Integrating gender and children's rights in services for families affected by drug use

Executive Summary[1]

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[1] This executive summary includes extracts from the full Guide. Full bibliographical and legal references in this publication can be found in the full Guide.

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 parents, a school that understands and a network that supports in food, clean clothes, clean house, quiet sleep, studying, going to school on time. Therapists are helpful but children do not like going to therapy.
Alexis, 14 years old, Greece[2]

Parental alcohol and drug dependence is one of the multiple Adverse Childhood Experiences (ACEs), that is, stressful experiences occurring during childhood that directly impact on a child or affect the family environment in which they live (Lorenc et al. 2023: 1). ACEs are related to risky health behaviors, chronic health conditions, low life potential and early death (Bellis et al. 2015). Compared to their peers, children of parents who have developed substance dependence show increased rates of anxiety, depression, oppositional behaviour, conduct problems and aggressive behaviour as well as lower rates of self-esteem and social competence (Solis et al. 2012: 5). Furthermore, when mental health problems and substance use disorders co-occur (which is the most common situation), children are at an elevated risk of poor outcomes (Dawe et al. 2008: 4). Parental substance use may be experienced and continued trans generationally: on the one hand, people who use substances and are parents have often been themselves children who experienced ACEs, including alcohol and drug use, domestic violence and sexual abuse (McDonagh et al. 2023). Evidence also shows that not all the children living in a family with harmful substance use are at risk of harm (Comiskey 2019).

Since 2020 the Pompidou Group has been leading the project "Children whose parents use drugs"[3], which is focused on children and families affected by substance dependence. It is a human rights-based project that lies at the intersection of children's rights to health, education, development, participation, an adequate standard of living as well as the right to not be separated from their families, and people's rights to not be stigmatized, discriminated and criminalized because of substance dependence. It aims at building and consolidating narratives and practices that, while looking at parents and children in their own rights, address them also as a family.

The Guide *Integrating human rights, children's rights and a gender perspective in services and care for children and families affected by drug use* brings together the wealth of knowledge accumulated since the beginning of the project and sets out 108 concrete recommendations for Member States, public institutions and non-governmental organisations that work with children and parents affected by substance dependence. The full recommendations as well as concrete examples of practices and programmes can be consulted in the full Guide.

2. Hidden Harm

The experience of children affected by parental dependent substance use has become widely known as "hidden harm". The term 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 (Tusla and HSE 2019a: 8).

The Guide embodies the two elements englobed in the above explanation and adds two new ones, in order to more fully understand, and thus address, the issues faced by children and families affected by drug dependence. These are: the impacts of drug-related policies on parents and gender-based violence and discrimination against women and girls who use substances.

The four aspects are interlinked and should be addressed in a comprehensive manner in order to guarantee the child's wellbeing in fulfilment of children's rights by also promoting and guaranteeing the wellbeing of their parents.

[2] Alexis – name is a pseydonym- participated in the Pompidou Group's study *Listen to the silence of the child. Children share their experiences and proposals on the impacts of drug use in the family*.
[3] https://www.coe.int/en/web/pompidou/children.

2.2 Contents of the Guide

The Guide is divided in three sections:

- **Section I: Legal framework and overarching principles**, which includes:
  - Universal standards for the protection and enhancement of children's rights.
  - Council of Europe's standards for the protection and enhancement of children's rights.
  - Standards for supporting parents with substance dependence.
  - Standards to address gender-based violence and trauma.

- **Section II: National Strategy**:
  - Creating a national Strategy.
  - Contents of the Strategy.
  - Children and families' participation.
  - Evaluation and monitoring.
  - Dissemination and awareness raising.
  - Action plan.

- **Section III: Social services**
  - Service provision.
  - Staff capacity and joint training.
  - Identification and referral.
  - Multidisciplinary and participatory work with families and children.
  - Training, prevention, identification and referral in school settings.
  - Services for people who use drugs and their families.
  - Services and refuges for women victims of gender-based violence.

Each section of the Guide is independent and can be consulted separately, depending on the audience's particular interests or area of work. Every individual section includes concrete points that can be embodied into existing actions and policies at the national and local level as well as prompt the creation of new interventions. For the development of a comprehensive model, it is advisable that national governments adopt the Guide as a national roadmap. The Guide is not intended a substitute to existing regulations and practices concerning children and people who use substances. Rather it constitutes an additional outlook on families affected by substance dependence and aim at offering to policymakers, services and practitioners new perspectives and indicated actions to be incorporated in their daily tasks.

3. Legal Framework

The Guide and its recommendations are based on legally binding international laws and "soft law" resources, such as international resolutions, recommendations, guidelines, and handbooks.
The next table synthesizes the core rights addressed for each group and the tools described or named in the first section of the Guide.

Group	Rights	Tools presented in the Guide
Children	• Best interest of the child • Right to holistic development • Right to health • Right to no discrimination • Right to protection from violence and ill-treatment • Right to education and information • Right to child friendly health, social and justice services • Right to an adequate standard of living • Right to family life and support to parents	• Convention on the Rights of the Child • Sustainable Development Goals • European Convention on Human Rights • European Social Charter • European Convention on the Exercise of Children's Rights • Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention) • Council of Europe' s Strategy for the Rights of the Child • Child-friendly social services • Child-friendly health care • Child-friendly justice

Parents	• Right to family • Right to parenting • Right to the highest attainable level of health • Right to no discrimination and criminalization for substance use	• Constitution of the World Health Organization • Universal Declaration of Human Rights • International Covenant on Economic, Social and Cultural Rights • Convention on the Rights of Persons with Disabilities • United Nations' Conventions on drugs • European Convention on Human Rights • European Social Charter • UNGASS outcome document • International guidelines on human rights and drug policies • International standards for the treatment of drug use disorders • International standards on drug use prevention
Women who use substances and are mothers	• Freedom from gender-based violence, stigma and discrimination • Trauma informed and gender-responsive services	• Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) • Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention) • United Nations' Bangkok Rules, for women deprived of their liberty and non-custodial measures for women in conflict with the law • Resolution Mainstreaming a gender perspective in drug-related policies and programmes • Toolkit on Gender-Responsive non-custodial measures • Guidelines on drug prevention and treatment for girls and women • Guidelines for the identification and management of substance use and substance use disorders in pregnancy • Handbook Implementing a gender approach in drug policies: prevention, treatment and criminal justice

4. Overarching principles

The following overarching principles are based on the legal framework and aim at orienting the implementation of the recommendations. They can also function as a checklist that could be implemented by policymakers and practitioners to ensure that the policies, programmes and actions fully comply with the spirit and recommendations of the Guide.

i. Name children affected by parental substance dependence and give visibility to the specific impacts of substance dependence on children and families, their connection with children-related policies, women's rights, and drug policies, including its implications for the criminal justice system.

ii. Recognise the hidden stigmas and harms that affect children and their families and work towards the use of stigma free language, attitudes and approaches in services.

iii. Tackle the negative consequences of imprisonment and separation of children from their parents and the effects that may negatively impact the wellbeing of the child and the relationship with parents.

iv. Ensure that the child best interest is a primary consideration when assessing the implications and treatment of parental substance use and guarantee that individual assessment takes into account the child's own views, considering his or her age, level of maturity and capacity.

v. Ensure that parents and other caregivers – for example, but not exclusively, grandparents, siblings and foster families – are actively involved as well as regularly informed and consulted on the processes and decisions that concern them and their children.

vi. Provide age appropriate, gender-sensitive and evidence-based information on substances and substance dependence to children.

vii. Inform children on their rights, motivate them to ask for support and provide them with the means to do so, in online or in person settings that guarantee trust, continuity and respect for the children's views and their parents' situation.

viii. Guarantee that ongoing and accountable processes of participation for children are set up and that children are informed and empowered to use them.

ix. Ensure that children are consulted on, informed of, and explained the decisions or judgements that concern them or indirectly in a language adapted to their level of understanding.

x. Ensure that the right to the attainment of the highest standard of health, the right to family and the right to parenting are guaranteed for parents with substance dependence, including those in custodial settings.

xi. Provide parents with exhaustive, accurate and reliable information on the services available as well as on the implications of accessing in them.

xii. Ensure the access to and availability of services and other forms of support for parents who use drugs in order to ensure their caregiving role to their children.

xiii. Ensure that mechanisms of participation and accountability are set up for parents who access services.

xiv. Mainstream a gender perspective in policies and services and implement actions for the achievement of gender equality and gender equity.

xv. Guarantee that women who face substance dependence and gender-based violence have access to services which are capable of addressing both situations simultaneously.

xvi. Ensure that trauma-informed practice is available for children and families as well as for service providers and practitioners in the area of social and health services, custodial settings and schools.

xvii. Guarantee the establishment of a relationship of trust and continuity of care between services and children and their families.

xviii. Promote and regulate multi-disciplinary, multi-sectorial, collaborative and coordinated work methods between services, in order to guarantee, under a case-management approach, that children and their families are supported in their own needs and according to their strengths and aspirations, while guaranteeing the preservation and advancement of the family as a nurturing and safe environment for all its members.

xix. Ensure that the working conditions for professionals and practitioners working with children and families affected by substance dependence are respectful of their rights to health and the right to family.

4. National Strategy

The creation of a national Strategy centered on children and families affected by substance use is crucial to identify, tackle and reduce the hidden harms generated by the intersection of substance dependence, drug policies and gender-based violence and discrimination.

It promotes awareness-raising, capacity-building, cross-sectorial cooperation as well as families and children's participation and is consistent with States' obligations in fulfillment of the Convention on the Rights of the Child.

4.1 Mandate

The drafting, implementation and monitoring of the national Strategy is assigned to representatives of ministries or agencies –referred to as "the lead agencies" in the Guide –, depending on the country's organization and preference, and non-governmental organizations. The agencies form a Steering Committee, which is attached to the Presidency or the Prime Ministry or another ministry, department or unit close to the head of the Government.

Appropriate financial resources are allocated for the development, implementation and monitoring of the Strategy.

4.2 Consultation

The drafting of the national Strategy should be preceded by a multi-level process of consultation, the aim of which is to:

- Listen to children's opinions regarding the impact of substance dependence on their wellbeing as well as their recommendations on what they consider could guarantee, maintain, or increase their wellbeing as well as that or their families and peers.
- Incorporate the experience of parents with substance use and their opinions and recommendations on how to ensure that services recognize and contribute to the wellbeing of families and their role and right as parents.
- Identify the gaps and strengths in the current approaches to substance dependence in social services, its impact on children's rights and the wellbeing of parents and families.
- Gather information regarding the elements that policymakers, service providers and professionals in the fields of social services consider as barriers or facilitators for a multi-disciplinary, coordinated work with families.
- Identify practices which adopt a participatory, trauma-informed, strength-based approach with families and children in the pursue of comprehensively accompanying families while maintaining the rights and perspectives of their individual members.
- Identify the current advances and gaps in mainstreaming a gender perspective and guaranteeing the rights of women who use substances.

After the drafting of the Strategy is completed, the lead agencies engage the stakeholders involved in the consultation in a validation process of the Strategy through meetings with their representatives. The consultation and the upcoming Strategy are announced to the general public and specialized sectors through the support of media campaigns and the dissemination of digital contents.

4.3 Contents and contributions of the Strategy

The Strategy includes a mapping of governmental and non-governmental services that work with children and families affected by substance dependence as well as women victims of domestic abuse. The mapping also presents a list of evidence-based programmes and provides families and children the information to access them.

The Strategy includes the review of scientific evidence and the gathering of quantitative data to provide a picture of the number of children living in families affected by substance dependence.

It highlights the current mechanisms and, if present, the obstacles in terms of data gathering and sharing encountered by the participating agencies. It identifies which data are not currently collected and provides recommendations to the corresponding agencies for the development of specific questions in the existing tools in order to address these gaps.

The lead agencies conduct a review of laws, acts, plans of action and programmes that incorporate children's rights, women's rights and drug-related policies in order to identify gaps and inconsistencies in terms of the purposes that the Strategy strives to achieve. The gaps or needs for reform, harmonization or update which have been identified in national strategies, programmes, action or implementation plans and similar regulations are indicated in the Strategy. The harmonization process may include regulations on the following topics, as example of a non-limitative list:

- Drug prevention, treatment, harm reduction and supply control.
- Mental health.
- Children and youth.
- Families.
- Schools.
- Alternative care.
- Women and children victims of domestic violence.
- Prisons.
- Social welfare.
- Data collection and sharing.

Based on the country's needs and existing resources, as identified by the Committee and the statutory and non-statutory agencies and persons who contribute to its drafting, the Strategy presents a list of recommended protocols of cooperation among services as well as amendments to existing protocols, if necessary. The protocols may include the following examples, which are not meant as a limitative or mandatory list:

- Protocols of cooperation and referral between relevant services providing care for children and parents who use drugs, in order to guarantee a holistic and multi-disciplinary approach in the work with a family.
- Protocols of cooperation between schools and relevant services providing care for children and parents who use drugs.
- Protocols of cooperation and referral between services for women victims of domestic abuse, social services and treatment and harm reduction services, as well as mental health services.
- Protocols of cooperation between child-care services and treatment, harm reduction, recovery, and social reintegration services in order to provide parents with access to child-caring facilities while attending the service.
- Protocols of cooperation and referral between antenatal and neonatal units and drug treatment and harm reduction services.
- Protocols of cooperation between prisons and treatment, rehabilitation, harm reduction, recovery, and social reintegration services as well as mental health and social services for people who are in prison as well as after release.

Children, parents and other significant caregivers and family members are actively involved in the preparation, drafting, validation, dissemination, monitoring and evaluation of the Strategy.

The Strategy includes a set of actions and indicators related to its implementation. The Committee establishes a monitoring body that follows up the implementation of the Strategy for the time indicated in the Strategy itself.

4.4 Dissemination and awareness

The strategy is disseminated through different channels and presented in multiple settings, such as schools, social services as well as substance use prevention, early intervention, treatment, harm reduction, recovery and social reintegration services.

The media are involved in the dissemination of the Strategy, as well as in the subsequent monitoring and evaluation.

Public events and fora are organised, with the participation of children, parents, champions and leading figures that can prompt the Strategy's implementation.

The Strategy is shared on existing webpages and an ad hoc webpage is set up and the Strategy is published online and in printing. The webpage contains a version of the Strategy adapted for children as well as additional materials, such as the international and national good practices gathered during the drafting of the document, children's recommendations, the mapping of services and programmes, etc. The page works as a reference point for professionals, families and children and is kept constantly updated.

4.5 Action Plan

The Committee outlines the path for the development of an action plan that translates the Strategy's contents and recommendations into financed and measurable activities.

5. Social Services

Social services are defined as an inclusive range of services meeting general social needs as well as specialized, personal social services provided either by public or private bodies. Services for families and children affected by substance dependence belong to both categories.

The section of the Guide on social services is intended for i) service providers and practitioners in social and health services working with children and families who face conditions of vulnerability; ii) schools; iii) services for people who use drugs and iv) services for women victims and survivors of gender-based violence.

The purpose is not to outline all the actions and services that social services should implement or provide, but only those items and procedures that could complement their work.

5.1 Service provision

Social services respond to the AAAQ[4] framework outlined by the Committee on Economic, Social and Cultural Rights in General Comment 14 (Committee on Economic, Social and Cultural Rights, 2000: para 12).

Equivalent care and service provision is guaranteed in rural and isolated settings, excluded localities, prisons as well as other custodial settings or closed institutions for adults and/or children.

Sustainable funding is provided, to guarantee that programmes and services for families are not interrupted.

5.2 Staff capacity and joint training

Investment in human resources is ensured, to guarantee continuity of care and reduce personnel's rotation as well as to ensure that staff working with families is not put under strain.

[4] The AAAQ model comprises the following elements : Availability, accessibility, acceptability and quality.

Given the delicate and often difficult circumstances and cases that staff working in the fields of substance dependence, children and other conditions of vulnerability deal with, adequate support is provided to services' personnel in terms of counselling, supervision and trauma-informed practice.

Vicarious trauma possibly affecting staff working closely with people affected by substance dependence (Canadian Centre on Substance Abuse 2014), other conditions of vulnerabilities and complex traumas is acknowledged.

All the professionals from social and health services – including substance use prevention, early intervention, treatment, harm reduction, recovery, and social reintegration services – are familiar with the legal framework and the methodologies and approaches for children and families' participation, substance dependence, gender-based violence prevention and elimination, as well as conflict prevention, management and resolution, also in connection with substance dependence.

Social services are equipped with evidence-based and stigma-free information on the processes of dependence on legal and illegal substances as well as other behaviours and forms of addictions, such as excessive and compulsive video gaming, gambling, online shopping, streaming or social networks use (Council of Europe 2022b). They also have information on the available services for people with substance dependence.

Social services' personnel receive anti-stigma training (Comiskey et al., 2021; Office of the High Commissioner for Human Rights 2019: 1.3.vi, p. 9), which includes the development and training on standardized language (Cafferkey, 2024) and involves people who use substances in its design, implementation and evaluation (CND, 2018; Comiskey et al., 2021).

Joint, multidisciplinary training is implemented online and in person. It allows for the staff from different fields to receive enough information, training and interchange of knowledge, practice and experiences in order to be able to develop multidisciplinary methodologies and approaches and to reduce existing barriers – such as ignorance on drugs and dependence or a purely clinical, individual approach to the treatment of a client – that hinder joint working and the holistic approach to families affected by substance dependence.

5.3 Identification and referral

Subject to international and national regulations on data protection, an identification mechanism is used in order to identify and trace parents and children and guarantee that social and health services are provided with continuity of care nationwide even in case of geographical mobility of service users and changes of service providers.

It is recommended that social and health services implement the Adverse Childhood Experiences International Questionnaire (ACE-IQ), adapted to the national and local context[5].

People with substance dependence who are in prison or other closed settings and their families are identified and liaised with social services and treatment, harm reduction, recovery, and social reintegration services.

In the case of joint working among different services who attend more than one family member, individual files can be connected through and online platform, in order to develop, report and monitor complex cases through a holistic, multi-disciplinary approach.

Accurate and updated information on the programmes and services available in the territory and their contact is available for children, families and service providers, in order to facilitate access and referral.

[5] More information on the ACE-IQ, its format and the implementation guide can be found at https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-(ace-iq).

5.4 Multidisciplinary and participatory work with families and children

Social workers, child protection officers, nurses and medical staff and courts work together with substance use prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration services as well as service providers in other fields of relevance (such as schools, housing, employment, poverty, etc.) through a multidisciplinary team model, to guarantee a comprehensive and coordinated care to families and each family member.

They are capable, willing and trained on how to better orientate people to navigate the system, provide them with accountable information and support and swiftly liaise them with other services. They are flexible and able to adapt, proposing realistic actions and involving service users in the planning and the decision-making process.

Trauma-informed care and practice is implemented in social and health services, including substance use prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration services, with both families and staff.

Children's and parents' participation is embodied as an ongoing practice within services and courts, addressing the needs and differences among children in terms of age, gender, ethnicity, nationality, cultural and language background and disabilities.

Parents who use substances and family members are actively involved in the assessment, planning and monitoring of actions that concern them and their family through methodologies that privilege collaborative and multi-disciplinary processes.

Peer support groups for parents and for children as well as other family members are prompted and supported by services.

Responses addressing the needs of children affected by parental substance should adopt a strength-based approach (Dawe et al. 2008), promote resilience and provide support at different stages of the child's development, addressing multiple areas (EMCDDA 2023b).

5.5 Training, prevention, identification and referral in school settings

Protocols of swift identification and referral include schools and multi-sectorial, multi-disciplinary face-to-face and online training should be implemented.

Teachers are trained and informed on substance dependence so that they are able to identify children who may be affected by parental substance dependence, but also so that they do not reproduce stigmatizing beliefs on people who use drugs or addictive behaviours, such as excessive and compulsive video gaming, gambling, online shopping, streaming or social networks use (Council of Europe 2022b).

Universal, selective, indicated, and environmental prevention programmes are implemented for children and teenagers as well as participation process which empower children to know about their rights, recognize and discuss situations which may affect them or their peers and know where to seek for help, if they need it.

Children and adolescents are provided with age appropriate and stigma-free information on substance dependence. Whilst it is demonstrated that the provision of information-only interventions is not effective in reducing drug use (EMCDDA 2022), the purpose of this item is to provide children whose parents use drugs with an understanding of what they may be experiencing at home and what their parents may be going through, in order to help reduce children's feelings of uncertainty.

Processes of participation are tailored to the age of children and be gender and diversity sensitive and guarantee children's involvement in the planning and development of the process.

5.6 Services for people who use drugs and their families

Substance use prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration services offer the possibility for parents to attend the service with their children, by providing caretaking services in the facility or in cooperation with other local services.

Children whose parents use drugs have access to services and programmes tailored specifically for them.

Services and interventions for family members are available in substance use prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration services as well, in coordination with other social services.

Comprehensive care is provided to parents who use substances and their children in order to empower parents who use substances and strengthen their capabilities as well as to prevent and reduce family separation or favor the reunion of children with their biological family (EMCDDA 2012). Families are assisted in the reunification process, taking into account the complexities that this may imply for children and parents individually and collectively.

Specialised helplines and online qualified supports are put in place for children and families affected by substance dependence. The service is delivered by persons and not Artificial Intelligence. Information on these services is advertised on media and social media, schools and community settings.

Staff members in health, social or child protection services who have direct contact with women who use substances and are pregnant or mothers are trained and are aware about the feelings, situations and needs that women may experience. They are prepared to respond appropriately and in a supportive way, avoiding stigma and shaming.

Multidisciplinary comprehensive care programmes are implemented, with doctors, nurses, midwives, psychologists and social workers and follow up women who use substances and their children from early pregnancy into childhood to ensure the wellbeing and healthy development of the mother and the child (EMCDDA 2012).

Women-only spaces or times as well as comprehensive, dedicated services are available for women who use substances. As indicated by the Pompidou Group's handbook Implementing a gender approach in drug policies: prevention, treatment and criminal justice (Mutatayi et al. 2022) some of the gender-specific interventions that should be available are:

- Gender-focused drug stabilization day services that provide childcare and education options.
- Gender-specific, low-threshold services that provide needle exchange, healthcare services (such as within sexual health services) or brief interventions.
- The introduction of specific days where women-only services are provided, in addition to expansion of designated women-only areas or creation of more women-focused facilities.
- Speedy access to affordable housing and appropriate services to ensure safe pathways out of treatment and care settings.
- Addressing waiting lists for detoxification services and treatment for gender-specific services.

A gender perspective is adopted also in the work with men who use substances.

5.7 Services and refuges for women victims of gender-based violence

While there is ongoing recognition of the intersectionality of substance use and domestic violence for women, there tends to persist a silos approach by which, on the one hand, domestic violence services tend to exclude women who are actively using substances from residential services and, on the other, treatment services primarily or exclusively address substance use.

In order to address and amend this situation, countries and services review and expand their capacities of comprehensive services that address these concurring issues and adopt a trauma-informed approach.

Refuges are equipped with children's support workers (Hollywood et al. 2023a) dedicated to working exclusively with children in refuge.

Multidisciplinary, cross-sectorial training is implemented in order to enhance women services' collaboration and the implementation of comprehensive care.

6. Final remarks

The full Guide has been prepared as part of a four year project which, under the leadership of the Pompidou Group, has engaged the participating countries in a double effort: on the one hand, to shed light on the impacts of parental substance dependence on children; on the other, to develop proposals aimed at creating integrated policies that take into account children as well as their parents and support families to thrive.

Articulated in three sections and 108 concrete points, the Guide outlines to Member States what actions could be implemented to ensure that children and parents affected by substance dependence in the family are acknowledged, supported and empowered by policies and social services. The Pompidou Group stands ready to provide technical assistance and guidance to the countries interested in undertaking this path.

To conclude, it is important to remember that this Guide, as well as every product of the Pompidou Group's project on children and families affected by substance dependence, is written with the ethical purpose of enhancing human rights and children's rights and with the conviction that, through international cooperation and concrete national and local actions, the recommendations of Alexis, the young boy from Greece whose testimony opens this document, can become a reality for the millions of children affected by substance dependence and their parents.

Appendix I. Definitions

Child: every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier (UN General Assembly 1989).

Drugs/substances: "Psychoactive drugs are substances that, when taken in or administered into one's system, affect mental processes, e.g. perception, consciousness, cognition or mood and emotions. Psychoactive drugs belong to a broader category of psychoactive substances that include also alcohol and nicotine" .
In this document, the terms drugs, substances and psychoactive substances are used to refer to alcohol, nicotine, prescription medicines, controlled substances under the United Nations International Conventions , new psychoactive substances as well as substances used for their psychoactive effects, such as solvents.

Drug/substance dependence: A pattern of repeated or continuous use of a psychoactive drug with evidence of impaired regulation of use of that drug which is manifested by two or more of the following: (a) impaired control over substance use (including onset, frequency, intensity, duration, termination and context); (b) increasing precedence of drug use over other aspects of life, including maintenance of health and daily activities and responsibilities, such that drug use continues or escalates despite the occurrence of harm or negative consequences (including repeated relationship disruption, occupational or scholastic consequences and negative impact on health); and (c) physiological features indicative of neuroadaptation to the substance, including: 1) tolerance to the effects of the substance or a need to use increasing amounts of the substance to achieve the same effect; 2) withdrawal symptoms following cessation of or reduction in the use of that substance; or 3) repeated use of the substance or pharmacologically similar substances to prevent or alleviate withdrawal symptoms (WHO and UNODC 2020: 4).

When referring to dependence in this text, other forms of addiction are also included even if not mentioned explicitly. These may include excessive and compulsive video gaming, gambling, online shopping, streaming or social networks use (Council of Europe, 2022b).

Drug/substance use: in the Guide, the term drug use is not meant to describe all forms of drug use but as a synonym of drug/substance dependence.

Gender-based violence: The Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as "the Istanbul Convention" defines gender-based violence as that which is directed against a woman because she is a woman or that affects women disproportionately (Council of Europe 2011a). This definition is taken up in this text too; however, it is important to clarify that gender-based violence and patterns of hegemonic masculinity (Connell & Messerschmidt 2005) affect men, LGBTIQ+ and non-binary people as well.

Man/male: Persons who identify their gender as male.

Nonbinary: Persons whose gender is not male or female.

Parent: Persons with parental responsibilities (Council of Europe 2006).
Parenting: All the roles falling to parents in order to care for and bring up children (Council of Europe 2006).

Positive parenting: Parental behaviour based on the best interests of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child (Council of Europe 2006).

Social services: an inclusive range of services meeting general social needs as well as personal social services provided either by public or private bodies. While the former refers to standardised, universal services provided to people as members of a category, the latter are "needs specific" and are addressed to particular needs of beneficiaries (Council of Europe 2011b: II.3, p. 6).

Woman/female: Persons who identify their gender as female.