Council of Europe International Cooperation Group on Drugs and Addictions

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Executive Summary
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Children Whose Parents Use Drugs Promising practices and recommendations

Executive Summary[1]

PhD Corina Giacomello
Pompidou Group's consultant
Associate professor
University of Chiapas
Mexico

[1] This executive summary includes extracts from the full report, which will be available at the end of October. Full bibliographical and online references can be found in the full report.

"Children blame themselves and they wonder "why doesn't she love me?" but it's not true: the mother loves her child, but the substance is too strong."

"I would tell them to not feel ashamed and to look for help. They don't ask for help because they are afraid and they think they are betraying their parents."

Introduction

The above opening testimonies are extracts of a focus group carried out with women in the therapeutic community of San Patrignano[2], Italy. The participants were in the process of recovery from dependence to alcohol, heroin or other drugs and generously shared their experiences and insights for this research. Some of them were at first children growing up in families with substance dependence. Now, these adult women are facing the laborious undertaking of overcoming dependence and fully exercise their motherhood, with the aim to spare their children from experiencing again the consequences of growing up in a family where drug dependence turns parenting a complicated and, sometimes, overlooked task. It goes without saying that parentings is not an easy mission *per se* and it is particularly challenging for women, given the persistency of mentalities around "good mothering", from which drug use is automatically excluded.

Fathers and mothers who face both drug dependence and being a parent can be overwhelmed by the intersection of i) their personal history and the history with substances; ii) social, cultural, gender and individual challenges in relation to parenthood; iii) a hostile, stigmatizing or not always solidary environment that does not see them fit for parenting because of their substance use. Concomitant stressors certainly impact on parents and, consequently, on children.

Parental drug use disorders impact on children at every stage of their lives from before birth, well into their adult lives, varying accordingly to the children's age, gender, as well as their circumstances and personal resources.

Children can experience anxiety, depression, anger, guilt and shame. They have difficulties concentrating at school because of the preoccupation of what might be happening to their parents. They often feel isolated and are afraid of speaking out and looking for help because they think they would be betraying their parents or face the risk of being separated from them. Sometimes, they simply do not have anybody they trust enough. They think that they are somehow responsible for what is happening to them and that they have to save their parents. Often times they have to take care of themselves and their siblings, carrying out

[2] As part of the activities carried out for the development of this report, the consultant co-organised with Monica Barzanti -San Patrignano- and PhD Katia Bolelli -University of Padua- a focus group with six women who are undergoing recovery at San Patrignano. They shared their experiences as women who use drugs and are mothers (five of them) but also as coming from families impacted by drug dependency. The focus groups was carried out through a face-to-face meeting in San Patrignano in August 2021, followed by a virtual meeting in September.

tasks -such as getting ready for school, cooking, cleaning, etc.- that are their parents' responsibilities , or they are left home alone when they are not in a proper age yet.

This report focuses on children growing in families affected by drug and alcohol dependence, as well as on the services, programmes and practices that help protecting childhood and guaranteeing children's needs while, at the same time, address parents.

It is a human rights oriented project which responds to the PG mission of integrating human rights in drug policy. Protecting the rights of the child is at the core of the Council of Europe's mission to safeguard human rights, uphold democracy and preserve the rule of law.

Background

This project was proposed in response to the Council of Europe's invitation to Pompidou Group Secretariat to participate in the Inter-Secretariat Task Force on Children's Rights to contribute to the discussions on the themes which should appear in the new Council of Europe Strategy on the Rights of the Child (2022-2027). 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 draft Strategy, as they were deprived of their childhood and had been disproportionately affected by the pandemic".

Subsequently, a preliminary assessment was developed, based on 16 PG countries'[3] responses to a questionnaire, literature review -including normative and standards- and quantitative data, corresponding to the first phase of the project. Report (P-PG (2021) 2) and executive summary (P-PG (2021) 3) were shared with the 20 countries which manifested their interest in the project, and NGOs that contributed by sharing information or perspectives.

In February 2021 the Bureau of the PG took note of the developments under this new project and entrusted the Secretariat to follow it up as appropriate with the second phase of the project (February-December 2021). Thirteen countries adhered to the second phase[4]. Between February and September 2021, the consultant has carried out three inter-countries focus groups[5], national focus groups with five countries[6] and semi-structured interviews with a total of 61 people from ten countries, namely -in alphabetical order- Czech Republic, Croatia, Cyprus, Greece, Iceland, Ireland, Italy, Mexico, Poland and Switzerland.

[3] In alphabetical order: Croatia, Cyprus, Czech Republic, Greece, Hungary, Iceland, Ireland, Italy, Lichtenstein, Mexico, Monaco, Poland, Romania, Spain, Switzerland and Turkey.
[4] In alphabetical order: Croatia, Cyprus, Greece, Iceland, Ireland, Italy, Mexico, Morocco, Norway, Poland, Romania, Switzerland and Turkey.
[5] The countries participating in the focus groups were Croatia, Cyprus, Greece, Iceland, Ireland, Italy, Mexico, Poland, Romania, and Turkey, while Switzerland answered in writing to the triggering questions that were shared to the countries' focal points.
[6] Croatia, Cyprus, Iceland, Ireland and Italy.

Contents

This report includes the experience of **29 practices** from eleven countries. It has been possible thanks to the active and generous participation of **102 people** in different activities, namely inter-countries focus groups, national focus groups and semi-structured interviews.

Nine of the voices belong to women in therapeutic communities who have undergone or are undergoing a path of recovery, with the gender-responsive, trauma-informed, wrapping-around services that take into account their strengths as well as their needs.

The contents are organised as follows.

Chapter two "Family and children oriented services that take into account drug use" looks at a wide range of practices from **Cyprus, Iceland, Ireland and Italy** that span from prevention programmes with children to intense interventions with parents and children in very vulnerable contexts and situations in between. The programmes and practices aim at providing children with skills, opportunities and safe spaces, while addressing families' complex needs through systemic and holistic interventions in the attempt to maintain family unity while increasing parental skills, attachment, communication and resilience for both parents and children.

Chapter three "Programmes and services for families and children in drug treatment settings and related services, including data gathering and advocacy" looks at those cases where children are actively addressed by treatment services, not as users but as subjects exposed to particular vulnerabilities because of parental substance use disorder. **Iceland**'s and **Ireland**'s programmes, as well as Ireland' s data gathering system constitute the examples that are more specific and that can open perspectives for other countries. **Mexico**'s case also sheds light on integration and support for children with parents who use substances into the community through treatment services and **Croatia**'s approach confirms the need of bringing families and children into the therapeutic alliance. The example form **Switzerland** reinforces one of the points at which arrives this report, that is the need to produce and disseminate materials and information available for children (differentiated by age group and gender-sensitive), parents and professionals. This section also includes a brief review of the a practice from the **UK**, a country which is not included in this study but that was referred to by informants from the Irish Silent Voices Campaign.

Chapter four "Treatment services targeted at pregnant women, mothers and their children" includes, as explained by its title, residential communities for women who are pregnant or have children and where they can actually live with their children. It reports the examples of **Czech Republic, Croatia, Cyprus, Greece, Ireland, Italy and Poland** These services have been created out of the growing evidence that the key element for women to enter treatment was to be able to take their children with them. The chapter also includes a recent protocol from Cyprus aimed at securing that women who are pregnant or have recently given birth are referred to the right services through a liaison midwife able to

generate a relationship of trust and accompaniment. This practice is currently been looked into by Croatia as well.

Chapter five "Services for women who are victims and survivors of violence and use drugs, and their children" highlights a much needed yet still not mainstreamed practice, that is, the admittance of women who use substances into shelters for women victims and survivors of violence and their children. Through the examples of **Cyprus** and **Ireland**, this section illustrates that dependence should not be a barrier to give women and their children protection.

Chapter six includes an analysis of findings and recommendations that set the path for future research and interventions, with the hope of engaging countries in pursuing the interchange and development of policies and programmes and which are **reproduced below.**

This research, rather than representing a conclusion, is the beginning of an ongoing effort to give visibility to children in families affected by drug and alcohol misuse and the practices that target them and their families, as well as to foster cooperation and dialogue between governmental and non-governmental actors.

Key messages, conclusions and recommendations

There is no straight line, one-size-fits-all approach or magic solution to help children and families; however, some key messages resound clearly and firm steps can be given towards coordinated, integrated, stigma-free, gender-responsive, child and family-centred policies and interventions at the international, national and local level.

This next section develops the key messages, conclusions and the corresponding recommendations and proposals, directed at national governments and local stakeholders.

Key message 1.

Children are not the bearers of the pathology nor those who "have to do something" about their families complex issues -including drug dependence-.

…However…

They might need support to deal with multiple vulnerabilities and the impacts of drug dependence on their daily life, emotional and physical safety and wellbeing, self-esteem and trust, communication skills and resilience, understanding of their parents' situation and identification of secure contacts and channels to ask for help and support if needed.

Currently, services and programmes are not equally available in terms of quality and territorial distribution, so, for instance, people living in urban and rural areas

will have differential access to them, or people living in one region vs another. This depends on numerous factors, such as funding, governmental and non-governmental services available in the territory, cultural and social practices as well as operators' training and commitment.

…Therefore…

Countries need to develop integrated strategies to wrap up all children at the national and local level.

…Through…

I. Information and sensitizing tools that aim at understanding the experience of parental drug dependence and open discussions about it in society, school, communities and families and disseminate channels for children to ask for help and receive information.

Specific actions:

- **Provide spaces for children to express their voices and experiences and communicate with other peers and service providers.**
- **Develop digital and hard copies materials** as well as books and other resources for children, parents and professionals to be distributed online and through seminars and training in schools, health sector, treatment centres, social services, etc. (see Dependence Switzerland).
- **Create a digital platform** targeted at and adapted for children, families, parents and practitioners in which:
    - Service providers from the governmental and non-governmental sectors can upload and update their information and contacts;
    - Children can find easy access information and contacts;
    - Parents and professionals can find information, contacts, materials and referrals for them and for children.
- **General and specific helpline** (such as Nacoa, UK and Dependence Switzerland) for children affected by parental drug misuse, available 24/7 through trained personnel or volunteers via phone, chat, sms and social networks, where children can speak about what they are facing, be listened to and, if necessary, channelled to specific services.

It is important that the activities and materials aimed at showing the particular vulnerabilities of children affected by parental drug misuse do not lead into reinforcing stigmatizing attitudes and beliefs around people who use drugs.

II. At the national and local level, create spaces for the integration of knowledge between the fields of social and health services, so that the topic of drug use disorder can be addressed by operatorial and practitioners trained in both the clinic and the psychosocial sphere.

III. Guarantee that services at the local level that address children and families' vulnerabilities have the capacity to identify and take into account parental drug misuse and work cooperatively with other services, providing families and children the support in terms of vulnerability and the specific intersection with drug misuse in an informed, collaborative, gender-responsive and non-judgmental way.

Specific actions:

- Make sure that children and family oriented programmes -numerously described in chapters II and III- have the capacity to quantitatively and qualitatively **identify children affected by parental substance dependence and build actions targeted at them** so that while children receive the same services as other children in vulnerable context (home education, access to sports, educations and leisure activities, involvement in children's groups, play-therapy, excursions and visits, etc.) can also have **access to specific programmes of support**, including, when possible, tailored groups. Even if not described here, the experience of Switzerland's expert Regula Rickenbacher is relevant in the work with groups of children affected by parental drug use.
- Guarantee services for families in particularly vulnerable situation, that face the risk of losing custody (see Mánaberg and Keðjan, Iceland).
- Develop **protocols of cooperation between social services/child protection at the local level and drug treatment services** (See the experience of the municipality of Prato, Italy, in the section on P.I.P.P.I.) and, when necessary**, also include services oriented at women and children victims and survivors of violence**. Such protocols should allow for the development of children and families-centred plans that make sure that all the family and children's needs are addressed. They should also help **children to be referred to drug treatment services that provide individual and group support to children affected by parental drug misuse** (such as SÁÁ, Iceland).
- Foster the work of **multidisciplinary teams**, which promote the operators' capacity to work collaboratively, know and share information and make decisions.
- Provide **training to social services and child protection on drug dependence and parenthood**, in order to help reduce mentalities, practices, bias and stigma rooted in lack of knowledge, fear and "socially conveyed" messages on drugs and drug users. The experience of Cuan Saor (Ireland) is useful to understand how to do it and to see that such training does not need to be very extensive or professionalizing, but enough to identify, incorporate and understand drug misuse as part of families realities and not an issue that incapacitates parenthood.
- **Reinforce parenting programmes** aimed at strengthening families skills and support (see the Parents Under Pressure Programme, Coolmine, Ireland).
- Provide **adequate and sustainable funding**, to guarantee that programmes targeted at a specific populating or groups of families are not interrupted.

IV. Care for the caregivers. Grandparents or extended families often are formally or informally adjudicated the care of their grandchildren. While this can provide

children with a family environment and give continuity to the relationship with their parents, it can put both children and grandparents under strain. First of all, it must be remembered that drug use disorders can be transgenerational and that family dynamics can be an important trigger, which means that the grandparents can share or reproduce the issues that underlie the dependence problem in the first place. Second, unless properly supported and guided, grandparents can take out on children -consciously or not- mentalities around drug dependence and drug users than can be detrimental to the children's understanding of their parents' problem and their own situation. **Grandparents and extended family must be accompanied, guided and supported in the laborious task of taking care of children, both for their own sake and for the sound emotional and psychological wellbeing of the children under their care.**

All the programmes targeted at children and families should be aware of the impact of gender and gender relationships and mainstream it in the conceptual and practical operation of services.

Key message 2.

All countries collect data on children affected by parental drug use through different sources of information, in the fields of drug policy, social services and child protection.

…However…

The data collected are not necessarily communicated and integrated between services and ministries, and fail to provide a picture that allows to estimate the extension of the phenomenon. The Treatment Demand Indicator (TDI) currently represents the best source of information. However, it is limited to people who actually seek treatment and reports on how many adults have children, but does not necessarily inform on the number of children or their situation.

…Therefore…

Countries could review the TDI and the current norms and practices of information gathering and sharing.

…Through…

I. **If countries agree, they could signal to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) the need to update the TDI to include more information on children (see the NDTSR, Ireland).**
II. **Also, if countries agree they could suggest to expand the current TDI to include data on treatment outcome, including information on children whose parents are in treatment.**

III. **If not already present, countries could include in their current surveys on drug use among adults and underage populations questions around substance use in the family.**

IV. **Countries could review their current system of information sharing between ministries and agencies to make sure that data on children affected by parental substance use can be collected and used to inform national and local public policies (see the example of NAAC and the prevention programmes in Cyprus).**

Key message 3.

Substance treatment services provide individuals and their families -if they accept it- with a multiple range of services, from low-threshold, community level to inpatient, therapeutic communities.

…However…

The informants report that substance treatment services can have some resistance to incorporate children and parental responsibilities into the therapeutic process, and see them as "a risk" for the therapeutic alliance. Cases of treatment services not informing patients on other services available (such as communities where women can live with their children) and stigmatizing attitudes have also been reported.

The participants also refer that while social services and child protection refer adults to treatment services, these tend to under-refer the cases of children affected by parental drug dependence.

Several issues intervene: fear of criminalization or stigma -which can also influence the service user not to report to the treatment service his or her parental status-, trying to avoid the clients' children to be identified by social services and "sent into care", open lack of knowledge, poor professional performance, preparation and commitment, frustration, work overload, insufficient economic resources, gender-based stigma, etc.

Privacy laws around substance use can undermine the connection between services and the identification of families and children affected by drug misuse.

Of course the above statements do not intend to stand as a universalization or generalization concerning all treatment services, but only as a possibility.

Seemingly, these criticalities by no means intend to diminish or underestimate the important work that treatment services carry out with their clients and families.

…Therefore…

Countries and substance treatment services should engage in active practices aimed at including children whose parents use drugs, foster referral as well as provide information to social services and child protection.

…Through…

I. Wrapping around, tight cooperation net with children and families' programmes and services.

Specific actions:

- As also outlined in Key Message 1., develop **protocols of cooperation between social services/child protection at the local level and treatment services** (See the experience of the municipality of Prato, Italy, in the section on P.I.P.P.I.) and, when necessary**, also include services oriented at women and children victims and survivors of violence**. Such protocols should allow for the development of children and families-centred plans that make sure that all the family and child's needs are addressed.
- Promote and reinforce the collaborative work of **multidisciplinary teams** to share knowledge and information and create cooperation schemes that allow for more holistic, family-centred interventions.
- Provide **simultaneous, collaborative meetings and training to practitioners from social services, child protection and treatment services**, to know about each other, mutually understand each other's work and responsibilities and learn about the impact of parental drug misuse on children together, sharing perspectives, knowledge and practices. This activity is meant to inform, educate, reduce stigmas, fears and foster cooperation.
- **Upload and share information** on the digital platform suggested in Key Message 1.
- **Guarantee low levels of personnel turn-over to guarantee continuity to the work carried out with clients and children and maintain the relationship of trust.**

II. Provide services for children whose parents use substances.

Specific actions:

- **Count with creches or day centre for children** to facilitate parents' attendance to treatment and provide support services (counselling, play-therapy, work groups, etc.) to children. They should admit children whose parents use substances also if these are not in treatment (see, by instance, SANANIM, Czech Republic, SAOL and Coolmine, Ireland, Youth Integration Centres, Mexico). in the case of local small centres, look out for collaboration with other services.
- **Elaborate specific programmes targeted at children whose parents use substances,** to help them build resilience, social and communication skills, overcome shame and guilt, provide them with a safe place and shared experiences, as well as educational and psychosocial support (see SÁÁ, Iceland and Alcohol Forum Ireland).

III. **Address parental status with parents in treatment as part of the therapeutic process and strengthen parents' skills to deal with the dual issue of parenthood and substance dependence** (see examples of Coolmine and Alcohol Forum, Ireland).

IV. **Provide intensive outpatient care for clients who need it in order to guarantee the treatment's success without separating children from their parents.**

Key message 4.

During the field work and the literature review, the need to address women who use substances and are pregnant or mothers emerged with unavoidable strength as an issue that should be both addressed as part of this study but also as an independent topic of analysis and policy intervention.

The life stories of women who use substances are often marked by cyclical gender-based violence, low self-esteem, guilt and the auto-representation of oneself as being of lesser or no value. Such feelings are reinforced by social norms and representations of stereotypes of "proper feminine behaviors" which disproportionately fall on women who use drugs as transgressors of the moral and social order. When women who use substances engage or are forced into sex work in order to sustain their dependency -and often, that of their partners- or when they become mothers, the social, family and personal judgement increases.

The common view is that women who use substances are incapable, unwilling and unsuitable for mothering and that the best place for the child of a substance-dependent woman is in foster care or with other relatives. Such view is often shared by the women themselves who, struggling with dependency and the difficulties that motherhood entails for all women, think of themselves as not fit for the task and doomed to fail.

This is why interventions for and with women in women-only, gender-responsive settings are indispensable to take care of women who use drugs and their children.

…However…

Women still face barriers and stigma to access treatment. They often lack access to information and there is still a scarcity of outpatient, intensive outpatient and inpatient facilities where they can take their children with them. Seemingly, women who use substances and are victims or survivors of violence and their children are not always admitted in shelters. Dependence should not be a barrier to give women and their children protection. Actually, neglecting women who use substances and their children protection from a shelter exposes them to new form of symbolic violence and increases their risk of being victims of gender-based violence and violence against children.

…Therefore…

Countries should actively engage in analyzing their current availability and quality of substance treatment services as well as services targeted at women who are victims and survivors of violence and their children.

…Through…

I. **Guarantee the presence of women-only, trauma-informed, non-stigmatizing, gender-responsive in-patient and out-patient treatment where women can attend with their children** (see the experiences of Czech Republic, Croatia, Cyprus, Greece, Ireland, Italy and Poland).

II. **Elaborate protocols of cooperation** for the proper identification and referral of women who are pregnant and use substance (see Cyprus).

III. Make sure that **treatment services provide information to women about facilities where they can live with their children**.

IV. **Guarantee that refuge for women victims and survivors of violence are properly trained and admit women who use substances and their children** (see Cyprus and Ireland).

V. Develop **paths of referral and cross referral between services for women who are victims of violence and treatment services**.

VI. **Actively train and engage women who use or have used substances in accompanying processes for other women who use substances and need to navigate through services.**

VII. **Provide women with virtual and face-to-face opportunities to speak about their experiences with services, their relationships with substances and develop proposal for other women and services.**

VIII. **Create opportunities within and between countries to deepen into the aspects referred to in this report: the experiences of trauma, violence or the contexts of drug abuse during childhood can impact on how mothers who use drugs see themselves and seen by others. There is a need to speak and deepen into the fragility and the vulnerability associated with the dual situation of motherhood and substance dependence, in order to make it visible and legitimate, reduce stigma, improve services and empower women.**

The PG Secretariat and the author of this report invite the Permanent Correspondents to review the key messages which have emerged from it.
The PG Secretariat also invites the Permanent Correspondents to entrust the PG Secretariat with the following steps:

- **Edition of this report as an ISBN Publication in 2022;**

- **Publication of the three reports developed in 2021 and their executive summaries on a specific PG Children web page;**

- **Written consultation (November- December) among all the PCs (including the 11 who have participated in the current project) with information of the results of the consultation at the Bureau meeting on 8 February 2022:**
  - **To determinate who is interested in the further follow-up of the project (in 2022);**
  - **To indicate which action (among the key messages and recommendations) each country is interested to pursue;**
  - **To formulate the format of the possible actions: consultation with children and consultation with women who use substances and are pregnant or mothers;**
  - **To communicate other actions or strategies that are under preparation and should be taken into account as part of this project.**

- **Pursuing the transversal cooperation about the Council of Europe 2022-2025 Strategy on the Rights of the Child which will be launched in Rome in March 2022.**