Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs

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CHILDREN WHOSE PARENTS USE DRUGS: A PRELIMINARY ASSESSMENT AND PROPOSALS

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1. Background

The new Council of Europe Strategy on the rights of the child (2022-2027) to be elaborated by the Children's Rights Division will reply to the Council of Europe member states' needs, include outcome indicators, enhance discussion on transversal issues and provide a concrete action plan. The consultative process would involve governments, external and internal partners, and children.

On 28 September 2020, the Pompidou Group Secretariat was invited to participate in the Council of Europe Inter-Secretariat Task Force on Children's Rights to contribute to the discussions on the themes which should appear in the new Strategy, on the most evident gaps and urgent challenges to be addressed in a new strategy in light of the Covid 19 public health crisis.

The PG Secretariat made the following proposal:

"To include actions to develop practical tools to protect children of parents who use drugs under the "equal opportunities" pillar of the Strategy, as they were deprived of their childhood and had been disproportionately affected by the pandemic".

In order to effectively contribute to the Strategy, the PG Secretariat sent the present project and an invitation to participate to the PG Permanent Correspondents after agreement by the PG chair and information of the bureau on 29 October 2020.

As exposed with more detail in section 5 of this document –"Countries' replies to the Pompidou Group's questionnaire", a first step towards the realization of the project was to send out information to the PG member States and an invitation to participate. The initial communication was established by Florence Mabileau, Head of Unit Mediterranean Cooperation/Gender of the Pompidou Group. 20 countries expressed their interest in the project and underlined its importance, and out of them 16 countries replied to the preliminary questionnaire (both in English and French) by December 2020[1].

This preliminary assessment envisages the following actions:

1) Rapid Literature review on the topic of the situation of children of parents who use drugs among international organisations and international NGO.

The topic of children of parents who use drugs could include other situations such as:

- Adolescents in conflict with the law (minors)
- Children with incarcerated parents

[1] In alphabetical order: Croatia, Cyprus, Czech Republic, Greece, Hungary, Iceland, Ireland, Italy, Lichtenstein, Mexico, Monaco, Poland, Romania, Spain, Switzerland and Turkey.

- Children in prison with their mothers
- The issue of women who use drugs and are pregnant
- Children who use drugs and are victims of violence and access to specialized services

2) Short survey among the PG countries and Spain (MedNET Former PG Member Country);
3) Selection of countries to participate in the project according to the replies received, the geographical distribution and nomination of participants in the focus group;
4) Draft questionnaire for the focus groups; and
5) Focus groups to be carried out as from February 2021

This documents reports the results of actions 1 to 4.

2. Introduction

Children whose parents use drugs find themselves at the intersection of two axes: children's rights and drug policy; each axe is in itself a container of numerous and changing focuses, laws, regulations and policy interventions that should, but not always are, glued by human rights and the Sustainable Development Goals.

Children who live in families or environments -institutions, prisons (when living with an incarcerated parent, usually the mother), extended families, communities, etc.- where dependent or problematic drug use takes place, may be affected by neglect, violence, poor parental performance and exposure to the unsupervised contact with substances. The challenges as well as the coping mechanisms developed by families and children to face the impacts of drug use, intersect with categories such as gender, race, ethnicity, age, economic circumstances and education, thus creating differential and unique needs and resilience.

The attempt to shed light on the particular relationship of parents' drug use and children's rights answers to different reasons. The first one is that children whose parents use drugs face particular and specific hardships and that their experience should be visibilized and listened to through participatory mechanisms in order for their opinion to be taken into account and included in the shaping of public policies -prevention, treatment, harm reduction and the use of the criminal justice system- that affect them directly or indirectly. Such efforts should aim at the fulfillment of articles 2, 3, 6, 9 and 12 of the Convention on the Rights of the Child (hereinafter CRC).

The second reason is that the effects of dependent or problematic drug use on children do not stem solely from their parents' relationship with psychoactive substances, but from the implementation of drug-related policies as well. It is not the same, by instance, to have a father or a mother who injects heroine and is under constant threat of criminalization and incarceration, than a parent who has access to harm reduction services, a compassionate, health-based approach with a holistic view at families; or to be a child in foster care, son or daughter to a single mother dependent on alcohol because of a history of gender-based violence than a child taken care of in a shelter with his or her mother, while she is treated and, at the same time, protected.

To review and analyse what actually exists in relation to this group of children can help build better approaches and practices, which guarantee the incorporation of children's rights and human rights in drug policy while also including the specificities of the effects of drug use by one or more parents on children into the children's rights agenda, thus filling an existing gap that requires further data, research and public policies.

This document is articulated in six parts.
The first section presents the conceptual approach to the topic under analysis;
the second summarizes the literature review on children whose parents use drugs.
Section three systematizes the experiences of the Pompidou Group's countries that answered the questionnaire (see Annex I) sent to the Permanent Correspondents in October 2020 by the PG Secretariat.
The fourth part presents quantitative estimates on children impacted by parental drug use in Europe. Next, under fifth, some preliminary proposals are developed, based on the previous review.
The document ends with the methodological proposal of focus groups, to be carried out in February and March 2021 with PG member states that have adhered to the project.

3. Conceptual framework

The preliminary assumptions that constitute the framework of this document are: i) most people in the world do not use drugs (UNOCD, 2020: 10)[2]; ii) most drug use is not harmful or dependent (UNODC, 2020: 11)[3]; iii) not all parents with drug problems have difficulty caring for their children (EMCDDA, 2012: 7); iv) drug-using parents are stigmatized and live with fear of being considered neglectful and that their children will be taken away from them, with this point being particularly acute in the case of women (UNODC, 2020 a: 25; EMCDDA, 2009: 16; Pompidou Group Publication, title Benoit and Jauffret-Roustide, 2016: 26); v) interventions aimed at child-rearing adults -or adolescents- must encompass child-focused approaches and mainstream the best interest of the child; vi) simultaneously, child-focused interventions with children whose parents use drugs should consider family separation only as a last, extreme resort and provide programmes and services which are child-friendly, based on human rights and harm reduction as well as reduce criminalization and stigma of people who use drugs.

The terms child and children are used to refer to "every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier", as defined by article 1 of the CRC.

The term "drug use" is adopted here not to refer to all forms of drug use, but only to drug use disorders, based on the definition provided by WHO and UNODC *International standards for the treatment of drug use disorders*[4] (WHO and UNODC, 2020).

[2] In 2018, an estimated 269 million people worldwide had used drugs at least once in the previous year (range: 166 million to 373 million). This corresponds to 5.4 per cent of the global population aged 15–64 (range: 3.3 to 7.5 per cent), representing nearly 1 in every 19 people (UNODC, 2020: 10). Of these, 192 millions used cannabis, 58 millions used opioids, 27 millions amphetamines and prescription stimulants, 21 millions ecstasy and 19 millions used cocaine (UNODC, 2020: 17).

[3] Among the estimated 269 million people who used drugs in the past year, some 35.6 million people (range: 19.0 million to 52.2 million) are estimated to suffer from drug use disorders, meaning that their pattern of drug use is harmful, or they may experience drug dependence and/or require treatment. This corresponds to a global prevalence of drug use disorders of 0.7 per cent (range: 0.4 to 1.0 per cent) among the population aged 15–64 (UNODC, 2020: 11).

[4] "According to the 11th revision of the International Classification of Diseases (ICD) (WHO, 2019a) the term "drug use disorder" comprises two major health conditions: "harmful pattern of drug use" and "drug dependence". The harmful pattern of drug use is defined as a pattern of continuous, recurrent or sporadic use of a drug that has caused clinically significant damage to a person's physical (including bloodborne infection from intravenous self-administration) or mental health (such as substance-induced mood disorder), or has resulted in behaviour leading to harm to the health of others. Substance dependence is defined in ICD-11 as a pattern of repeated or continuous use of a psychoactive drug with evidence of impaired regulation of use of that drug which is manifested by two or more of the following: (a) Impaired control over substance use (including onset, frequency, intensity, duration, termination and context); (b) Increasing precedence of drug use over other aspects of life, including maintenance of health and daily activities and responsibilities, such that drug use continues or escalates despite the occurrence of harm or negative consequences (including repeated relationship disruption, occupational or scholastic consequences and negative impact on health); and (c) Physiological features1 indicative of neuroadaptation to the substance, including: 1) tolerance to the effects of the substance

The terms “drugs” and “substances” refer to substances controlled under the international drug control conventions and their non-medical use (UNODC 2020: 5), nicotine and alcohol, given that “that large numbers of parents with alcohol problems may generate more problems overall for children in the European Union than the smaller numbers of children affected by parents with illicit drug problems (EMCDDA, 2010: 30).

or a need to use increasing amounts of the substance to achieve the same effect; 2) withdrawal symptoms following cessation of or reduction in the use of that substance; or 3) repeated use of the substance or pharmacologically similar substances to prevent or alleviate withdrawal symptoms”. “Disorders due to drug use” comprise a broader category of health conditions that include drug intoxication, withdrawal syndrome and a range of drug-induced mental disorders. Drug use disorders often go hand-in-hand with a significant urge to use psychoactive drugs, which can persist, or easily be reactivated, even after a long period of abstinence. Very often drug use disorders are associated with hazardous or harmful use of other psychoactive substances such as alcohol or nicotine, or with alcohol and nicotine dependence (WHO and UNODC, 2020: 4).

4. Literature review

This preliminary literature assessment attempts to fulfil three objectives: first, to identify existing information on children whose parents use drugs, particularly on the impacts of parental drug use disorders on children's care and wellbeing; second, to analyse, from a normative approach, the discourses around children whose parents use drugs and the rights of children *per se* as well as vis-a-vis drug use by their parents; and three, to review international standards on drug treatment and identify what programs and recommendations exist regarding children whose parents use drugs.

It is, therefore, divided in the following section: first, a review of international reports that refer to the impact of parental drug use on children and identify realms of policy intervention. Second the international framework of children's rights and drug policy is outlined, followed by European normative and analytical tools, that help bring a human rights and children's rights perspective into drug policy. Finally, international standards on prevention, treatment and violence against children are reviewed in order to unpack discourses and practices regarding the population subject of this analysis.

The overall result is a multi-perspective approximation to children whose parents use drugs which shows that, on the one hand, children are exposed to the effects of parental drug use disorders and that these can hinder children's development and lead to neglect and violence, but also that policies that stigmatise, criminalise people who use drugs and that approach drug use as an individual issue not only fail to achieve health objectives, namely to reduce and treat drug use, but can further endanger children.

4.1 International reports and studies

This section reports the information provided by international studies and reports on the impacts of parental drug use on children, as well as the effects of drug policies on children with parents who use drugs. The literature reviewed is mostly from international bodies -UNODC, EMCDDA, INCB, PG and the Human Rights Council- academic studies -by Damon Barret, Murray *et al.*, Giacomello, Scharff Smith, the Coping Project and *The Lancet*- and national governments -the UK, Ireland and Scotland-. All the reports contain references to case studies and papers that can be consulted in the original source.

As stated in the report *Parental Substance Misuse: Addressing its Impact on Children. A Review of the Literature* (Horgan, 2011) by Ireland's National Advisory Committee on Drugs "The literature is unanimous regarding the capacity for parental drug misuse to impede child outcomes (…). It has become well accepted that children of substance misusers, compared

to their peers whose parents do not misuse substances, are at heightened risk of experiencing a range of health, social and psychological problems (Horgan, 2011: 14).

The exposition to drug use during a woman's pregnancy can have deleterious consequences for the health and development of the fetus, neo-natal abstinence syndrome and in the case of alcohol specifically, fetal alcohol spectrum disorder can result in significant physical, cognitive and behavioural problems in the child (Horgan, 2011). Besides substance-related specific effects as well as the combined impacts of polydrug use, the chaotic lifestyle of parents during pregnancy also impact on the future outcomes: "most children exposed in utero to drugs are raised by parents who may not be functioning well in rearing their children" (Hans, 1999 in Horgan, 2011: 14).

The longer the child is exposed to parental substance misuse, the more likely that cognitive development and educational outcomes will be adversely affected (Horgan, 2011: ix). Hyperactivity, aggression problems as well as anxiety and depression can begin during preschool years. The impacts experienced during childhood can last independently of the parent's drug-use status and can lead to the development of drug use disorders during adolescence and adult life. Substance-use disorders are transmitted across generations, through many inter-related influences. One important route is heritability (Kendler et al, 2003b in Horgan, 2011: 13) and another is the social environment, including neighbourhood, family and peers.

The impacts of parental drug use is reflected in the children development outcomes as well as in their daily lives. Children often have to assume parenting responsibility prematurely and as a result, feeling confused, rejected, burdened and unable to trust parents (Barnardos, 2008 in Horgan, 2011: 13).

Parents' drug use can lead to child neglect and maltreatment. This can be aggravated in the case of domestic violence: "where domestic abuse and substance misuse co-occur the health and well-being of family members is severely impacted and the effect on children's lives compounded (e.g. Cleaver *et al*., 2007, in Horgan, 2011: xii). Exposition to violence does not only have immediate risks and implications, but "having witnessed, as a child, physical or psychological violence inflicted on another person, one's mother or a sibling for example, can also be a factor contributing to the start of use" (Benoit and Jauffret-Roustide, 2016: 30).

The UK report *Hidden Harm. Three years on: realities, challenges and opportunities* (Advisory Council on the Misuse of Drugs, 2007) focuses on the lives and experience of a large, diverse and vulnerable group of children. It states that parental problem drug use impacts on children at every stage of their lives from before birth, well into their adult lives, and the impact varies according to their age, as well as their circumstances and personal resources. In order to address the impacts of parental misuse on children "adult drug

treatment services need to understand the complex relationship between drug dependency and parenthood, and develop responses on the basis of this. (…) Therefore, treatment services have a role both in providing treatment programmes tailored to parents, and in working collaboratively with children's services to enhance parenting capacity and enable children to flourish" (Advisory Council on the Misuse of Drugs, 2007: 99-100).

Seemingly, children can experience improvements in their lives and those of their families when co-ordinated responses between and across adults' and children's services are developed and put into practice. The challenge is to integrate the specific needs of children of problem drug users into both the change for children's programmes and the drugs (and alcohol) strategies.

The importance of intra and inter institutional coordination at the horizontal and vertical level is also pointed out in the Ireland NACD's report (Horgan, 2011: x).

> 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 International Narcotics Control Board (INCB hereinto) also outlines the importance of addressing parental drug misuse, since this can affect both children and adolescents who use drugs as well as those who do not (INCB, 2020: 6)[5]:

> The impact on children of their parents' substance use can be significant and may result in long-term emotional and physical morbidity among children that will manifest itself in early adulthood. These effects include the direct health effects of maternal substance use, including low birthweight, fetal alcohol syndrome, respiratory problems due to second-hand smoke, increased child abuse and neglect, other health issues and long-term developmental issues, as well as the increased possibility of substance use among children.

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA hereinto) has three major publications related to the subject under analysis: the study *Pregnancy, childcare and the family: key issues for Europe's response to drugs* (2012); *Women's voices. Experiences and perceptions of women who face drug-related problems in Europe* (2009) and *Children's voices. Experiences and perceptions of European children on drug and alcohol issues* (2010).

[5] Sources can be consulted in the original text.

The first study reports the effects of drug use on the pregnancy, the unborn and the new born. The next table reports the health harms associated with substance use during pregnancy (EMCDDA, 2012: 8).

Table 1. health harms associated with substance use during pregnancy, EMCDDA (2012)

	Alcohol	Tobacco	Cannabis	Amphetamines	Cocaine	Opioids
Low birth weight	X	X	X	X		X
Miscarriage	X	X	X	X	X	
Perinatal mortality	X	X				X (related to withdrawal)
Developmental problems in childhood	X		X		X	
Foetal morbidity	X		X	X	X	
Premature birth	X			X		X
Decreased fetal growth	X					
Impaired intrauterine growth	X					X
Neonatal withdrawal symptoms	X					X
Premature rupture of membranes, placental abruption				X	X	
Preterm delivery	X					
Respiratory depression						X

Interventions involving pregnant drug users include substance use treatment and antenatal and postnatal programmes. Substitution treatment for drug use during pregnancy, however, is available only for opioid users (EMCDDA, 2012: 9). Several countries consulted for the report indicated multidisciplinary comprehensive care programmes, aimed at follow up pregnant women who use drugs and their children. By instance (EMCDDA, 2012: 11):

> The family outpatient centre of Hvidovre Hospital in Denmark is a specialised unit for pregnant women who use or have used drugs and families with drug problems (where, for example, the father or family members other than the mother use drugs). Children born to these mothers are followed up with comprehensive medical and psychological care until they reach school age. Based on this model, the Danish government has established and funded family outpatient centres throughout the country to help pregnant drug users and children from birth up to school age who were exposed to drugs in the womb.

In relation to children in families that use drugs, the report brings evidence from different countries. One of the first points, which also echoes the NACD's report, is that drug use is usually approached as an individual problem to be treated singularly or in combination with other social issues (such as housing, employment, psychological interventions, etc.) but instead is a phenomenon that has consequences on the user's environment, families and dependents and should be comprehended and addressed as such. Another important aspect to be considered, is that children are seldomly exposed to just one parent's drug use: usually drug use may involve both parents or may span generations.

Dependent drug users often have lower levels of education and occupational training, which translates in higher levels of poverty and unemployment than the general population (EMCCDA, 2012: 16):

> As a result, the socioeconomic circumstances in which they bring up their children are less advantageous than of those who do not use drugs. In addition, children in families with addiction problems may experience emergencies and stays in hospitals, the arrest of parents, suicide attempts and deaths more frequently than other children. The uncertain living circumstances, poor housing conditions, poor nutrition and a socially constrained environment have a negative impact on the physical, psychological and social development of the child.

Such circumstances can trespass generationally: "the experience of adversity from childhood onwards possibly influencing the risk of both drug use disorder and socioeconomic disadvantage over the long term" (UNODC, 2020 b: 11).

As it has already been stated, children often have to uptake adult's responsibilities in taking care for themselves, their siblings and their parents. Given the stigma that drug use implies and the situation of neglect that children face, drug use-related problems at home are usually not shared by children with their environments -such as schools-, thus living many children whose parents use drugsundetected and unprotected.

Children often believe that they are in some way responsible for the neglect they are experiencing (EMCDDA, 2009: 6):

> *I just wanted for someone to tell me that my mum and dad loved me, and to tell me that it wasn't my fault. I thought it was all my fault.*
> 19-year-old, UK [3]

The experience and consequences of neglect are expressed by children whose parents use drugs, but also by adult drug users that relate being neglected during childhood, with girls are arguably under more pressure than boys to take on domestic responsibilities (EMCDDA, 2009: 6).

... well, I've basically had to look after myself my whole life.
17-year-old girl, UK (EMCDDA, 2009: 8)

Childcare responsibilities often trigger the parents' wish to stop using drugs; particularly in the case of women, pregnancy and motherhood can be strong motivating forces to help women face up to and overcome their drug problems (EMCCDA, 2010: 9). The possibility of combining treatment and childrearing responsibilities is particular crucial in order to foster women's entry and permanency in treatment. Another key aspect, particularly for women, is that the fear of having their children taken away from them is a relevant factor for not seeking treatment or disclosing their drug use, and quite a well-based one. As reported in the Pompidou Group's study *Improving the management of violence experienced by women who use psychoactive substances* (Benoit and Jauffret-Roustide, 2016), perceptions of women drug users as "bad mothers" are still very present and can lead to child protection services being keen to take away the children from women with drug use disorders. Child removal can have serious consequences for women: as indicated by research in Scotland, loss of child custody was closely linked to loss of motivation for recovery, feelings of hopelessness, and increased risk of drug-related death (Tweed *et al.*, 2018: 18):

> One potential source of trauma among women who use drugs is the loss of child custody due to child protection concerns (Broadhurst and Mason, 2013, Kenny et al., 2015). Some authors have hypothesised that the emotional impact of child removal is exacerbated by its profound stigma, in *'disenfranchised grief' that cannot be acknowledged or shared with others* (Broadhurst and Mason, 2013). There is emerging research evidence to support front-line reports that child removal often results in worsening mental health, social functioning, and substance use among mothers (e.g. Kenny et al., 2015, Wall-Wieler et al., 2017). (…) Loss of child custody appeared to be a time of considerable vulnerability: one woman explicitly linked this event to a relapse and another to plans for an intentional overdose.

Parents try to reduce the impacts of their drug use by attempting to hide it, by instance, avoiding to sleep during the day or hiding their drugs and paraphernalia. "Despite all these efforts by the parents, though, children are usually aware of their parents' drug taking, and at earlier ages than the parents may think. The children, however, keep this knowledge to themselves (EMCCDA, 2012: 16).

> One major parenting deficiency reported by the Irish focal point is related to the ability and consistency of setting limits: at times parents use unwarranted discipline, while at other times they are overly permissive. This imbalance in the families places a large amount of stress on the children, especially if the mother is the one affected by the drug problem (EMCDDA, 2012: 15).

As indicated in the report *Pregnancy, childcare and the family: key issues for Europe's response to drugs* (EMCDDA, 2012), an array of intervention exist for drug-using parents, ranging from from addiction treatment and integration of their children in the biological families; through provision of or referral to care services, psychosocial support, prevention interventions and empowerment; to skills building. Several Family-based residential treatment programmes are reported; by instance "The inpatient treatment clinic De Lage Kamp in the Netherlands has been serving addicted parents and their children (up to age 12) for more than 15 years. Treatment is offered to up to nine families at a time for the duration of 12 months on average, with detoxification during the first four weeks. Parents participate in group sessions and receive individual counselling, and children are in day care engaged in educational activities and games" (EMCDDA, 2012: 17).

Other practices include referral to services -such as counselling, child welfare services and crisis intervention services-, psychosocial support, parenting skills, practical help in everyday chores of raising children, empowering and treating parents while providing childcare facilities and supporting mothers and pregnant women. As pointed out in *The Lancet* report on health and drug policy (Csete *et al.*, 2016: 1456) "drug-treatment services are rarely integrated with reproductive health, paediatric, and other services that women seek. Child care might not be available in drug clinics, or children might not be allowed on the premises".

Psychosocial interventions are also targeted at children specifically (EMCDDA, 2012: 21):

> In Belgium, the project 'La Brique' implemented by the AVAT institution is a place where children aged 12–17 who have drug-using parents can receive psychosocial support and express their feelings in a creative way. In Germany, the national model project 'Trampolin' focuses on children in families with addiction problems and seeks to strengthen their self-image and ability to solve problems.

Several European countries reported on Internet-based responses for children with drug-using parents.

Few countries consulted for the EMCDDA's on families and drug use reported that the children of drug-using parents were a specific target group in the national drug strategy or action plan. In the case of Ireland, the National Drugs Strategy of 2009–16 identified the children of drug users as a 'group at risk' and called for considering ways to address the needs of the children of problem drug users. This is also reported in the NACD's report. The current National Drug and Alcohol Strategy *Reducing harm, supporting recovery: a health-led approach to drug and alcohol use in Ireland 2017-2025* (Department of Health, 2017) also incorporates children with families in which drug use is present (Department of Health, 2017: 28):

Children at risk

Children whose parents use drugs are more likely to be at a higher risk of physical, psychological and emotional harm, compared to children whose parents do not misuse drugs or alcohol. As the effects of parental substance misuse on children can be difficult to detect, this phenomena is often described as "Hidden Harm."

Not all children in homes where substances are misused experience harm as a result, but children living with parental problem substance use are more likely to experience mental health problems, academic under-achievement, have poor social skills and be more prone to developing substance misuse problems themselves later in life. Genetic factors combined with physical and emotional neglect and exposure to poor parenting can impact on a child's social and emotional maturation, development of social competencies and undermine reliance and the capacity for emotional regulation, all established determinants for substance misuse in adulthood.

Analysis of general population survey and treatment data can provide estimates of the numbers of children with parents who misuse substances and may help in determining the scale of the interventions needed to respond to this problem. For family-based interventions, prevention experts recommend approaches that involve the whole family rather than those that train parents alone.

Evidence suggest that prevention interventions targeting those at risk may be more effective if they involve both schools and parents, are interactive and have positive goals. There is some evidence that family interventions may be effective in delaying or reducing drug use but there is not a great deal of research on family interventions targeted at children of drug-using parents.

A coordinated response to the needs of children in families where substances are misused will help to protect these children from harm. Addiction and other services providing support to children can work closely together and agree protocols for exchanging information, agreeing on referrals and for sharing other responsibilities in this sensitive area.

Policies interventions aimed at protecting children and treating and skilling drug-using parents are crucial. But another set of negative of consequences for children whose parents use drugs also stem from the implementation of punitive drug policies, particularly those related to the criminalization and incarceration of people who use drug, as well as stigma related to drug use.

The human rights effects of current drug policies on people who use drugs have been well documented (Csete *et al.*, 2016; Human Rights Council, 2015) but perhaps little is said from the perspective of children's rights and families. *The Lancet Commission* report (Csete *et al.*, 2016) underlies that drug policies should be monitored and assessed as to their impact on racial and ethnic minorities, women, children and young people, and people living in poverty and refers to the effects of parental incarceration on children as a consequence of the criminalization of drug-related conducts. Some impacts of stigma and criminalization may

affect women in particular (Human Rights Council, 2015: para 53) and, subsequently, their children:

> It has been reported that women who use drugs may, depending on the laws and policies in force, face losing custody of their children, forced or coerced sterilization, abortion or criminal penalties for using drugs during pregnancy. In certain States, women who use drugs may be subject to detention during their pregnancy. Women who use drugs may not receive the appropriate care when they are pregnant.

An important contribution to the analysis of the effects of drug policy on children is the collective book *Children of the Drug War* (Barrett, 2011). Part 3 looks specifically at how policies relating to drug dependence, law enforcement, prisons, and child protection affect families. One of the aspects related to the subject under analysis is the effect of child removal on mother. The Chapter "Ants Facing an Elephant': Mothers' Grief, Loss, and Work for Change Following the Placement of Children in the Care of Child Protection Authorities," by Kathleen Kenny and Amy Druker of Canada, which considers the aftermath of removing a child, challenges the view, based on the authors work with mothers who have lost custody of their child(ren) that mothers who use drugs are always or necessarily bad parents. They also challenge the presumption that removal from custody is always in the child's best interests (Barrett, 2011: 119).

Human rights violations against people who use drugs have a cascade effect on their children: by instance, lack of access to harm reduction services, stigma and discrimination in health settings, the criminalization of drug use -including injecting drug use- the fear of arrest when carrying paraphernalia for drug use -such as syringes and needles- contribute to the adoption of risky practices -such as sharing of syringes and injection supplies-, reinforce barriers to access treatment, deter from disclosing either drug use in parental settings or parental responsibilities in drug-use related settings, undermine the referral to other services that could be beneficial to users and their families and imply possible criminal consequences. Detention and incarceration of a parent has painful and lasting consequences for children (Giacomello, 2019; Jones and Wainania Wainaina-Woźna, 2012; Murray *et al.*, 2014; Scharff Smith, 2014;); they imply stigma, economic loss, the up-taking of adults responsibilities, depression, anxiety, and often lead to separation from siblings and other family members, institutionalization or alternative care. Racial disparities (Barrett, 2011) and the gendered impacts of detention and criminalization practices (Giacomello, 2020) imply that some children will be affected quantitatively and qualitatively more intensely than others.
Furthermore, access to treatment and harm reduction services are more scarce than in the community, thus increasingly putting at risk the health of people who use drugs and reducing the possibilities for their children to grow up in an enhancing and supportive family environment.

Women face stronger, gender-based barriers to access treatment and harm reduction services (UNODC, 2016 a; UNODC *et al.* 2014), given that such spaces are male-centred and do not take into account women's needs, history of gender violence and caring responsibilities (UNODC *et al.*, 2014):

> Harm reduction services, including in prison settings, are generally tailored primarily or exclusively towards men who inject drugs.1 Some programmes, for example, do not guarantee personal safety and confidentiality with women-only spaces or times. Often they do not have appropriately trained staff, including women with a history of drug use. Services such as child care and interventions for women who are sex workers and who have experienced violence may not exist.

Neglecting people who use drugs' needs and not providing them with access to quality, affordable, reachable, child-friendly, gender-sensitive and non-stigmatizing services puts their children and family at risk. Seemingly, criminalizing drug use and possession, that is to privilege a criminal justice approach instead of a public-health approach to drug use, also has severe and often irreversible consequences for families and children, with minorities, women, and socio-economically disadvantaged groups being at more risk of facing a punitive response. WHO and UNAIDS have called for the decriminalization of drug use, including injecting drug use, "as doing so could play a critical role in the implementation of its recommendations on health sector interventions, including harm reduction and the treatment and care of people who use drugs. UNAIDS too has recommended decriminalizing drug use as a means to reduce the number of HIV infections and to treat AIDS" (Human Rights Council, 2015: para 28).

4.1.1 Remarks on international reports

The information analysed in the previous section shows that children whose parents use drugs need to be visibilised and addressed as risk groups from three different angles:

- People at risk of not having their rights fulfilled as a consequence of child neglect, maltreatment and domestic violence. Risks of violence are particularly acute in the case of alcohol use. Parental drug use can lead to children having to look after themselves and, often, their parents, as well as of cultivating feelings of guilt, shame and fear that might induce them to keep their parents' drug use secret, thus remaining themselves invisible and out of social services' reach.

- The criminalization of drug use and possession, as well the stigma that surrounds drug use and drug use disorders, also impacts on children whose parents use drugs, by reducing users' access to treatment and harm reduction services, on the one hand, and exposing them to detention and incarceration, on the other. Interventions that are more successful adopt a family-centred approach, rather than seeing drug use as an individual issue, and provide access to childcare, while treating parents and providing

them with parenting skills and referral to other social services in order to reduce socio-economic disadvantage.

- Coordination between services and the training of child-related services in drug issues as well as the establishment of drug-related interventions which are child-friendly and gender-sensitive are elements that can guarantee a holistic approach and reduce the risks for children of remaining invisible or being subject of unnecessary separation from their family.

4.2 International framework for the identification and fulfilment of the rights of children whose parents use drugs

The aim of this section is to explore if and how children whose parents use drugs are taken into account and the international and European measures which exist to protect and enhance their rights and participation. The review includes international treaties and UN resolutions on Children and Drug policies, General Comments of the Committee on the Rights of the Child (hereinafter Com-RC) and other soft law tools that help frame the discursive and normative matrix. Subsequently, it looks at the European framework for the protection of children and human rights *per se* and in the context of drug policy.
One important element is that the international framework of children's rights in drug policy does not take children whose parents use drugs into account, exclusively focusing on children as people who use drugs or victims of organized crime. Also, it reproduces the idea of children as "adults in becoming", rather than as right-holders. On the contrary, the Council of Europe's reports and strategies involve a human rights approach that is aware of the impacts of parental drug use from the double perspective of children's rights and drug policy as a possible cause of children rights' violations.

4.2.1 United Nations instruments on children and drug policies

a) Convention on the Rights of Children (CRC) and General Comments
In November 2020 the CRC reached its 21st anniversary. The landmark legal instrument on the human right of children, the CRC is the most widely ratified treaty worldwide and covers civil, political, economic, social and cultural rights (Vandenhole in Vandenhole *et al.*, 2015). It rests on four principles: the best interest of the child (art. 3, paragraph 1 of the Convention), the right to non-discrimination, (art. 2), the right to life, survival and development (art. 6) and the right to be heard (art. 12). All the articles of the Convention apply to all children; however, it is worth highlighting those articles that might be more relevant when assessing the needs, interventions and perspectives that should be taken in the case of children whose parents use drugs. The following table sums up the contents of the articles that directly or indirectly address the circumstances of children whose parents use drugs.

Table 2. CRC's measures that directly or indirectly address the circumstances of children whose parents use drugs

Article	Content
Art . 2	Ensure the rights of the Convention to each child; Protect children against all the forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.
Art. 3, para. 1	In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
Art. 6	Right to life, development and survival. The Committee expects States to interpret "development" in its broadest sense as a holistic concept, embracing the child's physical, mental, spiritual, moral, psychological and social development. Implementation measures should be aimed at achieving the optimal development for all children (Committee on the Right of the Child, 2011).
Art. 9	Right not to be separated to a child's parents against his or her will, unless such separation is necessary for the best interest of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents.
Art. 12	The right of the child to be heard and for his/her opinion to be taken into account.
Art 18	Both parents -or legal guardians- have the primary responsibility for the upbringing and development of the child. States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.
Art. 19	Protection of the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
Art. 20	Alternative care for children temporarily or permanently deprived of his or her family environment.
Art. 24	The right of the child to the enjoyment of the highest attainable standard of health.
Art. 27	The right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.
Art. 28 and 31	The right of the child to education and leisure.
Art. 33	States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.
Art. 39	States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts.

The Convention of the Right of the Child specifically address drugs in article 33. However, it does not refer to children whose parents use drugs, but focuses on children's use of drugs and children's involvement in the illicit drugs trade. As it has been anticipated and will be shown in the next pages, this is the predominant focus in UN documents and resolutions.

General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health shows concern for the increase in mental ill-health among adolescents, resulting from "abuse, neglect, violence or exploitation; alcohol, tobacco and drug use; obsessive behaviour, such as excessive use of and addiction to the Internet and other technologies; and self-harm and suicide" (Committee on the Rights of the Child, 2013: para 38) and encourages Member States to "ratify the international drug control conventions and the World Health Organization Framework Convention on Tobacco Control. The Committee underscores the importance of adopting a rights-based approach to substance use and recommends that, where appropriate, harm reduction strategies should be employed to minimize the negative health impacts of substance abuse" " (Committee on the Rights of the Child, 2013: para 66).

General Comment 13. The right of the child to freedom from all forms of violence (Committee on the Rights of the Child, 2011) touches on the consequences of drug use by parents on children. The Comment defines violence as "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" as listed in article 19, paragraph 1, of the CRC.

The use of drugs in general is addressed in paragraph 20 b): "Psychological or emotional neglect: including lack of any emotional support and love, chronic inattention to the child, caregivers being "psychologically unavailable" by overlooking young children's cues and signals, and exposure to intimate partner violence, drug or alcohol abuse", and in paragraph 40 a) (vii), where "Reduced demand for and access to alcohol, illegal drugs and weapons" is included as an example of social policy aimed at reduce risk and prevent violence against children. Paragraph 40 b) (ii) provides as an example of social programmes to support the child individually and to support the child's family and other caregivers to provide optimal positive child-rearing: "[…] therapeutic programmes (including mutual help groups) to assist caregivers with challenges related to domestic violence, addictions to alcohol or drugs or with other mental health needs".

General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1) (Committee on the Rights of the Child, 2013 a: para 4) affirms:

> The concept of the child's best interests is aimed at ensuring both the full and effective enjoyment of all the rights recognized in the Convention and the holistic development of the

> child. The Committee has already pointed out that "an adult's judgment of a child's best interests cannot override the obligation to respect all the child's rights under the Convention." It recalls that there is no hierarchy of rights in the Convention; all the rights provided for therein are in the "child's best interests" and no right could be compromised by a negative interpretation of the child's best interests.

That means that, by instance, the rights outlined in article 33 cannot be the sole justification for compromising the rights implied in article 9.

The General Comment also outlines that the child's best interest is a threefold concept (Committee on the Rights of the Child, 2013 a: para 6):

> (a) A substantive right: The right of the child to have his or her best interests assessed and taken as a primary consideration when different interests are being considered in order to reach a decision on the issue at stake, and the guarantee that this right will be implemented whenever a decision is to be made concerning a child, a group of identified or unidentified children or children in general. Article 3, paragraph 1, creates an intrinsic obligation for States, is directly applicable (self-executing) and can be invoked before a court.
> (b) A fundamental, interpretative legal principle: If a legal provision is open to more than one interpretation, the interpretation which most effectively serves the child's best interests should be chosen. The rights enshrined in the Convention and its Optional Protocols provide the framework for interpretation.
> (c) A rule of procedure: Whenever a decision is to be made that will affect a specific child, an identified group of children or children in general, the decision-making process must include an evaluation of the possible impact (positive or negative) of the decision on the child or children concerned. Assessing and determining the best interests of the child require procedural guarantees. Furthermore, the justification of a decision must show that the right has been explicitly taken into account. In this regard, States parties shall explain how the right has been respected in the decision, that is, what has been considered to be in the child's best interests; what criteria it is based on; and how the child's interests have been weighed against other considerations, be they broad issues of policy or individual cases.

b) The 2030 Agenda for Sustainable Development

The Agenda for Sustainable Development provides the framework for actions that include children whose parents use drugs. Table 3 comprises the relevant goals and targets directed to the subject of this study.

Table 3. Relevant Goals and Targets of the 2030 Agenda for Sustainable Development

Goal and specific targets	Content
Goal 3.	Ensure healthy lives and promote well-being for all at all ages.
Target 3.3	End the epidemics of AIDS.
Target 3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
Target 3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.
Target 4.5	By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.
Goal 5.	Achieve gender equality and empower all women and girls
Target 5.1	End all forms of discrimination against all women and girls everywhere.
Target 5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
Target 8.7	Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour […].
Target 16.2	End abuse, exploitation, trafficking and all forms of violence against and torture of children.

c) C182 - Worst Forms of Child Labour Convention, 1999 (No. 182)

Article 3 of the International Labour Organization's 182 Convention on the Worst Forms of Child Labour includes "(c) the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties" (ILO, 1999).

d) UN Drug Conventions and related documents

The international system of drug control is built around three well-known UN Conventions, namely the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (UNODC, 2013).

The explicit purpose of the current system of drug control is, on the one hand, to reduce drug consumption and drug use disorders, that is to reduce demand by criminalizing supply, and, on the other, to guarantee the provision of drugs for medical reasons and research.

It is not the purpose of this review to deepen into the structure, implementation and consequences of the current system. However, it is important to show how children are included in the discourse and provisions of the three conventions, but also how the implementation of certain policies -particularly related to law enforcement- can be unintentionally detrimental to children whose parents use drugs.

The Single Convention does not mention children explicitly. However, by referring to "mankind" in its preamble, it encompasses them as goals of the interventions established with the Convention.

The Convention on Psychotropic Substances of 1971 does not mention children either.

The 1988 Convention, on the contrary, does refer to children. The first mentioning is in its second paragraph "Deeply concerned also by the steadily increasing inroads into various social groups made by illicit traffic in narcotic drugs and psychotropic substances, and particularly by the fact that children are used in many parts of the world as an illicit drug consumers market and for purposes of illicit production, distribution and trade in narcotic drugs and psychotropic substances, which entails a danger of incalculable gravity".

Article 3 of the Convention is named "Offences and sanctions" lies out, as its name suggest, the conducts to be deemed as criminal offences and the measures to be adopted to punish them. Paragraph 4 particularly encourages the use of prison or other forms of deprivation of liberty and paragraph 5 (f) (g) prompts countries to consider, respectively, "the victimization or use of minors" in the commission of an offence" and the fact that the offence is carried out "in an educational institution or social service facility or in their immediate vicinity or in other places to which school children and students resort for educational, sports and social activities" as aggravating circumstances.

e) UNGASS outcome document

The Special Session of the United Nations General Assembly on the World Drug Problem carried out in 2016 gave light to a resolution (UNODC, 2016) anchored by the 2030 Agenda and that includes human rights-related issues -by instance access to essential medicines- and gives visibility to specific populations, among them women and children. Chapter four "Operational recommendations on cross-cutting issues: drugs and human rights, youth, children, women and communities" , explicitly includes children in points (e), (f) and (g)[6],

[6] "(e) Promote, in accordance with domestic legislation, effective coordination among the justice, education and law enforcement sectors and social services to ensure that the specific needs, including mental and physical needs, of underage drug offenders and children affected by drug-related crime are appropriately considered, including in criminal justice proceedings where required, including by providing those in need with drug treatment and related support services; (f) Implement age-appropriate practical measures, tailored to the specific

as well as in measures aimed at preventing and treating drug use and drug use disorders among children and youth. Seemingly to the UN Drug Conventions, the CRC, the ILO Convention and the 2030 Sustainable Development Agenda, the UNGASS outcome document identifies children as potential drug users and victims of drug trafficking organizations.

In that respect, it worth citing an extract of the *Joint Open Letter by the UN Working Group on Arbitrary Detention; the Special Rapporteurs on extrajudicial, summary or arbitrary executions; torture and other cruel, inhuman or degrading treatment or punishment; the right of everyone to the highest attainable standard of mental and physical health; and the Committee on the Rights of the Child, on the occasion of the United Nation General Assembly Special Session on Drugs New York, 19-21 April 2016* (Heyns *et al.*, 2016), published in relation to the UNGASS outcome document:

> We welcome the focus on children and young people as a cross-cutting theme of the UNGASS and recognise the wide range of children's rights affected by drug use, the drug trade and repressive government policies across the drug market chain. While the current outcome document references the need for evidence-based education and child-appropriate prevention programmes, the document fails to explicitly address the needs of children incarcerated for drug crimes, children living in the streets, children experiencing drug-related violence, children involved in the drug trade, **children in families coping with drug dependence**, and children who already use drugs for whom services remain inadequate. Moreover, **the acknowledged harms associated with drug use and involvement in the drug trade must be understood alongside State responses**.
>
> […]
>
> One of the arguments used in support of the "war against drugs" and zero-tolerance approaches is the protection of children. However, **history and evidence have shown that the negative impact of repressive drug policies on children's health and their healthy development often outweighs the protective element behind such policies**, and children who use drugs are criminalised, do not have access to harm reduction or adequate drug treatment, and are placed in compulsory drug rehabilitation centres.

needs of children, youth and other vulnerable members of society, in the legislative, administrative, social, economic, cultural and educational sectors, including measures to provide them with opportunities for healthy and self-sustained lives, in order to prevent their abuse of narcotic drugs and psychotropic substances, and address their involvement, use and exploitation in the illicit cultivation of crops, production and manufacturing of and trafficking in narcotic drugs, psychotropic substances and other forms of drug-related crime, including urban crime, youth and gang-related violence and crime, fulfilling the obligations as States parties to the Convention on the Rights of the Child and taking into account the United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines); (g) Mainstream a gender perspective into and ensure the involvement of women in all stages of the development, implementation, monitoring and evaluation of drug policies and programmes, develop and disseminate gender-sensitive and age-appropriate measures that take into account the specific needs and circumstances faced by women and girls with regard to the world drug problem and, as States parties, implement the Convention on the Elimination of All Forms of Discrimination against Women" (UNODC, 2016: 15).

f) United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration

The 2019 *United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration* "was not aimed at prescribing policies on drugs, but served as a useful internal tool for the United Nations system to speak with one voice and pursue coherent and coordinated efforts to address the drug problem" (Chief Executives Board of Coordination, 2019: para 20). The document does not mention children, although it refers to "the promotion of youth engagement" (Chief Executives Board of Coordination, 2019: para 10).

Even if the Common Position reproduces an adult-centric approach, it does include very important provisions that, if implemented, could highly benefit children with parents who use drugs, such as:

- To support the development and implementation of policies that put people, health and human rights at the centre, by providing a scientific evidence-based, available, accessible and affordable recovery-oriented continuum of care based upon prevention, treatment and support, and to promote a rebalancing of drug policies and interventions towards public health approaches;
- To promote the increased investment in measures aimed at minimizing the adverse public health consequences of drug abuse, sometimes referred to as harm reduction, which reduce new HIV infections, improve health outcomes and deliver broader social benefits by reducing pressure on health-care and criminal justice systems;
- To ensure the provision of drug prevention, treatment, rehabilitation and general support services, including health care and social protection in prison settings, ensuring that they are equivalent to and that they provide continuity of care with those in the community;
- To ensure the respect for the dignity and human rights of people who use drugs in all aspects of drug and social policies, including providing equal access for people who use drugs to public services, including housing, health care and education;

[…]

- To promote alternatives to conviction and punishment in appropriate cases, including the decriminalization of drug possession for personal use, and to promote the principle of proportionality, to address prison overcrowding and overincarceration by people accused of drug crimes, to support implementation of effective criminal justice responses that ensure legal guarantees and due process safeguards pertaining to criminal justice proceedings and ensure timely access to legal aid and the right to a fair trial, and to support practical measures to prohibit arbitrary arrest and detention and torture;
- To call for changes in laws, policies and practices that threaten the health and human rights of people;

- To promote measures aimed at reducing stigma and eliminating discrimination and achieving universal coverage of evidence-based prevention, treatment and rehabilitation (Chief Executives Board of Coordination, 2019: 12-13).

g) Ministerial declaration on strengthening our actions at the national, regional and international levels to accelerate the implementation of our joint commitments to address and counter the world drug problem

The ministerial declaration approved in 2019 states the commitment "to safeguarding our future and ensuring that no one affected by the world drug problem is left behind by enhancing our efforts to bridge the gaps in addressing the persistent and emerging trends and challenges through the implementation of balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based responses to the world drug problem, placing the safety, health and well-being of all members of society, in particular our youth and children, at the centre of our efforts" (CND, 2019: 4) and recognizes the importance of appropriately mainstreaming a gender and age perspective into drug-related policies and programmes and that appropriate emphasis should be placed on individuals, families, communities and society as a whole, with a particular focus on women, children and youth, with a view to promoting and protecting health, including access to treatment, safety and the well-being of all humanity (CND, 2019: 2).

h) 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

The 2009 Political Declaration and Plan of Action is articulated in three parts: part one deals with demand reduction, part two focuses on the supply side of the world drug problem and part three includes countering money laundering and judicial cooperation. In the opening of the political declaration, youth is defined as society's most precious asset. Children, adolescents and youth are considered as vulnerable groups that should be targeted with tailored demand reduction programmes in the areas of prevention, treatment, rehabilitation and related support services and that take into account gender considerations and cultural backgrounds (UNODC, 2009: 22-23).

Another mentioning of children appears in the opening statement by former UNODC executive director, Mr. Acosta, who refers to children lost to addiction as likely to become urban child soldiers working for criminal organizations. Unfortunately, such views are likely to promote the stigmatization of youth rather than the recognition and fulfillment of their rights.

Youth is included in several parts of the document in relation to i) prevention programmes; ii) drug use in general and the incidence of HIV/AIDS and other blood-borne diseases among injecting drug users; and iii) the "commitment to invest in and work with youth in a range of settings, including in families, schools, workplaces and communities, by raising public

awareness and providing youth with information, skills and opportunities to choose healthy lifestyles" (UNODC, 2019: OP 23).

i) Commission on Narcotic Drugs' resolutions

The purpose of this section is to show the main contents of resolutions approved by the Commission on Narcotic Drugs (CND hereinto) related to children and drugs from 2020 to 2010[7]. The purpose is not to analyze every resolution, but to show if and how children whose parents use drugs are included in the debate and in the deliberations in Vienna.

Several resolutions deal with children, mainly from the perspective of children and young people as subjects to be protected from the risks of drug abuse. Article 33 of the CRC is often recalled although the best interest of the child is seldom mentioned. The main focuses are prevention and treatment, with an emphasis on schools, information and differentiated approaches, based on age and gender, among other intersectional factors. While some resolutions share a more human-rights and evidence-based approach, others reinforce a moral discourse with punitive nuances. It is important to underline that children are mainly portrayed as victims to be protected or as assets, that is as "adults in becoming" and "social tools" rather than as right-holders and people with the capacity to make their own judgments and take decisions based on their progressive development. That demonstrates that the paradigm enshrined in the CRC is still to be fully incorporated by some of the Member States annually convening in Vienna.

2020 CND's Resolution 63/4 *Promoting the involvement of youth in drug prevention efforts* (CND, 2020) does acknowledge the importance of appropriately mainstreaming gender and age perspectives in drug-related policies and programmes and calls for increased participation of youth and youth-based organizations in the formulation of local, national, regional and international development strategies and policies, which is particularly relevant to youth engagement in the prevention of non-medical use of drugs. It refers to the particular importance of taking into account the perspectives of youth in vulnerable situations, among which children whose parents use drugs can be included. The resolution gives a particular prominence to UNODC *Handbook on youth participation in drug prevention* work (UNODC 2020 a) and the implementation of the "Listen first" initiative, launched by the United Nations Office on Drugs and Crime and the World Health Organization[8].

Resolution 61/2 *Strengthening efforts to prevent drug abuse in educational settings* (CND, 2018) focuses on children and drug use, particularly, as its name suggests, prevention,

[7] Information available at https://www.unodc.org/unodc/en/commissions/CND/Resolutions_Decisions/resolutions-and-decisions-2020-2029.html and https://www.unodc.org/unodc/en/commissions/CND/Resolutions_Decisions/Resolutions-Decisions_2010-2019.html

[8] Information available at https://www.unodc.org/unodc/en/listen-first/.

information (with a focus on the risks of drug abuse) and interventions and programmes aimed at promoting healthy lifestyle. The resolution refers to families and parents but as actors that should be involved in the actions to prevent drug use by children and youth, not as users themselves.

Resolution 61/9 *Protecting children from the illicit drug challenge* (CND, 2018 c) begins with pointing out "the individual and public health-related, social and safety challenges posed by the use of illicit drugs and, when relevant, drug-related crime, in particular to children" besides reaffirming its adherence to the three UN Conventions. It reflects the mainly punitive approach usually adopted to enforce article 33 of the CRC and the UN Drug Conventions. The focus is on children exposed to drug use and and those involved in drug-related activities, such as production and trafficking. The proposed responses rests on protection, prevention, treatment, family and school drug prevention programmes but also on "to continue to enhance criminal justice responses to those responsible for the involvement, use and exploitation of some children in the illicit cultivation of crops, illicit production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other forms of drug-related crime, and to enable penalties, in accordance with national legislation, that are proportional to the gravity of the offence (CND, 2018 c: OP 12).

The issue of drug use prevention among children was also brought up in 2017, in Resolution 60/7 *Promoting scientific evidence-based community, family and school programmes and strategies for the purpose of preventing drug use among children and adolescents* (CND, 2017) which recalls the CRC, the 2009 *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem* -in which Member States reaffirmed their commitment to investing in and working with youth and to delivering prevention programmes in a range of settings, including in families, schools, workplaces, communities, the media, health and social services and prisons-, the 2030 Agenda, UNGASS Outcome Document and the UNODC and WHO' s *International Standards on Drug Use Prevention* (UNODC and WHO, 2018). The emphasis is on the risks of drug use and the need to protect children from initiation while providing them with information, opportunities, skills and supportive parenting. Families and parents, as well as we community and schools, are included as actors to be involved in prevention, but not as people who use drugs themselves. Gender and age perspective are present in the Resolution, together with the encouragement to involve " children and adolescents in the development, implementation, monitoring and evaluation of community, family and school drug prevention programmes and strategies (CND, 2017: OP 4).

Resolution 58/2 *Supporting the availability, accessibility and diversity of scientific evidence-based treatment and care for children and young people with substance use disorders* deals again with drug use and treatment for children and young people and recalls article 33 of the CRC. It refers to family issues and mental health as co-occurring problems in children wih

substance use disorders and acknowledges "the barriers that prevent young people from accessing youth-friendly services for the treatment and care of drug use disorders, such as mental health disorders, including barriers such as negative labelling and fear of social, employment or legal repercussions, and also acknowledging with concern the lack of differentiated services, the lack of effective scientific evidence-based treatment programmes, the lack of resources and the fear of negative consequences, including within and for their families" (CND, 2015, p. 2). It encourages Member States to include families in treatment and recovery programmes, and puts a stress on the need to provide scientific evidence-based treatment, and to "take into account factors such as age, gender, educational and cultural background, severity of the substance use disorder and aggravating factors such as polydrug use, consumption patterns and co-morbidity" (CND, 2015: OP 2).

In the same year, Resolution 58/3 *Promoting the protection of children and young people, with particular reference to the illicit sale and purchase of internationally or nationally controlled substances and of new psychoactive substances via the Internet* (CND, 2015 a) was approved, confirming that the main concerns regarding children see them as potential victimis of criminal organizations either as consumers, through incitement or via child labour.

In 2014, Resolution 57/3 *Promoting prevention of drug abuse based on scientific evidence as an investment in the well-being of children, adolescents, youth, families and communities* focuses on prevention and underlies that "that prevention that is based on scientific evidence and on a rigorous process of adaptation to local cultural and socioeconomic circumstances is the most cost-effective approach to preventing drug abuse and other risky behaviours and therefore is an investment in the well-being of children, adolescents, youth, families and communities" (CND, 2014: 1).

Resolution 53/10 *Measures to protect children and young people from drug abuse* (CND, 2010) adopts an utilitarian view of children and a stigmatizing perspective on people who use drugs, when it states "Underlining the need to prevent and counter drug abuse among children because of its effects on their physical, mental, spiritual, moral and social development, which undermine the progress of society (CND, 2010: 1). Families are referred to as part of prevention programmes that should aim at prevent the use of drug by children and young people as well as to prevent the use of children and young people in the illicit production of and trafficking in drugs (CND, 2010: OP 2).

Some resolutions regarding women are also pertinent to the needs and policy intervention directed at children whose parents use drugs.

Resolution 61/4 *Promoting measures for the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs* (CND, 2018 a) expresses

concerns on "the social barriers, including poverty, that continue to hinder the access of women to treatment and, in some cases, a lack of sufficient resources allocated for removing those barriers, and fully aware that women are disproportionately affected by particular consequences of drug abuse, such as sexually transmitted diseases, violence and drug-facilitated crime" and encourages Member States "to ensure that all children are provided access to health-care services, in order to secure the highest attainable standard of health, and to develop preventive health care, guidance for parents, family planning education and services, and prenatal and postnatal health care for women who abuse drugs" (CND, 2018 a: OP 2).

In 2016, the Resolution 59/5 *Mainstreaming a gender perspective in drug related policies and programmes* (CND, 2016) was approved, bringing comprehensive view of how gender should be mainstreamed in drug policies and programmes, by taking into account women and girls who use drugs as well as those who become involved and are incarcerated for drug-related offences. While the tone of the Resolution is mainly adult-centred, two issues, besides the mentioning of girls, are of particular relevance for children whose parents use drugs, that is the emphasis on the preference of a non-custodial measures, in the case of women in contact with the criminal justice system who are pregnant or a child's primary or sole caregivers (CND, 2016: OP 6) and the invitation to Member States to provide "safe environments for women, and to use a wide range of alternative measures to conviction or punishment for appropriate drug related offences of a minor nature, in accordance with national legislation, in order to improve public health and safety for individuals, families and societies" (CND, 2016: OP 7). Such provisions are relevant in the case of women who use drugs and are deprived of their liberty for a drug-related offence, by instance possession, and also in the case of women who either need to be sheltered in order to escape gender-based violence or to receive in-patient drug treatment and are, at the same time, the sole or primary caregivers of their children. Curiously, the best interest of the child -which is seldomly mentioned in the resolutions- does not appear in the text as a principle and right to be fulfilled when adopting decisions that concern women but also impact directly or indirectly on their children nor when referring to girls, who are uniquely seen through the lens of gender.

Finally, it is important to look at those resolutions that prompt for drug policies that are sensitive towards vulnerable groups, people who use drugs and people in contact with the criminal justice system because of minor, non-violent drug offences, since their contents are relevant to the issues faced by children whose parents use drugs as well as their parents.

Resolution 61/7 *Addressing the specific needs of vulnerable members of society in response to the world drug problem* (CND, 2018 b) encourages Member States to promote a participatory role for young people and the organizations that work with them. Quite interestingly, the resolution also encourages Member States to identify the impact on the

elderly of family members' drug abuse but does not propose the same for children and young people.

Resolution 61/11 *Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users* is of particular relevance for the topic of children whose parents use drugs, since its implementaiton could benefit the children's families and them in return. In its text, it recogonizes "that marginalization, stigmatizing attitudes, discrimination and fear of social, employment-related or legal repercussions may dissuade many who need help from accessing it and lead those who are in stable long-term recovery from a substance use disorder to avoid disclosure of their status as a person in recovery from addiction" and encourages Member States "to promote, among their relevant agencies and social service sectors, non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health, care and social services for drug users, and to reduce any possible discrimination, exclusion or prejudice those people may encounter (CND, 2018 d: OP 1).

Resolution 54/5 *Promoting rehabilitation- and reintegration-oriented strategies in response to drug use disorders and their consequences that are directed at promoting health and social well-being among individuals, families and communities* has a strong commitment to human rights and non-stigmatizing attitudes towards people who use drugs and stresses on the importance of supporting vulnerable families:

> 3. Also urges Member States to focus on prevention, treatment, care and related support services for drug users suffering from a drug-related disorder, as well as for their families, to develop effective interventions that lead to social reintegration, including supporting programmes to facilitate the employment of people in treatment and recovery that are tailored to their specific needs in the rehabilitation process, and to ensure interventions for the prevention of drug-related diseases that are directed at promoting health and social well-being among individuals, families and communities;
> 4. Further urges Member States to ensure that drug treatment is evidence-based, part of an integrated approach to drug demand reduction and recognized as a key element of national efforts aimed at reducing illicit drug use and its adverse health and social consequences, and to improve rehabilitation and reintegration services that are directed at promoting health and social well-being among individuals, families and communities (CND, 2011: OP 3, 4).

Resolution 55/2 *Promoting programmes aimed at the treatment, rehabilitation and reintegration of drug-dependent persons released from prison settings* (CND, 2012) also contains measures that are indirectly relevant for children whose parents use drugs and is released from prison.

Given the levels of incarceration associated with the implementation of the Conventions and the use of the criminal justice system, which can affect children and their parents, it is important to mention Resolution 59/7 *Promotion of proportionate sentencing for drug-related offences of an appropriate nature in implementing drug control policies*, in which it is argued in favor of sentencing for drug-related offences that is proportionate to the severity of the offence and takes into account the facts and circumstances of each case (CND, 2016 a: OP 1). Seeing children with incarcerated parents for drug offences related to use and possession as "circumstances" would imply to objectifye them instead of seeing them as rights' holder; however, this resolution can provide basis to advocate for more lenient sentences or for the non prosecution of minor, non-violent drug offences committed by people who have primary caring responsibilities. The topic of alternatives to conviction for drug-related minor offences is also brought up in Resolution 58/5 *Supporting the collaboration of public health and justice authorities in pursuing alternative measures to conviction or punishment for appropriate drug-related offences of a minor nature* (CND, 2015 b).

j) International Guidelines on Human Rights and Drug Policy

The *International Guidelines on Human Rights and Drug Policy* were published in 2019 by several UN agencies and the International Centre on Human Rights and Drug Policy (International Centre on Human Rights and Drug Policy *et al.*, 2019). Section III "Obligations arising from the human rights of particular groups" dedicates section 1. to children and includes guidelines specific for the case of children in the context of parental drug dependence (International Centre on Human Rights and Drug Policy *et al.*, 2019: 17):

> "Every child has the right to such care and protection as is necessary for their well-being, including where the child's parents use drugs or are drug dependent.
> In accordance with this right, States shall:
> i. Ensure that the best interests of the child are a primary consideration in decisions regarding their care, including in the context of parental drug dependence.
> In addition, States should:
> ii. Ensure that a parent's drug use or dependency is never the sole justification for removing a child from parental care or for preventing reunification. Efforts should be directed primarily towards enabling the child to remain in or return to the care of their parents, including by assisting drug-dependent parents in carrying out their child care responsibilities".

The other measures concern prevention, children who use drugs and the rights of children to be protected from exploitation in the illicit drug trade.

k) Guidelines for the Alternative Care of Children

The United Nations *Guidelines for the Alternative Care of Children* put a stress on the importance of preventing the separation of children from their families, as stressed in the first of the general principles underling the guidelines (General Assembly, 2010, para 3):

> 3. The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role.

Differently to the majority of the documents reviewed so far, the *Guidelines* have clear instructions for the action to be taken in order to protect children whose parents use drugs and avoid, as long as it is in the child's best interest, the child's separation from his or her family:

> 9. As part of efforts to prevent the separation of children from their parents, States should seek to ensure appropriate and culturally sensitive measures:
> (a) To support family caregiving environments whose capacities are limited by factors such as disability, drug and alcohol misuse, discrimination against families with indigenous or minority backgrounds, and living in armed conflict regions or under foreign occupation.

4.2.2 Remarks on the universal framework of children's rights and drug policy

The international system of drug control and children' rights intersect in the drug Conventions' purpose of protecting the health of mankind -including children- and article 33 of the CRC. The focus is primarily on children who use or might be incited to use drugs and those who are employed by criminal organizations in drug trafficking or drug production.

The combination of the prevalent narrative on children as victims and drugs and drug traffickers as menaces, together with the stigma that drug users still face, has led to the implementation, albeit with differences among countries, of drug-related policies that might end up harming or undermining the wellbeing of those same children it is meant to protect, besides conducing to human rights violations against people who use drugs or participate in drug-related offences.

As Barrett (2018) points out "States report -to the Committee of the Right of the Child- many interventions put into place to protect children from drugs that raise fairly obvious human rights concerns, such as using he death penalty, compulsory drug treatment and various drugs crackdown. With very few exceptions, the Committee does not critique these practices or related legal frameworks" (Barrett, 2018: 42).

Of course such practices are not to be seen in all countries nor are a direct consequence of the international framework on drugs. However, drug-policy related measures, such as the criminalization of people who use drugs or the separation of children from parents only on the basis of the latter' s drug dependence under the argument of protection and without taking into due account and assessing the best interest of the child as outlined in GC 14 (Committee of the Right of the Child, 2013 a) -as a right, principle and norm of procedure- can lead to unnecessary or aggravated pain and vulnerability for children whose parents use drugs than those provoked by their parents' drug dependence.

4.2.3 European framework on children's rights and drug policy

The Council of Europe has a broad base of standard-setting texts whose purpose is to promote and protect children's rights, including protection from all forms of violence[9] and numerous publications and tools[10] to promote and protect the rights of the 150 million children who live in Europe.

This section focuses on the European Social Charter and the current *Council of Europe Strategy for the Rights of the Child (2016-2021)* in order to identify how children whose parents use drugs are or could be included. Subsequently, it analyses the Council of Europe's approach and development of a human rights focus in drug policy.

Children are entitled to all the rights protected by the *Convention for the Protection of Human Rights and Fundamental Freedoms*, but article 8 "Right to respect for private and family life" is a particularly important article for the protection of children's rights and is often applied in cases where children are concerned. This includes the rights of parents to have custody and contact with their children, and the rights of children to be with their parents. The European Court of Human Rights helps to protect families from being unlawfully separated – including protecting the rights of parents to recover abducted children[11].

a) The European Social Charter

The *European Social Charter* (ESC) complements the *European Convention on Human Rights* in the field of economic and social rights (Council of Europe, 2005). The Charter guarantees rights to children from birth (and before) up to the age of 18 in respect of the following issues (Council of Europe, 2005: 2):

- Rights of the Family;
- Legal status of the Child;
- Criminal liability of and criminal law in respect of children;

[9] Information available at https://www.coe.int/en/web/children/legal-standards.
[10] Information available at https://www.coe.int/en/web/children/publications.
[11] Information available at https://www.coe.int/en/web/impact-convention-human-rights/family.

- Health protection of children;
- Special protection of children-protection from violence, abuse and exploitation, special protection for vulnerable groups;
- Right to education;
- Prohibition of child labour;
- Specific working conditions between 15 and 18;
- Rights of migrant children.

Table 4 outlines those measures that are directly relevant to children whose parents use drugs.

Table 4. ESC's (Revised) measures that directly or indirectly address the circumstances of children whose parents use drugs[12]

Article	Content
Art. 8	The right of employed women to protection of maternity: Protection before birth -maternal health protection
Art. 11	The right to the protection of health: Health education at school must be a priority of public health policy. It should be provided throughout schooling and should form part of the curricula. There should be a particular focus on smoking, drugs, alcohol abuse, health nutrition and sex education.
Art. 16	Rights of the family: i) Family benefits or other forms of financial assistance to the family; ii) Housing; iii) Child care; iv) Breaking up of families; v) Prohibition of discrimination on the ground of family responsibilities.
Art. 17	The right of children and young persons to social, legal and economic protection: i) Ill treatment and abuse; the criminal law must penalise the different forms of ill–treatment of children; ii) Children in public care; any restrictions or limitations of parents custodial rights should be based on criteria laid down in legislation, and should not go beyond what is necessary for the protection and best interest of the child and the rehabilitation of the family. National legislation must provide a possibility to lodge an appeal against a decision to restrict parental rights, to take a child into public care or to restrict the right of access of the child's closest family. Further a procedure must exist for complaining about the care and treatment in institutions; iii) Equal access to education for children from vulnerable groups.

b) Council of Europe Strategy for the Rights of the Child (2016-2021)

The Council of Europe Strategy for the Rights of the Child (2016-2021) (Council of Europe, 2016) identifies five priority areas, namely: i) Equal opportunities for all children; ii)

[12] Based on European Social Charter (revised) and Council of Europe, 2005.

Participation of all children; iii) A life free from violence for all children; iv) Child-friendly justice for all children; and v) Rights of the child in the digital environment. All the strategy does apply, of course, to children whose parents use drugs; however, some issues and actions are closer to the children's needs and realities. As in previous cases, they are synthesized in the next table.

Table 5. Council of Europe's Strategy for the Rights of the Child 2016-2021 related to children whose parents use drugs

Priority Area	Content
1. Equal opportunities for all children	26. The UNCRC recognises the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. The European Social Charter guarantees children's rights to appropriate social, legal and economic protection. In line with the UNCRC and the European Social Charter, families should be afforded all necessary protection and assistance in order to fulfil their crucially important role. 28. Child poverty and social exclusion can most effectively be addressed through child protection systems that carefully integrate preventive measures, family support, early childhood education and care, social services, education and housing policies. 31. In line with Committee of Ministers Recommendation on the rights of children living in residential institutions and the UN Guidelines on the Rights of Children in Alternative Care, the Council of Europe will also pay specific attention to the situation of children in all forms of alternative care and provide guidance to professionals in this field in implementing a child-rights based and participatory approach to their work. Where large residential care facilities (institutions) remain, the Council of Europe will promote the deinstitutionalization of care of children, in particular of children under the age of three. 35. To fight discrimination on the grounds of gender and promote equality between girls and boys, the Council of Europe will continue to address stereotypes and sexism, notably in media and education, as well as oversexualisation.
2. Participation of all children	37. Children have the right to be heard and participate in decisions affecting them, both as individuals and as a group. Indeed everyone has the right to freedom of expression, as guaranteed under Article 10 of the European Convention on Human Rights. The UNCRC grants children the right to express their views freely in all matters affecting them and to have their views given due weight in accordance with their age and maturity.

	39. The Council of Europe will continue to involve children and give due respect to their views in the development, implementation and evaluation of its child-related standards, policies and activities, respecting the above-mentioned principles. In doing so, special emphasis will be given to the participation of children in vulnerable situations, such as children with disabilities, children living in poverty, children in care, Roma children, children on the move or otherwise affected by migration, and children from minorities. Efforts will be reinforced to reach out to children and those who care for and work with them through websites, applications, social media, games, publications and other child-friendly tools.
3. A life free from violence for all children	43. Addressing violence against children calls for an integrated and strategic approach. The Council of Europe will contribute to the elimination of violence against children in all settings and in particular in the fields of education, media, justice, equality, family, migration, alternative care, and children with disabilities. 47. The Council of Europe will continue to promote the effective elimination of corporal punishment and other cruel or degrading forms of punishment of children in all settings, including within the home.
4. Children-friendly justice for all children	55. The Council of Europe will promote the implementation of its standards on family law, including the European Convention on the Adoption of Children (Revised), and the Committee of Ministers Recommendations on family mediation, on policy to support positive parenting, and on preventing and resolving disputes on child relocation. […] Particular attention will be paid to the assessment process of the best interests of the child in family matters. It shall be explored how member States could put into place laws, regulations and procedures which ensure that the best interests of the child are a primary consideration in removal from parental care, placement and reunification decisions.
5. Rights of the child in the digital environment	59. Council of Europe conventions provide a solid basis for the protection of children from potential risks to their safety, security and privacy in the digital environment.

The Strategy identifies groups of children that face discrimination, such as children with disabilities, children without parental care, children from minorities including Roma children, children on the move or otherwise affected by migration, children deprived of liberty, children living and/or working on the streets and children of imprisoned parents (Council of Europe, 2016: 7**).** In the case of the upcoming Strategy (2022-2027), it is important that children whose parents use drugs are included in this list, insofar as, in some cases, they face the double effects of parental neglect and stigmatizing or punitive drug-related polices and both aspects should be emphasized.

c) Drug policy and human rights in Europe: a baseline study

The Council of Europe has incessantly brought forward the importance of a public-health-oriented drug policy based on prevention, treatment and harm reduction and on numerous occasions has encouraged member States and the international community to shift from a criminal justice approach to a public health vision of drugs and drug policy. The Parliamentary Assembly's *Drug policy and human rights in Europe: a baseline study* is a very pertinent contribution to the topic under review and the gaps encountered so far.

The report builds on previous efforts and commitments of the Council of Europe to the convergence of human rights and drug policy and the emphasis on public health. As it is underlined in the report (Council of Europe, 2020: para 12):

> The Parliamentary Assembly of the Council of Europe (the Assembly) has, since its 2007 report "For a European convention on promoting public health policy in drug control", called several times for a shift from punitive models to policies that are focused on public health, including policies for prevention, education, treatment, rehabilitation, social reintegration and harm reduction. The Social Affairs Committee highlighted that the resulting benefits of such measures already carried out by certain member States "have been felt by society as a whole, through reductions in the incidence of criminal behaviour, reduced costs for health and criminal justice systems, reduced risks of transmission of HIV and other blood-borne viruses, and, ultimately, reduced levels of drug use".

Before deepening into the contents of the report, its immediate precedents are reviewed in order to analyse if and how children's rights are included.

The abovementioned report by the Parliamentary Assembly (2007) does not mention children whose parents use drugs but refers to young people when referring to prevention and treatment. Seemingly, Resolution 1576 *For a European convention on promoting public health policy in drug control* (Parliamentary Assembly, 2007 a, paras 11.3 and 11. 4) does not include children with families involved in drug use, and promotes prevention measures targeted at young people and specialized treatment for the same group. However, the scope and tone of the Resolution surpass the limits of the current international system of drug control and incorporate a human rights and health-based approach that, if implemented in all countries, would highly reduce the costs of punitive and stigmatizing drug policy on children whose parents use drugs. The text of the resolution can be reviewed at length in the corresponding link; nevertheless, it's worth highlighting some of the points that will nurture the recommendations of this document:

> 3. A number of key public health responses to "problem drug use" have emerged in past decades, including substitution treatment, needle exchange programmes and psychosocial treatment. These measures have had a marked effect on the successful long-term rehabilitation of drug users and their reintegration into society. The resultant benefits have been felt by society as a whole, through reductions in the incidence of criminal behaviour, reduced costs

for health and criminal justice systems, reduced risks of transmission of HIV and other blood-borne viruses, increased productivity and, ultimately, reduced drug use levels.
4. However, these responses have so far been employed only on a fragmentary basis across Europe. […]
5. Moreover, recent world trends have provided additional proof of the resounding failure of efforts to reduce the production and supply of drugs. […]
9. In pursuit of these objectives, the convention, which should be complementary to the existing framework of national drug policies, should incorporate the following four elements:
9.1. prevention and education, including measures targeting the special needs of marginalised and vulnerable groups;
9.2. treatment, covering a range of methods, including substitution treatment and needle exchange programmes, and incorporating a psychosocial component as integral to the various treatment methods;
9.3. rehabilitation and social reintegration, including treatment alternatives to imprisonment and labour market rehabilitation;
9.4. monitoring and evaluation, aimed at identifying best practices.

In November 2018, the Ministers participating at the 17th Ministerial Conference of the Pompidou Group in Stavanger, Norway, reaffirmed, through the Stavanger Declaration (Pompidou Group, 2018) "a focus on "human rights as a fundamental cornerstone in drug policy, in line with the Council of Europe's core mission" (Council of Europe, 2020: para 14). In the text of the Declaration (Pompidou Group, 2018: 2), the ministries declare their concern that "the risk of discriminatory and stigmatising attitudes towards people who use drugs, as such attitudes can undermine risk and harm reduction, drug treatment, social re-integration and the potential for recovery" and also recall "the obligations of States under the United Nations and the Council of Europe Conventions to protect fundamental rights and freedoms, in particular the right to life and human dignity, the right to protection of health, the prohibition of any type of discrimination as well as the right of children to be protected from the illicit use of narcotic drugs and psychoactive substances (Pompidou Group, 2018: 2). Among other tasks, the Pompidou Group is mandated with the Declaration to "support members States in their efforts to develop and implement drug policies using a balanced, scientific evidence-based and comprehensive approach which fully respect all human rights and protect the health, safety and well-being of individuals, families, vulnerable members of society, communities and society as a whole (Pompidou Group, 2018: 3).

The *Pompidou Group Work Programme 2019–2022 'Sustainable drug policies respectful of human rights'* (Pompidou Group, 2018 a) envisages principles, priorities, actions and target group which indirectly include children whose parents use drugs. The points outlined under the thematic priorities Good Governance and International drug policy development 2019 and beyond (Pompidou Group, 2018 a, pp. 3) are to be implemented with a children's rights perspective, insofar as they aim at i) understanding and placing emphasis on human rights dimensions and coherent drug policy interventions, ii) assessing outcomes, costs and

consequences of drug policies, iii) identifying the role of drug policies in preventing risks, iv) raising awareness of the positive and negative consequences of drug policies, v) incorporate and develop specific needs of and interventions for different target groups and vi) strengthening the gender specific dimension in drug policy. Unaccompanied migrant minors are pointed out as a specific target group.

The report *Drug policy and human rights in Europe: Managing tensions, maximising complementarities* (Barrett, 2018 a) published by the Pompidou Group is also key to define what it means to develop drug policies from a human rights perspective and how it should be implemented. The study reflects upon the human rights dimensions in drug policy and how human rights can be incorporated into drug policy development, monitoring and evaluations.

The report *Drug policy and human rights in Europe: a baseline study* further highlights the negative effects and lack of effectiveness of repressive drug policy and calls for a public-health approach:

> 7. Until recently, there was a global understanding that the best way to deal with drug-related issues was to focus on reducing, and ultimately eliminating, the illicit production, supply and use of narcotic and psychoactive substances. The Social Affairs Committee noted in 2015 that "drug-control efforts […] focusing on repression have been responsible for generating large-scale human rights abuses, including the violation of the right to health, and disastrous consequences in terms of public health." For instance, repression may lead to contaminated and more harmful drugs of unknown quality being sold and riskier methods of drug use being sought. History reveals indeed that there has never been any society without psychoactive drugs, begging the question whether a world free of drugs is a realistic aim. Strong evidence also suggests that the consequences of purely repressive policies include also death, violence, ill-treatment, discrimination, stigmatisation, marginalisation, disproportionate sentencing and prison overcrowding (Council of Europe, 2020: para 7).

The report's objective is to describe, through concrete examples, how human rights' standards should form an integral part of drug policy development in member States. While pointing out that there is not a consensus on what a human rights-based approach means for the design, implementation, monitoring and evaluation of drug policies, the report develops the following axes of interventions and specifically targets children whose parents use drugs. As in previous cases, the information presented in Table 6 is only a synthesis that can be completed by referring to the complete report.

Table 6. Council of Europe's Baseline study approach to human rights and drug policy

Area of intervention	Relevant to or specific measures on children whose parents use drugs
3.2 Evaluating and remedying the effects of drug policies on human rights	21. States should assess the intended and unintended effects of envisaged drug policy measures, taking into account their potential impact on the enjoyment of human rights. […] The so-called "3AQ" test can be used to examine whether the health services are "Available, Accessible, Acceptable and of Sufficient Quality" for all persons with drug disorders or addictions. […] Prisoners who suffer from drug disorders or addictions should receive care that is equivalent to that which is provided outside of prison.
4. Measuring the impact of human rights-based responses to drug problems	24. The search for evidence-based and comprehensive drug-related policies requires a transparent and effective methodology to assess their success. The collection of data should be based on specific and comprehensive indicators of the process and outcomes of drug policies. 26. Indicators should be tailored to existing national, regional and international human rights standards.
5. Concrete examples to incorporate human rights into drug policies	31. States should implement effective preventive measures to address the drug problem, such as educational programmes and awareness raising and preventive campaigns based on scientific evidence, in multiple settings (families, schools, communities, streets and party scenes, workplaces, etc.) and targeting relevant ages and levels of risk. Governments should furthermore balance the preventative measures to ensure that they do not have unintended negative human rights consequences. For example, the mandatory testing of schoolchildren for drug use sometimes carried out randomly as a preventive measure has often raised human rights concerns and has been ultimately discouraged, as it fails the test of proportionality; 34. The 'Icelandic model' of prevention is also a noteworthy "bottom-up" approach which focuses on reducing known risk factors for substance use and developing socio-economic connections at a local level, while strengthening a broad range of community-related protective factors (such as the role of parents and schools and the network of opportunities around them). For instance, it aims to change unwanted behaviour by altering the physical, economic and regulatory aspects of the environment that provide or reduce opportunities for the behaviour to occur (e.g. supervised after-school leisure time with universal access to sport and cultural activities for youth).
5.2. Harm reduction	38. National experiences and reported challenges in the implementation of DCRs show that a holistic human rights approach can help protect individuals and societies from unintended consequences of the measures. […]The participation of all stakeholders, in particular people who use drugs and law enforcement officials, in the design of harm reduction strategies and in regular follow-up community meetings and the exchange of information at local, national and international levels help resolve problems with due consideration of human rights.

	39. A human-rights approach entails effective provision of assistance to prisoners with drug-related problems (as part of a wider national drugs strategy). This should include harm reduction measures, specific training for staff and the provision of adequate information material on drug-related issues and services available to detainees, psycho-social services and respect of medical confidentiality.
5.3. Treatment and rehabilitation services	41. Mechanisms must be put in place to ensure the operation of drug treatment and rehabilitation services do not undermine or threaten the right to health and prevent any human rights abuses. Member States should for example prioritise health care and social support in community settings rather than institutions.
5.4. Law enforcement and human rights	46. Efforts to exhaust all available alternatives (e.g. diversion, alternative sanctions, release on parole – combined with voluntary treatment offered in the community) before incarcerating drug-related offenders is the most pertinent rights-based strategy. Detention should only be imposed where it is deemed reasonable, necessary and proportional.
6. Cross-cutting human rights issues in drug policies	51. Women who use drugs are particularly vulnerable to stigmatisation and marginalisation in the family and the community. Women may be afraid to seek treatment, in particular if they are pregnant, survivors of gender-based violence and fear legal issues and social stigma. […] A gender-sensitive perspective, that responds to differentiated needs, risks and harms to women and girls, should always be mainstreamed into the design and implementation of drug policies, as recalled by the Pompidou Group's 2018 Stavanger Declaration and ongoing work on the gender dimension in drug policies. Ireland, for instance, has identified in its national strategy on drug use that the "absence of childcare can be a barrier for women attending treatment and after-care services" and aimed to increase "the range of wrap-around community and residential services equipped to meet the needs of women who are using drugs and/or alcohol in a harmful manner, including those with children and those who are pregnant".
6.2. Children and young people	**53. Authorities must protect children from the risk that the use of drugs or dependence of drugs by parents leads to neglect or abuse of their children. Always acting in the best interests of the child, States have an obligation to provide appropriate assistance to parents in carrying out their childcare responsibilities when needed. This includes the duty to support drug-dependent parents. A parent's use of drugs on its own does not justify the separation of a child from his or her parents, but child protection authorities must be particularly vigilant in such a situation.**
6.3. Other members of societies exposed to particular risks	55. With respect to the prohibition of discrimination under Article 14 of the Convention, States should ensure that drug policies do not have unnecessary, undesirable or disproportionate impact on the delivery of health care and the provision of housing, education, employment to persons suffering from addiction and other drug disorders. States should have adequate mechanisms to monitor and address all forms of discrimination and stigma. Member States should ensure open and inclusive debates with the participation of affected populations.

The Resolution that followed the report (Parliamentary Assembly, 2020 a) reproduces the focus on children and drug use and children's involvement in the illicit drug trade (paras 4.1.5; 4.2.1; 4.2.2.; 4.3.3) and children in contact with the criminal justice system (para 4.4.3). Point 4.5 is relevant to children whose parents use drugs, as it states:

> 4.5. provide equal and effective protection of people who use drugs from multiple forms of discrimination in drug policy design and practice. Drug policies should be gender sensitive, address socio-economic factors and respond to differentiated needs, risks and harms faced, in particular, by certain members of societies, including women, children and youth, ethnic, migrant and LGBTI communities, sex workers and homeless people, and members of other vulnerable groups.

Even if not mentioned explicitly, children who live in families or environments affected by dependent drug use and stigmatizing and criminalizing drug policies are to be considered part of the vulnerable groups referred to in this paragraph.

d) European Union's Drug Strategy 2021-2015

The *European Union Drug Strategy for 2021-2015* (EU, 2020), approved in December 2020, acknowledges that "all women, men and children, including people with drug-use disorders, have the right to enjoy the highest attainable standard of physical and mental health, including freedom from violence" and puts a stress on children and youth in the three policy areas which structure the strategy: i) drug supply reduction (EU, 2020, para 1.3); ii) drug demand reduction (paras. 5.2, 5.3, 6.3, 6.5, 6.6) and iii) addressing drug-related harms (7.1).

Work with families and parents, as well as prevention programs targeting families are pointed out as an area of intervention for people who use drugs and for children and youth. The Strategy underlines women's gender-based vulnerabilities and advocates for women-only services, as well as services that take care of accompanying children and that offer other forms of specialist care, such as close working partnerships with care providers and with services working with vulnerable women and victims of domestic violence reduction (EU, 2020, para 6.5).

4.2.4 Remarks on the Council of Europe's approach to children's rights and drug policy

The Council of Europe has been promoting a human rights approach to drug policies on the international arena and the Pompidou Group has been playing a crucial role, as the drug policy co-operation platform for member States, in developing frameworks and tools for the inclusion of human rights in drug policy and mainstream gender.

The *Drug policy and human rights in Europe: a baseline study* is, together with the above mentioned *International Guidelines on Human Rights and Drug Policy* are the only documents detected so far that acknowledge children whose parents use drugs as rights

holders that are affected by punitive drug policies and whose best interest should be assessed and taken into account in drug policies.

4.3 International standards and strategies related to drug policy and violence against children

The purpose of this section is to review international standards on drug use prevention, treatment, as well as on violence against children and children's participation. Most of them have been drafted by UNODC and WHO. As in the previous sections of this document, the texts under review will not be presented at full but will be consulted only to identify if the crossing of children rights, drug use and drug policy is actually outlined and, if so, the analysis and proposals that stem from it in each field of intervention.

a) International standards on drug use prevention

The UNODC and WHO (2018) *International standards on drug use prevention* have a strong focus on children and youth, even though they reproduce the idea of children as "adults in becoming" rather than rights holders since the very beginning by affirming "ensuring that children and youth, especially the most marginalized and poor, grow and stay healthy and safe into adulthood and old age" (UNODC and WHO, 2018, p. 1). The standards use the following age ranges (UNODC and WHO, 2018, p.8): "infancy and early childhood" refers to preschool children, generally 0–5 years of age; "middle childhood" refers to primary school children, approximately 6–10 years of age; "early adolescence" refers to middle school or junior high school years, 11–14 years of age; "adolescence" refers to senior high school, late teen years, from 15 to 18 or 19 years of age; "adulthood" refers to subsequent years. Such differentiations are very useful to identify what conducts, environment and actors can be key in both promoting and preventing drug use.

The standards offer important insights on interventions with children that might be exposed to parental drug use disorders, even if this group is not targeted per se.

The standards prevailingly approach children and adolescents' active or risky drug-related behavior as separated from the family potential context of drug use disorders. When approaching infancy and early childhood, the standards refer to vulnerabilities in the family; drug use, however, and particularly nicotine and alcohol intake are only mentioned in relation to pregnancy.

Parenting skills programmes (UNODC and WHO, 2018: 14) are recommended in all age ranges, from infancy -although the emphasis is on mothers rather than family as a whole or other caregivers- to adolescence. Specific references to parents who also use drugs are:

- It is recommended that interventions to improve mothers' parenting skills be offered in addition to effective treatment and psychosocial support to mothers with depression or any other mental, neurological or substance use condition, in order to improve child development outcomes (UNODC and WHO, 2018: 15);
- They typically include a series of sessions (often around 10 sessions, or more sessions in the case of work with parents from marginalized or deprived communities or in the

> context of a treatment programme where one or both parents suffer from substance use disorders) (UNODC and WHO, 2018: 16).

On the one hand, the standards are applicable to children whose parents use drugs; on the other, some representations of families and particularly of women seem to reproduce stereotypes or to detach children and youth's drug-related problems from family situations, which make more difficult to identify integral strategies. Also, the standards do not envisage drug-policy interventions aimed at reducing the negative impacts of drug policies and stigma and how these hinder people's access to participate in prevention programmes. By instance, in page 13 there are some WHO's guidelines about substance use during pregnancy which imply, among other points, that health-care providers inquire on pregnant women's drug use. However, in an environment of criminalization or stigma -that is, of women fear that their children will be taken away from them because of their drug dependence- the space for disclosure is practically non-existent. Hence, the first intervention to be proposed should be on how to make people feel safe about revealing their drug use.

b) WHO and UNODC International standards for the treatment of drug use disorders

The international standards on treatment (WHO and UNODC, 2018) include children and adolescents in the category of "Populations with special treatment and care needs" (WHO and UNODC, 2018: 85-89). They point out that neglect, violence and sexual abuse can be triggering factors for the use of drugs by children and adolescents and that vulnerability to abuse should be one of the risk factors to be screened when determining the suitability of the child or adolescent to enter a treatment programme. The standards also provide guidelines on how to treat neonatal withdrawal syndrome (NWS) (WHO and UNODC, 2018: 83-84) and. Principle 5 "Responding to the special treatment and care needs of population groups" refers to parents who use drugs (WHO and UNODC, 2018: 12) and acknowledges the needs of children:

> Treatment programmes for parents with drug use disorders should recognize and have the capacity to accommodate the paramount needs of the latters' children. It is necessary to provide good parenting support and childcare practices, as well as training on issues such as sexual health, including contraception.

The standards include measures that are relevant for children whose parents use drugs, such as the following:

- Certain service design factors will increase access for sub-groups in need of treatment for drug use disorders (such as childcare facilities for patients with children) (p. 16);
- Treatment services should be able to accommodate children to allow mothers to receive treatment (p. 82);

- Treatment programmes for drug use disorders must be linked to other services that support interventions for patients' children and other family members who may need them (p. 44);
- Recognition of gender differences should form an integral part of treatment in children and adolescents. Boys typically prefer mixed-gender groups, while girls may prefer girls-only groups, reflective of differences in both the socialization and substance use histories of girls and boys (p. 88).

The latter point should be applied also in interventions with children whose parents use drugs.

c) INSPIRE. Seven Strategies for ending violence against children

INSPIRE is the appealing acronym of the seven strategies to fight violence against children (WHO, 2016): i) Implementation and enforcement of laws; ii) Norms and values; iii) Safe environments; iv) Parent and caregiver support; v) Income and economic strengthening; vi) Response and support services; and vii) Education and life skills. The strategies are also accompanied by a Handbook for their implementation and an Indicator Guidance and Results Framework[13]. The INSPIRE document begins with a chilling reminder (WHO, 2016: 7):

> Imagine you woke up this morning to news headlines revealing that scientists had discovered a new disease, and that up to 1 billion children worldwide were
> exposed to this disease every year. And that as a result – over the course of their lifetime – these children were at greater risk of mental illnesses and anxiety disorders, chronic diseases such as heart disease, diabetes and cancer, infectious diseases like HIV, and social problems such as crime and drug abuse. If we had such a disease, what would we do? The truth is we do have such a "disease". It is violence against children.

Violence against children is rooted in a number of social, economic and cultural factors that impact communities, families, relationships, and the manner in which children experience their daily lives. The social ecological model depicts this interplay of individual, relationship, community, and societal factors. Alcohol and other substances use disorders and illicit drug trades are referred, respectively, as individual and community risk factors for children. Close relationships level risk factors, such as a lack of emotional bonding, poor parenting practices, family dysfunction and separation and children witnessing violence against their mother or stepmother can also be triggers of vulnerabilities (WHO, 2016: 16).

Because of the interplay of the different factors, forms and scenarios of violence, programs and policies need to address them not in isolation but as connected. One form of violence can lead to another or conduce to more exposition to further violence in the future. "For instance, being a victim of child maltreatment can increase the risk in later life of becoming a victim

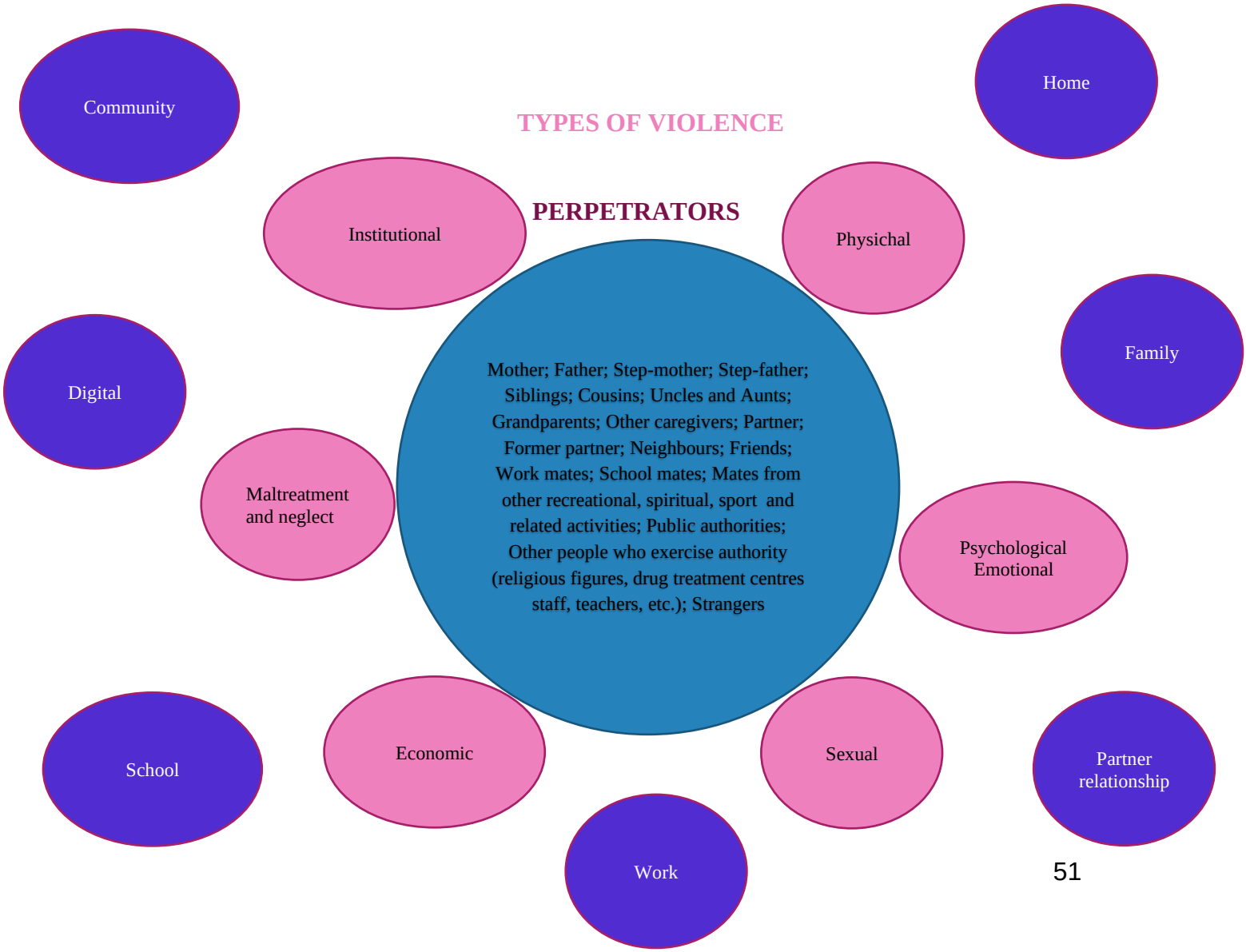
[13] Available at https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children.

or perpetrator of sexual violence, youth violence, self-directed violence and intimate partner violence. Children who witness intimate partner violence against their mother or stepmother are also more likely to experience such violence in later life – both as victims and as perpetrators" (WHO, 2016: 17).

The UN *World Report on Violence against Children* (Pinheiro, 2010) identifies five setting where violence occurs, that is home and family, schools, care and justice systems, workplaces and the community, to which the digital environment must be added.

The next chart identifies the physical and symbolic environments where violence against children takes place, the types of violence and the possible perpetrators. As outlined by the social ecological model adopted by INSPIRE, such spaces of violence, as well as its forms and actors, are connected and are, in turn, influenced by other individual factors -such as age, gender, disability, ethnicity, socio-economic situation, criminal status, etc.- as well as family, community and social factors that can increase risks or protection.

PHYSICAL AND SYMBOLIC SPACES OF VIOLENCE AGAINST CHILDREN



children whose parents use drugs can be exposed to violence in all the above-mentioned settings and being victims of neglect, ill treatment or any other form of violence can conduce to an increased vulnerability to other forms and settings of violence concurringly or in their life cycle.

The key entry points identified by the seven strategies of INSPIRE for preventing and responding to violence against children and adolescents are (WHO, 2016: 18):

- Create safe, sustainable and nurturing family environments, and provide specialized help and support for families at risk of violence;
- Modify unsafe environments through physical changes;
- Reduce risk factors in public spaces (e.g. schools, places where young people gather) to reduce the threat of violence;
- Address gender inequities in relationships, the home, school, the workplace etc.;
- Change the cultural attitudes and practices that support the use of violence;
- Ensure legal frameworks prohibit all forms of violence against children and limit youth access to harmful products, such as alcohol and firearms;
- Provide access to quality response services for children affected by violence;
- Eliminate the cultural, social and economic inequalities that contribute to violence, close the wealth gap and ensure equitable access to goods, services and opportunities;
- Coordinate the actions of the multiple sectors that have role to play in preventing and responding to violence against children.

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The key points and the seven strategies outlined by INSPIRE are pertinent to the subject of this strategy and allow to address the overlapping of family, community and institutional risk factors that children whose parents use drugs face as a consequence of drug use disorders and its connection with other family vulnerabilities on the one hand, and the lack of a mainstreamed children's rights perspective in drug-related policies, on the other. However, it goes beyond the scope of this report to review in detail all the seven strategies and its means of implementation. Therefore, only some key elements of strategy one -Implementation and enforcement of laws- and four -Parent and caregiver support- are analysed.

The objective of strategy 1 is to "Ensure the implementation and enforcement of laws to prevent violent behaviours, reduce excessive alcohol use, and limit youth access to firearms and other weapons" (WHO, 2016: 30). It encompasses legal regulations to prohibit violent punishment of children, criminalize sexual abuse and the exploitation of children and laws that limit children's access to firearms and other weapons.

In terms of drug and alcohol use, the strategy is in line with target 3.5 of the ODG and is based on the evidence that heavy alcohol consumption is a clearly established risk factor for most forms of violence against and among children, including the perpetration of child

maltreatment, physical and sexual violence among male and female adolescents, and intimate partner violence.

The stated objective of Strategy 4 "Parent and caregiver support" is to reduce harsh parenting practices and create positive parent-child relationships; in that sense, it is in line with other documents analysed so far, such as the CRC and the Alternative Care Guidelines, which promote State help and support of families as means to guarantee the fulfillment of children's rights and wellbeing and reduce family separation and children's institutionalization.
The potential effects of parental caregiver and parental support are (WHO; 2016: 49):

- Reductions in proven child maltreatment cases and in referrals to child protection services;
- Reductions in abusive, negative or harsh parenting, especially in relation to discipline
- Reductions in bullying and being bullied;
- Reductions in physical, emotional or sexual violence victimization by partners or peers;
- Reductions in aggression and delinquency during adolescence;
- Increases in positive parent-child interactions;
- Increases in parental monitoring of child and youth safety.

The approaches outlined in the Strategy are parent support through home visits, for which there is strong evidence support and the program Nurse-Family Partnership (NFP), USA, is reported as a successful and duly reviewed example. Its core element consists of registered nurses who make home visits to young, first-time, low-income mothers in the first 2 years of their children's lives. A practice that could be applied in the case of mothers with dependent drug use and that is in line with the recommendations and evidence provided by UNODC and WHO prevention standards.

Another practice is Parent training and support delivered in groups in community settings, with evidence for parenting training and support in groups being promising. The document provides several concrete examples of programmes in middle and low income countries that are effective in reducing abusive or neglectful parenting. Parent support and training can also be provided as part of comprehensive programmes which usually include the provision of family support, pre-school education, child-care and health services.

The Strategies do not specifically indicate family drug use as an issue to be addressed.

4.3.1 Remarks on international tools to address drug use and violence against children

Children whose parents and caregivers use drugs are subject of direct or indirect interventions on two overlapping fronts that, however, are usually addressed separately: on the one hand,

maltreatment and violence against children is an issue *per se* that requires the intervention and protection of the state. However, when it overlaps with drug use disorders, the protection focus must be examined and dealt with also through the focus of treatment and family-focused interventions, in order not to bring unnecessary pain to children, by instance by separating them from their families, when more integral interventions can be effective. Seemingly, drug treatment services require trained personnel able to understand and address gender-based violence as well as violence against children and caring responsibilities, while not reproducing stigmatizing attitudes. People in treatment are more likely to enter, continue and complete treatment if childcaring responsibilities are taken into account and childcare services are provided and if they do not fear child removal on the basis of their drug use.

4.4 Conclusions on the revised literature on children whose parents use drugs and related issues

As reported in the first section of this rapid literature review, children whose parents use drugs are referred to as the hidden harm of drug use disorders. They also are the hidden harm of stigmatizing and criminalizing drug policy.
Because of the interplay between drug use disorders, domestic violence -particularly when alcohol is concerned-, child neglect and the consequences of drug policies -barriers to access treatment, adult/male and individual-centred treatment options, lack of provision of childcare and related services, fear of child removal and detention, etc.- children whose parents use drugs still tend to be unnamed, uncounted and unreferred to.

Therefore, a first step towards developing child-friendly drug policies and drug-policy-aware social interventions for children in families where dependent or problematic drug use occurs, is to give these children a place in narratives, norms and resolutions. Such process of naming and including children whose parents use drugs as a special vulnerable group both in the field of child neglect as well as in the field of assessing the negative impacts of drug policies, needs to be reflected in data gathering and policy interventions.

An underling common argument that weaves the different texts reviewed in the previous pages is that a successful intervention is a comprehensive, holistic and family-centred intervention, in which people who use drugs are seen in their net of relationships and socio-economic context and their families and children are seen as subject holders requiring protection but also as part of a family environment that needs to be supported, accompanied and stabilized.

Horizontal, vertical, intra and interinstitutional coordination among services is required, but also an integral training of professionals working with affected populations, especially when women and children are involved. Another fundamental aspect is that drug use and

possession are effectively decriminalized, this being an underlying requirement for the successful implementation of interventions that aim at fulfilling children's rights to grow in a family environment and to not suffer from the impacts of parental drug use disorders.

5. Countries' replies to the Pompidou Group's questionnaire

A key part of this preliminary assessment on the policies and programs for children whose parents use drugs is the information provided by the state members of the Pompidou Group, Partial Agreement of the Council of Europe. A first step was to send out information to the member States and an invitation to participate in the project. The initial communication was established by, Florence Mabileau, Head of Unit Mediterranean Cooperation/Gender of the Pompidou Group. Attached to the email sent on October 29th there was a preliminary questionnaire (both in English and French) that posed the following questions:

1. How is the issue of the children of parents who use drugs taken into account in your country drug policy?
2. Which are the main stakeholders involved in the design and implementation of specific measures towards the children of parents who use drugs? Main Ministry? Cooperation between different Ministries?
3. Have you identified some gaps in the policy measures undertaken towards this category of population?
4. Do you have examples of good practice that you would like to share with other countries?
5. Would your country be ready to participate in this project? If yes, please specify the name and e-mail address of a stakeholder who would be ready to discuss with our consultant.

The questionnaires pecified that information on adolescents in conflict with the law, children with incarcerated parents, children in prison with their mothers, women who are pregnant and use drugs and children who use drugs and are victims of violence and access to specialized service was also welcome.

Throughout the month of November and part of December, the Pompidou Group's Secretariat, Florence Mabileau and the consultant received the following answers:

- 20 countries expressed their interest in the project and underlined its importance;
- 16 countries answered the questionnaire (see table 7);
- 13 countries are willing to participate in the project: (in alphabetical order), Croatia, Cyprus, Greece, Iceland, Ireland, Italy, Mexico, Morocco, Norway, Romania, Poland, Switzerland and Turkey.
- On a subsequent request of quantitative data (see section 5 "Quantitative information on children whose primary caregivers use drugs), Cyprus, Ireland, Norway, Slovak Republic, Romania and Switzerland, sent information by December 31st.
- Based on the responses to the questionnaire and their geographical difference, the countries selected for the qualitative research (focus groups and semi-structured

interviews in selected countries) are Switzerland, Italy, Norway, Ireland, Iceland, Cyprus and Romania

In Table 7 the information provided by member States is systematized. All questionnaires are included, regardless of whether the country will continue in the project or not. It is important to anticipate that the information is not uniform among countries and that the original redaction is maintained in most cases. Where a question is not answered, the acronym NS (not specified) is put. Mexico sent two replies: one from the official body on drug demand and treatment, the National Commission Against Addictions (Comisón Nacional contra las Adicciones- CONADIC) and one from Centres for Youth Integration (Centros de Integración Juvenil- CIJ) the main semi-public net of outpatient and residential treatment centres in the country. In the table both sources are included; the acronym CIJ is used when reporting information provided by Centres for Youth Integration.

Countries provided information on the other issues that are also of interest for this preliminary assessment; however, in the table only the information related to children whose parents use drugs is reported.

Table 7. States' responses to the questionnaire

Country	Q1. How is the issue of the children of parents who use drugs taken into account in your country drug policy?"	Q2. Which are the main stakeholders involved in the design and implementation of specific measures towards children with parents who use drugs?	Q3. Gaps in the policy measures undertaken towards this category of population?	Q4. Examples of good practice?
Croatia	Children whose parents use drugs are not separated from other groups. Measures for children with parents who use drugs have been implemented within health and social care as regular operative measures. Applicable measures for parents with addiction are stated in the family law and the social welfare legislation and conduct measures like; ensuring professional assistance and support in the realization of childcare, providing intensive professional assistance and supervision over the realization of childcare, ensuring	The main stakeholders at the national level are the Ministry of Health, the Croatian Institute of Public Health, the Ministry of Labor, Pension System, Family and Social Policy, and the Ministry of Justice and Administration. The main providers at the local level are social welfare centers, county public health institutes for mental health and addiction, health care institutions providing treatment services for children and youth, maternity hospitals, non-governmental organizations and other providers of social care services, such as foster homes, educational institutions and therapeutic communities	Given the fact that significant percentage of people treated for drug addiction who have minor children are majorly mothers: i) It is necessary to design a psychosocial treatment programs for women with minor children, which would include the possibility of care of children in residential treatment centers; ii) It is necessary to encourage the development of various psychosocial support services within the framework of social welfare systems; It is important to work on the connection and cooperation between the health and social systems with special emphasis on the cooperation of these systems in providing care of women with addiction during childbirth; In the field of treatment and resocialization, it is necessary to develop specific treatment and rehabilitation programs aimed at	No

	referral of parents to psychiatric treatment and treatment for alcohol and drug dependence. Separation from the family is applied in some cases same as well as the neglect and omissions warnings in the implementation of child care. The fact that both parents or one parent is a person with an addiction, that does not condition the restriction of parental rights, but requires effective supervision of the social welfare system, not to neglect or abuse children.		women addicts in accordance with their specific needs, on evidence based circumstances, focusing on pregnant women, women addicts with small children, and for children whose one or both parents are addicts; The development of protocols between health care institutions and social care centers should be encouraged in order to strengthen cooperation between the health and social care systems by improving the quality of services they provide to women with addiction.	
Cyprus	No information was provided on children whose parents use drugs. However, the country reported on i) Adolescents in conflict with the law: ii) Children with incarcerated parents; iii) Children in prison with their mothers; iv) Women who use drugs and are pregnant v) Children who use drugs and are victims of violence and access to specialized services.	For Adolescents in conflict with the law: Ministry of Labor Welfare and Social Insurance, the Ministry of Justice and Social Order and the Ministry of Health Women who use drugs and are pregnant: Ministry of Health – Mental Health Services, and relevant professional associations. Children with incarcerated parents: Ministry of Health – Mental Health Services, Ministry of Labor – Social Services, Ministry of Justice – Prison Department and NGO's implementing prevention programmes.	Gaps reported on adolescents in conflict with the law and pregnant women who use drugs.	For the issue of delivering support measures to vulnerable children (parents in use, incarcerated parents, parents with mental health issues, children in conflict with the law, etc.) NAAC promoted collaboration at local level so as to ensure the delivery of prevention programmes to vulnerable children and their families to strengthen support and offer healthy lifestyle alternatives in deprived areas. Most programmes aim at identifying vulnerable children and offer psychosocial support to them as well as their families, offer educational support where needed, as well as free leisure and sports activities. While these prevention programmes are not exclusively aimed at children with drug-using parents, this

				vulnerable group is prominent among their selection criteria for interventions. Some of these interventions include: TKNS (acronym young people use in messages for "what are you up to" in Greek) the implementation of a prevention programme for children and adolescents (aged 8-15) and their families aiming to provide psychological support, educational enhancement and creative development through sports, culture, and arts. Phoenix is another prevention programme implemented at community level, promoting targeted interventions from professionals to children and adolescents, to families, to parents, to teachers, as well as the community in general. These interventions include counselling services offered at home or other setting, placement of a social worker in the local primary school, parents workshops, psychoeducational workshops for children during the summer, summer camp for children aged 9-11, and educational support where needed. Programmes such as "Efthini Olon Mas Na Eisai Kala" ("We are all responsible

				for your well-being") are local (in this case, Limassol-based) programmes of selective prevention and aim to identify and help vulnerable children by reducing exposure to risk factors and behaviours, while reinforcing protective factors and behaviours. This is achieved through assistance with lessons, psychological counselling, and referral to other available social services.
Czech Republic	Children and adolescents in general, i.e. children of drug users, represent a vulnerable group whose increased protection is one of the key principles of the National Strategy to Prevent and Reduce the Harm Associated with Addictive Behavior 2019-2027 which is the key policy document of the Government of the Czech Republic. The National Strategy focuses (inter alia) on scaling up prevention, raising awareness and ensuring a network of high-quality and accessible addiction services. These objectives are developed into sub-activities which also affect the target group mentioned above. Due to the fragmentation of the childcare system, the Government has set up a working party on the care of children and adolescents at risk of addiction problems. The objective of the working party is to	The Government Council for Drug Policy Coordination (GCDPC); Ministry of Labour and Social Affairs; Ministry of Education Youth and Sports; Ministry of Health; Ministry of Justice; Ministry of the Interior	The placement of children in facilities of Institutional Education is not the responsibility of the Ministry of Education, the placement is based on the decision of the court. Nevertheless, the facilities are set up by the Ministry of Education. Facilities of Institutional Education do not have sufficient competences and tools to deal with children's addiction problems. At the same time, there is no definition of what addictology care should look like in these facilities. One of the other problems is the lack of coverage of services for the target group. This includes the mutual (non)information and (non) interconnection of existing services The childcare system is quite fragmented, which is why the role and competence of the different parts of the system are not always clear.	No

	develop a detailed analysis of the situation of systemic care for children with an addiction problem and to propose measures to address the identified problems. The main strategic documents for prevention in the education sector are the National Strategy of Primary Prevention of Risky Behaviour of Children and Youth for the Period 2019-2027 and the Action Plan for the Implementation of the National Strategy of Primary Prevention of Risky Behavior of Children and Youth for 2019-2021 adopted by the government in March 2019. Parents with substance abuse problems are also one of the target groups of the National Strategy for the Protection of Children's Rights 2021-2029 (not yet approved).			
Greece	It is considered under the aspect of children in risk. Minors' Prosecutor and social services intervene for the protection against child abuse and neglect.	Ministry of Health. Ministries of Citizen Protection, Justice and Employment as well as Governmental Organizations and treatment providers funded by the ministry of Health should be involved in collaboration for the design and implementation of policy for children of addicted parents. The service of the National Coordinator for Addressing Drugs has the overarching responsibility for the development and implementation of the National Drugs Strategy and Action Plan.	Lack of child protection policy actions focusing on children of parents who use drugs, assurance of their health and security from pre-birth stage to adolescence. Lack of collaboration between different services and Ministries, who are involved in child protection and drug addiction.	Psychosocial support to addicted parents and their children, free of obstacles- easy access to all health services and supervision of parenting in families with addiction issues can be protective factors for healthy development of children.
Hungary	According to the Hungarian regulations on children taken out of their families (Act XXXI. of 1997 on the Protection of Children and Guardianship; Child Protection Act), special care must be provided for children using alcohol, drugs and other psychoactive	Social sector of the Ministry of Human Capacities	The territorial coverage of child psychiatric and child addiction care required for the care of children with special needs requires development in Hungary	Child rights aspects of measures restricting personal liberty that can be applied in special children's homes.

	substances. Special care is provided by special children's homes which provide separately defined material and personal conditions, some operating in a partially closed system, and by special foster parents who have received special training. In addition, a higher amount of central budget support can be spent on the care of a child with special needs, and they are also considered to be two people in the performance of their legal representative (child protection guardian) due to the additional tasks involved in their care. From 1 January 2019, the regional child protection services may operate a service for the examination and therapy of neglected and abused children, including sexually abused children, and, at the request of an official body, a service to listen to the children concerned, based on a decision by the maintainer. One possible method of this service is the Barnahus model of Icelandic origin. Currently, there is one Barnahus service in Hungary, and four additional service locations are being developed. The goal of child protection sector management is to ensure nationwide coverage of the service.			
Iceland	The policy addresses the issue as to protect vulnerable groups such as children of parents who use drugs, pregnant women and adolescents.	The main treatment facility SAA provides interview with psychologist for children whose parents are in treatment. The program is in cooperation with the ministry of health and ministry of social- and children affairs. The age group is 8 – 18 years of age.	The lacking of sufficient stable funding. Better cooperation with education system and municipalities.	Yes. The program is based on 8 interviews with a trained psychologist for small fee and discount for siblings. Interactive program in further development. The

				uniqueness of the interviews lies in visual work with the help of a computer, but it is suitable for children to work visually. Emphasis is placed on co-operation with the children and that no requirements are made for certain knowledge, skills or abilities as in school. The computer offers countless benefits and possibilities. It is part of the children's daily lives and most of them are able to use computers.
Ireland	The issue of children of parents who use drugs is directly addressed within our policy, we have specific actions in our plan and measurable performance indicators and organisations responsible for achieving these. See overarching actions 1.1; 1.2; 1.3; 2.1.17; 2.1.20; 2.1.22; 4.1.42; 5.1.46; 5.1.48 within our strategy and action plan[14]	The Drug Policy Unit within the Department of Health leads on drug policy in active and ongoing partnership with all relevant ministries (see https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-019-0348-9). These include Ministries of Justice, Education, Health, Social Protection, Children and Youth Affairs, Customs, Police, Community and Voluntary Organisations, NGO's including The National Family Support Network and an organization representing people who use drugs, UISCE. However the independent legal entity The Child and Family Agency Tusla and the Health Service Executive (HSE) lead on what is known as the 'Hidden Harm' strategy addressing children of parents who use substances. (see https://www.tusla.ie/publications/hidden-harm/)	There is no up to date national estimate of the prevalence of the number of children with a parent who uses substances. Some local estimates exist (see https://www.tandfonline.com/doi/pdf/10.1080/10826084.2019.1584224) There is no longitudinal data measuring risk and protective factors for children and the impact of interventions for the children of parents who use substances There is no research on intergenerational substance use from grandparents, parents to children within families who have sustained substance use over several decades and within known areas of sustained disadvantage.	The governance structure for the implementation of the National Drug Strategy is an example of partnership led implementation, there is a National Oversight Committee and an additional committee which meets monthly to address progress. The Hidden Harm Strategy and Practice Guide is an example of possible good practice but I am unaware of its longitudinal evaluation.
Italy	In Italy the issue of children of parents who use drugs is take into account in the national policy and in particular in the public services and in Therapeutic communities	Regions, Serd (pubblic services) and Terapeutic communities	No	Yes, the programs in the therapeutic communities
Lichtenstein	"Kinder- und Jugendgesetz" (Child and Youth Act) is the	Ministry for Social Affairs - Office of Social Services, especially the "Kinder- und	NS	Due to the small size of the country, every case can be

[14] Available at: http://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf.

	law primarily concerned with the topic. Also the "Suchtpolitische Grundsätze" (Principles of Addiction Policy) as proposal paper for lawmakers highlights this topic as important.	Jugenddienst" (Children and Youth Service Division) - Court: "Fürstliches Landgericht" (Court of Justice) especially the "Pflegschaftsgericht" (Guardianship Court) - Ombudsman (NGO): "Ombudsstelle für Kinder und Jugendliche" (Ombud Office for Children and Young People)		individually cared for in Liechtenstein, so that both the children and their parents have the best possible support
Mexico (CONADIC)	The Official Regulation for prevention, treatment and control of addiction (Norma Oficial Mexicana NOM-028-SSA2-2009 Para la Prevención, tratamiento y control de las adicciones) identifies children whose parent use alcohol and other drugs as a high risk group.	CONADIC (Ministry of Health); National Council against Addictions; Specialized medical units-Centres of Primary Attention to Addiction (Unidades Médicas Especializadas-Centros de Atención Primaria en Adicciones (UNEME-CAPA); CIJ	There is a need to constantly update scientific evidence-based drug use prevention and treatment. These specific populations often are not treated by professionals which clearly stands as an obstacle to their recovery. In the case of children and adolescents' access to treatment, the main issue is that treatment programmes are structured thinking about adult men.	AlaTeen strategy, which is part of Groups of Family Al-Anon (Alcoholics Anonymous), for adolescents affected by family or friends' drug abuse or addiction. They carry out meetings in which they share their experience, guided by adult members of Al-Anon members, certified to act as Godfathers in Alateen. They follow the twelve steps and twelve traditions of AA.
Mexico (CIJ)	In Centros de Integracion Juvenil there are several preventive and treatment programs aimed at Adolescents in conflict with the law, children with parents in conflict with the law, pregnant women who use Drugs and children who use Drugs and are victims of violence	Health sector and justice system, but for children with incarcerated parents.	The main one is the lack of dissemination of this service	Yes. Specific preventive programs and treatment programs are available in Centros de Integracion Juvenil and we can share them.
Monaco	Family evaluation of all people who use drugs. Child protection service.	Social and Health Affairs Department; Direction of Social Action and Assistance. Direction of Health Action. Direction of Judicial Services.	NS	NS
Poland	The issues of children of parents who use drugs in Poland are not regulated directly in the main drug law (act on counteracting drug addiction) nor are mentioned in drug strategy document	The cooperation between stakeholders takes place in the more general topic of vulnerable youth, but not in the specific topic of children of parents who use drugs. The main stakeholders in such a defined topic would be NGO's, Ministry of Justice, Ministry of	The population on which all the actions are focused is the vulnerable youth or mothers separately. As the topic was not high on the agenda there was no analyses of gaps in that matter.	NS (good practices reported on children who use drugs and women in prison)

	(National Health Programme). This population is not specifically, directly mentioned in other regulations. The regulation are more general in their nature and do not focus on very specific groups as mentioned above. The actions towards the described population are regulated in many acts of more general nature like drug law and drug strategy (as actions towards vulnerable youth at risk of taking drugs, and drug treatment), criminal executive code (mothers of children in prison), Act on Juvenile Delinquency Proceedings (adolescents in conflict with law), the Family and Guardianship Code. For example the drug strategy/action plan in Poland, which is a part of National Program for Health, has a goal 2 point 2.3.2 - 2) which oblige all parties to take action in order of extending and improving the offer and supporting the implementation of early programs selective interventions and prevention, (……) addressed to groups at risk, in particular children and adolescents with marginalized environments, at risk of demoralization and social exclusion and people who use narcotic drugs, psychotropic substances and new psychoactive substances on an occasional basis. All the above mentioned acts are a part of policy towards	Health, The Ministry of Family, Labour and Social Policy, Police and central management of the prison service. Curranty there is no work done in this specific topic between above mentioned stakeholders.		

	addicted parents and their children.			
Romania	The issue of children with parents who use drugs does not appear separately in public policy documents on drugs (national anti-drug strategy and its action plan), but it has been integrated into day center programs for adolescents and young people and in all of the evaluation and counseling programs implemented by our 47 territorial subunits.	Ministry of Labor and Social Protection, through the National Authority for the Rights of Persons with Disabilities, Children and Adoptions; Local public authorities (General Directorate of Social Assistance and Child Protection); National Anti-Drug Agency; NGOs.	The target group of children whose parents use drugs is characterized by multiple psychosocial systemic variables, so that their programs are transversal and should involve several key social actors (Ministry of Labor and Social Protection, through the National Authority for the Rights of Persons with Disabilities, Children and Adoptions, local public authorities like the General Directorate of Social Assistance and Child Protection NGOs.	The National Anti-Drug Agency has developed interventions to prevent drug use within the family, interventions that aim at strengthening intra-family ties, parent-child communication, as well as strengthening parents' educational skills, developing interaction skills, establishing an appreciative environment, developing respect for others and self-esteem, encouraging generosity, creating healthy living habits. Thus, starting with January 2018, in Bucharest, the National Anti-Drug Agency ensured the functioning of the Counseling Program for adolescents and parents, whose mission is to support and assist parents/legal partners to deal with psychosocial difficulties affecting family relationships, for developing parenting skills and, at the same time, supporting adolescents when consumption problems arise. The program is addressed to adolescents identified as active users or who have a predisposition to consumption, but also to their parents, through: information and drug prevention activities; social counseling; individual and group psychological

				counseling; development groups with adolescents' relatives in order to improve the social-affective relationship; Therapeutic Justice; At the territorial level, the Centers for Prevention, Evaluation and Anti-drug counseling have attributions regarding the provision of medical, psychological and social assistance services, as well as providing case management for drug users. In Bucharest, there is a central program for evaluation and medical, psychological and social assistance of drug users, for the implementation of the provisions of art. 19 of Law no. 143/2000 on preventing and combating illicit drug trafficking and consumption, with subsequent amendments and completions, established within the Regional Center for Prevention, Evaluation and Anti-Drug Counseling III Bucharest Through this program, all evaluation ordinances, respectively inclusion in the assistance circuit of drug users issued by the territorial structures of the Directorate for the Investigation of Organized Crime and Terrorism, for

				drug users who have their residence in Bucharest, Călăraşi, Teleorman, Ilfov are referred to this program. The program is implemented by a multidisciplinary team, including a social worker and two psychologists, the activity being punctually supported by a doctor. The program provides the following services for drug users referred by the Directorate for the Investigation of Organized Crime and Terrorism: a) evaluation of drug users; b) coordinating the assistance of drug users in the local network of medical, psychological and social assistance; c) case management; d) counseling. 3. Day center type program - SERENITY The day center program provides specialized assistance services for drug users, in accordance with the Standards of the National System of Medical, Psychological and Social Assistance for Drug Users and by using all qualified human and material resources appropriate to its purpose. The promotion of alternatives for drug users is achieved through specific insertion programs addressed to these people in treatment

				and who, due to their personal social situation and the absence or insufficiency of training or professional experience, are disadvantaged on the labor market. The objective is to propose an itinerary that facilitates the acquisition of professional skills, specialized technical training, access to a job. The day center type program provides services structured in five types of intervention, each representing a set of specific activities, which are determined by the identified needs of the beneficiaries. The Day Center Program services are provided in a manner that meets the needs of the beneficiaries and in accordance with the mission and purpose of the Program: psychological counselling - individual and group meetings; • educational, personal and social development activities; • socio-professional orientation; • leisure activities; • medical counselling, reduction of associated medical risks, family planning.

Spain	The National Strategy on Addictions 2017-2024 is the framework to develop the additions in Spain, in with minors and adolescent are priority groups, and they are included in the GOAL 1. Through a healthier and more informed society in several actions: Action Area 10.1. Prevention and risk reduction, specifically. Strategic objective 10.1.7 Early detection and prevention of higher risk consumption (consumption by minors, pregnant women, while driving vehicles ...). In this regard, there are specific programs to prevent the use of psychoactive substances during pregnancy and also screening protocols for drug use (tobacco, alcohol and cannabis at least) in some Autonomous Regions that aim to protect the health of unborn children and the prevention of associated problems after birth (fetal alcohol syndrome and related spectrum disorders and others). The DGPNSD finances the implementation of prevention programs related to this objective to be carried out by the CCAA and some NGOs. Action Area 10. 2 Comprehensive and interdisciplinary Attention Strategic objective 10.2.5.1, 2 and 3 Among others, this point includes the consequences for children care from parents who use drugs.	At national level: The Ministry of Health, for having powers in the area of addictions. The Ministry of Social Rights and Agenda 2030, for having competences in the protection of the family and the minor and adolescents. The Ministry of Home Affairs in the penitentiary field and reduction of the offer. At Regional level: The Spanish Autonomous Communities and cities, for having competences in the field of health and social integral care. Even, in major cities, the Council has competencies related with health and social integral assistance to drug users. NGOs working in the fields of childhood and addictions that usually, receive funds from public administrations There are a several coordination levels, as the Sectoral Conference political decision board where are represented Ministerial Central and at Regional Level and the Inter-Autonomic Committee at technical level between.	The protection of children of drug user's parents is a priority of policies and interventions both in the field of health care and social assistance. But sometimes, the social determinants that favour drug use in parents increase the vulnerability of the children and the protection coverage that is sought is not always achieved. Currently, the DGPNSD is conducting a nationwide study on gender barriers with regard to access to addiction treatment for women who use drugs, which takes into account aspects related to drug abuse. existence of sons and daughters.	Currently, the DGPNSD is conducting a nationwide study on gender barriers with regard to access to addiction treatment for women who use drugs, which takes into account aspects related to drug abuse. existence of sons and daughters.

	They contemplate the special approach of care in the traditional drug use. It included the promotion of treatment as a tool that makes easier to maintain custody of children, when in the past, consumers avoided starting treatment for fear that custody of their children would be withdrawn. There are specific actions for integral care and resources coordination for women who suffer gender violence that include their children, to avoid institutional victimization.			
Switzerland	This issue is included in the National Strategy on Addiction (https://www.bag.admin.ch/bag/en/home/strategie-und-politik/nationale-gesundheitsstrategien/strategie-sucht.html). There is an extra indicator on "children from families with high-risk substances use".	Switzerland is a federalist country and its federal organization does not foresee "ministries", but "offices". The main office responsible for this issue is the Federal Office of Public Health FOPH. It works in cooperation with other offices such as the Federal Social Insurance Office, the Federal Police or the Federal Office for Gender Equality. Other stakeholders involve the cantonal health and social services as well as NGOs.	Yes, gaps identified are regarding domestic violence and abuse; child-care; and prisons. Room for improvement can be identified in the treatment setting.	Presently revising the concept "The multifactorial risk model for early detection and early intervention", see https://www.suchtschweiz.ch/suchtbelastete-familien, by "Sucht Schweiz" (NGO), mandated by the FOPH which we think could be a good example.
Turkey	The Healthy Life Centers (HLC) have been established to make the counselling services reachable to the people at primary health care level. In the mentioned centers counselling services are given to families having problems with substance abuse and when necessary they are referred to the treatment centers. They are followed by both workers of the HLC as well as ALO 191 Anti-drug Advice and Support Line. In the mentioned centers interventions are made to solve the bio-psycho-social	The Ministry of Health coordinates the Higher Anti-Drug Board. With the transition to the Presidential Government System, High Council for the Fight against Addiction was re-established; High Council for the Fight against Addiction is composed of 11 ministers including Minister of Health, Minister of Justice, Minister of Interior, Minister of Family, Labour and Social Services, municipalities, Minister of Education, Minister of Youth and Sport meets every 6 months. On the other hand, the Technical Board for Combating Addiction with the participation of the experts of the related institutions through which studies are evaluated at a technical level continues its activities. Moreover, under the chairmanship of the	NS	Diyarbakır Addiction Counseling and Training Center affiliated to Diyarbakır Provincial Health Directorate, the first institution that provides A type counseling in accordance with the regulation published on 10.03.2019, has been in service since 15.03.2020. This center while working with substance addicts, not only individuals with substance use disorders but also family members are also addressed by the

	problems experienced by drug users and their relatives. In this context, when there is a need for advanced treatment services or when it is thought that support is needed in social, economic, legal or security-related issues, the person who is given consultancy is directed to appropriate institutions. Similarly, in other issues that the counseling person needs, necessary interventions are made to solve the problems by ensuring cooperation with other relevant consultancy units that provide services in the healthy life center. Thus, the case evaluation and follow-up process is initiated for the person and his relative. In this context if the family/relative of the drug user comes to HLC alone the following are carried out besides other activities; motivational interviews about how to communicate with the user, what can be done to improve communication, and the family education and intervention program (communication, development processes of the child and responsibilities of the family have occurred in the family. Detection and treatment of psychiatric problems related to trauma, anger control and stress management, setting limits, persuasion methods etc.). Moreover in the treatment centers hospital-service plans and implements social service interventions	governor/deputy governor the anti-drug activities are carried out at the provincial level through Provincial Coordination Boards for Combating Addiction. In particular, services for children with substance use disorders in parents are carried out with the support and cooperation of the Ministry of Family, Labor and Social Services, the Ministry of Education, and the Ministry of Youth and Sports. As an example of these services; If there is a history of violence in people with substance use disorder the family is conveyed to institutions affiliated to the Ministry of Labor and Social Services. The persons having problems related to their education they are referred to the institutions affiliated to the Ministry of Education. The socialization of the person and family members is supported by the participation in sports activities in the institutions affiliated to the Ministry of Youth and Sports and providing an employment is carried out by conveying them to the institutions affiliated to the Turkish Employment Agency and the Ministry of Education.		mentioned center. In this context, even though the substance user does not accept treatment services, interviews are held with family members, and household visits are made to individuals who do not want to come to the center to create treatment motivation and direct them to treatment services. The center serves not only the individual with substance use disorder but also the family members who want to benefit from the services. The center provides services from the moment of the first contact with the substance user, to the treatment services process and for a 1-year period thereafter. Household visits are made by the clinical psychologists, psychologists and social service specialists employed at the center, and motivational interviews are held with the individual who does not accept substance treatment during the household visit. In addition, psychosocial, economic, etc. problems detected in the household during the household visit are also identified and directed to find solutions and support the relevant institutions. Meetings with families and their children are also provided at the center, and psychosocial support

	for orphans, abandoned and needy patients, disabled patients, patients with insecurity, poor patients, victims of domestic violence, neglected and abused children, refugee and asylum seeking patients, victims of human trafficking, elderly, widows and orphans patients, chronic patients, mentally ill patients, alcohol and substance addicted patients, foreign national patients who cannot benefit from treatment, patients coming from outside of the province, and primarily patients in need of medical social service.			is also provided in this sense. The center also presents the problems identified in the field to the Provincial Coordination Board for Combating Addiction, which determines the policies for combating addiction at the provincial level, and decisions are taken in the relevant committee to find solutions to these problems.

6. Data on children whose parents use drugs in Europe and in the countries participating in the project

The purpose of this section is to present available quantitative information on children affected by parental drug use. As indicated by EMCDDA (2012: 14) "No precise information is available on how many drug users live with children in Europe. The only data that are available concern drug users entering treatment. This population, however, is only a partial representation of all drug users who live with children, and not all countries in Europe collect this information". This section does not develop conclusive data on how many children might be affected by parental drug use, although such estimate might try to be reached in the second phase of the project. However, it does provide a picture of existing data on how many children have parents in treatment. The first tables are based on EMCDDA data and show that there are more people in treatment that do not live with their children than who do and also that childcaring responsibilities are more present in the case of women. Subsequently, the information provided by member states is reproduced. Because sources differ, it is not possible to draw comparative conclusions.

According to UNODC, in 2018, an estimated 269 million people worldwide had used drugs at least once in the previous year (range: 166 million to 373 million). This corresponds to 5.4 per cent of the global population aged 15–64 (range: 3.3 to 7.5 per cent), representing nearly 1 in every 19 people (UNODC, 2020: 10). Of these, 192 millions used cannabis, 58 millions used opioids, 27 millions amphetamines and prescription stimulants, 21 millions ecstasy and 19 millions used cocaine (UNODC, 2020: 17). Among the approximately 269 million people who used drugs in the past year, some 35.6 million people (range: 19.0 million to 52.2 million) are estimated to suffer from drug use disorders, meaning that their pattern of drug use is harmful, or they may experience drug dependence and/or require treatment. This corresponds to a global prevalence of drug use disorders of 0.7 per cent (range: 0.4 to 1.0 per cent) among the population aged 15–64 (UNODC, 2020: 11).

Data from the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA)[15] 25.2 million people aged 15-64 reported using cannabis in the last year, 4.3 millions cocaine, 2.7 millions used MDMA, 2 millions people reported last year's use of amphetamines and 1.3 million people are identified as high-risk opioid users, with opioids accounting as the principal drug in 34 per cent of all drug treatment requests in the European Union.

Data on children whose parents use drugs are reported in the section regarding treatment. The following charts transcribe the data reported in the section "Treatment"/Living with

[15] Information available at https://www.emcdda.europa.eu/data/stats2020_en.

children" and reflect the absolute numbers of people living with children, first in cumulative terms and then separating male and female.

Table 8. Total of people in treatment living with children, all drugs

Country	Year of Treatment	Not living with children	Living with children	Not known / missing	Total
Austria	2018	581	361	30	972
Belgium *	2018	8700	2244	943	11887
Bulgaria	2018	1368	316	240	1924
Croatia *	2017	5149	1393	615	7157
Cyprus	2018	185	119		304
Czechia	2018	456	319	36	811
Denmark	2018	4443	594	2240	7277
Estonia	2016	239	37	14	290
Finland	2018	549	85	42	676
France	2018	7661	6729	1183	15573
Germany	2018	29316	5274	5652	40242
Greece	2018	188	176	3334	3698
Hungary *	2013	417	991	2577	3985
Ireland	2018	8119	1350	430	9899
Italy	2018	322	769	14371	15462
Latvia	2013	482	292	769	1543
Lithuania	2018	383	166	756	1305
Luxembourg	2018	276	22	8	306
Malta	2018	1577	308	13	1898
Netherlands	2015	6388	1153	3446	10987
Norway					
Poland	2018	1066	801	137	2004
Portugal	2018	2893	566	2	3461
Romania	2018	315	394	371	1080
Slovakia	2018		393		393
Slovenia	2018	43	26	0	69
Spain	2017	11725	8165	337	20227
Sweden *	2018	151	18	4	173
Turkey	2018	1220	2242	7867	11329
United Kingdom	2018	82017	21505	11230	114752

Source: EMCCDA, Statistical Bulletin 2020- treatment demand-living with children-all drugs-total, https://www.emcdda.europa.eu/data/stats2020/tdi_en.

Table 9. Male people in treatment living with children, all drugs

Country	Year of Treatment	Not living with children	Living with children	Not known / missing	Total
Austria	2018	450	236	21	707
Belgium *	2018	6852	1530	766	9148
Bulgaria	2018	642	166	133	941
Croatia *	2017	4398	997	497	5892
Cyprus	2018	158	97		255
Czechia	2018	291	153	20	464
Denmark	2018	3463	437	1800	5700
Estonia	2016	198	23	10	231
Finland	2018	396	53	29	478
France	2018	6242	4638	911	11791
Germany	2018	24458	3618	4684	32760
Greece	2018	160	132	2882	3174
Hungary *	2013	307	802	2253	3362
Ireland	2018	6266	771	309	7346
Italy	2018	267	630	12190	13087
Latvia	2013	398	173	631	1202
Lithuania	2018	298	118	660	1076
Luxembourg	2018	208	11	6	225
Malta	2018	1309	236	11	1556
Netherlands	2015	5189	824	2820	8833
Norway					
Poland	2018	857	553	119	1529
Portugal	2018	2567	444	2	3013
Romania	2018	249	324	333	906
Slovakia	2018		281		281
Slovenia	2018	30	18	0	48
Spain	2017	9363	6507	181	16051
Sweden *	2018	89	10	4	103
Turkey	2018	1127	2186	7502	10815
United Kingdom	2018	64726	14872	8468	88066

Source: EMCCDA, Statistical Bulletin 2020- treatment demand-living with children-all drugs-total, https://www.emcdda.europa.eu/data/stats2020/tdi_en.

Table 10. Female people in treatment living with children, all drugs

Country	Year of Treatment	Not living with children	Living with children	Not known / missing	Total
Austria	2018	131	125	9	265
Belgium *	2018	1828	711	173	2712
Bulgaria	2018	146	87	16	249
Croatia *	2017	751	396	118	1265
Cyprus	2018	27	22		49
Czechia	2018	165	166	16	347
Denmark	2018	980	157	440	1577
Estonia	2016	41	14	4	59
Finland	2018	153	32	13	198
France	2018	1419	2091	272	3782
Germany	2018	4847	1654	964	7465
Greece	2018	28	44	452	524
Hungary *	2013	108	176	290	574
Ireland	2018	1846	575	119	2540
Italy	2018	55	139	2181	2375
Latvia	2013	84	119	138	341
Lithuania	2018	85	48	96	229
Luxembourg	2018	67	11	2	80
Malta	2018	268	72	2	342
Netherlands	2015	1199	329	626	2154
Norway					
Poland	2018	208	247	18	473
Portugal	2018	326	122	0	448
Romania	2018	66	70	38	174
Slovakia	2018		112		112
Slovenia	2018	13	8	0	21
Spain	2017	2353	1650	156	4159
Sweden *	2018	62	8		70
Turkey	2018	93	56	365	514
United Kingdom	2018	17291	6633	2762	26686

Source: EMCCDA, Statistical Bulletin 2020- treatment demand-living with children-all drugs-total, https://www.emcdda.europa.eu/data/stats2020/tdi_en.

Table 8 shows that in all countries for which data are available, and with the exception of Italy, Hungary, Romania and Turkey, most people in treatment do not live with children, or do not disclose it. The same result applies in the case of male people in treatment. When looking at female in treatment, again prevails the number of women not living with children or not reporting it, and the countries where there are more women living with children than

not are Czech Republic, France, Greece, Hungary, Italy, Latvia, Poland and Romania. Not surprisingly, although the number of women living with children (15,874) is lower than that of men in absolute terms (40,840), it is proportionally higher: 17.83 per cent of the total male population in treatment (229,040) lives with children, against 26.55 per cent of the total female population in treatment (59,784).

Table 11. Total of people in treatment by type of drug, gender and parental status

Substance	Not living with children	Living with children	Not knowing/missing	Total
All opioids	70,587 (63.29%)	18,755 (16.81%)	22,176 (19.88%)	111,518 (100%)
Male	55,745 (63.75%)	13,111 (14.99%)	18,581 (21.25%)	87,437 (100%)
Female	14,832 (61,37%)	5,640 (23.33%)	3,700 (15.30%)	24,172 (100%)
All cocaine	30,700 (58.31%)	13,803 (26.21%)	8,143 (15.46%)	52,646 (100%)
Male	25,738 (58.63%)	10,897 (24.82%)	7,258 (13.78%)	43,893 (100%)
Female	4,984 (55.35%)	2,898 (32.18%)	1,158 (12.86%)	9,004 (100%)
All stimulants	10,109 (60.85%)	3,476 (20.92%)	3,026 (18.21%)	16,611 (100%)
Male	7,574 (62,38%)	2,089 (17.20%)	2,478 (20.41%)	12,141 (100%)
Female	2,529 (55.68%)	1,385 (30.49%)	628 (13.82%)	4,542 (100%)
All hypnotics and sedatives	4,907 (60.76%)	1,590 (19.69%)	1,578 819.54%)	8,075 (100%)
Male	3,193 (64.10%)	718 (14.41%)	1,070 (21.48%)	4,981 (100%)
Female	1,712 (55.19%)	870 (28.04%)	520 (16.72%)	3,102 (100%
All hallucinogens	725 (69.91%)	155 (14.94%)	157 (15.13%)	1037 (100%)
Male	553 (67.93%)	121 (14.86%)	140 (17.19%)	814 (100%)
Female	172 (76.44%)	34 (15.11%)	19 (8.44%)	225 (100%)
Volatile inhalants	187 (40.30%)	71 (15.30%)	206 (44.39%)	464 (100%)
Male	121 (34.47%)	44 (12.53%)	186 (52.99%)	351 (100%)
Female	66 (57.39%)	27 (23.47%)	22 (19.13%)	115 (100%)
Cannabis	51,849 (62.21%)	16,199 (19.43%)	15,284 (18.34%)	83,332 (100%)
Male	42,784 (62.30%)	11,989 (17.45%)	13,894 (20.23%)	68,667 (100%)
Female	9,046 (57.96%)	4,197 (26.89%)	2,363 (15.14%)	15,606 (100%)
Other substances	2,982 (49.03%)	1,291 (21.23%)	1,808 (29.73%)	6,081 (100%)
Male	2,548 (48.21%)	1,093 (20.68%)	1,644 (31.10%)	5,285 (100%)
Female	434 (53.91%)	197 (24.47%)	174 (21.61%)	805 (100%)

Source: EMCCDA, Statistical Bulletin 2020- treatment demand-living with children-all drugs-total, https://www.emcdda.europa.eu/data/stats2020/tdi_en.

Data in table 11 show that for all substances the number of people not living with children is higher than those living with children. Consonantly to tendences in drug use and drug

treatment, the highest number of people living with children are found between people using opioids, cannabis and cocaine. For all substances, the number of women living with children is proportionally higher than men's.

Some countries shared quantitative information. Even if at the current stage of the project data are not comparable and information is not uniform , they still provide an idea of the impact of parental drug use on children.

a) Ireland

As showed in Tables 8, 9 and 10, EMCDDA Statistical Bulletin reported a total of 1350 people in treatment who declared to be living with children plus 430 reported as not knowing or missing. The numbers by sex are 771 male people in treatment and 575 female, which would represent respectively 57 and 42 per cent, even though women in treatment (2,540) represent 25.65 of all people in treatment (9,899).

Data from 2019 provided by Ireland's focal point for this project, Prof. Catherine Comiskey, show that out of 16,824 people aged 18 to 64 in treatment, 18.74 per cent (3,053) were living with children. Of these, 72 per cent (2,203) were living with children and their partner, whereas 28 per cent (850) were alone with their children.

The paper "Hidden Harms and the Prevalence of Children Whose Parents Misuse Substances: A Stepwise Methodological Framework for Estimating Prevalence in a Community Setting" (Galligan and Comiskey, 2019) led to the following results: from the audit and multisource enumeration, a ratio of 0.88 children to every one client known to local treatment services was estimated. This provided a minimum estimate of 3.7% of children at risk of being impacted by illicit drug use where parents were known to services. From the general population survey and the local multiplier, an estimate of 15–24% of children potentially impacted by illicit drug use was derived. Finally, from the alcohol dependency data, an estimate of 14–37% of children was possibly impacted by parental alcohol dependency was derived.

A study from Comiskey and Snel (2016) reports that In Ireland, a longitudinal analysis of a Dublin city treatment database from 2006 to 2010 revealed that 59.7 per cent of clients in treatment had no children, 17.2 per cent had one child and the remaining 23.1 per cent of clients had between 2 and 11 children.

The study "Parents who use drugs: the well-being of parent and child dyads among people receiving harm reduction interventions for opiate use" (Comiskey *et al*, 2017) is based on a longitudinal cohort study implemented in Dublin between 2010 and 2013. A convenience sample of 171 participants was recruited from settings providing drug substitution and needle exchange services. Of these, 70 per cent were male. Amongst the full cohort of 171 adult

participants, there were 235 children (126 males and 109 females). Over two-thirds of participants had children and, of these, 92 per cent had children under the age of 18 years. The mean age of the children was 10.2 years and the children's ages ranged from three months to 29 years. Over 60% of participants in the sample grew up in a household with at least one person who used substances. In the majority of cases that person was the participant's father (63.7 per cent); mothers (13.2 per cent) and brothers (11.0 per cent) were the next most frequent persons noted as using substances. The main substance used was alcohol (80.7 per cent) followed by heroin (11.4 per cent). A correlation was found between increasing adult anxiety and growing up in a home with a person using substances. Children of current parents had more difficulties with emotional and conduct problems, as compared to international norms. Correlations existed between current parental depression and anxiety and child conduct disorder.

Another research from Comiskey *et al* (2016) based on a longitudinal cohort of 404 participants informs that at follow-up, parents who had children in their care used heroin, illicit methadone and cocaine on fewer days than those who had no children, or those who had children but did not have children in their care. These differences were not observed at intake. Living with someone at intake who used drugs was found to be significantly associated with increased heroin, benzodiazepine, and tobacco ($p = .030$) use at 3 years. Furthermore, a change in childcare status to caring for a child was associated with increased cannabis use ($p = .025$). The conclusion of the paper is that while caring for children was associated with reduced heroin use at 3 years, living with a person who used at intake removed this effect, thus indicating that while individual based addiction theories reflected observed outcomes, social network connectedness was more influential.

b) Italy

Data from EMCDDA Statistical Bulletin 2020 report a total of 15,462 people in treatment. Of these, 769 are reported to be living with children. However, the information is missing for 92.94 (14,371) per cent of the total which makes it impossible to derive information on the impact of parental drug use. Data from the European School Survey Project on Alcohol and Other Drugs report that to the question "Do you think one or both of your parents have had the following experiences?" most children reported no parental drug use, except in the case of alcohol and tobacco, where use by both parents was reported higher than no use by neither father nor mother.

c) Norway

In Norway some 30 000 children and young people between the ages of 8 and 18 have parents with a serious substance use problem. Many of these are probably not identified by society. Another 40,000 children have parents with a moderate substance abuse problem.

Back to 2009 an estimate concluded that between 50,000 and 150,000 children live in a family situation where one or both parents have substance use related problems . National Institute of Public Health (2011) estimates that 1 in 10 children live in families where the mother or father have substance use or mental health problems, that means 135,000 children living at risk family situation.

According to the Bruker Plan ("User plan", which is a tool for mapping the extent of drug and mental health problems among service recipients in the municipality) Report 2019, A share of 71 per cent of mapped recipients with substance abuse problems live alone. • There are far more people with mental health problems living with their children, 19 per cent, who make up just over 7,000 families, compared with just over 1000 (5%) families with substance abuse problems.

Of the 58,790 recipients registered in the User Plan, around 13,000 have children. There is a somewhat larger proportion among recipients with only mental health problems who have children (24 per cent) than among recipients with substance abuse problems (19 per cent).

d) Romania

Romania provided updated numbers (December 2020) on people in treatment, indicating how many live with the children and the number of children, by treatment centre. The information is reported on Table 12.

Table 12. Number of people in treatment per centre and parental status

NR.CRT	Center for Prevention, Counceling and Treatment for Drug Addiction	Beneficiaries 2020	Number of beneficiaries with children	Number of children
1	Timis	35	2	2
2	Maramures	38	0	0
3	Pitesti	57	3	5
4	Arad	81	13	16
5	Alba	20	4	6
6	Bacau	53	3	3
7	Neamt	21	1	1
8	Dolj	119	16	20
9	Pantelimon	46	14	17
10	Gorj	90	25	33
11	Dambovita	35	3	4
12	Giurgiu	14	9	9

13	Salaj	4	0	0
14	Mehedinti	13	4	7
15	Caras severin	56	5	9
16	Bihor	5	0	0
17	Satu mare	14	4	4
18	Vrancea	26	1	2
19	Constanta	119	9	9
20	Tulcea	17	1	1
21	Mures	25	3	5
22	Harghita	2	0	0
23	Pericle	74	36	50
24	Sibiu	57	10	12
25	Braila	31	1	2
26	Olt	11	1	1
27	Hunedoara	38	1	3
28	Vaslui	35	2	2
29	Cluj	227	18	28
30	Buzau	3	0	0
31	Brasov	34	6	6
32	Galati	44	6	7
33	Ilfov	0	0	0
34	Obregia	48	10	13
35	Iasi	111	22	28
36	Prahova	51	2	3
37	Calarasi	0	0	0
38	Teleorman	0	0	0
39	Ialomita	17	2	3
Total		**1671**	**237**	**311**

The number of people with children represents 14 per cent of all people in treatment with a ratio of 1.3 child per person.

e) Slovak Republic

The information provided by the Minister of Health is reproduced in the following table which reports that parental status of people in treatment by gender and type of drug.

Table 13. Parental status of people in treatment in Slovak Republic disaggregated by type of drug and gender, 2019

Type of Drug	Not living with children	Living with children	Missing data	Total
1. Opioids	654	115	5	774
2. Cocaine	35	6	3	44
3. Stimulants other than cocaine	1,206	177	25	1,408
4. Hypnotics and sedatives	82	40	1	123
5. Hallucinogens	4	1		5
6.Volatile inhalants	22	2	1	25
7. Cannabis	650	45	4	699
8.Combined psychoactive drugs	195	20	2	217
Total	2,848	406	41	3,295
Women				
Type of Drug	**Not living with children**	**Living with children**	**Missing data**	**Total**
1. Opioids	149	42		191
2. Cocaine	5		1	6
3. Stimulants other than cocaine	210	49	8	267
4. Hypnotics and sedatives	46	24		70
5.Volatile inhalants	2	1		3
6. Cannabis	76	4	1	81
7.Combined psychoactive drugs	12	4		16
Total	500	124	10	634
Men				
Type of Drug	**Not living with children**	**Living with children**	**Missing data**	**Total sum**
1. Opioids	505	73	5	583
2. Cocaine	30	6	2	38
3. Stimulants other than cocaine	996	128	17	1,141
4. Hypnotics and sedatives	36	16	1	53
5. Hallucinogens	4	1		5
6.Volatile inhalants	20	1	1	22
7. Cannabis	574	41	3	618
8.Combined psychoactive drugs	183	16	2	201
Total	2,348	282	31	2,661

As data show, 86.43 per cent (2,848) of people in treatment (3.295) do not live with children. In the case of women, this percentage amounts to 78.86 per cent and 88.23 per cent in the case of men. The drugs of use most reported by people living with children are stimulants other than cocaine, opioids and cannabis. In the case of women, the substances are, in descendent order, stimulants other than cocaine, opioids and hypnotics and sedatives.

f) Switzerland

In Switzerland[16], 5.8 per cent of children aged under 15 live in a family where one or both parents show heavy alcohol consumption. 31.3 per cent are raised in an environment where the parents consume products containing nicotine (e.g. tobacco products, e-cigarettes) on a daily basis. The proportion of children whose parents make heavy consumption of illegal drugs (e.g. cannabis, cocaine, heroin) is low (1.8 per cent). Some children's parents show multiple heavy substance consumption. This is the case, in particular, with alcohol and nicotine (1.9 per cent).

[16] Information available at https://www.obsan.admin.ch/en/indicators/MonAM/children-families-heavy-substance-consumption-age-0-14.

7. Preliminary proposals

One of the objectives of this preliminary assessment is to identify existing gaps and promising practices in policy interventions but also in the normative and discursive focuses that frame the international, European and member states' approach to children whose parents use drugs.

Based on the information and sources analysed in this assessment report, the following proposals aim at setting a preliminary stage for further developments in mainstreaming children's rights in drug policy. The proposals are preliminary and will be developed in the second phase of the project

a) On children, PG countries should undertake the following proposed actions

- Guarantee that data gathering reflects the number of children affected by parental drug use, not only in relation to people who enter treatment but also in other institutional spaces, such as child-protection services and domestic violence support services.
- Estimate of the number of children whose parents or primary caregivers suffer from drug-use disorder.
- Name children whose parents use drugs as vulnerable group in the documents related to drugs and drug policy interventions and identify their rights in accordance with the CRC comprehensive perspective and in accordance with PG approach towards Human Rights.
- Scrutinize, assess and amend the negative impacts of criminalizing and stigmatizing policies that affect people who use drugs and their dependents, particularly children and the elderly.
- Include human right-based markers in the assessment of the implementation of the international -and national- framework of drug control, that specifically take into account children's related issues. Not only children whose parents use drugs, but also children with incarcerated parents, adolescents in contact with the criminal justice system and children who use drugs.
- Promote participatory mechanisms for the effective inclusion of children in the design, implementation, monitoring and evaluation of drug-related policies and programmes in the fields of prevention, treatment, rural and urban alternative development (in international cooperation) and harm reduction, as well as in children's rights and programmes aimed at eliminating violence against children, including neglect and psychological violence.
- Make sure that all programmes are age and gender sensitive and are aware and respectful of cultural differences as well as other conditions.

- Address children's rights not from the perspective as "adults in becoming" or "asset" but as right-holders.
- Make sure that the best interest of the child is applied as a substantive right, a legal, interpretative principle and norm of procedure in all legislative, administrative and judicial decisions that affect children directly or indirectly.
- Involve and train school personnel in order to be detectors of child neglect and violence but also to avoid further stigmatization or institutional violence on the basis of beliefs and attitudes around drug use and drug dependence.
- Make sure that a parent's use of drugs on its own does not justify the separation of a child from his or her parents, but child protection authorities must be particularly vigilant in such a situation.
- Desing and guarantee the availability, accesibility and affordability of treatment services able to accommodate children to allow parents to receive treatment.
- Link treatment services to other services that support interventions for patients' children and other family members who may need them.

b) On parents

- Provide people who use drugs with access to scientific evidence-based, stigma-free, gender and cultural-sensitive drug treatment that takes into consideration their parental responsibilities and roles.
- Ensure the provision of drug prevention, treatment, rehabilitation and general support services, including health care and social protection in prison settings, ensuring that they are equivalent to and that they provide continuity of care with those in the community.
- Provide appropriate assistance to parents in carrying out their childcare responsibilities when needed. This includes the duty to support drug-dependent parents.
- Provide equal access for people who use drugs and their families to public services, including housing, health care and education.
- Promote alternatives to conviction and punishment in appropriate cases and to promote the principle of proportionality in sentencing.
- Promote non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health, care and social services for people who use drugs, and to reduce any possible discrimination, exclusion or prejudice those people may encounter.
- Eliminate the barriers that women face to access treatment and to provide them with safe spaces where they can be sheltered and protected from gender-based violence together with their children while having access to treatment services and harm reduction.

- Make sure that no person is threatened with loosing legally or *de facto* their children's custody on the sole basis of drug dependence.

8. Methodology for focus groups to be carried out in February and March 2021

In February and March 2021, focus groups (FG) will be carried out virtually with all the countries that manifested their interest in participating. This section explains how they will be carried out and developed.
Each FG will include 3 to 4 countries and the national focal points will be invited to participate. If they esteem it pertinent, other country representatives could be invited to join the discussion. Countries will be gathered as follows: FG 1) Croatia, Cyprus, Switzerland and Romania; 2) Turkey, Italy and Ireland; 3) Mexico, Poland and Norway; 4) Morocco, Iceland and Greece.

The objective of the focus group is to identify member states' policy interventions aimed at and that impact on children whose parents use drugs from a children's rights and drug policy perspective. The discussion will revolve around eleven triggering questions -outlined below-, with the purpose of sharing national practices and have a collective discussion and interchange on the most relevant points with the regard to children whose parents use drugs. The participants do not need to have an exhaustive knowledge on each particular point -since these will be deepened in national FG- but rather to draw a general picture of where his/her country stands in relation to this groups, in terms of regulation, data gathering, policy interventions, gaps and promising practices.

The consultant will send an invitation letter to the countries' focal points in which the dynamic and the questions will be presented. Subsequently, a date and time will be agreed between all the participants.

They activity will be carried out as follows (time estimates can vary according to the organization of each focus group and the number of participants):

1. Presentation of the project, its objectives and next steps, as well as the dynamic of the activity, to be carried out by the consultant;
Duration: 10 minutes

2. Presentation of the participants;
Duration: 5 minutes

3. Collective discussion around the following questions:

1) How are the children whose parents use drugs included in national laws, strategies programmes and plans on children and violence against children?
2) Are age, gender and human rights perspectives included in national drug policy? How?
3) Does your country collect data in order to identify if people who use drugs have primary caregiving responsibilities? If so, in what data set are children included? How do you consider data gathering could be improved?
4) What are the impacts of law enforcement against people who use drugs on children?
5) How do child protection services act in case of parental drug misuse and child neglect or violence against children?

Duration: 1 hour

3. Break
Duration: 15 minutes

4. Second round of collective discussion around the following questions:

6) Are children with parents who use drugs taken into account in prevention strategies and how?
7) Are children with parents who use drugs taken into account in treatment services and how?
8) Are children with parents who use drugs taken into account in harm reduction services and how?
9) What gaps have you identified in relation to interventions that can benefit parents/families/women who use drugs and their families and children?
10) Could you refer of any good practice in the field of drug-related policies, on one hand, or child protection, on the other, that stands out as an example of how to enhance children's rights in the case of parental drug misuse?

Duration: 1 hour

5. Conclusions and proposals, all participant
Duration: 30 minutes

11) Based on your country's experience and the discussion developed in this activity, do you consider the current approach to children's rights in the field of drug policy and vice versa could be improved? And if so, how?

Total duration of the FG: 3 hours

9. References

Advisory Council on the Misuse of Drugs (2007) *Hidden Harm. Three years on: realities, challenges and opportunities* (London: Home Office), https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/119104/HiddenHarm1.pdf (accessed on 8 January 2020).

Barrett, D. (2018) *Drugs and the Convention on the Rights of the Child. Fragmentation, contention and structural bias* (Stockholm: Stockholm University), http://www.diva-portal.org/smash/get/diva2:1212140/FULLTEXT01.pdf (accessed on 30 November 2020).

Barrett, D. (2018 a) *Drug policy and human rights in Europe: Managing tensions, maximising complementarities* (Strasbourg: Council of Europe), https://rm.coe.int/drug-policyandhumanrights-in-europe-eng/1680790e3d (accessed on 15 December 2020).

Barrett, D. (ed) (2011) *Children of the Drug War. Perspectives of the impact of drug policies on young people* (New York: The International Debate Education Association).

Benoit, T. and M. Jauffret-Roustide (2016) *Improving the management of violence experienced by women who use psychoactive substances* (Strasbourg: Council of Europe), https://rm.coe.int/improving-the-management-of-violence-experienced-by-women-who-use-psyc/168075bf22 (accessed on 30 November 2020).

Chief Executives Board for Coordination (2019) *Second regular session of 2018 Manhasset, New York, 7 and 8 November 2018. Summary of deliberations*, https://www.unsceb.org/CEBPublicFiles/CEB-2018-2-SoD.pdf (accessed on 30 November 2020).

CND (Commission on Narcotic Drugs) (2020) Resolution 63/4 *Promoting the involvement of youth in drug prevention efforts* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2020-2029/2020/Resolution_63_4.pdf (accessed on 30 November 2020).

CND (2019) *Ministerial declaration on strengthening our actions at the national, regional and international levels to accelerate the implementation of our joint commitments to address and counter the world drug problem* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/2019/Ministerial_Declaration.pdf (accessed on 30 November 2020).

CND (2018) Resolution 61/2 *Strengthening efforts to prevent drug abuse in educational settings* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_61/CND_res2018/CND_Resolution_61_2.pdf (accessed on 30 November 2020).

CND (2018 a) Resolution 61/4 *Promoting measures for the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs* (Vienna:

CND), https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_61/CND_res2018/CND_Resolution_61_4.pdf (accessed on 30 November 2020).

CND (2018 b) Resolution 61/7 *Addressing the specific needs of vulnerable members of society in response to the world drug problem* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_61/CND_res2018/CND_Resolution_61_7.pdf (accessed on 30 November 2020).

CND (2018 c) Resolution 61/9 *Protecting children from the illicit drug challenge* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_61/CND_res2018/CND_Resolution_61_9.pdf (accessed on 30 November 2020).

CND (2018 d) 61/11 Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users (Vienna: CND), https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_61/CND_res2018/CND_Resolution_61_11.pdf (accessed on 30 November 2020).

CND (2017) Resolution 60/*7 Promoting scientific evidence-based community, family and school programmes and strategies for the purpose of preventing drug use among children and adolescents* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_60/CNDres_2017/Resolution_60_7_60CND.pdf (accessed on 30 November 2020).

CND (2016) Resolution 59/5 *Mainstreaming a gender perspective in drug related policies and programmes* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/Resolution_59_5.pdf (accessed on 30 November 2020).

CND (2016 a) Resolution 59/7 *Promotion of proportionate sentencing for drug-related offences of an appropriate nature in implementing drug control policies* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/Resolution_59_7.pdf (accessed on 30 November 2020).

CND (2015) Resolution 58/2 *Supporting the availability, accessibility and diversity of scientific evidence-based treatment and care for children and young people with substance use disorders*, (Vienna: CND), https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_58/2015_Resolutions/Resolution_58_2.pdf (accessed on 30 November 2020).

CND (2015 a) *Resolution 58/3 Promoting the protection of children and young people, with particular reference to the illicit sale and purchase of internationally or nationally controlled substances and of new psychoactive substances via the Internet* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_58/2015_Resolutions/Resolution_58_3.pdf (accessed on 30 November 2020).

CND (2015 b) Resolution 58/5 *Supporting the collaboration of public health and justice authorities in pursuing alternative measures to conviction or punishment for appropriate drug-related offences of a minor nature* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_58/2015_Resolutions/Resolution_58_5.pdf (accessed on 30 November 2020).

CND (2014) Resolution 57/3 *Promoting prevention of drug abuse based on scientific evidence as an investment in the well-being of children, adolescents, youth, families and communities* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2014/CND_Res_57_3.pdf (accessed on 30 November 2020).

CND (2012) Resolution 55/2 *Promoting programmes aimed at the treatment, rehabilitation and reintegration of drug-dependent persons released from prison settings* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2012/CND_Res-55-2.pdf (accessed on 30 November 2020).

CND (2011) *Resolution 54/5 Promoting rehabilitation- and reintegration-oriented strategies in response to drug use disorders and their consequences that are directed at promoting health and social well-being among individuals, families and communities* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2011/CND_Res-54-5.pdf (accessed on 30 November 2020).

CND (2010) *Resolution 53/10 Measures to protect children and young people from drug abuse* (Vienna: CND), https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2010/CND_Res-53-10.pdf (accessed on 30 November 2020).

Comiskey, C., Hyland, J. and Hyland, P. (2016) "Parenthood, Child Care, and Heroin Use: Outcomes After Three Years", *Substance Use & Misuse*, Volume 51, Issue, 12, pp. 1600-1609.

Comiskey, C., Milnes, J. and Daly, M. (2017) "Parents who use drugs: the well-being of parent and child dyads among people receiving harm reduction interventions for opiate use", *Journal of Substance Use*, 22:2, pp. 206-210.

Comiskey, C. and Snel, A. (2016) "Using Client's Routine Urinalysis Records from Multiple Treatment Systems to Model Five-Year Opioid Substitution Treatment Outcomes", *Substane Use & Misuse*, Volume 10, Issue 0, pp. 1-10.

Committee on the Right of the Child (2013) *General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health*, https://www.refworld.org/publisher,CRC,GENERAL,,51ef9e134,0.html (accessed on 30 November 2020).

Committee on the Right of the Child (2013 a) *General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1)*, http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsqIkirKQZLK2M58RF%2f5F0vEAXPu5AtSWvliDPBvwUDNUfn%2fyTqF7YxZy%2bkauw11KClJiE%2buI1sW0TSbyFK1MxqSP2oMlMyVrOBPKcB3Yl%2fMB (accessed on 30 November 2020).

Committee on the Right of the Child (2011) *General comment No. 13 (2011). The right of the child to freedom from all forms of violence*, http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsqIkirKQZLK2M58RF%2f5F0vFKtnY3RFBX0eVOrGEVYuIm9CsHNwh1HrjED9fVmGn%2baZ1TGy6vH1Iek6kukGyB%2fFCGBbSOP0uwpKf24vcxkEnv (accessed on 30 November 2020).

Committee on the Right of the Child (2003) *General comment No. 5 (2003). General measures of implementation of the Convention on the Rights of the Child (arts. 4, 42 and 44, para. 6)*, http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsiQql8gX5Zxh0cQqSRzx6Zd2%2fQRsDnCTcaruSeZhPr2vUevjbn6t6GSi1fheVp%2bj5HTLU2Ub%2fPZZtQWn0jExFVnWuhiBbqgAj0dWBoFGbK0c (accessed on 30 November 2020).

Council of Europe (2020) *Drug policy and human rights in Europe: a baseline study* (Strasbourg: Council of Europe), https://pace.coe.int/pdf/212c7035d02ef436d76d844d18924a60be70bb033326667a8259ffe25682ae848428feba12/doc.%2015086.pdf (accessed on 30 November 2020).

Council of Europe (2016) *Council of Europe Strategy for the Rights of the Child (2016-2021)* (Strasbourg: Council of Europe), https://edoc.coe.int/en/children-s-rights/7207-council-of-europe-strategy-for-the-rights-of-the-child-2016-2021.html#:~:text=Stay%20informed-,Council%20of%20Europe%20Strategy%20for%20the%20Rights%20of%20the,2016%2D2021)%20(2016)&text=Share%20%3A&text=It%20covers%20priority%20areas%20to,rights%20in%20the%20digital%20environment (accessed on 30 November 2020).

Council of Europe (2005) *Children's rights under the European Social Charter* (Strasbourg: Council of Europe), https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=0900001680474a4b (accessed on 30 November 2020).

Council of Europe (1996) *European Social Charter (Revised)* (Strasbourg: Council of Europe), https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168007cf93 (accessed on 30 November 2020).

Csete, J., Kamarulzaman, A., Kazatchkine, M., Altice, F., Balicki, M., Buxton, J., Cepeda, J., Comfort, M., Goosby, E., Goulão, J., Hart, C., Kerr, T., Madrazo Lajous, A., Lewis, S., Martin, N., Mejía, D., Camacho, A., Mathieson, D., Obot, I., Ogunrombi, A., Sherman, S.,

Stone, J., Vallath, N., Vickerman, P., Zábranský, T. and Beyrer, C. (2016) *Public health and international drug policy*, *The Lancet*, 387, pp. 1427–80.

Department of Health (2017) *Reducing harm, supporting recovery: a health-led approach to drug and alcohol use in Ireland 2017-2025* (Dublin: Department of Health) http://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf (accessed on 8 January 2020).

EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) (2012) *Pregnancy, childcare and the family: key issues for Europe's response to drugs* (Lisbon: EMCDDA), https://www.emcdda.europa.eu/system/files/publications/671/TDSI12001ENC_396469.PDF (accessed on 30 November 2020).

EMCDDA (2010) *Children's voices. Experiences and perceptions of European children on drug and alcohol issues* (Lisbon: EMCDDA), https://www.emcdda.europa.eu/system/files/publications/618/TP_ChildrenVoices_206942.pdf (accessed on 30 November 2020).

EMCDDA (2009) *Women's voices. Experiences and perception of women who face drug-related problems in Europe* (Lisbon: EMCDDA), https://www.emcdda.europa.eu/system/files/publications/549/EMCDDA-TP_women%27s_voices_133363.pdf (accessed on 30 November 2020).

EU (European Union) 2020 EU Drugs Strategy 2021-2025. https://data.consilium.europa.eu/doc/document/ST-14178-2020-INIT/en/pdf (accessed on 15 December 2020).

Galligan, K. and Comiskey C. (2019) "Hidden Harms and the Prevalence of Children Whose Parents Misuse Substances: A Stepwise Methodological Framework for Estimating Prevalence in a Community Setting", *Substance Use & Misuse*, Volume 54, Issue 9, pp. 1429-1437.

General Assembly (2010) *Guidelines for the Alternative Care of Children*, https://www.alternativecareguidelines.org/Portals/46/Guidelines/English/English%20UN%20Guidelines.pdf (accessed on 30 November 2020).

General Assembly (1989) *Convention on the Rights of the Child*, https://www.ohchr.org/en/professionalinterest/pages/crc.aspx (accessed on 30 November 2020).

Giacomello, C. (2020) *The Gendered Impacts of Drug Policy on Women: Case Studies from Mexico*, in Buxton, J. Chinery-Hesse, M. and Tinasti, K. (eds) *Drug policies and development. Conflict and coexistence*, *International Development Policy series*, No.12 (Geneva, Boston: Graduate Institute Publications, Brill-Nijhoff), https://journals.openedition.org/poldev/3966 (accessed on 15 December 2020).

Giacomello, C. (2019) *Niñez que cuenta. El impacto de las políticas de drogas sobre niñas, niños y adolescentes con madres y padres encarcelados en América Latina y el Caribe* (Buenos Aires: Church World Service), http://www.cwslac.org/nnapes-pdd/docs/Estudio-Regional-Ninez-que-cuenta-web.pdf (accessed on 15 December 2020).

Heyns, C., Méndez, J. E., Puras, D., and Mezmur, B. D. (2016) *Joint Open Letter by the UN Working Group on Arbitrary Detention; the Special Rapporteurs on extrajudicial, summary or arbitrary executions; torture and other cruel, inhuman or degrading treatment or punishment; the right of everyone to the highest attainable standard of mental and physical health; and the Committee on the Rights of the Child, on the occasion of the United Nation General Assembly Special Session on Drugs New York, 19-21 April 2016*, https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=19828&LangID=E (accessed on 30 November 2020).

Horgan, J. (2011) *Parental Substance Misuse: Addressing its Impact on Children. A Review of the Literature* (Dublin: NACD), https://www.drugsandalcohol.ie/16115/1/NACD_parental_substance_misuse_impact_children_Key_messages.pdf (accessed on 8 January 2021).

Human Rights Council (2015) *Study on the impact of the world drug problem on the enjoyment of human rights*, http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session30/Documents/A_HRC_30_65_E.docx (accessed on 8 January 2021).

ILO (International Labour Organization) (1999) *C182 - Worst Forms of Child Labour Convention, 1999 (No. 182)*, https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C182 (accessed on 30 November 2020).

International Centre on Human Rights and Drug Policy, UNAIDS (Joint United Nations Programme on HIV/AIDS), WHO (World Health Organization), UNDP (United Nations Development Programme) (2019) *International Guidelines on Human Rights and Drug Policy*, https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/international-guidelines-on-human-rights-and-drug-policy.html (accessed on 30 November 2020).

INCB (International Narcotics Control Board (2020) *Annual Report 2020* (Vienna: INCB), https://www.incb.org/documents/Publications/AnnualReports/AR2019/Annual_Report_Chapters/English_ebook_AR2019.pdf (accessed on 8 January 2021).

Jones, A. D., y Wainania Woźna, A. (eds.) (2012) *Children of Prisoners. Interventions and Mitigations to Strengthen Mental Health*, http://childrenofprisoners.eu/wp-content/uploads/2013/12/COPINGFinal.pdf (accessed on 8 January 2021).

Murray, J., Bijleveld, C., Farrington, D. and Loeber, R. (2014) *Effects of parental incarceration on children. Cross-national comparative studies* (Washington D.C.: American Psychological Association).

Parliamentary Assembly (2020) *Drug policy and human rights in Europe: a baseline study* (Strasbourg: Council of Europe), https://pace.coe.int/pdf/212c7035d02ef436d76d844d18924a60be70bb033326667a8259ffe25682ae848428feba12/doc.%2015086.pdf (accessed on 30 November 2020).

Parliamentary Assembly (2020 a) *Resolution 2335 (2020) Provisional version Drug policy and human rights in Europe: a baseline study* (Strasbourg: Council of Europe), https://pace.coe.int/pdf/f8a953acc516b92c9e41eceb8b2dc96d241668ea3326667a8259ffe25682ae848428feba12/resolution%202335.pdf (accessed on 30 November 2020).

Parliamentary Assembly (2007) *For a European drug convention on promoting public health policy in drug control* (Strasbourg: Council of Europe), https://assembly.coe.int/Documents/WorkingDocs/2007/EDOC11344.pdf (accessed on 30 November 2020).

Parliamentary Assembly (2007 a) *Resolution 1576 (2007) For a European convention on promoting public health policy in drug control* (Strasbourg: Council of Europe), https://pace.coe.int/pdf/8c9eba66daa51390757faf76c5f4c4ac085e59bf3326667a8259ffe25682ae848428feba12/resolution%201576.pdf (accessed on 30 November 2020).

Pinheiro, P. S. (2010) *World Report on Violence against Children*, (Geneva: United Nations), https://resourcecentre.savethechildren.net/node/2999/pdf/2999.pdf (accessed on 15 December 2020).

Pompidou Group (2020) *Human rights and people who use drugs in the Mediterranean region: current situation in 17 Mednet countries* (Strasbourg: Council of Europe), https://rm.coe.int/2020-ppg-med-4-human-rights-and-people-who-use-drugs-eng/16809e504d (accessed on 15 December 2020).

Pompidou Group (2018) *"Stavanger Declaration" adopted at the 17 th Ministerial Conference of the Pompidou Group* (Stavanger: Pompidou Group), https://rm.coe.int/2018-ppg-minconf-6-declaration-minconf-en/16808fdc51 (accessed on 30 November 2020).

Pompidou Group (2018 a) *Pompidou Group Work Programme 2019–2022 'Sustainable drug policies respectful of human rights'* (Stavanger: Pompidou Group), https://rm.coe.int/2018-ppg-minconf-4-work-programme-2019-2022-en/16808f13c3 (accessed on 15 December 2020).

Scharff Smith, P. (2014) *When the innocent are punished. Children of imprisoned parents* (London: Palgrave Macmillan UK).

Tweed, E., Miller, R. and Matheson, C. (2018) *Why are drug-related deaths among women increasing in Scotland?* (Edinburgh: The Scottish Government), https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2018/06/drug-related-deaths-women-increasing-scotland-

9781787810129/documents/00537548-pdf/00537548-pdf/govscot%3Adocument/00537548.pdf (accessed on 30 December 2020).

UNODC (United Nations Office on Drugs and Crime) (2020) *World Drug Report 2020. Booklet 1 Executive Summary. Impact of COVID-19. Policy Implication* (Vienna: UNODC), https://wdr.unodc.org/wdr2020/field/WDR20_BOOKLET_1.pdf (accessed on 30 November 2020).

UNODC (2020 a) *Handbook on Youth Participation in Drug Prevention Work* (Vienna: UNODC), https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_63/CRPs/ECN72020_CRP12_e_V2001489.pdf (accessed on 30 November 2020).

UNODC (2020 b) *World Drug Report 2020. Booklet 5 Socioeconomic characterstics and drug use disorders* (Vienna: UNODC), https://wdr.unodc.org/wdr2020/field/WDR20_Booklet_5.pdf (accessed on 15 January 2021).

UNODC (2016) *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem. Our Joint Commitment to Effectively Addressing and Countering the World Drug Problem* (Vienna: UNODC), https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf (accessed on 30 November 2020).

UNODC (2016 a) *Guidelines on drug prevention and treatment for girls and women* (Vienna: UNODC), https://www.unodc.org/documents/drug-prevention-and-treatment/unodc_2016_drug_prevention_and_treatment_for_girls_and_women_E.pdf (accessed on December 20 2020).

UNODC (2013), *The International Drug Control Conventions Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol Convention on Psychotropic Substances of 1971 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 with final acts and resolutions* (Vienna: UNODC), https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_E.pdf (accessed on 30 November 2020).

UNODC (2009) *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem* (Vienna: UNODC), https://www.unodc.org/documents/drug-prevention-and-treatment/High-level_segment_Commission_on_Narcotic_Drugs_11-12_March_2209.pdf (accessed on 30 November 2020).

UNODC and WHO (World Health Organization) (2018), *International Standards on Drug Use Prevention* (Vienna: UNODC), https://www.unodc.org/documents/prevention/UNODC-WHO_2018_prevention_standards_E.pdf (accessed on 30 November 2020).

UNODC, UN-Women, WHO and INPUD (International Network of People who Use Drugs) (2014) *Women who inject drugs and HIV: Addressing specific needs*, https://www.unodc.org/documents/hiv-aids/publications/WOMEN_POLICY_BRIEF2014.pdf (accessed on 8 January 2021).

Vandenhole, W., Desmet, E., Reynaert, D. and Lembrechts, S. (eds) (2015), *Routledge International Handbook of Children's Rights Studies* (New York and London: Routledge Taylor & Francis Group).

WHO (World Health Organization) (2016) *Inspire. Seven strategies to fight violence against children*, https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children (accessed on 15 December 2020).

WHO and UNODC (2020) *International Standards for the Treatment of Drug Use Disorders*, (Swizterland: WHO), https://www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders (accessed on 30 November 2020).