Parental Substance Misuse - The Impact on Children

Louise Poley 2010
Parental substance misuse

- Does not mean that children are automatically at risk of abuse or neglect

- **But** they are a high risk group - parental substance misuse can and does cause serious harm to children at every age from conception to adulthood
Scale of the problem

- It is estimated that there are between 250,000 and 350,000 children of problem drug users in England and Wales – about one for every problem drug user.

- Additionally, about 1.3 million children in England alone are adversely affected by parental alcohol use.

- 83% of families on social work caseloads in four London boroughs are affected by parental substance misuse – alcohol is the predominant substance.
Scale of the problem

- Approx 37% fathers and 64% mothers are living with their children – the more serious the drug/alcohol problem the less likely the child is to live with the parent.

- Approx 62% domestic abuse offences are alcohol related.

- Approx 50% of children in these families have been beaten.

- Direct physical violence to children is more common during parental drug withdrawal.

- Alcohol implicated in 25-33% of known cases of child sex abuse.
Impact, conception to adolescence

- Excessive drinking by either parent is associated with miscarriage and neonatal deaths

- Maternal drug use can affect foetal growth

- Opiate withdrawals during pregnancy high risk of miscarriage

- Maternal IV drug use – risk of transmission of HIV and viral hepatitis

- Prolonged maternal alcohol use can lead to delayed neurological development, growth impairment, physical abnormalities
Conception to adolescence

Following birth
- Poor health – missed medical appointments/incomplete immunisation/failure to respond to child's illness
- Poor emotional and social development – emulating parents emotional unavailability
- Lack of stimulation resulting in delayed cognitive development
- Risk of direct physical harm and neglect as a result of parental intoxication/domestic abuse/withdrawal
Conception to adolescence

- Exposure to hazards including poverty, inadequate supervision, intermittent or permanent separation, frequent changes in residence, interrupted education, exposure to criminal activity, taking on of parental responsibility and caring for younger siblings

- Poor social interaction – shame, guilt, secrecy, reluctance to invite others home

- Conduct issues – hyperactivity, lack of concentration – seen as problematic in school
Conception to adolescence

Teenage years and older
- Poor educational attainment
- Early experimentation with substances
- Early offending behaviours
- Aggression - particularly if domestic abuse is an issue
- Mental health problems - Depression, worthlessness
The child’s perspective

“I was glad to be at school .. no shouting, no hitting but I’d spend my day wondering what was happening at home…it was always up and down” (Female, aged 14)

“I couldn’t tell anyone… they’ll tell the police and I’ll get took off my mam and dad” (Male, aged 12)

“The way she (mum) would be would depend on what drugs she’d taken the night before …. sometimes she wouldn’t be there if she had been arrested” (Male, aged 7)
Other concerns

- Are children left alone when parent obtaining drugs?
- Are children taken to places of risk?
- Cost of drugs and how money is obtained?
- Is accommodation used for selling drugs/prostitution etc?
- Are parents allowing other drug users to use premises?
Other concerns

- Are illicit or prescribed drugs stored safely?
- Are parents injecting?
- Is injecting equipment shared?
- Is injecting equipment disposed of safely?
- Are parents aware of the health risks attached to injecting or drug use? Risk of BBVs to children
Current involvement of health, social care and law enforcement

Past 5 years – increased government strategy

- Development of National Treatment Agency
- Updated Drug Strategy
- Children’s National Service Framework
- Development of Children and Young People’s Unit
- Sure Start, Early Years and Childcare Unit
- **Substance Misuse Strategy for Wales** – intends to protect the children of substance users and prevent early onset of substance misuse

- **Framework for Partnership** – Brings together local partners that are involved with children

- **Children and Youth Support Fund** – Provides extra services for children living in disadvantaged areas of Wales

- **Welsh National Service Framework for Children** – considers the management of children of substance users and the prevention of substance misuse in children
Recommendations

Integrated working between

- **Maternity services** – routine screening/specific substance misuse specialist/rapid access to addiction services

- **Primary Care services** – GPs/Health Visitors – education around recognising the risks and meeting the needs of the child’s health and wellbeing

- **Early learning services/schools** – liaison arrangements with social services and child protection committees/a trained designated staff member
Recommendations

- **Specialist substance misuse services** – design family friendly services/better gathering of information around the needs of children/good liaison with relevant agencies/improved training re child protection issues

- **Social services** – increased training around substance misuse issues/sufficient provision of respite care/increased liaison with other services

- **Police** – improved training/development of a multi agency prevention strategy to safeguard children
Key messages

- Ask the questions in routine clinical practice!!

- Know the signs - Late booking/Poor or non attendance at appointments/Repeat presentation with anxiety, self-injury, depression/Non-compliance with treatment/discharge from hospital against medical advice

- Work collaboratively – consult with other agencies/improve communication and record keeping/share information on a need to know basis
Key messages

- If you are concerned about a child - consider siblings

- Encourage parents into specialist services – effective treatment of parents can have major benefits for children

- The number of affected children is only likely to decrease when problem drug use decreases

- The child’s wellbeing is paramount – reducing the harm to children should be the main objective of policy and practice
References

Alcohol Concern (2009) *Domestic Abuse, Children and Parenting* London: Alcohol Concern

