

# FATHERS

Men in drug treatment services share their life paths and the processes and feelings of becoming and being parents



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their life paths and the processes  
and feelings of becoming and being parents

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Kevin Lynch,  
Paul Merrigan,  
Sergio and Joe

## Chapter 1

# Opening testimonies

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**A**ndreas,<sup>1</sup> 38 years old, lives in Agia Skepi – a therapeutic community in Cyprus – with his 10-month-old daughter. As a son of parents with alcohol dependence, his life was marked by many challenges, including two incarcerations, until he decided to turn his life around because of his child. His daughter lives with him for five and a half days a week and then goes for a day and a half to a foster family, where her mother can be with her in supervised visits. The mother is also attending a drug treatment programme.

” I’m far from using now; I have made up my mind that I will never use again. I have a very strong motivation now and that is my baby, the only thing I did in my life that stayed with me. I’ve been a user for 23 years, and this is the first time I’ve made the decision to seek treatment on my own: as soon as my wife got pregnant, I decided that I needed to quit drugs to raise our baby properly ... The role of the father is a very difficult one. I am now in a phase in which I am constantly with the baby here in the programme. I did not believe that I could do as well with the baby. I am really good at it, and I can feed her, I can change her, I understand what she wants, I wake up at night to see what she wants, I change her nappies, I do everything, I am both a mother and father here. And I get more excited day by day. I have bonded a lot with the baby, especially now that she is trying to talk and walk; this baby is my whole life.

(Andreas, Cyprus)

The next testimony is from Andrew, who is from Ireland and is 43 years old.

” So both my mother and father were heroin addicts. I, along with me siblings, had to be detoxed when we were born because of me ma’s heroin habit at the time and we were put into ... we were ... we grew up in, in, I suppose, in state care so ... And then from there we would have been to a foster family, then to units, then to the streets and then hostels and other places and sorta never really settling anywhere. So yeah, I always knew that me mother and father were drug addicts.

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1. All the names have been changed to protect parents’ and children’s identity.

I remember a foster woman once saying to me that um ... Jeez, I was very young ... she said, "You know, your ma picked heroin over you". Whatever was going on within her, she felt the need to say that to me, to a child. I don't know where it was coming from. I don't know if there was malice involved, but I internalised that. So, I grew up thinking I was worthless. And self-esteem is out the window, and I was very angry and bitter and so on and so forth ... I always thought there's something wrong with me. I'm lacking something. I'm the problem child. I wasn't wanted. I was rejected. I was abandoned. But when I took drugs, all that went away. It was like that, it was like arms being wrapped around you. And it was lovely. And I ended up in addiction for 20 odd years because of it and I ... and I ended up being the same as my mother and father with my own children.

Andrew does not consume drugs anymore and currently works with people who struggle with substance dependence and are homeless. He has three children: one is 23 years old; one is 20 and his youngest daughter is 8 years old. He has shared custody with the mother.

” I have my daughter, Emily, who is 8; she has autism. She's me special little girl. I have her every weekend, so I'll have her this weekend, had her last weekend and yeah I get her all the time. She's beautiful. Then me eldest daughter, she trains with me twice a week and we're going to Dubai now in three weeks' time. And when I come home from Dubai then I'm bringing Emily and Andrew to Portugal. So yeah. Me kids don't live with me, but I have a huge bond and connection with them.

(Andrew, Ireland)

Elias, from the Czech Republic, has been dealing with many disabilities and suffering from several diseases since his early adolescence. He has been attending SANANIM, the largest association in the country providing multiple services to people who use substances, since 2018.

” My mother worked as a model, travelling around the country and abroad. So, she was rather neglectful. We saw each other very irregularly. I don't know if she was using anything. Daddy was in prison from the time I was 3 until I was 10. I didn't know anything about that: my mother said he was working in Germany. I didn't find out the truth until I was about 12 years old. With my dad, it was mostly absence and then chaotic behaviour and lying. He was also aggressive and changed partners a lot. He couldn't be trusted, but I looked up to him.

When I was about 11, my dad started to take an interest in me. He started taking me with him to the casinos, to the slot machines.

At least after my grandfather died, I missed a male role model in my life, so I kind of needed him [my dad]. It's stupid, but there I experienced some closeness and emotions that I needed. He left us and then he had a new family, but his new partner, she didn't like me outright. One time she wouldn't let me go to the bathroom, so I peed myself.

At 12, I learned the truth about my dad, my grandfather died, and I started living with my grandmother and mum. That's when the first signs of neuropathy appeared and I also started wearing hearing aids ...

At 13 years old, I started smoking and using marijuana, and drinking alcohol, and hanging out more with friends, which my mum did not really accept.

But everything was actually fun, even if in the end it was all a load of crap ... I was only looked after by my single mum, who wasn't really there much though. I went to school in my mum's boots. Or I wore her coats. Sometimes someone would laugh at me, because of that.

So, it was the imbalance, the chaos, the confusion.

Elias has a 7-year-old daughter, Livia, who lives with her mother 600 km away. The relationship with his daughter is good but he is worried about the future.

” I'm worried about whether I'll be able to take care of her, because of my health condition. When we are supposed to see each other, I drive 600 km, and I'm afraid that if my condition worsens, I won't be able to drive for her and she won't want to come to see me alone. It's hard.

(Elias, Czech Republic)



## Chapter 2

# Introduction

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**T**he opening testimonies are soul shaking and revealing. They open a window on the life experiences of men who use substances and are fathers – a topic which, unbelievably, is commonly overlooked.

Those testimonies are just a taste of the profoundly painful yet simultaneously resilient experiences of the 94 fathers from 11 different countries who make these pages possible. The countries that adhered to the project are, in alphabetical order: Bosnia, Croatia, Cyprus, Czech Republic, Greece, Ireland, Italy, Malta, Mexico, Morocco and Switzerland. The interviews were carried out by people working in treatment and harm reduction services as well as in prison, in the case of Croatia, or by professionals working in the field of addictions and families. All the people involved in conducting, translating and transcribing the interviews are acknowledged in Appendix 1, and the list of questions can be found in Appendix 2. The fathers who agreed to give an interview did so after receiving an in-depth explanation regarding the content of the interview and the purpose of this study and, lastly, signing a consent form. They are all fathers and most of them have children under the age of 18 years old.

They invite us to look where we usually assume that there is not much to be seen: the intersection between masculinities, parenting and substance use. Next, we should define these terms.

According to Whitehead and Barrett (2004), “Masculinities are those behaviours, languages and practices, existing in specific cultural and organisational locations, which are commonly associated with men, thus culturally defined as not feminine”. This definition is used by the Council of Europe, which goes on to explain that:

The idea of masculinities refers to the position of men in the gender order. There is no universal set of expectations around masculinity: within societies, there are dominant codes that exert pressure on, and create expectations around men – with consequences for women, children and society as a whole. The understanding of masculinity varies across time and socio-cultural contexts, and within groups and networks; and men also “perform” their masculinity differently and inconsistently. Just as masculinity is defined by its relationship with femininity, women too have an important role to play in the interpretation and understanding of masculinity, particularly in their interaction with men and boys. (Council of Europe 2025)

The Council of Europe (2006) defines parenting as “all the roles falling to parents in order to care for and bring up children. Parenting is centred on parent–children interaction and entails rights and duties for the child’s development and self-fulfilment”. The term “parent” does not necessarily or exclusively refer to the biological father or mother but to the persons in charge of carrying out parenting roles. These can be adoptive or foster families, step-parents, social parents, grandparents or other relevant adult persons with caregiving roles.

In this study and in the Pompidou Group project Children Whose Parents Use Drugs, of which this study is part, the term “substance/drug use” is used not to refer to any use of any kind but only to drug/substance use defined as follows:

[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)

The term “drug/substance use” is also used to include other addictive behaviours, such as internet gambling and gaming.

Fathers are largely absent in the literature on substance use and parenting. This occurs despite the evidence that most people who use substances are men of reproductive age: for instance, data from the Statistical Bulletin 2024 of the European Union Drug Agency (EUDA), corresponding to the number of all entrants to treatment in 2022 for all drug types divided by sex, indicate a total of 214 135 men and 52 480 women.<sup>2</sup> When looking at the status “living with children”,<sup>3</sup> out of a total of 41 997 women, 23% (9 883) answered “living with children” and 51% (21 618) said “not living with children”; 26% of cases are reported as not known. In the case of 144 106 men reported in the category “living with children”, the percentage of men living with children amounts to 16% (22 646) and that of not living with children is 59% (85 546); the remaining 25% of cases are reported as not known.

What these numbers tell us is that in both cases (men/women) the people in treatment who do not live with their children outnumber those living with children and that a higher percentage of women than men live with their children, which is consistent with the discussion in this paper. However, in absolute terms, the number of men living with children more than doubles that of women, which supports the arguments put forward by the Pompidou Group project: first of all, we need to take into account children affected by parental substance use, who are usually made invisible; and second, we need to bring fatherhood into the discussion as much as motherhood, going beyond traditional gender beliefs that associate women with caregiving.

Across research in the field of addiction and its impact on parental role and the lives of children, researchers have primarily focused on the maternal role (Comiskey 2019;

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2. Data available at EUDA (2024) under Treatment demand > Current situation > Sex > All entrants > All drugs.

3. Data available at EUDA (2024) under Treatment demand > Current situation > Living with children > Males > All drugs; and likewise under Treatment demand > Current situation > Living with children > Females > All drugs.

Salonen et al. 2023; Williams 2014; Wiseman et al. 2020: 442). Similarly, the predominant outlook on the rights and obligations of parents with substance dependence refers either to parents in general or to mothers and pregnant women, and lacks appreciation of fathers as co-parents (Panter-Brick et al. 2014, cited in Salonen et al. 2023, “Introduction”). Examples of this can be found in the *International standards on drug use prevention* (UNODC and WHO 2018) and in the *International standards for the treatment of drug use disorders* (WHO and UNODC 2020). Both sets of standards refer to parents and parenting skills and have specific sections on pregnant women and women who are mothers. They both include interventions for women and for parenting programmes but neither of them ever mentions the word “father”.

Numerous research papers and prevention or treatment standards have been written on women who use substances and are pregnant or mothers. This topic has been addressed by the Pompidou Group in the publication *We are warriors* (Giacomello 2023c), thanks to the generous participation of 110 women from nine countries.<sup>4</sup> Even if a consolidated body of evidence exists, this does not mean that gender transformative policies and practices are effectively put in place. With some international and intranational differences, there is a huge gap between policy recommendations and policy implementation. Structural, societal and economic barriers often stand between women and services, especially if women cannot attend treatment accompanied by their children or cannot rely on alternative services for their care (UNODC 2022). Women who use substances have been found to be more likely to report adverse childhood experiences or gender-based violence as adults, such as intimate partner violence (EMCDDA 2023; McDonagh et al. 2023). Among people who use drugs, post-traumatic stress disorders and other mental health problems, such as anxiety and depression, are more common among women (Arpa 2017; Prakashini Banka et al. 2022). Stigma and shame are particularly acute for women who use licit and illicit substances 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).

The fact that fathers are largely absent in the literature on “substance use and children” is also a consequence of traditional gender roles, how they are conceived of and how they are performed by parents and responded to by policies and services. Women who use substances and are mothers tend to be more targeted by social services – in ways that are not always supportive but may reinforce biases against women who use drugs – and less served by drug use-related governmental and non-governmental services. On the contrary, men who use substances and are fathers are perceived as individual, ungendered clients in drug treatment settings and are not on the radar of social services, often because they are not present in their family life or because the mother is not using (Galligan 2022), thus further affirming gender beliefs around women as caregivers and the economy of care.

As also discussed in this publication, women who use substances usually have a smaller and more fragile support network and their children’s fathers may not be around or might be aggressors or use substances themselves, whereas men generally

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4. The nine countries are Croatia, Czech Republic, Greece, Ireland, Italy, Malta, Mexico, Romania and Switzerland.

are more supported by their female partners, who look after them and the children. Of course, there are other situations as well: for instance, men who are single parents and mothers who leave their families, or cases where women use substances and fathers step in and take care of the children. All these possibilities and more appear in the interviews. Engaging men as fathers in social services or treatment services is not a mainstream practice (Bell et al. 2020). This is despite the fact, encountered in some qualitative studies, including the present one, that fathers who use substances and are in treatment think about their children (Brandon et al. 2019) and may desire to parent differently to what they experienced in childhood and may wish to provide and care for their children (Salonen et al. 2023). As explained in Bell et al.:

Research suggests that substance misusing men can become motivated to be more involved and to parent their children responsibly; the ability to adopt an improved father role can potentially act as a motivational factor in men's attempts to address their substance misuse. Fathers can, therefore, be interested in enhancing their father role, in the context of interventions addressing substance use, parenting skills and couples therapy or a combination of all three. (Bell et al. 2020: 362)

The fathers interviewed for this study all want to be engaged in their parenting role. Some of them have been actively involved in parenting since their children's birth, whereas for others it might have taken more time. Some have gone through unemployment, incarceration and homelessness, which have made it more difficult to be fully and thoroughly present in their children's lives. The following testimonies show how some of the fathers interviewed for this research reflect on how gender patterns and roles affect women and men differently and how new needs, narratives and practices around masculinities coexist along with hegemonic ones.

Hegemonic masculinity is a concept coined by Connell (Connell and Messerschmidt 2005) to describe prevailing attributes, roles and beliefs attached to an idealised imaginary of masculinity. Hegemonic masculinity portrays men mainly as providers rather than caregivers, not only emotionally distant, sexually prolific and indisputably heterosexual but also heavy drinkers, physically strong, competitors, prone to violence, aggressive, successful in terms of money and status, dominant over all women and over other men who fail to fulfil the same archetype (Martínez Redondo and Luján Acevedo 2020). Hegemonic masculinity is subject to constant revision and is not necessarily the kind of masculinity most performed by men in actual terms, but it stands as an ideal that men may compare each other and their peers with, like an ambition or an internal and external source of approval or stigma. It is a construction of gender norms that weighs as a mandate on men. It is part of patriarchal masculinity, which sees men as superior to women and to other men. It is also named "traditional masculinity" and since the 1990s it has been reframed as a risk factor to men's health, according to which men who socialise within traditional masculinity are conceived of as a vulnerable social group that suffers the consequences of the internalisation of gender norms (Martínez Redondo and Luján Acevedo 2020: 27).

**Interviewer: What do you think is difficult or challenging about being a father?**

” The way roles in Malta are defined. The mothers are expected to do certain things. Fathers are expected to do certain things. The mother is expected to stay with the babies and the father is expected to sacrifice his time at work. So the

father is expected to lose most of his time with the baby and miss a lot of things. I wished that it was me who stopped working and my partner went to work.

(Tony, Malta)

” In my opinion, it is precisely the figure of the father that needs to be reviewed, actually the figure of man, because man has this tendency not to want to show himself weak. In my opinion, however, it is important that a father also shows himself as he is, with his merits, his defects, his qualities, and that a son, in my opinion, feels all this, right?

Because if not, then you get into that mechanism in which you have to meet expectations, that you never want to be seen as weak in your father's eyes, and then you start to get frustrated because maybe it's never enough, it's never enough, and I realised that, you know? Maybe you never feel you are good enough and then all this leads you to frustration, and you then go to try to fill these gaps, and you go to fill them with the use of substances. So, in my opinion the figure of the father should change, but also the figure of the man within society.

(Matteo, Italy)

Sean is a single father; his kids moved in with him when they were about 12 and 7 years old, for their mother also struggled with substances and life in her house was very chaotic and difficult to cope with. He refers to the challenges of being a single father, especially access to services and daily bureaucratic issues. He also speaks of the support he has received and the motivation that his children represent for him.

” And it's very different being a parent in recovery. Being a parent and being a father was the driving factor, you know, for me was the driving factor, despite it being very difficult, and it definitely helped me to get through early recovery ...

Just this, when I say stigma, kind of at the start, being a single father and certain things ... I don't have examples but I remember at the time, certain things you'd apply for or do or, you know, social welfare, stuff like that – they'd expect the mother to be there – and trying to apply for stuff like passports, that was an absolute nightmare for me because, you know, they expect the mother. You know, school events, parent-teacher meetings, communions, confirmations, you know, it's just the dad. But then I came to realise that it's more not news, it's more common now. You know, it is more common where fathers do have to step up. I kind of moved on then and I moved to a new area and outside of the whole recovery thing and, you know, people would know, these are the boys, they're my boys, and they kind of half expect that mum isn't around anymore, as if she passed on or something.

(Sean, Ireland)

Tico has two children, a girl who is 15 years old and a boy, who is 36 months old. He raised his first child on his own, with the help of his parents. At the time of the interview, he lived with the mother of his second child and their son together in

an institution in Switzerland where they are both getting treatment. The following extracts of his interview reflect two aspects: in the first, how it was for him to be a single parent with his daughter and how he would have liked to be considered as a suitable father and be supported so that he could take care of his daughter on his own, instead of sharing the role with his parents. In the second extract, he talks about how they live in the institution and how parenting roles and programmes are implicitly targeted at women. He demands to be acknowledged as a parent and a partner in his caring and loving role, and not only as a functional provider and member of society.

” My daughter was there with my parents and they [child protection services] did know that I had a daughter, but it’s not like that, yes, so when I see now how clients, women, have received completely different support than I did as a client and because I was actually also a single parent, so I was actually the only parent, I wished more that I had been supported like that, just also on the way that I could take care of my daughter on my own. That was actually always my goal ...

I have many examples, including examples from here. How should I put it, there’s the parents’ café here, there’s developmental psychology counselling, and it’s somehow automatic that only the women are invited.

I am the only man here with children and yes, I have already resisted that, but there are also other things, so we also have activities that they do here and then sometimes they make, I don’t know, dummy chains or knit something and so on, that’s just not for fathers.

I just thought that I had the same right as my partner to spend time with my son, yes, but they see it a bit differently: they say that there are two of us and someone goes into the pool. It’s a bit of a cliché and yes, because of my addiction history, it’s not my goal to go to work one hundred per cent and then be somehow overwhelmed again, especially now that I’ve become a father for the second time, I’d rather be able to fulfil my role as a father properly, even if I don’t have so much money, but can be a good dad and can support my wife, who also has a history of addiction – we can support each other, that’s actually more important to me, isn’t it – and the institutions see it more as wanting to mould you so that you fit back into society, yes.

(Tico, Switzerland)

Usually, being a parent and facing substance dependence has not been a straight line, but a path of curves and spirals, sometimes upwards, sometimes downwards: for some men, becoming a father was a reason to stop consuming, albeit not always immediately successfully, whereas for others, their children’s arrival was a trigger to use more and remain or sink deeper into consumption. Some fathers refer to having let down their children, repeating their own life story “being like their own father” or “even worse”. Others consider that having provided material goods and economic stability equals being a proper father and a proper man. For some of them, being a provider was an excuse for justifying addiction and being emotionally absent.

Different phases in their life also imply different ways of parenting

” With my first child, it’s as if I never experienced it, as if it didn’t happen to me. I wanted to be a father, but at the time it seemed like it was far from me. I know it has something to do with substances. When I had my second child, it was different: I felt happiness and then I was on the road to abstinence. I was clearer, and everything seemed different to me. Now I’m more worried when I feel that I may not be able to financially provide for the family. I’m also afraid of how my daughters will grow up and whether I will be able to protect them from the environment so that they don’t get into the problem that I’m struggling with.

(D. B., Bosnia)

Each of the 94 interviews is different and unique. Life paths are complex and painful in some cases, full of deprivations, neglect and insecurities. Others praise their family as being stable and loving but found some bumps on the road that led them to substance dependence: accidents and injuries, sudden deaths of loved ones, feeling overwhelmed with responsibilities as fathers, partners and providers, or just following the culturally normalised patterns of alcohol and drug use in their communities.

This study acknowledges these differences but also brings them together under a common umbrella: they are all fathers that wanted to parent their children and that have struggled to do so, not only because of substance dependence, but because of their own life history and prevailing patterns of masculinities and gender roles in societies, as well as other difficulties related to employment, housing, the communities they lived or live in and financial difficulties.

” The first time I knew that I was going to become a dad, I felt several emotions at once: fear, joy, responsibility, knowing that at the time I was unemployed, and I came back and it plunged me even more into addiction. It was not the fact of being a dad that made me the darkest in addiction but the fact of being unemployed.

(F. A., Morocco)

Without underestimating that some men may be violent and represent a threat to their families, particularly to women, or that women who use substances face more challenges and stigma, this paper aims at making fatherhood visible and to advocate for more awareness and attention being given to men who use substances and are fathers. Paternal involvement in the early childhood years is associated with positive child developmental and psychological outcomes over time, while, during adolescence, father involvement is associated with a decrease in the likelihood of adolescent risk behaviours and predicts less adolescent depressive symptoms for both genders (Caponnetto et al. 2020). Having a father involved in children’s lives brings overall benefits to children’s healthy development (Brandon et al. 2019), but fathers’ inclusion is also important to ensure that men are held accountable for their

fathering role and responsibility, and that parenting does not lie exclusively with mothers.

” People need to see how important it is for children to have a father as well. Like I know they say one caregiver being there but ... yes, that’s important, but we’re just as important as mothers, we really are, and I don’t think that everyone has that view. I don’t think society has that view, for whatever reason.

(Andrew, Ireland)

” I believe that the primary and most important thing a father should do for his child is to provide everything they need: basic necessities like good food, clothing, books, and anything else that is essential. When a father cannot provide these things for his children, he feels worthless, helpless. And believe me, many times this is the reason why many people relapse into substance use. Poverty and the inability to provide necessary things for your children can break a father. Therefore, fathers with a history of substance use should be supported first and foremost. They need job opportunities that give them greater motivation to continue their efforts.

(Epaimeinontas Ouranos, Greece)

Listening to men who use substances and are fathers implies, among other points, guaranteeing that treatment-related services consider parenthood in their work with clients and that social services are more open to, and conscious of, the father role. It also invites efforts to continue to strengthen gender equity and question hegemonic masculinity in society, guaranteeing better and more protected environments for children and women and the possibility of change for men.

## 2.1. Context

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This study is part of the Pompidou Group project Children Whose Parents Use Drugs, which began in 2020 and is continuing at the time of publishing this work. It is a human rights-based project that lies at the intersection of children’s rights to health, education, development, participation and an adequate standard of living, as well as the right to not be separated from their families, and people’s rights to not be stigmatised, discriminated against and criminalised because of substance dependence.

Since the project began, five ISBN publications have been produced (Giacomello 2022, 2023a, 2023b, 2023c, 2024), including the practical guide *Integrating gender and children’s rights in services for families affected by drug use*, published in November 2024. Two reports have been written (Pompidou Group 2021a, 2021b) and the project has been widely disseminated at the global level. In 2023, the author of this study conducted preliminary research on fathers who use substances; that preliminary research is published on the project’s dedicated page with the title “Fatherhood and substance dependence: preliminary research to develop proposals” (Pompidou Group 2023).

For the preliminary research the author organised focus groups with experts and professionals from Ireland, Italy, Malta, Mexico, Czech Republic and Cyprus, and eight interviews were carried out in total: five in Italy and three in Malta. The results of the research and the content of the interviews demonstrated that there is a need to continue researching this topic and to engage more countries.

The Pompidou Group's member states were invited to participate in a larger effort to render visible the experiences of fathers and there was a huge and enthusiastic involvement in the project, both from professionals and fathers. The results presented in these pages by no means attempt to concentrate and reduce all the nuances of the unique experiences and contributions of the men and professionals involved. Rather, this publication hopes to become a foundation stone on which to build more efforts of participation and engagement with fathers and to share some reflections on a somewhat invisible topic, which affects not only men, but women and children as well.

The fathers who participated in this study did so with that spirit; and this study aims, mainly through their voices, to represent a contribution to fathers, children and families as a whole, as well as to services. In Andrea's and Alex's words:

[On understanding people]

” I like to explain how I grew up, the fact that I had my child, how I lived it. In my opinion that's a good thing. And if one wants to help other people too, it's fine for those who have already been through this to say what they went through, what they experienced.

Before I started doing drugs or falling down, I mean doing what I did, I used to judge people who had children or ... I don't know. Now let me tell you, my dad used to do drugs too, I mean my dad died: he was an alcoholic and he used to do drugs too. And my mother never managed to keep up with me and my brothers and sisters, she sent us into care and so we always felt abandoned all our lives, didn't we?

I never understood her there, I always judged her, I always hated her, but later when I did the same thing with my son, that's when I started to understand her, you know?

So this stuff you're doing here, in my opinion, is a good thing because outside people, that is, people who have never been in this situation, will never be able to understand, you know? Because many times you have to be in those situations to understand them.

(Andrea, Italy)

[On people using drugs]

” I think it's looked down on. I remember coming here and I know families. I know there's lads in Coolmine here and their kids have been taken away from them but like ... we didn't set out to hurt our kids. We didn't choose this life. There's a saying in here: our addiction chose us. We didn't choose our addiction.

And I think it's looked down on. I think some of this is going to spread the word. I think it's badly needed. It's 100% important.

In some sections of the world, addicts are kind of the lowest of the low and that's what it is where I'm from anyway. I was always looked down on. "There he is taking drugs and his three beautiful kids at home", but they don't see the person that's in addiction. They only see the hurt he's caused. But I have hurt too, I never set out to hurt my kids. It's just something happened on the way. So, I think something like this is going to help people.

(Alex, Ireland)

## 2.2. Content

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The rest of this study is divided into the following chapters: the next one, Chapter 3, presents quantitative information on the men who participated in the interview and their children.

Chapter 4 presents information on how fathers talk about their childhood: who made them feel safe and what experiences and/or people hurt them or made them feel insecure, neglected or unwanted. This is then related to their experiences with substance use.

Chapter 5 focuses on the main topic of this research, that is, becoming parents. The fathers who participated in the research talk about their journey as fathers, their feelings and concerns, and if and how parenthood intersects with substance dependence.

A sub-section focuses on support networks and emphasises the role of women, since particularly female partners regularly appear as an indisputable protective factor and the main persons in charge of preserving children's and men's well-being, under a traditional organisation of gender mandates.

The study ends with fathers' reflections on parenting roles and their wishes and recommendations for themselves, other men, children and services.

The testimonies represent the backbone of this study and are given a central role, with the intention of listening to as many voices as possible from all the different participating countries.

## Chapter 3

# Information on fathers and their children

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**T**he purpose of this chapter is to present some quantitative information on the fathers interviewed and their children. Each chapter of the study also includes some data that accompany the testimonies, according to each specific topic.

Before presenting the data, some clarification is needed. As explained in the questionnaire in Appendix 2, the interviews aimed at collecting fathers' experiences and perspectives on several topics: in the first place, their childhood experiences, both positive and negative ones; then, on their drug use, how it developed and if it was related to their childhood and teenage experiences. Several questions are focused on fatherhood: how they became parents, the feelings that they experienced and if drug use had an impact on how they raised their children. Finally, they were asked about who they feel supported by and their recommendations for other parents.

The interviews were carried out in different settings in multiple countries and languages by different professionals. Not all the interviewers asked all the questions nor necessarily followed the questionnaire, even if this was shared in advance with an explanation of what was expected from it. In Croatia, the interviewers preferred to carry out focus groups, which are a useful tool and were adopted also for the research for the Pompidou Group's publication *We are warriors*. The focus groups were subsequently analysed, but with no direct testimony from fathers, meaning that the voices of men from Croatia are not reproduced directly but shared as the collective analysis of individual reflections. In some services in Mexico, the interviews were not recorded and the author only received a summary about each respondent. In some countries, the men interviewed gave long and articulated answers; in others, replies were more concise. Translation may also make a full understanding of the answer more complex at times.

Despite the huge variety and complexity of the information received, the author classified the answers in order to provide quantitative data that complement the qualitative perspective. The classification attempts to be truthful to the respondents' language and answer: for example, if a father replies that drug use had no impact on his parenting the answer is classified as "no", even if he later describes how it did indeed affect his children.

Given the qualitative nature of the study, the diversity of answers and the inconsistencies in applying and recording the interviews among and within countries, it should be taken into account that absolute numbers do not always imply percentages; for example, if it is stated that a certain number of fathers reply that drug use has impacted their parenting, it does not automatically mean that all the other men said that it did not, because not all of them were asked the same questions. Therefore, the quantitative information should be taken as an additional element but not as the result of a full quantitative analysis, because this was not the purpose of the study and is not possible with the available data. It should also be considered that for Croatia there are no individual numbers; therefore, the absolute numbers are based on 81 individual interviews and not 94.

The 94 interviews include those carried out in 2023 in Malta and Italy and those with fathers who have children older than 18 years old, even though it was specified that the study was targeted at men with children under 18. Only one interview from Mexico was excluded because there was no correspondence between the information provided by the service and the summary of the interviewee's answers and, even if the author tried to obtain clarity in order to be able to include the interview, she was not provided with accurate information and the interview had to be discarded.

Except for this case, all the interviews were analysed and are included in the study, as a recognition of the fathers' generosity and willingness to participate in the study.

Table 1 shows the number of interviews carried out in each country and included in the study.

**Table 1 – Number of interviews per country**

Country	Number of people interviewed
Bosnia	5
Croatia	13
Cyprus	5
Czech Republic	1
Greece	6
Ireland	6
Italy	18
Malta	9
Mexico	14
Morocco	6
Switzerland	11

The fathers' ages span from 25 to 61 and they have children who are between less than a month old and up to 33 years old, thus encompassing generational and cultural differences. Most men became fathers in their late twenties or early thirties, although some became parents at a very young age, even before turning 18. Some of the interviewees, such as Andrew, have had children in different phases of their

life trajectories: usually, without attempting to be deterministic, they become more involved with the children they have later in their life course and have to rebuild the relationship with the older children who were born when the fathers were younger and more active in addiction.

The importance of taking into account the different parenting strategies and attitudes that fathers may have had with their children depending on when they were born and how this might have impacted children differently was also found in a similar study concerning women: *We are warriors*. Some of the women interviewed strongly advocated for older children to be considered as well, because they might be less seen by services and may have suffered longer and more profound disruptions in their life due to their parents' substance use.

Table 2 provides information on the number, gender and care situation of the respondents' children. This information was collected from all the participants and reflects the situation at the time of the interview.

**Table 2 – Number of and information on the respondents' children**

Number of children		Gender <sup>5</sup>		Situation of care						
Total number of children among the 94 fathers	Children under 18 years old	Females	Males	Living with mother	Living with both parents	Shared custody	Living with father	Institution	Independent	Other <sup>6</sup>
173	139	83	84	101	47 <sup>7</sup>	2	5 <sup>8</sup>	1	8	9

As Table 2 shows, the 94 fathers have a total of 173 children, that is, 1.85 child per man. Most of the children are under 18 years old with no significant difference in the number of boys and girls. Most of them lived with their mother at the time of the interview: this might mean that the father is in residential treatment or in prison and that he will live with his kids afterwards. Alternatively, it might reflect a permanent arrangement whereby children mostly live with their mother while also maintaining contact with their father, whether regular or not. The classification is based on how men defined it and is a photograph of how arrangements were at a given time, which may have been different before or may change in the future. "Living with mother" refers in all cases to the biological one and does not necessarily mean that there are no other persons in the household: there can be siblings, grandparents and social parents. Four children live with their grandparents and one, who is 18 years old, with

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5. In no case did the respondents define their children's gender as non-binary or other than male or female, which is why the binary categories are used here. In six cases the gender of children was not reported by the interviewers.
  6. Five children live with grandparents or extended family members, and the situation of care of four children was not specified or collected by the interviewers.
  7. In two cases, children live with their parents in an institution.
  8. In the case of Andreas' child in Agia Skepi, she also spends time with a foster family; however, the primary care arrangement is with her father.

extended family. The percentage of children living with their mothers (60%) is the same as the percentage of children with the women interviewed in *We are warriors*.

A case which would remain invisible behind the numbers is that of Massimo, who was living in the San Patrignano rehabilitation community, in Italy, at the time of the interview (July 2024). He raised his child alone after his son turned 3 years old, after his partner, the child's mother, left. She was gone for years and appeared only sporadically until the child was around 12 years old and she asked him to live with her. Massimo's son, Davide, accepted: he wanted to try being with his mother, and for Massimo it was, as he put it, "a total decline" into cocaine. Now Davide would like to live with his dad again and visits him in San Patrignano. A few days after the interview, Massimo was expecting his son's visit: he would go to San Patrignano on the same day as the son of another host and the four were going to spend the weekend together in the community.

The other single dads are Sean and Tico, both mentioned above, Joe and Kevin, from Ireland, Andreas, from Cyprus, whose testimony opens this study, and Š. D. from Bosnia. Sean has two children from his first partner who are now 23 and 18 years old. As explained above, they moved in with him when they were children; he also has a 13-year-old daughter who lives with him and her mother. Kevin has a 5-year-old daughter, and he is a single dad. Š. D. has a 25-year-old son with autism; the mother left when the child was 15 years old. Joe's daughter is 8 years old and currently lives with her maternal grandparents because he was in prison, but now he is in residential treatment in Coolmine. The child's mother passed away when she was 3. Tico has a 15-year-old daughter who lives with his parents and a younger son who lives with him and his mother in an institution in Switzerland. Their stories are shared more in depth in Chapter 5.2.

## Chapter 4

# Childhood experiences and substance use

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### 4.1. Adverse childhood experiences

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Harmful alcohol and drug use by parents is one of many adverse childhood experiences (ACEs), meaning “stressful experiences occurring during childhood that directly impact on a child or affect the family environment in which they live” (Lorenec et al. 2020: 1). ACEs are related to risky health behaviours, chronic health conditions, low life potential and premature death (Bellis et al. 2015). They include being a victim or witnessing violence in the family, being a victim of neglect or sexual abuse, as well as experiencing a primary caregiver’s incarceration, death or suicide, mental health issues or harmful substance use in the family.

Parents who use substances are often repeating what they lived through themselves during their childhood, and substance use may be a way to try and overcome the consequences of chaos, violence, neglect, feeling unloved and parental substance use (McDonagh 2023; McDonagh et al. 2023). Substances can represent a means to cope and belong, or to feel closer to family members. This was shared by the women participating in *We are warriors*: 66% of them reported growing up in families where drug dependence was present, with their father being the main person who used. They described drug use as a band aid or sticking plaster, a tool to feel more secure, to establish bonding and attachment, to overcome distress and violence, including sexual violence. Similar findings are presented below with regard to fathers.

The fathers interviewed for this study were asked about what positive and negative people and experiences they associated with their childhood and if and how they related them to their substance use. This chapter presents an overview of the different answers.

With regard to the people that they felt as supportive and loving we find grandparents, mother and parents, with a few cases in which the father is reported as the most positive person. Siblings and uncles and aunts, or families in general, are also named as the people that made them feel safe, followed by friends. Sometimes siblings are the closest people, as they tend to look after each other.

The condition which seems to be most prevalent is a perception of being alone and isolated in their childhood, followed in equal numbers by four feelings, two negative (being emotionally neglected, feeling insecure) and two positive (feeling safe, feeling good). Some respondents refer to other negative sentiments such as feeling worthless, shame and embarrassment, guilt – for not being able to resolve things at home – or simply “not well”. Fear is associated mainly with the father.

” Well, a lot of insecurity, a lot of fear. Because no matter what I did, or how I did it, it was always ... it was always wrong, wasn't it? They always stressed to me that I was useless, that “You look like your father”. I mean, things like that, so I always lived with that insecurity, I think that's what increased my insecurity and my fear

(Israel, Mexico)

Stigma and being bullied were also brought up: for example, Romeo, in Italy, could not play with other children: they were forbidden to be with him because his father was violent and often drunk. On some occasions, he had to run away from adults chasing him because of his father.

Some of the fathers interviewed had to look after themselves or were looked after by older siblings in tasks such as cooking, going to school, or even working to support themselves and their families.

” My brother was like my second mother, because he was in charge of cooking. We lived in a small room about 3×3m, my mother, my brother and I, and we didn't have a gas cooker, we had a small one-burner electric grill, so since then we were exposed to handling things that weren't for our age, honestly. And on one occasion my mother left us a pasta soup in red broth, here we call it “sopa aguada” [watery soup]. So, this ... this watery soup fell on the floor while we were cooking, my brother burnt himself on the grill and it fell on the floor and, with the need to eat and the hunger we had, we had to lift the soup off the floor and eat it. We found some tortillas that were already stiff, a bit flamed, and that's what we ate. It was like our little survival instinct at that age.

(Roberto, Mexico)

” I was ironing clothes at 8 or 9 years of age. I was cooking my own dinners and lighting my fires at 5, 6, 7, 8, 9, 10 years of age. I grew up learning how to do everything by myself.

(Sergio, Ireland)

Some had to adopt parenting roles towards their parents, mainly trying to protect their mother from their father or feel responsible for her.

” There were many such situations in the family where I felt like I was the parent, i.e. the person who should resolve situations of conflict and problems, and I would feel guilty if I couldn't do it. I took care of myself. There was also emotional neglect and violence. During my parents' divorce case when I was 10 years old, I still decided to be with my mother who, although she didn't pay enough attention to me, still took care of me in a way.

(D. B., Bosnia)

In the case of Croatia, the respondents attending the focus group held at Lepoglava Penitentiary also shared both positive and negative experiences. As stated in the report:

The participants state having had a peaceful childhood, family support and, mostly, mention absence of any family problems such as addiction in the family, except for one participant who reports alcoholism in the case of the father. Two participants point out prominent strict discipline behavioural patterns on the part of the father. These emphasise a strong supporting role of the mother in their upbringing, fathers being excluded as a supportive element, or reported to have died early or not being present during growing up due to parental divorce/separation. Other participants, likewise, do not list the father as an important figure in their lives. They also state having had several siblings but deny any addiction problems or institutional issues in case of the siblings.

The participants list difficult life situations – father’s death, wife’s death, arduous working conditions, growing up in extremely poor conditions – as the reasons for taking up psychoactive substances and, mostly, having started consumption in elementary school, while one participant states having developed addiction in the penitentiary, after having consumed Suboxone.

Focus group at Lepoglava Penitentiary, Croatia

Substance use in the family was the most recurrent adverse experience, with 42 reporting family members with substance, alcohol or gambling problems. The father is identified as the main consumer, followed by both parents or brothers; the mother is identified as the main substance user in four cases; and other relatives are also mentioned, mainly uncles and cousins.

” My father impacted me most. He used to quarrel a lot with my mum. She used to tell him to stop for our sake. He didn’t want to [quit alcohol use]. He stopped working. My mum went to work instead. The fact that upon returning home in the evening we no longer used to find mum where before we would find her ready to serve us with food.

(Roderick, Malta)

” My father used to drink alcohol; now he doesn’t drink. When I was a kid, I remember him drinking after work. I was a little boy and I would smell his whisky, I didn’t like the smell, but if he drank beer, I would smell it, it was an intense smell and he would let me drink beer: I was 5 years old; my father would laugh, and I would feel bigger, stronger. I got a feeling that I am stronger, that I can, and my brother can’t. And my mother, I remember that conversation as a child, she said to my father, “Why are you letting the child have beer?” And he said to her “Let the child learn, so when he grows up and goes out drinking with his friends, he doesn’t get drunk”.

If his patience was tested, he might have turned his hand [to hit someone], if we were doing silly things with my brother there would be violence, but not in a big way. I remember a few times he hit me with a belt. I was afraid of my father as a child. I didn’t feel my father close to me, I watched him with my two other brothers, he was closer with them, they were older and I know I am the

third child and maybe he was a lot more tired by then and yes, I felt neglected by my father. On the other hand, I felt more care from my mother; she was a lot more concerned about me, as I was her youngest child. She took care of the others too, but she was more worried about me and supported me a lot. And so, the attention I got from my father was always not enough, and the attention I received from my mother was to the other extreme, it was excessive. It was never in the middle as things should be ...

They affected me a lot, because growing up in such an environment, that's how I wanted to act, I wanted to drink, I wanted to get drunk, I wanted to be tough, I wanted everyone to feel afraid of me. Because to me, as a child, I thought my father gained respect when he raised the tone of his voice. I thought people respected him in this way: he had his way, he did as he pleased and that's how I learned to deal with people and get what I wanted.

(George, Cyprus)

” I had many negative experiences during my childhood, but I got used to it and over time some experiences, such as the sentencing of my father to three years in prison for drug dealing, became kind of normal in my eyes. In my family everyone consumes. Where I lived, consuming or dealing was quite common. But if I consume, it is not because of traumatic events or because my father was a dealer, it is only due to my unconsciousness when I was young, until I find myself in this uncontrollable situation. Besides, I don't like to talk about this subject anymore.

(L. S. M., Morocco)

Violence in the family is reported by 25 men; most violence is perpetrated by fathers on mothers, mothers on children or between family members. The family figures that are identified as being a source of difficulties, pain or violence are mostly fathers, followed by both parents, and then mothers. When fathers are described as absent, mothers tend to appear as a protective figure – sometimes even “overprotective”, which is described as problematic. Absent parents, neglect or abandonment are also described as difficult childhood experiences. The next testimonies show the complex interweaving of substance use, violence against women and children, parental absence or abandonment and their impacts on children's lives.

” It was pretty chaotic, bad conditions, yes, many associated with violence. I had a stepfather who wasn't good, so from that perspective, yes, looking back at memories and so on, it's actually very difficult. My brothers, well yes, my brothers, they were always good to me and I always felt safe with them; well yes, my grandparents who passed away, I always felt very comfortable there.

It was bad, I mean, like getting beaten and such things or when the sisters were abused by him, that starts to affect you over time, and at first, you can't defend yourself, and eventually you get to an age where you might get stronger, do sports, and then at some point, you can defend yourself, and that's what happened, yes.

(Fill, Switzerland)

” My father was the typical Mexican macho who wanted to come home and have the food on the table, the clothes clean, the children’s homework done. So, the demands on my mother were quite high. And on weekends, he usually arrived very late at night. He would arrive and wanting to play music. He would wake us up and start smoking inside the house. He would talk to my mum in a very, very aggressive way. My mum would ask him to let us rest but he didn’t care. He was always very aggressive in that way. He would say that he wanted to enjoy his children, his house and that they should let him, let him have it. And at the beginning I didn’t see it as bad, I didn’t notice the situation so much. But as I got older, I realised that my dad was violating his family and that my mum, trying to protect us, ended up being assaulted, often with very offensive words.

And that was hurting me.

At one point in my childhood, I felt that I had two fathers, the father who loved me, who cared for me, who looked after me, and the father who was violent, who assaulted me, who offended my mother, who came in all upset and hurt us. I lived with my aunts and grandmother. I grew up well. I might not have had my mother and father. My father was around occasionally, my mother not at all. I grew up with my aunts and grandmother. They gave me the best upbringing and education they could.

I was a sensitive child, communicative, beloved, everyone wanted to be friends with me.

A major problem and a thorn that still pricks and bothers me is the absence of my mother: she was absent since a very young age, she left and she acted like she didn’t have children. Anyway, it was bad, very bad. The only thing she did was take D., my sister, with her. D. went with mum and I stayed with dad’s side.

(Paco, Mexico)

**Interviewer: At what age did your mum leave?**

” I was 4.

**Interviewer: Do you remember her at all? Do you have any memories of her?**

” I do because I would visit her sometimes. Altogether, between the ages of 4 and 21, I saw her five times. We rarely went to her village and ... how can I put this: I felt ashamed. At those times, she would parade us around to show others what a good mother she was.

That was before I became an adult and she still accepted me as a visitor, but by the time she found out I [had] got involved with substances, our relationship was over.

(Sonic, Greece)

” My father stopped using heroin when he met my mother; I mean he stopped for a while because afterwards he started again. Anyway, he was more alcoholic when we were born. I mean, every day he came home drunk, he smashed everything, he beat our mother, I mean, like that every day.

After my father’s death, my mother fell into a kind of depression: she found herself alone with four children. At the beginning the mayor, the social workers, the relatives wanted to help us, to do the shopping, to find her a flat where she could pay less rent etc. etc. but she never wanted to be helped, she always said no and she took charge of all these things that maybe she couldn’t manage and in fact she didn’t make it.

We even stopped going to school, she didn’t even change my sisters’ nappies, the house was all dirty, without food, all the walls were scribbled, broken doors. Sometimes she would go away for two or three days, leave us at home without eating, without anything, I mean she’d disappear like that, then she’d come back drunk, maybe she was on psychotropic drugs, abusing them. And nothing ... when the schools informed the social services that we didn’t go to school anymore, they also noticed these things through the neighbours who saw us. I mean they saw what was going on, didn’t they? They came a few times to check up on us, so they saw how we were and decided to take us away. That is, my brothers went to a community and my sisters were taken in by a foster family who then adopted them.

(Andrea, Italy)

Other relatives are also pointed out as being negative persons in their lives, such as uncles and cousins. In some cases, these relatives were sources of sexual violence. One of the victims is Stathis, whose testimony is reported below.

” My grandfather died when I was young, and I was out of control. I also experienced sexual harassment without knowing it was sexual contact then. When I found out, it was something that I kept inside until I was 30, 32 and it was one of the main reasons why I didn’t open up to others and I wouldn’t let another person approach me emotionally, to talk about my problems or things that concerned me.

(Stathis, Cyprus)

Sergio and Kevin are both from Ireland and are two of the seven men that talked about sexual abuse.

” I remember one period of me life, and this is probably a bit deep or whatever, but I remember one period of me life where I think I was making my confirmation or my communion ... I can’t remember which one but I remember in me father’s ... me father’s family home ... He had a brother. Well, I remember sleeping on the couch. And I just remember not sexually abusing me, but I’d the fear in me. And that’s exactly what he did. And I felt as if I couldn’t tell that.

I kept that to myself for years. For years and never have revealed it to his side of the family.

But that incident made me feel something, you know. It made me feel something inside as if that I had to keep that a secret, but so yeah, so that was very ... that was traumatic too ... and I remember going through a period of time where I held that in. And I'm sure that was the changing in me. Yeah, I just felt ... I don't even remember what I felt. But I remember that being a period of time of keeping that secret for years and years and years, yeah. And it will never happen again, it's just that one incident, one incident, erm that changed something in me where I felt lost and alone – do you know what I mean? – and I couldn't tell anybody anything and ... that period in me life where something changed in me and I would say so. I think that traumatic, if you want to call it a traumatic event? It was a very lonely period of my life because I remember crying in bed and slept even on the stairs. And you know, that lonely child, erm ...

(Kevin, Ireland)

” So, I was sexually abused from around 6 to 8. That was a cousin of mine, my mother's auntie's son. The physical abuse started from around 6 and stopped around 12, 13. And then, like the sexual abuse went on for two years. But again, that was when I was getting babysat at weekends.

(Sergio, Ireland)

Oscar,<sup>9</sup> from Mexico, was a victim of sexual abuse by female cousins, whereas Mattia, from Italy, was abused by a male cousin.

” This is absolutely a very sore point in my childhood. I suffered from, shall we say, sexual approaches with my cousin. I used to go to the mountains on holiday for three months a year with my mum, but I would spend it at home, watching television. When my cousin came it was a way for me to no longer be alone in the mountains. Then, at a certain point ... he was older than me, a few years older than me, three years older than me, in short, these approaches began, which were approaches, let's say, that didn't result in heavy stuff, let's say. But they conditioned my growth path in a particular way.

(Mattia, Italy)

Davy, from Switzerland, had a tough life: he grew up being neglected by both his parents and was put in foster care at the age of 6 and was a victim of violence by one of the foster families. When he was still living with his mother, he was sexually approached by a paedophile who lived in his same building.

” There was one [event] that left its mark on me and still does, but I'm still able to live with it. He was a paedophile who lived in my building. He tried to touch

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9. Information supplied by the interviewer. Oscar's interview was not recorded, so no direct testimony is available.

me, but he couldn't because even as a child I wouldn't let him. I was a tough kid. I didn't let him get to me. And I was smart enough to know that if I said no, that's what he wanted to hear. So, I'd say "Yes, yes, I'll come back afterwards" and then and there I'd manage.

(Davy, Switzerland)

Andrew, from Ireland, also speaks of violence and sexual abuse in foster families.

” I believe I'm the person I am, I was born this way. I went through struggles, but the external stuff isn't to blame and yeah ... Yeah, I've a lot to be grateful for, people who took me in. I really do. Now within families ... neglect and abuse, sexual, physical, went on as well. And some of the time there was a lot of money that was paid for the care of foster kids at the time.

(Andrew, Ireland)

Financial problems are also mentioned as a negative experience, sometimes associated with substance use, because of their father's gambling or spending money on drugs, or as a contextual family and community adverse experience.

” Because I was very poor but a very happy child. My father consumed alcohol, but I didn't see him like that [drunk] so much or I don't remember, but he left home when I was 6 years old and my brother and I took care of working and making money to eat and give to my mother, we started working when we were 7 and 8 years old. But I remember it all very happily.

(Uriel, Mexico)

” When my father was arguing with my mum, after they both drank, that would make me feel scared, as I witnessed that as a child. My dad received a prison sentence in 1996. I was 10 years old, and I didn't pay attention, but I remember it. There was no gambling, no substances, the only thing that was there was that they drank alcohol, but in essence it affected the financial situation of the household since my dad would go out and spend a lot of money drinking ... In a way I came full circle, I ended up where they were: I would do the same things I watched my parents do as a child; I would start with the drinking, and then the drugs followed.

(Andreas, Cyprus)

Another topic which comes up in several interviews is the death of dear family members, usually grandparents who played a caregiving role, siblings or parents.

” What saddened me the most during my childhood was the frequent and incessant disputes between my brother and me. And also, the death of this same brother, which was early and sudden.

(F. A., Morocco)

” I had a good childhood. I lived with both my parents and my three sisters. I was the only boy in the house. It was good going up to [when] I was 12 and I used to live with my nanny, but my nanny died when I was 12. And she was like my mother because my mother and father were working. She was looking after me. And then when she died, that’s when I went downhill. I started taking drugs when I was 12.

My family is kind of like my mother, father, like old school. Didn’t talk about feelings and emotions. So, when she died, I was just left there with no one to talk about her death with. When she died, [just before] she sent for the nurse to see me. And the nurse said, “She wants to see you”. And then when I went in to see her, when I seen all the machines hanging over her, I ran away. By the time I changed my mind and came back, she was dead.

My father was kind of “What you crying for?”, kind of thing. He’d be hard on you. He’d be a hard man, because maybe his father before him, he didn’t show him love or something. I don’t know. Yeah, but yeah, that affected me big time. I didn’t realise that at the time, it wasn’t until later on in life.

(Alex, Ireland)

The death of a close family member, especially if they are a protective factor in the family, may have a ripple effect on the family structure and fragile balances, as Luca’s case shows. Luca grew up in a hyper protective family. He was not allowed to go out and play with other kids until he was 13 and he immediately started smoking weed and cigarettes “to get back at them”. His father left when he was 8 months old, and he lived with his mum and grandparents. His grandmother was affected by Alzheimer’s and, when she died, Luca’s mother fell into depression and alcohol dependence. Luca had to go with her to AA meetings, as he wittily explains below.

” So between the ages of 8 and 10 years I was in a wonderful course of Alcoholics Anonymous in Carrara, where I couldn’t go to play with my peers, because I had to go to the rehabilitation centre, so I’d witness things such as: “Hello, I’m Silvia, I’m 38 years old, I have the problem of alcohol” ... all the crying, all the “I’ve been out here for two years”, “I haven’t been drinking for two years”, the smile, crying, screaming ... it’s as if I eventually took all these things in like a sponge.

(Luca, Italy)

Parents’ death seems to have an impact also on adults and may lead them to feeling lost and to an increase in substance use. Both Giovanni and Gianni share how their father’s death when they were adults impacted their substance use.

” I was not doing drugs and [then], when my daughter was born, I started doing drugs again. I didn’t feel ready to face that situation. Because I was always a child, I didn’t know how to take responsibility for being a parent. It scared me. I went on until my daughter was 7 years old. In 2021 [he was 42 years old], with the death of my father, my world collapsed on me, I felt alone. Then I picked up again and destroyed everything.

(Giovanni, Italy)

” After his death, I completely lost control.

(Gianni, Italy)

Illness, disabilities or accidents are also mentioned as distressful experiences that can change one's life, either when happening to fathers themselves or to close family members.

Elias, whose testimony is presented in the Introduction, began presenting signs of neuropathy at the age of 12, which is when he started using hearing aids. He suffers from multiple sclerosis and at times this has affected his ability to work and, therefore, his finances.

For M. T., from Bosnia, drug dependence was triggered by war injuries and controlled medication.

” My first contact with substances actually happened as a contact with an analgesic drug. During the war in Bosnia and Herzegovina, in 1992, I was wounded in the area of the plexus brachialis, which required hospital treatment at the Clinic of Thoracic Surgery and Traumatology, which included the subadministration of tramadol. On discharge from the hospital, a recommendation for pain management was a tramadol solution. A friend explained to me that taking doses larger than ones recommended would lead me to a pleasant feeling, so I started abusing the prescribed medication. In the beginning, I was curious about taking tramadol and at that moment it was in the range of substance abuse, without withdrawal symptoms, and I had significant periods of abstinence from tramadol.

After I stepped on a landmine, it ripped a part of the muscles in my left foot, and I had severe burns in the left part of my body and I was administered tramadol and Fortral as treatment again for pain management. I started abusing opioid analgesics in 1997, after the war ended. I was an owner of a bar, where my friends and I would get a lot of different substances. I used tramadol in form of tablets and drops until 1997, then I switched to heroin through intranasal and intravenous administration. In that year I was aware my abuse had switched to addiction, as I was using heroin every day and suffered withdrawal symptoms. The last time I took heroin was in 2004. Due to my intravenous use of heroin, I was infected with hepatitis virus.

(M. T., Bosnia)

War was also identified as a key element by Croatia's focus groups.

The participants list having had a difficult childhood. The Homeland War period is referred to as a very difficult period, at which time they were either in exile or in the army. Tragic circumstances associated with the war, the death of family members or imprisonment are given as an explanation. The participants also point to having to repeatedly change schools to emigrate, and qualify this as a “wild time”, that is, one with no parental control, with availability of drugs in the streets and in techno parties, popularising the consumption of various psychoactive substances. Very often, they

also state having felt a sense of belonging to the society of people who frequented techno parties and consumed psychoactive substances as part of their own identity.

Moreover, the participants mention the existence of other aggravating circumstances in childhood, such as the diagnosis of paranoid schizophrenia among family members, suicides, death of family members due to unfortunate events, “destabilised” relationships in the family, lack of parental control and domestic violence due to alcoholism. They particularly refer to “running away” from home because of unstable family relationships, which was the reason for one participant’s enlistment in the army.

Focus group at Mental Health and Addiction Prevention Department of the Andrija Štampar Teaching Institute of Public Health in Zagreb, Croatia

Tico, from Switzerland, trained professionally until he was injured at the military recruit school, and this ultimately put an abrupt, premature end to his football career. He was about 17 years old and at the age of 20 he started taking drugs. Similarly, Matteo, from Italy, experimented with drugs during his teenage years, but his life was focused on football until his knee was completely fractured and he had to stop playing. This was also the case for Y. A.

” My consumption began a few years after I had an unfortunate accident. When I was 18 years old, I practised football in a professional club. I suffered a fracture that led to the end of my early career. This fracture had a major impact on my life, and it was difficult to accept. This is what made me sink into depression and then into the consumption of alcohol. It was at the age of 21 that I started drinking alcohol on a daily and regular basis. I can’t tell you exactly when I became addicted, but I think it was during that period.

(Y. A., Morocco)

The experiences shared in the interviews span from the early months of life until the first years of adulthood of the men interviewed and, without attempting to put on a scale the feelings or the sufferings involved, they go from loving and balanced families, absent, strict or hardworking fathers and overprotective mothers to chaotic situations, with both parents consuming, no stability, abandonment, neglect, violence, including sexual violence, traumas related to war, sudden changes due to physical injuries and poverty.

## 4.2. Paths of substance use

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When asked if they believe that what they experienced through their childhood and adolescence had an impact on their substance use, 40 fathers said yes and 24 said no. These numbers include those that replied both.

” After the age of 15, I left sports, I drifted away from my mum, we used to talk about school and tell her if something happened, she knew my friends, but it lasted until 13-14. It was a different life then, growing up. I knew that it would come to an end one day, I could see it coming. It certainly affected me, but I didn’t realise how much it affected me, to be honest, until now, at age 42. In Agia Skepi I realised how much these things affected me. Okay I was to

blame too, I had choices in front of me but I didn't see clearly. Yes, now that I have a clear mind, I see that it has influenced me in starting my life wrong, on my father's side.

(Stelios, Cyprus)

” They [his parents] were rude, insulting, while they did really give us some money for toys, or for after school tutoring, or for English, in order for us to have all we would need, yes, but I didn't feel very close to them ... And now, as I have grown up, I realise that mistakes have been made, that I would never act like that, for example, towards my child.

When I was 10 years old, while he [his father] never gambled before and he never used to drink – in fact, he was against addictions – he started gambling sometimes, and I remember myself, a 10-year-old kid on a bicycle, taking money from my mother and giving it to him so he could continue playing in the coffee shop. I was 10 at the time, I don't know if it traumatised me or not, I'm just mentioning it ...

I don't know if it has affected me, but it's something that I would never want; even if I gambled, I would never ask my child to give me some money to gamble.

**Interviewer: Do you think that what you lived in your childhood had an impact on your drug use, and how?**

” I don't think it had an immediate impact, I just think it could have ... umm to a certain extent ... it certainly might have had.

(Locky, Greece)

” My mum was there for me, my dad was there for me, and he used to work. We were the “perfect family”, so to speak. Honestly, I don't think that the problem stemmed from there. I think that it was from outside [of the family].

(Orlando, Malta)

In most cases, substance use began in an exploratory way during early adolescence, with school mates, friends or male relatives and then developed into something difficult or impossible to control in the early twenties. However, in some cases substances came into the picture in early adult life, in association with abrupt changes, such as accidents, military service, new responsibilities associated with becoming parents or, as was the case for M. T. and Š. D. in Bosnia, the war.

Substance use is associated with looking for attention and acceptance, curiosity, boredom, fun and pleasure, normalisation in the community and a representation of masculinity, a family behaviour to be emulated, a way to feel more confident with girls and people in general, a band aid for pain and a soul-soothing tool.

” I suppose drugs made me feel a bit safer. To be fair I had love and affection for them. I felt I sort of found comfort in them, and I was able to become

someone else. I couldn't be me. I fell in love with drugs and I fell in love with that lifestyle. And they gave me what I needed at the time. At the time that's exactly what they were to me.

(Kevin, Ireland)

” I felt that the reason I turned to drugs might have been my reaction to things I couldn't bear and couldn't change. I used drugs to feel relieved from my mother's authoritarianism.

(Sorin Mattei, Greece)

” With my weaknesses and insecurities ... going out with friends, with the group, we started smoking weed at 14 and then at 16 I found heroin, which was the thing that made me be with people, interact.

(Pietro, Italy)

Drugs were very much present in their life as fathers, either before and after or, mostly, throughout. Some fathers managed to balance substances, work and family for years, until something disrupted the fragile – or perhaps only apparent – equilibrium. For some, becoming a parent implied the reduction of drug use or abstinence; in other cases, it was the beginning of their downfall. The next chapter shares how the fathers interviewed talk about becoming parents, the feelings and the worries associated with that, if and how drug use impacted on their parenting and their current relationship with their children.



## Chapter 5

# Becoming and being fathers

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” Well, I’m here to avoid prison. I told them honestly so I could see my son. My son is my strength. Otherwise, I wouldn’t give a damn about life. Honestly, if I didn’t have children, I’d stay in prison.

(James, Switzerland)

” The whole thing was beautiful: the pregnancy, attending the delivery, seeing her being born, all very emotional. We also wanted a second one. But today, as a lucid person, I tell you that the most beautiful day of my life was when I saw my children again here in the community [in San Patrignano, therapeutic community in Italy]. When I saw them again after eight months, that was the most beautiful day of my life, to see them again, sober.

This is something that I am very ashamed of, but unfortunately that’s how it is: not even the birth of children has managed to make me change my way of living. So that’s the thing I’m a bit ashamed of, because then I lost so much with them. On a material level they never lacked anything. Maybe the thing ... not maybe, surely the most important thing is the affection that a parent must give, I made them miss that. But I realise that now. I mean, being in here ...

(Lucio, Italy)

” It’s something so ambivalent; it was actually the beginning of the complete downfall for me. I was doing very well until then, I was working in sales. I then met a woman on the train, offered her a job because I was a team leader and just felt sorry for her, I’m somehow a very social person, and I ended up getting together with her, but that didn’t work out with work at all, so I had to let her go again. We had a six-year relationship. She got pregnant and had my son, but she was hooked and was using heroin, something I didn’t know before, and suddenly, because she was pregnant, I started telling her the risks. Luckily she never used coke, that was less of an issue, but I was just worried about my son. During the pregnancy, I always told her “Before you use that stuff, I’ll take it from you and use it myself, just so you see how it is” and, yeah, I said I was strong enough and that I could handle it, and it actually went well until the end of the pregnancy.

But then you take your wife home from the hospital, and the child stays there because it's still going through withdrawal, and that was, I think, a defining and impactful situation, also the birth, I couldn't really process it. People always think, yeah, you go to the hospital, and the wife is in labour, but we just barely made it to the hospital, and five minutes later, it was there, so it went very quickly, and somehow, I still hadn't really processed it because it all happened so fast. Then I went back to work, I didn't call the family first like everyone else does, instead, I called my colleague from sales first, like, "Hey, can you come over, I'm totally overwhelmed, you need to pick me up here and please bring something along, I just need to knock myself out, I can't handle this".

(Berni, Switzerland)

Lucio, James and Berni share straightforwardly some of their thoughts and feelings of becoming and being fathers. Their testimonies encompass different scenarios: fatherhood as a choice and as an unanswered question, as a reason to stop using drugs or as a push to use more. Many feelings are associated with fatherhood: joy, stress, guilt, fear and more. For some men fatherhood is a concept and a role that they are still trying to come to grips with. For others, it is an identity that fits them like a glove. The next pages attempt to give an account of these different nuances.

## 5.1. Experiences, feelings and concerns

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Out of 81 men interviewed individually, 54 did not specify whether they chose to become fathers or not – the question was not asked directly – but 23 said they did not, 19 said yes they did and one was ambivalent about it.

” It was a bit problematic, I'll put it that way, because I actually never wanted a child, especially not in my condition, you know. It just happened, and at the beginning I still thought she wanted to pin it on me, and yeah, I wanted a paternity test, and it turned out it was my child, but it was very difficult. I went there and held the child, and then there was again a long time where I just withdrew from the whole thing, which made it extremely difficult.

I don't know it myself; even today it's very difficult for me, yeah. He knows me, we have contact, we talk a lot on the phone, but still I somehow can't really be a father; it's very difficult for me. I also never really learned it or anything, it was always such a distant concept, and I would say the substance use actually led to me barely knowing my son and having had very little to do with him until today.

(Fill, Switzerland)

” At the age of 30 I became a well-planned dad. I did want and I did plan to be a father. I even asked my wife if she was sure we should have a child; it wasn't an accident or anything. Children are the best thing in life. I went to see my children at playtime even though I was in my worst moments, but I wasn't on drugs, I was fine. They are the love of my life. [It's been] pure happiness, I felt so ready to be a father, I think that's why I was never afraid.

My children have been living with their mother for seven years since we separated; she takes care of them, and I spend the weekends with them on Saturdays and Sundays.

My children never saw me on drugs and never knew I had a drug problem, and I was always close to them and never had violent behaviour.

(Uriel, Mexico)

” I became a father for the first time at 24 with my first wife. I was very happy. In fact, my then partner didn't want to keep the child, but I wanted it very much. I didn't care about anything else. I said I would make it work. And then with my second child with my current wife, I was very happy. I had no anxiety. I was sure I would be a good father. I participated in their care, fed them, took care of them. Apart from drugs and the issue I had with substance use, I knew I was a very good father and that I would do everything for them. As I said, my children were the reason I stopped using substances.

(Athanasios, Greece)

When asked about feelings related to becoming parents, the most mentioned one was joy (63 answers) and wanting to be a father (27), followed by fear (20). Other feelings they express are stress, being unprepared, incompetent, not taking it seriously, feeling pride, and not being happy about it. Some of them refer to feeling numb due to drug use.

” I became a father nine years ago. The initial feeling was fear. Fear and doubt about whether what I was doing was what I wanted or what others wanted. My daughter's mother wanted to have a child and my parents were asking when I would have a child. The first feeling was fear and the second thought was, “Why did this happen? Did I want to become a father?” I'm not sure; I didn't want to start a family and that caused me more fear. But as soon as I held her in my arms, everything went away.

(Sorin Mattei, Greece)

” When I learned that I was going to be a father, I felt a lot of joy and happiness whether for the first child, the second or the third. It is true that I had more responsibilities, but it reduced my impulsivity and at the same time my consumption.

The two times I found out my wife was pregnant, I felt joy, excitement, I had dreams about them. But when the babies were born, I was afraid, I felt that I would not make it, I was thinking about things ahead of time, e.g. how they would go away to study, whether we had enough means. It was just a good excuse to drink, to gamble the money, to make twice as much when I knew I was losing it. Drinking alcohol, or using drugs, was also an excuse. While in the beginning I was happy about having a baby, along the way I made it an excuse to be a user.

(Stelios, Cyprus)

Shame and guilt are often associated with the suffering and harm imposed on their families – parents, children and partners, mainly – for the lack of affection towards their children, for not being present and also for the times when they used substances either in front of their children or hidden but still in the same house and supposedly looking after them.

Alex became a dad when he was only 16 years old. At the time of the interview, he had three children, two adolescents and a 6-year-old daughter; he was undergoing residential treatment and he speaks of his story of dependence on multiple substances, criminal activities, incarceration, being homeless, neglecting his children and family, and more. It is a powerful, painful and complex story and the next extracts show just some of it.

” My whole life, ages 12 to 30, I was using drugs, like it’s a waste of life. It’s a shame. I’m looking at my mother then: I was my mother’s only son, and I didn’t ... my mother had cancer, and I didn’t want my mother passing on, I didn’t want anything happening to my mother, and then her last good memories of me would be me using drugs ... Because my drug use was affecting my mother’s and father’s relationship because she was always having my back, and my father and her were fighting, and she was trying to cover for me. Not only did it affect my kids but it affected my mother and father as well. It affected two families, three even, if you want to count my girlfriend’s mother and father because they were good to me as well, and they also knew about my drug use.

I still felt like a teenager going around. Yeah. My priorities were all wrong. I cared more about being out on the weekends with my friends. Like I lost a lot of years with my kids over drugs. Yeah, still hurts me today, my priorities were all over the place. I was more worried about what people thought of me. How I looked. Like I’d be known around the town as selling drugs or, like if you owe money, you pay him, I was more worried about what people thought of me. I didn’t want to be ... I wanted to be known more as the man around town than as a father.

...

Kills me that I even grew up thinking like that. Now I know what a real man does. A real man takes care of family. But I didn’t think like that back then.

...

Hurt. Guilt. Shame. You can name 100 things. It’s very hard. It’s very hard because like, I’m sober today but I can only do that today. So, I struggle with that.

**Interviewer: It’s not easy. If you don’t want to, we don’t have to ...**

” No, no, I don’t mind talking to you about this because it actually helps me today to talk about it.

They come up to me here every second week. I’m able to look at them, I looked three of them in the face and told them ... well “Sorry”; not to the youngest one, she doesn’t know, she’s only 6 years old so, she doesn’t really know. But the other two, yeah, and it’s even hard them knowing the extent of the drug

use because they shouldn't have to know, they're only kids themselves. So that's the one thing I'm afraid of today for my kids. The effect that my drug use could have on them. They'll have to deal with stuff from looking at their father, because it wouldn't be nice, because I didn't have my father around and that affected me.

(Alex, Ireland)

A mixture of joy, wanting to be parents, with guilt and regret is also expressed by the interviewees at Lepoglava Penitentiary in Croatia:

The participants state that the moment they became fathers was one of their most beautiful moments, bringing them "indefinable joy". They state that their children are the centre of their world and that they "would do anything for them". They regret having afforded their children certain addiction-related experiences in their childhood, such as being absent for the purpose of serving a prison sentence. As for the father role, they regret prioritising drugs and going out, and wish they could change the past. Further, they regret putting themselves and financial prospects first, and if they could turn back time, they would put their children above all else for they realise just how important a father is to them.

Focus group at Lepoglava Penitentiary, Croatia

With regard to the concerns or worries that they currently have about parenting and their children, the main ones are about financial issues, particularly related to housing or being unemployed; the lack of sufficient money is sometimes a consequence of the economic costs of substance dependence.

” The financial situation, the housing, that I don't have my own independent house plays a role. But these are problems that can be overcome.

(Locky, Greece)

” Yes, I have encountered some financial difficulties, because my addiction costs me dearly, all my money has almost been spent on alcohol. It is a substance that is expensive and the amount I can consume continues to increase over time.

(B. M., Morocco)

For Elias, this is worsened by his health condition:

” The economic situation when I hadn't worked for almost two years. I had a lot of multiple sclerosis attacks, I've managed somehow, I don't owe anyone anything, I've paid everything back.

(Elias, Czech Republic)

In the case of Stathis, a client at Agia Skepi therapeutic community in Cyprus, having a criminal record prevents him from being employed as a nurse, which is his profession.

**Interviewer: How do you think fathers with substance dependence could be supported to have more tools and opportunities to participate as parents?**

” Time, solutions, opportunities in the field of work. Not only because I’m an ex-user, it’s also the stigma attached to ex-prisoners. Most jobs require a clean criminal record. As a former nurse I cannot practise this profession. There is a stigma, for better or worse. I can’t go on with my life easily.

(Stathis, Cryprus)

Other concerns over work are how it might affect the time they spend with their children and the care they could give them. Lemmy lives with his partner and their 12-year-old son and he spends a lot of time with him. In the next paragraph he shares how his caregiving role was criticised in the harm reduction service by other clients.

” Once in the substitution programme, when my son was little, I learned that people had said that I was taking the child with me so that they would favour me. Favour me like what? I was taking him with me because I had nowhere to leave him, he was too young and I couldn’t trust him, I thought he would turn on [something in] the kitchen, he might do something wrong out of insecurity.

Lemmy’s testimony mirrors those of women interviewed for *We are warriors* who would feel judged if they took their children to the substitution service as much as if they did not, because that would imply they were not looking after them. It is certainly revealing to hear the same issue raised by a father. For Lemmy, a current worry is how to be a provider without jeopardising his role as caregiver.

**Interviewer: Are there other things – such as finances, unemployment, housing, etc. – that perhaps make it difficult for you to take care of and/or spend time with your child?**

” I would say yes to that. I believe that if I had a job ... and I am stuck in a dilemma, because I know that my wife has a job, that if I go to work as well my son would stay pretty much alone. On the other hand, I also feel bad that I don’t work, because I don’t provide. And this is also a big anxiety of mine ... that if I did happen to find a job and the boss told me that I’d have to go to work at 6:00 a.m. and leave at 3:00 p.m., who would take my son to the bus stop, who would pick him up from the bus stop, who would make him food?

(Lemmy, Greece)

Other replies about the difficulties associated with fatherhood refer to being a role model and provider, not repeating what their fathers did to them, spending time with their children, distance – in the case of those who live away from them – general worries about raising them properly, how they will grow up, and their relationship with drugs. Some fathers raise specific concerns, for example related to their illnesses (see Elias, quoted above and in the Opening testimonies), or their children’s current behaviour and the stigma their kids have suffered.

” I want to protect her from all this. I don’t want her to have the same life or anything. Yeah. I want her to be better, actually. It’s very, very scary. Since she’s been at home, she gets into a lot of trouble. That scares me even more. She’s already been to prison, and she said she liked going there. So that scares me even more, so I try to make her a bit more aware. I’m really scared about what’s going to happen next.

(Jul, Switzerland)

” In 2022, when I entered San Patrignano, when school started in September, my daughter was a bit bullied. She was a bit targeted because we live in a small town and voices are easily spread ... the rumour had spread that I was in San Patrignano, there was a group of her female friends who started targeting her, saying, “Ah, your dad’s a drug addict”. In the end she didn’t want to go to that school anymore. There was one teacher in particular who realised that something was wrong. He was the first one to warn my ex. He was the first professor [to notice it] because he saw her crying in class and realised that something was wrong.

(Francesco, Italy)

Finally, some of the men interviewed refer to their relationship with their former wife or partner as a barrier to spending more time with their children, as well as the stigma they perceive from services:

They state that, as fathers, they are strongly stigmatised by the state and are perceived solely as financial supporters, rather being allowed to actively participate in child upbringing. There is the problem of the mothers restricting the fathers from visiting their children because of a bad relationship. The wives are said to restrict the father’s contact with children and to not allow them to attend major events, such as family and religious festivities. Also, they are, reportedly, not allowed to participate in the decision-making concerning important issues in their child’s life.

Focus group participants from the Mental Health and Addiction Prevention Department of the Andrija Štampar Teaching Institute of Public Health in Zagreb, Croatia

## 5.2. Single dads

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Seven single fathers participated in the study. As mentioned in the Introduction and Chapter 3, they are Sean, Joe and Kevin from Ireland, Andreas, whose testimony opens this study, Š. D. from Bosnia, Massimo, whose experience is summarised in the chapter on data, and Tico, from Switzerland. Sean currently lives with his partner and their daughter but he raised his two boys alone after they moved in with him when they were children. Part of his experience and testimony is reproduced in the Introduction. Andreas is not a single dad as such, because he is together with his partner but, as shown in the Introduction, he lives alone with his baby in Agia Skepi.

This chapter reproduces some extracts from the interviews with Tico, Š. D., Massimo, Joe and Kevin, and aims to illustrate some of the challenges they face.

Tico met the mother of his child in Switzerland, after he got back from the Dominican Republic, where he was in prison for almost three years for drug trafficking. As explained in the Introduction, Tico has a 15-year-old daughter who is now living with Tico's parents and an 18-month-old son who lives with Tico and his partner in an institution where they are undergoing treatment.

” I became a father for the first time in Switzerland; then I was clean until my daughter was in first grade, yes, and then I couldn't handle the whole thing anymore. The mother left when the little one was one year old. She was originally from Thailand. She went on holiday with the little one and just never came back, [so] then I went to get my daughter.

I went to get my daughter in Thailand and brought her back and then I didn't get much support here: I didn't receive any financial support because she was [from] abroad and, as a man, I didn't get that. I was suddenly overwhelmed again with my job and the little one, but I was lucky that my parents could look after her, yes, but then I crashed again.

She was about 6, 7. Then I must have crashed for three years, then I went into rehab again and everything actually went well again.

I've always had a good relationship with my daughter, even today. I also think I was lucky that my parents were able to take the pressure off me in these situations, even when I was later sent back to prison several times. I started talking to her about the issue early on. I simply said that Dad was ill and yes, I was ill again and my daughter was already in first grade, going to a psychologist where she could process it. We were also completely overwhelmed by the fact that her mother had left when she was between 2 and 3 years old, she [my daughter] blamed herself a lot.

And I was just overwhelmed by the situation: “Why isn't mummy here, why isn't she here?”

But the relationship with my daughter is still extremely strong to this day, so we talk on the phone every day now that I'm here and yes, despite my addiction, I've always seen her regularly, so I've also pulled myself together on those days when I've met her.

(Tico, Switzerland)

Š. D. has a 25-year-old son with autism. The mother left when the child was 15 years old and he has been taking care of him with the help of his parents.

” I find the impact of my substance dependence an inevitable factor in my fatherhood and raising my child. I've been absent from my child's life, both physically and mentally, in the periods of my heroin use. I was never irritable, nor violent, but I still feel immensely guilty for the way I couldn't offer anything good or useful in those periods.

I'm the only caretaker of my child ever since his mother abandoned us 10 years ago. I'm fully committed to my son – virtually every spare moment I have, I spend with him. I think he actually only has me in his life and that I'm his only support, which is my own personal satisfaction in a way because I love being

a father. Often we play video games together. I love riding the tramcar with him, as he is fascinated by tramcars and then he also has more focus and talks more to me.

**Interviewer: Do you think there are also difficulties in being a father? Can you explain more?**

” Of course, there are many. My greatest concern, and something I think about very often, is what will happen to my son after I die, as he is a person with special needs.

(Š. D., Bosnia)

As explained in Chapter 2, Massimo’s son, Davide, was abandoned by his mother when he was just 3, only for her to reappear sporadically and to ask that he move in with her when he was about 12 years old. The next extracts describe in a snapshot Massimo’s story since his partner left until the day of the interview (July 2024).

” Yes, it was more of a blow for him. Altogether, however, I had good luck. My sister and my mother gave me a hand, because I also had to retire at work, I stopped doing my job, my profession, and I started doing another one, because I had to change my way of life, to be near him, to be there for the school, to be there for the football, to be there for everything, to be there for him. I started then also ... every now and then I used the substance because I wanted to soothe my discomfort, my burdens all week, the new job, the child that I had to raise, I was afraid of making a mistake, of not behaving as I should. Then they all complimented me on how he had grown, on how he was, but I always felt at fault. He would tell me “Where is Mum?” I didn’t know what to say to him and I felt like a failure.

His mother reappeared after about a year and a half. She said, “Ah hello, I’m sorry”. I said “Look, you don’t have to apologise to me. Honestly, you should start showing up for Davide”. She used to show up once, let’s say once a year, she took him three, four days. When he went there it was like a week’s holiday, whereas I always tried to give him a direction.

When Davide went to live with his mother, he had to move to another city, leaving his friends, his dad and his school, and start a new life. For Massimo, it was a total decline.

” I then had a decline there because as he was no longer there, I started [to use] more and more. But you can see that I was fundamentally feeling bad and I didn’t realise it because I’m someone who takes in a lot anyway and doesn’t realise how bad he is, and I didn’t take it out with cocaine. It was very sad because after nine years of raising him, he left with his mum. I guess I didn’t do a very good job then.

Davide's life with his mum has not been easy. Just a month before the interview, Davide was about to move again to another city, after her mother split up with a partner who was very good to him. Massimo's son seeks his father's support, and his father was, at the moment of the interview, trying to recover himself in San Patrignano in order to be able to be with him.

” He had just started to make friends, he had just found a girlfriend, he had just started going to school, then he had to change cities again. He said “Dad, I don't want to move, I don't want to go away”, and I said “Look Davide, unfortunately at this moment we can't do otherwise, you must follow your mum, you have to have the patience and the strength to wait for me to get out from here. Because I am curing myself to be present for you as much as possible. So you have to make this effort”.

I'm trying to be as close to him as possible from here and I'm basically closer to him now than I was before. The last thing he told me is “I'll wait for you to get out and then we'll go to Turin. I can't wait for you to get out and for us to leave, because I don't want to stay here with mum”.

(Massimo, Italy)

Joe grew up in a complicated area of Dublin and began becoming involved with drugs and criminal activities in his adolescence. The death of his grandparents disrupted the family equilibrium. He met his partner when he was 24 and they were together for two years. The following extracts summarise how he felt and how his life was until his partner's death.

” Still heavily involved in crime, still getting arrested. I had little contact with my parents. Maybe on the weekend for an hour or two. And that's when I met my girlfriend. I was living up in Citywest. I met her. We clicked. We moved in together, I got a house. We moved in together. Then my drug taking was worse than ... Cocaine became more prominent in my life. And drink. Yeah, we lived together for a couple of years. We had a kid. I was 24 and I had my little girl. I was only out of prison two years when I met her.

Everything was going well. My drug use was still there. I was happy, she was happy. The child never needed for anything, I mean that, she never needed for anything. My girlfriend never needed for anything. There's always money there for whatever was needed. But that was down to crime.

**Interviewer: Was that an exciting time in your life to have a child or what were you feeling at that time?**

” Overwhelmed with joy. But overwhelmed with the responsibility. I didn't realise that I was bringing a human, another human into the world. So, it was a big responsibility. So, I'm trying to juggle everything and I've a lot going on. Crime, my child, my partner, my family.

I forgot to say I was clean for nine months during that. When my girlfriend was pregnant, I was clean. She gave me the ultimatum. Stop taking drugs or you can leave. So, I was clean for nine months. But then I slipped back into that when my child was born. But yeah, it would have impacted the relationship. 100%. If it impacted mine and my partner's relationship, it definitely impacted my child. I enjoyed it. It was a great time. It was probably one of the best, the best year, maybe the best two years I had in my life.

...

She [his child] was well looked after. We were always present. That was for the first three years of her life. Her mother passed away, she ended up passing away, my partner. And not long after that, then I went back to jail. I went back to jail for five years.

Single parent. Trying to juggle everything again, the death, the grief of my partner, grieving of all the people I've lost previously. The drug abuse got worse. There was a custody battle for my child with my partners' parents. We ended up coming to the conclusion where we had joint custody ... I was heavily involved in crime at this stage. It was tough. And then when she was 3, when she just went 3, it was three/four weeks before she went 3, I got locked up again. I went back to prison.

He is 32 years old and at the time of the interview he was undergoing residential treatment at Coolmine. He had been there for 12 weeks, after spending five years in prison. He asked to move to Coolmine because of his daughter after four years of following a treatment programme in prison.

” If I hadn't got my kid in my life, I'd actually still be in prison now. So, I would have been still up there, and I would have gone straight back to what I was doing. 100%. I made the decision, I recognise that. If I keep going doing what I was doing like, I'm 32 now. If I go to prison again, I'll be in my forties getting out. I linked in with Edgar, he's up in the prison and he has links with Coolmine. He used to work down here. He was a key worker, so I linked in with him for about four years up there. I was still taking drugs up there, but slowly but surely, I stopped. I got clean. I linked with every week. I started giving urine [samples] up there. I think he recognised that I really wanted it. Yeah, they put me in touch with Coolmine and here I am.

**Interviewer: Have you seen her recently enough, like since you've been here?**

” Yeah, so the first six weeks, I had a visit every week. My mother and my father brought her up every week, every Saturday. There was no acting strange. She jumped straight into my arms. She knows who I am because the visits kept going through the prison sentence. Not as many as I wanted, but there was still contact there. I was getting video calls every week. I was making my regular phone calls back home, so I was always talking to her. Fair play to her grandparents. They never let her forget that she still had her father. So, there was good contact there,

there was good contact. I'm out this Saturday for a weekend out, I'll be going straight to my kid. So yeah, there's a good bond being built again.

(Joe, Ireland)

Kevin has a 5-year-old daughter and he has been a single dad since the beginning, because his child's mother has not managed yet to cope with her substance use. The next extracts reflect Kevin's experience and feelings about being a single dad and the response he received from services, both treatment services and Tusla, the child agency of Ireland.

” So, on me journey or me journey of getting clean, erm I was in a codependency relationship with a girl, obviously from the Dublin North area. I was on the journey of reducing me use and getting stable and trying to change me life and then that news. She came to me and says that “I'm going to have your child”. Yeah. And I think that clicked something inside me. That clicked something inside me to spur me on and to give me more motivation. Yeah. Yeah, this is what you need to do. And now you have a choice. It's not just you. Now you have a responsibility and a purpose for this. For them to get clean. Or to get absolute or whatever. So that sort of made an impact and spurred me on and I went into Beaumont Hospital, I got stable, went into the sign up and ... reduced me use and me methadone they made; they advocated for me and they started engaging the services and engaging with people that groups, like all them and counsellors and all that sort of stuff. In that time me brother passed away from alcoholism but ... and that made an impact as well on me because, as I see it now, with what happened to him and his life ended? And I can see it now.

...

So it's, there was two paths in the road. I could either stay there or I changed my life and [did] not inflict more pain and suffering on my family. So seeing that spurred me on to go into treatment and come off methadone, stay in the treatment centre, go to the recovery house. Stopping using drugs obviously in the recovery centre, getting so that I'll stay clean, yeah. And then going through all the different services that are engaged, obviously Tusla, for me brother and the story and what have you, psychotherapists, they changed me thinking and to change me mindset and then ... the child being born and finally wrapping around me ... The girl [he refers to his child's mother] has never got clean since then. She's not in the child's life, she probably comes out once a year because she's still where she was and I get it, I understand why she can't turn up, why she hasn't got the capability to be a mother and I get it 100% because I know if I was back there I probably wouldn't have the same things, you know what I mean.

...

As a single parent, it's very, very frustrating. And a lot of patience and tolerance.

(Kevin, Ireland)

### 5.3. Narratives and practices around substance use and parenting

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In the interviews, most fathers describe how drug use continued when they became parents. In some cases drug use diminished and in others it increased because of parenthood. In a few cases they entered treatment and only two were not using, although they had used in the past or after the birth of their children. In a few cases they managed to stop but some of those fathers began again. The next testimonies show these different experiences.

” When my first daughter was born, this is exactly what happened. I stopped for around three months. It was a lovely emotion and everyone was happy. My mum, my dad. My first child. You see? We tried to conceive a child in order for me to stop using drugs. I stopped using drugs for around three months. Following that, I resorted to using drugs again.

(Orlando, Malta)

Roderick had stopped using drugs before becoming a father.

” By the time I became a dad I [had] stopped using drugs. The eldest child is a couple of years old. It’s been almost six years since I quit drugs. On occasions I experience big problems that make my mind whirr. Drugs are like a sleeping monster. What’s important is not to feed it. If you feed it for the first time, you will fall for drugs again. If I fall for drugs, I would have wronged my children.

(Roderick, Malta)

L. S. M. had stopped using drugs too, but started again a few years after his daughter’s birth.

” When I learned that I was going to be a father for the first time, I didn’t welcome the news at all, I was really not happy, it was a black year, because at the time we were not yet married and I wanted her to abort. Socially it was unacceptable, so we got married despite me.

The one who suffered the most from my addiction was my wife when she was pregnant, because that’s when I was hospitalised for the first time. She went to Spain and gave birth to our daughter there, and she took me out of the clinic; they returned to Morocco, and it was the period of stability of which I spoke to you. A few years later I relapsed; at that time I just walked away, and my wife decided to divorce to avoid confrontations and violence.

My daughter currently lives with her mother in Spain. I see her once every 34 months; either she comes to Morocco or I go to see her in Spain.

(L. S. M., Morocco)

Luca started to use drugs when he was 13 years old and became involved in dealing at about the age of 17, doing very well in the illegal business. He stopped altogether at the age of 18, in 2004, and did not go back to drug use until 2012, the year in which two things changed his life: the death of his grandfather and the birth of his daughter.

” But as I saw the belly growing, I saw the problems screwing around in my head.

Luca started to use cocaine incessantly and made his partner start too.

” I used the toxic attitude that I never expected to use and dragged her [into it] anyway. So, we started after we got married in June 2013 until 2018 – that was three days before my birthday when she went away from home.

Even though his partner developed cocaine dependence and was involved in “heavy stuff” in the house – fights, violence, sexual games, etc. – she always looked after the child, unlike Luca.

” She did everything: she took care of dinner, lunch, everything, she did everything. I began to be a father only when I entered the community.

(Luca, Italy)

Some men decided to quit using drugs and/or enter treatment because their children were going to be born, or at a later stage in their children’s life but with their kids as the motivating factor. This is a key point, as parenthood as a motivation to enter treatment is often associated with women, whereas the testimonies show us that it can be a triggering factor for men too. As expressed by M. D., from Bosnia.

” I would like to spend as much time as possible with my child, and that is one of the reasons for stopping alcohol consumption.

(M. D., Bosnia)

The issue at stake, which occurs for both men and women, is that that motivation is not necessarily effective in all cases – effective meaning leading to abstinence, substance substitution or controlled drug use, depending on the circumstances of each individual case – and that relapses or stronger drug use might happen afterwards. The next testimonies are from men who chose treatment because of their children. As we shall see, this can happen before the baby is born or immediately after, or at a later time of life. Whatever the different circumstances and life course, it is a defining moment that should not be overlooked by services.

Paco, from Mexico City, was in a residential centre when the interview with the author of this paper took place. It was not his first time; actually, he had entered treatment before the birth of both his children – who were 7 and 2 years old at the time of the interview in 2024.

” I never thought about being a dad, mainly because of the lifestyle I was living. Fortunately my partner doesn’t use drugs. She was at university, and it came as a surprise to us, but I was very happy about it. I was working for a Brazilian company, I was not doing bad, I was a financial analyst, I lived alone. Living alone, it was easy for her to stay with me on the weekends, right? We were taking care of each other and somehow we knew it could happen and we allowed it. We didn’t plan it, but we allowed it. I said to myself I didn’t ask for it, but my baby’s coming and I’m going to deal with it.

So when I found out I was going to be a father, I said “I have to go into residential treatment”. And that’s when my real struggle began. Yeah, when I found out I was going to be a dad, I didn’t want this life anymore.

So, when my baby arrived, I immediately looked for another house, because I lived in a very dangerous neighbourhood, so I didn’t want my baby to grow in that place. I looked for a house in a better place and I looked for inpatient treatment for myself.

I was able to be there at her birth and it was very nice, I fell in love with my baby and from there I went to work, to be there for her, to be with my partner and it was a great time, I mean, always being sober, it has always been the best thing for me ...

[Relapse]

That was two years ago, the pandemic was very strong, in fact I think it was the last year of the pandemic, but just as it was ending we got sick and it was very difficult because my mum was very badly affected – she was intubated, she was in hospital for three weeks, they told us that she might die.

At the same time, I was expecting my second baby. So somehow all this emotional baggage came together that maybe my mum was dying, we were ill, I was losing my job, I had already lost two jobs. When the pandemic started, I started to lose my job. And me with my impulse problems, frustration and everything that goes with it, I started using again. And that’s when I got to know methamphetamine, I hadn’t used it before and it was the worst thing that ever happened to me: it’s a very strong substance, very harmful, very addictive.

(Paco, Mexico)

Stathis, 35 years old, was living in Agia Skepi when he gave his interview. He has a 9-year-old daughter. When she was young, he plunged deeper into substance dependence. He ended up in prison for criminal conduct related to drug use – dealing and stealing – and went to Agia Skepi when he came out.

” When I became a father, I was 25 years old, I was still studying, and my daughter’s mother was studying too. On the one hand it was impatience, for the baby to be born, but on the other hand it was fear. How am I going to take care of these things? I’m still studying, I’m a user, I have nothing left, how to support a family? I saw that the mother did not want to have an abortion, I was also under pressure from my parents to get an abortion, so I didn’t know what to do. I drank more, and in the end I managed to break up with my daughter’s mother.

I would see the baby and see how much of a failure I was. The fact that I couldn't stay in a relationship, I couldn't do anything, and I chose to drink: I felt even more awful, I felt remorse, guilt, disadvantaged. I was affirming to myself that I was useless, and that led me to drink even more. Every time I used, I blamed myself and it was a vicious circle.

This is where I came as soon as I got out of prison, when I realised how I was behaving and saw my daughter crying because she didn't even know I was in prison; she thought I was abroad. I realised that she is 9 years old and in the end my daughter will start using and what am I going to tell her? Don't use? She will tell me "You are using".

That was my motivation to come here: on the one hand to calm down, and on the other hand I was wondering how far I would go. There is no place that has no users. It's everywhere.

(Stathis, Cyprus)

## 5.4. Impacts of drug use

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Many of the testimonies reproduced above show how substance use had an impact on the interviewees' parenting. When directly asked, 43 of them answered that it did, 25 said it did not and 14 did not answer or did not give a clear answer, with one replying both yes and no. Most of them refer to negative impacts that span from being absent although providing economically, exposing their children to chaotic or violent behaviour, affecting their family financially, using while in the company of their children or even taking their kids to buy drugs with them. Some of those who say there was no impact defend their role as providers; however, this is perceived as insufficient by others, who acknowledge themselves as providers but affectively absent, thus describing being only a provider as a negative impact on their families. Negative impacts may be related to shame and guilt, especially when associated with years of disappointing their family and causing ongoing disruption to their children's life.

” And then there was Covid. Covid was exactly ... the bomb was already there, it was the fuse. Because basically my wife was working in the hospital and she was working in attendance.

I was working in the hospital, but as an employee I was working from home. A perfect combination. My wife at work, my son on distance learning, in his room. I would call the guy [his dealer] at 9:00 a.m., he would come to my house and I would be doing drugs from 9:00 to 4:30 in the afternoon in my tavern. Before my wife came home I would clean everything up, take a shower because I had to recover, I drank alcohol before she came in so at least the potency of the substance would be a little lessened and from there I squandered a fortune.

Economically we suffered the consequences: fridge full, fridge empty. You go out to eat, it's gone. You buy a pair of shoes a month, now you don't buy them anymore. You buy New Balance for your son, now you go and buy shoes from the Chinese.

(Mattia, Italy)

” That’s meant to be the best experience of your life and I felt like an absolute fucking let down. That was all because of my addiction. I didn’t even enjoy the moment. That’s the guilt I have around my son. And I always, even when I like, I get very emotional when I speak about him all the time, because I always swore I’d protect them away from the bullshit that I went through. And I have, in the four years – I mean, I put him through exactly what I’ve been through. But I still don’t think I’m a failed father. I done some good things even when I was in active addiction, even in the four years. And I took a lot on. I think that’s why he led me to here, I literally think he’s present for me.

I wasn’t emotionally able to be a father at this moment in time. Because I just, I knew deep down that I needed help for myself. I can’t help anything if I can’t help myself. I couldn’t even help myself, look after myself at that time. I was hiding behind the perfect family, like my girlfriend, my girlfriend at that time. It was a false perception. We had a perfect life, far from it like, you know what I mean?

But I had a fucking attitude. Bills need to be paid? Fuck them. I don’t care about them. And drugs gave that to me. I didn’t care about anything.

**Interviewer: And coke was your primary ...**

” My primary thing. Always was. The last four years then kind of had a ripple effect on me leaving and like I left, the childhood, I left a bit on him when he was 2 with her, but even the two years after, I was homeless for a year, so I was living in my grannie’s. [His son] He was staying with me in my grannie’s. I was still using and all, but he was like, I used to drive around with him, and I used to be like out of the game on drug use, off kilter on them like. I have a lot of guilt around all that.

(Sergio, Ireland)

” I believe that the addiction did not affect the upbringing of the children, but since I stopped using substances, I think that I am less nervous and that this is felt in contact with the children. I know that during the period when I consumed alcohol, my wife was often a buffer zone and that she made up for what was missing in my contact with them. Now I try to make up for it.

(D. B., Bosnia)

While the majority replied that the impact was negative, the next testimony is about positive impact.

” Yes, I believe it influenced me. It influenced me positively. I think that my experience with substance use and my life experiences made me more cautious about risks. It made me even more understanding towards my children. Yes, I believe it positively influenced my general role as a parent.

(Epameinontas Ouranos, Greece)

## 5.5. Challenges of gender equity and parenthood mainstreaming in services

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The women interviewed for *We are warriors* could not rely on their male partners as a support network. For most of them, men had been complex or violent father figures, substance using partners, the fathers of their children but not really, with some exceptions, a companion, a figure of support, or someone they could rely on during their journey of use and recovery. In contrast, most of the fathers interviewed for this research could count on a range of women: mothers, sisters, partners, wives, even former partners. Women who do not abandon them and who act, as expressed by D. B. above, as a “buffer zone”. Women who protect their partners and their children, by putting up with the chaotic behaviours associated with substance dependence – including violence against them – sometimes with illicit activities and the criminal justice consequences. Girlfriends, wives and mothers who prompt their loved ones to enter treatment and support them in their journey, while making sure, at the same time, that their children go to school, are properly dressed and fed, are loved and cared for and preserve love and affection for their father.

The above paragraphs do not intend to idealise women and stigmatise men. As we have seen through the previous chapters, women also leave their families, inflict pain and violence upon their children, use drugs, end up in prison and so on. At the same time, not all men exercise violence on their families. However, at least for most of the fathers interviewed, women embody a symbolic and practical function without which the well-being of children and of men as fathers would not be possible. This is a further argument why working with men and masculinities is so indispensable as an additional way to achieve gender equity and reduce the burden of care and responsibility on women.

Out of the 81 men interviewed individually, 12 reported that their partners or former partners or mothers of their children consume or had consumed when parenting, in a way that was comparable to theirs, and 61 replied no. In some cases, the women are in treatment at the same time as the men. Other men say that their children’s mothers consumed before becoming pregnant and then stopped but, even in those cases, women’s consumption tends to be non-problematic. In the case of Luca, mentioned above, he pulled her into substance dependence but then she stopped and, in any case, her drug use did not prevent her from taking care of their daughter, unlike him. Cultural differences emerge, with men from Morocco being strongly judgmental against women who use drugs.

Women are defined as a protective figure for their children in 47 answers and as a non-protective figure in 12. In 22 cases it was not specified and in one case she had passed away.

When the interviewees are asked about who they are supported by – emotionally, psychologically, economically, with the care of their children, etc. – female partners or former partners appear as one of the main sources of support, together with families in general – particularly mothers – and services.

The next testimonies show some examples of how the men interviewed refer to the way their partners or the children’s mothers support them and their role as fathers.

” I was lucky to have such a good wife who had a good family. I was not reliable. She took care of the upbringing for the first two, three years. We then separated, and I saw her only every two weeks, if at all, because I was really done, I could not do it anymore.

Yes, I felt very bad. I did not want it, I did not want to [use], I just did not want to go to a playground like that, in such a state, or something. My ex never forbade me to see my child, it never got that far. But when I realised it was not good at the moment, I cancelled a lot. It was just a really bad time, and I do not like talking about it at all.

(Bruno, Switzerland)

” I don't think the addiction to alcohol had much of an effect on my children's upbringing. I spent most of my time working in the field, and my wife was the one who guided the children on the right path.

(H. L., Bosnia)

George, like other men interviewed, was violent to his wife because of his drug use and she reported him to the police, which is the main reason why he is undergoing residential treatment at Agia Skepi.

” She didn't like that I was using. I lied to her that I would stop, I would tell her that our baby was only 1, 2 years old and I still had a long time ahead of me, and that I could stop any time, and she believed me. She did not know, I didn't even know at first, that I could not stop using.

In the beginning I would go to work and pay the rent and everything, we didn't have that many arguments at first, but then she saw that I didn't pay for anything, and I couldn't control it anymore. Sometimes, my wife had the last 50 euros, and I would pressure her to give it to me, and I wouldn't let her go to bed until she gave it to me.

Uh, she knew that I was in big trouble and could not just stop, so she started dealing with it differently: she had to protect the baby and herself, and she told me that she would report me to the police, and she would take the baby back to her country, to Lithuania, and that I would stay in prison alone if I carried on using.

I listened to her, but I did not believe that this would be the case, until one day I turned my hand [hit her] and she reported me and I found myself in prison. I was a convict; my case is still pending. It was at this time that I started going to Agia Skepi, then I found myself in prison, [but] then the judge released me until the trial was over. I had to sign terms, they took away my identity card, and then I continued to go to Agia Skepi, while the judge did not allow me to go near my family; he gave me restrictive measures. I had to complete [attending] groups at the counselling station in order to be able to enter the therapeutic community in Agia Skepi, so I would stay in a tent by the sea. I needed at least something to keep me away from using, I managed to stay drug free for a little while, but I couldn't stay away from alcohol.

(George, Cyprus)

With regard to services, the next testimonies share how men have felt supported in their parenting role. It should be emphasised that most men felt that their role as fathers was not addressed or taken into account by services, especially outpatient ones. The next testimonies reinforce the argument of this paper that aims at promoting an expansion of programmes and practices targeted at fathers with substance dependence as gendered persons with a parenting role.

Coolmine runs the programme Parents under Pressure (PuP), an evidence-based case management model working with high-risk families impacted by problem substance use (Giacomello 2022 and 2023a). Kevin was about to become an accredited Parent under Pressure at the time of the interview. In the next testimonies, Sergio and Joe share their experiences and thoughts on the impact of the programme for fathers.

” The PuP group, what you have here. You know, there’s 12 of us in there. Some men, this is no joke, some men I have never seen crying in any other group. They go into that PuP group and explode like. Break down. It’s because we’re talking about the most sensitive subject any man can ever talk about: their kids. That’s how you get to a man’s heart.

Whatever about them, like sometimes we don’t even feel, we don’t care about ourselves. But then we go into that PuP group and realise we have something else to live for: the emotional connection we have to our kids.

When we walk in there, we can see pictures of us with our kids. So straight on we know we have something to live for. So, a PuP group like that is fairly intense. It’s very intense. It cuts very deep. Yeah, I’ve seen the most macho men you could see go in there and break down. But it’s a great group and I hate going into it, but I love coming out of it. But it just brings a sense of, you know, we can be good people and good fathers. We make mistakes, but we’re people. We’re trying to do better. We’re in there for the same common goal like.

(Sergio, Ireland)

” I’m here 12 weeks tomorrow. I’m halfway through the programme. I have no reservations for drugs. I have no cravings for drugs. I have no reservations for criminality anymore. I can truly say I’m after putting that all behind me. The most powerful thing up here that I’ve done ... this is a magical place up here, but the most powerful group I’ve done up here was with my key worker Philip. And that’s the PuP [Parents under Pressure] group. Like, there’s tough groups in here. We have groups every week where people point out behaviours and that’s a tough group. That’s one of the toughest groups I’ve ever done. But when I went into that PuP group, it’s next level.

There’s 12 men in there and I’ve never seen 12 men sitting in a room and break down. Not once. I’ve never seen that. And a key worker standing there on the verge of breaking down with us. There are magical things happening in that room. It’s powerful. It’s the most powerful piece of work I’ve ever done. It really is. I’m after coming out of prison after doing 10 years in prison. I’ve seen some crazy stuff, but that’s powerful. That’s hope. That’s the next level stuff, that is. It’s great. It’s fantastic.

(Joe, Ireland)

Lucio lives in San Patrignano and says that the learning process in the community – which is mainly peer-to-peer based but also through a parenting programme in 2017 (Pompidou Group 2023) – has helped him transform his parenthood. These reflections were shared by other guests of the community.

” Yes, it helped me a lot in my relationship with my children. And this I noticed so much when I was at home, that week I was at home [on a visit]: for example, I slept the whole week with my son, every day I was with him, then I took him to football practice and I picked him up. All these things are things I learned to do in here, that is, with the work one does in here. And when I went outside, I took these things back out, they were of great use to me. In other words, everything I did in here was useful outside.

(Lucio, Italy)

The fathers interviewed in Greece attend the Organisation Against Drugs (OKANA) – the largest provider of services in the addictions sector in Greece, providing substitution treatment, outpatient and reintegration services, etc. They refer to the parenting programme and how it has helped them.

” I received tremendous help from the parental support programme. When I first came to the service, I had just separated and moved from Crete to Thessaloniki, where my paternal home was located. I was in shock. Many changes had occurred in my life. I had separated from my children, which devastated me. I was in chaos. I believed that by leaving Crete, I would never build a relationship with my children. I feared losing them. I didn't know what to do in any area regarding my children, and I believed the distance was to blame. Individual parental support and the social worker helped me immensely with child management, daily routine organisation, and gave me some guiding principles regarding my parental role that greatly aided my communication with the children and management of various issues.

Also, what helped me tremendously was the parent groups. I didn't know exactly what parent groups were or what they did, and when I understood what they were about, I was truly impressed by how supportive a parent group can be, the interaction with other parents, and the exchange of opinions and experiences. Moreover, all those exercises we did, the role-playing, really impressed me. They bring out things about us that we never imagined. Many times, leaving a group meeting, I would think about all that was discussed and what I had gained each time from it.

(Epameinontas Ouranos, Greece)

” They offer a lot of things. Several times per month the phone would ring to inform me about new job offers and for anything that would be for my child's benefit ... Things like that didn't exist before, so I consider it a very good thing they exist now ... They also offer me the possibility of therapeutic sessions if I want, where I can talk about my worries ... so that's a good part too ... It

also provides psychological support to my ex-wife, who has the custody of the child, whenever she needs it, and from what I've heard from her, this has helped her a lot.

(Locky, Greece)

As anticipated, not all the fathers felt that they were supported in their parenting role, for many complex reasons. One of them is that men tend to be seen simply as clients, and not as gendered persons with a parenting role.

” So the main promotion of that [he talks about a residential service] service is mother and baby. The male facility isn't father and child, so already by the separation of them – and they do need to be separated obviously – but it just goes to show that the emphasis is on the mother, on the woman about being a mother. Whereas the emphasis on the man or the father isn't about being a father. It's about getting clean of drugs.

And I know it's of vital importance to them but it's just as important to me to be a father. I think it's ... maybe it's society and it's services that don't make it a priority and think it's sort of all right and it's not really expected of men. And I think that's why we probably have a bit of a reputation. Well, I can see where people would say “Oh well, it's easy for the man to walk away” cause we do walk away. And I know women do as well. But yeah ... I don't know of any father and child treatment centres. I don't know of any father and child services.

(Andrew, Ireland)

The lack of services for fathers with children was also pointed out by the men who participated in the focus group held at the Reto Centre therapeutic community in Croatia:

The participants claim that the mothers receive institutional protection, while the fathers are marginalised and often wrongfully deprived of their parental rights. As an example, they argue that the mothers can be admitted to a therapeutic community together with the child, while this is not an option for the fathers. They also state that the fathers should not be denied their parental rights solely on account of drug addiction.

Focus group at Reto Centre Therapeutic Community, Croatia

## Chapter 6

# Final remarks and recommendations

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**T**his study is part of the Pompidou Group project Children Whose Parents Use Drugs which, since 2020, has accumulated knowledge and developed recommendations on services and care for children and families, culminating in November 2024 with the publication of the guide *Integrating gender and children's rights in services for families affected by drug use* (Giacomello 2024). The project has been nurtured by the experiences of professionals, academics and practitioners, as well as by the generous, resilient and painful lived experiences of women who are mothers and use substances and children with parents affected by substance dependence. Their voices are presented in the publications *We are warriors: women who use drugs reflect on parental drug use, their paths of consumption and access to services* and *Listen to the silence of the child: children share their experiences and proposals on the impacts of drug use in the family*.

In 2023 the Pompidou Group took another innovative, yet logical step: listening to fathers. Innovative, because, as has been widely pointed out, fathers are mostly absent from previous literature and in services, standards and practices around substance dependence, both in the field of addiction and in that of social services. Logical because, as the evidence shows, children living in families affected by substance use have their father as the person who is more likely to be engaged with substances. So, if our intention is to support children, we cannot overlook fathers.

The fact that fathers are indeed usually overlooked is due to the prevailing societal beliefs around gender roles, identities and hegemonic masculinity. It is also related to men's behaviours and practices: as Andrew put it, "we have a bit of a reputation".

However, as this study clearly demonstrates, gender roles are changing and behaviours associated with patterns of masculinities and femininities are in flux. Traditional models coexist alongside emerging or consolidated ones that see men wanting to be engaged in their role as fathers but sometimes being unprepared or unskilled to do so; at other times, they face societal barriers both in services in general and in treatment services in particular.

The interviews show old and current situations and help lay the foundations for forward-looking interventions: fathers who use substances have been present in their children's lives for a long time but, at the same time, the changes that the fathers are demanding are part of current trends. If we develop awareness and services that target gender and parenthood – not only with fathers who use substances, but preferably starting in childhood in schools – we may be able to accompany social change instead of chasing after it. We may be able to build public policies that walk beside families and anticipate larger changes, rather than try to fix something that has already escaped our interventions and understanding.

A feature of this study is that it shows how men from different cultures and countries share similarities in terms of their pains and experiences during childhood, with substances and as fathers; there is a common thread also on the lines of gender roles and constructions of masculinities.

However, there are also differences: for example, issues such as the poverty and higher levels of violence that are visible in the case of Mexico, and which were also seen in the study with mothers who use substances. Morocco stands out for the stronger role played by religion and stricter gender norms around women's expected behaviours. In Croatia and Bosnia, the traumas of war are very present and interweave with substance dependence; this issue is alarmingly timely given the current conflicts in Europe and other parts of the world.

The main recommendation that stems from this report is that fatherhood cannot be overlooked or sidelined anymore and that men who use substances and are fathers must be listened to and brought into the picture. They are there already, so it would be more productive to keep them present and work with them directly.

Strengthening people who use substances and are fathers in their parenting role is beneficial to children, to women as caregivers and often as providers, and to men as fathers.

The fathers who generously opened up in the interviews convey to us the grief and self-loathing that are often present, together with guilt and shame: these feelings and perceptions should be acknowledged by services and addressed in a way that empowers fathers and does not reproduce social and self-inflicted stigma.

As shown in the testimonies, becoming a father can be a motivation for wanting to stop or control substance use, but relapse is very common and this is not because of a lack of genuine will. It is strictly related to the dynamics of substance dependence. In the cases of both mothers and fathers, the feelings of being overwhelmed by parenthood and self-loathing can be triggers to go back into substance use. Fathers and mothers need to be accompanied in their journey through parenting, and relapse must be understood as a possible part of this journey.

Fathers' concerns about their children's well-being are common to all fathers: they worry about the economic and emotional security of their children, how they will cope with life's challenges and deal with today's risks, such as those caused by social networks. Additional worries are related to their own drug use and how this might impact their children. They want to break the intergenerational cycle of substance dependence but are concerned about the barriers they might face: economic

strains, homelessness, criminal records, and how these can hinder their employment, medical conditions (their own or their children's), geographical distance and the fear of relapsing, among others. This calls for support for families and fathers. Services need to take into account how children of different ages might have been impacted differently. It is important to focus not only on babies or small children but on older ones as well.

Single dads face additional challenges, because sometimes they struggle with substance dependence, raising their children alone and social structures usually designed around traditional gender roles, which assign childcare to women. One of the reviewers of this paper is a single dad and suggests that fathers need support in very specific matters, such as how to raise girls and be sensitive and skilled in dealing with women's issues.

Fathers should be acknowledged and supported, not only in their parenting role, but also in their gendered identity. As pointed out by several of the fathers interviewed, gender roles, assumptions, beliefs and proscriptions interweave profoundly with how they see themselves and want to be seen. Traditional constructions of masculinity impact negatively on their father role and accentuate their behaviours associated with substance use, emotional distance and disruptive lifestyle. As beautifully explained by Matteo, "the figure of the father should change, but also the figure of the man within society".

The participants call for services for fathers and children and for more spaces to be opened for men who use substances and are fathers. As expressed by one of the fathers who peer reviewed the report: "I would love to see men with the same opportunity [as women] to do that, with the same opportunity to come together in solidarity with the mothers but also with the fathers, that they are recognised as being just as important in their own right in the development of the children and in the nurture and the care, especially when mothers are absent and the fathers are actually the main caregiver and the bond is there just as much as it was with the mother".

A very specific request is to have residential services where they can live with their children.

Female companions and the children's grandparents are pointed out as key support figures. This is present throughout the Pompidou Group's studies published as part of the project Children Whose Parents Use Drugs and has led to specific recommendations and guidelines, calling for support and guidance for families in general and targeted at specific populations.

The work presented in these pages can contribute to developing and strengthening services and programmes aimed at targeting parenthood, gender, substance use and children with parents who use substances.

It should be presented and shared with services, policy makers and, at least, the men who participated in it, and it should be used to prompt more efforts aimed at including men who use substances and are fathers.

This study should be followed by a further analysis of what practices are already in place and what else is necessary to make sure that the issue of children living in

families affected by substance dependence is indeed addressed in all its dimensions and that fathers, especially single dads, are not excluded or masked on the basis of gender stereotypes.

The analysis should include not only substance use-related services but social services – including those targeted mainly or only at women as caregivers – as well as child protection and the criminal justice system, particularly in relation to alternatives to incarceration for primary caregivers of children.

The men interviewed express a wide range of wishes and recommendations for themselves, their peers, their children and services. They ask for more support and services to be put into place for fathers and families. They acknowledge that women face more complex situations, stigma and barriers, but they would like their own challenges to be acknowledged and addressed as well.

” I think that in our society today we don’t take too much care of dads, which is fortunately improving and progressing, but I think there’s still a lot of work to be done when it comes to dads. I’m not saying we do too much for mums, because we can never do too much. But I think we’ve done a lot. We’ve thought a lot about mums without thinking about dads and I think that’s a bit of a shame. Now there’s paternity leave, but that’s something else again. I think there’s a lot to be done, I think a lot, a lot, a lot. Support for dads!

(Davy, Switzerland)

” I don’t think there is enough support, but there should be more treatment centres and, taking into consideration the family aspect of it as well, as much of it is geared around the users for them to get clean. But there is still family at home who are depending on you, and I think the supports need to be there for helping people with that part of it.

(Sean, Ireland)

” I think the help needs to be comprehensive. Under one roof. That it really should be from a dedicated type of help. Like you have “Comprehensive child and family care”, then legal help but also with a companion in support, with representation. That kind of reassurance of rights and responsibilities at the same time.

(Elias, Czech Republic)

### **Interviewer: How should children be supported when there is parental dependency in the family?**

” When the father and mother cannot afford it – to take the child to the mall, to a park, somewhere – to provide them with financial assistance and to have someone who visits them, to check if things are well in their home, to visit them at least once week, have someone knocking on their door, let them know you

will be coming to visit them once a week to see how they are all doing because, you know, her husband is using. To know that someone cares about them.

(George, Cyprus)

Some of them wish for their life to have been different, especially in relation to drug use and how they behaved with their children while, at the same time, they continue to endure the path and build resilience, believing that change is possible.

” I wished that I had a normal life and could just have raised my son. I wished that very often, but those are two different things; on the one hand there was that life and on the other hand the wish for that, I don't know ... you know, in hindsight, I'm extremely sorry that I didn't take better care before or that I didn't do more about it, yes.

(Fill, Switzerland)

” Well, first of all, for them [fathers] not to feel alone. And that we seek help, to be better people, that's what I think. And not to denigrate the drug addict, on the contrary, to support him and guide him on the right path so that he can regain control of his life, because life is on loan and there is only one life.

(Panchito, Mexico)

” Just hold on. Hold on. It gets better, you know? And then dark moments and waiting, thinking. But it gets better than that. And really, it does. Be very, very proud of the job you're doing.

(Kevin, Ireland)



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## Appendix 1

# Services and professionals involved in the research

Many services and people made this study possible by facilitating, conducting, transcribing and translating the interviews in the 11 participating countries. The table below includes the names of all the services and professionals involved.

Country	Services	Professionals that facilitated, conducted, transcribed and translated the interviews
Bosnia	Public Institute for Addiction Disorders of Canton Sarajevo	Rasema Okić Nizama Šukurović Maja Krilić
	University Clinical Center Banja Luka	Nera Zivlak-Radulović
	University Clinical Center Tuzla	Miralem Mešanović
	Public Institute for Addiction Disorders of Canton Zenica-Doboj	Lejla Šaćirović Emir Hasanica
Croatia	Croatian Institute of Public Health	Mia Mardešić
	Lepoglava Penitentiary	Dragana Vasović
	Mental Health and Addiction Prevention Department of the Andrija Štampar Teaching Institute of Public Health in Zagreb	Boris Gracin MD
	Reto Centre Therapeutic Community	Lidija Bandić

<b>Cyprus</b>	Agia Skepi	Tina Pavlou
	Cyprus National Addictions Authority	Leda Christodoulou Constantina Sofroniou
<b>Czech Republic</b>	SANANIM	Jiří Richter Karel Chodil Agáta Červenková
<b>Greece</b>	Organisation Against Drugs (OKANA): Support and protection programme for parents-users of psychoactive substances in Athens, Patras and Thessaloniki	Elli Drakaki Sofia Dogka Maria Georgiou Anastasia Leontaraki Paraskevi Petroutsou Despoina Xirogianni
<b>Ireland</b>	Trinity College Dublin	Catherine Comiskey
	Coolmine	Erin Niece Aisling Fitzgerald
	Trinity College Dublin and Preparing for Life	Louise McCulloch
<b>Italy</b>	San Patrignano	Monica Barzanti Corina Giacomello
	University of Padua	Paola Milani
	PIPPI (Programme of Intervention for the Prevention of Institutionalisation)	Katia Bolelli
	Ser.d. (Service for Dependence), Health Service, Friuli Venezia Giulia	
<b>Malta</b>	Substance Misuse Outpatients Unit, Aġenzija Sedqa and the Research Team	Dr Anna Maria Vella Sharon Arpa Marie Claire Micallef Cucciardi
	Foundation for Social Welfare Services	Michael Debattista

<p><b>Mexico</b></p>	<p>CIJ (Youth Integration Centres), outpatient and inpatient units in Mexico City, the State of Mexico and Jalisco</p>	<p>Carmen Fernández Cáceres  David Bruno Diaz Negrete  Miriam Carrillo López  Rodrigo Mora Barajas  Laura Rocío Salcedo Fuentes  Sara Elisa Gracia  Gutiérrez de Velasco  José Luis Benitez Villa  Damián Abad Rodríguez  Karen Itzel García Arroyo  Raquel Rodríguez Reyes  Jonathan Michell  Domínguez Sánchez  Vianney Rivera Montealegre  Edgar Esteban  Hernández López  Francisco Javier Salazar Aguilar  Héctor Alfonso  Elizalde Gutiérrez</p>
	<p>National Commission on Mental Health and Addictions  Community Centres on Mental Health and Addictions in Guanajuato</p>	<p>Beatriz Paulina Vázquez Jaime  Alejandra Montserrat Rivera Barrientos  Montserrat Euridice Lovaco Sánchez  Samantha García Díaz  Laura Susana Alba Cruz  Emmanuel Ignacio Zata Puente  Paula Ximena Figueroa Olmos  Iliana Guadalupe Cardiel Cabrera  Raúl Ulises Razo Aguirre  Erika Leticia Cervantes Baeza  Miguel Ángel Ruiz González  Mariana Loza Ramirez  Mónica Sánchez Mares</p>

<b>Morocco</b>	Addictology Department of ArRazi University Psychiatric Hospital of Salé, CHU Rabat-Salé	Fatima Elomari Hanane Bouabid
<b>Switzerland</b>	Addiction Switzerland	Sarah Vilpert David Remund Hannah Wettstein

## Appendix 2

# Questionnaire

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### Note for the interviewer

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The people interviewed are fathers who are affected by substance dependence (not all are forms of drug use). They are in recovery or were attending treatment at the service where the interview is conducted.

Before beginning the interview, the interviewer will explain the project and the purposes of the interview, as well as the main topics that will be addressed: a. Family life during childhood and impacts on substance use; b. Substance use and treatment; c. Becoming and being a father; d. Services' support to parenthood.

Before starting to ask the questions of each section, the interviewer will explain what is the purpose of the questions that will be asked and what issues will be raised. Examples of how to introduce each section are included in italics.

The consent letter will be read and signed by the interviewee before beginning the interview.

The interviewee's participation will be informed and voluntary and can be interrupted at any time by the person interviewed. While it is preferable that all the interviewees reply to all the questions, this is subject to the interviewee's agreement and wish to do so. The persons interviewed are invited to freely decide if they do not want to answer some questions and this does not invalidate the interview or the person's participation.

### Information on the participants and questions

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Country:

Place and date of the interview:

Service (if applicable):

Name and position of the interviewer (if applicable):

Pseudonym of the interviewee:

Gender:

Age:

Nationality:

Country of residence:

Number of children:

**Data on children (examples in italics):**

Gender	Age	Situation of care: a. living with both parents; b. living with the interviewee; c. living with the other parent; d. living with the interviewee's family; e. living with other relatives (specify); f. foster care; g. institution (specify); h. living independently; i. not known; j. other (specify)	Additional notes
1. Female	22	i.	<i>Carlos' daughter decided to break all contact with him and her family, and nobody knows where she is.</i>
2. Male	16	c.	<i>He mainly lives with his mother, his brother and his mother's partner and children. The interviewee and the mother have joint custody. The interviewee spends every other weekend with his two younger children.</i>
3. Non-binary	14	c.	<i>Same as above.</i>

**a. Family life during childhood and impacts on substance use**

The first questions of the interview have to do with your childhood; this is because, sometimes, we may experience both positive and negative things when we are children, in our family or with other people, that are important for us; and these experiences, later in life, may have both a positive and possibly negative influence on us and our decisions and actions.

However, talking about our childhood and the things that possibly hurt us can still be painful when we are older and may trigger memories. So, please, feel free to not answer if you consider that the questions are uncomfortable or too personal. Your life and your experiences both positive and perhaps negative are important for us and we are grateful that you are here speaking with us, but by no means do we want to cause distress with this interview.

1. Let's start with the things that you liked and enjoyed when you were a child. How were you as a child, what games did you play, what made you happy?
2. Were there things (for example: sports, playing, watching tv, going for a walk in the woods, etc.) or people that made you feel good and safe (for example: the other parent, siblings, school/teachers, religious organisation, youth club, friends, girlfriends/boyfriends, etc.)?
3. Now we will talk about the more difficult things of being a child: if you feel comfortable to say it, could you tell me if there were situations at home that were difficult to handle and caused you pain (for example: absent parents, emotional neglect, violence, a caregiver's incarceration, etc.)?
4. Did someone in your family use drugs or alcohol (or gambled) in a way that was disruptive for your family life (economic instability, violent behaviour, chaotic lifestyle, absences, neglect, etc.) and, if so, did it affect you?
5. Do you think that what you lived in your childhood had an impact on your drug use, and how?

## **b. Substance use and treatment**

Let's talk about the use of substances now and if and how you felt supported by your family, your community and services. We are asking these questions because, as we said before, sometimes our drugs use has to do with what we experience when we are children but then, when we grow up, it is not always easy to control drug use and we do not know how to do something about it.

6. Could you tell me when did you start taking drugs and how did it happen? How did substances become something important and, perhaps, difficult to handle?
7. Could you talk to anyone about your drug use? Did you know where to go if you wanted to stop or control substance use?
8. Could you tell me about your history of treatment? When did you first access treatment and to which services have you had access (not the names or location of services but if it was outpatient, inpatient, drop-in centre, etc. or more than once/ at the same time)?
9. What is your current status of use?

## **c. Becoming and being a father**

Becoming a parent can be a beautiful experience but also a terrifying one. Sometimes we choose to become a parent and sometimes it just happens and we do not feel prepared. All the ways of being a parent are valid; no one has a handbook for it! Now, we would like to know how this was for you.

10. When did you become a father and how was it for you? What feelings did you experience (for example: joy, fear, insecurity, all of them at the same time, etc.)?
11. Has substance dependence had an impact on how you parent your children?

12. Who do they live with and who takes care of them?
13. How is the relationship with your children (please try to elaborate on all of them)? Do you see them? Do you do things with them (walk in the park, play videogames, pick them up from school, read bedtime stories, any sort of activity related to leisure and attachment)?
14. What do you like about being a father? What does it mean to you?
15. Do you think there are also difficulties in being a father? Can you explain more?
16. Have you ever felt different or have you been treated as different for being a parent who uses substances? How do the people around you (family, neighbours, the children's schools, social workers, your kids, etc.) react to your current or past substance use?
17. Are there other things (such as economic situation, unemployment, housing, etc.) that perhaps make it difficult for you to take care/spend time with your children?
18. Are there people, formal or informal networks that you can rely on (for example: spouse, parents, community centre, friends, etc.)? How do they support you (economically, emotionally, taking care of the children, etc.)?
19. If you have a partner, does your partner use substances as well? How does she/he cope with your substance use?

#### **d. Services' support to parenthood**

Now we are going to talk about how services (treatment services, social services, schools, etc.) have treated you as a parent and as a person who uses substances. We value your opinions and recommendations very much. We would like to know what we do well but also what we can do better and what we should stop doing. So please, feel comfortable about sharing positive as well as negative experiences and help us know how we can support fathers in their role.

20. Do the treatment services that you attend/have attended give you any sort of support to parenting your children (psychological, parenting programmes, contact with the children, etc.)?
21. Have other services (such as child protection and social services) been involved in the relationship with your children? Could you explain?
22. Is there something that you would like to be different in the relationship with your children and family?
23. How do you think that fathers with substance dependence could be supported in order to have more tools and possibilities to engage as parents?
24. How do you think that children and parents should be supported when there is substance dependence in the family?

This study is part of the Pompidou Group's project Children Whose Parents Use Drugs, launched in 2020 to deepen understanding and improve services for families affected by substance use. The Pompidou Group expanded its focus by elaborating in 2024 the practical guide *Integrating gender and children's rights in services for families affected by drug use*.

With this publication, *Fathers – Men in drug treatment services share their life paths and the processes and feelings of becoming and being parents*, the Pompidou Group took another innovative, yet logical step: listening to fathers. Across research in the field of addiction and its impact on the parental role and the lives of children, researchers have primarily focused on the maternal role. This publication explores the intersection of masculinity, parenting, and substance use.

This study was made possible thanks to the informed and voluntary participation of 94 fathers, who, in 11 different countries, participated in individual or collective interviews. Their voice is the pillar and the purpose of this work. Listening to them is not only innovative, but essential if we aim to provide comprehensive support to children in families affected by substance use.

The Council of Europe is the continent's leading human rights organisation. It comprises 46 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.

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