Listen to the silence of the child

Children share their experiences and proposals on the impact of drug use in the family

Children and families affected by parental drug use
Volume III

Corina Giacomello

Pompidou Group
Groupe Pompidou

COUNCIL OF EUROPE
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This study was possible thanks to the informed and voluntary participation of 33 children and young adults, who, in five different countries, participated in individual or collective interviews. Their voice is the pillar and the purpose of this work, which aims at listening to children affected by parental drug use and contributing to concrete efforts to enable participatory spaces for children whose parents use drugs.

Our gratitude also goes to those services and people who contributed to this volume by facilitating, carrying out, transcribing and translating the interviews with children and young adults. Their names appear in Appendix I.

Special recognition goes to Dr Catherine Comiskey and Dr Karen Galligan, who kindly agreed to act as readers of the preliminary version of this study and contributed their knowledge and empathy to its improvement.

About the author

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

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

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

Preface

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

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

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

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

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

This strategy, adopted in 2022, includes in its objective "Equal opportunities and social inclusion for all children" the action "2.2.6 Mapping, analysing and providing guidance on the situation of children suffering from addictive behaviours and children of parents using drugs".

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

The results are also included in two other volumes in this series: *We are warriors – Women who use drugs reflect on parental drug use, their paths of consumption and access to services* and *Children and parents affected by drug use – An overview of programmes and actions for comprehensive and non-stigmatising services and care*.

Over the following pages, we aim to make children's experiences visible, ensuring they are listened to, thus breaking the silence that surrounds the impact of parental drug use on children.

The children's voices are expressed with delicacy, introspection, firmness and sometimes confusion or uncertainty. Their voices are reproduced with an awareness that only by listening to children and feeding back the results to them can an effective, human rights-based, participatory children's rights agenda be transformed into action.

Chapter 1
Introduction

" When I was younger, it was difficult for me because I lived with my parents and they were both addicts and from the time I was 6 years old I took care of my sister: I made her dress to go to school, or I looked for food for her because we didn't have anything to eat.

Regina is 16 years old and lives in Mexico City. Her mother is currently undergoing outpatient treatment at Centros de Integración Juvenil (Youth Integration Centres).[1] Regina, her younger sister Valentina and their mother, Sonia, participated in the 2022 phase of the project Children Whose Parents Use Drugs implemented by the Pompidou Group of the Council of Europe (Pompidou Group hereinafter).

Children Whose Parents Use Drugs is a human rights-oriented project and reflects the Pompidou Group's mission to "provide knowledge, support and solutions for effective, evidence-based drug policies, which fully respect human rights".[2]

The project started in November 2020 as a response to the Council of Europe invitation to the Pompidou Group to provide input to the drawing up of the Strategy for the Rights of the Child (2022-2027). As a result of the collaborative and enthusiastic participation of 16 countries,[3] between November 2020 and December 2021, the Pompidou Group developed a dedicated web page,[4] two reports (Pompidou Group 2021a and 2021b) and an ISBN publication (Giacomello 2022) on the topic of children whose parents use drugs.

As a result of the Pompidou Group's work, children whose parents use drugs are explicitly identified for the first time in the above-mentioned strategy, which outlines the action: "2.2.6 Mapping, analysing and providing guidance on the situation of children suffering from addictive behaviours and children of parents using drugs" (Council of Europe 2022).

In the first two phases of the project (2020 and 2021), the international research focused on programmes and services at the national and local level in the participating countries, collecting and analysing practices in the fields of i. data gathering; ii. family and children-oriented services that take into account drug dependence; iii. drug treatment and harm reduction-related services that develop specific actions targeted at children with parents who use drugs; iv. services and actions targeted at women who use drugs, including those who are mothers; and v. services for women victims and survivors of abuse who use drugs and their children.

1. www.cij.org.mx/.
2. www.coe.int/en/web/pompidou/about/pompidou-group-introduction.
3. Croatia, Cyprus, the Czech Republic, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Mexico, Monaco, Poland, Romania, Spain, Switzerland and Turkey.
4. www.coe.int/en/web/pompidou/children.

The reports "Children whose parents use drugs: a preliminary assessment and proposals"[5] (Pompidou Group 2021a); and "Children whose parents use drugs: report of focus groups held in February 2021"[6] (Pompidou Group 2021b), as well as the publication *Children whose parents use drugs – Promising practices and recommendations*[7] (Giacomello 2022), include numerous recommendations on how to further develop and integrate the above-mentioned areas of intervention, provide policy makers and practitioners with examples of international experiences and foster collaboration between governmental and non-governmental national and local stakeholders.

Children whose parents use drugs (ibid.: 2022) also highlights the need to create spaces of participation for children with parents who use drugs and for women affected by drug dependence. This allows women and children's opinions to be listened to, taken into account and have an effect on the services that address their needs directly or indirectly, in fulfilment of human rights standards and their inclusion in drug-related policies. The right of children to be heard and for their opinion to be taken into account, which is enshrined in Article 12 of the Convention on the Rights of the Child, is one of the pillars of the current paradigm of children's rights and is tightly linked to the rights of children to protection and provision.

Given the wide acceptance and enthusiasm regarding this project and its outcomes among the participating countries, agencies and actors, the Pompidou Group's Permanent Correspondents (PCs) meeting held on 27 October 2021 agreed on a consultation in order to determine which countries were interested in the continuation of the project in 2022.

Eleven countries participated in the third phase of the project (February to December 2022) – Croatia, the Czech Republic, Cyprus, Greece, Ireland, Italy, Malta, Mexico, North Macedonia, Romania and Switzerland. While continuing to focus on programmes and service provision, it was also decided to take a step forward and generate knowledge and proposals based on the direct participation of women who use drugs and children affected by parental drug use. Between February and October, numerous services and people from the participating countries became involved, carrying out the following activities:

- sharing new or ongoing programmes and actions targeted at children, families and people who use drugs, including women who are victims and survivors of gender-based abuse;
- carrying out interviews or focus groups with women who use drugs and are also mothers; and
- interviewing children or young adults who have grown up in families affected by drug dependence.

In total, 110 women who use or used drugs and 33 children and young adults whose parents struggle with dependence on substances agreed to participate in individual or group interviews.

5. https://rm.coe.int/2021-ppg-2-children-preliminaryassessment-eng/1680a4829c.
6. https://rm.coe.int/2021-ppg-18-childrenreport-eng/1680a4829b.
7. https://rm.coe.int/2021-ppg-27-isbn-children-whose-parents-use-drugs-promising-practices-/1680a602ae.

Women and children were approached by services that already work with them and which are mainly drug treatment or harm reduction services, although in some cases child protection services were also involved. As shown in Chapter 3 "Children's voices", the ages of the children interviewed span from 8 to 24 years old. All the children answered the same questions, which were provided to local partners as part of the methodology, together with the form of consent for children and their legal parents or guardians and with the possibility for local interviewers to make the adjustments they considered to be appropriate. While the full methodology can be consulted in the project's page,[8] the questions are reproduced in the text. The interviews from Greece, Malta, Romania and Switzerland were transcribed, translated and sent to the consultant, while those from Mexico were listened to by the consultant directly. The services that facilitated the interviews and the people who participated in carrying them out, translating or transcribing are outlined in Appendix I.

The criterion for selecting the interviews and including them in the study was that the person – either the woman or the child – narrated their own or their parent(s)'s relationship with the substance as something problematic in their life, which hindered their ability to carry out daily tasks and to establish stable and secure relationships of love and care. This aspect was important because the object of the study is not drug use per se, but how a dependent or problematic relationship with substances – which usually is underpinned or accompanied by previous or concomitant conditions of vulnerability, including abuse, post-traumatic stress or social marginalisation – intersects with parenthood and care, including the care and love for oneself, in order to develop narratives and proposals to support families in non-stigmatising ways.

Therefore, albeit in a reduced number of cases, some interviews were disregarded for not fulfilling this criterion. This mainly applied to some interviews from Mexico, which also carried out more interviews than other countries. In some other cases, children do not report harmful impacts of parental drug use or totally ignore their parents' use. However, the services that carried out the interviews informed the consultant about the parent's dependence on substances. In those cases, the interviews were included because they can shed light on some other aspects, such as how a caring parent is not always compromised by drug dependence or how secrecy is managed within families.

The drugs that were referred to by women and children as negatively impacting their daily lives were mainly alcohol, heroin, cocaine and, particularly in Mexico, methamphetamines.

The information collected and analysed by the consultant during 2022 has led to the following publications:

- *We are warriors – Women who use drugs reflect on parental drug use, their paths of consumption and access to services*, with the participation of Croatia, the Czech Republic, Greece, Ireland, Italy, Malta, Mexico, Romania and Switzerland;

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

- *Listen to the silence of the child – Children share their experiences and proposals on the impact of drug use in the family*, with interviews from Greece, Malta, Mexico, Romania and Switzerland;
- *Children and parents affected by drug use – An overview of programmes and actions for comprehensive and non-stigmatising services and care*, which describes 33 programmes and actions from 11 countries.

Between November 2020 and December 2022, 18 countries and more than 300 people were involved in the project. It is with their generosity in mind that this volume is written.

The title "Listen to the silence of the child" is inspired by the participation of Alexis, a 14-year-old boy from Greece, whose mother "uses drugs, cocaine, cannabis and alcohol". Alexis' voice is reproduced several times in this publication: his experience is painful and he expresses it with sharpness, depth, anger and sadness. He presents himself with no hesitation.

> ” My name is Alexis, I am 14 years old, I would like to have a family with no drug issues, people who take care of me and I would like to not live illegally.

The importance of listening to and being able to capture children's unspoken feelings is part of Alexis' reflection on what services should do.

> ” Teachers and services must be patient with children. They must hear the voice of the child and … the silence of the child. It helps to be supported in everything without the danger to lose your house and be in an institution. It helps if the child can have a quiet home, therapist for the parent, a school that understands and a network that supports in food, clean clothes, clean house, quiet sleep, studying, going to school on time. Therapists are helpful but children do not like going to therapy.

In order for the voices and the silence of children to be listened to, their right to be heard and their opinion to be taken into account must be acted upon. The Pompidou Group's project in general, and this publication in particular, intend to make concrete efforts to enable participatory spaces for children whose parents use drugs in services that work with families, people who use drugs and children, such as schools, child protection, social services, drug use-related services, voluntary associations and so on. This would be within the framework of the project and its collaborative work with government and services. Over the following pages, we aim to make children's experiences visible, ensuring they are listened to, thus breaking the silence that surrounds the impacts on children of parental drug use.

The children's voices are expressed with delicacy, introspection, firmness and sometimes confusion or uncertainty in the interviews. They are reproduced with an awareness that only by listening to children and feeding back the results to them can an effective, human rights-based, participatory children's rights agenda be transformed into action.

1.1. Use of terminology

The conceptual framework of the project adopts the term "child" in accordance with the UN Convention on the Rights of the Child, which states in Article 1 that "a child means every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier".

Those participating in the project whose ages are between 18 and 24 are referred to as young adults.

The term "drug use" adopted in this text does not refer to all forms of drug use, but only to drug use disorders as defined by the World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC)'s International Standards for the Treatment of Drug Use Disorders (WHO/UNODC 2020). As explained above, and referred to again later, the existence of a difficult relationship of an adult caregiver with substances was also a criterion to identify and select the women and children to be interviewed.

The terms "drugs" and "substances" are used interchangeably to comprise the controlled drugs under the three United Nations Conventions (UNODC 2013), as well as alcohol, tobacco and prescribed medicines.

Parental drug use is used to refer to (dependent) drug use in the family of origin, either by parents, step-parents, siblings or other significant adults.

1.2. Contents

This publication is presented as follows. Chapter 2 "The invisible millions" contains a review of academic publications and reports which outline the effects of parental drug use on children. Data from several countries are also provided, including the most recent information derived from Ireland's National Drug Treatment Reporting System (NDTRS),[9] which is one of the policies included in the project. This opens the way for the presentation of children's voices in Chapter 3, which constitute the core of this study.

The responses that children give vary hugely: some of them reply with short answers, sometimes a bit disconnected from the question. In other cases, longer sentences contain sharp analysis and statements. Young adults elaborate with detail and introspection about their lived experience and that of their parents and siblings.

Given the variety of responses, the children's voices are presented as follows: each question is reproduced and responses from different children are included. The first selection criterion was to ensure that all 33 children and young adults are listened to at least once. The second was that the responses chosen show differences and similarities of form and content, with an attempt to provide an overview of the uniqueness of each experience as well as of the common path children take.

9. www.hiqa.ie/areas-we-work/health-information/data-collections/national-drug-treatment-reporting-system-ndtrs#.

This is followed by longer testimonies from one adolescent and four young adults, in order to offer a wider insight into the life stories of children affected by parental drug use.

The study ends with a chapter of final remarks and steps forward.

1.3. Main conclusions and children's recommendations

The development of the Pompidou Group's project in 2022 was motivated by evidence. In 2021, knowledge and proposals were built up by listening to services, experts and practitioners and learning from them which elements and practices might be able to shape an integrated, trauma-informed, holistic, people-centred and strengths-based policy, which brings together drug policies, human rights, gender-responsiveness and children's rights. In addition, such a policy makes visible and is accountable to children growing up in families affected by drug dependence, including their parents and other caregivers. The research carried out in 2021 also included nine interviews with women who use drugs and were at the time living in residential communities in Italy. Their experiences, together with the long practice of the Pompidou Group in the field of mainstreaming gender in drug policies and some of the practices gathered for *Children whose parent use drugs*, underlie the research carried out with women who use drugs in that publication and in *We are warriors*.

The decision to include children in 2022 is clearly underpinned by solid theoretical grounds and human rights principles, but it also has its own meaning within the project: the basic recognition that knowledge is incomplete and proposals are not exhaustive unless children themselves help us to shape proposals which must be accountable to them.

Additionally, while services shared with us promising practices, gaps still emerged and were identified in the conclusions and recommendations of the final publication and in its executive summary. The 143 children and women who spoke with the Pompidou Group's partners and the consultant in nine countries have clear insights and proposals on how those gaps can be identified and filled.

In Chapter 3, which is based on the interviews with children, readers will find compelling lived experiences, very traumatic situations, distress, loneliness and a permanent sense of ambivalence and ontological uncertainty. Children tiptoe through their parents' struggle with substances and the impact this has on their lives. They often face concomitant stressful situations, such as lack of food, inconsistent attendance at school, exposure to violence, frequent changes in their caring arrangements and so on. They might experiment with drugs to cope with the situation, perhaps like some of their parents did when they were younger and also had to face painful and traumatic situations. Sometimes they hurt themselves or become more and more isolated.

The age of the child is indicative of their situation as well, with the younger ones being more "trapped inside their parents' own cage" – to quote Milo, from Malta.

Adolescents have some means to stay away from the family home, although that might lead to drug use, teenage pregnancies or other externalising and internalising issues. The young adults interviewed reflect with more pause and are striving to achieve or have already achieved independence from their family situation.

However, children also clearly identify and share with us without hesitation who is there for them and what they need. In other words, the protective factors that help them move forward: the non-using parent, the grandparents, their friends and their teachers.

Whatever the child or young person's age, they have advice for their peers: move on, do sports, art or music, do not cut or hurt yourself, do not choose drugs, stay close to your family, do not be like your parents, speak out, do not feel guilt or shame, be patient.

They recommend breaking the silence, as difficult as that might be, and they share how important it is to be listened to and to know that they are not alone, that there are other children going through a similar situation.

Asked what they would recommend to children in the same situation, they said the following.

> ” I would tell them not to be affected, or bothered by what their parents do, and not be like them, such a mess and bad example for their kids.
>
> Yes, and that it would be good to have someone to talk to. And not feel embarrassed. There's no need.
>
> (Maria, 15, Greece)

> ” They should go out and do something, take courses, attend workshops, stay in school, that's what will push them forward.
>
> (Bruno, 14, Mexico)

> ” Be patient. You will grow up and stand on your feet. Do not do what your parents are doing. Do not imitate them. You will destroy yourself.
>
> (Alexis, 14, Greece)

> ” That everything is possible and that when their parents are in addiction they [children] should not do like others who cut themselves, who commit suicide, who separate from their family and that it is worse for them. It is better for them to stay with their family or if they leave, to stay with their mum, or with their grandparents, uncles, aunts, uncles, cousins, to talk to them. But don't leave the person abandoned, because it could be worse and they could regret it. It is better to support them.
>
> (Isabela, 16, Mexico)

” They should not keep quiet, they should speak out, they should express themselves to people with whom they feel protected.

(Fátima, 13, Mexico)

Children also have clear messages for services and parents.

” They can be more involved in this matter. Talking to someone really helps.

(Avram, 15, Romania)

” The fact that you can hear what we have to say is by itself a big help.

(Maria, 15, Greece)

” Adults should focus more on adolescents and children, listen to them, understand them and help them where they can. [Services could help] by giving talks to communities, making people aware that there are institutions that help adults and young people.

(Andrea, 14, Mexico)

” Well, starting using drugs means they were in trouble. They must not be feeling well, but on the other hand, that is not a reason … how can I explain this?

It does not justify their actions you mean?

” Yes, but from their perspective, it is a good reason to start doing drugs. But on the other hand, why does someone do this? There is no reason.

They should show their children that they care and can talk to them.

(Maria, 15, Greece)

The spaces that children identify as safe and protective are schools and other family members, mainly siblings and grandparents. This does not mean that schools, friends and families cannot also be sources of stigma, bullying, sexual violence and induction to drug use. For those children who participated in individual or group therapy, this is also identified as a place of understanding and of feeling understood and supported.

Children's responses and their generous involvement in the project are a clear demonstration that participation is not only an obligation for states and a children's right, but an indispensable element for the design, implementation, accountability and monitoring of public policies.

Children have all the answers: they can name and share their emotions, they are even able to detect and acknowledge their own profound silence; they understand their parents and they know who and what can help them and how.

In line with the Pompidou Group's mission and the projects' previous recommendations (Giacomello 2022), including those developed in two other studies,[10] it is advisable that, in conformity with the content of the questions and the spirit of this study, the children who participated in the interviews are informed about how the information they have provided has been used. This should be done in a format and language that they can understand and have access to. It is also recommended that this study in particular and the Pompidou Group's project in general are disseminated in a way that can influence international, national and local policies and programmes, particularly with the aim of fostering the creation and recognition of consolidated and ongoing spaces of participation for children.

Where the collection and analysis of programmes and actions, as well as qualitative research, are continuing, these should include fathers and other caregivers, such as grandparents.

Spaces for children's participation and encounters with peers should be identified and promoted, so that children do not feel alone and isolated. Also, other relevant stakeholders, such as schools, should be involved, given the pivotal role they play in children's lives.

10. *Children and parents affected by drug use – An overview of programmes and actions for comprehensive and non-stigmatising services and care*, which describes 33 programmes and actions from 11 countries and *We are warriors – Women who use drugs reflect on parental drug use, their paths of consumption and access to services*, with the participation of Croatia, the Czech Republic, Greece, Ireland, Italy, Malta, Mexico, Romania and Switzerland.

Chapter 2

The invisible millions

” It has destroyed my life. I do not have a family. When I was younger, I could not take a breath, I was feeling very sad, very angry about what was happening.

One moment I hate her, the next I love her, other times I feel that she is miserable and I feel sorry about her and her choices. She chooses drugs and not me. I love her because she gave birth to me. I feel sorry about her because she cannot take care of herself. I hate her because she destroyed my life.

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

Children affected by parental drug use may experience neglect, sometimes physical, and verbal, psychological or sexual abuse, either directly or as witnesses. Anger, sadness and empathy are some of the ambivalent and often confusing feelings that appear recurrently in the children's interviews. They live in a state of uncertainty, and wonder why their parents' love for them is not enough to stop their parents from hurting themselves and their families with drugs. They hardly have anyone to speak to, and shame and stigma block them from seeking help. Their parents' erratic lifestyle often compromises their food intake, clothing, school attendance, social, leisure and sports activities and undermines their self-confidence and self-esteem (EMCDDA 2010). As explained by Dawe et al. (2008: 2), parental intoxication also affects their responsiveness and sensitivity to a child's emotional needs and leads to inconsistency in disciplinary strategies.

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

Since the publication of an influential seminal UK report, "Hidden harm: responding to the needs of children of problem drug users" (Advisory Council on the Misuse of Drugs 2003 in Galligan 2022: 14), the experience of children affected by parental dependent substance use has become widely known as "hidden harm", a concept which encompasses individual and family situations as well as services' responses and

societal beliefs and stigmas at large. As outlined in Ireland's Hidden Harm Strategic Statement (Tusla and HSE 2019: 8):

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

However, as outlined in Velleman and Templeton's review about building resilience in children affected by parental substance misuse (2016: 109):

> It is not a foregone conclusion that children living with parental problematic substance use (even if associated with other parental or family problems such as parental mental illness or domestic violence) will be adversely affected and have poor outcomes. Many children have the potential to be resilient.

The authors identify numerous protective factors, categorised as i. individual factors; ii. family factors; iii. community/environmental factors; and iv. evidence of resilience that these protective factors encourage. The importance of protective factors/processes of resilience should be embedded into the "routine clinical practice of a wide range of practitioners who will come into contact with children affected by parental substance misuse" (Velleman and Templeton 2016: 116).

As outlined in the following chapter, children know what they need in order to deal with the difficulties created by their parents' drug use and they also recognise what their parents might need in order to feel better. Rather than being an "either-or" scenario – good parenting v. bad parenting and positive outcomes vs negative outcomes – the children and women interviewed for this project develop proposals that are aimed at improving the well-being and interconnectedness of parents, children, services and society. Speaking out and being listened to is one of the key ways to address children and families as a dyad and not as two separate parts of a fractured unit.

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

Yet, children growing up in families affected by alcohol and other drugs use disorders run into millions. Here, they are referred to as "the invisible millions", because they are not systematically counted and the attention they receive from services does not always take into account the multiple vulnerabilities faced by them and by their families, including drug dependence.

As outlined in *Children whose parents use drugs* (Giacomello 2022) and several of the sources consulted for this study (Comiskey 2019; Dawe et al. 2008; Galligan 2022), the current ways of data gathering do not allow us to systematically and accurately estimate how many children are affected by parental drug use. This is due to several factors: on the one hand, treatment-related services do not necessarily enquire about the number of children their clients have. This can be additionally complicated by the fact that clients do not always disclose their parental status or that access to

treatment is counted by episodes of treatment, which can lead to double-counting. On the other hand, social services and child protection services do not systematically enquire if a parent of children referred to statutory services uses substances (Dawe et al. 2008). The illicit status of certain substances and the criminalisation of conducts related to them further leads parents who use drugs to keep away from health and social services. Other issues, such as privacy regulations or lack of interagency communication of data, prevent a clear quantitative picture from being obtained.

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

Dr Catherine Comiskey's research (2019: 5) shows that data from the United States indicate that "1 in 8 children (8.7 million or 12.5%) aged 17 or younger lived in households with at least one parent who had a substance use disorder (SUD) in the past year". In the same country, information from the National Association for Children of Addiction (NACoA)[11] signals that one in four children live with a parent who suffers from alcohol or other drug dependence, which means more than 18 million children. Data shared by Starlings Community (2022: 13) indicate that the latest data taken from 2013 show that between 18% and 20% of Canadian children are exposed to a parent's substance use disorder. The organisation Addiction Switzerland[12] – a partner in this project – indicates that about 100 000 children are affected by parental dependence from alcohol or other substances. At the end of 2022, official data indicate that there were 1 746 724 children and young people aged between 0 and 19 years old[13] living in Switzerland. This would mean that the 100 000 children referred to by Addiction Switzerland represent about 6% of the total population aged 0-19.

At the European level, the most recent data from the Treatment Demand Indicator (TDI)[14] of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) indicate that 43 525 people out of 207 795, corresponding to 21%, were living with children. The percentage is higher for females (29%) than for males (19%).

Data from the Hidden Harm Strategic Statement, Ireland, indicate that 1 in 11 children is affected by parental alcoholism, or approximately 587 000 children (Tusla and HSE 2019: 22), of whom 271 000 are under the age of 15. Preliminary findings from the National Drug Treatment Reporting System (NDTRS)[15] data for 2020 indicate that there was an estimated number of 0.73 children for each case entering treatment for drugs and 0.79 children for each case entering treatment for alcohol, with an overall rate of 0.75. Data from the NDTRS for 2021, generously provided by Dr Suzy Lyons and Dr Cathy Keller of the Health Research Board, show that there were 13 108 children with parents in treatment, and that while, in absolute terms, there are more men with dependent children, the percentage is higher for women living with children. The percentage of children not living with the parent in treatment is higher for children whose parents use drugs (as opposed to alcohol), including for the category of children living in care, as is shown in Table 1.

11. Information available at https://nacoa.org/.
12. www.addictionsuisse.ch/enfants-dans-une-famille-dependante/.
13. www.bfs.admin.ch/bfs/fr/home/statistiques/population.assetdetail.23728335.html.
14. www.emcdda.europa.eu/data/stats2022/tdi_en.
15. www.hrb.ie/.

Table 1 – Number, age and living arrangement of children by type of substance, NDTRS, Ireland

Main problem	Drugs		Alcohol		
	n	%	n	%	Total
Number of children (range)	1-17		1-14		
1-2 children		75.0%		76.2%	
Number of children with a parent in treatment	8 498		4 610		13 108
Age of children					
Children aged 0-4 years	2 447	28.8%	1 003	21.8%	3 450
Children aged 5-17 years	6 051	71.2%	3 607	78.2%	9 658
Living arrangements – children					
Children living with a parent in treatment	3 119	36.7%	2 341	50.8%	5 460
Children living with other parent	3 730	43.9%	1 758	38.1%	5 488
Children in care	887	10.4%	313	6.8%	1 200
Children living elsewhere	709	8.3%	188	4.1%	897

The NDTRS data was included in *Children whose parents use drugs* as well as in the 2022 phase of the project, because it goes further than the current system of collecting data by the TDI and gives a clearer picture of how many children have parents in treatment and their care situation.

2.1. Impacts of parental drug use on children

Parental drug use is one of the nine adverse childhood experiences (ACEs). The term emerged in a study in the US in the mid-1990s (Felitti et al. 1998) which demonstrated a strong interrelationship between adverse childhood experience and severe chronic disease and premature death in adulthood. The original study identified seven ACEs – abuse by category: psychological, physical and sexual abuse; household dysfunction by category: substance abuse, mental illness, mother treated violently and criminal behaviour in household. This established a new field of studies and a model of inquiry that has continued since (Morton and Curran 2019). As indicated in the study, people who had experienced four or more categories of childhood exposure had more risk of alcoholism, drug abuse, depression, suicide attempt and other health risks. Furthermore, as demonstrated by McDonagh et al. (2023), some ACEs have greater impact than others. For instance, "the factor 'feeling unloved' as a child provided the single strongest predictor and may represent an overarching risk of post-traumatic stress disorder and continued substance use in later life among adults in treatment for an opiate use disorder" (ibid. 2023: 1).

Currently, nine ACEs are identified (Bellis et al. 2015), namely:

- Child maltreatment: sexual abuse, physical abuse, verbal abuse.
- Children's environment: domestic violence, parental separation, mental illness, alcohol abuse, drug abuse, incarceration.

As stated in the report "Parental substance misuse: addressing its impact on children" (Horgan 2011: 14):

> The literature is unanimous regarding the capacity for parental drug misuse to impede child outcomes … It has become well accepted that children of substance misusers, compared to their peers whose parents do not misuse substances, are at heightened risk of experiencing a range of health, social and psychological problems.

While ACEs look into the family level exposure to adverse circumstances, it is important to also take into account the environmental and community factors, which might play a role in shaping the family and parents' opportunities and tools to face dependence, parenthood and other sources of vulnerability and social marginalisation, such as poverty, joblessness, housing, racial and ethnic discrimination, social inequalities and violence. These are called adverse community environments and interconnect with ACEs (Dietz and Ellis 2017):

> Adverse childhood experiences can increase a person's risk for chronic stress and poor coping mechanisms, and result in lifelong chronic illness such as depression, heart disease, obesity and substance abuse. Physical or sexual violence and abuse or neglect, for example, can exist as chronic stressors for individuals. The Pair of ACEs Tree is planted in soil that is steeped in systemic inequities and dysfunction, robbing it of nutrients necessary to support a thriving community. Adverse community experiences, such as lack of opportunity, limited economic mobility, fear of discrimination, and the associated effects of poverty and joblessness contribute to – and compound – the adversities experienced by individuals and families.

Therefore, while the impacts of parental drug use on children might be described and lived as individual experiences, they are framed within larger structural relationships which also weigh on the parents. Although parental drug use is unanimously understood as having the potential to impact a child's well-being and development, there are numerous facets which do not necessarily lead to negative outcomes for children, but rather will vary according to the child's individual, family and social factors, such as gender, age, development and culture.

In the paper "Responses to the needs of children of people who use drugs", professor Catherine Comiskey (2019) analyses the impacts of parental drug use on children by age range:

- birth to pre-school;
- school-aged children from 5 to 14;
- adolescents aged 15 years and older.

The author summarises the risks for each age range by the following categories, and outlines them in a table which is reproduced below (Comiskey 2019: 9-10):

- health and well-being;
- education and cognitive ability;
- relationships and personal identity;
- emotional and behavioural development.

Table 2 – Potential impacts of parental drug use on children by age range and developmental area

Age in years	Health and well-being	Education and cognitive ability	Relationships and personal identity	Emotional and behavioural development
0 to 4	Poor hygiene and diet. Missed immunisations, and health and dental checks. Safety risks due to inadequate supervision. Physical violence.	Lack of stimulation due to parental preoccupation with drugs and own problems. Irregular or no attendance at pre-school.	Separation from one or both biological parents. Problems with attachment in relation to parents or caregivers. May be expected to take on excessive responsibility.	Emotional insecurity due to unstable parental behaviour and absence. Hyperactivity, inattention, impulsivity, aggression, depression and anxiety all more common. Continued fear of separation. Inappropriate learned response due to witnessing violence, theft and adult sexual behaviour.
5 to 14	School medicals missed. Dental checks missed. Poor support in puberty. Early smoking, drinking and drug use more likely.	Poor school attendance, preparation and concentration due to parental problems and unstable home situation. Continued poor academic performance, especially if looking after siblings, and increased risk of school exclusion.	Restricted friendships. May be expected to take on excessive responsibility for parents or siblings. Poor self-image and low self-esteem.	More antisocial acts by boys, and higher levels of depression. Anxiety and withdrawal among girls. Emotional disturbance and conduct disorders, for example bullying and sexual abuse, are more common. Higher risk of offending and criminality.

Age in years	Health and well-being	Education and cognitive ability	Relationships and personal identity	Emotional and behavioural development
15 +	Increased risk of problem drug and alcohol use, pregnancy and sexually transmitted diseases.	Lack of educational attainment may affect long-term quality of life.	Lack of appropriate role models.	Greater likelihood of self-blame or guilt, increased risk of suicide.

Source: Comiskey 2019: 9-10.

Compared to their peers, children of substance-abusing parents show increased rates of anxiety, depression, oppositional behaviour, conduct problems and aggressive behaviour as well as lower rates of self-esteem and social competence (Solis et al. 2012: 5). Substance use is often only one of many problems in multi-problem families (Cotmore et al. 2018; Dawe et al. 2008), which can include poverty, social disadvantage and isolation, domestic violence, criminal convictions, racism, etc. Furthermore, "when mental health problems and substance misuse co-occur (which is the most common situation), children are at an elevated risk of poor outcomes" (Dawe et al. 2008: 4).

Children of parents with alcohol or drug use disorders also face a higher risk of drug involvement as well as mental health and behavioural problems (Wlodarczyk et al. 2017 in Galligan 2022: 18).

The study "The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis" (Hughes et al. 2017) indicates that people with at least four ACEs were at increased risk of all health outcomes compared with individuals with no ACEs. Associations between ACEs and health outcomes were strong for problematic alcohol use and strongest for problematic drug use (Hughes et al. 2017: e365):

> Outcomes showing the strongest relations with multiple ACEs (violence, mental illness, and problematic substance abuse) can represent ACEs for the next generation (exposure to parental domestic violence, mental illness, and substance use) and thus are indicative of the intergenerational effects that can lock families into cycles of adversity, deprivation, and ill health.

The experience and consequences of neglect are expressed by children whose parents use drugs (EMCDDA 2010), but also by adult drug users who relate being neglected or maltreated during childhood (EMCDDA 2009; Santos Jr et al. 2020). The transgenerational potential dimension of alcohol and drug use is also identified in the life stories of the women participating in the publication *We are warriors*, with 66% reporting having experienced drug use in their families when they were children.

In general terms, there is still little attention given to older children, fathers and fatherhood (Colombo 2016; Comiskey 2019; Galligan 2022) and other caregivers,

in comparison with the work and focus on people who use drugs, women who are pregnant or mothers and children in the early years.

The PhD dissertation "Multi-perspectives of the lived experience of risk and protective factors of children of parental substance misuse: children, parents, grandparents, and service providers" (Galligan 2022) represents probably one of the most updated and thorough studies currently available. Dr Galligan's work encompasses not only the impacts of parental drug use on children but also the role of grandparents as primary caregivers as well as the perspectives of adult addiction services and child protection services. The research explores risks and protective factors at multiple levels of the child ecosystem and highlights that such factors exist at all levels, providing the opportunity to not only provide support within the parent–child dyad or the family home itself, but also acknowledging that there are factors external to the home which if supported can have an impact on the life of the child.

While it goes beyond the scope and space constraints of this publication to explore Dr Galligan's work more deeply, one of her observations on grandparents as caregivers is reproduced below, to show the transgenerational dimension of care and how this should be taken into account by policy makers and executors (Galligan 2022: 301).

> While the kinship carer role overall was reported as being a key protective factor for the child, complexities inherent in this role presented numerous risks for the child. Grandparents similar to parents reported significant challenges with child service systems, and in many cases, limited capacity to assist child in school settings, and significant challenges with justice systems. Supports for grandparents including financial, and legal, were reported as being extremely limited and impacted by a culture of being taken for granted by services, resulting in differing supports being available for kinship care relative to non-relative carers and differences in supports and status of formal versus informal relative carer was also raised. Many grandparents reported their experience of being in a "legal twilight zone" (Burns et al. 2021), in relation to caring for their grandchildren, which can create all sorts of challenges and risks for the child.

Although it was not analysed in depth, the issue of grandparents as caregivers was also raised in the focus groups carried out during the second phase of the project, particularly by Dr Comiskey and the participants from Cyprus, who insisted on the importance of "caring for the caregivers" (Pompidou Group 2021b). The impacts of parental drug use on grandparents as caregivers is also addressed in the EMCDDA's "Families of people who use drugs: health and social responses" which looks at the larger impacts of drug use on family members (EMCDDA 2022: 4):

> Parents of people who use drugs problematically may be required to bring up their grandchildren on a temporary or permanent basis. Siblings may be affected by drug users' chaotic behaviour. They may also feel neglected by their parents, whose attention is focused on their drug-using sister or brother. Life partners may have to take sole responsibility for all aspects of family life and, in addition to worrying about their drug-using partner, may feel guilt and anxiety about the impact on their children.

The literature reviewed (Colombo 2016; Comiskey 2019; Cotmore et al. 2018; EMCDDA 2012, 2022; Galligan 2022; Icaan 2022; Ius 2021; Milani et al. 2018; Mutatayi et al. 2022; Prakashini et al. 2022; Velleman and Templeton 2016) and the actions and

programmes collected by the Pompidou Group's project in its current and previous editions – programmes and services such as P.I.P.P.I.[16] (Italy), Parents Under Pressure Program[17] at Coolmine[18] (Ireland), Cuan Saor[19] and Saoirse[20] (Ireland), Rialto Community Drug Team[21] and Preparing for Life[22] (Ireland), Youth Integration Centres[23] (Mexico), SANANIM therapeutic community, Karlov[24] (Czech Republic) and the Prevention Programmes (Cyprus) – are among some of the more than 60 programmes and practices that the Pompidou Group has looked into during the last two years of work. These comprise different areas of intervention and theoretical approaches that can benefit children and families, including: a. conceptual approaches and operational methodologies that guarantee that i. children's needs are listened to; ii. protective factors are reinforced and iii. resilience as a process approach is adopted; b. parents' parental role is engaged with in the therapeutic process as opposed to an individualised, purely clinical approach; c. family-based and family-focused programmes which reinforce communication in the family, parenting skills and relationships between parents and children; and d. gender-responsive and trauma-informed services that address the lived experience and multiple challenges faced by women who use drugs, including women who are pregnant, mothers and victims, and survivors of violence.

As reviewed by Bröning et al. (2012, in Comiskey 2019: 11-13), there exist selective preventive interventions for children and adolescents from substance-affected families which aim at reducing the risk of children from these families developing their own substance-related or other mental disorders. These are developed in schools, the community or as family programmes. Professor Comiskey's work (2019) includes the analysis of other reviews, encompassing psychological and social interventions for dependent and non-dependent substance-using parents as well as family-based interventions for children and young people and interventions directed either at parents with a substance use problem or children with at least one parent with a substance use problem. Among the features that are deemed to be successful in the reviews lie sufficient programme duration (from 10 weeks onwards). Programmes which included both the child and the parent, as well as those which involved family functioning/skills/parenting training, were found to be more successful. "Finally, a third feature of effective programmes was encouraging engagement with trust, within the context of supportive peer-to-peer relationships and addiction knowledge" (ibid.: 15).

The EMCDDA guide "Families of people who use drugs: health and social responses" indicates which level of family-based interventions for children affected by parental substance use were implemented by specific countries (EMCDDA 2022: 8-9).

16. https://labrief.fisppa.it/p-i-p-p-i.
17. www.pupprogram.net.au/.
18. www.coolmine.ie/.
19. https://cuansaor.org/.
20. www.saoirse.ie/.
21. www.facebook.com/Rialto-Community-Drug-Team-109017694147167/.
22. www.preparingforlife.ie/.
23. www.gob.mx/salud/cij/.
24. www.sananim.cz/.

Of the countries participating in the Pompidou Group's project, Ireland, Italy and Malta appear as providing extensive provision. The guide highlights the following evidence responses:

- dedicated family support services providing help and support to family members in their own right;
- providing support for family members who take on parental responsibilities for the children of a drug-using relative;
- the provision of appropriate healthcare by medical practitioners in primary care, including evidence-based interventions, such as the 5-Step Method;
- provision of training to teachers and other school staff on trauma-informed approaches to dealing with vulnerable children, ensuring a supportive school environment;
- undertaking a proper assessment of family relationships at the point of entering drug treatment and providing support to family members in order to enhance their contribution to successful outcomes;
- specialist interventions, such as intensive family-based therapy, behavioural couples therapy, multidimensional family therapy and social network approaches;
- developing responses to prevent harm, promote resilience and provide support to children affected by parental drug use at different stages of their development;
- bereavement support.

This brief overview aims at illustrating some of the literature on the effects of parental drug use on children, the transgenerational dimension of drug use, as well as that of care, and the importance of embracing protective factors and resilience processes in the work carried out with families and children. Children's participation is central to the next chapter, which leads to the development of key messages that intertwine with the literature review and the ongoing work of the Pompidou Group through this project, in order to identify service providers and programmes that can help children and their families.

Chapter 3

Children's voices

Children's participation in the project through individual or collective interviews in five countries has been possible thanks to the participants' consent and that of their parents or legal guardians, and the efforts undertaken by local stakeholders. The voices of children and young adults form the heart of this chapter and are the starting point for developing the proposals for next steps, which should help to ensure that children's participation is routinely embraced by health and social services.

The representation of children's experiences, opinions and proposals is also intended to contribute to the development of a wider children's rights perspective in drug policy and an increased awareness of a drug policy perspective within the children's rights agenda.

At the international level, the Convention on the Rights of the Child (CRC) is the most widely ratified treaty worldwide and covers civil, political, economic, social and cultural rights (Vandenhole in Vandenhole et al. 2015). It rests on four principles: the best interests of the child (Article 3, paragraph 1, of the convention), the right to non-discrimination (Article 2), the right to life, survival and development (Article 6) and the right to be heard and for the child's opinion to be taken into consideration (Article 12). The Convention on the Rights of the Child specifically addresses drugs in Article 33. However, it does not refer to children living in families affected by drug dependence, but focuses on children as potential drug users and victims of criminal organisations. This has been analysed by the Pompidou Group in the framework of this project (Pompidou Group 2021a) and is also the predominant focus in the United Nations' conventions on drugs (UNODC 2013), the 2030 Agenda for Sustainable Development (United Nations 2015), the International Labour Organization's C182 Convention on the Worst Forms of Child Labour (ILO 1999) and the UNGASS 2016 outcome document (UNODC 2016).

Given this context, it is of the utmost importance that children whose parents use drugs are now explicitly identified in the Council of Europe's Strategy for the Rights of the Child as a result of the Pompidou Group's work on this topic: "2.2.6 Mapping, analysing and providing guidance on the situation of children suffering from addictive behaviours and children of parents using drugs" (Council of Europe 2022).

If children are to be taken into consideration, their right to participation must be acted upon in fulfilment of Article 12 of the CRC. The United Nations General Comment No. 12 on the right of the child to be heard (UNCRC 2009) provides a more detailed interpretation and advice on the implementation of Article 12 for individual children and for groups of children and outlines the nine basic requirements that assure that participation is safe, ethical, inclusive and impactful. They are the following:

1. transparent and informative
2. voluntary

3. respectful
4. relevant
5. child-friendly environments and working methods
6. inclusive
7. supported by training
8. safe and sensitive to risk
9. accountable.

The description of the nine requirements can be consulted in Appendix II of this document.

The Council of Europe Committee of Ministers adopted Recommendation CM/Rec(2012)2 on the participation of children and young people under the age of 18, in which it defines participation as:

> Individuals or groups of children having the right, the means, the space, the opportunity and, where necessary, the support to freely express their views, to be heard and to contribute to decision making on matters affecting them, their views being given due weight in accordance with their age and maturity. (Council of Europe 2012: 6)

In the recommendation, the Council of Europe establishes measures aimed at protecting the right to participate; promoting and informing about participation and creating spaces for participation. It emphasises that "if participation is to be effective, meaningful and sustainable, it needs to be understood as a process and not a one-off event and requires ongoing commitment in terms of time and resources" (ibid.: 2022: 7)

The Council of Europe (2020) has also developed "Listen – Act – Change": Council of Europe Handbook on children's participation, in which it states:

> Children's participation brings many benefits to individuals and society. But beyond that, it is important to acknowledge that hearing children's voices and taking their views into account is not optional. It is both a child's human right and an expression of democracy. It is therefore high time to step up the implementation of children's participation rights. (ibid.: 2020: 7)

Following the advice of the Committee on the Rights of the Child, the Council of Europe's 2012 recommendation, and based on the guidelines provided by the Council of Europe's Handbook, children whose parents use drugs should be guaranteed the right to participate and proper spaces should be provided. Children's participation for this publication is not part of ongoing processes but rather the product of – for now – a one-time event within services. However, as outlined several times in this volume, it serves the double purpose of listening to children's experiences by giving space to their voices, while also contributing to the promotion of more sustainable and ongoing process for children's participation.

In total, 33 children (aged 8-18) and young adults (aged 19-24) from five countries participated in the interviews. Table 3 gives the number of interviews with women and with children, by country.

Table 3 – Number of interviews with women and children, by country

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

As shown in Table 4, 30 participants were under the age of 18 at the time of the interviews, with 25 aged between 12 and 17 years old. The median age is 15 years old. Most participants (23) live with their parents – either one or both – while eight of them live with other family members, usually grandparents. Parents are reported as being the main problematic drug users, which corresponds to the research target. The mother is identified as the person who uses alcohol or other drugs in 13 cases, the father – including stepfather – in nine cases and both mother and father in 10 cases. The higher number of mothers can be related to the research skew in some facilities.

Table 4 – Information on the children and young adults participating in the interviews, by country

Pseudonym	Gender (M/F)	Age	Situation of care a. living with parent(s); b. living with family members other than parents (specify); c. foster care; d. institution (specify); e. living independently; f. other (specify)	People who suffer from drug dependence
Greece				
Maria	F	15	a	Mother
Alexis	M	14	b (an aunt)	Mother
Billy	M	17	b (grandmother)	Father and mother
Malta				
Milo	M	8	b (grandparents)	Grandparents

Pseudonym	Gender (M/F)	Age	Situation of care a. living with parent(s); b. living with family members other than parents (specify); c. foster care; d. institution (specify); e. living independently; f. other (specify)	People who suffer from drug dependence
Mexico				
Pachis	F	23	b (maternal grandmother)	Father and mother
Julio	M	17	a	Father
Isaac	M	9	a	Father
Isabela	F	16	b (uncle/aunt/grandparents and siblings)	Father and mother
Flaca	F	14	a	Father and mother
Andrea	F	14	a	Father and mother
Emily	F	16	a	Father and mother
Daniel	M	17	a	Father
Fátima	F	13	a	Father
Pía	F	16	a	Mother
Maye	F	17	a	Stepfather
Kirzi	F	16	a	Father
Yareli	F	14	a	Father
Bruno	M	14	a	Mother
Manuel (Bruno's brother)	M	15	a	Mother
Nicolás	M	9	a	Mother
Regina	F	16	a	Mother
Valentina	F	13	a	Mother
Adam	M	17	a	Father and mother
Marisol	F	17	b (grandmother)	Father and mother
Romania				
Avram	M	15	a	Father
Elisabeta	F	13	b (grandparents)	Mother

Pseudonym	Gender (M/F)	Age	Situation of care a. living with parent(s); b. living with family members other than parents (specify); c. foster care; d. institution (specify); e. living independently; f. other (specify)	People who suffer from drug dependence
Zina	F	11	b (grandmother)	Mother
Cristofor	M	9	a	Father
Izabela	F	14	a	Father and mother
Switzerland				
Natalie	F	22	e	Mother
Roksana (Swiss and Polish)	F	24	a	Mother
Ana	F	14	a	Mother
Eden (Spanish)	F	16	c and d (she has been living with foster families and in institutions since the age of 2)	Father and mother

Over the following pages, as explained in the introduction, the children's voices are presented as follows: each question is reproduced and answers from different children will be given. The first criterion was to ensure that all the 33 children and young adults were listened to at least once. The second was that the answers chosen show differences and similarities in form and content, with the aim of providing an overview of the uniqueness of each experience as well as of the common path children take.

The first question was intended as an icebreaker and children were asked about their hobbies.

Q1. Can you tell me a bit about yourself? What do you like?

> ” My name is Alexis, I am 14 years old, I would like to have a family with no drug issues, people who take care of me and I would like to not live illegally.
>
> (Alexis, 14, Greece)

And what do you like to do?

> ” Using the tablet, doing crafts, studying and reading. When I finish exams, I go swimming.
>
> (Milo, 8, Malta)

” I like to play with my mobile phone or watch TV, but what I like most is going to school to spend time with my friends. What I find most difficult at school is writing because I can't write fast, so I don't like to write, never.

(Nicolás, 9, Mexico)

” I like boxing, I practise it. I also play clarinet.

(Avram, 15, Romania)

” Going out. Not being at home, clearly.

(Maria, 15, Greece)

” So now it's the holidays, so it's cool. I ride horses, it's been my passion since I was little. I like going out a lot, I like clothes a lot. And my friends too.

(Ana, 14, Switzerland)

Q2. Who do you live with?

” I lived with my parents until I was 2 years old, then I went to a foster home until I was 5. When I was 5 years old I had to change my foster family. I went to a halfway house. Then I went to another home, I think from the age of 6 to 7½. Then I was too old, so I had to go to another home … no … so I went to a foster family. And then I stayed, I don't know how many years, but until I was about 12, when I went to a home because things weren't going very well with my foster family. And now I'm changing homes again.

(Eden, 16, Switzerland)

” I live with my parents and my siblings. I have a brother and two sisters.

(Avram, 15, Romania)

” I live with my grandmother, my grandfather and my younger sister.

(Elisabeta, 13, Romania)

Q3. Does someone in your house use drugs or alcohol? Can you tell me a bit about it?

” My father uses heroin. He gets treatment here. My mother doesn't have problems like this.

I'm not bothered. I don't know exactly what dad is doing here, but he gets some pills and he feels better. So, it's a good thing. My father takes good care of me. He takes me to school and helps me with my homework. We play football together. I don't have mixed feelings. I'm not upset. When I need to, I can talk to both my parents. I love them both.

(Cristofor, 9, Romania)

” Both my parents use drugs. As long as I can remember, my parents have been addicts.

(Billy, 17, Greece)

” Yes, my mother. She is a heroin addict and is getting treatment for it [her drug use]. It bothers me because she doesn't spend enough time with me.

(Elisabeta, 13, Romania)

” No. [Both her parents are in substitution treatment, but she doesn't know.]

(Izabela, 14, Romania)

” My mum smokes. She feels that the cigarette will take away her nerves or the problems she has but it doesn't. I feel angry towards her because even though I tell her things, she likes smoking more, and she doesn't listen to me.

(Pía, 16, Mexico)

” My dad is an alcoholic. It does affect us because he spends a lot of money on that and sometimes he leaves me and my sister alone. Then we have to go after him, make sure nothing happens to him. Sometimes he comes here to drink [to the house] and doesn't let us sleep or for example sometimes he goes out and just leaves money and says "Eat" and then...

I think it's sad that he hasn't been able to leave it after everything what has happened, I mean because of that he ended up with the mother of his other two daughters, with my mum … I think it's ugly but he's not going to change. I'm going to have to live with it … for as long as he's like that. My mum knows what's going on. She can't do anything, she lives far away, she's working, she can't be with us. She left [when Adam was 10 years old] because of that, we're used to it.

(Adam, 17, Mexico)

” My mum was the one who used with my dad but since she came here, she stopped taking drugs and is getting better. My dad is somewhere else and he hasn't improved, he's still on drugs, wherever he lives.

Sometimes I felt sad or bad, I felt guilty for not doing something for them, trying to guide them on a better path. But then I understood that it wasn't my fault, it was the path they decided to take.

I still love them both because they are my parents. I had good times with them, as well as bad times, and there are times when I do feel sad for them but at the same time it makes me angry but it's more what I feel for them because I remember when we were with them in the parks, in good places … and I try to understand them but I don't know if they also understand how difficult it is for others. And they can change, they can improve, we can all change inside.

(Isabela, 16, Mexico)

Q4. How does this impact your life? Have you changed some habits (for example, sleeping less, feeling anxious, being more isolated, having feelings or thoughts that you didn't have before, etc.)?

> ” I knew my mum drank, but she hid the bottles. When my mum drinks I know she's letting off steam. When my mum drank, I went away, I went to the other room, I played, or went out, I played football. Now that we moved here to Iztapalapa [disadvantaged area in Mexico City] I go out with my friends, we play, we talk, we do everything but get high or drink.
>
> I say "She's going to cry, she's going to say something stupid, she's going to tell me off" and why do I want to look for trouble? I'd better go to the other room.
>
> I don't like to see her sad or angry.
>
> What happened to my dad affected me, it made me depressed because we were like friends. And what happened to my brother also made me depressed because he hugs me like neither my mum nor my dad know how to do.
>
> (Bruno, 14, Mexico)[25]

> ” I don't know if I would feel different if my mother wasn't a heroin addict, but I think my life would be different. I would live with her, instead of living with my grandmother.
>
> (Zina, 11, Romania)

> ” When my parents were drinking the situation at home was dramatic. They were on another planet, they were cutting their hands, they had fights, they were screaming. It was frightening living with drug-addicted parents. I was feeling isolated, alone, anxious about what was going to happen.
>
> (Billy, 17, Greece)

> ” We would go to sleep late to wait for him, or I would go to sleep late because he told me to wait for him. There were times when I didn't have dinner because he told me to have dinner with him and he didn't come. I was thinking all the time … I thought a lot that maybe he was alone, or he was living on the street and I didn't understand why he didn't want to be near us and preferred to be with his friends, or why when my mother needed money the most, he preferred to spend it with his friends to drink.
>
> (Yareli, 14, Mexico)

> ” In my childhood, I saw violence from a very young age, but the truth is that I have not been affected by violence because I consider myself a very peaceful person who doesn't like to get into trouble. However, violence is an aspect that I experienced from a very young age, both physically and verbally towards my mother: my father attacked her. When my dad came home drunk, I didn't sleep because I had to look after my mum.
>
> (Julio, 17, Mexico)

25. Bruno and Manuel's father died of Covid. Their mother had to start working longer hours and began to drink to cope with the sadness and the tiredness. Months later, her eldest son committed suicide.

Q5. When people are using alcohol or other drugs, they don't always manage to take care of all the other things and to look after their children all the time. Do you have to take care of yourself or your siblings, for example waking up alone to go to school, cook, look after them, look after your parent? Do you have older siblings who take care of you?

” There was no moment of care. She was giving me money. Only that. My aunt was trying to take care of me. I do not have siblings.

(Alexis, 14, Greece)

” Several times I have had to look after myself and my sister at the same time, we spend most of our time together, and we look after each other. I usually get up alone and we feed ourselves, since I was 10 or 11 years old.

(Andrea, 14, Mexico)

” I have always been with my mum. When she drank, no one took care of me.

In fact, I have ADHD, attention deficit disorder and all that, a psychologist told me. I love my grandmother and grandfather very much because they pay attention to me, unlike my mum who is always on her mobile phone and doesn't pay attention to me. There are times when she has work to do and I want her to pay attention to me and when she listens to me. I say to her "Did you hear what I said?" and she says "No".

(Nicolás, 9, Mexico)

” We are three siblings with one year age difference. I am the youngest. My parents could not take care of us. They were in drug use all the time. My grandmother was trying to take care but it was not easy. I did not go to school, I did not do anything that other children my age were doing. I did not know how it is to live like a child.

(Billy, 17, Greece)

” At the beginning when I was younger, it was more difficult for me because I lived with my parents and they were both addicts and from the time I was 6 years old I took care of my sister. I took care of her, I made her put on her uniform to go to school, or I looked for food for her because we didn't have anything to eat and I always took care of her. Somehow that made me a bit more mature in that respect but it was difficult. It made me more mature about drugs and responsible. We hardly went to school, we went one day a week because they preferred to party.

My grandmother and my grandfather were always there for us and there were also other relatives.

My parents would take us to my grandparents at weekends and on those weekends my grandmother would buy us tennis shoes, clothes … and when Sunday came it was a terror for us, we would hide because we were afraid to

go with them [Regina and Valentina's parents] because we knew that they would start the same thing again. At the weekend it was like a rest out but on Sunday it was terror.

(Regina, 16, Mexico)

" With them [uncles and grandparents] we are better off because they give us food, a place to live, they dress us, they love us and help us a lot. I finished secondary school and I couldn't go to high school because of the money: because there are too many of us in the house and we couldn't afford it anymore. I have two brothers, they are the ones I look after and my uncles are the ones who look after us because my mum and dad stopped looking after us.

(Isabela, 16, Mexico)

Q6. Sometimes when our parents use drugs, we have mixed feelings towards them. What do you feel with regard to the addiction problem? And towards your parents?

" Nothing bothers me about my parents.

(Avram, 15, Romania)

" I feel sadness but that sadness is like anger, hatred … anger towards my father, not towards my mother.

(Flaca, 14, Mexico)

" I feel that there is no reason for that to happen … using drugs burdens the body and someone might even die. What's the reason behind all this?

And with regard to your mother? [Her mother is in substitution treatment]

" She's stupid. She's very stupid. This woman is really dumb. At least she's stopped now, thank God.

(Maria, 15, Greece)

" It doesn't bother me because I don't live with her. When I'm upset or feel sad I talk to my friends or listen to music. I go out with my friends. They know about my mother and they understand. Sometimes I talk to them. My sister needs more help. She needs someone to drive her to school. My mother can't do it all the time and she lives with her.

(Zina, 11, Romania)

" After my dad died, my mum started to drink a lot and my brother, the one who died [he committed suicide], drank a little, not that he got drunk. I felt sad not because she drank, it was more empathy, seeing the pain she was in.

(Manuel, Bruno's brother, 15, Mexico)

” I do not feel anything. My parents are not parents. They are only drug addicts. The drug is above all.

(Billy, 17, Greece)

” Sadness and anger. Now my mum can't drink a single gram of alcohol and I tell her "Don't drink, mum, don't drink". Before, she was sick because she drank too much alcohol. I didn't know about it because I was at my grandmother's house, I wanted to be there. I didn't know anything about it, my mum did not care at all and she kept on drinking. So I told her "Don't drink, mum" and then she didn't drink anymore because something very bad happened: she got sick, she almost had a heart attack or something, she got really sick and she didn't drink anymore.

She used to hit me with kicks and fists but now she's going to a psychologist: she still scolds me but she doesn't hit me, almost. When she drank, she hit me very hard, with the belt. She recently hit me with her flip-flop but it didn't hurt, she hit me hard but I only felt like a massage on my arm, in my mind I said "Why doesn't her flip-flop hurt?"

(Nicolás, 9, Mexico)

” I like talking to my parents because they are pretty understanding. And they always have really interesting things to say, so it's quite good. For a while we were a little bit apart, because I was quite often sick. So there were a few months when we couldn't see each other. So after that it was a bit more complicated to recreate the links but … we get along quite well.

(Ana, 16, Switzerland)

” I'm just pissed off. It's just that the only thing that's annoying is that I feel like I'm the parent of my mother. It's just that it's annoying because … in fact, they're children, you have to tell them everything: "You have to tidy up, you have to do all this and all that". You have to be careful that it's not … that you don't leave the oven on or anything like that, so there you go … I feel like I'm managing a child.

(Ana, 14, Switzerland)

” Sometimes when my dad goes out with his friends he gets really drunk and doesn't come back for two days and I feel both sad and angry: sad because dad doesn't come or he promised me something he was going to do with me and I feel angry because he didn't.

My mum tells him sometimes but he gets angry.

(Isaac, 9, Mexico)

Q7. Sometimes we can feel bad or stressed about what is happening at home but we don't know how to get it out or who to share it with. If you feel alone, or sad, or even in danger, is there someone you can talk to? Can you tell me something about it?

> ” The feelings are horrible. Nobody can help me. Nobody can understand me. I feel ashamed of all this situation.
>
> (Alexis, 14, Greece)

> ” I keep everything inside, I don't share anything and yes … we have to get it out because if we don't, then we get the memories and we become sad or resentful but I still don't have the confidence to talk about what I feel, I keep everything to myself.
>
> (Daniel, 17, Mexico)

> ” My friends know that my parents use drugs. If at any time I feel bad I can tell them and go out with them. Because they have families like that too.
>
> (Regina, 16, Mexico)

> ” I've become more isolated and I've had thoughts that I haven't had before. My father also has very drastic changes, he gets very sad and so on, and I would like to help him but I don't know how and I isolate myself more and more. I feel resentment and sadness for him. I want to help him, but I don't know how.
>
> (Kirzi, 16, Mexico)

> ” Every feeling is inside me. I never managed to discuss all these negative feelings. The pain is hidden and I cannot talk about it.
>
> (Billy, 17, Greece)

> ” It made me sad because they didn't pay attention to us, they spent their time with their friends, they didn't let us out of the room, because they spent their time getting high.

Could you talk to anyone about it?

> ” No.
>
> (Valentina, 13, Mexico)

> ” When I'm with my grandma, I feel good, I feel happy, I don't feel lonely but there are times when I miss my mum, not having that contact with my mum or my dad.
>
> When my dad left, I felt angry because I thought he had left us for someone else or that he had another family. That made me feel very angry and at the same time very sad. And with my mum I feel like we're never going to get along or

well, as long as she's going to do those things, I don't think we're going to get along. There were times when I wanted to tell her something or I wanted her to take me to buy something and she wasn't there on the weekends and my grandmother can't take me to do those things, because of her age. When my mum wasn't there on the weekends, I felt very angry and very sad and I also felt that my mum would rather be with other people than with me, at the party or with other people from work. Sometimes it felt like I was my mum's mother.

(Marisol, 17, Mexico)

” I've distanced myself from people, a little bit, and I've had feelings of sadness … sadness and anguish, worry because it's hurting them and it's affecting us [Andrea and her sister] too.

I almost always go to my sister because I feel that my parents don't understand me and I prefer to tell her.

(Andrea, 14, Mexico)

Q8. Do you go out to meet your friends when you want to, or do you usually stay home? How do you decide? Do you worry about your parents when you go out?

” I hardly go out but when I do go out, I do think about them [her parents] and worry a bit, but not much, really. I have a lot of homework and I don't have that many friends to go out with.

(Andrea, 14, Mexico)

Do you go out with friends, or do you usually stay at home?

” At home.

Do you worry when your parents go out?

” uh-huh.

What worries you?

” Because I get scared on my own at home, when it's dark as well.

And when they go out who stays with you?

” The animals; parrots and tortoises, and the guinea pigs. I give them food, I let them go out a bit and I give them something to drink.

(Milo, 8, Malta)

” I want to be with my friends and I am trying to be outside home. I can't stand the sickness of my mum. I love being with her but she is so sick when she drinks.

(Alexis, 14, Greece)

” Since I was a little kid, I wanted all the time to be outside the home. Playing in the street, sitting outside the house and not seeing them using drugs and be sick and crazy. I had always an anxiety about their life. I was feeling a terror of what worst could happen.

(Billy, 17, Greece)

” I have no one to play with, there we are in the house alone. I want someone to play with. I don't play at all, I'm very bored. I have told my mum that I feel lonely, that there is no one to play with and she says "Yes, but there is no one" and that's it.

(Nicolás, 9, Mexico)

Q9. Speaking with people who understand what is happening in our family and to us and who don't think bad of it, or being with other children who are going through the same can help us to feel less alone and to understand better what is happening. Have you had the opportunity to be with people like this or with other children who are going through the same? Can you tell me a bit about it? How does it make you feel?

” My cousin's father uses heroin or other drugs, I don't know. Knowing that other people have the same problem is sad, but it also makes you feel a little better, because you are not alone.

(Zina, 11, Romania)

” Yes, there is also a friend of mine, her parents when they were young, they used. So, she talks to me about that too. I feel a bit understood. So that helps a lot. Otherwise, we don't really talk.

(Eden, 16, Switzerland)

” I do not like speaking about these things. No child who deals with his parent drug addiction likes speaking about it.

(Alexis, 14, Greece)

” I talk to my mum. Apart from that, I go to therapy. I also talk with my girlfriend and with my friends.

(Julio, 17, Mexico)

Q10. Sometimes children are not listened to and what they think or feel is not always taken into account by families or services (such as schools, social services, health services, drug treatment services, etc.). How do you think we can change this? What would help?

” Teachers and services must be patient with children. They must hear the voice of the child and … the silence of the child. It helps to be supported in

everything without the danger to lose your house and be in an institution. It helps if the child can have a quiet home, therapist for the parent, a school that understands and a network that supports in food, clean clothes, clean house, quiet sleep, studying, going to school on time. Therapists are helpful but children do not like going to therapy.

(Alexis, 14, Greece)

" School has shown a bigger interest in me than my mother. We have a psychologist at school.

You do?

" Yes, it's like a psychologist. Actually, it's a kind teacher who cares about and listens to us.

Have you talked to her?

" Yes, but I haven't talked to her about that matter. We spoke in general.

So, you say, school helps you more than your family.

" Yes.

(Maria, 15, Greece)

" In my school they support me … all my life all the teachers have known about my situation, about what is happening at home. In primary school I had a teacher who helped me a lot and now in high school they also give me a lot of support. In my high school they care a lot about their students and they told me "We will care more about your mental health than about a subject". The support from the schools is very important because it is your other home. And here, institutions of this type [treatment service] … for children to approach them.

(Regina, 16, Mexico)

Q11. What do you think would be most helpful for children who have parents with an addiction problem?

" We help the mum and dad, help them get used to cooking, driving … everything. We teach them how to write and read.

(Milo, 8, Malta)

" Help me to be more polite because sometimes I get out of control. When I get angry with my sister, I hit her.

(Isaac, 9, Mexico)

” Change the parents [laugh].

(Alexis, 14, Greece)

” That someone listens to us clearly because many times our parents don't know how to listen to us and understand us as teenagers or as children.

(Maye, 17, Mexico)

” Parents with an addiction problem must be separated from their children and be obliged to go to therapy. Addicted parents should leave the family house, not the children. Children should be supported from functional family members and services.

(Billy, 17, Greece)

” It really helps if you have a good communication with your parents. Especially when you're 15 years old and you need someone to talk to. It can help if your parents are nice and understanding.

(Avram, 15, Romania)

” I wish they had explained to us at school about the problems with drugs and alcohol because I know people my age who already have ugly problems with drugs. I think there's a lack of information, that it's not just like "Taking drugs or drinking is bad" and then "Don't do it". I think that with the background that I have, I would like them to explain things to us like "Drinking can cause this, not only to you, but to your family", things like that. Not only to us, but also to the parents.

It feels bad as a child because you don't know what to do and you don't have the tools.

(Marisol, 17, Mexico)

” Sport is very important for them, to get rid of stress, sport or art is very important for them and institutions should promote it a little more here in Mexico, because children need it.

(Julio, 17, Mexico)

Q12. How do you think that services (for instance child protection services, rehabilitation facilities and social services) could help families and children so they feel better?

” They can be more involved in this matter. Talking to someone really helps.

(Avram, 15, Romania)

” The fact that you can hear what we have to say is by itself a big help.

(Maria, 15, Greece)

” I don’t know. I think what you do now is fine. I would like to meet other kids like me.

(Zina, 11, Romania)

” Bring the whole family to therapy and teach them that drugs are wrong. It can be a distraction but it is wrong.

(Bruno, 14, Mexico)

” Adults should focus more on adolescents and children, listen to them, understand them and help them where they can. [Services could help] by giving talks to communities, making people aware that there are institutions that help adults and young people.

(Andrea, 14, Mexico)

” Services should be next to the child, supporting all the time. I would like to stay at my home with my grandmother and not take me to an institution and be separated from my sisters. My parents should live and be obliged to enter a therapeutic programme to stop drug use.

(Billy, 17, Greece)

Q13. What message do you have for parents who have an addiction problem?

” I would like to tell them to stop using drugs and spend more time with their children.

(Elisabeta, 13, Romania)

” Well, starting using drugs means they were in trouble. They must not be feeling well, but on the other hand, that is not a reason … how can I explain this?

It does not justify their actions you mean?

” Yes, but from their perspective, it is a good reason to start doing drugs. But on the other hand, why does someone do this? There is no reason.

They should show their children that they care and can talk to them.

(Maria, 15, Greece)

” In other words … to finally say something to them, to think about the people around them/family and their children, and everything. But anyway, you can’t tell someone to stop if they don’t want to stop, it’s useless. So unless the person has the ambition to stop, maybe to go … to I don’t know a cure or something like that. But really, if someone doesn’t want to stop, they won’t stop, so there you go.

(Ana, 14, Switzerland)

Q14. What would you like to say to other children in the same situation?

" I would tell them not to be affected, or bothered by what their parents do, and not be like them, such a mess and bad example for their kids.

Yes, and that it would be good to have someone to talk to. And not feel embarrassed. There's no need.

(Maria, 15, Greece)

" They should go out and do something, take courses, attend workshops, stay in school, that's what will push them forward.

(Bruno, 14, Mexico)

" Be patient. You will grow up and stand on your feet. Do not do what your parents are doing. Do not imitate them. You will destroy yourself.

(Alexis, 14, Greece)

" That everything is possible and that when their parents are in addiction they [children] should not do like others who cut themselves, who commit suicide, who separate from their family and that it is worse for them. It is better for them to stay with their family or if they leave, to stay with their mum, or with their grandparents, uncles, aunts, uncles, cousins, to talk to them. But don't leave the person abandoned, because it could be worse and they could regret it. It is better to support them.

(Isabela, 16, Mexico)

" They should not keep quiet, they should speak out, they should express themselves to people with whom they feel protected.

(Fátima, 13, Mexico)

Q15. As you know, all that you shared with us will be put in a publication, like a book. How would you like us to share it with you?

" Yes, of course. I would like to read it.

(Avram, 15, Romania)

" I would like to read it.

(Izabela, 14, Romania)

" I would like to receive it in hardcopy.

(Maye, 17, Mexico)

Q16. Is there something else that you would like to talk about?

> ❞ I have a headache! [Laughs]
>
> (Maria, 15, Greece)

> ❞ I don't know what drugs are. I know that dad uses them to feel different. But he gets treatment. I think he uses drugs to avoid headaches. I love him. He loves me too and he takes good care of me.
>
> (Cristofor, 9, Romania)

> ❞ The group I'm in has helped me a lot because you feel much better, more relieved, with less burden on top of you, you are not thinking and thinking about how they tell you how your parents treat you, more than anything because in those moments you are not treated only with curses [by your parents]. They also hit you or many times they insult you and you can even think about dying, so sharing it with other people makes you feel better and you feel that you are not the only one who goes through this situation, there are also other people who go through worse things than you.
>
> (Maye, 17, Mexico)

Case 1. Emily (Mexico)

> ❞ My older sister had to take care of us but then she also fell into coke and alcohol, for a month at the most, because then my mother noticed, but from then I had to take care of my siblings: I had to feed them, I had to take care of them, even when I was young. I had to get ready myself, wash myself, dress myself, comb hair the way I could and walk them to school. And that … these are things that remain and still hurt and hurt, because I couldn't live my childhood as it should have been, I had to carry the responsibilities of my siblings.

Emily is 16 years old and lives in Mexico. Both her parents use drugs, although she refers specifically to the fact that her mother is dependent on alcohol. Growing up in a family marked by parental drug dependence had an impact on her childhood, particularly in witnessing her parents' drug use and behavioural changes when under the influence of substances, undertaking adult roles with regard to her younger siblings, and feeling neglected. She also attributes her own drug use to her experiences during childhood.

> ❞ When I was young, my mother consumed alcohol. I think she did [influence my drinking] because she awakened my instinct to want to try it. When I saw it, I also wanted to experience it. And I saw people in the street, my friends and it made me want to do it more.
>
> My mum was working, she wasn't with me. It's something that left me with a trauma, seeing her super drunk and not knowing anything about her life. She would arrive at the house with her friends, and I saw her as a whore, because I saw her with many men.

Emily started taking drugs at the age of 11.

> ❞ After a while I started taking everything: marijuana, crystal, cocaine, pills, beer … The main problem was crystal meth.

She became involved with men who also used drugs and this made her more dependent on drugs. She also became more violent.

> ❞ I was very rebellious, I used to hit my mother, in the street I used to fight all the time and I even carried an iron bar with me … and that's when I started using even more.

When she became pregnant, being just a child herself, she could not give up substances.

> ❞ I wanted to come [to the treatment service] but I was ashamed of being the person I am, that even with a baby in my belly I couldn't stop myself. I had a lot of anger towards myself but that anger affected my child: because I didn't love myself, I couldn't love my child during pregnancy. I knew I could come to the health centre. I had a lot of support, but I didn't really want to take it.

She identifies humiliation, incarceration and death as some of the risks that women who use drugs face.

> ❞ They kill us, we are either in jail or we get lost in drugs.

Emily recommends to children to live their childhood and suggests that women and girls who have lived through drug dependency can be a reference for other women.

> ❞ Is it possible that a woman who is a drug addict could talk to them [other women] and explain everything about how she has struggled? We share a lot of things and that can help us: to tell them what I'm going through and what I've been through, and they can have something similar to me and seeing me well can help them. Many of us have gone through the same thing. Talking and trust between women who use drugs, so that they can see that it is possible.

Case 2. Martina (Italy)

Martina was 23 years old when the interview took place in a residential community in Italy, in August 2021. She participated as a woman who uses drugs and is in treatment; and she is included in *We are warriors*. However, Martina's experience is also presented here because, like the other women interviewed, she is also a young adult who experienced parental drug use as a child.

> ❞ My mother suffered a lot from loneliness and, in this loneliness, I was always in the middle. She has been addicted to alcohol for 28 years more or less. Services

came to the house. My mum used to tell me "If the services come, you'll be alone, they'll lock you up", so when the services came to the house, I hid all the bottles. My parents separated when I was 4. Where else could I go? I only had her.

Then I went to my grandmother; I did a lot of shit, I left school at 12, I was given to the social services for various crimes. Maybe it was a way to show that I was in need.

I started [with drugs] when I was 13. My mum used to come to my room, she used to take away the bottles with which I might be smoking crack behind the cupboard … she saw everything and she could never take a stand, until one day they called her from the hospital and they put her in front of reality: I was more dead than alive. I didn't have much to live for. I was 20 years old but there wasn't much. It was the doctors who opened her eyes, they told her "The surgery went well but we are worried about her drug addiction".

I came here [to the residential community] … maybe for the first time I have to thank my mum because for the first time in her life she took the decision of throwing me out of the house.

I had a lot of anger towards her, I didn't see coherence, I was saying "Look who's talking!" Until one day I told her "Enough", and she said "Every morning you leave the house, I call you after your first dose to see if you're still alive". I was 20 years old, I had not seen anything beautiful ever. I found myself on the street … and I was at a crossroads, between life and death. I had been given five years of life and here [in the residential community] I was told it was five years down the road, so I said "It's either life or death … Let's try to live".

She expresses admiration for women who use drugs and are mothers, and who also undertake a path of treatment. She knows that she cannot go back home after the community, because it might imply risks for her. Her image of a future outside the community is one of peaceful routine.

" I became my mother's mum. And to this day … I'm no longer a child, I've been through a journey too, I've been affected so much by her life and so to this day I say to myself "To be well, I have to stay away".

For now, I enjoy the present: I'll finish high school … I would like a sofa and an ice cream. I would like to enjoy my nephews … and enjoy many things that I have never experienced. The only sure thing is that I want to live, I have an absurd urge.

Having been a child who lived through neglect, blackmailing, shame, guilt, impotence and the sense of "having to do something", she is very clear on where the adult stands in relation to the child.

" It's not a child who has to do something, it's the grown-up who has to do something.

Case 3. Pachis (Mexico)

> ❞ The experience with substances has been too close, both with my dad and my mum. My dad was a drug addict and an alcoholic for 21 years. This unleashed a lot of consequences for me in all areas. On my mum's side, she is an alcoholic, she is dependent on alcohol and she doesn't live with me. My dad died two years ago as a result of substances, he committed suicide. And my mum decided to rebuild her life after many years of being under my dad's control and decided to abandon my little brother and me. He is practically my son. I mean, I am his older sister, that is very clear to me, but I have been responsible for him for eight years.

Pachis was 23 years old at the time of the interview, in June 2022, which took place at the Centre for Mental Health and Addictions in the Community (Centro de Salud Mental y Adicciones en la Comunidad (CESAMAC), in Mexico City centre. Her brother, who has been in her care for eight years, is 10 years old.

Pachis participated in a collective interview with other women who, like her, have experienced parental and family drug use. She is a very articulate young adult, who describes with clarity and depth the difficulties that she and her siblings have gone through as a consequence of their father's drug dependence and their mother's subsequent alcohol dependence and abandonment.

> ❞ My father was a civil engineer, he participated in many important government projects; he was an admirable person in his work. However, there could be economic stability for a few months, but then we would spend a week with nowhere to live or nothing to eat, or we would have to leave the house because the people who sold him drugs knew us, they would break into the house, take things because my dad pawned them. It meant losing your house, losing your clothes, starting all over again.
>
> I saw my dad arrive in a very bad state, his addiction was very serious; he already had hallucinations. When I was little, I didn't understand what was happening, I only saw my dad going up and down the stairs, turning off the lights, saying "They are going to kill me"; he had delusions of persecution, but I didn't understand.
>
> At the age of 7 I became aware that my dad was using drugs. I remember seeing him at the bar in the house, snorting, just like that. For a long time I struggled with that and to this day it is a constant reminder of my dad: a can, a pen, they are reminders of my dad.
>
> For a long time, I watched my mum struggle with my dad. My mum was always a pillar when my dad was away. She was a hard-working woman. She didn't finish her career but she always did her best for her family.
>
> My first contact with violence was in my house because of my dad's drug use. If he didn't come home from work at a certain time, it was a bad sign. Many times my mum went to take him out of the places where he was using, but she didn't go alone, she took us with her. Maybe she would leave us in the car, but the way she exposed herself and us, in such a dangerous place, with people who are not in their right mind.

I remember seeing my mum break windows, take my dad out by force, take my dad upstairs all high.

I have a very strong memory of my mum hitting my dad with a pipe. My dad would come in and turn over tables, and ask for money. He could never handle money. It was the trigger to start using.

I have memories of my sister trying to protect me. We were lying in the bedroom, while my parents were arguing in the other room. And I remember my sister's words a lot and I understand her now. She said to me: "I don't know why we are going through this, but if our parents separate, you go with mum, because mum is fine, and I go with dad so he won't be alone".

So she wanted to protect me, she also wanted to protect my mum and she wanted to expose herself and not leave my dad alone. Because the bond between a father and his children is very strong, no matter how much … I haven't stopped loving my dad despite the experiences I had with him.

Many times at night I would hear him telling my mum "Give me money, let me go out" and that as a child affects you, it's not something you expect from your parents, it's not something you would expect from people who love you and care for you.

I always asked myself the question: "Why if you say you love me so much, why if you tell me you're going to quit it, why if you tell me you're doing it for me, why can't you? Am I not enough? Your children, your family, isn't it enough for you to stop using? What do you need?" These are questions I asked my dad many times and I told him "You have people who love you, you have people who care for you, but you don't care".

When he was using, my dad would change and that man of love, of respect, would leave and go into survival mode.

I didn't know when it was going to happen again, when I was going to witness a fight. I didn't know when I was going to have to move, when I was going to have my school safe or not, when I was going to have to eat or not. There are so many factors and I've seen it not only in myself, but projected onto my sister. There are so many patterns that you pick up and repeat [her sister also became dependent on drugs and distanced herself from Pachis and her brother].

I didn't want to go to school because I was worried about being at school because I didn't know what was going on at home. I didn't know if my mum was OK, if my dad was going to do something to my mum. We got to the point where we had to hide everything of value so that they wouldn't take it away, and in the end my house was destroyed, empty, and that's where my dad committed suicide.

When my mum left, I was alone with my brother for three months and I didn't want anyone to know that my mum was gone. I didn't want to cause more problems for my dad's family, because they were paying for the private clinic. I didn't want to cause more problems, I didn't want to be another burden, I thought I was going to be able to manage on my own but I was a 15-year-old girl, with a 2-year-old baby, in a house alone. I had a lot of illusions to continue studying, to go to high school like anyone else, to study, to learn, to experiment.

> That desire to learn was always in me, but I couldn't because I had to take on a responsibility that wasn't mine. However, I took it on because I love my brother very much.
>
> These are life experiences that I really don't wish on anyone. However, I know that I am not the only one. There are so many girls and women who say that a close relative could not overcome the struggle. And there are so many of us. And we don't talk about it.
>
> How many times do we come to a clinic and they focus only on him? And they don't focus on his wife, his children, there should be an awareness that the sick person affects everyone around him. It affects the whole family.
>
> I used cocaine at some point. I wanted to use to understand what my dad was feeling, what had got him hooked, what was so pleasurable that … if it was so worth it.
>
> I took refuge in a lot of bad things, including alcohol, where I drank myself senseless. I was with many partners, I was looking for affection and love in the wrong places, because there was absence. I looked for someone who had problems, who was an alcoholic or a drug addict, because I wanted to save him, I wanted to have the satisfaction of saying "Maybe I couldn't save my dad, but I could save him".
>
> I think the only thing that saved me from everything that happened at home was a legacy that my mum and dad left me: sports. It was always my refuge, it was part of my life. My parents competed at the national level. They were healthy people. And they got my sister and me involved in it. However, emotional and economic instability didn't allow me to excel. The same thing happened with school.
>
> Now I am 20 years old … Half of my life or more I couldn't decide. And another half I couldn't decide for myself.

Case 4. Nathalie (Switzerland)

Nathalie is 22 years old. She has a younger brother (20 years old) and an older one (24 years old). She left her family home in 2020, when she was 20 years old and has been living with her partner since December 2021. She was approached by Addiction Switzerland through a person who facilitated a *groupe de parole* (group therapy) for children living with parents affected by drug dependence. In her interview, Nathalie talks about her life and what it meant to grow up with a mother who is dependent on alcohol. She also refers to her experience with therapy and develops her thoughts for children and parents. She is an introspective and articulate young woman and the following pages only represent a collection of extracts from her interview.

> ” So, I'm at the end of my bachelor's degree in social education, I'll be graduated as an educator in a month. At the moment I'm working in a home, I'm doing an internship, in fact. So I'm in a bit of a stressful period, because I'm also looking for a job afterwards. So that's it, and then the idea is to do a master's degree in special education, which is something I tried and which

I really liked. I've been with my boyfriend for several years now and we've been living together for some time now, so it's true that he's been a great support to me. Otherwise, what I like to do in life is to do a lot of theatre, which allows me to … well … it really makes me feel good, to really take on a role and to leave everything that can happen in my daily life to one side. And then I also … I come from a rather sporty family, at the beginning I was a bit of an intruder in the family because I didn't like it at all, but now I've been trying to take up running for a while, I realise that it's also good for me, since I've been working and so on, to let off steam, by doing sport. That's a little bit.

My mum really collapsed in 2012, but it's true that even before that … I have flashes of my childhood when I was very disturbed because often in the evening they would fight with my dad and we understood … well I didn't necessarily understand why. And at family parties, sometimes she behaved a bit strangely, but with the naivety of childhood, you couldn't see what was going on. And then in 2012, she was fired from her job and then she really fell. Since 2012, it's been going on … At the beginning, I was very protective of her, and then cared for her, so it's true that I took on the role of taking her place in the family. So from the age of 12 to 15, I was a bit exhausted doing all the household chores, looking after my brothers, my dad. And then to really take care of her, in those moments I was always afraid that something would happen to her, so I was always with her, I didn't dare leave her alone for several hours and so on. I was 12 to 15 years old and instead of doing activities with my girlfriends, whether it was on Wednesdays or Saturdays, no Saturdays less, because my dad was there, but for example on Wednesday afternoons I stayed at home. Because I really didn't dare leave her alone and that was that. And at that time, I didn't realise that what I was doing was absolutely not my role, to do it at the age of 13, and I had to hear it several times and work on it so that I changed this way of doing things.

It seems to me that it was around 2013, 2014, maybe 2014, when I participated [in therapy] with my brothers. So that did us a lot of good, and then, in fact, once one of the psychologists who was part of this group saw that I was mutilating myself, so I had a follow-up with a psychologist for many years. And then it's true that little by little, the more I grew up, the more I had a change in my relationship with my mother. I was no longer involved in that kind of care. It's true that afterwards, I became a bit more … I think I had a period when I was more angry, it was very dysfunctional, I didn't want to share anything with her anymore, it was very, very tense and it was also at this time that I met my current boyfriend.

And so it was a very conflictual relationship [with her mother], we're both very strong-willed in the family and I think that a mother–daughter relationship, I've always been told that it's different from a relationship … well, that there's a strong bond and so it was quite hard, I was a bit revolted by this and so little by little since 2016 when I met my boyfriend, I started to be at his place more often, in fact, quite frequently, like two or three times a week I slept at his place, well at his parents' place, to avoid this difficult world a bit.

And it's true that he was a great support, as much for him as for his mother, to whom I am very close. And then, in 2020, as I explained before, it ended with my boyfriend, and so I felt, well it was really the shoulder I was leaning on, and moreover the moment it ended was very hard for me, and my mum instead of being there for me, she got into the conflict by telling me words that were very hard in relation to that, and so it's true that it happened quite quickly … but I said I didn't want to stay here anymore. So I quickly found a place to leave, and so, within a month, I left. And then it was good to be alone, I learned to be well on my own before being with someone. And well, eight months later I got back together with my boyfriend, and so since then the relationship with my mum has been quite … I'm in a period where I don't mind suffering when she's not doing well, and I tell myself that I have my whole life to build.

I am in a period where I'm detaching myself a lot. I've made the right decisions in my life, to distance myself because … so it's still affecting me and I'm not saying that I'm suffering anymore but I have, I'm living the thing differently. In broad terms, that's it.

With regard to her experience in therapy, she says:

" Yeah, so it started with this group by [cantonal addiction referral foundation], we had a few family sessions, with [name of referral person]. And, so, I remember an exercise we did, we each had a piece of clay, and we had to represent one of the people in our family, or our family or I don't know anymore, with this piece of clay. And it's true that my mum was shocked, because I had drawn her like an old chewing-gum I think. And all dented, all rotten, that you could throw it in the bin, and she was very touched. So we had to do two or three family discussion groups with [name of a referral person].

And as a result, we were followed up for … that's what … 10 evenings, where there were my brothers and I, [name of a referral person] and another psychologist, [name of the psychologist]. And there were … we were, yeah, about eight or 10 children from several families. And in fact it's true that my memories are a bit hazy, but it seems that it was really a place where they explained the problem to us, particularly alcohol, and how we could find some tools and support elsewhere. And it was also a place where we could talk and confide in each other, and I found that very important because I realised that we were not the only ones to go through this, each one had a slightly different experience, and that it was really a support and yes, a strong group cohesion, benevolence and so on with other children. And so we shared a lot of moments at that time. At the time, it gave me a lot, it's true that my memories are a bit more blurred now with the years, but at the time I know that it was a great support for me these discussion groups.

With regard to children living in a similar situation, she says:

" I would advise them to talk about it, because it's true that it's a very taboo problem, that we tend to hide it because we may be ashamed. And, as a result,

if I could, I would advise people to talk about it, I would advise, for example, [the cantonal foundation that deals with addictions] and these children's groups, which for me have been great.

And it may be difficult to talk to your parents, but for example I went through the school mediator, with the support of my friends. So maybe you start talking to a trusted friend and, little by little, the situation becomes easier. Find someone who is benevolent and trustworthy, talk about it and then … because it's true that for a child it's complicated to go to a professional, in front of an adult. But I think that everyone has support and resources around them, and to start with this small step and then it will become easier. But in any case, not to remain hidden, to suffer alone, facing all that.

Well, at school it's not necessarily a problem that's also brought up, there's a lot of talk about … well, I'm thinking about that now, but all these interventions to get professionals to come to the school, it's not a subject that's talked about at all. Maybe, I don't know to what extent it's possible to have people from [the cantonal foundation that deals with addictions] who come and do a bit of prevention in the classrooms, that would perhaps also be an easier way for the child to enter.

Case 5. Roksana (Switzerland)

Roksana is 24 years old. She is doing a master's degree and she responded to a flyer by Addiction Switzerland at her university advertising the research. In her interview – of which only a few extracts are reproduced below – she analyses her situation and that of her family, with depth and delicacy. She talks about secrecy, stigma and the importance of being listened to and how to be listened to, without underestimating the pain and difficulties lived with by people with addiction. Also the impacts of parental drug use on children have to be duly weighed, understood, given importance and be heard.

" So it's my mother who is dependent if ever, well yes, in fact that makes sense. I mean, dependent, we'll say … because my mother doesn't work … her … state of alcoholism depends a bit, we'll say from week to week. In the morning, we look at how things are going, does my mother want to get up, does she not want to get up? So either she comes with us or she doesn't. And then I take the train, I go to the university, I go to the library all day, then I go home … either in the evening I see friends or I go straight home. And I'm always … well, I'm very lucky because I'm always talking with my parents, they're really nice. We have a car, but I live a bit far from the station so they often come to pick me up, Finally, in terms of cohabitation and, I don't know how to say it, the organisation of life with my parents, it's pretty cool.

Honestly I can't say when she started drinking, in my memories it was always there, in childhood memories. Yes, I think it happened … maybe when my brother was young, that's it, well it started. But clearly, well, when I was little, there were moments of crisis between my parents, in fact, when my mother was drunk my parents were fighting very, very hard. There were, well when I was young, I think, either me or my brother called the police once or twice because we were very afraid for our parents, because they were so torn apart.

But, let's say that when I was really young, there were still … I would say these crises, and even the alcoholism, there were years, or at least long moments, long periods, and after the years, I would say after 10 years, the crises they were … they could be more and more common and the moments of sobriety were shorter and shorter.

And so, she had car accidents because of alcohol, so it was a bit … well there was a rather complicated period, where it was very complicated for her to be … we'll say functional in the life of alcohol with the disease. So she lost her licence, I think she lost her job. I was already quite young so I wasn't really involved in that, but … I know it was complicated. And since then, my mother hasn't worked. So now, I think, it's not been 10 years but soon. And it's still there, the disease is still there … my mother has never had any treatment. Apart from, well, while she had her licence withdrawn, because she was obliged to go and see, well, to do sessions. She talked about it to her doctor, who, well, sometimes she talked about it and sometimes she talked about it less. But there you have it, never any hospitalisation, never that. And it's always been, I think what's very common is the taboo, the shame. So that's very strong in my mother, that's clear. She's very ashamed of all that. In my family, we don't talk about alcoholism as such. I talk about it quite a bit outside, I'm under psychological supervision and all that, so for me it's, well to talk about it, but within the family unit it's more complicated.

When I was very young, I had the impression that I was living in secrecy. Because of the taboo. And so it was complicated for me to really open up in my friendships, because there was that. So I really had this impression, well obviously it's very isolating for the person who is ill and for the rest, and as there was shame on my mother's side, and at the same time my mother can have a very strong character, for me it was totally out of the question to talk about it. And the moments when I started to talk about it, when I was maybe … between 12 and 15, it was when my mother understood that I was talking about it, it was very complicated for her to accept that. Because she didn't want people to see her like that, and my friends' parents to see her like that. Which I understand, obviously, it's not an easy thing. But at the same time, I really had no choice but to talk about it.

So I started to talk about it, but it's still a bit of a secret for me, where I have my close friends to whom I talk about it when things aren't going well, when there are big problems at home and I really need to talk about them. But in general, it's something that's on my mind because every day I go home and I … sometimes I know that my mother is going to be … well I don't know if my mother is going to be drunk or not and how it's going to go, will I have a good relationship with her today or not.

So there you have it, already in terms of secrecy in terms of friendships. Afterwards, in love too … I don't … well I think that corresponds to many people, but abandonment can be complicated. And in general, I think I'm very much in the extremes, I don't know how to say it. Well, I think it's linked to my parents, in the sense that one moment it can go very well, the next it can go very badly. So I'm used to that, and I expect it in relationships. And I'm quite

shy, either it's hyper idyllic, or as soon as it goes wrong, I'm afraid it will go very wrong. But I'm still working on that a lot. I'm in a relationship that's going well. I have the impression that, generally speaking, I am functional in life, in my friendships and all that.

But I'm trying to think about whether there are other things … I read on Addiction Suisse or things like that, "Is your parent an alcoholic?", there are lists of how you can feel about that. And I think I fit in quite a bit, feeling of insecurity, anxieties, etc. I don't think it's all because of my parents either, but I still feel that I fit some of these descriptions.

And now, what makes it good, I just feel at ease, listened to, and finally I think what made me feel good, what always makes me feel good, is to be told, well at least in the framework of the therapy, I don't know how to say it, that it is taken as something serious. That's it, quite simply. Because at the end of the day, when you're a child with, I think, an alcoholic mother, what's serious is your mother's situation, which is normal, obviously it's serious, I'm not saying it's not serious, that's for sure.

And we don't realise in fact that what we experience on our side and when we grow up, we develop things that can become serious, or there you go, even without talking about addiction, but there you go with the patterns and all that. The fact of deconstructing that and shedding light on it, I think that's what's important for me in taking charge.

Chapter 4

Final remarks

Listen to the silence of the child is the result of a joint effort between the Pompidou Group, local services and committed professionals in five countries. More than anything else, it includes the consent of more than 33 children and young adults who responded to questions about their family life and personal feelings. The children's voices reflect a mosaic of one-off situations that lie on an imaginary continuum from being powerless victims of their situation, to the embodiment of pain and its manifestation in multiple survival strategies. Some of the children have access to tools in terms of public services and other adults, while others grow up in profound isolation.

The children and young adults interviewed demonstrate a constant effort to build resilience through the means at their disposal, whether it is adapting and taking care of their parents, going out in order to avoid them, seeking support from other people or in activities – school, sports, music, theatre, drug use – as well as developing violent behaviours and recurring self-mutilation or suicide attempts. The age of children is indicative of their situation as well, with the younger ones being more trapped inside their parents' own cage. To quote Milo, from Malta, "adolescents have some means to stay away from the family home", although that might lead to drug use, teenage pregnancies or other externalising and internalising issues. The young adults interviewed reflect with more pause and are striving to achieve or have already achieved independence from their family situation.

The spaces that children identify as safe and protective are schools and other family members, mainly a non-using parent, siblings and grandparents. This does not exclude schools, friends and families, which can also be a source of stigma, bullying, sexual violence and induction to drug use. For those children who participated in individual or group therapy, this is also identified as a place of understanding and of feeling understood and supported.

What can soothe the pain and give ontological certainty to the child? While the literature on this topic and related issues is abundant in analysing protective factors and paths of resilience, children also have the key to the answer:

> No matter their age, they have advice for their peers: move on, do sports, art or music, do not cut or hurt yourself, do not choose drugs, stay close to your family, do not be like your parents, speak out, do not feel guilt or shame, be patient.
>
> They recommend breaking the silence, as difficult as it might be, and they share how important it is to be listened to and to know that they are not alone, that there are other children going through a similar situation.

However, children also know that "it is not the child who has to do something" – quoting Martina, from Italy – and point out what and who should be available for them.

They ask for support for themselves and support for their families. They do not want to lose their home and be separated from their family members. They want to have food on the table and to go to school. They want evidence-based information on drugs and dependence. They require patience, love, care and for someone to guide them. They ask to be listened to.

And as much as they understand their parents and feel empathy, they would like them to stop taking drugs or that the drug use would not interfere with their time together, their self-care and the well-being of the family. To quote from Isabela (16, Mexico): "I try to understand them, but I don't know if they also understand how difficult it is for others."

Even though this publication is built on hours of conversations in five countries and languages, silence is pervasive. Every extract seems like a rock in the water: it can fall into and penetrate the depths, but we only observe the reverberating movement of the surface.

It must be noted that while 11 countries participated in the project and nine carried out interviews with women, five could have done the same exercise with children, but the main barrier to interviewing them in other national and local settings was child protection and privacy issues which are embodied in legal terms.

The next steps recommended below are intended to accomplish the aim of listening and of triggering processes of participation.

It is suggested that in conformity with the content of the questions and spirit of this study, the children who participated in the interviews are informed about how the information they provided has been used. This should be done in a format and language that they can understand and have access to. While this task should be undertaken by the local professionals who contacted the children and young adults, it does not exclude the participation of the consultant or the generation of international spaces of exchange and discussion.

It is also recommended that the publication be disseminated in such a way that it can influence international, national and local policies and programmes, particularly with the aim of fostering the creation and recognition of consolidated and ongoing spaces of participation for children, in fulfilment of the principles outlined in the Committee on the Rights of the Child's general comment on participation (UNCRC 2009).

For those countries who are willing to explore a similar process of children's participation and who are not able to do so in the current framework of the project, as well as those who wish to continue, it is recommended that children's involvement proceeds with further steps, which could include the following:

- identify and analyse the current legal and policy national framework for children's participation and to what extent protection appears as a barrier to their participation;
- identify the current provision of mental health services for children and adolescents in the context of public services;
- investigate current practices of children's participation within established programmes or services which can also serve as models or examples in cases of children growing up in families affected by parental drug use;

- explore cases of children's participation that are implemented in an accountable and impactful way, that is, which are not only a way for children to be heard, which is very important, but also allows their opinions to be taken into account and to inform public policies.

Such research could be conducted at the national or local level, and other bodies consulted such as the European Platform for Investing in Children (EPIC) and the EMCDDA Xchange prevention registry (Comiskey 2019; EMCDDA 2022). Similarly, a connection could be explored with UNODC's Listen First Project[26] to identify if there are converging issues and partners.

If the collection and analysis of programmes and actions, as well as qualitative research, is continuing, then these should also include fathers and other caregivers, such as grandparents.

Also, other relevant stakeholders, such as schools, should be involved, given the pivotal role they play in children's lives.

Finally, it is worth remembering that while this study is focused on children, it is framed within a larger context which aims to promote human rights, children's rights and gender-responsiveness in drug policies and to support the consolidation of collaborative, multidisciplinary work between different services (social services, child protection services, schools, health, drug treatment and harm reduction services as well as services for women who are victims and survivors of violence), in order to provide integrated services to children whose parents use drugs and their families.

People who use drugs and are parents are people in the first place, with their own rights and challenges, which can be reduced or violated by structural and societal conditions of exclusion, discrimination, stigma, criminalisation and gender-based violence.

Drug use is understood as a multifaceted phenomenon related to pleasure, but also as a coping strategy to face and deal with situations of pain and trauma, including parental drug use in the family as children. The women who participated in the study "We are warriors" develop reflections and proposals that make visible how a person who uses drugs and is a parent is, in the first place, a person. So if that dependence becomes something which leads to "the loss of the power of choice" – to quote Shiv, one of the women who participated from Ireland – it is through help and support, and not through stigma, that the person can be best approached.

Similarly, children are, in the first place, children and they should be helped to live a childhood in which their rights, well-being, happiness and development are respected and fulfilled. This is not a task to be carried out despite their parents but by including them in the children's path, together with all the elements and people that children identify as their protective factors: grandparents, siblings, friends, peers, therapists, sports, music, art, their home, their school, their community and the space for listening and being listened to.

26. www.unodc.org/unodc/en/listen-first/listen-first.html.

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Appendix I

People and services that participated in the research

1. People who facilitated, carried out, transcribed or translated the interviews, by country

Croatia
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Marlene Flores Mares

UNEME CAPA "Vivienda Popular", state of Nuevo León
Concepción Valtierra

UNEME CAPA "Carmen Serdán", Mexico City
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UNEME CAPA "Dr. Gustavo Rovirosa Pérez", Mexico City
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Switzerland

Addiction Suisse

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2. Services that provided the contact/space for or conducted the interviews, by country

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Greece
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Ireland
Preparing for Life Cuan Saor Women's Refuge Coolmine, Ashleigh House, Women's Residential Programme
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Foundation for Social Welfare Services (FSWS): Substance Misuse Outpatient Unit – SMOPU (DETOX), Aġenzija Sedqa Child Protection Services
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Switzerland
Addiction Suisse Die Alternative, Ulmenhof Paradiesgässli, Luzern Rel'aids – Fondation Le Relais Antenna Icaro, Bellinzona Addi-Vie CHUV, Lausanne FVA, Morges, Ingrado Ticino Fondation Le Torry, Fribourg Addiction Valais

Appendix II

Basic requirements to guarantee that children's participation is safe, ethical, inclusive and impactful[27]

Transparent and informative: children must be provided with full, accessible, diversity-sensitive and age-appropriate information about their right to express their views freely and for their views to be given due weight, and about how this participation will take place, its scope, purpose and potential impact.

Voluntary: children should never be coerced into expressing views against their wishes and they should be informed that they can cease involvement at any stage.

Respectful: children must be listened to, taken seriously and their views treated with respect.

Relevant: opportunities must be available for children to express their views on issues of real relevance to their lives and enable them to draw on their knowledge, skills and abilities, and children should be provided with opportunities to initiate ideas and activities.

Child-friendly environments and working methods: approaches to working with children should be adapted to their capacities. Adequate time and resources should be made available to ensure that children are adequately prepared and have the confidence and opportunity to contribute their views. Consideration needs to be given to the fact that children will need differing levels of support and forms of involvement according to their age and evolving capacities.

Inclusive: participation must be inclusive, avoid existing patterns of discrimination and encourage opportunities for all children, including both girls and boys, to be involved. No assumptions should be made about what specific groups of children can and cannot do. Children must have an equal opportunity to voice their opinions and have their contributions reflected.

Supported by training: teachers and other adults need preparation, skills and support to facilitate children's participation effectively, to provide them, for example, with skills in listening, working jointly with children and engaging them effectively in accordance with their evolving capacities.

Safe and sensitive to risk: in certain situations, expression of views may involve risks. Children should feel confident that they can criticise or challenge any aspect of

27. Based on Council of Europe (2020).

the services they receive without incurring punishment or retribution. Adults have a responsibility towards the children with whom they work. They must take every precaution to minimise, for children participants, the risk of violence, exploitation or any other negative consequence of their participation. Staff need to recognise their legal and ethical obligations and responsibilities, for example in respect of their own behaviour or what to do if they are told about the inappropriate behaviour of others, and there needs to be a system for reporting any incidents of abuse. Activities will need to be risk assessed and steps taken to minimise any identified risks to children, as far as possible.

Accountable: following up and acting on any proposals by children is essential. It increases the impact of children's participation and respect for their rights. Children are entitled to be provided with clear feedback on how their participation has influenced any outcomes. Wherever appropriate, children should be given the opportunity to participate in follow-up processes or activities. Mechanisms are needed to enable children to make complaints and seek redress. Monitoring and evaluation of participation needs to be undertaken, where possible with children themselves.

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Following an initial publication in 2022 on children whose parents use drugs, the Pompidou Group has continued research on this topic by giving 110 women who use drugs, in 11 different countries, the opportunity to provide their testimonies, which appear in a second volume entitled: *We are warriors – Women who use drugs reflect on parental drug use, their paths of consumption and access to services.*

With this third volume, 33 children in five countries are given the floor with the aim of making their experiences visible and ensuring that their voices are listened to, thus breaking the silence that surrounds the impact of parental drug use on children and letting them know that they are not alone.

Children were approached by services that already work with them, mainly drug treatment or harm reduction services, although in some cases child protection services were also involved.

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