Children and parents affected by drug use

An overview of programmes and actions for comprehensive and non-stigmatising services and care

Children and families affected by parental drug use
Volume IV

Corina Giacomello

Pompidou Group
Groupe Pompidou

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About the author

Dr Corina Giacomello is a consultant to the Pompidou Group. In this role, she conducted the research for, and is the author of, the 2022 publication *Children whose parents use drugs – Promising practices and recommendations*.

Dr Giacomello is a professor at the Autonomous University of Chiapas, Mexico. She is an academic and international consultant with expertise in gender studies, children's rights, criminal justice and prison systems, as well as in drug policies. She has more than 15 years of experience in advocacy-oriented research and development of legal, judicial and public policy proposals at the national and international level.

Her lines of research include women deprived of their liberty, adolescents in conflict with the law, children with incarcerated parents and women who use drugs. She has published extensively on these topics.

Preface

The Pompidou Group provides a multidisciplinary forum at the wider European level where it is possible for policy makers, professionals and researchers to exchange experiences and information on drug use and drug trafficking. Formed at the suggestion of French President Georges Pompidou in 1971, it became a Council of Europe enlarged partial agreement in 1980 open to countries outside the Council of Europe.

On 16 June 2021, the Committee of Ministers of the Council of Europe adopted the revised Pompidou Group's statute which extends the group's mandate to include addictive behaviours related to licit substances (such as alcohol or tobacco) and new forms of addictions (such as Internet gambling and gaming). The new mandate focuses on human rights, while reaffirming the need for a multidisciplinary approach to addressing the drug challenge which can only be tackled effectively if policy, practice and science are linked.

To better reflect both its identity as a Council of Europe entity and its broadened mandate, the group changed its official name from the Co-operation Group to Combat Drug Abuse and Illicit Drug Trafficking to the Council of Europe International Co-operation Group on Drugs and Addiction. In 2023, it encompasses 41 countries out of 46 member states of the Council of Europe, Mexico, Morocco and Israel, as well as the European Commission.

The year 2021 marked the launch of a new project concerning the children whose parents use drugs with a publication in 2022 on *Children whose parents use drugs – Promising practices and recommendations*.

This project was proposed in response to the invitation to the Pompidou Group secretariat to contribute to the discussions on the Council of Europe Strategy for the Rights of the Child for the period 2022-27.

This strategy, adopted in 2022, includes in its objective "Equal opportunities and social inclusion for all children": "Mapping, analysing and providing guidance on the situation of children suffering from addictive behaviours and children of parents using drugs".

In 2022, the project on children whose parents use drugs continued with threefold research: i. qualitative research based on interviews with children whose parents use drugs and with women who use drugs; ii. collection and analysis of actions and programmes targeted at people who use drugs and their families; and iii. children growing up in families impacted by drug dependence and other contexts of vulnerability.

The results are also included in two other publications: *We are warriors – Women who use drugs reflect on parental drug use, their paths of consumption and access to services*, with the participation of Croatia, Czech Republic, Greece, Ireland, Italy, Malta, Mexico, Romania and Switzerland; and *Listen to the silence of the child – Children share their*

experiences and proposals on the impact of drug use in the family, with interviews from Greece, Malta, Mexico, Romania and Switzerland.

This report analyses 33 programmes from the 11 participating countries, which include actions in the field of data gathering, parenting programmes, social and integrated services for children, multidisciplinary, holistic approaches to working with families, services for women victims and survivors of gender-based violence, protocols of co-operation, drug treatment services and residential communities for women and their children. While this study does not constitute an assessment and the experiences presented are not described or defined as good practices, altogether they do offer a picture through which more comprehensive, child-centred approaches to drug policies in general, and drug treatment in particular, could be designed.

This study is part of an ongoing effort to which an ever-growing number of people and countries have contributed their knowledge as well their achievements and challenges. International collaboration and practice exchange is one of the constitutive elements and, at the same time, one of the purposes of this project and of this study, with the ultimate goal of increasingly promoting drug policies which mainstream human rights, children's rights and women's rights.

Chapter 1

Introduction

> ” Teachers and services must be patient with children. They must hear the voice of the child and… the silence of the child. It helps to be supported in everything without the danger to lose your house and be in an institution. It helps if the child can have a quiet home, therapist for the parent, a school that understands and a network that supports in food, clean clothes, clean house, quiet sleep, studying, going to school on time.
>
> **(Alexis, 14, Greece)**

Alexis, 14 years old, is one of the 33 children and young adults who participated in the Pompidou Group's project Children Whose Parents Use Drugs (Giacomello 2022). It is with and for them, as well as for their families that this project has been developed, including the services (social services, child protection, harm reduction and drug use treatment services, health services, schools, non-governmental organisations, sports associations, etc.), public institutions, international organisations and society at large.

Children living in families impacted by drug dependence may experience anxiety, depression, fear, shame, and may face stigma. They often feel isolated and are afraid of speaking out and looking for help. Children often have to undertake adults' roles and duties, taking care of themselves and their siblings and, sometimes, their parents too. They can witness or be victims of domestic violence, including sexual abuse. Parental drug use is one of the nine adverse childhood experiences (ACEs) (Morton and Curran 2019: 11). ACEs are related to risky health behaviours, chronic health conditions, low life potential and early death. As the number of ACEs increases, so does the risk for these outcomes (Centre for Disease Control and Prevention 2019, in Comiskey 2019).

As outlined by Comiskey (2019: 5):

> Velleman and Templeton (2016) note that risks can be increased in cases where, for example, a child is exposed to multiple issues; lives with two parents who use drugs problematically; has to cope with a number of particularly serious problems; and experiences significant disruption to the family. However, they also observe that there is evidence to show that children can grow up in many varied and difficult circumstances without developing significant problems, and in such cases children can demonstrate good outcomes.

The impacts of parental drug use will vary according to external and internal factors, such as the child's age and gender, the number and roles of the caregivers that are affected by dependence, as well as by the social and health services available for them and their families. This also includes the quality of such services in terms of availability, accessibility, affordability, gender responsiveness and the capacity to treat parents and families in a way that does not reproduce stigma and discrimination against parents or primary caregivers who use drugs.

At the same time, while most people do not use alcohol and other drugs in a way that compromises their self-care and the care of their children, some people face difficulties in coping with dependence and parenthood at the same time (Cotmore et al. 2018; EMCDDA 2012). However, lack of information on drug use-related services, social stigma (Wogen and Restrepo 2020) and the fear of losing custody of their children may keep parents away from services or dissuade them from disclosing their parental status when undergoing treatment. This is particularly poignant for women who use drugs and for those who are pregnant or mothers, given the gender-related social mandates that see women who use drugs as unfit for motherhood (Mutatayi et al. 2022).

Children's secrecy around parental drug use is strongly associated with taboo, stigma (Meulewaeter et al. 2022; Starlings Community 2022), shame and uncertainty about what is happening in their family (Velleman and Templeton 2016) and the feeling that if they speak out they would be betraying their parents (Giacomello 2022).

Because of the double silence – the secrecy that children impose on themselves and that which is directly or indirectly imposed by the family – these children remain undetected, unheard and unreferred to social and health services.

Since the publication of an influential seminal UK report, "Hidden Harm: responding to the needs of children of problem drug users" (Advisory Council on the Misuse of Drugs, 2003, in Galligan 2022: 14), the experience of children affected by parental dependent substance use has become widely known as Hidden Harm, a concept which encompasses individual and family situations as well as services' response, societal beliefs and stigmas at large. As outlined in Ireland's Hidden Harm Strategic Statement (Tusla and HSE 2019: 8):

> The term Hidden Harm encapsulates the two key features of that experience: those children are often not known to services; and that they suffer harm in a number of ways as a result of compromised parenting which can impede the child's social, physical and emotional development.

At the international level, children whose parents use drugs are an invisible population: the three United Nations Conventions on Drugs[1] and the Convention on the Rights of the Child do not explicitly recognise children whose parents use drugs, but rather focus on children as potential victims of international drug trafficking organisations or persons that must be protected from the harms of illicit substances (Pompidou Group 2021a).

Yet, the number of children growing up in families impacted by alcohol and other drug use disorders runs into the millions. Here, they are called "the invisible millions", because they are not systematically counted or have come to attention, even though their families often face multiple vulnerabilities and particular difficulties caused by drug dependence.

As outlined in the Pompidou Group's publication *Children whose parents use drugs – Promising practices and recommendations* (Giacomello 2022) and several of the

1. 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.

sources consulted for this study (Comiskey 2019; Dawe et al. 2008; Galligan 2022), the current methods of data gathering make it impossible to systematically and accurately estimate how many children are impacted by parental drug use. This is due to several factors: on the one hand, treatment-related services do not necessarily ask their clients about the number of children their clients have. This can be additionally complicated by the fact that clients do not always disclose their parental status or that access to treatment is counted by episodes of treatment, which can lead to double counting. On the other hand, social services and child protection services do not systematically enquire to the referring agencies if the parent(s) of children referred to statutory services use substances (Dawe et al. 2008). The illicit status of certain substances and the criminalisation of behaviours related to them further leads parents who use drugs to keep away from health and social services. Other issues, such as privacy regulations or lack of inter-agency communication of data, prevent a clear quantitative picture from being obtained.

The following data are based on the literature reviewed and the information available on the web pages of services or organisations working on this topic.

Dr Catherine Comiskey's research (2019: 5) shows that data from the United States indicate that "1 in 8 children (8.7 million or 12.5 %) aged 17 or younger lived in households with at least one parent who had a substance use disorder (SUD) in the past year". In the same country, information from the National Association for Children of Addiction (NACoA)[2] shows that one child in four lives with a parent who suffers from alcohol or other drug dependence, which translates into more than 18 million children. Data from 2013 shared by Starlings Community (2022: 13) indicates that between 18% and 20% of Canadian children are exposed to a parent's substance use disorder. The organisation Addiction Switzerland[3] reveals that about 100 000 children are affected by parental dependence from alcohol or other substances. At the end of 2022, official data show that there were 1 746 724 people between 0 and 19 years old[4] living in Switzerland. This would mean that the 100 000 children noted by Addiction Switzerland represent about 6% of the total population aged 0-19.

At the European level, the most recent data of the Treatment Demand Indicator (TDI)[5] of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) indicates that 43 525 people out of 207 795, corresponding to 21%, were living with children. The percentage is higher for females (29%) than for males (19%).

Data from the Hidden Harm Strategic Statement, Ireland, indicate that 1 child in 11 is affected by parental alcoholism, or approximately 587 000 children (Tusla and HSE 2019: 22), of whom 271 000 are under the age of 15.

Data from the NDTRS for 2021, generously provided by Dr Suzy Lyons and Dr Cathy Keller of the Health Research Board, Ireland, show that there are 13 108 children with parents in treatment, and that while, in absolute terms, there are more men with dependent children, the percentage is higher for women living with children. The percentage of

2. Information available at https://nacoa.org/.
3. www.addictionsuisse.ch/enfants-dans-une-famille-dependante/.
4. www.bfs.admin.ch/bfs/fr/home/statistiques/population.assetdetail.23728335.html..
5. www.emcdda.europa.eu/data/stats2022/tdi_en.

children not living with the parent in treatment is higher for children whose parents use drugs (as opposed to alcohol), including for the category of children living in care.

Acknowledging the lack of visibility and, subsequently, the disconnection between children and family-oriented services and drug treatment and harm reduction services targeted at the adult population, the Council of Europe International Co-operation Group on Drugs and Addiction, known as the Pompidou Group,[6] began a project in November 2020 aimed at assessing the current status of policies and practices – laws, regulations, data collection systems, protocols, national or local governmental or non-governmental services and programmes – that explicitly address families and children affected by alcohol and drug dependence. It also looked at both children and parents' needs and aimed at the provision of holistic interventions in order to prevent or avoid institutionalisation and family separation.

The project was proposed in response to the Council of Europe's invitation to the Pompidou Group secretariat to participate in the Inter-Secretariat Task Force on Children's Rights to contribute to the discussions on themes that should appear in the new Council of Europe Strategy for the Rights of the Child (2022-2027).

The conceptual framework of the project adopts the term "child" in accordance with the United Nations Convention on the Rights of the Child, which states in Article 1 that "a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier". The term "drug use" is adopted in this text not to refer to all forms of drug use, but only to drug use disorders as defined by the World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC)'s International Standards for the Treatment of Drug Use Disorders (WHO and UNODC 2020). The terms "drugs" and "substances" are used interchangeably to comprise the controlled drugs under the three United Nations Conventions, as well as alcohol, tobacco and prescribed medicines.

Between November and December 2020, 16 countries[7] responded to a questionnaire sent by the Pompidou Group to its Permanent Correspondents (PCs hereinafter). This preliminary assessment also comprised a literature review and an analysis of international and European conventions, standards, resolutions and handbooks on drugs and children's rights (Pompidou Group 2021a).

In February 2021, the Bureau of the Pompidou Group took note of the developments under this new project and entrusted the secretariat to follow it up as appropriate in the second phase of the project (February-December 2021). Thirteen countries participated in this second phase,[8] which consisted of three inter-country focus groups,[9] national focus groups with five countries,[10] semi-structured interviews with individuals

6. www.coe.int/en/web/pompidou/home.
7. Croatia, Cyprus, Czech Republic, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Mexico, Monaco, Poland, Romania, Spain, Switzerland and Turkey.
8. Croatia, Cyprus, Greece, Iceland, Ireland, Italy, Mexico, Morocco, Norway, Romania, Poland, Switzerland and Turkey.
9. The countries participating in the focus groups were Croatia, Cyprus, Greece, Iceland, Ireland, Italy, Mexico, Romania, Poland and Turkey, while Switzerland provided written responses to the questions that were shared with the countries' focal points.
10. Croatia, Cyprus, Iceland, Ireland and Italy.

from 10 countries, namely Croatia, Cyprus, Czech Republic, Greece, Iceland, Ireland, Italy, Mexico, Poland and Switzerland, and two meetings in which the results were shared. In total, more than a hundred people participated in the project between February and December 2021. The outcomes of the project were a dedicated web page,[11] two reports – available on the project's web page – and an ISBN publication (Giacomello 2022).

The publication *Children whose parents use drugs – Promising practices and recommendations* (*Children whose parents use drugs* hereinafter) identifies concrete issues and develops operational proposals, divided into four thematic areas, each one framed within the report's findings and containing specific actions. The full development of findings and recommendations can be consulted in the publication and its executive summary, which is available in four languages on the project's page. The four thematic areas and some examples of specific recommendations follow.

Thematic area 1: Countries need to develop integrated strategies to cover all children at the national and local level.

Specific actions:

- provide spaces for children to express their voices and experiences, and communicate with other peers and service providers;
- develop digital and printed materials including books and other resources for children, parents and professionals, to be distributed online and through seminars and training sessions in schools, the health sector, treatment centres, social services, and so on;
- at the national and local levels, create spaces for the integration of knowledge between the fields of social and health services, so that the topic of drug use disorders can be addressed and practitioners trained in both the clinical and psychosocial spheres;
- guarantee that services at the local level that address the vulnerabilities of children and families have the capacity to identify and take into account parental drug use and work co-operatively with other services, providing families and children with the support they need in relation to vulnerability and the specific intervention with drug misuse in an informed, collaborative, gender-responsive and non-judgmental way.

Thematic area 2: Countries could review the Treatment Demand Indicator (TDI) and the current norms and practices of information gathering and sharing.

Specific actions:

- if not already existing, countries could include in their current surveys on drug use among adults and underage populations questions about substance use in the family;
- 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.

11. www.coe.int/en/web/pompidou/children.

Thematic area 3: Countries and substance treatment services should engage in active practices aimed at including children whose parents use drugs, encourage referral and provide information to social and child protection services.

Specific actions:

- develop protocols of co-operation between social services/child protection services at the local level and drug treatment services and, when necessary, also include services oriented towards women and children victims and survivors of violence. Such protocols should allow for the development of children and family-centred plans that make sure that all the family's and child's needs are addressed;
- promote and reinforce the collaborative work of multidisciplinary teams to share knowledge and information and create co-operation schemes that allow for more holistic, family-centred interventions;
- set up crèches or day centres for children to facilitate parents' attendance at treatment and provide support services (counselling, play therapy, work groups, etc.) to children. They should admit children whose parents use substances even if they are not in treatment. In the case of small, local centres, reach out to other services for collaboration;
- develop specific programmes targeting children whose parents use substances, to help them build resilience and social and communication skills, overcome shame and guilt, provide them with a safe place and shared experiences, as well as educational and psychosocial support.

Thematic area 4: Countries should actively engage in analysing their current availability and quality of substance treatment services as well as services targeting women who are victims and survivors of violence and their children.

Specific actions:

- guarantee the presence of women-only, trauma-informed, non-stigmatising, gender-responsive inpatient and outpatient treatment where women can attend with their children;
- make sure that treatment services provide information to women about facilities where they can live with their children;
- guarantee that refuges for women victims and survivors of violence have staff who are properly trained and admit women who use substances and their children;
- actively train and engage women who use or have used substances in accompanying processes for other women who use substances and need help to navigate through services;
- provide women with virtual and face-to-face opportunities to speak about their experiences with the services and their relationship with substances, and develop proposals for other women and services.

The project motivated international co-operation between countries and NGOs and triggered processes of reflection and innovation within national and local stakeholders.

Given the wide acceptance and enthusiasm regarding this project and its outcomes among the countries, agencies and actors participating in it, at the PCs' meeting held on 27 October 2021 a consultation agreed to determine which countries were interested in the continuation of the project in 2022.

Thirteen countries initially decided to participate in the third phase of the project: Croatia, Czech Republic, Cyprus, Greece, Iceland, Ireland, Italy, Malta, Mexico, North Macedonia, Poland, Romania and Switzerland. Between February and October 2022 all of them, with the exception of Iceland and Poland, participated in several activities envisaged in the project, which are described in the following chapter.

Furthermore, in April 2022 the Council of Europe's new Strategy for the Rights of the Child (2022-2027) was adopted, which explicitly includes children whose parents use drugs, and under its strategy objective of equal opportunities recognises this need (Council of Europe 2022: 23):

> 2.2.6 Mapping, analysing and providing guidance on the situation of children suffering from addictive behaviours and children of parents using drugs.

This represents an important project achievement and will be followed by specific actions within the framework of the strategy implementation.

The third phase of the project (2022) was aimed at the development of three outputs:

1. a report based on national and local programmes and interventions concerning children whose parents use drugs;
2. a report based on individual or collective interviews with women who suffer from drug dependence and/or are in treatment;
3. a report based on individual or collective interviews with children living in families affected by drug dependence.

In order to accomplish this, in November 2021, the Pompidou Group secretariat sent a list of questions to the PCs of the member states, namely:

1. whether the country is interested in the follow-up of the project in 2022;
2. indicate which action(s) included in the key messages and recommendations of *Children whose parents use drugs* the country is interested in pursuing;
3. indicate whether the country is willing to carry out interviews and focus groups with women who use drugs, and with children and young adults whose parents use drugs;
4. communicate other actions or strategies that the country is already undertaking or developing which should be taken into account as part of the project's third phase.

At the beginning of 2022, the consultant distributed the methodology to the participating countries and the project was presented to a virtual meeting. Subsequently, the consultant proceeded to contact national and local stakeholders that had either already participated in the project or were included that year. New actors were also included during the first months of the project. The full methodology can be consulted in the project's dedicated web page and includes the theoretical underpinning and practical steps for the development of the three reports.

The development of this report is based on a template (see Appendix I) which was filled in either by the respondents or by the consultant on the basis of information provided by the respondents for each particular service and action involved. The consultant interfaced with the respondents in three rounds of consultation, held in February, May and September 2022.

In total, nine countries carried out interviews with women. In five countries, children and young adults were interviewed, and 11 countries reported on ongoing or new programmes implemented at national or local level by public institutions and services, including non-governmental organisations. The final outcomes of this fruitful, collaborative work are this publication and the two other volumes based on the interviews: *Listen to the silence of the child – Children share their experiences and proposals on the impact of drug use in the family* and *We are warriors – Women who use drugs reflect on parental drug use, their paths of consumption and access to services*.

Table 1 shows the number of interviews per country. Appendix II lists the people and services responsible for the development, transcription and translation of the interviews.

Table 1 – Interviews with women and children, by country

Country	Interviews with women	Interviews with children
Croatia	18	0
Czech Republic	4	0
Greece	17	3
Ireland	7	0
Italy	14	0
Malta	8	1
Mexico	19	20
Romania	2	5
Switzerland	21	4
Total	110	33

1.1. Actions and programmes by country and service

Table 2 shows which actions were shared by the participants from the different countries that are described in this report.

The left column indicates the name of the country and the service/institutions/organisation implementing the action. The middle column shows whether it is a new action which stems from the Pompidou Group's project or one which was already in progress. In the right column, the first group is indicated with a number 2 (corresponding with question 2 of the above-mentioned consultation)[12] and the

12. 2. Indicate which action(s) included in the key messages and recommendations of *Children whose parents use drugs* the country is interested in pursuing.

second group with number 4 (corresponding with question 4 of the above-mentioned consultation)[13] It is important to take this element into account when analysing the actions, since new ones will naturally be less developed and probably still underway.

In the case of some new participants included in the project for the first time in 2022, instead of a description of particular actions, a general overview is provided.

Table 2 – Actions by country and participating service

Country/services that shared the information	Name of the action	Type (2 or 4)
Croatia		
Croatian Institute of Public Health	Expanding facilities where women who use drugs can live with their children and guarantee that treatment services provide information to women about facilities where they can live with their children	2
Croatian Institute of Public Health	Protocol of co-operation for the proper identification and referral of women who are pregnant and use substances, to be implemented by the healthcare system, as well as the social and criminal justice systems when addressing the treatment needs of people who use drugs	2
Cyprus		
Cyprus National Addictions Authority (NAAC)	Prevention programmes	4
NAAC	Translation and dissemination of the booklet *It's time to act: Council of Europe Recommendation CM/Rec(2018)5 on children with imprisoned parents*	4
NAAC	Identification and referral of children with formerly incarcerated parents to the prevention programmes	4
NAAC	Dissemination of clinical guidelines for the prevention, identification, and treatment of foetal alcohol syndrome (FAS) and foetal alcohol spectrum disorders (FASDs) as well as a handbook of services for referral purposes	4

13. 4. Communicate other actions or strategies that the country is already undertaking or developing which should be taken into account as part of the project's third phase.

Country/services that shared the information	Name of the action	Type (2 or 4)
NAAC	Training of professionals and midwives for the implementation of the protocol targeted at women who use substances as well as children born with foetal alcohol syndrome and foetal alcohol spectrum disorders	4
NAAC	Training day for professionals on parental drug use	4
Czech Republic		
SANANIM z.ú.	Therapeutic Community Karlov	4
SANANIM z.ú.	Day Care Centre	4
Greece		
Members of the network	Informal network of professionals supporting women who use drugs and their children	4
Ireland		
National Health Information Systems Health Research Board	National Drug Treatment Reporting System (NDTRS)	4
Health Service Executive (HSE) National Social Inclusion Office and Tusla Child and Family Agency	Hidden Harm Strategy training	4
Preparing for Life	General overview and Home Visiting Programme	4
Ballyfermot STAR CLG	General overview	4
Coolmine Therapeutic Community	Parents under Pressure programme	4
Coolmine Therapeutic Community	Ashleigh House – residential treatment service for women and their children	4
Rialto Community Drug Team	FamilyWorks	4
Rialto Community Drug Team	Inter-agency Youth Street Work	4
Rialto Community Drug Team	The Blocks – family support work	4

Country/services that shared the information	Name of the action	Type (2 or 4)
Saoirse Domestic Violence Services	General overview	4
Italy		
University of Padua; LabRIEF – Research and Intervention Laboratory in Family Education	Programme of intervention for the prevention of institutionalisation	4
Malta		
Aġenzija Sedqa	Protocol for pregnant women and mothers who use opioids	4
Mexico		
National Commission Against Addictions	Inclusion of children whose parents use drugs in the National Strategy for the Prevention of Addiction	2
National Commission Against Addictions	Strengthen parenting programmes for people who use drugs and programmes targeted at children whose parents use drugs	4
National Commission Against Addictions	Include in the National Survey on Addiction and in other data-gathering tools questions on drug use in the family and how it impacts the children of parents who use drugs	2
Centre for Mental Health and Addictions in the Community	General overview	4
Youth Integration Centres	I Know, Express and Take Care of Myself programme	4
Youth Integration Centres	Interactive, didactic material for the prevention programme I Know, Express and Take Care of Myself	4
North Macedonia		
Department for Prevention and Treatment of Drugs HOPS (Healthy Options Project Skopje, civil society organisation)	Protocol, guidelines and training to guarantee access to comprehensive care for women who use drugs and are victims and survivors of violence	4

Country/services that shared the information	Name of the action	Type (2 or 4)
Romania		
National Anti-drug Agency, Ministry of Internal Affairs	Serenity II – Day centre for children whose parents are in substitution treatment	2
Switzerland		
Addiction Switzerland	Research and advocacy project on children with parents who use drugs	4
Starlings Community, Canada	General overview	4

In total, 33 interventions were shared by the stakeholders, with most of them (28) corresponding to actions that were already in progress before the beginning of the third phase of the project or contemporary with it. Most actors and countries had already participated in the first two phases of the project, but some new ones were included in 2022 as a result of referrals from the project participants, namely: Ballyfermot STAR CLG, Rialto Community Drug Team and Saoirse Domestic Violence Services in Ireland and the Centre for Mental Health and Addictions in the Community in Mexico. Malta and North Macedonia joined the project in February 2022. Finally, the Canadian NGO Starlings Community was introduced to the consultant by Dianova International,[14] with whom the Pompidou Group and the consultant have collaborated in several events, in particular, during the side-event "Children and families affected by parental drug use: current gaps and promising practices", which took place at the 65th session of the Commission on Narcotics Drugs in 2022, and over publications in the framework of this project, in the spirit of widening alliances and expanding collaboration, which characterise the nature of this international effort.

As shown in Table 2, the details of which are explored over the following pages, the actions and programmes shared by the participating stakeholders relate mainly to findings and recommendations identified during the development of the project:

- data gathering (Mexico and Ireland);
- family and children-oriented services that take into account drug dependence (Cyprus, Ireland and Italy);
- drug treatment and harm reduction-related services that develop specific actions targeted at children with parents who use drugs, including, in the case of Cyprus, children with incarcerated and formerly incarcerated parents (Cyprus, Czech Republic, Ireland, Mexico, Romania and Switzerland);
- services and actions targeted at women who use drugs, including those who are mothers (Croatia, Czech Republic, Greece, Ireland and Malta);
- services targeted at women victims and survivors of violence who use drugs and their children (Ireland and North Macedonia).

14. Information available at www.dianova.org/.

The actions involve the improvement of data-gathering tools, by prompting the inclusion of questions aimed at detecting parental drug use in the family (National Commission Against Addictions, Mexico), as well as the consolidation and public dissemination of data that help inform public policies on how many children are affected by parental drug use, including their situation of care (National Drug Treatment Reporting System, Ireland). They span from creating and disseminating material for parents, children or practitioners from the health and social sector (Cyprus, Ireland and Youth Integration Centres, Mexico) to fostering participation of impacted populations (see The Blocks, by Rialto Drug Team Community, for example), multidisciplinary and teamwork-oriented training and implementation (see P.I.P.P.I., in Italy, the Hidden Harm training, Ireland, and Cyprus National Addictions Authority's international seminar) and sensitisation and awareness raising (see Addiction Switzerland's comprehensive research and advocacy project). Among the countries that presented programmes and services targeting women who use drugs, the actions involved comprise the elaboration or implementation of protocols for the co-operation of social, health and child protection services, among others (Croatia, Cyprus, Malta and North Macedonia) as well as other co-operation mechanisms (Greece), along with residential and outpatient services which women or parents in general can attend with their children (Czech Republic, Ireland and Romania). Co-operative, holistic ways of approaching families (Ireland and Italy) are also described.

While some practices were already included in *Children whose parents use drugs* (Therapeutic Community Karlov and Day Care Centre SANANIM – Czech Republic; Prevention programmes – Cyprus; National Drug Treatment Reporting System (NDTRS), Ashleigh House residential treatment service for women and their children, Coolmine Therapeutic Community, Preparing for Life (PFL) – Ireland; and P.I.P.P.I. – Italy), this year's presentation includes new elements or a more detailed description of the practices involved.

This study does not constitute an assessment and the experiences presented are not described or defined as good practices; however, they do offer a picture through which more comprehensive, child-centred approaches to drug policies in general, and drug treatment in particular, could be designed. They describe the actions undertaken and the process for developing a particular action or programme, the outcomes achieved or expected as well as the challenges and the next steps. They also provide insights about how to approach horizontal, strength-based and participatory ways of working with families, which can be more beneficial for the child. Finally, they contribute to the Pompidou Group's pioneering and ongoing work of incorporating a gender perspective into drug policies and programmes.

This collection of interventions can help international organisations, policy makers, NGOs and practitioners identify what steps are being undertaken and which interventions are already consolidated in other realities and find inspiration on how to build more comprehensive and stigma-free services and care for families and children impacted by drug use.

It is part of an ongoing effort to which an ever-growing number of people and countries have summoned their knowledge as well their achievements and challenges.

International collaboration and practice exchange is one of the constitutive elements and, at the same time, one of the purposes of this project and of this study, with the ultimate goal of increasingly promoting drug policies which mainstream human rights, children's rights and women's rights.

1.2. Contents

The report is based on the templates for each specific action outlined in Table 2 above, as they were completed in the final round of consultation in September/October 2022, thus describing the most recent available status. In the case of those actions that finalised at the end of 2022, a further update was obtained at the beginning of 2023. Only the items of the template which were pertinent to the action described or for which there was information available were completed and are reproduced in this study. The information is presented by country, in alphabetical order, finishing with Starlings Community, which is shared as a separate experience, since Canada is not a member of the Pompidou Group. However, co-operation does exist between this country and the Pompidou Group. Given the very specific nature and purpose of this Canadian organisation, it was considered relevant for the study to present it.

The report concludes with a section of final remarks and recommendations.

Chapter 2

Programmes and interventions for children, families and women affected by drug use

As outlined in the introduction, this chapter describes each action presented by the governmental and non-governmental stakeholders participating in the Pompidou Group's project *Children whose parents use drugs*, between February and October 2022. The information is presented: i. by country, in alphabetical order; ii. by service, in the case of those countries where more than one body participated in the project; and iii. by action.

2.1. Croatia

Croatia presented two actions: i. expanding the facilities where women who use drugs can live with their children and guarantee that women are informed about them; ii. developing a protocol of co-operation for the proper identification and referral of women who are pregnant and use substances, to be implemented by the health system, as well as the social and criminal justice systems when addressing the treatment needs of people who use drugs.

2.1.1. Expanding facilities where women who use drugs can live with their children

Name, position and institution/organisation of the person in charge of responding: Mia Mardešić, Croatian Institute of Public Health.[15]

Type of action: 2.

Brief description: Expanding facilities where women who use drugs can live with their children and guarantee that treatment services provide information to women about facilities where they can live with their children.

Name and type of administrating agency: Croatian Institute of Public Health (CIPH); public sector.

Start month/year: February 2022.

Main funder(s): CIPH.

15. www.hzjz.hr/en/.

Target population: Women who use drugs and their children.

Geographic coverage: National.

Main partners: Ministry of Health, Ministry of Labour, Pension System, Family and Social Policy, Ministry of the Interior, Ministry of Justice and Public Administration, Obstetrics and Gynaecology Clinic, Teaching Institute for Public Health "Dr Andrija Štampar".

Description of the programme/practice: Currently, there is only one institution in the Republic of Croatia that can accommodate women who use drugs together with their children: this is the therapeutic community Reto Centre (Giacomello 2022: 62-3). The country intends to expand these facilities and widen the availability of community services that receive women with small children. The preliminary National Drug Strategy 2022-2026 already envisages such expansion. At the time of concluding this report (January 2023) the strategy had been approved by the government and was in the process of validation in the Croatian Parliament.

Main challenges: Willingness from stakeholders to undertake all necessary measures to start this adaptation process.

2.1.2. Protocol of co-operation for the proper identification and referral of women who are pregnant and use substances

Name, position and institution/organisation of the person in charge of responding: Mia Mardešić, Croatian Institute of Public Health.[16]

Type of action: 2.

Brief description: Elaborate a protocol of co-operation for the proper identification and referral of women who are pregnant and use substances, to be implemented by the healthcare system, as well as the social and criminal justice systems when addressing the treatment needs of people who use drugs.

Name and type of administrating agency: Croatian Institute of Public Health; public sector.

Start month/year: February 2022.

End month/year: The draft version of the protocol was concluded at the end of 2022.

Main funder(s): CIPH.

Target population: People who use drugs. Women with drug problems, especially pregnant women and women with underage children. Children with one or both parents affected by drug dependence. Children and teenagers with a drug addiction problem.

Geographic coverage: National.

Main partners: Ministry of Health, University Psychiatric Hospital – Vrapče, Ministry of Labour, Pension System, Family and Social Policy, NGO "Susret", NGO "Reto",

16. www.hzjz.hr/en/.

Ministry of the Interior, Ministry of Justice and Public Administration, Higher Judge of Superior Criminal Court, Ombudswoman for Children, Ombudswomen for Gender Equality, Obstetrics and Gynaecology Clinic, Teaching Institute for Public Health "Dr Andrija Štampar".

Description of the programme/practice: In February 2022 the Croatian Institute of Public Health established an expert group in co-operation with the institutions and organisations mentioned in the previous section, to work on the development of a protocol of co-operation between health, social and criminal justice systems. The protocol aims to improve the quality of care and treatment for people with drug dependence, especially putting a focus on vulnerable groups.

The protocol defines the actions and co-operation steps between different state bodies and institutions for each target group, namely: i. people who use drugs; ii. women with drug problem, especially pregnant women; iii. children with one or both parents who use drugs; and iv. minors with a drug addiction problem. The protocol was drafted by the end of 2022 and its adoption was applied for.

Main challenges: To create a comprehensive document specifically targeting vulnerable groups by developing directed interventions and creating a support network at the national level.

Main achievements: The protocol was finalised in 2022 and will be put into effect during the first semester of 2023. Subsequently, the Croatian Institute for Public Health will begin the training for its implementation.

2.2. Cyprus

Cyprus presented the following actions: i. prevention programmes; ii. translation and dissemination of the booklet *It's time to act: Council of Europe Recommendation CM/Rec(2018)5 on children with imprisoned parents*; iii. identification and referral of children with formerly incarcerated parents to the prevention programmes; iv. dissemination of clinical guidelines for the prevention, identification, and treatment of foetal alcohol syndrome and foetal alcohol spectrum disorders as well as a handbook of services for referral purposes; v. training of professionals and midwives for the implementation of the protocol targeted at women who use substances as well as children born with foetal alcohol syndrome and foetal alcohol spectrum disorders; vi. training day for professionals on parental drug use.

2.2.1. Prevention programmes

Name, position and institution/organisation of the person in charge of responding: Elena Demosthenous, Policy Officer, Cyprus National Addictions Authority (NAAC).[17]

Type of action: 4.

Brief description: Children and family-oriented programmes accredited by NAAC to strengthen and support vulnerable children and their families.

17. www.naac.org.cy/el/home-en.

Name and type of administrating agency: Ministries, national healthcare system; public sector, NGOs, academic and research institutions.

Start month/year: From January to December of the actual year of implementation. Some programmes began in 2020, others in 2021 and other programmes started in 2022.

End month/year: Each prevention programme is allocated a three-year contract, which can be renewed each year, depending on the progress achieved.

Main funder(s): NAAC, municipalities and sports organisation.

Target population: Children and their families. The age of children varies across the various prevention programmes, with the prevailing age ranges between 8-15 and 8-19 years old.

Estimated number of people reached since the start: Around 2 000.

Geographic coverage: National.

Description of the programme/practice: As explained in *Children whose parents use drugs* (Giacomello 2022: 19), the NAAC is in charge of funding, through a call for tenders, several prevention programmes that aim to identify and support vulnerable children. They target children with mental disabilities, children with parents who have been deprived of their liberty, and so on, and include children living in families with drug dependence. The programmes operate locally in the communities, articulating services and providers in order to reach children in contexts of vulnerability as identified by local social services, schools, and mental health and drug treatment services. They offer educational and psychological support, free access to sports (including sports equipment) and other leisure activities, and transportation, along with other services that are tailored to the specific needs of each child. The link with drug treatment services is key in order to make referrals for the children of people in treatment.

The main objectives and tools adopted in the programmes are:

- strengthening personal skills (e.g. decision making, self-esteem);
- strengthening social skills (e.g. communication, empathy, assertiveness);
- creative activities;
- learning support;
- counselling/ psychological support;
- parental/guardian counselling;
- referral to treatment.

Main challenges: Collaboration with existing institutions and services.

Main achievements: Improved quality of life of the target population: children and their families.

Next steps: Identify existing gaps and development of new prevention programmes to target new vulnerable groups and high-risk areas.

2.2.2. Translation and dissemination of the guide *It's time to act: Council of Europe Recommendation CM/Rec (2018)5 on children with imprisoned parents*

Name, position and institution/organisation of the person in charge of responding: Evi Kyprianou, Policy Officer, Cyprus National Addictions Authority.

Type of action: 4.

Brief description: Develop digital and printed materials, including books and other resources, for children with imprisoned parents to be distributed online and through the Prisons Department, as well as schools, treatment centres, social services and prevention programmes.

Name and type of administrating agency: NAAC; public sector.

Start month/year: April 2022.

End month/year: December 2022.

Main funder(s): NAAC.

Target population: Children with incarcerated parents in Cyprus.

Estimated number of people reached since the start: Between 50 and 100 children; at least 50 professionals – teachers, health professionals, social services, etc.

Geographic coverage: National.

Main partners: Office of the Commissioner for Children's Rights, Prisons Department.

Description of the programme/practice: The NAAC translated into Greek the guide *It's time to act: Council of Europe Recommendation CM/Rec(2018)5 on children with imprisoned parents* (Children of Prisoners Europe 2018). This set of European guidelines is designed to help encourage action, as well as being a useful resource for children, parents and professionals to better support children with a parent in prison, and to advocate for and promote their rights. It is considered that a high percentage of people in prison also face substance use issues.

The NAAC aims to disseminate this guide digitally through its website, newsletter and social media. Also, through co-operation with the Prisons Department it aims to provide a printed copy to all prisoners including their visitors (family members). In co-operation with the Office of the Commissioner for Children's Rights, the project will also try to reach children through other settings such as schools, treatment centres, prevention programmes and social services.

Main achievements: The guide will reach the target group. It will raise awareness among all key players on how to support children who have a parent in prison.

Next steps: Printing is pending due to changes needed in the translated material.

2.2.3. Identification and referral of children with formerly imprisoned parents to the prevention programmes

Name, position and institution/organisation of the person in charge of responding: Nasia Fotsiou, Policy Officer, Cyprus National Addictions Authority.

Type of action: 4.

Brief description: Establish a mechanism for identifying children with formerly imprisoned parents who use drugs and refer them to the prevention programmes.

Name and type of administrating agency: NAAC; public sector.

Start month/year: November 2021.

Main funder(s): NAAC.

Target population: People who are released from prison and face drug problems, including their children.

Estimated number of people reached since the start: 50.

Geographic coverage: National.

Main partners: Prison Department.

Description of the programme/practice: The goal of the programme is to connect the people who will be released from prison with the competent support services, to make their reintegration into society as smooth as possible and to provide individualised psychosocial support according to individual needs. Through the development of the programme, the individuals of the target group are expected to strengthen their skills at social, psychological and professional levels, with the main goal being their social rehabilitation and the prevention of relapse. Moreover, the programme aims for the identification and support of the individuals' children, who may also be at risk of facing drug problems, and for their referral to the prevention programmes approved by the NAAC.

Main challenges: Collaboration with the prison officers and other services that are engaged in the target group's rehabilitation.

Next steps: Promotion of the programme services to the individuals of the target group.

2.2.4. Dissemination of clinical guidelines for the prevention, identification and treatment of foetal alcohol syndrome (FAS) and foetal alcohol spectrum disorders (FASD) including a handbook of services for referral purposes

Name, position and institution/organisation of the person in charge of responding: Leda Christodoulou, Policy Officer, Cyprus National Addictions Authority.

Type of action: 4.

Brief description: Develop a digital and printed version of the revised clinical guidelines for the prevention, identification and treatment of FAS/FASD including a handbook of services for referral purposes for midwives and healthcare professionals providing care for mother and child.

Name and type of administrating agency: NAAC through a prevention programme implemented by SIKESO[18] (Counselling centre for family support).

18. http://sikeso.com/sikeso/?lang=en.

Start month/year: The prevention programme started in January 2022.

End month/year: May 2022.

Main funder(s): NAAC.

Target population: Midwives, paediatricians, gynaecologists, psychologists, dieticians and social workers.

Estimated number of people reached since the start: 120 persons attended the previous training on the material. The digital and printed guidelines were disseminated to all registered medical professionals, that is, paediatricians and gynaecologists through their medical professional body. They were also delivered to all hospitals, clinics and private practices, to the nursing association, including midwives, and were also available in printed form at their conference.

The information is available on all relevant bodies' websites and the NAAC's platform.

The estimated reach to professionals is around 2 000 people.

Geographic coverage: National.

Main partners: NAAC, Nursing Services, National Health Services, Medical Association, Nursing Association, Psychologists Association, Dieticians Association, SIKESO (NGO).

Description of the programme/practice: The clinical guidelines for the prevention, identification, and treatment of FAS/FASD were revised in collaboration with the NAAC's National FASD Committee and SIKESO and the online version is already available on all stakeholders' websites and the NAAC's digital platform. It is also available in printed form and was disseminated to 12 midwives and a few treatment professionals during the training that was carried out at the end of March and beginning of April 2022.

The trained professionals will comprise the referral team for the protocol for pregnant and breastfeeding women.

Main challenges: Covid-19 pandemic restrictions did not allow for training of professionals at an earlier stage and had to be postponed until the spring.

Main achievements: Increased knowledge on procedures and enhanced early intervention and treatment among vulnerable women and their children.

In December 2022 an alcohol awareness campaign for parents and their role in raising children in an alcohol-free environment was carried out, in the framework of the 190th Alcohol Awareness Week.

Next steps: In 2023, continuous training will be offered to the midwives as liaisons for the referral of vulnerable women to appropriate services. The goal is to extend the knowledge to as many midwives as possible to facilitate referrals.

2.2.5. Training of professionals and midwives for the implementation of the protocol targeted at women who use substances including children born with foetal alcohol syndrome (FAS) and foetal alcohol spectrum disorders (FASDs)

Name, position and institution/organisation of the person in charge of responding: Leda Christodoulou, Policy Officer, Cyprus National Addictions Authority.

Type of action: 4.

Brief description: Training of professionals/midwives and implementation of the protocol for pregnant and breastfeeding women who may be using licit and illicit substances.

Name and type of administrating agency: NAAC; public sector.

Start month/year: Training March-April 2022.

Main funder(s): NAAC.

Target population: 12 midwives received training in the first session. The final target group are pregnant and breastfeeding women who use substances, including children born with FAS and FASDs.

Estimated number of people reached since the start: 12 midwives attended training at a national level and it is expected this will reach 1 000 individuals per year.

Geographic coverage: National.

Main partners: Nursing services, government hospitals and private clinics.

Description of the programme/practice: The Protocol for the Prevention, Detection and Treatment of Alcohol Consumption in Pregnancy and Breastfeeding aims to identify vulnerable women who may be using alcohol and/or other substances including children born with FAS/FASD. It was approved in January 2021 and is included in *Children whose parents use drugs* (Giacomello 2022: 65):

> In January 2021 Cyprus' Ministry of Health approved a protocol for the identification and referral of women who are pregnant and misuse alcohol or other drugs. While the main purpose is to act preventively in the case of unborn children who might be exposed to fetal alcohol syndrome (FAS), this tool serves as a means to detect all substance use disorder.
>
> …
>
> The protocol of referral is accompanied by a quantitative and qualitative questionnaire to be completed by the practitioners in order to gather more information on the patients' profile, data that can in turn shape public policies. With these tools, midwives have more information at hand to identify the women's needs and make a proper referral. These might include dietary issues, a brief intervention, feedback on healthy lifestyles, financial support, drug treatment services, counselling, and so on.
>
> Follow-up with the women takes place during pregnancy and after birth. While the first part of the protocol focuses on the pregnant women, the second concentrates on the newborn and their needs, in physical, psychosocial or psychiatric terms, depending on each case.

This section focuses on the training of midwives who will implement the protocol.

Before beginning the implementation and in order for it to be effective, training has been provided for the 10 midwives appointed by the services to act as the referral team for the protocol.

The training provides the professionals with background knowledge on FAS/FASD as well as best practices among different disciplines. It also gives them a step-by-step description of the actual protocol and processes that need to be followed through.

The revised clinical guidelines that incorporate the protocol, including a handbook with all the relevant national services/professionals for referral purposes, are also distributed in printed and digital form to all participants.

These are also available online on the NAAC's website and information platform for all interested professionals.

Main challenges: Covid-19 restrictions delayed the timeline for the training of midwives who will implement the protocol. Midwives' duties were suspended in some cities since the hospital was restricted to Covid-19 patients only. Since March 2022, the midwives have been back on regular duties.

Main achievements: Incorporating the protocol into the revised clinical guidelines on the prevention, identification and treatment of children with FAS/FASD and issuing a guide for professionals, working closely with the National FAS/FASD Committee.

Next steps: Organise follow-up training for professionals in 2023.

2.2.6. Training day for professionals on parental drug use

Name, position and institution/organisation of the person in charge of responding: Leda Christodoulou, Evi Kyprianou, Eva Symeonidou, Natasa Savvopoulou, Policy Officers, Treatment Team of NAAC's Policy Department, Cyprus National Addictions Authority.

Type of action: 4.

Brief description: An in-person only seminar for professionals from social services, child protection services, mental health services, prevention and treatment programmes from both the governmental sector and NGOs on the challenges of mothers/parents who use drugs and the impact of parental drug use on children and families, including good working practices with families living with drug use, and the provision of adequate support and treatment.

Name and type of administrating agency: NAAC; public sector.

Start month/year: 29 June 2022.

End month/year: Continuous action, follow-up training for the coming years.

Main funder(s): NAAC.

Target population: NAAC's network including professionals from treatment and prevention, social services, SPAVO,[19] Cyprus Drug Law Enforcement Unit.

Estimated number of people reached since the start: 84 participants.

Geographic coverage: National.

19. Association for the Prevention and Handling of Violence in the Family, SPAVO provides direct help to people experiencing or exercising domestic violence, shelter and protection to victims of domestic violence, as well as information and support to battered women through counselling, among other services.

Main partners: The presenters at the seminar were:

- NAAC – organiser and presenter of good practices in Cyprus and of the Pompidou Group publication *Children whose parents use drugs*;
- Agia Skepi – residential women's programme;
- KENTHEA, NGO – presenter of three prevention programmes offering support to children whose parents use drugs;
- Social work funded programme by the NAAC "Winning my life back" – presenter of the social services and case studies offered in treatment programmes;
- SANANIM's Karlov programme for women and children – online presenter of the Czech Republic's programme identified as good practice in the Pompidou Group's publication;
- Cuan Saor Women's Refuge – presenter of the refuge centre's support services for vulnerable women and their children in Ireland. This good practice was identified through the Pompidou Group's project.

Description of the programme/practice: Deliver a training day for professionals on the challenges of parents who use drugs and the impact of parental drug use on children and the family.

Main challenges: Set-up of the venue, open space café due to Covid-19 restrictions. Despite the sound difficulties, the professionals gave good feedback on the content and the need for more networking and training in this area.

Main achievements: Enhanced awareness and knowledge among professionals to bridge existing gaps in prevention and treatment for families affected by drug use. The main aim is to change mentalities, practice, bias and reduce stigma rooted in lack of knowledge, fear and "socially conveyed" messages on drugs and drug users.

Next steps: Organise continuous training for professionals in this field.

2.3. Czech Republic

The non-governmental organisation SANANIM[20] shared the following programmes: i. the residential community Karlov; and ii. the Day Care Centre, which is another facility that works with parents in general and with women who use drugs and are mothers in particular. SANANIM also organised a study trip to Cyprus to learn more about the Agia Skepi therapeutic community.

2.3.1. Therapeutic Community Karlov

Name, position and institution/organisation of the person in charge of responding: Karel Chodil, Manager, Therapeutic Community Karlov, SANANIM z.ú.

Type of action: 4.

Brief description: The main mission of the Therapeutic Community Karlov is to heal people from addiction, especially through personal growth, acceptance of personal responsibility and lifestyle changes.

20. www.sananim.cz/.

Name and type of administrating agency: SANANIM z.ú. NGO.

Start month/year: 1998.

Target population: Adolescents and young adults aged 16 to 25 who face problems of drug use or show signs of substance abuse. Mothers with drug use problems and their children – also fathers or pregnant women. Clients with a suspended, alternative sentence or court-ordered treatment can apply for treatment. Adolescents from educational facilities.

Clients with a psychotic illness in the acute stage are not admitted.

Estimated number of people reached since the start: Since the establishment of the Therapeutic Community Karlov in 1999 until January 2023, exactly 298 women have passed through the community, each of them staying with at least one child during the treatment.

Geographic coverage: National.

Main partners: Day Care Centre SANANIM, Infant Care Centre Prague, After Care Centre, SANANIM.

Description of the programme/practice: Entry into the community is voluntary and for motivated individuals. The planned standard duration of treatment is in the range of two to eight months. In the case of juvenile clients, the written consent of legal representatives is required. The entry is preceded by detoxification in a specialised medical facility.

Group therapy

Treatment is based primarily on group psychotherapy; the client completes 22 hours of group therapy per week.

Regime and rules

The whole programme is very tightly structured and regulated. Five cardinal rules are defined, in violation of which the client is excluded from the community.

Occupational therapy

This is focused primarily on ensuring the centre's own operation (cooking, farming, taking care of the animals, gardening, cleaning, laundry, self-help repairs of the house and equipment, maintenance) as well as work outside the community. The goal of these activities is for the clients to acquire work habits and skills.

Education and training

In the field of education, the focus is primarily on responsibility training, as well as on acquiring hygienic work and social habits; preparation of weekly and monthly financial plans.

Leisure activities

Weekend and weekly exercise and adventure events, sports activities.

Social services

The main goal of social work provision as part of the treatment at Karlov is to eliminate the negative social consequences of a drug career, which can affect the day-to-day

life of a client and if this is not resolved could become a burden in the future. For instance, registration at the relevant employment office helps the client to obtain new personal documents in case of their loss or expiration. Mediation of contact with the police, courts and probation officers aims to solve the majority of issues with the criminal justice system while the client is in treatment.

Individual psychotherapy

This is used to supplement group work and in exceptional cases and situations.

Family counselling and therapy

This is carried out both in the form of parent groups, which primarily adopt a group counselling approach (held at the Therapeutic Community Karlov once a month) and family counselling as part of family visits in the community.

Healthcare

The community co-operates externally with a psychiatrist, who provides initial psychiatric examinations and, if necessary, provides care and medication to clients with psychiatric illnesses. Also, a general practitioner, paediatrician, gynaecologist, hepatologist and dentist outside the community provide continuous care during the stay of clients and children.

Main challenges

Specific objectives and challenges for the group of adolescents

- constructively coping with adolescence, creating a value system and changing basic attitudes;
- preparation for collaborative stabilisation of family relationships and understanding of the mechanisms of how the family works;
- preparation for professional life, motivation for further education and gaining qualifications.

Specific goals for the group of mothers and fathers

- creating a strong bond between mother/father and their child;
- acceptance of the role of mother/father;
- embodiment of basic parenting skills in childcare and consolidation of the mother's/father's place in the primary family or in a healthy and functional partner relationship, gaining the skills needed to create a safe and healthy environment for themselves and their child after returning from treatment.

Specific goals for children

- ensuring the loving care of the mother/father during their treatment;
- diagnosis of the child's state of health and, if necessary, ensuring adequate treatment;
- guarantee an adequate upbringing and thus the development of the child, providing special care for the child in the case of special needs (health or other conditions).

Main achievements: The goal of the programme is integration, life satisfaction and full involvement of the client in everyday life, whereby the means for achieving this goal is abstinence. We work to increase clients' responsibility for their own actions and to increase resilience to failure. Clients can acquire basic social skills, communication skills in the community, acquire work and hygiene habits, and they can strive to improve their health as well as increase their physical and mental condition.

We also try to stabilise the clients' social situation. All this takes place through acceptance and self-knowledge, through gaining insight into one's current behaviour. Clients know their possibilities and limits.

For adolescents, we specifically work on constructively mastering the period of adolescence, co-create a value system and develop basic life attitudes. We focus on stabilising family relationships and understanding the mechanisms of family functioning.

We support the rehabilitation of the relationship between mother and child and help in the training and acquisition of parental skills.

Next steps: Successful implementation of proposals for service innovation and optimisation of the premises.

Providing a reliable donor for the purpose of long-term material support of our service.

2.3.2. Day Care Centre

Name, position and institution/organisation of the person in charge of responding: Karel Kolitsch, Manager, Day Care Centre, SANANIM z.ú.

Type of action: 4.

Brief description: The main mission of the Day Care Centre is to provide outpatient or intensive outpatient treatment to clients addicted to drugs and alcohol.

Name and type of administrating agency: SANANIM z.ú, NGO.

Start month/year: 1996.

Main funder(s): Public budget through interdepartmental subsidy programmes at state, regional and local level.

Target population: Clients from the age of 16 using non-alcoholic addictive substances. Clients diagnosed with substance abuse or addiction with motivation for change.

Mothers of children, who are provided with the same services as other clients. However, since the social situation can be more complicated, we co-operate with the offices of social and legal protection of children and the children's centre, where mothers and their children can be hospitalised for the duration of treatment. The combination of the children's centre and treatment in the Day Care Centre is in many ways similar to treatment in the therapeutic communities. Family members and other persons close to the person who uses drugs, including their children, and clients with a suspended, alternative sentence or court-ordered treatment can also apply for treatment.

Geographic coverage: National.

Main partners: Therapeutic Community Karlov, Children's Care Centre.

Description of the programme/practice: Entry into treatment is voluntary and for motivated individuals. The planned standard duration of treatment is four months with the possibility of extending the treatment. Clients cannot have a psychotic illness in the acute stage. In the case of juvenile clients, the written consent of legal representatives is required.

Services

The Day Care Centre comprises psychotherapeutic, diagnostic and rehabilitation procedures, methods and techniques that take into account the current state and needs of the client:

- daily intensive outpatient programme (IOP) in a group of up to 10 people, for about four months;
- outpatient motivational (preparatory) programme in the form of an open group twice a week;
- individual therapy and counselling;
- crisis weekend telephone line for clients;
- programme for addicted mothers with small children;
- family therapy and counselling for parents;
- social work and counselling;
- psychological and psychiatric examination;
- leisure activities;
- after-treatment phase of four-month intensive treatment;
- psychiatric care.

Specific goals

To ensure timely, adequate and intensive treatment leading to lifestyle changes, such as abstinence and social integration, in outpatient conditions.

Treatment aims to gain insight, social integration and elaboration of lifestyle changes while maintaining abstinence, preventing relapse and supporting clients in their personal development.

Provide outpatient treatment for designated clients, if necessary in combination with inpatient or residential treatment, and its continuation in the aftercare programme.

The main therapeutic interventions

Dynamically oriented group psychotherapy, based on therapeutic community principles.

Cognitive behavioural psychotherapy, family therapy and socio-therapy.

Treatment programmes and activities

Group psychotherapy, community meetings.

Individual psychotherapy and counselling.

Relapse prevention, specific programmes for women and men, non-verbal techniques, art therapy, body therapy, relaxation techniques and education.

Monitoring of abstinence, sports, cultural therapies, outdoor activities.

Regime and rules

The daily IOP is tightly structured, detailed internal regulation is created and four cardinal rules are defined, in violation of which the client is excluded from the programme.

Admission requirements to the IOP

Drugs and alcohol abstinence, no violence or threat of violence.

Accepting the treatment system and methods, respecting common decisions.

Close relations are prohibited in the early stages of the programme.

Safe housing – housing where no other person addicted to drugs lives.

Proven full abstinence from drugs – self-abstinence with control in our programme or undergoing detoxification in a medical facility.

Attending pre-treatment care – motivational group or individual contact.

Main challenges: The main challenges regard the profiles of the patients, particularly cases of dual diagnosis. The trend in recent years is a higher number of clients with dual diagnoses, which places greater demands on staff education and individualisation of care.

Another challenge is the parenting roles of clients.

The groups of mothers and fathers represent a very challenging group of clients, in which many therapeutic, family, social and other difficulties need to be addressed. This group is characterised by higher levels of stigma, shame and insecurity in the maternal/parental role.

This clientele is found across all residential programmes, in the day group, outpatient individual contacts and motivational group. Part of the work is to provide a diagnostic filter for them and then implement so-called pre-admission care to the Therapeutic Community Karlov.

Many clients turn to us at the instigation of social services or the healthcare system. These agencies often make the client's contact with our facility a requirement for further contact with the child.

Finally, a challenge for clients is to maintain abstinence after treatment and to engage in other activities. Because of this, leisure planning is an integral part of treatment. One of the goals of the treatment process is to spend free time appropriately, and to find new activities and relationships outside the drug environment. Leisure time is also closely related to the prevention of relapse.

Main achievements: The following points indicate the main achievements accomplished by the service:

- help in gaining insight into the clients' addiction and the circumstances surrounding it;
- motivation to cope appropriately with the clients' individual development and the challenges it currently poses, supporting personal maturation;
- working through changes in their self-image;
- working to positively change and deepen relationships with their immediate and wider environment, strengthening their natural relational and social network;
- supporting their social integration;
- supporting relapse prevention and maintenance of abstinence;
- supporting them to make lifestyle changes;
- supporting the public and paraprofessionals to view addiction as a disease issue and contribute to breaking down prejudices and reducing negative attitudes towards people who use opioid substitution treatment (OST);
- promoting awareness among the public, paraprofessionals and people who use over-the-counter drugs that professional services, help and treatment are meaningful and ultimately benefit not only the addicted individual but also society.

Next steps: Successful implementation of proposals for service innovation and optimisation of its premises.

Providing a reliable donor for the purpose of long-term material support of our service.

2.4. Greece

2.4.1. Informal network of professionals supporting women who use drugs and their children

Name, position and institution/organisation of the person in charge of responding: Athina Manouka, social worker in the Minors' Protection Association of Athens; Programme Co-ordinator for Child Protection Actions.

Type of action: 4.

Brief description: Informal network of services and professionals which supports addicted women and their children.

Name and type of administrating agency:

- Specialised unit for addicted mothers and their children, 18ANO, Psychiatric Hospital of Attica,[21] Athens
- Kethea Exelixis,[22] Substance Abuse Low Threshold and Harm Reduction Programme

21. www.18ano.gov.gr/.
22. www.kethea.gr/en/kethea/therapeutic-programmes/kethea-exelixis/.

- Maternity Hospital Alexandra
- Organisation Against Drugs (OKANA),[23] support and protection programme for parents-users of psychoactive substances in Athens, Patras and Thessaloniki
- Minors' Protection Association of Athens, Greek Ministry of Justice
- Juvenile Prosecutor's Office
- General Secretary of Equality
- Newborn Centre "MHTERA"
- Children's Hospital of Athens "AGIA SOFIA"
- Child Protection Services of the Municipality of Athens
- ΚΕΕΛΠΝΟ, national public health organisation.

Start month/year: December 2012.

Target population: Dependent mothers and their children.

Geographic coverage: Athens area.

Description of the programme/practice: The network is a system of co-operation and liaison between different organisations in Athens providing support to women who are dependent drug users and are mothers. It represents a model of horizontal co-operation for the most vulnerable group of people with drug use disorders. It is an unofficial network composed of social and health professionals from different settings and services – see above.

The aim of the network is to maximise the delivery of supportive, harm reduction services to pregnant women and mothers who suffer from drug dependency – networking and escorting to ante-natal check-ups and health services, psychosocial support and referrals to therapeutic programmes, interconnection between hospitals, therapeutic programmes to prevent drug and alcohol addiction and children's services – through collaboration between different services and professionals such as psychologists, doctors, social workers and lawyers.

The emphasis of the network has been on creating protocols for early detection and support of pregnant, dependent women in the national healthcare system as well as creating research groups for pre-genetic care in general hospitals. The network meets four times per year, unless there is a specific task to pursue.

Main challenges: Preventive healthcare of dependent women and their unborn child, prevention of child abuse and neglect, training of professionals, sensitisation, supportive processes to empower dependent women for a life without addiction and active participation in therapeutic programmes according to their needs.

Main achievements: Thanks to the communication between the members of this informal network, obstacles have been overcome and dependent women have had a speedier and smoother access to services. Different therapeutic programmes and services are in touch and have the same goal: the health, safety and support of addicted women and their children.

23. www.okana.gr/el/about-us.

For instance, when a woman who uses drugs is pregnant, the specialist therapists working on harm reduction of drug use (Kethea Exelixis) make contact with her. They sensitise, motivate and help her to visit a hospital, while supporting her throughout the medical examination procedure and they provide psychosocial support at all stages. The specialist team working in harm reduction communicates with the social service of the maternity hospital in order to organise the ante-natal medical check-ups and childbirth, and ensure that it is more easily accessible and creates a more protective setting for women who use drugs.

The goal is to help women who are pregnant and have dependent drug use and reduce the risks of unhealthy development of the unborn child. At the same time, pregnant women are supported to receive psychosocial services by referral to a suitable programme for their needs – easy access to substitution services and treatment as well as therapy and support for the mother and newborn.

Next steps: The network recognises that stigma still represent a huge barrier for women and there is a need to continue to work on sensitisation and training in order to achieve easier access for women who use drugs and their children to health and psychosocial support services. The interest of the network is to enhance the safety and health of these women and their children and to guarantee access to services.

2.5. Ireland

For this report, the following institutions and organisations participated, each of them presenting at least one action:

- National Health Information Systems Health Research Board: National Drug Treatment Reporting System (NDTRS);
- Health Service Executive National Social Inclusion Office and Tusla Child and Family Agency: Hidden Harm Strategy training;
- Preparing for Life: General overview and Home Visiting Programme;
- Ballyfermot STAR CLG: General overview;
- Coolmine Therapeutic Community: i. Parents under Pressure programme; ii. Ashleigh House – Residential treatment service for women and their children;
- Rialto Community Drug Team: i. FamilyWorks, ii. Inter-agency Youth Street Work and iii. The Blocks;
- Saoirse Domestic Violence Services: General overview.

2.5.1. National Drug Treatment Reporting System (NDTRS)

Name, position and institution/organisation of the person in charge of responding: Dr Suzi Lyons, Senior Researcher, Dr Cathy Keller, Research Officer (Acting), National Health Information Systems, Health Research Board.

Type of action: 4.

Brief description: National Drug Treatment Reporting System.[24]

24. www.hrb.ie/.

Name and type of administrating agency: Health Research Board; public sector.

Start month/year: 1995. The detailed questions on children have been available since 2019 (see section on description of the reporting system).

Main funder(s): Department of Health.

Target population: Treated cases for drugs and alcohol. The questionnaire includes items which are key to identifying and counting users' children, as described below.

Geographic coverage: National.

Main partners: Publicly funded addiction treatment services provide data to the NDTRS. These include outpatient; inpatient; low threshold services; prisons; general practitioners that provide OST.

Description of the programme/practice: The NDTRS was included in the Pompidou Group 2021 project and final report *Children whose parents use drugs* as a practice which could inspire other countries and also the EMCDDA to expand the TDI.

Ireland has been implementing the NDTRS at the national level since 1995 and it is compatible with the EMCDDA TDI protocol. The data have been extensively used to inform public policies on a wide set of issues.

In recent years the database has moved from a mainly paper-based system to an online data entry portal. This online database has the potential to report data in real time. The item with most relevance for the topic under study has been implemented since 2019. The question was first included for 2017 data, but it required some time for coverage and accuracy to improve and to allow for data validation.

Currently data are reported annually (2021 data were published June in 2022) and are available to allow other public institutions to build informed public policies based on them.

The questionnaire includes an item which gathers relevant information on children whose parent(s) are in treatment, reproduced below.

NDTRS question 7 – Number of children[25]

Total number of children | | |

	Under 5 years	5-17 years	18 years and over	Unknown
Living with service user				
Living with other parent				
Number in care				
Living elsewhere				
Living status not known				

25. www.drugsandalcohol.ie/26858/1/Master_NDTRS_2019_protocol_hard-copy_V5.pdf.

As reported in the above-mentioned Pompidou Group publication, thanks to the participation of Dr Lyons and Dr Carew, results for question 7 were published for the first time for the 2020 data.[26]

The preliminary findings report that in 2020 there was an estimated number of 0.73 children for each case entering treatment for drugs and 0.79 children for each case entering treatment for alcohol, with an overall rate of 0.75.

Main challenges: To have real time access to/analysis of data (currently published annually).

Low coverage of OST general practitioners.

Main achievements: Very high coverage nationally, more than 80% of services: inpatient, outpatient, clinics and prisons (excluding OST general practitioners).

Robust data validation processes.

Data on children have been included in the Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020[27] to inform public policies on children.

Next steps: Further advertise the existence of the data and their potential use among other stakeholders, to be used for policy and practice.

Continue to ensure the accuracy, timeliness and validity of the data.

2.5.2 Hidden Harm Strategy training

Name, position and institution/organisation of the person in charge of responding: Nicola Corrigan, Health Service Executive National Social Inclusion Office.[28]

Caroline Jordan, Tusla Child and Family Agency.

Type of action: 4.

Brief description: Hidden Harm Training Programme.[29]

Name and type of administrating agency: Health Service Executive (HSE) (statutory) and Tusla Child and Family Agency (statutory); public sector.

Start month/year: February 2020.

Main funder(s): Department of Health.

Target population: HSE and Tusla staff, community and voluntary sector staff in funded services.

Geographic coverage: National.

26. www.hrb.ie/data-collections-evidence/alcohol-and-drug-treatment/publications/publication/drug-treatment-data-in-ireland-2014-to-2020/returnPage/1.
27. www.gov.ie/en/publication/775847-better-outcomes-brighter-futures/.
28. www.hse.ie/eng/about/who/primarycare/socialinclusion/.
29. www.hse.ie/eng/about/who/primarycare/socialinclusion/addiction/national-addiction-training/national-hidden-harm-project/.

Main partners: HSE and Tusla.

Description of the programme/practice: The term Hidden Harm has become widely known to describe the experience of children living with, and affected by, parental problem alcohol and other drug use (HSE and Tusla 2019: 4):

> The term Hidden Harm encapsulates the two key features of that experience: those children are often not known to services; and that they suffer harm in a number of ways as a result of compromised parenting which can impede the child's social, physical and emotional development. The key to the success of Hidden Harm work will be both the willingness and capacity of all services to work in a collaborative fashion.

The HSE and Tusla collaboratively developed and published the Hidden Harm Strategic Statement and the Hidden Harm Practice Guide in January 2019 (HSE and Tusla 2019a, 2019b). These publications set out how the HSE and Tusla intend to bridge the gap between adult and children's services, in favour of a more family-focused approach that considers the needs of dependent children and other family members in both services. Both these publications are reported in the publication *Children whose parents use drugs* (Giacomello 2022: 27-8).

Hidden Harm eLearning was developed by the HSE and Tusla, with input from the community and voluntary sector. The aim of eLearning is to support staff in services to increase their awareness of and response to Hidden Harm by recognising the impact of Hidden Harm on children and young people; supporting the parent to limit the impact of their alcohol problem and other drug use on the child or young person; and working in partnership with parents and other services to meet the needs of the child or young person. The eLearning is available on the HSeLanD platform for the HSE, Tusla and community and voluntary sector staff.[30] Completion of the eLearning is a mandatory prerequisite for all participants who attend the one-day skills training.

A one-day skills-based training day to complement the eLearning was completed in 2020. The aim is to provide an environment to colleagues from the HSE, Tusla and the community and voluntary sector to consider the impact of Hidden Harm issues on their practice and to clarify the benefit to the child, parent and family of effectively working together.

However, the pilot delivery of the training was postponed due to Covid-related public health restrictions on in-person gatherings and competing priorities for staff in all agencies at that time. It was agreed that the delivery of the training in the virtual classroom (online) environment was not feasible as an important element of the face-to-face training is that participants can make connections with their colleagues in other sectors, which facilitates the development of local referral pathways. The in-person nature of the training also enables participants from different agencies, some of whom have little or no direct contact with children, to explore together the challenge and complexity in making the child/children "visible" and an integral part of their work with parents. Participants from HSE addiction services, Tusla services (both HSE and Tusla funded services), and the community and voluntary sector from the same location on the same training day can meet,

30. www.hseland.ie/dash/Account/About.

understand each other's roles, and know who to contact when they need to make a referral or source support services.

The pilot training took place in November 2022 in three different locations each with varying knowledge and experience of Hidden Harm. The training was co-facilitated by both the HSE and Tusla. Demonstrating the training in these locations allowed us to understand how the training is received in different environments to staff with different levels of experience.

The National Social Inclusion Office advertised a tender for the delivery of evidence-based parenting and family support programmes and this was awarded to a family support service in September 2022.

Main challenges: Covid-19 delayed the pilot of the training and therefore delayed the development of the Train the Trainer programme and implementation of Hidden Harm training. The pilot training programme was eventually delivered in three locations in November 2022.

The recruitment of participants for the training brought some challenges, where there was a perception that the training was not relevant to some services that work with adults only. Promotion of the aims and objectives of the training day, completion of the eLearning module and support for the training by senior management and key staff contributed to the uptake of places across all sectors and the training was successfully piloted in the three locations.

Main achievements: A good working relationship between the HSE, Tusla and the community and voluntary sector has contributed to the promotion of collaborative working and the development of training relevant to all sectors.

The eLearning module is available for free to all staff. It serves as a stand-alone introduction to Hidden Harm.

The one-day skills-based training has now been tested in three locations on a pilot basis. The training facilitates staff from across the services in a location to come together, discuss working together and facilitate developing referral pathways to support families and implement Hidden Harm. The co-facilitation of the training by both the HSE and Tusla has allowed participants to observe and be part of the collaborative and partnership approach referred to in the Hidden Harm Strategic Statement and Hidden Harm Practice Guide.

Following the training, each participant was asked to complete an evaluation form to gather their feedback on their experience of the training day. This feedback along with that of the facilitators will inform any amendments to the final Hidden Harm training pack prior to implementation of the training.

Next steps: Following the successful pilot of the one-day training in three locations, the findings from the pilot training will contribute to the review and amendment as necessary of the training programme material.

A Train the Trainer programme will be developed based on the amended training programme material.

The National Social Inclusion Office will conduct a scoping exercise for the delivery of Hidden Harm training and implementation of Hidden Harm. The results of the scoping exercise noted above will inform planning for Hidden Harm and underpin the allocation of any additional budget, in partnership with the Tusla Child and Family Agency.

2.5.3. Preparing for Life

Name, position and institution/organisation of the person in charge of responding: Louise McCulloch, Research and Evaluation Officer; Sue Cullen, Implementation and Fidelity Manager of the Home Visiting Programme, Preparing for Life[31] (Northside Partnership).

Type of action: 4.

Brief description: Preparing for Life is an evidence-based early intervention and prevention programme whose goal is to support parents to nurture children so that the child, family and community can thrive.

Since 2013, it has been part of the national Area Based Childhood Programme (ABC Programme), which is a national prevention and early intervention (PEI) Programme funded by the Department of Children, Disability, Equality and Integration (DCDEI) and delivered through the Prevention Partnership and Family Support Programme (PPFS) within the Tusla Child and Family Agency.

Name and type of administrating agency: Preparing for Life, NGO (funded by Tusla under the ABC Programme).

Start month/year: 2007.

Main funder(s): Tusla Child and Family Agency.

Target population: Preparing for Life is primarily targeted at certain communities within the Dublin catchment area that are recognised as having higher than average levels of poverty, unemployment and early school leaving. Furthermore, some programmes target specific age ranges or particular circumstances. The programme is also currently delivered in the Finglas, Bray, Newbridge and Athy areas of Ireland.

Estimated number of people reached per month: PFL reaches approximately 500-600 families per year. In 2021, PFL had 543 families who wished to engage in their programmes.

Geographic coverage: As stated above, PFL is targeted at certain communities across Ireland and beyond. The areas are Athy, Bray, Balbriggan, Carlow, some parts of North and South Dublin (Darndale/Finglas/Bray), Galway, Mayo, Newbridge and Chicago.

Description of the programme/practice: Preparing for Life is an evidence-based early intervention and prevention programme whose goal is to support parents to nurture children so that the child, family and community can thrive. It has a number

31. www.preparingforlife.ie/.

of different offerings such as home visiting, parenting programmes, baby massage, antenatal classes, play therapy and breastfeeding support. A parent can engage in one of more of these services. If a parent engages in the Home Visiting Programme then they will be automatically offered the other range of supports.

All programmes are offered in line with the ethos of PFL which believes in the capability of every individual (whether that refers to families engaging in the programme, staff in the programme or other organisations or supports we engage with). We also strive to nurture these relationships and explore opportunities for creating flourishment, well-being and hope. We do this by celebrating all accomplishments (no matter how big or small) and learning to notice and hold the potential for growth in everyday interactions. It is integral to us that this is done with compassion and understanding. We believe in constantly striving to improve and learn and finding ways of connecting theory and practice and translating this into improvements in programme delivery. We hold all relationships at the centre of everything we do.

PFL Home Visiting has a commitment to the communities where it is located, especially to improving outcomes that are meaningful for families living in those communities. We want to ensure that every child gets the best possible opportunity to have a positive home experience and be ready for school. We also want the wider family, of which the child is a part, to flourish and thrive.

Most programmes are offered generally to the local community but parents who are using substances are welcome to engage. Some programmes are specifically delivered to families where there is substance use such as the play therapy programme, and the Circle of Security parenting programme is delivered in partnership with local addiction services.

Home Visiting Programme

The Home Visiting Programme is a manual-based programme that works alongside families from pregnancy and supports them until the child starts primary school. It is based on a horizontal way of working with families, through which trained home visitors create a space to deliver information to parents based on what they need but also on the families' strengths and capabilities.

The home visitors see the family approximately once a month or every fortnight for between 45 and 90 minutes, depending on the needs of the family and the stage they have reached. The visits can be more or less frequent, and the length will also vary. At the time of the interview (June 2022), the flagship site which participated in this project (Northside Partnership) had five home visitors that has extended to six. This does not include the Preparing for Life home visitors that are working across all other named sites.

As explained by the programme's manager, Sue Cullen:

> The idea is that we stay one step ahead of the mother during each of the trimesters and after the child is born. It is a "manualised" programme that consists of different topics of development: emotional and social development, cognitive development, nutrition,

> safety and supervision, rest and routine, parents support, and transitions to school. The Home Visitors really look at the child, the parents, and the home environment. We look at every aspect of the child: looking at how their brain works, looking at what shapes them and really support the parents to understand their role in a much more cohesive way but also to understand their growing child, as they grow and the significant other contributing factors, like the community, other significant others like the grandparents, the neighbours and how they also play a huge part in this growing child. And also, to recognise their own history.

Even if it is a manualised, evidence-based project, it is characterised by a highly flexible, responsive and family-centred approach, because no family is the same. The home visitors tailor the programme to each family's characteristics, stage and capabilities. The practitioners do not adopt a top-down approach which tells parents what to do, but rather they engage families in a formal and informal process through which information is conveyed, families are empowered, and trust and confidence are built:

> We never underestimate the power of the parents and what they bring to the table. We really try to create a space for parents to be able to share their experience and share their knowledge.
>
> Parents are also invited to engage in a process called "Goals and Aspirations": this process creates space for parents to identify things they would like to achieve, and work on setting goals for themselves so they can feel a sense of accomplishment and recognise all their wins no matter how small or big they happen to be. We take the time to encourage parents to engage in reflective practice, so parents are able to take the learning and bring it forward to other areas of their lives. They can learn how to stay in a flow state and goal set through whether the goals are for themselves as individuals, as parents in their role, their family, or for their children.

The home visitors are not only trained to deliver the information while listening to the families and engaging them in the process but also to deliver parenting classes and baby massage. Midwives are also available for families to facilitate prenatal education classes and breastfeeding support.

Parents can engage in home visits within their home, community-based settings or other venues such as local play areas. Parents and children are also offered other programmes available at Preparing for Life – such as the Triple P Parenting Programme and the Circle of Security, depending on their needs, and they are also connected to other agencies or services.

Preparing for Life works with all families, irrespective of their level of vulnerability: "We want this programme to be delivered to all families, whether you live in a 4-bedroom detached house or whether you live on the street."

This of course also includes families affected by drug use or in recovery.

Data from 2020 show that approximately 11.8% of families (11 out of 93 active households engaged in Preparing for Life) self-reported addiction in the household. Feedback from home visitors clarified that this number might be an underestimate, since some families are new and might not disclose drug use until trust is established.

2.5.4. Ballyfermot STAR

Name, position and institution/organisation of the person in charge of responding: Sunniva Finlay, Manager; Olive Casey, Early Learning Centre Manager; Ballyfermot STAR CLG.[32]

Type of action: 4.

Brief description: Ballyfermot STAR CLG (Support, Treatment, Aftercare, Rehabilitation) is a registered charity located in Ballyfermot, Dublin. It provides a Drug Rehabilitation Programme, Early Learning Childcare, Community Employment and Family Support Service to people who use drugs and their families.

Name and type of administrating agency: Ballyfermot STAR CLG, NGO.

Start month/year: 1998.

Ballyfermot STAR was created in 1998. It grew out of a process of local engagement around the high heroin use in the community, and the need to deliver a service to people who use drugs and their families.

Target population: People who struggle with drug dependence, their families and children.

Estimated number of people reached per month:

Réalt Beag Early Years programme: 26 children

Réalt Solas Substance Use programme: 55 people attending

Réalt Nua Rehabilitation programme: 24 people attending

Réalt Na Clann Family Support programme: 20 family members

Geographic coverage: Ballyfermot, Dublin.

Main partners: Ballyfermot Local Drug and Alcohol Task Force, Tusla (Child and Family Agency), Dublin City Council, Health Service Executive (HSE) Addiction Service, Health Service Executive (HSE) Mental Health Service, Department of Children Equality Disability Integration and Youth, and Pobal.[33]

Description of the programme/practice: This section[34] is based on Ballyfermot STAR web page,[35] a video which describes the organisation's work,[36] the 2018 Annual Report,[37] and a video call with Sunniva Finlay (Manager) and Olive Casey (Early Learning Centre Manager) on 8 April 2022. Other sources available on the page were also used.

32. https://ballyfermotstar.ie/.
33. www.pobal.ie/.
34. The text was written by the consultant and was reviewed, amended and approved by the participants.
35. https://ballyfermotstar.ie/.
36. www.youtube.com/watch?v=BTsSu_YAC4s.
37. Available at https://ballyfermotstar.ie/about-us/.

Ballyfermot STAR provides "non-judgmental support, guidance and education to individuals with problematic substance use, their families and the community". It offers numerous services to people who use drugs, their children and families at large. It also offers services in prison and to the community. It is very significant for this report to include the work of Ballyfermot STAR, since it is a vivid example of how to work with families, children and individuals together, through wrap-up services that support individuals in the challenging task of acknowledging addiction as a problem, to seek help and to undergo a path of recovery. Ballyfermot STAR welcomes individuals and their families in a non-judgmental, trauma-informed space and includes special services and places for children and for women. The aim is to support women who are mothers and parents in general and not to punish the child through separation from their parents. Ballyfermot STAR also runs the SWAAT project,[38] Supporting Women to Access Appropriate Treatment, which is supported by Tallaght and Ballyfermot Drugs and Alcohol Task Forces. SWAAT is "a National Drugs Strategy Strand 2 Strategic Health Initiative which aims to build community capacity to support women to access treatment and recovery from drug and alcohol use".

The section below describes some of Ballyfermot STAR's services. Given the aim of this report, the first service described is the one for children.

For children

Réalt Beag

Childcare and Early Learning Centre

Ballyfermot STAR has a day care centre for children and families. As outlined in the web page[39] "Our service operates 49 weeks a year. We have a full-time service and we care for children aged 3 months to 5 years old. We encourage healthy eating and the children enjoy a range of home cooked meals every day which includes breakfast, dinner and afternoon snack."

The personnel are highly trained and constantly upskilling. The centre is located in the backyard and has an outdoor area provided with natural wooden toys. It has room for 26 children. Of the children going to the childcare service, about 80% have parents who use drugs and are in treatment, while the remaining 20% are from the general population. The 2018 report informed that there were five children in the baby room, 10 in the toddlers' room and 11 in the preschool room. Ballyfermot STAR works with small children, underpinned by the belief in early intervention. As explained in the 2018 report: "At Réalt Beag we believe in early intervention. This helps children meet developmental milestones through a wide range of services available to them, which we can help arrange, through specialised services if needed. With the parents/guardians help also addressing developmental delays early, can make a crucial difference to a child's life".

38. https://ballyfermotstar.ie/swaat-supporting-women-to-access-appropriate-treatment-research-launch/.
39. https://ballyfermotstar.ie/services/realt-beag/.

The Early Years programme has been running for 12 years. The work with children is based on the HighScope curriculum,[40] an American programme that builds on children's abilities, strengths and choices. As pointed out by Sunniva Finlay: "High Scope is about giving children choice. One thing that children do not have when parents use drugs is choice." Children are also taught conflict management and how to be gentle with each other, through the "Hands are for helping" programme.

The staff also help prepare the older children (aged 4 to 5) for primary school by encouraging independence, helping them to develop speaking and listening skills, reading books about going to school, and talking and reading about making new friends. Children are taken on a visit to the local primary schools, so that they can see what "big" school is like.

Parents are also supported through the Parents under Pressure programme (PuP, see section 2.5.5. by Coolmine on this programme).

People who use drugs

Réalt Solas[41]

Cocaine, Alcohol, Cannabis and Gambling programme

The work with people with dependent drug use encompasses several evidence-based approaches, such as cognitive behavioural therapy, community reinforcement approach, adolescent community reinforcement approach and motivational interviewing. The services provided comprise:

- one-to-one key working;
- therapeutic group work;
- complementary therapies – Reiki and acupuncture;
- Reduce the Use;
- Recover Me;
- psycho-educational workshops;
- health and well-being group programmes;
- under-18s one-to-one and group support;
- women's group;
- men's group;
- aftercare support;
- advocacy support.

As indicated in the 2018 report, for the first time there were more women (86) accessing the services than men (74). The report acknowledges "how difficult it is for women to present to our service with the fear of stigmatisation as being a 'bad' mother with the fear of their children been taken into care because of their substance use". The charity runs a women's group on Tuesdays and a men's group on Fridays.

40. Information available at www.early-years.org/highscope.
41. https://ballyfermotstar.ie/services/realt-solas/.

There are also under-18s groups: the youth specific programme "incorporating ACRA (adolescent community reinforcement approach) and Reduce the Use to engage young people through the promotion of positive, pro-social activities and to discuss the negative consequences of substance misuse".

Réalt Luath

This is a support programme for people contemplating entry to Réalt Nua. It provides a supportive space where individuals can explore and experience what Réalt Nua has to offer.

Réalt Nua[42]

Community Employment, Training and Education programme

With this component, Ballyfermot STAR supports the employability and mobility of "disadvantaged and unemployed persons by providing personal development, work experience and training opportunities for participants within their communities. In addition it helps long-term unemployed people re-enter the active workforce by breaking their experience of unemployment through a return to work routine". This programme offers individual support in education and employability, while addressing addiction. It is supported by the Department of Social Protection (DSP) and The City of Dublin Education and Training Board (CDETB).

It provides:

- evidence-based group work: Reduce the Use, Recover Me, community reinforcement approach (CRA), peer support, personal development;
- QQI education and training;
- one-to-one key working;
- counselling;
- holistic therapies (acupuncture, Reiki and massage).

For families

Réalt Na Clann[43]

Family Support

Family Support targets family members who have been affected by a number of things such as drug or alcohol misuse, bereavement, suicide and violent death. Families are engaged in one-to-one working sessions, delivered through the use of CRAFT (community reinforcement and family therapy). This is also run in groups of families, which is very beneficial for family members, as they can share, feel less lonely and learn from one another.

Counselling is offered by accredited and trainee counsellors. Also, Réalt Na Clann offers a family support group each Monday evening where education, training and therapeutic group work are provided.

42. https://ballyfermotstar.ie/services/realt-nua/.
43. https://ballyfermotstar.ie/services/realt-na-clann/.

Family members are offered complementary therapies, such as massage, auricular acupuncture, Reiki and energy healing, which are available for all service users of Ballyfermot STAR. During the summer months, family members, grandparents and service users are engaged in a project bringing their children on days out. The trips arranged change from year to year depending on funding. Some of the destinations are the zoo, the aquatic centre, picnic and a sports day on the beach. This provides the opportunity for families who may have financial difficulties to experience a healthy day out and build stronger relationships with one another.

Ballyfermot STAR also works with imprisoned and formerly imprisoned people and their families, delivering, among other services, the Parents under Pressure programme and helping parents to communicate with children what is happening and why their dad or mum is in prison.

2.5.5. Coolmine Therapeutic Community

Parents under Pressure (PuP) programme

Name, position and institution/organisation of the person in charge of responding: Anita Harris, Residential Services Manager, Coolmine Therapeutic Community.[44]

Type of action: 4.

Brief description: Parents under Pressure programme. An evidence-based case management model working with high-risk families impacted by problem substance use.

Name and type of administrating agency: Coolmine Therapeutic Community, NGO.

Start month/year: 2014.

Main funder(s): Health Service Executive.

Target population: High-risk families impacted by problem substance use and associated complex needs.

Estimated number of people reached since the start: Between 630 and 650 families.

Estimated number of people reached per month: Approximately 82.

Geographic coverage: National.

Main partners: Griffith University, Brisbane.

Description of the programme/practice: The PuP programme[45] draws from a range of theories and practice models in which child developmental outcomes are influenced by both proximal factors of quality of caregiving and the knowledge and ability to put into practice sensitive and developmentally appropriate parenting strategies. These, in turn, are influenced by parental capacity to manage emotional states both in the context of parenting and in their wider social environment. Factors further

44. www.coolmine.ie/coolmine-therapeutic-community-mobile/.
45. https://evidenceportal.dcj.nsw.gov.au/evidence-portal-home/our-evidence-reviews/preventing-child-maltreatment/evidence-informed-programs/parents-under-pressure.html.

influencing parent and parenting domains are placed in a broader ecological context and include connectedness to family, culture and community.

The PuP programme is individually tailored to each family as practitioners and families collaborate to develop a therapeutic family support plan with identified goals.

There have been three experimental studies of the PuP programme comparing the programme to standard care in parents on opioid replacement therapy in Australia (Dawe and Harnett 2007), in high-risk pregnant women compared to treatment as usual in the UK (Cotmore et al. 2018) and most recently in parents engaged in community addiction services compared to treatment as usual in the UK (Barlow et al. 2019). There were significant benefits found across all three studies including reductions in child abuse potential (Barlow et al. 2019; Dawe and Harnett 2007), and engagement in statutory child protection services (Reid et al. 2017). Across all studies there were improvements in parental emotional regulation. Further, improvements in parental emotional regulation were predictive of later (12 months) decreases in child abuse potential (Dawe et al. 2021).

PuP is embedded across Coolmine's community, day and residential services. Interventions include key working, care planning and group interventions. PuP is offered as a stand-alone community intervention (2021 to date).

Main challenges: Funding to continue to deliver the stand-alone community PuP programme strategy – seed funding expired end of March 2022.

Main achievements: Embedded as a model of practice across all Coolmine services nationally.

Next steps: Seek funding to maintain community PuP strategy. Seek resources to develop the Irish Training Hub.

2.5.6. Coolmine Therapeutic Community

Ashleigh House – Residential treatment service for women and their children

Name, position and institution/organisation of the person in charge of responding: Anita Harris, Residential Services Manager, Coolmine Therapeutic Community.[46]

Type of action: 4.

Brief description: Coolmine Ashleigh House – residential treatment service for women and their children,[47] including pregnant women who have multiple needs including addiction, homelessness, criminal justice issues, trauma, mental and physical health needs.

Name and type of administrating agency: Coolmine Therapeutic Community, NGO.

Start month/year: 1985.

46. www.coolmine.ie/coolmine-therapeutic-community-mobile/.
47. www.coolmine.ie/women-childrens-residential/.

Main funder(s): HSE.

Target population: Women who use drugs, including mothers, pregnant women and their children.

Estimated number of people reached since the start: Approximately 1 430.

Estimated number of people reached per month: Average 52.

Geographic coverage: National.

Main partners: Health Service Executive, Probation Service Ireland, Tusla Child and Family Agency, Community Drug and Alcohol Services, primary care providers – GPs, addiction nurses, maternity units and drug liaison midwives.

Description of the programme/practice: We provide the only mother and child residential treatment programme in Ireland. Within the Irish context, social exclusion and social disadvantage remain linked to complex ongoing drug issues. Often a major barrier for mothers seeking help from their addiction is the fear of being separated from their children.

The service is operated on a continuum of care model. Assessment, pre-entry, stabilisation, detoxification, primary treatment, integration and aftercare services are provided within the therapeutic community model.

Interventions include community as method, group work, case management, motivational interviewing, community reinforcement approach for key working/case management, mindfulness and pro-social activities. Ashleigh House provides a childcare programme in our dedicated early years crèche and preschool service, which is accessible to all mothers partaking in the programme. Mothers can feel safe in the knowledge that while they are engaging in our programme their child is being looked after in a safe, secure, caring and nurturing environment, where they can freely fulfil their childhood needs for the duration of their residency.

We provide a PuP programme. This programme combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model. We aim to promote optimal development for each child, support parents, and ensure each child is treated with equality, dignity and respect. The programme at Ashleigh House takes a holistic approach to care, looking after the mind, body and spirit of each person. This also includes supporting the family and friends of our clients who may also be affected by their substance addiction. On this basis, we work in conjunction with each family and extended family members.

We have close links with a range of partner agencies and services. This interaction often takes the form of case conferences, regular case management meetings and telephone updates in consultation with the client.

Main challenges: Mothers face stigma due to their past/current drug use that can result in pressure as they are advised that their unborn child and/or children may enter temporary care if they do not enter/do well in the programme.

High-risk family assessment and supports – child and family inter-agency casework may not have the same objective to provide increased levels of support to keep

mothers and children united, even when the mother leaves the programme early, stabilised, with community supports in place.

Some clinical medical teams do not support women's care plans, for example stabilisation and reduction in medication regimes in line with the length of programme or ethos.

Duty of care roles and responsibilities of all inter-agency partners may not be aligned, for example, they may have a different ethos and different approaches.

Main achievements: It is the only residential treatment centre for women and their children in Ireland including pregnant women.

- An annual average of six babies were delivered safely, providing the mother with the opportunity to make informed decisions about her treatment options and parenting in the future.
- An annual average of 27 children accessed the Ashleigh House service with their mother availing of safety, security and developmental assessments and supports.
- A 2016 published longitudinal outcomes study tracked 144 clients over 24 months:
    - 72% illicit drug free;
    - 49% engaged in education/training;
    - 98% not involved in criminal activity;
    - 100% improved family relationships.

In 2022, women's residential placements were increased from 24 to 44 beds which can accommodate single women, expectant mothers and mothers with children, with the opening of the second facility in the mid-west of Ireland.

The mid-west mother and child service named Westbourne House officially opened in May 2022. It is fully operational and accommodates up to 20 women and 10 children at present.

2.5.7. Rialto Community Drug Team (RCDT)

FamilyWorks

Name, position and institution/organisation of the person in charge of responding: Alan Cleere, Team Leader, Rialto Community Drug Team.[48]

Type of action: 4.

Brief description: FamilyWorks is a systemic child and family therapy service providing a therapeutic response. Although it is a family-focused intervention it is not family support, rather it is a therapeutic intervention. It is run by a family therapist and child psychotherapist working together in an integrated way with the family involved.

Name and type of administrating agency: RCDT, statutory and community/voluntary service.

48. www.facebook.com/Rialto-Community-Drug-Team-109017694147167/.

Start month/year: September 2018.

Main funder(s): The Canal Communities Local Drug & Alcohol Task Force[49] (CCLDATF)/ HSE fund the positions through the RCDT.

Target population: The target population are families – both caregivers and children – who have been affected by substance misuse. FamilyWorks operates from an integrated community model where internal referrals are made by RCDT key workers with referrals also by external agencies based in the wider community.

Estimated number of people reached since the start: Approximately 70 individuals per year.

Estimated number of people reached per month: Approximately 20.

Geographic coverage: Dublin 8.

Main partners: The manager and therapists have made links to the following agencies: Rialto Springboard (Tusla/social work), Barnardo's Family Centre, Dolphin Community Centre, Home School Liaison (HSL) teacher in Basin Lane, F2 Centre, Rialto Youth Project, Educational Welfare Officer, Bluebell/Dolphin Family Education worker, Fatima and Rialto Homework clubs and CCLDATF (all Task Force members).

Description of the programme/practice: The RCDT is based in St Andrew's Community Centre, in Rialto, Dublin. St Andrew's is managed by the Rialto Development Association (RDA), which accommodates four other projects – the Rialto Youth Project, the Rialto Network, the Rialto Day Care Centre and Studio 468, and a host of other community activities. It was the first community-based drug service established in Dublin, in 1992. As expressed in its web page:

> the vision and mission of the Rialto Community Drug Team is to provide a space and a place where a spirit of welcome, compassion, trust, healing and community is experienced on the journey towards wellness. Believing that addiction affects individuals, families and the wider community, our mission based on a community development model is to empower people and the community of Rialto to work together in addressing the symptoms and causes of addiction. The Drug Team provides services and support to those who are affected by problematic drug and/or alcohol use. We work with those who use or have used drugs and alcohol, with their partners, children and family members.

The RCDT provides multiple services to people who use drugs, including women-only groups, imprisoned and formerly imprisoned people, homeless people and those using club drugs alongside a holistic service. All services are free. It works with families and children, providing support, systemic family therapy, harm reduction, outreach, and so on.

Family therapy in addiction services addresses the needs of families systemically: it views a family as a system with each family member being interconnected with each other, their wider family and their community. Its approach is different to individual counselling, where the focus is on the individual's needs. Family therapy draws on the capacity of each family member to impact and have influence in bringing about change within the family. FamilyWorks operates through a collaborative

49. www.facebook.com/canalsldatf/.

approach with RCDT staff, particularly their family support worker, to ensure that the family members are supported throughout their therapeutic journey. The family support worker's role is to support the drug user and their family to develop skills in dealing with the presenting behaviours, but it is in family therapy where the underlying issues are resolved and worked through. Adopting an integrative client-centred approach in RCDT makes optimum use of therapy focusing on the timing and capacity of the drug user and their families to engage most effectively, thus providing an economical use of resources. The relationships and links already established by the other family support workers and key workers is important to the success of this service.

In the current model, the therapists meet with the referring agency discussing the need and suitability of the client's family. An initial introductory assessment session with therapists, key worker and family members takes place. A further exploratory session with the family is offered using creative media. Following this session, the therapists will suggest a plan for six to eight sessions, where the family will be offered a session per week. These sessions will likely include the parent(s), grandparent(s) or carer working with the family therapist and the child/children working with the child and adolescent psychotherapist. Family sessions may be facilitated, taking the place of the two concurrent sessions, depending on the ongoing needs of the family. A further six to eight sessions can be offered depending on the needs arising. The other key workers and in particular the family support workers continue to link in and follow up with the children, young people, parents and families who engage in this service, focusing on prevention and early intervention with an emphasis on the strengths of family members. The aim is to reinforce positive informal social networks and build on individual resilience.

Main challenges: A challenge for a family support worker/key worker can be the ability to estimate the readiness of families for therapy.

Due to cost and funding issues, the therapists cannot integrate formally into the team, as they do not regularly attend team meetings and team training events. Direct therapeutic intervention is prioritised.

Merging FamilyWorks into the culture of RCDT staff practice has been a challenge. To combat this, a focus has been put on building the staff's knowledge and awareness of systemic family therapy.

It has previously been identified that there is a need to keep common areas quiet when the service is active.

There can be some lack of clarity between therapy and family support for service users.

Lack of awareness of, or connection to, other therapy or counselling services to refer onwards when necessary.

Complexities of therapy with drug use.

Main achievements: Clients attend sessions regularly with clear communication if they are unable to attend sessions.

A good clear referral process with a clear assessment process has been established.

The combination of a clinical and community development approach is crucial to ensure early engagement and continuous wraparound supports.

The relationships and links already established by the other family support workers and key workers is the key to the success of this service. Being based at the heart of this busy community-based service means clients and therapists can have a very informal (targeted) introduction to the therapists.

There has been consistent engagement with young people in the families involved. Since beginning this systemic family service in September 2018 we have noticed the increased engagement of other family members, in particular the teenagers who are so often forgotten when focusing on the adult and their own care plan. In the first seven months we have had seven teenagers/children attend on an almost consistent basis. This has further highlighted to us the true effects of Hidden Harm and the need to raise this awareness in both our team, across the Task Force and in a comprehensive evaluation and report to the HSE.

2.5.8. Rialto Community Drug Team

FamilyWorks case studies

Case study "Family K"

Family profile: Mother, daughter (26), daughter (14), (partner recovering from addiction).

Presenting issue: Difficult family relations and depression "running in the family", loss and bereavement.

Referral agency: Rialto Community Drug Team.

Number of sessions: 16.

Engagement with other agencies: Family support worker, school, social worker.

Pre-therapy engagement

Mother (Mary) initially engaged in the RCDT through their social outreach programme, which provides an informal opportunity for parents to engage with others in the centre. Drop-in coffee mornings, dinners and social events provided an initial space for trust and relationships. A "hub" of friendship developed to which the RCDT responded by facilitating a safe confidential space, where this group of women began to share their life stories, their parenting challenges and their inter/intra personal needs.

Mary presents as independent, resilient, self-resourcing and private. Mary learned of the availability of systemic family therapy in the RCDT and asked for her family to engage. The foundational pre-therapy engagement in the RCDT was significant in facilitating Mary to trust the therapeutic process. She was safe in the existing environment, familiar with the support worker and saw an opportunity for change in the six-week initial offer of therapy for her family.

Therapeutic engagement

The FamilyWorks therapeutic model presented to the K family at initial assessment offered systemic sessions and/or individual sessions when and if required. The majority of the sessions to date have been with all three present: mother, daughter (14) and older daughter (26) engaging. The family presented with the goal of "sorting all this out and to get the family back together".

The family's engagement was exemplary, both in attendance and in their engagement during the sessions. The ongoing role of the RCDT family support worker was significant in sustaining the family's engagement in between sessions. This systemic role helps facilitate accountability and consistency outside the therapeutic sessions. During the therapeutic process it was noted that the definition of roles was important to the family, such as the need for the older sister to maintain her boundary as sister rather than as an additional mother role. As awareness grew, so relationships were restored: "This time I feel safer with my sister".

The family engaged in creative methods to explore and develop their communication skills, their capacity to resolve conflict, and their development in addressing basic emotional needs. Mary noted the family's growth in communicating: "I think it's brilliant in here… the way all three of us are able to talk".

As the therapeutic relationship developed and trust was built, it was the youngest person who had clarity and assertiveness at the six-week review to continue therapy. Therapy clearly became a space where this young person was heard, had a voice and was affirmed for her creativity. Mary was surprised by her younger daughter's emotional intelligence and her capacity to use the therapeutic space to communicate so clearly, commenting: "It's mad in here the way we talk".

It was significant for the therapists to acknowledge, explore and help the young person emotionally regulate her responses to grief and spiritual experiences, which frequently affected her mental health and stability. As the young person commented: "Coming here… it's just different, I know that now. I used to lose my head, box things, break things. Now I've found different ways to move my body rather than being violent".

With time, a disclosure of sexual abuse was made. This was a measured, chosen decision for this young person facilitated by the therapeutic relationship. Therapy was also focused on the mother's parenting and in navigating new ways of being and communicating, in order to support her daughter.

The FamilyWorks model, with two therapists present in the room, was significant at this stage. The tender balance between supporting, navigating extreme tension and guilt on behalf of the mother, and facilitating the need for the young person to voice their experiences became apparent. Holding both mother and daughter in this reparative yet difficult space became transformative for them both. The power of facilitating listening conversations became an integral tool in facilitating this young person to feel validated and understood.

The FamilyWorks systemic model which works differently and organically with each family, facilitated the K family to engage initially with all three present: mother and both daughters and then later, mother/daughter sessions, also sister sessions and individual sessions, as needed and directed by the family. This flexibility of therapeutic practice was new learning for the family, with them acknowledging how different this client-led approach was, rather than the rigidity of professional practice that can at times determine the process.

During the Covid-19 period the therapists maintained supportive contact with the family offering online sessions and teletherapy as needed. Appreciative as Mary is of this ongoing intervention, the sense is that the therapeutic work thus far has been sustainable for family relations even in these challenging times. As Mary commented in her last therapeutic session before social isolation restrictions: "We're sorted!"

Case study "Family E"

Family profile: Mother, father, daughter (12 years, 6th class).

Presenting issue: Mental health – daughter presenting with anxiety.

Referral agency: HSL teacher (local school).

Number of sessions: 16 (ongoing additional sessions online).

Engagement with other agencies: School, previous therapist.

Pre-therapy engagement

The RCDT's Vision and Mission advocates for the engagement of families and the wider community: "Believing that addiction affects individuals, families and the wider community, our mission based on a community development model is to empower people and the community of Rialto to work together in addressing the symptoms and causes of addiction."

The RCDT were keen to grow in their engagement with local schools and to develop early interventions with young people. FamilyWorks began networking with the local school principals and HSL teachers, informing and communicating the availability of systemic family therapy in the RCDT. Emma's HSL teacher made contact regarding a referral. The school expressed their deep concern regarding Emma's anxiety, social isolation and the prospective difficulties of making the transition to secondary school. FamilyWorks met with the referrer prior to the initial assessment with the family.

Therapeutic engagement

This family was very familiar with the therapeutic process as their daughter had been engaged in play and art therapy and cognitive behavioural therapy (CBT) previously, since the age of six. Yet, the FamilyWorks systemic therapeutic model, where both parents were requested to attend with their daughter was a new and

challenging environment for each family member. The HSL teacher noted the school's awareness that Emma's anxiety may have a more systemic family root. The school was encouraged that FamilyWorks provided an alternative model of therapy than previously engaged with by Emma. This model of engaging both parents and daughter, rather than just the individual with the "presenting problem", was significant in the therapeutic process with Emma and her family.

Family E were exemplary in their attendance, with only one parent missing two sessions due to prior plans and illness. They presented as motivated, open to learning and growth. Family bonds were strong and the parents were highly involved in Emma's presenting difficulties. Although Emma initially commented on her presenting anxiety: "I'm sick of doing this, I just want it gone, I want it done and over with!", it was clear early in therapy that her anxiety served a purpose, giving Emma an identity and a means of staying securely attached to her parents.

Emma would "glaze over" and enter a pre-panic attack stage once therapeutic focus was moved to engaging with her parents. These observations and Emma's "need for" anxiety required a sensitive and measured therapeutic approach. The therapeutic concern at this stage was that once the realisation that anxiety was serving a need and a purpose, and that this was challenged, then Emma unconsciously would find alternative and more destructive behaviours – self-harm, eating disorder tendencies – as means of attachment to her parents. Emma had learned many useful behavioural tools from previous therapy to manage her anxiety, but these were not serving her adequately at this preteen/prepubescent stage of life and transition in school life.

Emma is intelligent and enjoys her capacity to communicate creatively. The therapists chose to work with these attributes, developing a trusting relationship where she could present an alternative success identity. During this process, Emma commented "there are other parts of me to discover". Working with the family's strengths of engagement and desire for awareness, creative and psychoeducational tools provided a learning environment for the family to look at Emma's anxiety from a new alternative perspective. The use of sensorimotor psychotherapy principles facilitated Emma to manage her presenting anxiety. Yet, she developed significantly by growing in awareness of identifying her developmental needs of attachment and separation and her emerging need for and fear of individualisation.

The parents' awareness of their role in this process was significant, giving them an opportunity for the first time to reflect on their parenting, their own childhood experiences and their understanding of Emma's developmental needs. Mum commented, "Is she playing us?... Is she having me on?" Dad commented on the "drama" in the house as a result of Emma's presenting anxiety. Yet as Emma developed in therapy, finding "more of me to discover", her need for "having anxiety" decreased: "when my body can't find anything to fill the gap, my body runs in to fill the gap with anxiety… once I get it [anxiety attack] I'll fill it, not with anxiety anymore".

Emma's parents began to notice a significant change in Emma's behaviour at home and at school: "she hasn't been complaining, no pains none of that, I've now more time to myself". Emma is delighted in her new-found identity: "I'm relaxed, way more open in myself, I should have let this come out sooner, I didn't know I was holding my body together".

Emma's father frequently captured his opinion of the sessions through the word "Fabulous!" when asked how the session was for him. This family engaged in therapy outside the room with much awareness and growth happening between the sessions.

With the secure therapeutic relationships now well established, humour facilitated the realisations that could not have been challenged at the beginning of therapy. Emma noted how she had been holding all the power in the family: "They're silly, I feel bad having so much power!", and so parenting tools accompanied the therapy sessions. Emma could become more independent with Dad acknowledging that "she was the string in my life when she came along" and learning how to parent an emerging teenager and be "ready to cut the apron strings".

Emma and her family clearly communicated how the process of therapy was for them: "things are really changing, I feel totally different", Dad felt "proud and triumphant" and Mum commented: "we have moved so far on from where we were…" In Emma's words: "it's a great time for a new beginning and I feel I've got that now, I took a turn in myself, it was dark and gloomy… now I'm starting to write new types of stories".

During Covid-19 social distancing restrictions, the FamilyWorks child and adolescent psychotherapist continued to work with Family E. The concern that Emma may regress during this restrictive period was communicated by therapist and parents. Emma commented "the shadow... it walks past from time to time", is taking responsibility for her own process in choosing to engage therapeutically online, on a weekly basis to sustain the progress and to further develop her emerging teenage identity. Bi-weekly follow-up continues with the parents to facilitate the systemic role they play in maintaining Emma's growth and mental health.

2.5.9. Rialto Community Drug Team

Inter-agency Youth Street Work

Name, position and institution/organisation of the person in charge of responding: Michael Byrne, Rialto Youth Project; Sinead O'Neill (Rialto Community Drug Team at the time of filling out this form).

Type of action: 4.

Brief description: Inter-agency Youth Street Work.

Outreach to young people who might use drugs or have parents who use substances to address their needs based on a case by case, person-centred approach.

Name and type of administrating agency: RCDT, statutory and community/voluntary service.

Start month/year: January 2022.

Main funder(s): The City of Dublin Youth Service Board funds the Rialto Youth Project (RYP) and the HSE funds the RCDT.

Target population: The RYP works with populations aged between 5 and 10 years and 10 to 25 years old. The RCDT works with people 18 years and over. This co-operation project targets mainly young people, between 14 and 25.

Estimated number of people reached since the start: Between 20 and 40 young people.

Estimated number of people reached per month: 5 to 8 young people.

Geographic coverage: The following areas in Dublin: Dolphins Barn; Rialto – South Circular Road; Fatima.

Description of the programme/practice:

Background

Young people have been engaged in different levels of anti-social behaviour within the community of Rialto. A number of these young people did not engage in any youth work process during the pandemic/lockdown.

On the one hand, youth workers in the RYP are now looking at innovative ways to connect with young people, respond to their unmet needs and engage those young people who have not approached services or been seen since the Covid-19 pandemic started. On the other hand, the RCDT has identified the need to reach under 30-year-olds. Many local young people sustain high levels of drug use, from alcohol to benzodiazepines and see this as a "normal" part of life.

At the same time, it has been noted that a number of families in the area have been affected by drug and alcohol use either through direct use or use in the community. However, young people are reluctant to go to the RCDT for support, do not tend to see themselves as drug users and perceive the RCDT as a service for long-term heroin users. Most referrals of young people to the RCDT usually come either through probation or if there is already a link between the young person and the RYP.

Youth workers from the Rialto Youth Project have also identified this disconnect between youth drug users in the area and the RCDT.

This inter-agency project aims to build on the RYP outreach street work with young people in the community, create relationships of trust with young people and thus generate paths of referral that can address young people's unmet needs in a way which is person-centred and community-responsive and fosters individual empowerment.

The Rialto Youth Project aims to meet several unmet needs of young people during a youth work process. Some of these unmet needs are for:

- understanding, to be heard, valued and for shared learning;
- care, love, family, community and connection;

- equality, justice and fairness;
- role models;
- support and advocacy in relation to court, housing, health, employment and education;
- safe spaces, protection and community safety;
- not living in fear.

The RCDT team works in a holistic, person-centred way that aims to enhance service users' recovery capital through pro-social engagement. The CHIME acronym for recovery covers the five components of effective recovery-oriented services: Connectedness, Hope, Identity, Meaning and Empowerment. These generate recovery capital for an individual.

The project

This project aims to bridge the gap between young people and services, by joining the RYP and the RCDT through an increased outreach and joint presence in the community. The aim is to connect with young people who would not usually engage in an addiction family support service in a way that a relationship of trust is built and young people feel comfortable enough to identify their need for support and seek a referral through the workers of the RYP and RCDT.

Methodology

The project combines the voluntary-led, street model of the RYP with the onsite, drug-focused, harm reduction principles of the RCDT, adapting them to the outreach work.

Two workers from the RYP and RCDT will engage in observation and relationship building, carry out planned and regular street-work interventions either weekly or bi-weekly. They have a toolkit such as a football, cards and other items to invite people to engage. They will complete an assessment of young people's motivation to change, explore their drug and alcohol misuse through conversations on the street and deliver harm reduction information and education in an informal way. Relationship building through observation is a core focal point for reaching out to the young people in the community. A harm reduction approach is adopted throughout the process. Through regular interventions, education, information and visibility, the services will send a message of inclusiveness and care for young people and the community, a presence which will remain available in times of crisis.

The tree of needs that is part of the street work of the RYP guides some of the aspects to be looked at and comprises:

1. offences/dispositions
2. family circumstances/parenting
3. education/employment
4. peer relations
5. substance abuse
6. leisure/recreation
7. personality/behaviour
8. Attitudes/orientation.

With regards to parenting, parental drug use is part and parcel of these young people's experience. For parents, it often represents a coping strategy to face parenthood, the need to find money, the lack of means to give their kids what they ask for and the whole array of challenges that one's personal history, the socio-economic environment and circumstances, and parenthood comprise. Parents feel embarrassment and fear of disclosing their drug use, or do not recognise themselves as having a problem. They close up, instead of reaching out.

However, as expressed by Michael Byrne, it is important to "help the kids understand what is happening because if the kids don't know the stories of how their parents became addicted and all that they can hear is the banging, the loud noise, the shouting and all that, it just creates these rebellious emotions".

This project can help bridge the gap between the addiction as the manifestation of much more profound and systemic conditions, personal feelings and structural challenges, its impacts on parenthood and children and the need for children to understand what is happening, in order also to reduce their fear and anger.

Main challenges: One of the main challenges is to actually engage young people in a meaningful relationship of trust which can trigger processes of change, empower the individual, identify and respond to their needs and create paths of referrals. It must be stressed that this kind of work can take different lengths of time with different people, reaching variable levels of engagement depending on each individual, and that there is no straight line or specific aim to be completed. The street model is highly flexible, adaptable and tailored around individual needs and processes.

Another challenge is to reach girls and young women. Young men are more present on the street, both in terms of drug use and dealing and also because of gendered patterns of socialisation, which still divide the public space as more masculine and the private one as more feminine. Women and girls are less visible, their drug use is less spoken about and, furthermore, they often have caregiving responsibilities for young children. However, the practical and observational nature of the project, which is characterised by a high degree of flexibility and adaptability, can identify which time of the day women are more present on the street – perhaps when they take their kids to school – and attempt to reach them.

Another aspect is addiction per se: in the interview, the informants report that gambling is a big problem for women, which may be completely engrained in their daily life. Polydrug use, such as alcohol and cocaine, or alcohol and weed, is another issue. Other legal drugs, such as prescription drugs, are also a relevant coping mechanism, particularly for women, also because of the high accessibility and low awareness around its potential to lead to dependency and the fact that they are also drugs.

The risk assessment includes the possibility of violent or aggressive behaviours from young people with other peers or against the workers and foresees ways of reading these behaviours and reacting in order to avoid episodes of violence or remove themselves from the area if necessary.

Next steps: The medium-term expected outcomes are: i. young people engage in a group work space; ii. evaluation of engagement over an eight-week block period.

The long-term expected outcomes are: i. referral pathways have been created in responding to accessibility of services to meet the needs of young people; ii. the RYP and RCDT create a platform of collaboration to respond to the needs of the young people and communities and addiction.

The project will undergo periodical evaluations and feedbacks from the team leaders at the RYP and RCDT as well as from other partner organisations.

2.5.10. Rialto Community Drug Team

The Blocks

Name, position and institution/organisation of the person in charge of responding: Alan Cleere, Team Leader, Rialto Community Drug Team.

Type of action: 4.

Brief description: The Blocks – Step By Step family support group.

Name and type of administrating agency: RCDT, statutory and community/voluntary service.

Start month/year: 2017.

Main funder(s): Canals Community Local Drugs and Alcohol Task Force, HSE and ETBs (Education and Training Boards).

Target population: Older women affected by parental and community drug use – mainly alcohol – in the 1950s and 1960s in The Flats – working class residential houses, Dublin.

Estimated number of people reached since the start: 8.

Estimated number of people reached per month: 6.

Geographic coverage: Dublin.

Main partners: Step By Step family support group, artist Gareth Gowran and Sadhbh Lawlor of Splitting Borders production, facilitator Joanie Whyte, Phyllis Corish, RCDT team, City of Dublin Education and Training Board, HSE and Canals Community Drugs and Alcohol Task Force, and Damian Hart of Merseyside Youth Association, Liverpool.

Description of the programme/practice:

Step By Step

Step By Step is the name that a group of women gave themselves in 2019. They grew up in a social housing complex, also known as The Flats in Dublin in the 1950s and 1960s, and experienced the challenges of growing up in families and communities impacted by drug abuse (mainly alcohol initially and later heroine), poverty and social exclusion. They came together within the RCDT's family support work.

As explained in the workbook that describes the methodology of this project "Rose, Margaret, June, Maureen, Joanie and Janet are keen to share the complexity of happy, content childhood memories mixed with the worries and fears of adult life that are bigger than any child's ability to cope."[50] Their life stories reflect the long-lasting traumas of adverse childhood experiences – physical abuse, emotional abuse, physical/emotional neglect, substance misuse, domestic violence and poverty, among others reflected in the animation. These traumas are framed within the Hidden Harm perspective of both the unseen harms suffered by children and how these children slip through services, without having safe spaces where they can express their feelings and experiences.

The Step By Step group worked with a facilitator and the production company Splitting Borders to produce *The Blocks*, a short animation movie composed of four scenes on the daily life of fictional character Sissy, a little girl whose experiences reflect those of the group's members when they were children.

The Blocks

The Blocks is an outcome and a process. The animation is divided into four chapters: the first, "Battle of the washing lines" shows the living conditions, particularly poverty, women's role as caregivers and housewives and their frustrations, the power struggles in the community and the limited horizons allowed by this precarious, work-strained life.

In chapter 2, "Back and forth from the pub", Sissy goes from her home to the pub and back trying to fetch her father on a Friday evening, prompted by her mother, who needs money to run the house. The father's level of drinking goes up and up, and so does Sissy's mother's anger at her for not bringing him back. Childhood adverse experiences, such as domestic violence, but also money issues and alcoholism as a delusional way out of life's daily struggles, are reflected in this short, impactful chapter, where Sissy is bounced between gender roles, addiction and loneliness.

Scene 3, "Out for the day", shares images of play, fun and escape but also of children who have to adopt adults' responsibilities at an early age. At the end, Sissy witnesses her friends being violently hit by their mothers, a much too common form of reprimand.

The last scene, "Shadow", concentrates on the impacts of dependence, resilience, fear, helplessness and sexual abuse and ends with the Step By Step reflection on how Sissy and her friends look back at past times, the good and the bad experiences, and how these experiences have impacted their thinking and lives today.

Methodology

The methodology for the development of *The Blocks* is explained in the RCDT's "The Blocks: a workbook for groups". It represents a tool for organisations and people who want to enable safe spaces of reflection and sharing in a horizontal way. It triggers processes that can have a healing impact and in which one's experience shifts from a place of lonely suffering or shame to one of individual and collective resilience, resignification and transformation.

50. Rialto Community Drug Team, "The Blocks: a workbook for groups", p. 5.

The workbook outlines the process of creating the animation as part of a participatory, transformative process in which the outcome is the visible part of a work methodology that can be learned and replicated by other organisations and groups. The concepts underpinning the approach are: i. training for transformation and community development approach; ii. adverse childhood experience; iii. Resilience theory; and iv. Hidden Harm.

The making of the animation was developed through the combined work of the Step By Step members as experts of their own lived experience and the facilitator, who supported them in speaking about their knowledge, feelings and memories in a safe place.

> The group gave an opportunity to speak about taboos, the elements of our lives that are covered in secrecy and shame or it may be that we simply don't have the words to express the thoughts and emotions attached to events. The sharing of lifelong patterns and the hearing of other people's stories can have a powerful impact on individuals and helps increase openness and empathy in participants' lives. The group learnt that they may not have the power to change others but the only person you can change was yourself.[51]

The workbook lists the most important factors to take into account in the process, which are summarised below.

1. Create a safe and comfortable space.
2. Ensure there is an experienced facilitator.
3. Know the limits of what the group can manage and have a referral pathway for those seeking additional therapeutic or other support.
4. Have clear expectations from the group participants and be realistic with what the group can offer.
5. There is not only one formula, use the questions which are appropriate for the group.
6. Take your time, these processes need to follow their own pace and where possible let the group set the agenda with the issues that arise as they share in the group.
7. Context is important. Your location, supports and context will perhaps determine the nature, depth and structure of the group.
8. The length of the group should be determined by the facilitator in agreement with the members, taking into account the resources of the project.
9. A two-hour session with a 15-minute break once a week worked for us.
10. The development of a creative element/expression is not an indispensable element for a group to be successful.
11. The narrative-based creative approach can be approached through any artistic medium not only film/animation.
12. Simply put, before you start a group using this resource ask yourself: Can you or your project address and support the issues that will most likely arise?

51. Ibid.: 6.

Main challenges: Staying focused over a lengthy period of time as most groups have a clear beginning and an end.

Need to continue seeking funding.

Finding continued platforms for the use and promotion of this work when our own resources are taken up in the day-to-day work of the project.

Main achievements: Having the flexibility to run the group for a longer period.

Being able to access funding when required.

The women were eventually willing to tell their story in public ("to help others") and no longer afraid to identify themselves and their life journeys.

Gained the continued service of an excellent facilitator and skilled animator with a heart for community work and the skill to be accepted by the group.

The development of a workbook which describes the work and ethos in some detail.

Next steps: The group has remained together and wanted to continue with their storytelling. They have just completed a second film, *Blocks 2*, which will be entitled "Married into addiction". All is going well. There is a hope that a third and final video entitled "Living with addiction" can be completed.

2.5.11. Saoirse Domestic Violence Services (SDVS)

Name, position and institution/organisation of the person in charge of responding: Nadine O'Brien, Outreach and Prevention Manager; Amanda Alty, Dublin 10 Domestic Violence Outreach Worker; Saoirse Domestic Violence Services.

Type of action: 4.

Brief description: SDVS.[52]

Name and type of administrating agency: SDVS, NGO.

Start month/year: The Tallaght refuge opened in 2006, after 12 years of campaigning.[53]

Target population: Women and children experiencing domestic violence.

Geographic coverage: Both refuges are located in South Dublin but they admit women from all over the country.

Description of the programme/practice: Saoirse means freedom in Irish. The charity SDVS provides a range of support services for women and their children across South-West Dublin and West Wicklow, including a 24-hour helpline, safe refuge accommodation, safe house accommodation, children's support services, community outreach support, court accompaniment, training and workshops.

The organisation provides women and children who experience domestic violence with safe and secure accommodation. Saoirse's two refuges have 11 units in total. As explained in the organisation's web page: "Residents are free to come and go

52. https://sdvs.ie/.
53. https://sdvs.ie/our-history.

throughout the day while maintaining routines for work, school, college, etc. We do operate a nightly curfew of 9 pm to ensure all refuge spaces are used if needed. Rooms are locked so belongings are safe. We operate a no illegal drugs or alcohol policy in our refuges".

Saoirse refuge accommodation admits women who have been assessed as stable in their substance use and/or on a rehabilitation programme. The refuge team works in partnership with addiction services and medical supports to provide a wraparound support package for victims/survivors in refuges who use substances.

The SDVS Community Outreach programme works with women throughout any stage of their substance use implementing a "crisis to recovery" model.

The outreach programme focuses on supporting those women living in the community who are unable or choose not to seek refuge accommodation. Outreach workers respond to the needs of communities through satellite clinics across the Dublin 10, 12, 22, 24, South-West County Dublin and West Wicklow areas.

The SDVS outreach makes contact with those living in the community by offering a dedicated one-to-one support worker providing guidance on how to keep safe from harm. The SDVS listens and validates experiences of domestic violence and provides the space to look at possible options regarding legal, housing, social welfare, rights and entitlement issues. It also provides ongoing support to clients moving on from refuge.

The Dublin 10 Community Outreach programme delivers its services directly to Ballyfermot STAR CLG, a charity which provides a drug rehabilitation programme, early learning childcare, community employment and family support services to people who use drugs and their families and which is also included in this research.

The fact that both services – drug rehabilitation and support in cases of domestic violence – are available in one space allows for a co-ordinated, trauma-informed attention and for women to receive holistic care without having to retell their stories over and over.

From the perspective and needs of women who use drugs and survive domestic violence, the outreach programme does offer a collaborative, wraparound attention in which both domestic violence and drug use are addressed. It can also link them into the refuge.

2.6. Italy

2.6.1. Programme of intervention for the prevention of institutionalisation

Name, position and institution/organisation of the person in charge of responding: Dr Paola Milani and Dr Katia Bolelli, University of Padua, LabRIEF – Laboratorio di Ricerca e Intervento in Educazione Familiare.[54]

54. https://labrief.fisppa.it/.

Type of action: 4.

Brief description: P.I.P.P.I.[55] is a national programme. Its name (an acronym for Programme of Intervention for the Prevention of Institutionalisation) is inspired by the fictional character Pippi Longstocking, as a symbol of child resilience.

Name and type of administrating agency: P.I.P.P.I. is the result of an innovative public action between the Ministry of Labour and Social Policies and the University of Padua, through a multi-level governance co-managed by the university, the ministry and the regions, in application of national and EU legislation (Recommendation 2013/112/EU)[56] which recognises parenting support as an essential strategy to break the cycle of social disadvantage.

Start month/year: 2011-12.

Main funder(s): Ministry of Social Welfare.

Target population: Families in a vulnerable condition with children from 0 to 11 years. Some 20% of the participating families may have children aged 12 to 16.

Estimated number of people reached since the start: From 2011 to 2022, P.I.P.P.I. has involved 264 Italian local authorities – Ambiti Territoriali Sociali (ATS) – distributed across all 20 Italian regions, more than 4 450 families and almost 5 000 children in vulnerable situations. About 8 000 professionals have been trained to date – social workers, home educators, nursery educators, pedagogues, sociologists, teachers, psychologists, child neuropsychiatrists, co-ordinators of social co-operatives, area managers.

Estimated number of people reached per month: The table below (in Italian) indicates the number of families, children, P.I.P.P.I. operators and coaches who function as local trainers and supervisors, and regional and territorial contact persons, per edition – each of 18 months' duration – and P.I.P.P.I. type, basic or advanced.

	Anni	Famiglie	Bambini	Città/Ambiti Territoriali		Operatori	Coach	Referenti Regionali	Referenti Territoriali
				Base	Avanzati				
P.I.P.P.I.1	2011-12	89	122	10	/	160	20	/	10
P.I.P.P.I.2	2013-14	144	198	9	/	630	32	/	9
P.I.P.P.I.3	2014-15	453	600	47	/	1.490	104	17	47
P.I.P.P.I.4	2015-16	434	473	46	/	1.169	116	18	62
P.I.P.P.I.5	2016-17	508	541	50	/	1.387	126	18	56
P.I.P.P.I.6	2017-18	600	613	36	18	1.532	129	19	64
P.I.P.P.I.7	2018-20	700	726	48	19	1.847	200	21	109
P.I.P.P.I.8	2019-21	665	680	37	22	1.645	136	44	71
P.I.P.P.I.9	2020-22	874	989	47	22				
P.I.P.P.I.10	2021-23	/	/	70	17				
Totale P.I.P.P.I.1-9	2011-22	4.467	4.942						

55. https://pippi.unipd.it/.
56. https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:059:0005:0016:EN:PDF.

Geographic coverage: The programme operates across Italy, in all 20 regions. Its implementation is based on the application of the local administrative area – the Ambiti Territoriali Sociali.

Main partners: The structure is based on the fact that each local authority that implements the programme builds the conditions to better integrate the institutions, services and professions that intervene in situations of family vulnerability, in an intersectional and holistic manner.

The partners involved are:

Ministry of Labour and Social Policies (MLPS): Responsibility for the governance of the programme;

University of Padua Scientific Group (GS): Technical-scientific responsibility for the implementation of the programme;

regions and autonomous provinces: Responsibility and co-ordination of the programme implementation;

local authority (Ambita Territoriale Sociali – ATS): Operational management of programme implementation.

Multidisciplinary team (EM): The EM may include various professional figures which are defined from time to time based on the needs of the family, such as social workers, educators, psychologists, child neuropsychiatrists, pedagogues, teachers, etc. In addition to these, there are collaborations with schools, health services and private social organisations present in the different areas. It is responsible for the operational implementation of the programme throughout its duration. It ensures quality, continuity and accuracy of the implementation processes and the use of the tools provided.

Description of the programme/practice: The reference framework is the Framework Assessment of Children in Need and their Families (FACNF), developed as part of a new public policy orientation in the United Kingdom in the early 2000s (Department of Health 2000). This framework is based on Bronfenbrenner's (1979, 2005) ecological theory of human development and enriched by the participatory and transformative approach (Lacharité and Xavier 2009; Léveillée and Chamberland 2010; Milani et al. 2020), which is a useful conceptual framework for engaging partners in supporting families.

The methodology was developed by the scientific team of the University of Padua, through a participatory implementation process with the social services who participated in the first editions of the programme, starting in 2011.

The methodology focuses on three aspects: i. helping parents to reflect on their responses to children's developmental needs (children's needs); ii. providing full support to children's developmental needs by improving parenting skills; iii. improving the organisation of children's lives and the quality of their environment (environmental factors).

The P.I.P.P.I. was included in the second phase of the Pompidou Group's project and a more detailed description can be consulted in *Children whose parents use drugs* (Giacomello 2022: 29-41). As described in the Pompidou Group's study:

> P.I.P.P.I.'s main objective is to "increase children's safety and improve their developmental outcomes in order to avoid their placement in foster care as well as to provide parents with the skills to take better care of the children's physical, psychological and educational needs and/or to reduce as much as possible the allocation outside the family nucleus when this has already occurred" (Milani et al. 2018: 17). The implementation plan with families operates through three phases: assessment, intermediate stage and final outcomes. There are four operational tools:
>
> – home education, through an educator who is usually recruited with P.I.P.P.I. funds from a local association and assigned to the child protection area of the municipality ascribed to the programme;
> – parents' groups and children groups;
> – co-ordination activities between schools and services;
> – support between families in the community.
>
> The child is put at the centre of the intervention and P.I.P.P.I.'s operators work with the family as a whole, taking into account and addressing the needs and the strengths of all family members. This is done to ensure that the child can live in a healthy family environment, with the whole family nucleus supported by a multidisciplinary team comprised of educators, social workers, psychologists and teachers working together. Families are part and parcel of the intervention plan and children are listened to throughout the process. (Ibid.: 30)

In 2017, as a result of the contribution of the University of Padua, local and regional authorities and the Ministry of Labour and Social Policies, P.I.P.P.I.'s experience also fed into the national guidelines "Interventions with children and families in situations of vulnerability: promotion of positive parenthood" (Linee di indirizzo per l'intervento con bambini e famiglie in situazione di vulnerabilità).[57]

In June 2021, the European Commission approved the National Recovery and Resilience Plan (Piano Nazionale di Ripresa e Resilienza (PNRR)), which was approved in its final version by the Italian Government in July 2021. The plan identifies the P.I.P.P.I. in Mission 5 – Inclusion and Cohesion – as part of the interventions targeted at families with the aim of supporting parenting skills and vulnerable families and children. It provides funding for all the local regions for the period 2022-27.

In July 2021, the National Plan of Interventions and Social Services (Piano Nazionale di Interventi e Servizi Sociali) recognised the P.I.P.P.I. as an essential service of social intervention (Livello Essenziale delle Prestaziono Sociali (LEPS)). In practical terms, this means that as of June 2022, 400 new local authorities (Ambiti Territoriali Sociali), which are local demarcations composed of several municipalities, were being trained to implement the P.I.P.P.I. as a regular service for families in vulnerable situations, with funding from the National Recovery Plan above-mentioned between 2022 and 2026. This translates into 800 coaches – two per local area – and thousands of practitioners who have been receiving training since October 2022 through online learning, tutoring, training of trainers and in-person training.

57. https://labrief.fisppa.it/p-i-p-p-i/le-linee-di-indirizzo-nazionali.

Another element which is particularly relevant for this project is that, partly also due to the collaboration with the Pompidou Group in the project on children whose parents use drugs, the Scientific Group of the University of Padua has developed new training materials for the training manual used in the P.I.P.P.I. (Il Quaderno di P.I.P.P.I.) (Milani 2022). This aims to sensitise and inform local practitioners about drug dependence in vulnerable families and its impact on children.

Main challenges: The main challenge is to manage and conduct the training for the operators of services, including the drug addiction services (Ser.D), according to a participative and transformative evaluation (PTE). This would enhance the experiences and skills of the participants in the process of consolidating practices, in line with the Italian national guidelines for working with families in vulnerable situations.[58]

Next steps: Managing and conducting evaluation research, and initial and continuous training involving 4 000 operators within the next three years. Specifically, the Ministry of Labour and Social Policies, together with LabRIEF of the University of Padova in the role of scientific partner, will provide training consisting of a MOOC (massive open online courses), an in-person training session and webinars on topics such as parenting, the use of P.I.P.P.I. tools, evaluation of output and outcomes, for a total of 55 hours for each coach participant.

2.7. Malta

2.7.1. Protocol for pregnant women and mothers who use opioids

Name, position and institution/organisation of the person in charge of responding: Dr Anna Maria Vella, Senior Lecturer, University of Malta, Clinical chair: Aġenzija Sedqa,[59] Clinical consultant: special interest in addictions.

Type of action: 4.

Brief description: Protocol for pregnant women and mothers who use opioids.

Name and type of administrating agency: The Substance Misuse Outpatients Unit, Aġenzija Sedqa, Child Protection Services, Caritas,[60] Mater Dei Hospital, Antenatal Clinic, Neonatal and Paediatric Intensive Care Unit, Parent Craft Unit, Perinatal Health Unit and the Community Midwives; public sector.

Start month/year: 2007.

Main funder(s): Government funded.

Target population: Pregnant women and mothers who use opioids and their children.

Estimated number of people reached since the start: Average of 10-15 mothers per year.

Geographic coverage: National.

58. www.lavoro.gov.it/temi-e-priorita/poverta-ed-esclusione-sociale/Documents/Allegato-2-Linee-guida-sostegno-famiglie-vulnerabili-2017.pdf.
59. https://fsws.gov.mt/en/sedqa.
60. www.caritasmalta.org/.

Main partners: The Substance Misuse Outpatients Unit, Aġenzija Sedqa, Child Protection Services, Caritas, Mater Dei Hospital, Antenatal Clinic, Neonatal and Paediatric Intensive Care Unit, Parent Craft Unit, Perinatal Health Unit and the Community Midwives.

Description of the programme/practice: The protocol is a multidisciplinary tool aimed at addressing, from an early stage, women who misuse opioids – mainly heroin – and new mothers, in order to provide them with substitution treatment and comprehensive care, which addresses the multiple psychological and social needs of these women and their children, in addition to the medical component.

The premises outlined in the protocol are as follows.

- These mothers are not criminals and should be treated as any other mother who needs special medical care.
- The well-being of the unborn child is to be safeguarded at all times.
- Doctors, midwives and social workers come together to give holistic care. The multidisciplinary view aims to give better help and not to brand the patients in any way.
- Our approach is to be based on the bio-psycho-social-spiritual model, as addiction treatment dictates. Therefore, we should neither medicalise, nor consider all patients to be social problems.
- Each professional's opinion should be taken into consideration.

The implementation of the protocol envisages the participation of a multidisciplinary team (MDT), which typically but not exclusively comprises a doctor from the Substance Misuse Outpatients Unit, the consultant paediatrician caring for children with social problems, a gynaecologist, a psychiatrist with a special interest in women's dependence issues, members from the Addiction Community Team from Sedqa and Caritas, social workers from child protection services, social workers from Mater Dei Hospital, midwives and nursing officers or their deputies from the Antenatal Clinic, labour ward, obstetric wards 1, 2 and 3, Neonatal and Paediatric Intensive Care Unit, Parent Craft Unit, Perinatal Health Unit, Disneyland and Wonderland – the paediatric wards where babies are tailing off their morphine – and the community midwives. The MDT facilitates women and children's access to multiple services through a holistic approach to their needs.

The protocol is applied as follows.[61]

When a woman who uses drugs realises that she is pregnant, her first contact will be her addiction doctor from the Substance Misuse Outpatient Unit (SMOPU) or directly at the Antenatal Clinic (ANC) at Mater Dei Hospital (MDH) to receive medical care for her pregnancy. On rare occasions she may present herself at the last moment at the labour ward. In all cases, all agencies – the Child Protection Directorate (CPS), Sedqa, the SMOPU and MDH midwives and social workers – should be notified by the receiving agency, preferably after they get consent to do so from the patient. In the case of Sedqa and the CPS this consent, although advisable, is not necessary.

61. The following section is authored by Dr Vella of Aġenzija Sedqa and used with her consent for the purposes of this report.

Since children are involved, the clients are aware from their admission to our services that referral to the CPS can occur without breach of confidentiality whenever the professionals involved believe that children are at risk. Notwithstanding, it is still advisable that clients are aware that they have been referred to other professionals. It is even better if the referral form is filled out together with the client to ensure the working relationship needed for a better outcome.

A referral can be made by any member of the multidisciplinary team, yet other professionals working with the mother should be informed that the referral is being made. The CPS will be notified through the medical doctor caring for the mother.

All pregnant users should be referred to the multidisciplinary team as soon as it is clinically indicated to do so. Should any Sedqa employee strongly believe that referral to the MDT would be detrimental to the mother or her child they should discuss the case with the agency's clinical chair, and only together can they decide that the referral is not made at that stage. It is advisable that this position be reviewed regularly, bearing in mind the paramount importance of the safety of the unborn child and that legislation in Malta dictates mandatory reporting. Referral to the MDT does not mean that the patient is a problem, nor does it mean that the children are necessarily at risk and will therefore be removed from the parents. It only means that a group of specialist professionals are notified that a client is pregnant. The CPS social workers, although they are present and actively participate in the meetings, do not intervene and meet the client unless the MDT agrees that it is the best way forward for the protection of the children involved.

The referring agency/professional fills in the referral form and copies of the latter are given to all other members of the MDT in the meeting that follows. The referring professional should draw up a provisional care plan for the client involved. In cases of pregnant girls, the parent(s)/guardian(s) are also informed about other agencies' involvement.

An MDT meeting is held regularly once a month where cases referred are to be discussed, unless an emergency arises, and the referrer believes that an urgent meeting should be called beforehand. An urgent meeting may also be organised if a member of the MDT deems it necessary to do so. Brief formal minutes of these meetings will be taken by the MDT's chair, whereas all professionals will be expected to take note of points that they deem to be relevant for them. All MDT members are expected to uphold high standards of confidentiality both in the upkeep of related written documentation and in their verbal communication. Minutes and notes may be used in court if the need arises. Professionals should keep in mind that minutes and notes may be subpoenaed by court or requested by the Directorate for the Child Protection Services at any time in support of pending proceedings and/or investigations. All professionals should first give their feedback about the service user if she is known to them. Then the proposed care plan is discussed. During the case conference the roles of each professional present at the meeting will be clearly outlined. It is important to establish how further information about the client will be circulated.

Another issue to be discussed is when another review will be held, if needed. It is important to involve all the professionals in all decisions taken. This is of utmost importance, especially in cases when the newborn will not be sent home with the mother.

Decisions should not only be communicated, but clear strategies should be minutely planned together, so that everybody understands what their role will be.

All professionals involved will work together to monitor the pregnant woman and her entire environment. CPS social workers intervene when the pregnant woman is a threat or risk[62] to her unborn child. If the service user's key workers feel that the pregnant woman is co-operating with all professionals by keeping her appointments both at the ANC and at the SMOPU, if she is supplying regular clean urine samples, and if she is coping well at home, then a social contract is signed with the pregnant woman stating that she will continue this positive lifestyle – for the sake of her baby yet to be born. If the MDT feels that the child will be at any risk, the CPS will start working with the mother. However, before this starts, there should be liaison with the other professionals involved in order to make sure that no medical or psychological stress on the mother and, consequently, on the baby are incurred. This is to be done in conjunction with the medical personnel and key workers involved. The role of the CPS social worker will primarily be that of conducting a social work assessment of the situation. Ideally, an ante-natal assessment is conducted which will throw light on the care plan that must be formulated to ensure the baby's safety once it is born and ready for discharge from hospital. It is very important that the care plan makes sure that risks for the baby are minimised.

To carry out an in-depth assessment the CPS social worker will:

- meet the parents and discuss the plans they have for the baby upon discharge with interventions which may include office visits, home visits and telephone calls;
- thoroughly assess the parents' family and community support network with interventions which may include office visits, home visits and telephone interventions with relatives or significant others identified by the parents themselves as persons who are going to offer their support;
- gather feedback from all professionals involved including hospital staff, SMOPU staff, probation officers and police, and thus the attendance of CPS social workers to any case conferences called for by other professionals in relation to the protection of the baby or of any other children present in the family is paramount;
- keep abreast of developments in the parents' lives where drug misuse and related difficulties are concerned – toxicology and urine testing may be used to monitor the parents' progress;
- call a case conference around two weeks before the baby is discharged from hospital and invite all professionals involved including professionals from Sedqa and/or Caritas, MDH social workers, staff from the ANC and labour/antenatal/ postnatal/ Neonatal and Paediatric Intensive Care Unit (NPICU) wards accordingly;
- it is also assumed to be normal procedure for the parents to be invited to this case conference, however, this is not done if safety issues suggest that it is in both the baby's and the professionals' involved best interests if the parents do not attend.

62. A woman can be considered a risk if she usually has a chaotic lifestyle which includes daily drug use/prostitution/criminal activity, and also has poor housing, or is living with other people who use drugs or are involved with criminal activity or domestic violence.

The aim of this case conference is the formulation of a discharge plan for the baby. It is very important that when feedback is received by all the professionals present, a decision is arrived at as to whether the baby is to go home with the parents, to a relative's home, to a foster home or to residential care upon discharge. Although the interests and rights of all those involved, particularly the parents, are to be considered, when the decision is being taken it is the best interests of the child that will primarily guide the decision. This case conference should also throw light on whether a care order (CO) or any other form of contract needs to be formulated in the child's best interests prior to discharge.

Procedures in relation to a care order

At times it is necessary that a CO is applied to ensure the protection of the baby upon discharge from hospital. In these cases, it is very important that the hospital staff involved are made aware of the importance of informing the CPS of discharge plans and dates as early as possible because of the arrangements that need to be made by CPS staff for the CO to be issued.

The CPS will file an application for a court hearing relating to an order. At the outset, at application stage, the CPS will request a provisional decree placing care and custody on the Directorate for Alternative Care. The parents are usually notified by the court marshals. The CPS professional will have a decree stating that the care and custody of the child is temporarily vested in the Directorate of Alternative Care, and that document will be presented to hospital.

All stakeholders involved are to keep each other informed bearing in mind the ultimate safety of the child. It is imperatively important that all professionals involved in the discharge of the baby inform the hospital social worker of any sudden changes that may affect the discharge date. It is the responsibility of each professional involved. Women are followed up by the addiction doctors for as long as they are on substitution therapy. The gynaecologist also follows them up after six weeks for the final check-up postpartum. We have also set up a system lately where if the women need it, free contraception is offered through a hormone-releasing intrauterine device.

Mothers and their children are followed up by the team until the child is a year old. Then the case is either closed or continues to be monitored by the agency that is responsible for children in care.

Main challenges: The main challenge is always to make the best care plans keeping in mind the well-being of the child and the mother. Plans may change from one month to the next and nothing must ever be taken for granted or treated as routine. Each pregnancy is considered a new and different case.

Main achievements: Most of the babies now are going home with their biological mother. Mothers have learned to trust the MDT and they know that they will be helped and supported to be better mothers. Over the past 15 years a lot of training has taken place and awareness has been raised regarding this special cohort, and our aim: to Make Mummy Better has been adopted by many professionals.

Next steps: To engage in the MDT professionals from the Probation Services/Vice Squad, so that the idea of referring women for support rather than for punishment develops.

2.8. Mexico

For this report, the following institutions and organisations participated, each of them presenting at least one action:

- National Commission Against Addictions: i) inclusion of children whose parents use drugs in the National Strategy for the Prevention of Addiction; ii) strengthen parenting programmes for people who use drugs as well as programmes targeted at children whose parents use drugs; iii) include in the National Survey on Addiction and in other data-gathering tools questions on drug use in the family and how it impacts the children of parents who use drugs;
- Centre for Mental Health and Addictions in the Community: General overview;
- Youth Integration Centres: i) programme I Know, Express and Take Care of Myself; ii) interactive, didactic material for the prevention programme I Know, Express and Take Care of Myself.

2.8.1. National Commission Against Addictions (Comisión Nacional contra las Adicciones – CONADIC)

Inclusion of children whose parents use drugs in the National Strategy for the Prevention of Addiction

Name, position and institution/organisation of the person in charge of responding: Evalinda Barrón Velázquez, General Director; Gady Zabicky Sirot, National Commissioner; National Commission Against Addictions.

Type of action: 2.

Brief description: Include in the National Strategy for the Prevention of Addictions (Estrategia Nacional para la Prevención de Adicciones – ENPA) a component targeting children whose parents use drugs.

Name and type of administrating agency: Psychiatric care services; National Commission Against Addictions; National Council on Mental Health; public sector.

Start month/year: April 2022.

Target population: Children whose parents use drugs.

Geographic coverage: National.

Description of the programme/practice: Mexico's National Strategy for the Prevention of Addictions includes action aimed at drug supply reduction as well as drug demand reduction. It involves multiple public institutions from the health sector, as well as education, culture, law enforcement, sports, youth institutes, women institutes, and so on, at the three governmental levels: federal, state and local. The axes of intervention are social and community participation, health, welfare, economic inclusion, urban improvement, education, culture, sports, security and social cohesion. It aims to reduce the risk factors that lead to drug use disorders and strengthen the protective factors. It also includes the widening of availability and access to treatment services.

In addition to the actions described here, CONADIC aims to include a specific element on children whose parents use drugs in the national strategy. Since this action is a consequence of Mexico's participation in the Pompidou Group's project, it did not start until April 2022 and, at the time of completing this report, is still in its initial developments. Between April and July 2022, CONADIC carried out 20 interviews with women who use drugs and 27 interviews with children with parents who use drugs through outpatient services in four Mexican states. The results of the interviews are the basis for the identification of what should be included in the National Prevention Strategy, in order for this component to respond to people's needs and situations. The analysis of the interviews constitutes the main inputs for the development of the next steps, and priority issues have been identified.

CONADIC is now in the process of developing: i) materials that promote positive parenting, including specific content on the risks that can arise if parents use psychoactive substances; ii) materials aimed at children and adolescents so that they know where to ask for help, as well as materials to develop skills if their parents use psychoactive substances.

This process has resulted in the creation of messages for children and their caregivers – particularly mothers who use substances – in relation to awareness raising, tools and information on where to get help.

Main challenges: To disseminate the information nationally. To evaluate the impact of the prevention strategy.

Next steps: CONADIC will create materials for universal prevention and will validate them through a panel of experts.

Once the materials are agreed upon, they will be published in printed and digital form, including books and other resources. They will be distributed and disseminated to parents and children through social networks and schools, and to the institutions participating in the implementation of the national strategy.

Disseminate the materials among the operational units and bodies that are participating in the ENPA.

2.8.2. National Commission Against Addictions (Comisión Nacional contra las Adicciones – CONADIC)

Strengthen parenting programmes for people who use drugs as well as programmes targeted at children whose parents use drugs

Name, position and institution/organisation of the person in charge of responding: Evalinda Barrón Velázquez, General Director; Gady Zabicky Sirot, National Commissioner; National Commission Against Addictions.

Type of action: 4.

Brief description: Include in the National Strategy for the Prevention of Addictions (Estrategia Nacional para la Prevención de Adicciones – ENPA) a component targeting children whose parents use drugs.

Name and type of administrating agency: Psychiatric Care Services; National Commission Against Addictions; National Council on Mental Health; public sector.

Start month/year: July 2022.

Target population: Parents who use drugs and their children.

Estimated number of people reached since the start: 4 205.

Geographic coverage: National: one centre for addiction prevention activities per region (four in total) and Mexico City.

Description of the programme/practice: The aims of this action are to carry out workshops to increase parenting skills of parents who use drugs and develop life-skills workshops for children and adolescents living in families affected by drug addiction.

The action is built on the ongoing delivery of workshops that CONADIC offers at the local level in its outpatient centres to parents and children.

Between January and September 2022, 284 positive parenting workshops were delivered to 4 205 parents and/or caregivers.

In the states involved in the project, the following activities were carried out:

- Chiapas: a total of 16 workshops, reaching 266 people;
- Mexico City: a total of 34 workshops, involving 530 people;
- Guanajuato: 87 workshops, with the participation of 1 303 people;
- Nuevo León: 8 workshops, reaching 94 people.

Also, a total of 1 824 preventive psycho-educational workshops were delivered to children and adolescents, with 15 participants per workshop.

A "life-skills seminar" was delivered to secondary school students on:

- assertive communication
- self-knowledge
- self-esteem
- social conflicts resolution
- emotional regulation
- problem solving.

These topics were based on the areas which were particularly affected throughout the Covid-19 pandemic, as identified by specialists from community mental health centres and other experts.

A first pilot of the workshop was implemented within a project of collaboration on health fairs in secondary schools. It took place in two schools and the data obtained on children's skills and their needs are relevant for the elaboration of handbooks and their dissemination.

Main challenges: Generate a strategy for the timely identification of risks for children and adolescents whose parents use drugs.

Promote institutional collaboration to enhance the care of children and adolescents.

The implementation and supervision of preventive programmes at the national level.

Next steps: Identify children in secondary schools with risks associated with parental consumption and, if necessary, refer them to care services in their community.

Identify contacts in services that provide care for children.

Generate a monitoring and supervision strategy for children.

2.8.3. National Commission Against Addictions (Comisión Nacional contra las Adicciones – CONADIC)

Improve data gathering by adding questions related to drug use in the family

Name, position and institution/organisation of the person in charge of responding: Evalinda Barrón Velázquez, General Director; Gady Zabicky Sirot, National Commissioner; National Commission Against Addictions.

Type of action: 4.

Brief description: Include in the National Survey on Addiction and in other data-gathering tools questions on drug use in the family and how it impacts the children of parents who use drugs.

Name and type of administrating agency: Psychiatric Care Services; National Commission Against Addictions; National Council on Mental Health; public sector.

Start month/year: May 2022.

End month/year: December 2022.

Target population: Children whose parents use drugs and the general population.

Geographic coverage: National.

Description of the programme/practice: The Mexican Observatory on Drug Consumption and Mental Health is responsible for producing reliable quantitative information through different tools, such as the National Survey on Addiction across the general population and among students.

The aim of the action here described, which stems from the Pompidou Group's study recommendation to expand the Treatment Demand Indicator at the European level, is to include in the national surveys new questions that can help identify how many children are affected by parental drug use. The questions proposed are still under discussion and the results of the interviews carried out with women and children for this project have been crucial for the identification of the possible questions.

These are:

1. Has your mum, dad or other caregiver ever used alcohol or tobacco?
2. Has your mother, father or other caregiver ever used illegal drugs/psychoactive substances?

3. Has the use of these substances led to problems at home or in other areas for your family member (fights, lack of money, not going to work)?
4. How does this make you feel (you can choose more than one option)?
   Sadness
   Anger
   Disappointment
   Understanding
   Other

The final questions will be included in the drug-specific helpline – The Lifeline (*La línea de la vida*) – within the programme targeted at children. They will also be included in the data-gathering tool of the Mexican Observatory.

Next steps: Define the final version of the questions. Include them in the Mexican Observatory's data-gathering tools. Collect data through the national surveys and the helpline.

2.8.4. Centre for Mental Health and Addictions in the Community (Centro de Salud Mental y Adicciones en la Comunidad – CESAMAC)

Name, position and institution/organisation of the person in charge of responding: Dr Javier Amado Lerma, psychiatrist,[63] Director of the Centre for Mental Health and Addictions in the Community; National Institute of Psychiatry Ramón de la Fuente Múñiz.

Type of action: 4.

Brief description: CESAMAC provides outpatient psychiatric, psychotherapeutic and addiction treatment to people who suffer from mental health problems or addictions. It also includes social work services. Services are available for people aged 16 and over.

Name and type of administrating agency: CESAMAC; public sector.

Start month/year: The centre has been in existence since 1977 as a service for people with an alcohol use disorder and their families but it switched to CESAMAC and broadened to mental health services in November 2021. It closed during the Covid-19 pandemic, but opened its doors again in 2022 and started operating as CESAMAC.

Main funder(s): National Institute of Psychiatry Ramón de la Fuente Múñiz.

Target population: People with mental health problems and addiction aged 16 years and over.

Estimated number of people reached per month: The centre receives about six to seven patients per day for screening. Seven "Net groups" – Grupos RED, explained

63. The text was written in collaboration with the author of this study and was also reviewed by CESAMAC's multidisciplinary team: Carolina Badillo, Julieta Bermúdez, Rodrigo Campos, Ángeles Cruz, Alberto Flores, Verónica García, Irma Hernández, Sara Infante, Jorge Jiménez, Laile Nieves, Delia Pérez, Roberto Tapia and Isabel Vázquez.

below, are carried out per week, with a maximum of 10 people per group, amounting to approximately 70 people per week. On top of that are the patients who attend individual therapy, group or family therapies, social work appointments and other regular services, besides those who attend without a pre-scheduled appointment, with a total attendance of approximately 230 people per week, from Monday to Friday, from 8 a.m. to 4 p.m.

Geographic coverage: The service is available for all who approach it; however, given its location in the centre of Mexico City, it mainly attracts people from the local community and surrounding urban areas as well as from the urban areas of the State of Mexico which merge with Mexico City outskirts.

Main partners: National Institute of Psychiatry Ramón de la Fuente Múñiz.

Description of the programme/practice: CESAMAC[64] is located in Mexico City centre, an area characterised by social exclusion, delinquency and drug use. It started life as the CAAF (Centre of Support for Alcoholics and their Families) in 1977 and its main target was people in the community and their families. In the first years of its work, most consumers were men – often homeless – and the main substance was alcohol. Families – mostly women – were supported and received individual or group therapy. By being close to the community, the CAAF acted as a facilitator for processes of mutual help and support between people who used its services.

Trends in drug use and consumers have been changing over the years. Similarly, more people from other areas have begun to request the centre's services. In 2019, the CAAF was changed to CESAMAC, expanding its services to people with mental health issues. At the time of collecting the information for this report – May 2022 – the centre's personnel consisted of 19 people, including university students who work as interns as part of their training, with 12 people actually ascribed to the centre as permanent staff.

The centre offers a multidisciplinary treatment team: individual, group and family psychotherapy, as well as psychiatric medical care. Besides the therapeutic support related to addiction and mental health, the service provides access to referral to social and employment programmes. Patients first undergo medical and psychological screening, in order to diagnose their needs and refer them for psychological or psychiatric outpatient care at CESAMAC, or to other institutions within the public healthcare system. CESAMAC is part of the National Institute of Psychiatry to which patients with more complex needs are referred.

CESAMAC supports people from 16 years old who voluntarily request the centre's services. Underage people must be accompanied by their legal guardians or parents. Before the shift from the CAAF to CESAMAC, younger adolescents were also admitted and they did not need to attend with their parents or guardians. This legal change – which responds to larger legal requirements and regulation in terms of child protection – stands as a barrier to young people who might want to seek help from the centre.

64. This text is based on a collective interview with CESAMAC's personnel and was reviewed by Dr Javier Amado Lerma, CESAMAC's director.

CESAMAC does not have a detoxication area, therefore people who attend must not be under the influence of alcohol or other drugs.

Generally speaking, there are more female than male patients. Women arrive at CESAMAC mainly with mental health needs, particularly anxiety and depression. In the case of men, drug dependence is the main reason why they go to the centre. With regards to drug use, the most common substance is alcohol, followed by marihuana and cocaine. Eating disorders are also addressed. Most people that go to CESAMAC do not have severe profiles and are referred to the Grupos RED, which stands for Reception, Evaluation and Referral (*Derivación* in Spanish). Through different psychotherapeutic approaches, individuals develop awareness of their situation and needs and, if necessary, are referred to the National Institute of Psychiatry.

On average, people attend between three and six Grupos RED sessions of Group RED. At the end of the sessions, depending on their needs, the patient is either discharged or, if the situation persists or has been assessed as in need of longer intervention, is referred to the psychological and psychiatric services and, subsequently, to group therapy. The core strategy lies in preventive community work whereby the creation and strengthening of a network can help individuals to deal with their situations without recourse to institutionalisation or other inpatient services.

Main challenges: As pointed out in the previous section, the changes in the age limit for patients to access the services and the requirement that legal guardians accompany underage patients might constitute barriers for younger patients and discourage them from seeking help at CESAMAC. However, these changes are very much in line with general legal requirements and are difficult to overcome.

CESAMAC does not have ramps or lifts for people with mobility difficulties as it is located in a beautiful, historical building which is protected as a national heritage and cannot be subject to structural changes. Another issue related to the building is the lack of sufficient physical space, especially due to the pandemic restrictions in terms of group interventions; therefore, the demand for interventions cannot always be met speedily.

As explained by CESAMAC's director, Dr Amado, there is a need for more intensive outpatient or short-stay inpatient units in the public health sector in order to address the issues of people with more complex profiles, without resorting to institutionalisation in the psychiatric hospital.

Another issue brought up at the meeting with CESAMAC's staff, and which is common across public services in general, is the waiting time between the admission of a person to a Groupo RED and their inclusion in group therapy. This is because the patient has to undergo the initial psychiatric evaluation, and appointments are limited due to lack of spaces and the high demand. This waiting time might lead to the loss of patients.

A further challenge is that due to the pandemic the former CAAF, now CESAMAC, remained closed for two years and underwent changes in terms of the nature of its services and how they are delivered. This has involved a period of adjustment for both the staff and community. Nonetheless, CESAMAC is well known in the community and is identified as a place of support and community building.

Main achievements: In November 2022, CESAMAC completed a year's work using the multidisciplinary model in community mental health. From a quantitative perspective, there has been an increase in the number of people who wish to receive an evaluation of their health in order to treat a mental disorder and/or substance use, including people who wish to prevent the development of a new condition. Because of this, it has been necessary to expand the number of spaces designated for these evaluations, increase the number of people attending the Grupos RED Groups (to the extent that the Covid-19 pandemic allows) and, in response to health needs, adaptations have been made to the community model. For example, due to the constant identification of people with a suicidal risk but with difficulty entering a mental health institution, a group intervention for people with suicidal risk has been initiated with satisfactory results.

From a qualitative perspective, CESAMAC staff have shown resilience in the evolution from the previous model of care to the community model. They have learned and adapted to the new circumstances in this community mental health field, they have proposed new alternatives to maintain their own health and have responded to the care needs.

Next steps: The main challenge for the next two years is the generation of research branches of the multidisciplinary interventions that CESAMAC carries out for publication in scientific journals and, consequently, to promote the replication of the work model in other institutions with similar characteristics to CESAMAC, thereby reinforcing the closing of the gap in mental healthcare.

2.8.5. Youth Integration Centres (Centros de Integración Juvenil – CIJ)

Programme: I Know, Express and Take Care of Myself

Name, position and institution/organisation of the person in charge of responding: Bruno David Diaz Negrete, Normative Director; Miriam Carrillo López, Director of Prevention; Youth Integration Centres.

Type of action: 4.

Brief description: The children's preventive programme I Know, Express and Take Care of Myself integrates activities to strengthen self-care and resilience skills with children and adolescents in situations of risk and vulnerability.

Name and type of administrating agency: Youth Integration Centres; public sector, NGO.

Start month/year: The programme was carried out over two periods: the first began on 5 April 2022, as part of the spring courses, and the second on 18 July 2022, as part of the summer courses.

End month/year: The first course ended on 22 April and the second on 26 August 2022.

Main funder(s): Youth Integration Centres.

Target population: Children between 6 and 14 years old.

Estimated number of people reached since the start: A total of 11 891 children and adolescents participated: 3 682 in the spring and 8 209 in the summer activities.

Geographic coverage: National. In the spring, it was carried out in 96 CIJ units in 30 states. In the summer, it was carried out in 104 CIJ units in the country's 32 states.

Main partners: In some CIJ units, inter-agency participation of inter-state health promotion and risk prevention support for children, including some shelters for homeless children, was achieved.

Description of the programme/practice: The Youth Integration Centre develops specific programmes to prevent the consumption of psychoactive substances and the psychosocial risks associated with their use from an early age. The children's preventive programme I Know, Express and Take Care of Myself was designed for children and adolescents from 6 to 14 years of age. It was implemented during the spring and summer school holidays, with the aim of reinforcing self-care and resilience in children and their families in vulnerable situations. To achieve the objective, psycho-educational activities were developed in the spring through three thematic modules:

1. Knowing myself: self-knowledge and self-esteem
2. Expressing myself: emotional management and assertive expression
3. Taking care of myself: putting what we have learned into practice

During the summer, the programme's activities were divided into basic and reinforcement activities through five sequential thematic axes:

1. Self-knowledge
2. Self-esteem
3. Identification and assertive management of emotions
4. Self-care
5. Resilience

During the spring activities, 19% of the participants reported living with a close family member who uses drugs, while in the summer course it was 22.1%. In the spring, 5.2% of the close family members of the participating children had received treatment services for drug use, while in the summer it was 5.4%.

Main challenges

Promote the involvement and participation of mothers, fathers or caregivers

In both courses – spring and summer – we observed parents' interest in participating more actively in this project, which is why within the methodology we suggested a preventive family orientation intervention: "School for parents: You growing, me learning", consisting of an informative session and four workshops on parenting skills for positive parenting through the strengthening of family protection factors and parenting skills. Some units carried it out during this period and others scheduled these workshops in more flexible schedules and online, to be developed in later months. Another way of involving mothers and fathers was through didactic materials, such as activity sheets for parents and children to work together at home.

Timely identification of participants who, due to their vulnerability, require greater attention or containment

To fulfil this purpose, a section was added to the implementation guidelines detailing the theoretical and methodological references for the timely detection of warning signs and specialised referral to health services, through the incorporation of a checklist with observable developmental indicators: social, language, motor and emotional skills. This information was further elaborated in the training prior to the start of activities with children and adolescents. Each operational unit was responsible for analysing the information with their facilitators and providing feedback where appropriate.

Avoid stigmatisation

Although children of parents in drug treatment were specifically invited to participate in the call for proposals, there was no difference in the dissemination materials, registration or psycho-educational activities.

Consider the development of activities and resources applicable to face-to-face, distance and hybrid formats

The materials and activities were designed to be operated in a face-to-face, online or hybrid format with the objective of promoting the participation of children and adolescents in any context and always with care for the control of Covid-19 infections. Therefore, for the spring period, 57.7% of the CIJ's units implemented the activities face-to-face, 26.8% remotely and 15.5% in a hybrid manner. In the summer, 78.3% carried out the activities face-to-face, 11.6% remotely and 10.1% hybrid.

Main achievements: Organisation and standardisation of a methodology applicable to diverse contextual conditions, by age range and in face-to-face, distance and hybrid modalities.

Co-ordination of 104 CIJ units to develop the project, which involved massive training with professionals and volunteers throughout Mexico. Theoretical references, the fundamentals in detection and timely referral of warning signs in child development and the methodology of operation of the intervention components were reviewed, including the work with mothers and fathers.

Participation of 582 facilitators – 169 in spring and 413 in summer – including addiction and mental health specialists from the CIJ and young volunteers, mostly with professional profiles in psychology and social work.

Application of questionnaires to collect information remotely, in order to have a wider range of responses that allow for the evaluation and improvement of development processes. In the spring period, 649 main caregivers responded and 1 207 in the summer period.

In the spring, 99.3% of the participants said that they believed that this workshop could help their child to improve the way they cope with adversities, 10% reported seeing positive changes in their child's behaviour since the beginning of the activities; and 100% said they would recommend this activity to other parents.

In the summer, 97% felt that this course gave their child tools to improve the way they cope with adversities and 92% reported that they saw positive changes in their child's behaviour from the start of the activities; 100% said they would recommend the course to other parents.

Strengthening the skills of children and adolescents through the reinforcement of identification and management of emotions, self-knowledge, self-esteem, self-care and development of resilience.

Adaptability and innovation through the design and use of digital tools and educational materials for the whole family. In the case of children and adolescents, a digital platform was designed with eight interactive activities that reinforce health promotion topics such as physical and emotional self-care, life skills and values through play; a total of 3 494 visits to the platform and 16 096 interactions were obtained.

For mothers, fathers and other caregivers, digital reading materials, family action plans and infographics with a printed option were created to implement the parenting skills that underlie positive parenting such as values education, assertive communication, involvement, emotion management, supervision, discipline and recognition of achievements, to strengthen the protective factors that favour family dynamics and prevent alcohol abuse and violence. These materials are complemented by five interactive digital activities that have already been visited 673 times and received 2 852 interactions.

The involvement and participation of mothers, fathers and other caregivers in information sessions and workshops of the intervention Family Preventive Guidance (OFP), in some CIJ care units and in the follow-up of activities for children and adolescents.

The following are testimonies from parents and caregivers.

> ❞ My little girl attended the workshops with enthusiasm and I have noticed a lot of confidence in her: she became very shy during the pandemic, but now she is much more self-confident and has put into practice some of the knowledge that she acquired in the workshop.
>
> ❞ My son seems more enthusiastic, he told me everything he did in the course, he shares with me what other children do, he sometimes said that he can't do multiplication tables and now he has taken the time to study them, thank you very much.
>
> ❞ Everything has been excellent, I would like to have more days so that the children can take more advantage of everything the centre has to offer.

Next steps: To adjust the operational guides, as well as the didactic and technological support resources for the activities with children and adolescents.

Permanently update the interventions of the Children's Preventive Programme in the CIJ services.

Development of a website for mothers, fathers and other caregivers.

Reinforce the detection and timely referral of warning signs in child development as a transversal axis in preventive programmes.

2.8.6. Youth Integration Centres (Centros de Integración Juvenil – CIJ)

Interactive, didactic material for the prevention programme I Know, Express and Take Care of Myself

Name, position and institution/organisation of the person in charge of responding: Bruno David Diaz Negrete, Normative Director; Miriam Carrillo López, Director of Prevention; Youth Integration Centres.

Type of action: 4.

Brief description: Didactic and interactive materials for the prevention programme I Know, Express and Take Care of Myself with activities to strengthen self-care and resilience resources, as well as exercises to promote healthy lifestyles and protective factors with children and adolescents, in addition to materials that reinforce parenting skills.

Name and type of administrating agency: Youth Integration Centres; public sector, NGO.

Start month/year: April 2022.

End month/year: August 2022.

Main funder(s): Youth Integration Centres.

Target population: Children aged 6 to 14, including materials aimed at mothers, fathers and other caregivers.

Estimated number of people reached since the start: Children aged 6 to 14, including materials aimed at mothers, fathers and other caregivers.

Geographic coverage: National.

Description of the programme/practice: The emerging situation of confinement due to the Covid-19 pandemic required the adjustment and adaptation of preventive interventions to virtual and hybrid formats. For the children's prevention programme I Know, Express and Take Care of Myself, the team from the Prevention Directorate of Juvenile Integration Centres designed a digital platform using Genially software, which uses playful, educational and attractive activities aimed at children and adolescents, to strengthen physical and emotional self-care, as well as the promotion of moral values and life skills.

Similarly, digital resources were developed for mothers, fathers and other caregivers to reinforce parenting skills, family protection factors and prevention of alcohol abuse and family violence for positive parenting. These resources include:

- informative readings: describe parenting styles, main risk factors and behaviours in children and adolescents as well as family protection elements that can be implemented at home;
- workbooks and action plans: guided exercises define positive parenting actions that can be strengthened to protect children from risks such as drug use or violence;

- infographics or postcards: list the main actions for positive parenting;
- interactive: through games, they reinforce the contents of the readings, workbooks and infographics.

Main challenges: Reduce the digital divide that limits the participation of children, adolescents and parents, with the optimisation of digital materials for access through mobile devices such as mobile phones or tablets, and computers.

Concentrate eight interactive tools in a website to reinforce the themes and facilitate navigation and direct access to the content, divided into the main themes of the programme for children and adolescents.

Promote the involvement and participation of mothers, fathers and other caregivers by providing information and preventive recommendations in the home, easily consulted in workbooks, informative readings and infographics, accessing links for review from mobile devices or with the option to print.

Maintain the constant updating of didactic and interactive materials which will remain available for face-to-face or online modalities.

Consider the development of activities and technological resources of interest to children, adolescents and parents applicable to a face-to-face format through operational manuals, psycho-educational exercises, action plans and complementary readings, including the support of digital resources such as interactive games to reinforce the topics.

Main achievements: Development of basic and reinforcement activities through guided exercises for personal recognition and appreciation, resources for assertive communication, self-efficacy oriented to self-care and resilience in the face of adversity.

Support guides for the facilitator that include descriptive charts and various handicrafts, techniques and activities to be developed in the areas of play, recreation, physical health, sports, education and training for the promotion of healthy lifestyles, management of emotions and constructive coexistence skills with the peer group.

Reducing the child participation gap in a face-to-face or virtual context, by offering the opportunity for interventions through technological devices, supported by the resources available in some CIJ care units to project interactive or other digital materials.

Adaptability and innovation in the applicability of the preventive child guidance programme I Know, Express and Take Care of Myself, with promotional and dissemination materials to participate in didactic, digital and interactive activities and resources for children and adolescents, which had a total of 3 494 visits and 16 096 interactions, and 673 in the case of mothers and fathers, from April to August 2022.

Next steps: Permanent updating of the referential and methodological framework with didactic and interactive materials for children and adolescents, differentiated by age range.

A website aimed at parents with preventive content on positive parenting issues.

2.9. North Macedonia

2.9.1. Protocol, guidelines and training to guarantee access to comprehensive care for women who use drugs and are victims and survivors of violence

Name, position and institution/organisation of the person in charge of responding: Dr Liljana Ignjatova, Head of the Department for Prevention and Treatment of Drug Dependence "A", Faculty of Medicine Skopje, Department of Psychiatry.

Hajdi Shterjov Simonovic, Executive Director, HOPS (Healthy Options Project Skopje, civil society organisation (CSO)).

Type of action: 4.

Brief description: Access to comprehensive care for women who use drugs and are victims of violence.

Name and type of administrating agency: Dr Liljana Ignjatova, Faculty of Medicine, Department of Psychiatry; public sector.

Healthy Options Project Skopje, NGO.

Start month/year: October 2021.

End month/year: April 2022.

Main funder(s): Eurasian Harm Reduction Association (EHRA).

Target population: Women who use drugs and are victims and survivors of domestic violence.

Geographic reach: National.

Description of the programme/practice: The project described in this text[65] aims to provide women who use drugs and are victims and survivors of violence with access to services that are open to working with women who use drugs, including drug treatment and harm reduction services, and which are aware of and trained to address the needs and traumas of women who use drugs and who face domestic violence. The project includes the creation of protocols and guidelines, the delivery of training and sensitisation measures.

Context

In 2021, North Macedonia adopted the Law on Prevention and Protection from Violence against Women and Domestic Violence, which is aligned to the Istanbul Convention on preventing and combating violence against women and domestic violence. In the same year, four by-laws were drafted and adopted in accordance with the Law on Prevention and Protection from Violence against Women and Domestic

65. This section is based on a report authored by Professor Dr Liljana Ignjatova, Faculty of Medicine Skopje, Department of Psychiatry, Skopje, Republic of North Macedonia, Head of the Department for Prevention and Treatment of Drug Dependence "A" and Hajdi Shterjov Simonovic, executive director of HOPS (Healthy Options Project Skopje, civil society organisation) for this report.

Violence under the jurisdiction of the Ministry of Labour and Social Policy and Ministry of the Interior. They comprise regulations on risk assessment and risk management, temporary and urgent protection measures and removal of the perpetrator in cases of violence against women.

Actions and processes during the project

Multisectoral protocols

In January 2022, working groups were formed to develop multi-sectoral protocols for mutual co-operation stemming from the Law on Prevention and Protection from Violence against Women and Domestic Violence. These protocols specify the manner of mutual co-operation between the institutions and bodies responsible for the implementation of the law. HOPS experts Katerina Todorovska and Ivana Andreevski are part of the working groups for the drafting of the multi-sectoral protocols in the field of health and social protection. Both experts are actively involved in advocating for the needs of women who use drugs and are victims of gender-based violence, and advocating for institutions to better respond to the needs of these women. Meetings are held online through the Zoom platform and have been organised on a regular basis since January 2022.

Public dialogue

During the implementation of this project, an in-person public dialogue was organised, which took place on 18 April 2022 in Skopje. The topic of the public dialogue was: "Identifying and advocating for the needs and rights of women who use drugs as victims of gender-based violence". The public dialogue also explained the need for a guide to work with women victims of gender-based violence who use psychoactive substances and the importance of imposing a temporary measure to protect the perpetrator from mandatory treatment if he uses alcohol, drugs and other psychotropic substances.

Protocol for harm reduction services on how to work with women victims of gender-based violence

HOPS receives and supports numerous victims of gender-based violence, but the organisation did not have a written procedure for addressing women who use drugs and are victims of violence. Hence the need to develop a protocol that provides clear guidelines on how harm reduction services can deal with victims of gender-based violence. The protocol, written as part of this project, defines clear steps for dealing with female victims, male victims and child victims of gender-based violence.

Hajdi Shterjova Simonovic, an expert on women who use drugs, was employed to prepare the protocol, which was completed in March 2022. The protocol was piloted within HOPS services and a two-day training course was held in April 2022.

Guidelines for services that work with women victims of violence, to include women who use drugs

During the implementation of this project, Dr Liljana Ignjatova was employed to prepare a guide for supporting women who use drugs and are victims of gender-based

violence. Generally speaking, professionals who work with victims of gender-based violence are not sensitised enough to work with women who use drugs, and at the same time do not know how to support a woman who faces the dual challenge of domestic violence and drug use. The guidelines aim at bridging this gap in terms of both skills and sensitisation.

The guidelines were completed in March 2022 and are available on the HOPS web page.[66]

Several training sessions have been delivered from April 2022 in Skopje and other cities to professionals who work with victims of gender-based violence on the topic "Treatment of women victims of gender-based violence who use drugs". A relevant aspect of training is not only the transmission of knowledge from the trainers, but also the exchange between participants who come from different fields, institutions and organisations. As reported in the input which informs this section:

> After the trainings, the participants had the opportunity to anonymously evaluate the trainings. The three trainings were evaluated extremely positively, both in terms of the high quality and level of theoretical and practical knowledge transmitted by the trainers, as well as because of the interaction established between the participants and the trainers and the possibility to exchange information and experiences. This showed us that there is a huge interest in this topic and the need to conduct more of such trainings in the future.

High-quality comprehensive assistance to women victims of gender-based violence who use drugs (paralegal, legal, psychological)

HOPS provides women with comprehensive care, including legal and paralegal assistance, counselling, hygiene and emergency packages to women in need, including referral to shelters, psychosocial, psychiatric or legal services.

Main challenges: Overall, there is positive feedback from institutional representatives and professionals working with victims of gender-based violence. Their experience shows that they do not have enough knowledge when working with women victims of gender-based violence who use drugs, but they express interest in gaining appropriate knowledge for more effective protection of these women.

It can always be a challenge to work with government institutions who are not yet sensitised enough to work with women who use drugs, but the lesson we have learned is that it is important to constantly work with them and remind them that they are obligated to treat equally all members of marginalised communities, including women who use drugs.

Main achievements: The protocols and regulations, together with the Law on Prevention and Protection against Violence against Women and Domestic Violence are expected to be conducive to the provision of comprehensive care to all marginalised women, including women who use drugs and who are recognised as one of the vulnerable groups.

66. https://hops.org.mk/vodich-za-postapuvane-so-zheni-zhrtvi-na-rodovo-bazirano-nasilstvo-koi-upotrebuvaat-psihoaktivni-supstantsi/.

Also, through these cross-sectoral protocols, together with the by-laws, we expect to increase awareness among professionals working in relevant institutions that are responsible for dealing with cases of gender-based violence.

During the implementation of the project, we received a clear picture that professionals working with victims of gender-based violence do not have enough knowledge about the needs of women who use drugs and that they need specific guidance on how to deal with this marginalised community. We also understood that more training sessions are needed to sensitise the representatives of state institutions and bodies working with marginalised communities, especially with women who use drugs.

Next steps: The guidelines for supporting women who use drugs and are victims of gender-based violence have been promoted to the Ministry of Health, Ministry of the Interior, Ministry of Labour and Social Affairs, the Medical Faculty Skopje (Medical Bilten) and civil society organisations, which are providing services for victims. The guidelines are being used for the training of social workers and staff from CSOs. Training sessions for the health sector are in preparation.

2.10. Romania

2.10.1. Serenity II – Day centre for children whose parents are in substitution treatment

Name, position and institution/organisation of the person in charge of responding: Carmen Oprea, psychologist, Drug Demand Reduction Service; National Anti-drug Agency, Ministry of Internal Affairs.

Type of action: 2.

Brief description: Serenity II – Day centre for children whose parents are in substitution treatment.

Name and type of administrating agency: National Anti-drug Agency, Ministry of Internal Affairs; public sector.

Start month/year: November 2022 (from the opening of the centre).

Main funder(s): Existing resources, state budget.

Target population: Children with parents in substitution treatment, aged between 12 and 18 years old.

Estimated number of people reached per month: 30.

Geographic coverage: The project will be implemented in Bucharest.

Description of the programme/practice: The beneficiaries will be children with parents in treatment, between 12 and 18 years old. The activities will address their specific needs and they will be divided into age groups. The children's main caregivers are mostly parents or other family members. For those whose parents come daily for treatment, there will be social and psychological help available daily from Monday to Friday between 8 a.m. and 4 p.m.

There will be weekly group sessions focusing on the children's need for information and education regarding drug use, coping skills and therapy. Also, there will be monthly outdoor activities such as sports and art therapy.

The day centre will provide services structured into three types of intervention (psychological counseling; individual and group sessions; educational, personal and social development activities), each representing a set of specific activities, which are determined by the identified needs of the children.

The services will be provided in a manner that will meet the children's needs and be in accordance with the mission and purpose of the programme, for example:

- psychological counselling;
- individual and group sessions;
- educational, personal and social development activities;
- alternative services providing information, education, recreation, skills training, motivation and increase in social responsibilities.

Main challenges: Keeping the target population in the programme and preventing drug use.

Main achievements: The centre is ready to be put to use and the target population has been selected. The day centre's first activity took place on 21 December 2022, when 42 children whose parents are attending the substitution treatment centres received gifts for Christmas. The event was held in the day centre and it was an opportunity for the staff to meet them and create a bond both with the children and their parents. Some of them expressed their needs and expectations from the project.

Also, in September 2022, there was a three-day training session for 30 social workers.

Next steps: Ongoing focus group with social workers and staff training.

2.11. Switzerland

2.11.1. Research and advocacy project on children with parents who use drugs

Name, position and institution/organisation of the person in charge of responding: Michela Canevascini, Project Supervisor, Addiction Switzerland.[67]

Type of action: 4.

Brief description: Research and advocacy project on children with parents who use drugs.

Name and type of administrating agency: Addiction Switzerland, NGO.

Start month/year: January 2022.

End month/year: December 2024.

67. The organisation is based in Lausanne, Switzerland. The name is Addiction Suisse in French, Sucht Schweiz in German and Dipendenze Svizzera in Italian.

Main funder(s): Federal Office of Public Health.

Target population: Children whose parents use drugs, families, policy makers, practitioners in the field of drug treatment, social services for children and families, schools and the general public.

Geographic coverage: National.

Main partners: The NGO aebi-hus.

Description of the programme/practice: The research presented by project supervisor Michela Canevascini for this report was submitted to the Federal Office of Public Health in 2021 and began in January 2022 for a duration of three years. It aims to put on the agenda the issue of children in families affected by drug dependence and to raise awareness, disseminate information, impact public policies and legislative processes, as well as provide professionals, families and children with resources and tools in order to seek help.

It is articulated around four axes, summarised below.

Axis 1 – Communication and advocacy

This axis is meant to sensitise the general public, including policy makers through different actions, such as a national communication campaign. Advocacy is aimed at policy makers through awareness raising and, further ahead in the process, alliances and co-operation to design legislative reforms, improve data gathering and impact on other areas of opportunity that will be identified during the project.

The fourth Awareness Week "Children of addicted parents" took place in Switzerland in March 2022, co-ordinated by Addiction Switzerland. Forty activities were organised in Switzerland by different organisations working in the field in 13 different cantons and covering the three language regions (French, German and Italian). For more details: www.enfants-parents-dependants.ch/actions/.

In general, the event received good media coverage (newspapers, radio, TV). For more details: www.enfants-parents-dependants.ch/dans-les-medias/.

The recent Awareness Week took place from 13 to 19 March 2023,[68] with the theme of the role of the family and friends. Addiction Switzerland, together with a communication agency, developed new materials for the 2023 action week and also defined the name of the programme: "Papa boit. Maman boit" (Dad drinks. Mum drinks) with its clear, simple message, speaking to both the people concerned and the professionals.

We also clarified the terminology used in the three languages to make it more precise, less stigmatising and more person-centred, so that addiction is not depicted as an intrinsic characteristic but as a condition of the person. For instance, in French we no longer speak of "parents dépendants" but of "parents en situation d'addiction", that is, people in situations of dependence, instead of dependent people.

68. www.enfants-parents-dependants.ch/actions/.

We have also redefined our target audience which is mainly the general public, professionals and politicians. Concerning the political aspect, in June 2022, more in-depth reflections were carried out, in collaboration with another organisation active in children's rights (Protection Enfance Suisse). Currently, we are working with other organisations and concerned people (adults who have lived with parents with an addiction) in order to inform national parliamentarians about this topic. A platform will be organised in September 2023, to which candidates for the federal elections will be invited to discuss this issue.

Axis 2 – Information and materials

The target groups comprise practitioners in the fields of drug dependence and social services working with families and children, among others. One of the activities is to build a specific website dedicated to children in families affected by drug dependence. Addiction Switzerland is also reviewing, updating and adapting its current materials, with a focus on gender, age, cultural and ethnic background, and so on. New materials, such as infographics and dynamic tools are also being created. We have also developed a new brochure on the role of the family and friends.

Axis 3 – Networking and training

Addiction Switzerland already has experience in "training the trainers" processes. With this project, the organisation intends to review and diversify training in terms of audiences, modalities and contents. Professionals from different areas will be connected through "exchange platforms" aimed at bringing together practitioners from different fields and also to connect at the grass-roots level.

In November 2022 we organised a meeting with the professionals working with children or parents of concerning families in order to discuss the organisation of the Awareness Week 2023 (with many presentations of different organisations and an expert). We expected 20-30 participants but we ended up with 50 and the interest was very high.

Networking will also be fostered through a newsletter.

Axis 4 – Support group

The aim is to create a support group composed of experts in the field of dependence, people working in organisations targeted at children and youth, concerned people, public officers, and so on who will support the project, and provide orientation and connection to the grass roots. The support group met once in May 2022 and a second time in September 2022. There have been many interested people and the discussions have allowed for further reflection and feedback on the programme and the different axes.

Main challenges: The project has just completed its first year and is not presenting current challenges. However, in terms of advocacy, training and awareness raising, one of the challenges is to have access to schools. The organisation works at preschool level but access to elementary or secondary school is more restricted.

2.12. Starlings Community, Canada

Name, position and institution/organisation of the person in charge of responding: Agnes Chen, founder and director, Starlings Community.

Type of action: 4.

Brief description: Starlings Community[69] is a not-for-profit organisation in Alberta, Canada whose mission is to protect the health and promote the healing of Canadian children who have been impacted by the stress and stigma of a parent's substance use.

Name and type of administrating agency: Starlings Community, NGO.

Start month/year: 2018.

Target population: Canadian children who have been impacted by the stress and stigma of a parent's substance use, the community and policy makers.

Description of the programme/practice: In Canada, it is estimated that 18-20% of children are exposed to parental substance use disorder, with evidence indicating that impacted youth are at double to triple the risk for suicide, mental illness and substance use disorder.

As a registered nurse and the founder of Starlings Community, Agnes Chen recognised the policy and support gap that exists for impacted youth prior to her career as a registered nurse. Having been exposed to the stigma of a parent's substance use as early as age 6, Agnes explains that she did not feel ashamed of her experiences until she repeatedly saw the reaction of the community and service providers towards her family. She explains that substance use stigma prevented her family from accessing or being offered supports, and the shame and lack of support prevented her from seeking out mental health supports as an adult. Over time, it became apparent that stigma was an unacknowledged contributing factor to her own mental health, as well as to the well-being of many of her peers.

Starlings Community offers individual and group peer support to impacted youth and adults. However, disclosing a parent's substance use has been known to increase the risk of youth involvement in the child welfare system and of parents being criminalised. As such, Starlings' advocacy remains a priority, with a mission to ensure that barrier-free supports are actively available and consistently offered to families within current systems of care, including the education and healthcare systems. As there is minimal peer reviewed empirical or anecdotal evidence which shares stigma's impact on youth whose parents have SUD, today, a large part of Starling's advocacy relies on empowering leaders, organisations and service providers with knowledge of the challenges youth face. Although knowledge mobilisation is an important first step of the organisation's advocacy, ongoing meetings with stakeholders across Canada focus on centring the experiences of people with lived experience and actively engaging with leaders to create and fund solutions to meet the unique needs of impacted youth.

69. www.starlings.ca.

As children impacted by parental drug use reported to Starlings Community:

> ” When your parents and family are using it's so much easier to go down the same path because those are the coping mechanisms that you see and learn. And that when you're in active addiction you don't want to be there, you don't want to be doing all the bad things you're doing. It hurts, all the time, physically, mentally, and emotionally... but it's so hard to get out because the drug is what provides the relief, even though it's short-lived. And your brain gets so fried you can't think any further into the future than how you feel in that moment. And it's hard to get help because it's scary.
>
> (Anonymous, age 18-24, Canada)

> ” Kids are scared to say anything because they know drugs are "bad". So they have a hard time reaching out. And they know our social care system is a failure so they're more scared to be placed somewhere else than be at home.
>
> (Anonymous, age 24-35, British Columbia, Canada)

> ” The child suffers just as much as the person in the addiction, the feeling of not being able to do anything is heart-breaking and stressful.
>
> (Anonymous, age 14-18, Alberta, Canada)

> ” Therapy needs to be more accessible, we need more trauma-informed therapists and teachers, as kids are really good actors, the justice system needs to be reformed, and c-PTSD [complex post-traumatic stress disorder] needs to be recognised.
>
> (Anonymous, Age 18-24, Canada)

> ” Mental health needs funding, there is not enough mental health support for average-/low-income people.
>
> (Anonymous, age 24-35, Canada)

As a response to the stories shared with Starlings Community, which expose the many ways in which stigma impacts youth, Starlings Community led the co-development of a free 100-page guide, and subsequent peer mentoring group, for impacted youth and adults called, "Forward: a free guide to support the wellbeing of youth and adults impacted by the stigma of a parent's substance use".[70]

Using a trauma-informed, strength-based, and healing-centred lens, the guide helps to decrease internalised shame and increase the sense of hopefulness impacted individuals feel by:

- increasing impacted individuals' understanding of how stress related to parental substance use can impact individual emotions and behaviours;
- validating the grief individuals may feel;
- increasing understanding of disrupted attachment as it relates to parental substance use and its impact on current relationships;

70. www.starlings.ca/parental-addiction.

- increasing awareness of triggers and how to cope with them;
- increasing understanding of how stigma may impact their health and healing;
- empowering individuals to reconnect to their self, community and culture;
- increasing impacted individuals' sense of belonging by sharing quotes and stories of individuals with lived experience of parental substance use disorder.

Since its release on 23 November 2021, the guide has been downloaded more than 400 times around the world and more than 300 copies have been distributed across Canada.

Also, Starlings Community has published the report "A new path forward: a Starlings Community report highlighting the harm imposed on children who are exposed to the stigma of a parent's drug or alcohol use, and recommendations for a new path forward".[71]

71. www.starlings.ca/_files/ugd/990b28_45f1251e9890482a9e2152e614c7ea41.pdf.

Chapter 3

Final remarks and recommendations

This study brings together 33 national or local programmes, actions and practices from different areas and perspectives, which make visible and draw attention to children growing up in families impacted by drug dependence.

The interventions described comprise programmes in the fields of:

- data gathering, dissemination and communication between different agencies and services, to inform national and local public policies (such as NAAC-funded prevention programmes – Cyprus, P.I.P.P.I. – Italy and the National Drug Treatment Reporting System – Ireland);
- family and children-oriented services that take into account drug dependence in the family and adopt horizontal, strength-based, holistic approaches (see, among others, Preparing for Life – Ireland and P.I.P.P.I. – Italy);
- drug treatment and harm reduction-related services that develop specific actions targeted at children with parents who use drugs (among others, the Day Care Centre SANANIM – Czech Republic, the Parents under Pressure programme at Coolmine – Ireland, FamilyWorks, Rialto Drug Team Community – Ireland, Ballyfermot STAR – Ireland and Youth Integration Centres – Mexico) including, in the case of Cyprus, children with imprisoned and formerly imprisoned parents;
- services and actions targeted at women who use drugs, including those who are mothers (Croatia, Czech Republic, Greece, Ireland and Malta);
- services targeted at women victims and survivors of violence who use drugs and their children (Ireland and North Macedonia).

Only four of them specifically address children whose parents use drugs: Hidden Harm Strategy and training – Ireland; strengthening programmes for children whose parents use drugs, CONADIC – Mexico; Serenity II – Romania; and Starlings Community – Canada. However, all the actions described in this study reach this population either directly or through the work carried out with women who use drugs and are pregnant or mothers, including people who use drugs in general.

In the field of services targeted at families and children we find, among others, the prevention programmes and the identification and referral of children with imprisoned and formerly imprisoned parents – Cyprus; the programme P.I.P.P.I. – Italy; and Preparing for Life – Ireland.

In the field of services targeted at individuals and women who use drugs and are pregnant or mothers, the practices described comprise SANANIM – Czech Republic; Ballyfermot STAR, Rialto Drug Team Community; the National Drug Treatment Reporting System and Coolmine – Ireland; the programme I Know, Express and

Take Care of Myself, by Youth Integration Centres as well as the different phases of development or strengthening at CONADIC – Mexico; the Make Mummy Better programme and related protocol – Malta; the liaison midwives and protocol for women who are pregnant and use alcohol and other drugs in Cyprus; and finally the informal support network in Greece, which guarantees integrated attention for women who use drugs and are pregnant or mothers.

In the case of women who are survivors of violence and use drugs, two programmes stand out: the experience of North Macedonia, which shows the processes and achievements in the field of creating awareness, delivering training and integrating services for this population, including the women's refuge Saoirse in Ireland.

The three-year research project of Addiction Switzerland provides a set of integrated actions aimed at developing knowledge, awareness and advocacy.

Support to family members of people affected by dependent or problematic drug use is also a key factor; and this often involves parents, spouses, as well as children. The FamilyWorks methodology and case studies show how to work holistically with families and strengthen communication and relationships between family members. The women-only therapeutic group at Mexico's Centre for Mental Health and Addictions in the Community, which participated in a focus group for the corresponding volume, *We are warriors*, on women who use drugs, is an example of a collective therapeutic space where women of all ages can share not only the impacts of parental drug use on their life, but also their history of gender-based violence, sexual abuse and, when pertinent, their own drug use.

The identification and description of the actions in this report were only possible thanks to the generous information provided in written or oral form by their designers, implementing agencies, programme officers and practitioners. Taken together, these actions indicate a comprehensive set of measures which, if integrated, can ensure that children whose parents use drugs are identified, targeted, referred and supported.

Women-specific programmes can both support women and diminish or reduce the barriers they face when dealing with the challenges of dependence, motherhood and, often, a personal history of trauma, neglect, parental drug use and gender-based violence, and, at the same time, guarantee their children's protection and care.

The issue of women who use drugs and the gender-specific aspects that emerge in relation to drug use and access to services are addressed in more depth in the publication *We are warriors – Women who use drugs reflect on parental drug use, their paths of consumption and access to services*, which also includes recommendations. However, there is also a point worth stressing in order to ensure that child-centred actions and interventions are not misunderstood as intending to reduce women to reproductive and caregiving roles, but rather as a way to strengthen the children and family dyad, while addressing women's own needs, strengths, possibilities and wishes.

As outlined in *We are warriors*:

- Pregnancy and motherhood raise ambivalent scenarios for women who use drugs. On the one hand, they acquire more visibility, since they are seen by services, thus opening the possibility of enhanced stigma but also of access

to services and support because of the children. This can have positive consequences for women's personal journeys as well as for the development or consolidation of a stronger relationship with their children. However, the pursuit of the child's best interests, while mandatory and necessary, can also be conducive of stereotyped attitudes and services that mainly attempt to "make the woman fit" for maternity purposes, but leave little if any space for the woman as an individual with her own path, needs and multiple identities, besides her reproductive and caregiving roles.

- Women stress the importance of intensive outpatient or inpatient services which they can attend with their children and, if present, with their partners. They also emphasise the importance of working with the woman as a person and not only as a mother.
- They also highlight the importance of establishing a relationship of trust with health and social workers and of maintaining continuity in the client-professional relationship, because rotation of personnel can undermine the progress achieved.

It is therefore important that child-centred programmes and interventions in the field of social and health services look at parents as individuals and not only in relation to their parental role. Similarly, individual-centred interventions in the field of drug-related programmes: i) intertwine the personal, clinical approach with clients' roles as parents; ii) include spaces and programmes for clients' children as well; and iii) are trauma-conscious and trauma-responsive.

The programmes and actions included in this report complement those analysed in the publication *Children whose parents use drugs*. They constitute a source of information, not only about practices but also processes, which can motivate innovation, consolidate existing knowledge and foster international co-operation.

This study and the previous ones should not be considered in isolation, but alongside the testimonies and recommendations of *We are warriors* and *Listen to the silence of the child*.

Together, the voices of women, the voices of children and those of the services make clear what is already present and spoken about, and what remains silent and is still falling through the gaps.

The recommendations outlined in *Children whose parents use drugs* still represent the operational roadmap which national and local policy makers, and practitioners working with families, children and people who use drugs can adopt – implement the methodologies, value systems, knowledge and perspectives that enhance their collaborative work, reduce stigma towards people who use drugs, guarantee respect for human rights, acknowledge and address individuals' multiple challenges, including trauma, and embody children's rights to protection and participation.

The following recommendations, therefore, are meant as "steps forward" that could ensure the continuation of the project and its outcomes, as well as the implementation of its findings and recommendations.

- Taking into account the visibility that this project has given to children whose parents use drugs, to the extent that they are now included, for the first time,

in the Council of Europe's Strategy for the Rights of the Child (2022-2027), it is advocated that the project continues and that its publications, findings and recommendations are disseminated and discussed at the international, national and local level through seminars, presentations and by including it in national and local training courses with practitioners in the field of drugs, health, social services and child protection.

- Crucially, the women and children who participated in the project must have access to a summary of the report in their own language. This should also be available through in-person or virtual presentations.
- Other regions and countries could be included in the discussions, such as Latin America, given Mexico's participation in the project, in order to stimulate discussions that could combine not only children's rights but also access to treatment and gender-responsive services for people who use drugs. International partners, such as the Inter-American Drug Abuse Control Commission[72] (part of the Organization of American States), the European Union-Latin American and the Caribbean Countries' programme on drug policies (COPOLAD)[73] and the countries that integrate the Pompidou Group's Mediterranean Co-operation Network[74] could also be informed and invited to participate. Through this project, the Pompidou Group and the participating stakeholders have created a wide body of knowledge, proposals and perspectives.
- The knowledge gained through this project could be incorporated into guidelines with the aim of demonstrating how integrated services for children and families affected by drug dependence could be built, and which include the different project dimensions.
- International agencies such as UNICEF and UN Women which tend not to be involved with the drug policy agenda could be approached and invited to include in their work children whose parents use drugs and women who use drugs.
- While the project began with a specific focus on children whose parents use drugs, the issue of women and motherhood emerged and it adopted a specific status within the project, parallel to the still enormous gaps in services and perspectives. The Pompidou Group has been making a pioneering and ongoing effort to integrate a gender dimension into drug policies in Europe, as can be reviewed in its last publication on this topic, *Implementing a gender approach in drug policies: prevention, treatment and criminal justice. A handbook for practitioners and decision makers* (Mutatayi et al. 2022).
- With this project on children, the Pompidou Group has arrived at an outcome which is often difficult to achieve: the combination and integration of children's rights and women's rights and the proposal of actions and recommendations that take into account children and women as individual rights' holders and as parts of a dyad. It allows the best interests of the child to be upheld without eclipsing the woman behind the mother and, at the same time, to look at the woman without jeopardising the child. It is recommended that this simultaneous

72. www.cicad.oas.org.
73. https://copolad.eu/.
74. https://www.coe.int/en/web/pompidou/activities/mednet.

approach is maintained and deepened to contribute to both the children's rights and the women's rights agendas.

- The persistence of asymmetrical gender relationships detrimental to women makes urgent and inevitable the consideration and inclusion of women's caregiving roles and gender-based violence in programmes and services.
- However, fathers who use drugs should also be included through a quantitative and qualitative research that aims to analyse how and if the parental role of men who access treatment is taken into account, and what programmes target the strengthening of men's parental role in health and social services.
- Given that supply-reduction actions in the field of drug policy may imply the use of incarceration or some form of intervention by the criminal justice system, a review of the impacts of law enforcement on children with parents who use drugs or are involved in the illicit drug market might help to shed light on another invisible population of children. The experience of Cyprus with this topic could represent a first approach in how to address the intersection of drug policy, criminal justice and children's rights.
- Finally, during the development of the project, the issue of "adolescents who use drugs" and the need for specific interventions has arisen in the form of enquiries and the need to know more about how this population is approached. Considering the transgenerational dimension of parental drug use, exploration of this issue is recommended through analysis of current practices and programmes in the participating countries.

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Appendix I

Template used for the description of each action

Country	
Name, position and institution/organisation of the person in charge of responding	
Number of consultation (1, 2 or 3)	
Type of action (Q. 2 or Q. 4)	
Brief description/name of the programme (one sentence)	
Name and type of administrating agency (NGO, public sector, etc.)	
Start month/year	
End month/year (if applicable)	
Main funder(s)	
Target population	
Estimated number of people reached since the start (if applicable)	
Estimated number of people reached per month (if applicable)	
Geographic coverage	
Main partners	
Description of the programme/practice	
Main challenges (descriptive)	
Main achievements (descriptive)	
Next steps	

Appendix II

People and services that participated in the research

1. People who facilitated, carried out, transcribed or translated the interviews, by country

Croatia
Croatian Institute of Public Health
Mia Mardešić; Jadranka Ivandić-Zimić; Mirela Kovačević; Nikolina Šoše
Czech Republic
Therapeutic Community Karlov, SANANIM z.ú.
Karel Chodil, Natálie Kubištová
Day Care Centre, SANANIM z.ú.
Anna Franková
Greece
Minors' Protection Association of Athens, Greek Ministry of Justice
Athina Manouka
Organisation Against Drugs (OKANA); Support and protection programme for parent-users of psychoactive substances, Athens, Patras and Thessaloniki
Elli Drakaki; Marina Alexopoulou; Peny Antoniadou; Sofia Dogka; Maria Georgiou; Anastasia Leontaraki; Iliana Tsoutsa; Panagiota Tzovara; Despoina Xirogianni
Kethea Exelixis, Substance Abuse Low Threshold and Harm Reduction Programme
Kyriaki Dimitrakopoulou; Eleni Marini; Apostolia Patsi; Despoina Xiotini
Maternity Hospital
Athina Charalampous
Specialised unit for addicted mothers and their children, 18ANO, Psychiatric Hospital of Attica, Athens
Maria Sfikaki
Ireland
Coolmine, Ashleigh House, Women's Residential Programme
Anita Harris; Pauline McKeown
Preparing for Life
Louise McCulloch

Cuan Saor Women's Refuge

Martina Killoran

Italy

University of Padua, LabRIEF – Laboratorio di Ricerca e Intervento in Educazione Familiare

Paola Milani; Katia Bolelli

Open Group, "Rupe Femminile"

Alex Lodi; Hazem Cavina; Caterina Pozzi; Katia Bolelli; Corina Giacomello

Casa Mimosa, CEIS A.R.T.E. Cooperativa Sociale Onlus

Cristina Codeluppi; Corina Giacomello

San Patrignano

Monica Barzanti; Katia Bolelli; Corina Giacomello

Malta

Foundation for Social Welfare Services (FSWS)

Research Team

Sharon Arpa, Thomas Buttigieg; Christine Marchand-Agius; Valentina Galdes

International Relations and Service Audit and Quality Assurance Teams

Claudette Abela Baldacchino; Elizabeth Zammit; Sandra Abela; Steven Vella; Julia Bezzina

Substance Misuse Outpatient Unit – SMOPU (DETOX), Aġenzija Sedqa

Anna Maria Vella; Marie Claire Cucciardi

Child Protection Services

Steve Libreri; Ingrid Azzopardi

Mexico

Centros de Integración Juvenil (CIJ)

Cuauhtémoc Muñoz Ruiz; Pablo Puig Flores; Jacobo Tao Check Yiu González Cinco; Albam Uceda Miranda; María Zulema Thome Martínez; Blanca Gabriela Ocampo Castellanos; María Dolores Herrera Rojas; José Antonio Chiñas Vaquerizo; Carlos Arturo Hernández Albores; Corina Giacomello

Centro de Salud Mental y Adicciones en la Comunidad (CESAMAC)

Roberto Tapia Morales; Corina Giacomello

Comisión Nacional Contra las Adicciones (CONADIC)

Beatriz Paulina Vázquez Jaime; Alejandra Montserrat Rivera Barrentos; Monserrat Lovaco Sánchez; Adehira Ramos Rodríguez; Brenda Dorantes Govea

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Rosa Elda Villalobos Ugalde; Kivi Betzabe Galvez Guerra; Eva Cristina Peña Reyes; Ruth Cabrera Rojas
UNEME CAPA Comitán, state of Chiapas
Marlene Flores Mares
UNEME CAPA "Vivienda Popular", state of Nuevo León
Concepción Valtierra
UNEME CAPA "Carmen Serdán", Mexico City
Berenice Hernández Galván; Marina Calderón Carrillo; América Itzel Manríquez
UNEME CAPA "Dr Gustavo Rovirosa Pérez", Mexico City
Lidia Zúñiga Palomino
UNEME CAPA "El Arenal 4ta Sección", Mexico City
Tannya Isaura Rubio Jiménez
Centro Comunitario de Salud Mental (CECOSAM) Cuauhtémoc, Mexico City
Atzimba Lorenia Yañez Barrera
Romania
National Anti-Drug Agency
Carmen Oprea
Switzerland
Addiction Suisse
Michela Canevascini; Nadia Rimann; Maxine Heft; Roxane Coquoz; Chiara Buono; Esther Kleinhage; Sonja Hirt

2. Services that provided the contact/space for or conducted the interviews, by country

Croatia
Croatian Institute of Public Health
Division for Mental Health and Addiction Prevention of the Teaching Institute for Public Health "Dr Andrija Štampar", in Zagreb
Požega Penitentiary
Reto Centre therapeutic community

Czech Republic
Therapeutic Community Karlov, SANANIM
Day Care Centre, SANANIM
Greece
Specialised unit for addicted mothers and their children, 18ANO, Psychiatric Hospital of Attica, Athens
Kethea Exelixis, Substance Abuse Low Threshold and Harm Reduction Programme
Maternity Hospital Alexandra
Organisation Against Drugs (OKANA); Support and protection programme for parent-users of psychoactive substances, Athens, Patras and Thessaloniki
Minors' Protection Association of Athens, Greek Ministry of Justice
Ireland
Preparing for Life
Cuan Saor Women's Refuge
Coolmine, Ashleigh House, Women's Residential Programme
Italy
University of Padua, LabRIEF – Laboratorio di Ricerca e Intervento in Educazione Familiare
Open Group, "Rupe Femminile"
Casa Mimosa, CEIS A.R.T.E. Cooperativa Sociale Onlus
San Patrignano
Malta
Foundation for Social Welfare Services (FSWS)
Substance Misuse Outpatient Unit – SMOPU (DETOX), Aġenzija Sedqa
Child Protection Services
Mexico
Comisión Nacional contra las Adicciones (CONADIC), Mexico
Centro de Atención Integral a las Adicciones (CAIA), state of Guanajuato
UNEME Centro de Actividades de Prevención a las Adicciones (CAPA) "Rodríguez Ajenjo", state of Guanajuato
UNEME CAPA Comitán, state of Chiapas
UNEME CAPA "Vivienda Popular", state of Nuevo León

UNEME CAPA "Carmen Sedrán", Mexico City
UNEME CAPA "Dr Gustavo Rovirosa Pérez", Mexico City
UNEME CAPA "El Arenal 4ta Sección", Mexico City
Centro Comunitario de Salud Mental (CECOSAM) Cuauhtémoc, Mexico City
Centro de Salud Mental y Adicciones en la Comunidad (CESAMAC), Mexico City
Centros de Integración Juvenil (CIJ): ► CIJ Miguel Hidalgo (Mexico City) ► CIJ Iztapalapa Oriente (outpatient and inpatient unit), Mexico City ► CIJ Tlalnepantla, state of Mexico ► CIJ Nogales, state of Sonora ► CIJ Tuxtla Gutiérrez, state of Chiapas
Romania
National Anti-Drug Agency
Outpatient Programme "Integrated Assistance Programme for Addictions"
Day centre "Serenity II"
Switzerland
Addiction Suisse
Die Alternative, Ulmenhof
Paradiesgässli, Luzern
Rel'aids – Fondation Le Relais
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