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Fatherhood and substance dependence: a preliminary research to develop proposals

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1. Introduction

The Pompidou Group of the Council of Europe has as its core mission to provide "knowledge, support and solutions for effective, evidence-based drug policies, which fully respect human rights" in its 41 member states. Since its foundation in 1971, the Pompidou Group has been working in favor of a balanced approach in drug policies and the inclusion of human rights as a transversal issue, and has been playing a pioneering role in mainstreaming a gender perspective in drug policies. In 2021, the Pompidou Group celebrated its 50th birthday, an occasion that also marked the change of its official name to the "Council of Europe International Cooperation Group on Drugs and Addiction", thus reflecting the extension of 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), as well as the strong focus on human rights.

Since November 2020, the Pompidou Group has embraced an innovative and necessary area of work: that of children living in families affected by substance dependence. The project "Children whose parents use drugs" was born in November 2020 as a 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 2022-2027.

The work of the Pompidou Group on this topic includes research, international cooperation and awareness-raising. In 2021 and 2022, through the participation of more than three hundred people and the enthusiastic and generous contributions of 14 countries[1], four ISBN publications were produced, as well as two reports[2] and a dedicated page; furthermore, multiple dissemination activities were conducted online and in person in several countries[3].

The four ISBN publications are:

Children whose parents use drugs: promising practices and recommendations (Volume I, 2022) includes the analysis of 29 practices from 11 countries[4] in the fields of a) family and children-oriented services that take drug use into account, including national strategies; b) programmes and services for people who use substances and their children and

[1] Croatia, Czech Republic, Cyprus, Greece, Iceland, Ireland, Italy, Malta, Mexico, North Macedonia, Poland, Rumania, Switzerland and Turkey.
[2] "Children whose parents use drugs: a preliminary assessment and proposals" and "Children Whose Parents Use Drugs. Report of focus groups held in February 2021".
[3] Austria, Brazil, Czech Republic, Germany, India, Ireland, Italy, Mexico, Portugal, Spain, Sweden, the UK and Uruguay.
[4] Croatia, Cyprus, Czech Republic, Greece, Iceland, Ireland, Italy, Mexico, Poland, Switzerland and the UK

families, including data gathering and awareness-raising; c) drug treatment services targeted at pregnant women, mothers and their children; d) services for women who are victims and survivors of violence and use drugs, and their children.
The publication contains operational recommendations in relation to the topics addressed in the analysis.

We are warriors. Women who use drugs reflect on parental drug use, their paths of consumption and access to services (Volume II, 2023) is based on the participation of 110 women who use substances from 9 countries[5], who are or have been in treatment. It includes their insights and recommendations on the impact of parental drug use during childhood on their life and subsequent drug use. It also explores the barriers and facilitators to accessing services and how to improve services' response both to women who use drugs, and to children with parents who use drugs.

Listen to the silence of the child. Children share their experiences and proposals on the impacts of drug use in the family (Volume III, 2023) is based on 33 interviews with children and young adults from 5 countries[6]. They share how their parents' substance use has impacted their life in terms of exposure to violence, erratic lifestyle and economic instability. They also talk about their parents' love and their attempts to take good care of them.
The children interviewed also describe their feelings, such as sadness, anger, fear, love and confusion, as well as their empathic understanding of their parents' struggles. They identify protective factors: the presence of a parent who does not use substances, loving grandparents, siblings, friends who go through the same situations, understanding teachers, sports, art and music.
They ask to be listened to and to count with reliable information on their parents' condition.

Children and parents affected by drug use. An overview of programmes and actions for comprehensive and non-stigmatising services and care (Volume IV, 2023) analyses 33 programmes from the 11 participating countries[7], which include a) actions in the field of

[5] Croatia, Czech Republic, Greece, Ireland, Italy, Malta, Mexico, Romania and Switzerland.
[6] Greece, Malta, Mexico, Romania and Switzerland.
[7] Croatia, Cyprus, Czech Republic, Greece, Ireland, Italy, Malta, Mexico, North Macedonia, Romania, Switzerland and one practice from Starlings Community, a Canadian non-profit organisation.

data gathering; b) parenting programmes; c) social and integrated services for children; d) multidisciplinary, holistic approaches to working with families; e) services for women victims and survivors of gender-based violence; f) protocols of cooperation; g) drug treatment services and residential communities for women and their children.

Another tangible outcome of the project is that the Council of Europe's Strategy for the Rights of the Child (2022-2027), includes in its objective "Equal opportunities and social inclusion for all children", which indicates the action "the mapping, analysing and providing guidance on the situation of children suffering from addictive behaviors and children of parents using drugs", thus identifying, for the first time, children living in families affected by drug dependence as a group with specific situations of vulnerability.

In December 2022 the Ministerial Conference of the Pompidou Group adopted in Lisbon, Portugal, the Lisbon Declaration and the related work programme for 2023-2025 which outline the road map for the Pompidou Group's work.

The project is currently included in the component "Vulnerable and risk groups: children and addictions" of the work programme and foresees two activities for 2023:

- The development of *Guidelines to integrate human rights, children's rights and a gender perspective in services and care for children and families affected by drug use*, to be redacted by the consultant with the support of an Advisory Group composed of six members: (in alphabetical order) Katia Bolelli, Italy; Catherine Comiskey, Ireland; Karel Chodil, Czech Republic; Leda Christodoulou, Cyprus; Louise McCulloch, Ireland; and Helmut Sax, Austria, as well as Florence Mabileau, Deputy to the Pompidou Group Secretariat and leader of the project. At the time of concluding this document (September 2023), the first draft of the guidelines is being redacted and will be completed in 2024.
- A preliminary research to the issue of men who use substances and are fathers, in order to lay the basis for 2024's more in depth work on this topic.

This working-paper intends to inform the Pompidou Group on the results of a preliminary research on the issue of fatherhood and substance dependence, within the framework of masculinities[8]

[8] Masculinities have been paid more attention in the last two decades as part of the process of understanding men as gendered, outside of the dominant patriarchal system that for thousands of years depicted men as gender-neutral. As

and gender relations, substance dependence[9] and parenthood[10] as a set of obligations and a right for parents and children.

It is part of the Pompidou Group's work on children in families with parental substance dependence and widens the scope of the project's perspectives, finding and recommendations. It is based on the acknowledgment, realized through the development of the project and the related literature (Bell et al. 2020; Comiskey 2019; Galligan 2022; Salonen et al. 2023; Williams 2014), that while men represent the majority of people who use substances[11] and quantitatively speaking, of people in treatment living with their children[12], little attention has been focused on the role of fathers who use substances (Comiskey 2019). Gender-based stereotypes and stigma related to substance-using parents may affect men as well as women (Söderström and Skårderud 2013), although along different gendered paths and believes surrounding gender roles and archetypes; at the same time, the voluntary or unvoluntary act of becoming a father can represent a motivation to undertake a recovery path for men as it does for women (Salonen et al. 2023). Men who use substances and are fathers may experience the desire to break with the

explained by Whitehead and Barrett (2004), masculinities are those behaviours, languages and practices, existing in specific cultural and organisational locations, which are commonly associated with men, thus culturally defined as not feminine. Masculinities are not uniform across societies or social groups, generations and class and, similarly to norms, roles and beliefs associated with and ascribed to women, change geographically and historically. Multiple masculinities can co-exist in societies and in a person's experience of oneself. A man's performance of masculinity can change over time according to his age and other social contexts, including becoming a father.

[9] Drug/substance dependence is defined as "A pattern of repeated or continuous use of a psychoactive drug with evidence of impaired regulation of use of that drug which is manifested by two or more of the following: (a) impaired control over substance use (including onset, frequency, intensity, duration, termination and context); (b) increasing precedence of drug use over other aspects of life, including maintenance of health and daily activities and responsibilities, such that drug use continues or escalates despite the occurrence of harm or negative consequences (including repeated relationship disruption, occupational or scholastic consequences and negative impact on health); and (c) physiological features indicative of neuroadaptation to the substance, including: 1) tolerance to the effects of the substance or a need to use increasing amounts of the substance to achieve the same effect; 2) withdrawal symptoms following cessation of or reduction in the use of that substance; or 3) repeated use of the substance or pharmacologically similar substances to prevent or alleviate withdrawal symptoms" (WHO and UNODC 2020: 4). However, besides the clinical definition, it is used in this working paper to define men's perceived relationship with substances when this becomes dominant and hinders self-care and the care of others.

[10] The terms parents, mother and father are used to refer to a person with parental responsibilities and includes birth parents, step-parents and social parents.

[11] For more information see EMCDDA, Statistical Bulletin 2023, "Prevalence of drug use", "Any illicit drug", "Last month prevalence, all adults (15-64): https://www.emcdda.europa.eu/data/stats2023/gps_en; as well as "Alcohol", "Last month prevalence, all adults (15-64)": https://www.emcdda.europa.eu/data/stats2023/gps_en and "Tobacco", "Last month prevalence, all adults (15-64)": https://www.emcdda.europa.eu/data/stats2023/gps_en.

[12] For more information see UNODC, "Online World Drug Report 2023 - Latest data and trend analysis", "Demand", "Profile of people in treatment by sex, region and drug": https://www.unodc.org/unodc/en/data-and-analysis/wdr-2023-online-segment.html and EMCDDA, Statistical Bulletin 2023, "Treatment demand", "Current situation", "Living with children", "Males", "All drugs": https://www.emcdda.europa.eu/data/stats2023/tdi_en and EMCDDA, Statistical Bulletin 2023, "Treatment demand", "Current situation", "Living with children", "Females", "All drugs": https://www.emcdda.europa.eu/data/stats2023/tdi_en.

intergenerational cycle of substance use and child neglect that perhaps they lived in their own childhood (McDonagh et al. 2023), but might not be equipped with the community support, their own role models, confidence, self-efficacy and skills (Bell et al. 2020).

In sum, fathers with substance dependence may want to engage in their children's upbringing as persons and fathers, that is, as part of the process of inhabiting and nurturing one of their multiple identities and roles while fulfilling their responsibility towards their children. However, substance dependence, together with other contextual vulnerabilities – such as unemployment, housing, low income and stigma, among others – may hinder the full exercise of fatherhood. Social services and treatment services can represent a support as well as a barrier: on the one hand, child protection services may see fathers as irrelevant, absent or as a threat to children (Scourfield in Salonen et al. 2023) and focus their work on mothers as primary caregivers. On the other, father roles often go unacknowledged in addiction services (Bell et al. 2020; Giacomello 2022).

It is important to keep in mind that women and men who use substances may be involved in intimate partner violent relationships and that, generally speaking, men are the main perpetrators of gender-based violence against women and girls[13] (Arpa 2017; Mutatayi et al. 2022). While this paper aims at visibilizing fathers and promoting their inclusion in the discussion of social services and treatment services that take into account both families and dependence, its scope is limited to men that are willing to engage in positive parenting and who do not represent a threat to the integrity and survival of women and children.

1.2 Work method

For the development of this paper, in March 2023 the Pompidou Group Secretariat informed the Permanent Correspondents (PCs) of the activities to be carried out in 2023, including the literature review on fathers with substance dependence and invited them "to share information on good practices in their countries and if they so wish to be involved in this research project, to indicate so by nominating an expert who will liaise with the consultant for the identification of programmes and services in the participating country". Only one country adhered to this activity. A person was appointed as focal point but she then withdrew from the project. This fact is considered to be a further evidence of the need to address this issue. Mexico also showed interest – albeit not through its PC – and personnel from the National Commission Against Addictions (Comisión

[13] For more information see https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures.

Nacional Contra las Adicciones -CONADIC) participated in the focus group of May 17th. They also gave their availability to organize interviews in different Mexican states, as they did for the study on women who use substances. However, the deadline for this component of the project was close and the activity was not carried out.

The consultant also contacted the people and services who participated in the project.

Two focus groups were organized, one on May 16th and the other on May 17th; the participants, whose names, position and relations to the project are described in the corresponding section, were asked beforehand to think about the following questions, which were meant to serve as triggering points of discussion, rather than binding topics:

1) Do you or does your organization/service work with men who use substances and are fathers? (This may include also “indirect” work: by instance, if you work with women who use substances and are mothers there may be fathers in the radar as well).

2) In your experience, is the exercise of fatherhood something that concerns men? Is it something that they reflect or talk about when talking about substance dependence? How?

3) Is the issue of parenting in the case of men something that you attempt to promote/support/raise awareness on in your work? How?

4) In your opinion, is the issue of positive parenting and patterns of masculinity something that is sufficiently addressed by research and public policies? Could you provide some positive example? If your answer is no, could you provide ideas on how this could be improved?

Subsequently, the participants were shared the meetings’ recordings and asked to send any additional information (by instance, literature, programmes or interviews with men) by August 15th.

Dr. Anna Maria Vella and Sharon Arpa – with the support of nurses at Sedqa-Substance Misuse Outpatient Unit (SMOPU), Valentina Mintoff and Daniela Galea, and of a member at of FSWS the Research Team at the Foundation for Social Welfare Services (FSWS), Michael Debattista – conducted, translated and transcribed three interviews with fathers who use substances in Malta.

The topics addressed in the interviews are:

1) First, to please inquire about the person's age, nationality, employment status, housing situation, level of education, number of children and age, gender and situation of care of each child (whether they live with him, their mother(s), foster family, etc).

2) Could you tell us about your substance use? When did it start and how? How did it evolve?

3) Could you tell us about your history of treatment? When did you first access treatment and to which services have you had access (not the names or location of services but if it was outpatient, inpatient, drop in centre, etc. or more than once at the same time?) What is your current status of use?

4) How is the relationship with your children (please try to elaborate on all of them)? Do you see them? Do you do things with them (walk in the parks, play videogames, pick them up from school, read bedtime stories, any sort of activity related to leisure and attachment).

5) Who do they live with (if not him) and who takes care of them?

6) What do you like about being a father? What does it mean to you?

7) Do you think there are also difficulties in being a father? Can you explain more?

8) Could you describe if substances impact/have impacted on how you spend time with your children, and how you can take care of them?

9) Are there other things (such as economic situation, unemployment, housing, etc.) that perhaps make it difficult for you to take care/spend time with your children?

10) Do the treatment services which you attend/have attended give you any sort of support (psychological, parenting programmes, contact with the children, etc.)?

11) Have other services (such as child protection and social services) been involved in the relationship with your children? Could you explain?

12) Is there something that you would like to change or be different in the relationship with your children and family?

13) How do you think that fathers with substance dependence could be supported in order to have more tools and possibilities to engage as parents?

14) How do you think that children and mothers should be supported when there is substance dependence in the family?

With the support of Monica Barzanti, Head of International Relations at San Patrignano, Italy and unconditional ally in this project, and thanks to the generosity of five of San Patrignano's hosts, the consultant could carry out an online focus groups with fathers. Since interviews were not initially foreseen for this working paper, and taking into account the larger methodological flexibility allowed by the nature and purpose of this document, the questions were modelled through the conversations, the main aim of the interactions being that of collecting men's views in order to identify relevant themes and perspectives that could be approached more in depth in a future, structured research.

The focus group with San Patrignano lasted more than two hours but, given the wealth and depth of the information shared by the participants and the vitality of the interactions with Monica Barzanti, and the consultant, only questions 1), 2) and 4) could be addressed. Nevertheless, the answers provided abundant information. There was also the possibility to do a second focus group to address the remaining points, but, for time constraints and because of the limits of this working paper, this activity was not carried out. However, in the continuation of the project in 2024, it is recommendable to carry out more interviews or focus groups with fathers in San Patrignano because, given their time in the community, they have undertaken an impressive process of self-knowledge and understanding as well as deep reflections on their personal history, its connection with their substance use and their fatherhood.

1.3 Contents

This working paper is organized as follows: first, it shows data on the number of men and women who are in treatment for any type of drug and live with their children, reporting information available at the data base of the European Monitoring Centre for Drugs and Drug Addiction

(EMCDDA). Then, it presents a literature review, which attempts to outline the main issues that emerge when investigating fathers with substance dependence. Subsequently, it outlines the main reflections risen in the focus groups and presents the interviews with fathers. It concludes with a section of proposals for the continuation of the Pompidou Group's work on fathers who use substances.

2. Men and women who are in treatment and live with their children

The EMCDDA provides quantitative information on a large set of issues related with people who use substances. The next table correspond to the items "Treatment demands", "Living with children", "Males"/"Females", "All drugs".

Table 1. Men in treatment and "Living with children" status

Country	Year of Treatment	Not living with children	Living with children	Not known / missing	Total
Austria	2021	492	239	26	757
Belgium	2021	6815	1456	884	9155
Bulgaria	2021	683	148	745	1576
Croatia	2021	3870	763	94	4727
Cyprus	2021	146	77		223
Czechia	2020	379	205	52	636
Denmark	2021	3548	433	1644	5625
Estonia	2021	46	34	83	163
Finland	2021	74	11	12	97
France	2020	5659	4094	526	10279
Germany	2021	25138	3759	6663	35560
Greece	2021	761	113	2017	2891
Hungary					
Ireland*	2021	2238	959	51	3248
Italy	2021	432	601	10257	11290
Latvia	2013	398	173	631	1202
Lithuania	2019	200	62	374	636
Luxembourg	2021	41	9	3	53
Malta	2021	172	420	4	596
Netherlands	2015	5189	824	2820	8833
Norway					
Poland	2021	605	455	91	1151

* Ireland: From 2020 we have changed the methodology for reporting living with children. From 2020 "Living with children" is based on children living with the client.

Portugal	2021	2332	432	2	2766
Romania	2021	216	321	112	649
Slovakia	2021	1777	205	29	2011
Slovenia	2021	19	23		42
Spain	2020	7729	5246	169	13144
Sweden	2021	54	5	1	60
Türkiye	2021	617	1272	6795	8684
Total		**69630**	**22339**	**34085**	**126054**

Source: EMCDDA, Statistical Bulletin 2023, "Treatment demand", "Current situation", "Living with children", "Males", "All drugs": https://www.emcdda.europa.eu/data/stats2023/tdi_en

Table 2. Women in treatment and "Living with children" status

Country	Year of Treatment	Not living with children	Living with children	Not known / missing	Total
Austria	2021	122	116	15	253
Belgium	2021	1761	677	237	2675
Bulgaria	2021	193	54	92	339
Croatia	2021	632	260	5	897
Cyprus	2021	15	11		26
Czechia	2020	198	262	41	501
Denmark	2021	1108	176	474	1758
Estonia	2021	22	16	31	69
Finland	2021	31	14	2	47
France	2020	1350	1805	159	3314
Germany	2021	5416	1835	1531	8782
Greece	2021	113	24	419	556
Hungary					
Ireland*	2021	765	936	24	1725
Italy	2021	74	157	1778	2009
Latvia	2013	84	119	138	341
Lithuania	2019	66	36	68	170
Luxembourg	2021	17	2	3	22
Malta	2021	35	124	1	160
Netherlands	2015	1199	329	626	2154
Norway					
Poland	2021	135	175	24	334
Portugal	2021	342	128	0	470
Romania	2021	30	53	16	99
Slovakia	2021	335	72	1	408

* Ireland: From 2020 we have changed the methodology for reporting living with children. From 2020 "Living with children" is based on children living with the client.

Slovenia	2021	15	17		32
Spain	2020	2108	1457	161	3726
Sweden	2021	50	1	3	54
Türkiye	2021	58	71	540	669
Total		**16274**	**8927**	**6389**	**31590**

Source: EMCDDA, Statistical Bulletin 2023, "Treatment demand", "Current situation", "Living with children", "Males", "All drugs": https://www.emcdda.europa.eu/data/stats2023/tdi_en.

In the cases of men in treatment reported in Table 1, out of a total of 126,054, 22,339 reported to be living with their children, that is, 18%; 69,630, or 55%, responded that they do not live with their children and the remaining 27%, corresponding to 34,085 people, is reported as status not known.

Of the total 31,950 cases reported of women in treatment and living with children status, 28% (6,389) reported to live with their children, while 52% (16,274) said they do not live with their children. The status is unknown for the remaining 20%.

Therefore, while more women in treatment live with their children than men in percentual terms, in absolute terms, there are more fathers living with their children. These data have to be nuanced by the fact that women face higher structural, social, cultural and economic barriers than men to access treatment, particularly if they are the primary or sole caregivers of their children and cannot access outpatient or inpatient treatment or harm reduction services with them (Mutatayi et al. 2022); actually, according to UNODC whilst globally women represent a third of people with substance harmful use (UNODC 2022: 23), only one of people entering treatment worldwide is a woman[14]; hence, the cases of women with substance dependence and living with their children may be higher than those reported here.

Another limitation to estimate how many parents in treatment live with their children is the fact that clients may not disclose their parental status for fears of losing custody of their children, an issue that is particularly poignant for women (EMCDDA 2023).

A further aspect to be considered is that the EMCDDA's data presented in the tables collect information on people in treatment for illicit drugs, specifically, opioids, cocaine, stimulants, hypnotic and sedatives, hallucinogens, volatile inhalants, cannabis and other substances, thus

[14] See note 12.

leaving out alcohol and tobacco, which are the drugs of higher prevalence (Bhala 2022; GBD 2016 Alcohol Collaborators 2018) and, in the case of alcohol, the most harmful to the person and his or her surrounding[15] (Nutt 2010). According to the World Health Organization (WHO), the European Union is the is the heaviest-drinking region in the world, with over one fifth of the European population aged 15 years and above reporting heavy episodic drinking (five or more drinks on an occasion, or 60g alcohol) at least once a week.

Finally, whereas from the perspective of this paper it is important to identify the number of men in treatment who are fathers and live with their children, from a comprehensive perspective the Treatment Demand Indicator (TDI) does not allow to know the number of children affected by parental substance use nor their situation of care. These elements are necessary on order to develop informed interventions.

Despite the limits of the TDI, it still represents a key source of data which allows for comparative analysis within and between countries.

The Pompidou Groups 2022's publication includes among its recommendations to countries, to signal to the EMCDDA the need to update and widen the scope of the TDI, in order to include more information on children. The example that this recommendation is inspired by is Ireland's National Drug Treatment Reporting System (NSTRS), which is described in both publications *Children whose parents use drugs: promising practices and recommendations* and *Children and parents affected by drug use. An overview of programmes and actions for comprehensive and non-stigmatising services and care* (Giacomello 2023: 42-44).

Ireland has been implementing the NDTRS at the national level since 1995 and it is compatible with the EMCDDA TDI protocol. The data have been extensively used to inform public policies on a wide set of issues. In recent years the database has moved from a mainly paper-based system to an online data entry portal. This online database has the potential to report data in real time. The item with most relevance for the topic under study has been implemented since 2019. The question was first included for 2017 data, but it required some time for coverage and accuracy to improve and to allow for data validation. The questionnaire includes an item which gathers relevant information on children whose parent(s) are in treatment, reproduced below.

[15] More information available at https://www.who.int/europe/news-room/fact-sheets/item/alcohol-use and https://www.who.int/europe/news-room/fact-sheets/item/tobacco.

Table 3. NDTRS question 7 – Number of children[16]

Total number of children | | |

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

The latest NDTRS report (O' Neill et al. 2023), however, does not provide information on the number of children, but only on the number of clients. Data from the report[17] indicate that the total number of people treated for drugs were 12,009, of whom 57% were previously treated cases. Of the people in drug treatment, 28% were female and 72% male; almost half of cases (47.3)% of treated cases has children. Among parents, 84.0% were known to have children aged 17 years of younger. "Of those parents known to have children aged 17 years or younger, 39.6% had at least one child residing with them at the time of treatment entry, while 59.9% had at least one child residing elsewhere. Compared to males, a higher proportion of females entering drug treatment reported having dependent children and living with children. Males were more likely not to be residing with their children" (O' Neill et al. 2023: 15).

In the case of alcohol treatment demand, there were 7,421 people in treatment, of whom 38% were female and 64% male. 57% of cases were parents who had children; 51% lived with children 17 years old or younger, of whom 67% were female clients and 40% male[18].

[16] https://www.drugsandalcohol.ie/26858/1/Master_NDTRS_2019_protocol_hard-copy_V5.pdf.
[17] For more information see drugsandalcohol.ie/treatment-data/.
[18] For more information see drugsandalcohol.ie/treatment-data/.

The following table was shared by Dr. Suzy Lyons as part of the 2022's edition of the project and reflect data from 2021.

Table 4. Number of children by parents' alcohol or drug main problem substance, and living status

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	8498		4610		13108
Age of children					
Children aged 0-4 years	2447	28.8%	1003	21.8%	3450
Children aged 5-17 years	6051	71.2%	3607	78.2%	9658
Main problem	**Drugs**		**Alcohol**		
Living arrangements - children	**n**	**%**	**n**	**%**	**Total**
Children living with parent in treatment	3119	36.7%	2341	50.8%	5460
Children living with other parent	3730	43.9%	1758	38.1%	5488
Children in-care	887	10.4%	313	6.8%	1200
Children living elsewhere	709	8.3%	188	4.1%	897

Source: Dr. Suzy Lyons, Health Research Board, June 2022.

This table shows that, in 2021, there were 13,108 children with parents in treatment; the majority were between 5 and 17 years old and their parents were in treatment for drugs. The prevailing living status was "Children living with parent in treatment" in the case of children whose parents had alcohol as their main problem drug, whereas it was "Children living with other parent" when parents were in treatment for drugs.

3. Fathers, substance use and masculinities

The following extract is from Pachis, a young woman from Mexico City who participated in a focus group with women who have relatives who use substances. The conversation took place in June 2022 at the Centre for Mental Health and Addictions in the Community (Centro de Salud Mental y Adicciones en la Comunidad -CESAMAC), in Mexico City's centre.

Pachis grew up in the midst of her father's substance dependence, together with her older sister and younger brother. Her story is included in the Pompidou Group's publication *Listen to the silence of the child* (2023). Pachis went through a constant instability and uncertainty, always facing the risk of losing her house, of missing or changing school, thus losing friends as well. Economic ups and downs were chronic and were directly related to her father's relationship with substances: when he did not use, they had money, but when he fell into heavy patterns of harmful drugs, they hardly had food on the table. Pachis witnessed domestic violence and, at some point, also her mother, one of the few protective factors, developed a dependence on alcohol and ended up abandoning Pachis and her siblings.

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.

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.

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.
Pachis (23 years old, Mexico).

Pachis' participation pins down some of the crucial issues that affect children living in families with substance dependence and that have largely been explored in the Pompidou Group's project:

- The sadness, bewilderment and confusion that children experience when they see their parents acting in destructive ways that put everything at risk, while, at the same time, assuring their children that they love them. The behaviour of parents can be understood from the perspective of adults and dependence, but it causes a sense of loss and ambivalence to children.
- The need for children to have stable lives and secure attachment, to be able to go to school, feel safe, sleep well, eat regularly, etc.
- The importance of protective factors, such as a non-using parent or other relatives, friends, partners, teachers, grandparents or other significant people that provide them with care and love.
- The importance of being listened to.

This introductory section is a reminder that the nucleus of the Pompidou Group's project are always children, as rights' holders entitled to protection and participation. Children have the right to family life and to the fulfillment of their physical, mental, spiritual, moral, psychological and social development. The Convention on the Rights of the Child (UN General Assembly 1989) recognizes the primary responsibility and role of parents (Art. 5 and 18) in the upbringing and development of the child in a manner which is consistent with the evolving capacities of the child. This implies obligations for parents to provide the child with the physical, mental, spiritual, moral and social tools to develop the child's full potential. However, it also means that the child will be recognized in his and her dignity and that the child's view will be listened to and taken into account. Parents are primarily responsible for the care and development of the child, but they are not to be left alone in this task: the Convention on the Rights of the Child (CRC) foresees State's support to families, in order for parents to be able to guarantee the child's development in all its dimensions and to ensure that children have access to an adequate standard of living, as outlined in Article 27 of the Convention:

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.

3. States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

4. States Parties shall take all appropriate measures to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State Party and from abroad. In particular, where the person having financial responsibility for the child lives in a State different from that of the child, States Parties shall promote the accession to international agreements or the conclusion of such agreements, as well as the making of other appropriate arrangements.

Parents with substance dependence are addressed in international binding and non-binding documents in the context of family separation. The general consensus is that dependence should not be a reason *per se* to separate children from their families. In this regard, the United Nations Guidelines for the alternative care or children (UN General Assembly 2010) establish what follows:

3. The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role.

9. As part of efforts to prevent the separation of children from their parents States should seek to ensure appropriate and culturally sensitive measures:
(a) To support family caregiving environments whose capacities are limited by factors such as disability, drug and alcohol misuse, discrimination against families with indigenous or minority backgrounds, and living in armed conflict regions or under foreign occupation.

15. Financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from parental care, for receiving a child into alternative care, or for preventing his/her reintegration, but should be seen as a signal for the need to provide appropriate support to the family.

Such position is sustained also in the *International guidelines on human rights and drug policies* (Office of the High Commissioner for Human Rights et al. 2019: 17) and the Council of Europe's report *Drug policy and human rights in Europe: a baseline study* (Council of Europe 2020: para 53).

However, across the majority of research in the area of addiction and its impact on parental role and the lives of children, researchers have focused on the maternal role (Comiskey 2019; Salonen et al. 2023; Williams 2014; Wiseman et al. 2020: 442). Similarly, the predominant outlook on the rights and obligations of parents with substance dependence either refers to parents in general or mothers and pregnant women and lack appreciation of fathers as coparents (Panter-Brick et al., in Salonen et al. 2023). A concrete example of this can be found in the *International standards on drug use prevention* (UNODC and WHO 2018), as well as in the *International standards for the treatment of drug use disorders* (WHO and UNODC 2020). Both sets of standards refer to parents and parenting skills and have specific sections on pregnant women and women who are mothers. They both include interventions for women and for parenting programmes but none of them ever mentions the word "father".

Before continuing exploring the issue of fatherhood in the case of men with substance dependence, it is important to open a parenthesis on women who are mothers and use substances: the fact that a growing body of evidence exists on women who use substances, pregnancy and motherhood, does not mean that women do not face challenges. Stigma and shame are particularly acute for women who use licit and illicit substances and for those who are pregnant or mothers, given the gender-related social mandates that see women who use drugs as unfit for motherhood (Mutatay et al. 2022). Structural, social, and economic barriers often stand between women and services, especially if women cannot attend treatment accompanied by their children or do not count with alternative services for their care (UNODC 2018).

Women who use substances have been found to be more likely to report experience of adverse childhood experiences or gender-based violence as adults, such as intimate partner violence (EMCDDA 2023). Among people who use drugs, post-traumatic stress disorders and other mental health problems, such as anxiety and depression, are more common among women. Women are also exposed to heightened health risks, including higher vulnerability to HIV and sexually transmissible infections (STIs) compared to boys and men (Arpa 2017).

Childcaring responsibilities and the absence of childcare options in treatment services can represent an important barrier to service access for women who use substances. Maintaining or improving relationships with children is very important and may play a central role in women's drug use and recovery (EMCDDA 2023). However, despite the growing evidence on women's drug use and their specific vulnerabilities, drug policies in general and demand-related drug policies still maintain service patterns which are men-centred in terms of availability, structure and underpinning, leaving women who use drugs much less well served while facing higher social, cultural, personal and economic barriers to accessing services (Mutatay et al. 2022).

Finally, interventions targeted at women who are mothers in health or social services as well as in child protection may overlook the person and the woman and only focus on her role as "mother". The 110 women who participated in the Pompidou Group' publication *We are warriors. Women who use drugs reflect on parental drug use, their paths of consumption and access to services* provide powerful and concrete insights and experiences on the ambivalence that pregnancy and motherhood represent for them. The following extracts (Giacomello 2023: 41-42) give account of such ambivalence, whereby, on the one hand, motherhood make women visible to services, but, on the other, they become visible in their identity as mothers and caregivers, and not necessarily in their own right. In simple terms, interventions might be aimed – consciously or not – at making the woman "fit for motherhood", jeopardizing or obliviating the person and the woman that she is and her own story and life:

> *I've always felt that I could be blackmailed, in the sense that it's you who has to prove that you can economically support yourself, that you can manage the children on your own, so sometimes, even if it was wrong, I didn't make too many demands [of social workers], I tried to mediate … There needs to be more information while the woman is pregnant and more participation of the woman during the process – sometimes we are not even called to the meetings – and more interest during the process on the person, because it's all focused on the baby, on the management of the children, but I …*
> *Can I be frank? I don't feel that I have changed, that I have done a personal process, even at the psychological level … it's not very focused on the person. And so, for me, the change with regards to substances comes from the children, from the sense of responsibility, but not because I have done who knows what. And instead, since the time we invest is so much, it would be better to focus on us beyond being a mother.*
> Mara, Italy.

Social workers are not bad, there are also good ones, but they must learn to put themselves in the shoes of others. Because they think of the child, but they must also learn to think of the mother.
Kate, Italy.

If you bring your kids [to treatment], they [services] say: "You should know better, there are addicts." And if you don't bring them, they ask: "Where did you leave them?" You don't know what to do! I'm so grateful that there are services like this where you can bring your kids. I don't think I would be in treatment if I wasn't able to bring my little baby.
Kate, Ireland.

They (practitioners at a residential service with people with substance dependence in Switzerland) *observe very well here that I am not just a mother, but that I am also me as a person and in a couple, and we have couple therapy here which we are starting now and we really make sure that we can live the different roles.*
Ingrid, Switzerland.

Therefore, on the one hand, even though *women as mothers* are abundantly present in the literature on children and parental substance use, it does not necessarily imply that women *per se* and women and their children find services that adequality meet the multiple situations at stake.

On the other hand, men who use substances and are fathers are notably absent despite the abundant literature about the overall benefits to children's healthy development of having a father involved in their lives and about the importance of the combined effects of mothers' and fathers' involvement for children's wellbeing (Brandon et al. 2019: 448). Fathers' inclusion is also important so that men are held accountable for their fathering role and sole responsibility for parenting does not lie with women as mothers (Brandon et al. 2019: 448).

The Council of Europe's *Recommendation on policy to support positive parenting* (2006) encourages fathers to assume their share of responsibilities in caring for and rearing their children and promotes gender equity.

Paternal involvement in the early childhood years is associated with positive child developmental
and psychological outcomes over time, while, during adolescence, father involvement is associated with a decrease in the likelihood of adolescent risk behaviors and predicts less adolescent depressive symptoms for both genders (Caponetto et al. 2019).

Parallelly, parental substance abuse is one of the Adverse Childhood Experiences (ACEs)[19] and undermines caregiving competency while increasing the likelihood of abuse and neglect of children (Söderström & Skårderud 2013). Fathers who use drugs might play a more limited role in their children's lives and provide less support than non-substance-consuming fathers (Caponetto et al. 2019). Hence, strengthening people who use substances and are parents in their parenting role might be beneficial to i) men as fathers; ii) women as caregivers; iii) children with parent who use substances.

However, as literature on fathers who use substances agrees on, engaging men as fathers in social services or treatment services is not a mainstreamed practice (Bell et al. 2020). This despite the fact, encountered in some qualitative studies, that men who use substances and are in treatment think about their children (Brandon et al. 2019) and may desire to parent differently to what they experienced in childhood and provide and care for their children (Salonen et al. 2023). As explained in Bell et al. (2020: 362):

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

[19] Adverse Childhooh Experiences are "stressful experiences occurring during childhood that directly impact on a child or affect the family environment in which they live" (Lorenc et al. 2023: 1). 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. Currently nine ACEs are identified (Bellis et al. 2015): a) Child Maltreatment: sexual abuse, physical abuse, verbal abuse; b) Children's Environment: domestic violence, parental separation, mental illness, alcohol abuse, drug abuse, incarceration.

Caponetto et al. (2019) defines two types of paternity in the case of the individuals who use drugs: unacknowledged paternity and deserted paternity: “misrecognition derives from the negative perception, by the subject and from the family environment, that this in its vulnerable condition might be capable of positively fulfilling the paternal function, while desertion derives from the guilt and inadequacy of the toxic subject towards his own person, his life, and his choices, which leads him to live the paternity intermittently” (Caponetto et al. 2019: 2).

As analysed in Salonen et al.’s synthesis of qualitative research on fathers in the context of heavy drinking and other substance use (2023), across geographies, fathers identified providing and protecting as essential aspects of fatherhood (Salonen et al. 2023: 9). Fathers also associate harmful use of drugs as alcohol as a disruptive factor in their relationship with children and partner and a vector for physical abuse towards their spouses when intoxicated. In general terms, harmful substance use was considered as incompatible with parenting. The fathers included in some of papers reviewed for Salonen et al.’s work highlight men’s desire to break with the intergenerational dimension of substance dependence that they experienced as children and that reproduce with their own children and may experience deep guilt and shame about their substance use and parenting. They relate lived experiences of trauma, family substance harmful use (particularly their fathers’), domestic violence, substance use as a coping strategy as well as peer pressure to engage and sustain drug use (Salonen et al. 2023: 12):

> Substance use had first been a coping strategy for many fathers; it offered a temporary relief from various sources of distress from traumatic childhood experiences to work related physical and mental strain. Furthermore, fathers belonged to social networks that encouraged substance use. During continued substance use, fathers disconnected from family and community life and their parental roles. Individual factors, interpersonal relationships and the broader cultural and structural contexts are intertwined in fathers’ substance use experiences. […] Our synthesized findings add fathers’ voices to this qualitative evidence-base on intergenerational substance use. Robust adaptation of trauma informed care (Oral et al., 2016) can serve fathers who use substances. Our synthesis offers examples of persistent male peer pressure towards fathers to maintain substance use. We therefore suggest it is relevant and necessary to consider substance-using fathers’ gendered experiences as substance using men.

One of the findings of Wiseman et al.'s work with fathers in treatment (2020:) is that fathers expressed their need "to have a place to share and process their feelings and fears about parenting". Fathers also shared that they needed to understand their role as parents but had little opportunities to do so (Wiseman et al. 2020: 444):

> […] they often talked about their experience with substance use disorder but rarely had the opportunity to talk about parenting through the lens of addiction. As one father expressed in the middle of a book discussion, "As we talk about this more, I mean, it's like this box opens up more and more.
> It's like I'm seeing how it actually applies to me."

In Caponetto' s qualitative study with 18 participants residing in a therapeutic community, one of the issues that emerged was that of parenting, in which the study participants said they felt insecure and disoriented, as their addiction limits the exercise of parenting function, preventing them from being physically and psychologically present during the growth of their children.

The issues expressed in the previous paragraphs by researches with substance using fathers have emerged with incredible similitude in the Pompidou Group's study with women who use substances *We are warriors*, particularly Adverse Childhood Experiences and substance dependence in the family during childhood, drug use as a coping strategy, peer or intimate partner pressure to continue substance use, stigma and support in health, social and child protection services, the need for safe spaces to share, understand and discuss and the importance of adopting gendered and trauma informed practices. Of course, in the case of women, the presence of abusive partners is a constant element and a major obstacle to access treatment and to end violence. Finally, childcare responsibilities and societal pressure to fulfil the role of the good mother are higher for women than the pressure to be a good father is for men.

To summarize the current situation with what clearly is a generalization – that is meant not as an hypothesis or a conclusion but as a discursive tool – , while women who use substances and are mothers might be seen less as persons and more as mothers, men who use substances tend to be seen more as men and hardly ever as fathers. This is related to beliefs around hegemonic masculinity – a concept coined by Connell and subject to constant revision (Connell & Messerschmidt 2005)–, to describe prevailing attributes, roles and beliefs attached to an idealized imaginary of masculinity. Hegemonic masculinity portrays men mainly as providers rather than

caregivers, as well as emotionally distant, sexually prolific and indisputably heterosexual, heavy drinkers, physically strong and prone to violence, competitors, aggressive, successfully in terms of money and status and as dominant over all women and over other men who fail to fulfil the archetype of hegemonic masculinity (Martínez-Redondo & Luján-Acevedo 2020).

Hegemonic masculinity is not necessarily the kind of masculinity most performed by men in actual terms, but it stands as an ideal that men may compare each other and their peers with, like an ambition and an internal and external source of approval or stigma. Hegemonic masculinity is a construction of gender norms that weighs as mandate on men. It is part of patriarchal masculinity, which see men as superior to women and to other men. It is also named “traditional masculinity” and since the nineties it has been reframed as a risk factor to men’s health, according to which men who socialized within traditional masculinity are conceived of as a social vulnerable group that suffers the consequences of the internalization of gender norms (Martínez-Redondo & Luján-Acevedo 2020: 27).

In any given society, hegemonic masculinity coexists with multiple forms of masculinity. Generational and cultural changes, feminism and social transformations towards gender equality, as well as the research field on men’s studies (Connell & Messerschmidt 2005) have contributed and continue to contribute to masculinities that distance themselves from the hegemonic imaginary and that become more involved with gender equality and care (van der Gaag et al. 2023). As expressed by Collin and Messerschmidt (2005: 852) “masculinities are configurations of practice that are constructed, unfold, and change through time”. A man’s embodiment of masculinity is not fixed or immutable nor necessarily adherent to one exclusive set of beliefs. It can encompass contradictions and conflict, as well as bring changes over time.

Whilst it would be mistaken to automatically consider all men who use substances as performers of hegemonic masculinity, literature on substance harmful use and men associates harmful substance use in men as a risk activity that intertwines with models of hegemonic masculinity (Martínez-Redondo & Luján-Acevedo 2020: 28; Williams 2014). Becoming a father sometimes provides a reason to change substance use patterns and to move towards less dangerous forms of masculinities (Salonen et al. 2023).

Therefore, social and health services as well as treatment and harm reduction services should include in their methodologies and daily work approaches that take into account the gendered

experiences of men who use substances, how masculinities intersect with substance use and men's Adverse Childhood Experiences (ACEs) and traumas, as well as how service providers and practitioners are themselves embedded in gendered beliefs and practices towards men who use substances and are fathers, which might – or not – translate into prejudiced beliefs and practices.

4. Results of the focus groups

This section reports the knowledge and reflections that were shared by the experts and professionals who participated in the focus groups in May 2023. As anticipated in the introduction, the consultant sent some initial questions to the participants, but, during the focus groups, there was a lot of freedom to take the conversation elsewhere and to generate a genuine space of exchange of ideas and experiences. The information is presented by topic of discussion and the names of the participants are reproduced with their authorization.

The following table includes the name of the participants – in alphabetical order –, as well as their connection to the project and country of work. The numbers (1) and (2) indicate the focus group attended by the participant, with (1) meaning May 16th and (2) May 17th.

Name	Connection to the project	Country
Sharon Arpa (2)	Research manager at the Foundation for Social Welfare Services, Sharon Arpa has been participating in the project since 2022. She coordinated interviews with women who use substances and children living in families affected by substance dependence for the 2023 publications on the subject as well as interviews with fathers for this report. She also reviewed the book *We are warriors. Women who use drugs reflect on parental drug use, their paths of consumption and access to services* before its publication.	Malta
Monica Barzanti (1)	Head of International Relations at San Patriginano, Monica Barzanti was appointed by the Italian government as focal point for the project in 2021 and has been collaborating ever since. She facilitated interviews with women and men in San Patrignano, helped contact the University of Padua for the 2022 publication and presented the project in Kerala, India. Furthermore, she was one of the reviewers of the study *We are warriors* and has participated in numerous meetings and events linked to the project.	Italy
Agáta Červenková	Adicctologist, Agáta Červenková works at the Day Care of the non-profit organization SANANIM and met with the consultant and Florence Mabileau during a field visit in Czech Republic in	Czech Republic

	April 2023. During this meeting, she expressed her interest in being involved in this component of the project, given the relevance that fatherhood has for some of the men who attend the Day Care Centre, which provides intensive outpatient treatment to people who use substances, among other services.	
Karel Chodil (2)	Director of Therapeutic Community Karlov, of the non-profit organization SANANIM, Karel Chodil has been involved in the project since 2021, sharing information on the Community and its working method, as well as facilitating a visit of the consultant and Florence Mabileau in Czech Republic in April 2023 to different services provided by SANANIM to people who use substances and their families. He also facilitated interviews with women who use substances for the publication *We are warriors*. Chodil is also part of the advisory group for the development of *Guidelines to integrate human rights, a gender perspective and children's rights in services and care for children and families affected by drug use*.	Czech Republic
Mája Chytrá	Therapist at the Day Care Centre of the non-profit organization SANANIM, Mája Chytrá became involved in the project in the same circumstances as Agáta Červenková.	
Catherine Comiskey (2)	Professor at Trinity College, Dublin, and Chair of the Scientific Committee of the European Monitoring Centre for Drugs and Drug Addiction, Professor Comiskey is a leading expert on people who use substances and has been conducting research for 20 years, combining qualitative and quantitative methodologies. Together with Dr. Galligan, Catherine Comiskey developed the first estimate of the number of children with parents affected by substance dependence in Ireland. She was appointed focal point to the project by the government of Ireland in 2021 and has been collaborating ever since, helping the consultant to contact other services and experts, participating in events related to the project, reviewing the publication *Listen to the silence of the child* as well as being part of the advisory group for the development of *Guidelines to integrate human rights, a gender perspective and children's rights in services and care for children and families affected by drug use*.	Ireland
Anna Franková (2)	Adicctologist, Anna Franková works at the Day Care Centre, SANANIM, and was also present at the meeting with Corina Giacomello and Florence Mabileau during the field visit in April 2023, together with Agáta Červenková and Mája Chytrá.	Czech Republic

Karen Galligan (2)	Dr. Karen Galligan is Head of Equality Investment & Innovation at Rethink Ireland. She was introduced to the consultant by professor Comiskey in 2022. Dr. Galligan reviewed the publication *Listen to the silence of the child* and is author of the Ph.D. dissertation "Multi-perspectives of the lived experience of risk and protective factors of children of parental substance misuse: children, parents, grandparents, and service providers", which has been largely consulted for the work on children and families of this project.	Ireland
Anna Kadová (2)	Therapist at Therapeutic Community Karlov, Anna Kadová works with women and adolescents who live in the community. She joined the focus group together with her other colleagued from SANANIM.	Czech Republic
Monserrat Lovaco Sánchez (2)	Monserrat Lovaco works at the National Commission Against Addictions and has been participating in the project since 2021 together with her colleagues who also joined the focus groups. They coordinated the interviews with women and children for the Pompidou Group's 2023 publications and provided information on CONADIC's actions in relation to children living in families affected by substance dependence.	Mexico
Florence Mabileau (1)	Deputy to the Secretary of the Pompidou Group and head of Co-operation in the Mediterranean region, Florence Mabileau launched the project on children in November 2020. She also leads the Pompidou Group's work on gender.	France
Louise McCulloch (1)	Research and evaluation coordinator at Preparing for Life – an evidence based early intervention and prevention programme whose goal is to support parents to nurture children so the child, family and community can thrive –, Ireland, Louise McCulloch has been involved in the project since 2021, sharing the work of Preparing for Life and its different programmes with children and families. She is also conducting her doctoral research on women who use substances and are mothers. Finally, Louise McCulloch is part of the advisory group for the development of *Guidelines to integrate human rights, a gender perspective and children's rights in services and care for children and families affected by drug use*.	Ireland
Guillermo Peñaloza (2)	Psychiatrist, Guillero Peñaloza works at the Ministry of Health of Mexico. He was connected to the project by Paulina Vázquez, from CONADIC.	Mexico
Jiri Richter (2)	Executive Director of the NGO SANANIM, Jiri Richter has been involved in the project since 2021 and hosted a field visit of Corina Giacomello and Florence Mabileau in April 2023, where different services of SANANIM could be visited in person.	Czech Republic

Danae Trichina (1)	Coordinator of the prevention programme "It's everyone's responsibility to make sure that you are fine" at "Odysseus" Counselling Station – which operates under the scientific supervision of KENTHEA (Centre of education about drugs & treatment of drug addicted persons) and approved by the Cyprus National Addictions Authority –, Limassol, Cyprus, Danae Trichina participated in the project in 2021, providing information on the prevention programme that she coordinates.	Cyprus
Beatriz Paulina Vázquez Jaime (2)	Child and adolescent psychiatrist at CONADIC, Dr. Paulina Vázquez has been participating since 2021, together with her colleague Monserrat Lovaco. She provided information for the 2022 and 2023 publications of the Pompidou Group on services and actions targeted at people who use substances and their children, and coordinated interviews with women and children in 2022.	Mexico
Anna Maria Vella (1)	Dr Anna Maria Vella, Clinical Chair, has been working at the Substance Misuse Out Patients Unit (Sedqa: National Agency for Dependencies) for the past 25 years. Her area of specialisation is care for pregnant women with a substance misuse problem and women who are into prostitution. She is a Public Health specialist since 2008. She is also a visiting senior lecturer at the University of Malta for more than 20 years lecturing on Addiction to Medical students, Nurses, Midwives and Social workers and in post graduate courses. She became involved in the project in 2022, sharing information on the Protocol for pregnant women and mothers who use opioid. Dr. Vella also facilitated the interviews with women who use substances and with fathers.	Malta

All the professionals who participated in the two focus groups have direct or indirect experience working with father who use substances. For example, the prevention programme of "Odysseus" Counselling Station works with children living in families who face certain vulnerabilities and provides them with multiple services and opportunities, such as access to sports, music and English classes, educational support, counselling, and so on. Parents or family members with substance dependence can also be attended at "Odysseus" Counselling Station and, if needed, referred to other services. Danae Trichina explained that the programme benefits around 50-6 children, of whom approximately seven families – corresponding to ten children – are affected by substance dependence.

Preparing for Life, where Louise McCulloch works, offers multiple services to families, such as the home visiting programme, baby massage, the Positive Parenting Programme, among others, and they engage mothers since pregnancy and fathers as well. About 10% of the families involved in the home visiting programme have disclosed substance use.

San Patrignano therapeutic community hosts adult and adolescent population, including men who are fathers as well as women and their children. In 2017 the community carried out a parenting programme which, as explained in the press release[20] "the Parenting Program consisted of group therapy, which addressed psychological, educational and rehabilitative issues. The aim was to stimulate profound mental and behavioral changes in the parents, by modifying belief systems and adjusting dysfunctional and neglectful attitudes, thus tackling the major risks often seen in physically and psychologically abusive parent-child relationships". The programme involved 63 parents, of whom 42 received the program and 19 did not. The parents involved in the programme participated in a total of 10 group sessions from October to December. The programme proved to be successful and at the time of the focus group, they were seeking funds to carry it out again, given its positive outcomes:

> The statistical analysis made it possible to differentiate between the study group and the control group, both immediately after the treatment and after a period of 6 months after the treatment (always taking into account the initial socio-demographic, clinical and familial differences between the two groups present before the therapy, so that they did not affect the results). More specifically, a statistically significant difference between the two groups was observed: while the control group showed basically unchanged levels of measured parental characteristics, the study group, on the other hand, with regard to those parenting features, showed statistically significant higher levels of positive characteristics and lower levels of negative parenting characteristics.

Dr. Comiskey and Dr. Karen Galligan also engage with men who use substances and are fathers, and five men participated in Galligan's above-mentioned doctoral dissertation. In the focus group, professor Comiskey pointed out that whilst she has conducted numerous interviews with men who use substances and inquired if they have children, usually their parenthood is not explored any further, contrarily to what tends to happen with women who use substances and are mothers.

[20] Available at https://www.sanpatrignano.org/en/great-success-first-parenting-program-italy-dedicated-parents-problems-drug-addiction/

This reflection is important because it does not only concern the research field but also social workers and treatment services which, in general terms, do not take into account the fathers' role as much as the mothers' role.

Other participants, such as Dr. Anna Maria Vella, Karel Chodil and Anna Kadová work predominantly with women who use substances and have direct or indirect contact with men who use substances and are fathers of the children whose mother is in treatment.

All the participants attended the focus groups with enthusiasm and motivation and underlined the importance of giving visibility to this topic.

The following analytical topics intend to reflect some of the conversations in which the consultant and the participants were engaged during the two focus groups.

4.1 Men's personal history and fatherhood as motivation

One of the first considerations to be outlined is that the participants agree that there is a wide spectrum of men and ways of being involved in the father's role in relation to substance dependence. Generally speaking, the reflections on men's involvement as fathers outlined in this paper regard those men who do not represent a threat to the life and integrity of their children and partners, but that somehow demonstrate an interest and a will to care for their children and break with the intergenerational cycle of poor parenting/substance dependence which they grew in themselves as children. Whilst probably also men who batter their partners and children and show no sign of will to change will have a life story that might explain their violence, the nucleus of the conversation was men with substance dependence who are concerned about their fatherhood the wellbeing of their families and their own life and future.

> *We work with people who entered a therapeutic community, so they are people who have taken a first step. It's only a first step, it's a long way, but it's a step that shows that they have an interest.*
> *Women are involved since the beginning, they feel a strong sense of guilt, there is a lot of work to overcome in this direction. Men become involved a bit later but when they start to think about in their fatherhood they continue in this direction steadily, they really want to be something good for their kids. They work hard, they want to know, they want to learn... They want to connect because many times kids do not want to be in touch with their fathers,*

especially if they are a bit grown up. If they are small, it's easier and if the mother also has a substance use disorder is easier. If the mother does not use substances, it is a bit more difficult because the mother wants to see a change before putting the children in touch with their father. There is a long process to go through.
Monica Barzanti, San Patrignano, Italy.

One of the points that coincide in the research review, the participants' professional experience and the interviews, is that often men with substance dependence have been themselves the child who saw their father throw everything away for substances or gambling and be violent against their mother. They were children and young adults who told themselves they would not be like their fathers only for then to become, at times, even more disruptive to their spouses and children than their fathers had been.

Becoming a father was acknowledged by the participants as a motivation for men to stop using drugs, as it is the case for women. However, as reported by the men interviewed in San Patrignano and by women who participated in *We are warriors*, it can also be a trigger to increase substance use.

Whilst motivation is important, it is not sufficient: economic hardships, housing, unemployment, lack of information about services, stigma, self-loathing or services that do not take into account the role of men as fathers and support them in enhancing it, may hinder the positive input of motivation.

Children are a motivation to stop using drugs but if men don't start treatment, even if they want to, they go back to drugs if they don't continue treatment. So, it's a motivation but it's not enough. Our station has a prevention section and a treatment one as well, so we try to work under the same roof; if the profile of the person does not fit our service, we refer them to another services. We have to work a lot on the collaboration and staff needs to be educated. Social workers lack knowledge on how to work with fathers and the caregivers, on how to guide them. They need to know more about addiction as well.
Dane Trichina, "Odysseus" Counselling Station, Limassol, Cyprus.

They want to break the chain, they want to give the love that they weren't given. But in some cases the mother might have met somebody else and someone else might be caring for

their children. Sometimes they don't have a proper accommodation. The McDonald's lunch is the option of quality time.
Karen Galligan, Trinity College, Ireland.

Addictologists Anna Franková Agáta Červenková confirms that in their experience at SANANIM's Day Care Centre men who are fathers show concern about their children and fatherhood may be a motivation to undergo treatment. However, it does not always lead to a successful outcome and clients may go off their families' radar again and continue using.

4.2 Complex realities, gender patterns and children's experience

Another of the issues that the participants agreed on is that whilst some generalizations are analytically necessary, concrete reality is composed of a variety of complex situations and that some variables impact to what extent fatherhood can be exercised and how. The next points sum up some of the complex situations that the participants identified and that should be taken into account when developing a more in-depth research on this topic. Given the attempts to generate some broad reflections, generalizations are inevitably made.

One of the constatations that arose is that, usually, women who use substance have a partner who also uses drugs whereas men tend to have both using and non-using partners and this influences the relationship with children. If the partner also uses drugs, she may be more open to leave fathers access the children. In some cases, both the man and his partner might be in treatment, either in the same community or in different settings. However, relationship between substance using partners may be complex for the children as much as for the adults involved. As pointed out by Karel Chodil and Anna Kadová based on their work with women who live with their children in Thareputic Community Karlov is that the fathers of the children who live in the community are often absent, either far away – physically, emotionally, or both – or in prison and that they represent a bad experience for the women. Keeping a distance between a drug using woman and her partner may be necessary for women, given asymmetrical gender relationships and how women may repeat patterns that are detrimental to themselves, especially when they first start treatment.

Children and mothers are very afraid of contacting the father, because he is a bad person, and they are the good one who wants to get better.

Women in Karlov are addicted to their partners as much as they are to the drugs. The mothers are still attracted to the dangerous man, they repeat the patterns. Is it difficult to know what to do.
Anna Kadová, Therapeutic Community Karlov, SANANIM, Czech Republic.

The complexities described by Anna Kadová's extract indicate that, whereas children's best interest is paramount, the situation of the parents cannot be jeopardized or annulled for the purpose of the child's best interest but that each person's particular place and process has to be considered in their interaction and on its own.

The participants shared that when the partner does not use drugs, it is a strong protective factor for children but also a higher barrier for fathers to see them. This is usually due to the fact that mothers try to protect the children from a father that, over and over, has been a source of disappointment, of repeated failures to be present and constant in the relationship, who might proclaim a will to change one day and disappear the day after and who may also have caused economic strains for the family by putting drugs on top of everything else. Mothers want to see a real and ongoing change before exposing children to the risk of renewed sufferings.

It is really difficult to find a balance between involving the children with the fathers and have the fathers involved in the recovery process without creating false expectations, relapse, disappointments, etc. The motivation is fundamental, it can be the first step, but this motivation has to be maintained over time for a long period of time until the recovery process continues and the father, but also the mother, has clear that the relationship with their life, and also with their kids, is more important than their connection with the substances.
Monica Barzanti, San Patrignano, Italy.

The age of children is also a key determinant: small and younger children may be more well disposed towards their fathers, because their experiences of disappointment have been less in number and time and because their grasp of the situation is sized to their age and experience. However, for older children, such as adolescents and young adults, whilst they may have more tools to understand their father's process, they may also have been hurt more and less prone to go through the same.

Generational and changing family patterns also shape the extent to which fatherhood can be embraced and carried out.

> *The population of drug users is ageing, so most of them* [the men] *are actually fathers. Most of the men that we would interview would be fathers. Many of the men might be living with the children of their partners, they might be fathering not their own children.*
> Catherine Comiskey, Trinity College, Ireland.

As exposed by professor Comiskey, an ageing population of people who use substances and changing family arrangements may impact on who is fathering and who is being fathered and this should also be taken into account in order to go beyond the classic biologist approach to parenthood.

This point was reinforced by Mája Chytrá who, before working at SANANIM's Day Care Centre, worked at the therapeutic community for men where, she shared, 90% of the clients are fathers.

Generational changes also matter socially and culturally, as it was pointed out by Florence Mabileau and agreed on by the other participants in the first focus group: younger generations see men more involved in child rearing and taking up their responsibilities. However, these new masculinities collide with patterns of hegemonic masculinity and the motivations and consequences of substance dependence, leading to what Dr. Galligan referred to as "disenfranchised men".

Changes and permanence across the masculinity patterns vary not only across generations but also countries: the participants from Mexico reflected upon the persistence of hegemonic masculinities and the prevailing role of men as providers rather than caregivers.

Gender relations and parents-children contact are also shaped by the involvement of social services. For instance, Sharon Arpa referred to supervised visits, which are put in place when it is not considered to be in the best interest of the child to leave the children meet alone in an unsecure place with the parent, usually because of situations of neglect, poor parenting, etc. These measures are ensured to guarantee the wellbeing of children while not separating them from their parents but clearly impact how often and under which circumstances a relationship can be built.

Social workers have to find a balance between the children and their parents and it is often very difficult.

> *When we have men in rehabilitation services or in prison or not living in the street, they immediately remember their children. So social workers, counselors are not so happy to make contact with children because it raises their hopes and then if the father leaves the rehab, he is not interested in the children anymore.*
> *It's not only what the father wants. It may be too late. And if the children are in foster care or adopted, there is no way to recuperate the relationship.*
> Anna Maria Vella, Sedqa, Malta.

Dr. Galligan reflected on the gender bias of social services, which seem to me more judgmental towards mothers than towards fathers:

> *Of those five fathers I interviewed there was no involvement with socials services because the mother is not using. But when the mother is using, in many cases the father is not there and social services were engaged, which means that we judge mothers more harshly.*
> Karen Galligan, Trinity College, Ireland.

This last comment brings back what is said in the introduction, regarding mothers' ambivalent situation with services: on the one hand, a higher pressure for women who use substances to become "good mothers" makes them more subject to stigma and the supervision of social workers, but this can also have positive impacts on their wellbeing and that of their children. In the case of fathers, they may care less and leave all the responsibility upon women, but the fact that treatment and social services somehow condone this type of masculinity may impede men's involvement and change.

Again, this reflection is not meant to put a finger against social and treatment services, since the daily dynamics of substance use and parenthood are indeed complex and shifting all the time, but only to stress on the importance of "catching" the father as well, if the door is open and he does not represent a source of danger or permanent burden on his children and partners' physical, economic and emotional wellbeing.

The previous paragraphs attempt to sum up the interesting and wide discussions that took place during the two virtual focus groups. They reaffirm the necessity to look more into fathers and bring in a gender lens when addressing men and substance dependence. They show the complex relations that occur between parents, partners and children, as well as with social and treatment services.

Gender roles and beliefs intersect with substance dependence and other conditions of vulnerabilities and impact, together with the children's age and protective factors, on how families can be thought, recreated and maintained.

Finally, in connection with the literature review, the experts agree that working with fathers and including them would serve the purpose of consolidating healthier patterns of masculinities, promote gender equity, reduce the burden on women and give children the chance to overcome the intergenerational history that their parents, often unwillingly, brought upon them. Listening to fathers and guaranteeing community-based, strength-based and non-judgmental settings are deemed key elements to succeed in this process.

5. Interviews with fathers

As explained in the introduction, three interviews were carried out in Malta and five fathers participated in a virtual focus group in San Patrignano, Italy.

The next sections develop some of the information and reflections provided by the fathers interviewed. The names used are pseudonyms. In total, the eight men interviewed have 17 children, of whom 13 are under 18 years old.

Since the process and settings of the interviews differed, they are presented by country. In Malta, the three men interviewed went to an outpatient treatment service and substance use does not seem to have disrupted the relationship with their children. The interviewers asked almost all the questions and the answers were transcribed and translated, except for Paul's interview, which was reported in third person by the interviewer. The focus of the description of the interviews are relationship with substances and substance dependence and parenting.

In the case of San Patrignano's hosts, they were living in a residential community and some had been there for over a year or two. They speak of their substance dependence as something that

severely affected their family life, putting a huge strain on their partners and children as well as on their self-care, which is reflected in the type of treatment that they need.

The process of self-knowledge carried out in the community is clearly manifested in their narrative and reflections on their personal history – which begins with insecurities and suffering, mainly as consequence of their father figure and family life –, their role as fathers and their personal process. The two hours long focus group was carried out through a personal description of each man's personal life, that begins with their childhood and ends with their current situation. Towards the end, and aware that the participants had generously dedicated a fair amount of their time to this activity, the consultant inquired about their current relationship with their children, a topic that had already been outspoken but that needed to be pinned down a bit more. The topics that will be presented are i) family life in their childhood and the development of substance dependence; ii) the impact of their substance dependence on their family life as adult men; iii) their current relationship with their children.

5.1 Substance Misuse Out-Patients Unit (SMOPU), Malta

Joseph, Mark and Paul started using drugs when they were adolescents, around 13-14 years old, mainly with friends, to socialize, experiment and entertain.

> *I used to be in a clique of friends that used to try out anything that comes our way such as breaking things. We used to try out everything. Maybe there was someone who mentioned something* [about drugs] *and we ended up engaging in substance use*.
> Joseph.

> *I started using weed, and then progressed to the use of smack and kept using it.*
> Interviewer: For how long?
> Mark: *For years. Then, I met my wife, then we had our children. I decided to stop taking drugs. I never used substance at home due to our children. As far as substance use is concerned, I used to engage in substance use for two weeks, followed by a month where I refrained from doing so. I engaged in such behaviours covertly.*
> *[…] Initially, I made use of smoke with friends. It was with friends when I eventually converted to the use of smack, but subsequently I used it on my own.*
> Mark.

In the case of Paul, the interviewer reports that:

> He explained that his home support system was very weak since his mother used to consume alcohol and his father was involved in gambling. Due to this he used to spend a lot of time on his own, and missed several days of school. He feels that he used to consume drugs in order to forget all his troubles. But he is also very aware of the fact that drugs caused him a lot of trouble. He started making use of cocaine, for a short period but then made regular use of heroin. Recently he was still making use of heroin, but since the death of his father 3 months ago he is not taking drugs but only methadone.

The three men made use of heroin and were clients at SMOPU. Mark started using the service when he was 16 and used other services as well. Currently he is not using drugs in way that interferes with his family life:

> Interviewer: *What is your current status concerning substance use?*
> Mark: *Nothing. Now I am taking methadone and pills…. I am not making use of drugs. Well, out of honesty, I engage in substance use once every 1.5 months. That's it, it's not as before where each morning I had the craving. Now I got used to it, and will remain like that. This is what I told the doctor. It is too expensive and I would end up the same as before.*
> Interviewer: *So why did you maintain its use for once every 1.5 months?*
> Mark: *At times I feel sad and of course I face problems. So on one day I experience such issues, I would refrain from using drugs, and so for the following days. However, you would end up resorting to drugs again, and the cycle continues.*
> […] *The situation for me would remain the same even though my mindset tells me otherwise. However, when I experience sadness, I would resort to drugs. I take pills, I feel that they work… When I feel sad, I would think of the drugs, and eventually I fall for it.*

Also Joseph started using the service about 20 years ago, during his teenage years. He is not currently engaged with substances and sees a doctor regularly as part of the outpatient service.

Mark, Joseph and Paul say that their relationship with their children is good and that they have a normal, structured family life.

In the case of Paul, the interviewer reports the following:

He feels that he has a very positive relationship with his daughter, she trusts him a lot and likes to spend time with him. They go out to playgrounds, they watch films together and stay relaxing at home. Being a parent is very meaningful for him, it means the world to him. There are also difficulties, because there are responsibilities, expenses and worries. He feels that he was negatively impacted [by substance dependence]. He feels that when he is under the effect, he is actually calmer with his daughter.
At the moment he is concerned about the housing, since he is renting and the owner said that he is not going to extend the contract.

Very good. I told them everything about the fact that I am a substance user … When they were around 14 years of age, and they would come across a substance user, they would become curious about drug addiction. I used to tell them about it, including the effects of taking drugs. All of my older children are working. I used to tell them how much I wished that they would have great employment opportunities. They are well-educated.
Interviewer: *What do you like about being a father? What does it mean to you?*
Mark: *It has to do with how you rear the kids. I never wanted my children to go from one place to another as to what happened to me when I was a child. I have a house. When I was young, we used to move from one place to another, where we would stay with a person for a certain amount of time before moving on to the next. I never wanted this to repeat itself again. I always wanted my children to have a room of their own in my house. We have a large house. We succeeded in this regard. I gave everything that I had to my children.*
Interviewer: *But what do you like most as a father? You mentioned matters regarding nurturing your children.*
Mark: *The fact that I see them under one roof. The fact of going out with them, going out for events such as Christmas day celebrations, or village festas. Things like that. And when they have problems, they would disclose to me what they are going through. In my childhood days, I had almost no one to resort to when I experienced problems. At least they would not be ashamed of approaching me in such situations, be it on matters related to relationships with their boyfriends. Anything.*
Mark.

Interviewer: *So, it's you and your partner who take care of the children?*

Joseph: *The normal thing. The children have a normal family structure. At times, a doctor comes to visit us. They don't know why, but for them is that every now and then a doctor pays us a visit.*
Interviewer: *What do you like about being a father? What does it mean to you?*
Joseph: *To ensure that they have a good childhood. And to be an example for them. With them, I always attempted to turn the proverbial chapter of life.* [a short interruption follows] *At times, this is not easy. I slipped up at times. It is quite challenging managing children when engaging in substance use, particularly when using coke.*
Interviewer: *Do you think there are also difficulties in being a father? Can you explain more?*
Joseph: *Now we have truly become a normal family. This is what I told my doctor. For example, my daughter used to see my partner arguing with me. In her eyes, she used to think that her mum was arguing with me for nothing. She used to ask, "Mum, why are you arguing with dad? He has done nothing wrong." I used to tell her, "No! No! You don't know. You're too young to understand".*
It's not like… say… I left the clothes lying around the house, which could be seen. She [my daughter] *could not see anything wrong, but she could sense that there was something not right. This also extends to my son. All of this was quite a challenge for me.*
Joseph.

The men interviewed report challenges related to financial issues and housing. However, altogether they seem to have been able to build a relationship of trust and stability in their family, managing their relationships with substances in a way that does not compromise their own wellbeing and that of their family.

5.2 San Patrigano, Italy

The conversation with Gianni, Antonio, Pietro, Giovanni and Francesco saw each one of them describe their personal life since childhood. For time and space constraints, the information is not shared fully in this paper but only some extracts are reproduced.

All the men were separated or divorced, although two of them, Gianni and Giovanni, were rebuilding the relationship with their wife thanks to the process undertaken at San Patrignano. In the case of Francesco, he has not heard from his wife since he entered San Patrignano in 2022 (14 months before the August focus groups) but his aunt and uncle take the children to see him at the community. He defines the relationship with his wife as "on hold" explaining that it is not the

first community he goes to and that “she wants to see a change”. However, she does not prevent him from seeing the children.
Actually, all of them are in contact with their children, in different modalities, which will be explained later.

With regards to their personal life during childhood, they report the father figure as somehow problematic, albeit in different ways. For instance, in the case of Giovanni and Francesco, they had fathers engaged in gambling and alcohol, men who were distant, who would be gone for days, got into debt and lost property to gambling. They were very close to their mothers and their family life, in a mutual relationship of protection. Also, they did not want to be like their father. They both started taking drugs in their twenties, as a mean to overcome their shyness and insecurities. Cocaine was the drug they resorted to because it helped be with other people.

Giovanni says that he started understanding there were problems at home when he was about 13-14 years old, but he kept all inside because he did not understand fully and was too shy to ask.

> *I could hear my mum crying when I was asleep.*
> *I carried these things with me for years, from 13 to 20, because I didn’t understand, I could only hear my mother crying, but I couldn’t go near her because I was always a bit shy, insecure… I grew up with insecurity.*
> *My life was “home, work and family”; I was afraid to go out because I knew there were always problems at home. I was always trying to protect my mum, she protected me and I protected her. I had few friends.*
> *In my twenties, during the military service, I began to understand what life was about.*
> *I started right away with cocaine, as I found it was my salvation, because... the insecurities, the fear, the anxiety... I fell in love with it right away. It made me feel like another person.*

Giovanni has been with his wife since he was 17 years old and he is now 45. His wife does not use drugs and endured his dependence. When their daughter was born, Giovanni was not taking drugs but he started again after the birth.

> *I was not doing drugs and when my daughter was born, I started doing drugs again. I didn’t feel ready to face that situation, because I was always a child, I didn’t know how to take*

responsibility for being a parent. It scared me. I went on until my daughter was seven years old. In 2021, with the death of my father, my world collapsed on me, I felt alone. Then I picked up again and destroyed everything.

Giovanni had been in San Patrignano for 25 months at the time of the interview (August 2023). Him and his wife are still together; actually, both his wife and their child, who is nine years old, are also undergoing a process at the local non-profit association near where they live that is linked to San Patrignano. Across Italy, numerous local association work with San Patrignano, referring people into the community, supporting those who come out and working with families. Giovanni speaks openly with his child about cocaine and substance use and has shared with her his personal life and how his childhood experiences impacted on him.

The important thing is that, today, I recognise who I am and who I have been.
Today I feel like a free person because I'm at peace with myself, because what I carried inside me, what I felt was hurting me and I couldn't get out, I got it out. But it's continuous work; the path is lifelong, one has to work on it every day.

Francesco had a similar path: a protective mother, a disruptive father and a homely life until he was 25 years old. At that age, he married his former/current wife (the relationship is "on hold") and started taking cocaine with his wife's friends (only the boys took drugs). Everything happened fast: he met his wife in 2007 and by 2010 they already had bought a house together and their daughter was born. He thought he would stop using drug with the birth of their daughter, but it went worse. Then his mother died in 2014, when she was only 48 years old and he completely lost control.

So many projects: the house, the daughter, the family, I panicked, too many responsibilities.
I was not taught by my father what a father should be. I never saw my father take me to football. I was immature to become a man, a husband and a father. I never had a person to teach me how to build a family.

I felt lost, I didn't feel strong enough. I felt stronger before, when I said "I don't want to be like my dad", with alcohol problems… I thought that cocaine could give me superpowers.

Before I always held on and endured, until the damn substances came along. I always said to myself "I can't be like my father": a person who was always absent, unreliable... it was my destiny to become like that... now I'm recovering, but for so many years, with the use of cocaine, I became unreliable. At work I never had any problems, but at home, in the last few years, I was absent, I would go two or three days without going home, I didn't show up.

I have never been able to feel like a responsible father. I only gave material goods with my daughter, like my father did with me.
My wife always believed in me, convinced that I could change. She had a lot of influence on me...

Pietro was the youngest of three children, "the one who was always beaten up, because I was the naughtiest". His father did not take substances; he was a distant, hardworking man. Pietro was sensitive and insecure. He started doing weed when he was 13-14 years old, but it was heroin that hooked him.

With my weakness and insecurity… going out with friends, with the group, we started smoking weed at 14 and then at 16 I found heroin which was the thing that made me be with people, interact.
In my life, I always accepted everything, I pleased everyone. Even with girls, my most important feeling was shame, I never went to the girls, luckily they came to me!
I was always chosen, I never chose.
Me, being sensitive, I never had my father's love, but I do not condemn him, it' s how I experienced it.
My wife got pregnant and I got married because I thought my daughter or son should be born with a father.
And that if my child was born, I would change, instead I got worse.
Zero maturity, substances burnt me out.

When you use substances you are present with your children, but at 10%. Many times I took my children where I went to get substances, I also used in their presence. And you don't realise it, you only realise it when you stop.

I thought I wouldn't do what my father did, but he wasn't there because he worked and I did worse, I judged my father and my mother, and I did worse.

After a year here in the community, my daughter wouldn't speak to me, she wouldn't even let me see her brother, because she said I was an unreliable person. In January, she came to accompany her brother to see me, but she went to stroll around in Rimini [the city nearby] *with her mother. At 4 p.m. they came to pick him up, and at the car park she came to hug me, it was a beautiful moment, there was a cry, like an outburst, because even though I was distant to them I always transmitted something good, mine. I always had guilt, I used to take them to the merry-go-rounds, I used to take them to McDonald's. Now they've grown up and I didn't even notice.*

Now there's this responsibility on me not to fail, because I failed so much anyway, this responsibility not to disappoint, which makes me feel a bit sick.

I am weak, I am insecure, I am fragile, I am empathetic, I used to hate this of myself; now I have come to love it, I have accepted it.

You have to think about the here and now because the past is the past, the important thing is to clear it up, take away what you have to take away, talk to the children clearly; now that they are older, you talk to them in a different way, it's easier.

Pietro made some important reflections on what it is like to live in the community and you can be yourself and then go out again, to the place you are from and where you have to a wear a mask and how, with the mask, drugs may come along.

Outside, it takes courage to be like you are here. With friends you always have to show the good part, you can't show the part that confronts you, you cannot create conflict and say what you think.
When you go outside, you must continue to be what you are here, and if you return to the same city with your family and friends… you must have the courage to continue being what you are here… but outside, people are not like here, here they listen to you... Outside it takes effort, so it's easier to go back to what you were before, you'll start again [with substances] *and you'll be fine. But then it gets worse, because they will tell you that you*

failed again, that you went back to what you were because, mind you, it takes half a second to go back to what you were.

Antonio is 28 years old and he became a father when he was only 18 and his wife 15 years old. The last of five children, he started becoming familiar with substances at the age of 6-7 years old because of an older brother who used, although he started using by himself at the age of 17, with cocaine. His family life was disrupted by several situations, among them incarceration of one brother and the death of his sister, the one who brought him up.

My family status vanished, all of a sudden everyone disappeared: one brother in prison, the other in a community, my sister dead… I felt abandoned compared to when I had a united family. My mum and dad changed because of all these things, even their relationship was not always happy. In order to escape all this, when I was 16 I met my ex wife, she was 13, and after two years we decided to have a child, because she was also escaping from a similar situation, her father was a crack addict... and together we decided to bring our son into the world so that we could escape from our families and create our own family, we called it "live our happiness". It wasn't easy: I found myself, 18 years old, with a child, with a 15-year-old girl. I didn't feel like a father, I saw my son as a little brother. We went around with the stroller and people giggled seeing this child with me being young and my wife a child herself, we tried to look like grown-ups.
I tried to do what my father did: to work, to give him everything, but there were always the drugs behind me to support me, to keep me going. I had difficulties, but in my father's and mother's eyes I had to show them that I knew how to be a father.

Antonio and his wife had another child 4 years later. He hoped that, with this, he would finally become a father, instead, he said, "it was a total escalation". His wife left him in April 2022 and, after "a rough summer", he decided to enter San Patrignano. His children visit him about every two-three month in San Patrignano and they communicate through video calls. He was expecting their visit a week after the focus group: his parents would take his children to San Patrignano, where they would spend the day with his father and then they would pick them up again.

Also Gianni had a distant, hardworking father. They had a good relationship at home and his father was very supportive. However, he did not earn much and this made Gianni feel inferior

to other guys. When he was a teenager, he starts selling weed to make some money and then, at 16, he started working at his uncle's restaurant and began to use cocaine to be able to interact with people, to fit in and be accepted.

When I was 16 years old, I worked in a club and I got to know cocaine and I started to use it, having my uncle who also used it. I used it to get together with others: I was never able to establish a relationship because I was very shy even though I realised later that they were with me because of the substance. I thought at the time that I was an important person for them, but that was not the case.

He met his wife when he was 20 years old and he started to use more because he felt the pressure of the bills and the rent, whilst he wanted to go clubbing and partying. His father always supported him, but he became ill with cancer. Gianni suggested to his wife to have a child, as a gift to his dying father, to show him that he, Gianni, had fulfilled a purpose. His father died in December 2021 and their daughter was born a month later.

After his death, I lost control completely.

Gianni went into a community and, as he told us jokingly, and well laughed with him, "when I entered the community I used to snort cocaine. When I left… I smoked it".

In 2018 I separated from Donatella, very soon after I got out from the community. Then, when I was on my own, I didn't look after the girls any more. After that I continued to do more and more harm, debts and more debts, beatings and more beatings. I moved to another town and this increased my distance from the girls even more. Before I came to San Patrignano, I decided to be done with it: either to kill myself or to stop using. One day, while I was using, I had one of my many hallucinations, I had been inside the house using for a week, ten days… practically all around me there was only rubbish, to say the least, and I had this hallucination that my children were playing there and I said "Enough" and decided to come here. I'm recovering a lot in here.

Gianni explained that he is undergoing a process of healing with his daughter. She writes him many letters, in which she explains all the harm that he has done to her. However, in the letters the children also encourage him and say that they see a change in him and, when they meet

in person, they both are very loving. His family – ex wife and children –visit him in person every two-three months and they communicate through video call. A few days after the focus group, his former wife and their two daughters were going to visit and live for three days in San Patrignano: they would stay in a small house for visitors and he would spend the day with them and go back to sleep at his dorm.

Depending on each person's stage in the recovery process, the hosts have different type of contact and visits: they can go back home, receive visit onsite and either sleep with their families or go back to their dorm. Additionally, they have regular phone and video calls.

All five men were in touch with their children. In the case of Paolo it was bit more difficult because his children were older and trusted him less, especially his older daughter, who had gone through a lot because of him. He speaks with them every week, but not through video call. He went to his older daughter's high school graduation, which was very moving, but he acknowledges that it will still take some time to establish a more fluid relationship.

> *She leaves with the fear that I will abandon them again. When I was in my first community they came to visit every week and she thought that I would go back to live with them, but I got divorced while I was in the community. And then I relapsed again and I went back to who I was before.*

5.3 Messages from fathers

The reflections of the eight men interviewed recall the issues brough up in the focus groups and in the literature review, particularly men's desire to break with the intergenerational dimension of absent fatherhood and the ambition to be a father who cares and nurture his children, has their trust and is able to provide them "a normal, structured family". The hosts at San Patrignano share their insecurities, their frailty and how, in order to try to fit in, they resorted to drugs. As it is often the case with women who use substances, men find in substances a means to enhance their social and inner life, until they lose control over the substance. Perhaps the most resonating note of the fathers' narratives is the satisfaction they feel when they achieve to become a role model for their children and, on the contrary, the profound feeling of failure and guilt that they experience when they reproduce the father traits they wanted to distance themselves from.

A successful masculinity is associated with being a responsible, caring provider, a present father and a non-disruptive partner. Failure is associated with not being up to the task and hurting their families through substance dependence and directly or indirectly related difficulties, such as financial, employment or housing issues.

The fact that these men can count on women who take care of their children, who buffer adversities, who support them and do not impede the relationship with their children, is also a reminder of the heavier weight that women tend to bear, whether they use drug or not, it is mainly women who care for others.

To conclude this brief analysis, the men interviewed show that parenting matters to them and that sometimes they just were not equipped enough or sure of themselves. They felt fear, insecurity and walked instead the path of substances. They demonstrate to us that substance use is not a barrier to parenting, although the two may not be compatible in their own life and experience. They invite us to listen to men with similar questions than those we pose to women: questions that inquire about their childhood, their families, their self-esteem, their role in the world, the relationships with friends and partners.

And they clearly let us now that fatherhood cannot be ignored, taken for granted or silenced by services working with people who use substances and families and that it should be part of efforts aiming at greater gender equity.

6. Final remarks

This working paper is part of the Pompidou Group's committed work for the inclusion of human rights in drug policies, a work that constantly reaches new areas and topics. Addressing the issue of fathers is a natural consequence of the last three years' work on children living in families affected by substance dependence. The topic is addressed following a similar path undertaken with women who use substances: first, a preliminary approach based on literature review and a small number of interviews, which will be followed, in 2024, by a more in-depth research and development of recommendations.

"Fathers" have always been present in the realm of substance use or, although it is not addressed in this paper, drug-related offences and subsequent punishment. However, men who use substances are not usually seen or approached as such. A striking evidence is the fact that of all

the member states of the Pompidou Group, only one of them expressed interest in this component of the project and then withdrew.

The fact that men are not necessarily seen in their parental role may be a consequence of several factors, which are put here merely as hypothesis, based on the literature review and the focus groups: in the first place, the impact of hegemonic masculinity on men and their performance as fathers but also on service providers and their beliefs on men who use substances as “only men”, “failed fathers” or, at least, irrelevant figures for the children’s upbringings and wellbeing. On the other hand, men who use substances may indeed perform poorly as fathers and represent a threat to their partners and children, especially if they perpetrate violence. Men can be reluctant or completely uninterested in engaging in different ways of parenting or become involved by services.

However, in the framework of multiple masculinities and personal histories, men who use substances may simply find difficulties in changing their relationship with substances and fully embrace their father role, including the fears and insecurities that being a parent represents for all people. The difficulties can be related to their own life story, particularly their childhood and the role models they try so hard to overcome but end up repeating, sometimes in an exponential version. Peer pressure can also be a barrier to change their life course, similarly to what happens to women in relation to their partners.

Difficulties certainly become higher if they are accompanied by economic hardships and unemployment. Fathers may be materially impeded from fulfilling the expectations of their children and their surroundings. Being a proper provider is still a mandate for men, as well as a necessity for children to be provided for, but in a consumerist society it can be a source of constantly growing expectations and, sometimes, corresponding failures.

In some cases, social and economic barriers to fulfil the high standards socially imposed on mothers and fathers can be more difficult to overcome than substance dependence. Even with the best intentions of breaking the transgenerational cycle, lack of economic resources to pay rent, worsened by gentrification, may hinder fathers’ capacity to provide a decent roof for themselves and their children and further reduce fathers’ trusts in oneself as well as their children’s reliability on them.

Treatment and harm reduction services tend to focus on the person and leave out the parental responsibilities of men – whilst, sometimes, exacerbating those of women –. Social services, on the other hand, mainly relate to mothers, who often function as the main protective factor for children living with a father dependent on substances.

The essentialization of traditional gender roles and beliefs of women primarily as caregivers and mothers and men as emotionally distant providers and absent fathers – as well as possible perpetrators of violence – still play a role in crafting assumptions, assessments, interventions and working methods. They also influence the self-attached stigma and beliefs that men and women who use substances may impose on themselves.

Similarities and differences in the experiences of men and women who use substances and are parents call for an understanding of substance use and parenting as a gendered process not only in the case of women, but also with men and non-binary people.

Including fathers in the reflections, research, training and advocacy on drug policies – both in supply and demand control actions as well as in prevention and harm reduction – should be mainstreamed as part of the larger efforts to guarantee that gender-transformative and trauma-informed practices are a regular approach in social and health services, as well as in policy-making.

Incorporating gender when working with men may, in the first place, be beneficial for men and help unblock and undo those mandates and beliefs that make it more difficult for men to know themselves and acknowledge their history, their insecurities and their own fears, as well their potential, ambitions and possibilities. It would certainly be beneficial for children, who may gain back a father figure and secure attachment. And, ultimately, it would foster and strengthen gender equity, since currently it is mainly women who carry out the task of caring for their children and provide a buffering against their fathers' chaotic lifestyle.

It is also important to keep in mind that the categories of "men", "women" and "parents" consist of multiple different life stories and experiences and intersect with other permanent or changing identity characteristics and possible sources of discrimination, such as being a teenager parent, or being homeless, a sexual worker, unemployed, black, indigenous, migrant, living with HIV, incarcerated or formerly incarcerated, trans women or trans men, etc.

The main conclusion of this paper is that the Pompidou Group should continue with this line of work and engage member States, showing them that it is a relevant issue and that it is part of the larger efforts of fulfilling children's rights and promoting the rights of women. An intersectional approach should be included, where possible, fathers who have undergone a process of self-reflection and self-knowledge could be included in the design of the research, particularly its qualitative dimension.

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