flynn, NACD colleagues Mary Jane Trimble, Seán McNamara and Alan Gaffney (formerly NACD), for their support and assistance in carrying out work in the production of this report.

Justine Horgan

October 2011.

1. Current policy context

The National Advisory Committee on Drugs (NACD) was established in July 2000 to advise the Government on problem drug use in Ireland in relation to prevalence, prevention, consequences and treatment based on analysis and interpretation of research findings. The research and information actions for which the NACD has lead responsibility are set out in the National Drugs Strategy (interim) 2009-2016.

This literature review, *Parental Substance Misuse: Addressing its Impact on Children* was prepared as part of the 2010/11 Work Programme of the National Advisory Committee on Drugs, and in the context of Action 55 of the National Drugs Strategy.

Its key messages and recommendations, summarised here, are also relevant to other policy initiatives, particularly the National Children's Strategy and the forthcoming National Data and Research Strategy on Children's Lives and the forthcoming National Substance Misuse Strategy.

The recently published revised *Children First: National Guidelines for the Protection and Welfare of Children* (Section 4.10) acknowledge the roles and responsibilities of the health sector and particularly adult mental health and addiction services in considering the welfare and safety of children when working with parents/carers who may have a mental health or addiction problem.

The review is relevant to policy makers and service providers in statutory and community and voluntary sectors concerned with:

- Substance misuse treatment and rehabilitation
- Children and young people including child welfare and protection
- Community development
- Counselling services
- Domestic violence
- Education
- Family supports
- Health

- Probation service
- Psychiatric and psychological services
- Social inclusion.

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Background to literature review

Most studies of substance misuse focus on the individual substance user. However, substance dependence is affected by and affects all family members. Children are particularly vulnerable. Substance-use disorders are transmitted across generations, through many inter-related influences. One important route is heritability^{1,2} and another is the social environment, including neighbourhood, family and peers. While the UN Convention on the Rights of the Child (CRC) acknowledges the family as the natural environment for the growth and wellbeing of children, parental substance misuse is a problem that can severely curtail the safety and potential of children's lives. It is important to respond to situations where the capacity of the family is negatively affected by adult substance misuse. This is reflected in the CRC, which stresses that the family should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community.

Children depend on their family to meet their physical, psychological and social needs and their economic security and well-being. All of these can be jeopardised by parents misusing drugs and alcohol. Recognising the problems that parental substance misuse poses to the functioning of the child's family, *The National Drugs Strategy*

1 For example, genetic linkages between parental and childhood personality and behaviours, etc.

2 Kendler K.S., Prescott C.A., Myers J. and Neale M.C. (2003), "The Structure of Genetic and Environmental Risk Factors for Common Psychiatric and Substance Use Disorders in Men and Women", *Arch Gen Psychiatry*, Vol 60: 929-937.

(interim) 2009-2016³ underlines the need to target the child's needs in relation to parental substance misuse.

While not all substance use by parents disrupts family relationships, it is clear from the international literature that problem use undermines the potential of families. For a substantial minority of the affected children, the effect of their parents' substance misuse continues into their adult lives. For some, the impact can be multifaceted and persist not only into adult life but even into the lives of the next generation. In recognising the entrenched nature of this problem, the National Advisory Committee on Drugs undertook to develop a review of the main findings reported in recent national and international literature.

Over the last two to three decades, a substantial body of literature on parental substance misuse on children has developed. Several reviews have been published addressing specific aspects such as the consequences for parenting of substance misuse⁴, the implications of parental substance misuse for child outcomes^{5,6}, and others have addressed responding to parental substance misuse⁷. Despite the inter-related nature of these issues, there is currently no up-to-date work published providing an overview of the three areas. Considering the significant improvements

in methodology and research design that have been made in recent years, as well as the increased prominence of the child developmental framework in this discussion, an up-date synthesis of the research literature is necessary.

The review of the research literature was guided by two main objectives. First, to identify the needs of children of substance misusers, the review should describe the impact that parental substance misuse has on the lives of children involved. The second objective is to report the main findings on the approaches used by services responding to children's needs. While work to support substance dependent adults is ongoing, little is known about the extent to which the services involved assess the needs of their children.

The literature distinguishes between substance-specific and non-substance-specific mechanisms of how substance misuse affects children. While there are important substance-specific effects, most of the discussion relates to more general non-substance-specific issues of severe parental substance misuse and the associated correlates. For this reason, the review is primarily organised to flag these issues at the expense of a substance-specific discussion.

The issues covered in this report reflect the remit of the NACD. Accordingly the review of the literature focused on studies of parents' use of illegal or illicit substances. Some of these studies included parents in treatment for substance use. Others have selected parents according to criteria for substance use disorder (e.g. DSM-IV⁸) or according to their pattern of use e.g. frequent or high levels of substance use. For ease of reporting, the term 'parental substance misuse' has been applied throughout the report. Where single studies are discussed in this report and it has been feasible to do so, the specific substances involved are mentioned. It was not the purpose of this review to highlight issues that are specific to

3 Department of Community, Rural and Gaeltacht Affairs (2009), *National Drugs Strategy 2009-2016 (Interim)*. Dublin: Department of Community, Rural and Gaeltacht Affairs.

4 Hogan D.M. (1998), "Annotation: The Psychological Development and Welfare of Children of Opiate and Cocaine Users: Review and Research Needs", *Journal of Child Psychology and Psychiatry*, Vol 39/5: 609-620.

5 Tunnard J. (2002), *Parental drug misuse – a review of impact and intervention studies*, The Education of Children in Need: a research overview.

6 Barnard M. and McKeganey N. (2004). "The impact of parental problem drug use on children: what is the problem and what can be done to help?", *Addiction*, 99: 552-559

7 For example, Velleman R. and Orford J. (1999). *Risk and Resilience: Adults who were the children of problem drinkers*. London: Harwood Academic; Velleman R. and Templeton L. (2007) "Understanding and modifying the impact of parents' substance misuse on children", *Advances in Psychiatric Treatment*, 13: 79-89; Tunnard, 2002. op cit.

8 Diagnostic and Statistics Manual, 4th edition. Also known as DSM-IV-TR, a manual published by the American Psychiatric Association (APA) that includes all currently recognized mental health disorder.

certain types of substances and consequently this is infrequently done in the report.

The data, particularly in relation to parental illicit substance use, is mainly based on cross-sectional rather than longitudinal designs, which limits the potential to track the trajectories of outcomes from childhood to adolescence and on to young adulthood and adulthood. To fill this gap, the review includes a selection of high-quality alcohol studies (large samples, longitudinal designs and long-term follow-ups). In many respects it can be argued that substance misuse by parents, regardless of whether it involves alcohol or illicit substances, leads to similar adjustment difficulties in children under their care. However, simply extrapolating the findings on children of alcoholics to children of illicit substance misusers would be to ignore the socio-cultural differences between alcohol and illicit substance use that are likely to have implications for individuals and families in which members misuse substances. For example, opiate users are much more likely to be living in poverty, a certain degree of secrecy and stigma pervades the use of illegal substances, and there is also the dimension of criminality; thus there is less social acceptance of the problems involved with illicit substance use. Therefore, when considering this material, readers should consider the potential for cross-applicability.

The key messages from the main report are summarised overleaf.

2. Five key messages

Five priority messages emerge from the literature review:

- (i) the consequences of parental substance misuse for child development;
- (ii) the consequences for parenting and family life;
- (iii) the impact on child outcomes;
- (iv) responses to parental substance misuse and
- (v) future research and data needs.

(i) Parental substance misuse: consequences for child development

The association between prenatal substance abuse and negative birth outcomes has received considerable attention in the literature over the past two decades.

With regard to maternal exposure to substances of misuse, there is extensive discussion of the associations with foetal and neonatal toxicity. Exposure in utero arises as the mother uses substances during the prenatal stage of pregnancy. Postnatal exposure can also occur if the mother continues to misuse substances and is breast-feeding the infant. For the purpose of this report, the literature was reviewed to identify what impact this pre- and postnatal exposure is likely to have on the child.

Substance misuse during pregnancy can have deleterious effects on the health and development of the foetus. After birth the infant can endure neo-natal abstinence syndrome and in the case of alcohol specifically, foetal alcohol spectrum disorder can result in significant physical, cognitive and behavioural problems in the child.

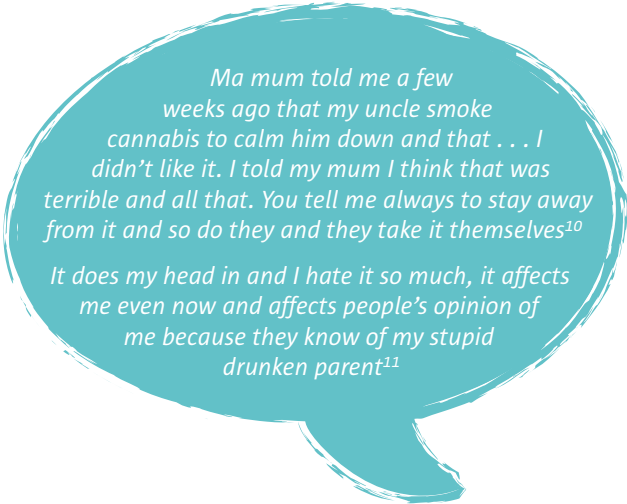
Substance misuse jeopardises the individual's ability to parent consistently and to provide structure in their child's life.

(ii) Parental substance misuse: consequences for parenting and family life

A longstanding issue in the literature since the 1970s is the effect that substance misuse has on the quality of parenting. Specific effects include inconsistency in parenting, harsh and erratic disciplining, high frustration and low tolerance⁹.

Particularly for women whose partners misuse substances, their experiences of parenting can be dominated by a range of associated stressors including relationship conflict and/or breakdown, domestic abuse, family disruption/breakdown, social isolation and insecurity.

Where substance misuse and family conflict/violence are concurrent, the quality of family life and family cohesion are eroded. The relationship the child has not only with his/her parents but also with other family members can be negatively affected.



Ma mum told me a few weeks ago that my uncle smoke cannabis to calm him down and that . . . I didn't like it. I told my mum I think that was terrible and all that. You tell me always to stay away from it and so do they and they take it themselves¹⁰

It does my head in and I hate it so much, it affects me even now and affects people's opinion of me because they know of my stupid drunken parent¹¹

9 Davis S.K. (1990), "Chemical dependency in women: a description of its effects and outcome on adequate parenting", *Journal of Substance Abuse Treatment*, 74/4: 225-232.

10 McKeganey, N. McIntosh J., and MacDonald F., (2003) "Young People's Experience of Illegal Drug Use in the Family", *Drugs: education, prevention and policy*, Vol. 10, No. 2, 169-184.

11 ISPC. (2010). *If They're Getting Loaded Why Can't I?* National Children's Consultation. A large scale exploratory survey examining the behaviour and attitudes of young people in Ireland towards teen and alcohol use and the affects of parental alcohol use on young people's lives. Dublin: ISPC

The stress incurred by parental substance misuse combined with the increased likelihood of the child being in care (either arranged informally by family or by court order) and/or suffering homelessness, result in these children being at a high risk of emotional isolation and/or social marginalisation.¹²



A common route of contact between children who live with parental substance misuse and services can be through the criminal justice or child-protection systems. Support can also come from alternative care arrangements, particularly from extended-family members.

(iii) Parental substance misuse and child outcomes

The broader literature on child development and intergenerational transmission/continuity increasingly underlines that there are important pathways through which parental substance misuse affects the lives of children. Heritability and parenting feature prominently in the discussion. There is some evidence to confirm that these factors interact, manifesting in poorer psycho-social outcomes including psychopathology as well as hampering what would normally be forms of resilience for the wider population, positive adjustment, social competence and capacity for socio-emotional and cognitive control/regulation.

12 ISPPC, op. cit

Compared to children whose parents do not misuse substances, children of substance misusers are more likely to experience a cascading chain of problems across many domains in their lives, such as mental health, social skills, academic achievement and substance use.



The effect of parental substance misuse on children is not just a reflection of their parents' current substance-use status. Problems experienced by children of substance users can reflect the impact of their parent's substance misuse during earlier stages of the child's life. Such impact during key phases of the child's development can result in negative effects that endure regardless of their parent's substance-use status.

The influence of parents and peers plays an important role in mitigating substance-use outcomes for children whose parents misuse substances.

(iv) Response to parental substance misuse

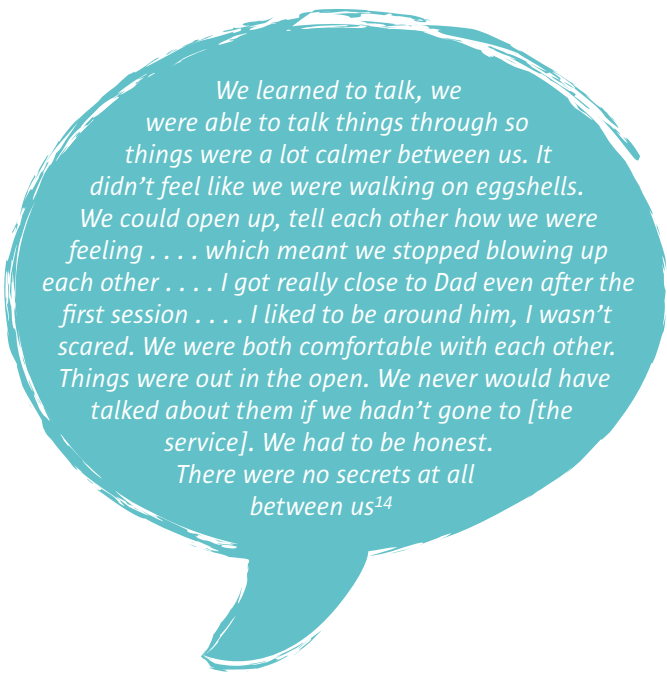
The dominant conceptual framework discussed in most studies of the literature review focuses on strengthening the family as the main form of intervention. This occurs in two main ways: on the one hand, the substance-use treatment sector engages with the adults (friends and family members) to encourage the parent substance user

13 McKeganey et al. op.cit

to enter/engage with treatment. The other form of family intervention includes friends and family members directly in the treatment process, engaging both the person seeking treatment for substance misuse and their partner in a therapeutic process in order to address the parent's problem substance use.

The role of inter agency work in responding to children whose parents misuse substances is also considered. Throughout the discussion of the different types of family interventions and programmes, it should be recalled that the services delivering these are parts of an overall system of care. Moreover, the dimensions of this system of care and the component parts cannot operate in isolation.

Many initiatives are available to support families with relatives who misuse substances. Many of the initiatives focus on the children's development through working with their parents. The indications are that these family initiatives are most effective with younger children, compared to late childhood and adolescents.



We learned to talk, we were able to talk things through so things were a lot calmer between us. It didn't feel like we were walking on eggshells. We could open up, tell each other how we were feeling . . . which meant we stopped blowing up each other . . . I got really close to Dad even after the first session . . . I liked to be around him, I wasn't scared. We were both comfortable with each other. Things were out in the open. We never would have talked about them if we hadn't gone to [the service]. We had to be honest. There were no secrets at all between us¹⁴

14 Lorna Templeton, Claire Novak, & Sarah Wall, (2011), "Young people's views on services to help them deal with parental substance misuse", *Drugs: education, prevention and policy*, Early Online: 1–7, Online, DOI: 10.3109/09687637.2010.48908

Many interventions are offered to older children and often where family circumstances have already deteriorated. It is essential to ensure that priority is given on an ongoing basis to an early-intervention and prevention system for children at low risk but high need in Ireland, to complement the child-protection system based on family support services¹⁵.

The problem of parental substance misuse is cross-cutting and therefore requires inputs from many different types of services. These services operate in different disciplines (e.g. substance use, family/child protection, domestic violence) as well as at different levels or tiers of service provision. Substantial benefits can be gained through developing linkages between these agencies (such as referrals, cross-fertilisation of ideas, upskilling, consultancy/advice), within as well as between the different tiers of provision.

The provision of childcare facilities is an important facilitator for the uptake of treatment and rehabilitation services. These facilities play a very important part in supporting women to take up treatment. It is important that these facilities are available to people who are in need of treatment for substance misuse/dependence.

There is a significant role for adult treatment services in responding to parental substance misuse. Given the link between parenting and treatment, a failure to respond could put both the service user and their children at risk. An awareness of the childcare responsibilities of service users combined with an assessment of their substance misuse would provide important information about treatment needs and parenting capacity as well as informing decisions around appropriate referrals.

Child-protection and family support agencies play a key role in protecting the child and supporting parents with their parenting role and care responsibilities. Substance-using parents may be in contact with many of these agencies and

15 Barnardo's (2008), Submission to the National Child Welfare Strategy, 28 July 2008.

familiarity with parental substance-misuse issues helps to strengthen the response to these cases. Whether or not adult substance-misuse services are directly involved with a parent, input from substance use treatment services in the form of information, advice/guidance would strengthen other professionals' understanding of substance misuse and the implications for parenting.

Given the differences in how adults and children are affected by a relative's substance misuse, it is appropriate to consider how the specific needs of young people and adolescents can be addressed. Mutual-support groups may play an important role in this.

(v) Future research and data needs

The review of the literature has highlighted several gaps in Ireland's research, statistics and information regarding children and parental substance misuse. Five research areas that would help to fill these gaps arise:

- determine the total number of child welfare cases in Ireland, and, how many involve parental substance misuse
- describe the contact people in substance misuse treatment have with their children and what affect does being in treatment have on this contact
- estimate the number of children experiencing parental substance misuse in Ireland
- develop a comprehensive understanding of fathering in the context of substance misuse
- examine the potential for improving information regarding parental substance misuse from existing data-collection procedures (e.g. administrative data such as the National Drugs Treatment Reporting System) and relevant ongoing research in the drugs and child/family research fields. In addition, full use should be made of existing research data, to provide analyses for the purpose of informing policy on issues of parental substance misuse.

3. Policy and research recommendations

In the light of the analysis in the literature review, the following recommendations are suggested.

3.1 Research, information and data needs

3.1.1 In line with the approach of the *National Data Strategy on Children's Lives*, standardise data collection processes and improve data held by statutory and non-statutory agencies and organisations regarding children who live with parental substance misuse. This information gathering should be done in a way that protects privacy and confidentiality as well as reflect best practice in the area of research methodologies.

3.1.2 Estimate the number of children whose parents have substance misuse problems.

3.1.3 Estimate how many children present with their parents to domestic violence services and are experiencing parental substance misuse.

3.1.4 Developing needs-led and targeted measures for children whose parents misuse substances requires an examination of the services interventions, practices/approaches that are currently applied in the existing system. This would entail a snapshot survey to map agencies, their practices and the gaps they encounter in carrying out their work.

3.1.5 Little is known about fathering occurring in the context of chronic substance misuse in Ireland. Research should be undertaken to develop an understanding the circumstances and fathering needs of substance misusing men.

3.2 Recognising the different needs of young children and adolescents with regard to parental substance misuse

3.2.1 Consideration should be given to expanding mutual support groups for young people who would prefer peer support with parental substance misuse issues.

3.2.2 Assess the extent to which professional education and training curricula in for example, youth work, psychology, addiction support, guidance, counselling and childcare address children affected by parental substance misuse.

3.3 Reduce the negative impact of parental substance use on children and the family as a whole

3.3.1 Identify the common principles and ways of working with parental substance misuse which should underpin the practice of all agencies and professionals working to safeguard and promote the development of children. In this respect the revised HSE *Children First Guidelines* should be incorporated in all services and organisations in regular contact with children who experience parental substance misuse. These principles also need to consider:

- The need to involve family members, particularly those who do not exhibit problems with substance dependency. Where substance use treatment providers work with adult family members, an opportunity should be afforded for family to learn about addiction, to understand the impact of addiction on family relationships and to learn specifically the impact on the child. This information should specifically address the impact on children and how this can be prevented and/or addressed.

- Where professionals in family support, child welfare/child protection services encounter parental substance misuse, substantial benefits can be gained from these professionals' understanding substance use and the implications for the children/young people and the families involved. Child protection should reflect the key issues and challenges posed by parental problem substance use, with the consequent implications for staff training, assessment and case management procedures and interagency liaison.

3.3.2 Assess the extent to which domestic abuse and substance misuse services integrate around co-occurring/co-existing problems.

3.3.3 Assess the extent to which adult substance use treatment services are supporting parenting specifically addressing the following areas:

- Training of staff in substance use treatment services on learning how to recognise the needs of clients as parents and the needs of their children
- Adult-focused work with clients that encompasses clients' role as parents
- Addiction services liaison with family, child support and other relevant services
- Participation of extended family in their relative's treatment process to contribute to the well being, safety and protection of the child.

3.4 Health promotion and public information

3.4.1 Educational efforts are necessary in Ireland to inform women of the adverse effects of consuming alcohol and drugs. It is also important to educate parents and those who work with children about Neo-natal Abstinence Syndrome and Foetal Alcohol Syndrome and an overview of the interventions available to help the development of children with these is needed for both parents and medical professionals. The training of medical professionals, including GPs and public health nurses should inform on drug and alcohol use during pregnancy so that they can raise awareness among their patients of the risks of consuming these substances.

3.4.2 Specific, culturally sensitive, multimedia resources on the impact of parental substance misuse should be developed to facilitate awareness raising and skills development in response to parental substance misuse.

3.4.3 Consideration should be given to identifying appropriate interventions/ways of working for primary health care staff who are involved in the early stages of children's lives e.g. Public Health Nurses, GPs, community mothers.

3.4.3 The needs of families coping with substance misuse should be addressed by recognising and resourcing the role of family support groups in assisting with parental substance.



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