

**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

Executive Summary

This executive summary reports the main analysis, conclusions and proposals included in the report *Children whose parents use drugs: a preliminary assessment and proposals*, developed between November 2020 and January 2021. The bibliographical references cited in this text can be consulted in the full report.

1. Background

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 for the Rights of the Child. 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.

This preliminary assessment focus on children who suffer the impacts of parental drug use disorder and drug policy. It is based on a literature review -which includes international studies and reports, international and European conventions, rules, resolutions and reports on drug policy and children's rights as well as international standards on drug use prevention, treatment and violence against children-, the replies of 16 PG member States to a preliminary questionnaire and the analysis of quantitative data on people in treatment living with children.

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;
- 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, 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.

2. 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); ii) most drug use is not harmful or dependent (UNODC, 2020: 11); 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* (WHO and UNODC, 2020: 4).

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.

3. Literature review

The 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 drug.

It includes, 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 and 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.

3.1 International reports and studies

The literature reviewed is mostly from international bodies, as well as academic and national governments' studies. All the reports contain references to case studies and papers that can be consulted in the original source.

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 unreferral to.

“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 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) and tend to believe that they are in some way responsible for the neglect they are experiencing (EMCDDA, 2009: 6).

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 drugs undetected and unprotected.

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 particularly crucial in order to foster women's entry and permanency in treatment.

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.

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.

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 drugs, as well as stigma related to drug use.

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 parents has painful and lasting consequences for children.

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.

3.2 International and European tools to address children's rights and drug policy

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.

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 and do not visibilize children whose parents use drugs.

International drug-policy related tools tend to reproduce the idea of children as “adults in becoming”, rather than as right-holders.

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.

The Council of Europe’s *The Drug policy and human rights in Europe: a baseline study* , together with the *International Guidelines on Human Rights and Drug Policy* are the only documents 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.

The Council of Europe’s study states that “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” (Council of Europe, 2020: para 53).

3.3 International standards on drug use prevention and treatment 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.

The analysis of the standards shows that children whose parents 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. Quantitative data

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”. This section does not develop conclusive data on how many children might be affected by parental drug use; however, it does provide a picture of existing data on how many children have parents in treatment.

The data are based on EMCDDA’s 2020 Statistical Bulletin 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. 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 1. 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 (19.54%)	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.emccda.europa.eu/data/stats2020/tdi_en.

Data in table 1 show that for all substances the number of people not living with children is higher than those living with children. Consonantly to tendencies 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.

5. 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.
- Design 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 losing legally or *de facto* their children's custody on the sole basis of drug dependence.