

The Children's Rights Perspective in Addiction Services

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Index

<u>Executive Summary</u>	3
<u>1 – General Context</u>	4
- <u>Consequences for the Development of Children</u>	5
- <u>External Factors</u>	5
- <u>Rights of Children</u>	6
- <u>Differences between Mothers & Fathers</u>	6
- <u>Child Care</u>	6
- <u>Violation of Children's Rights</u>	7
- <u>Stigma Associated with Substance Use & Dependence</u>	7
- <u>Policies to Protect Children's Rights</u>	7
- <u>Addiction Services</u>	8
<u>2 – Objectives of the Survey</u>	9
<u>3 – Results by Section</u>	9
- <u>Information on the Situation of Service Users with Dependent Children</u>	9
- <u>Vision of the Parenting Capabilities of People Who Use Drugs</u>	10
- <u>Risk Detection & Prevention among Children & Adolescents in Services</u>	11
- <u>Violations of Children's & Adolescents' Rights</u>	12
- <u>Action against Violations of Children's & Adolescents' Rights</u>	13
- <u>Designing of Programmes</u>	14
<u>4 – Proposals & Action Lines</u>	14
<u>5 – Conclusion</u>	15
<u>6 – Bibliography</u>	18

Executive Summary

Drug use is on the rise worldwide, affecting not only users but also their families, and interfering with children's wellbeing and human rights. Children who live with drug using or dependent parents are more likely to develop a range of health, social, physical and psychological problems. Drug use may impact children quite early: taking drugs during pregnancy increases the chance of birth defects, premature babies and other health problems such as the Foetal Alcohol Syndrome (FAS) which may lead to intellectual and physical disabilities (Roebuck, Mattson and Riley, 1998).

Addiction services, such as harm reduction or treatment programmes, have proved effective in addressing the needs of people who use drugs, however it is not clear whether or not they are capable of providing clients' children with the interventions they need. These services need to adapt to the realities of each person, this is why it is now established that a gender-sensitive approach ought to be developed to address the specific needs of women. In the same way, we thought it would be interesting to look at how addiction services take children's rights into account, and how to promote the children's rights perspective in these services.

With this in mind, Dianova conducted a survey to gather information about how children's needs are being addressed in addiction services for adults. Out of the 39 people that answered the survey, most respondents were directors or coordinators of drug-related services. Participants provided information about service users in outpatient and residential treatment programmes, as well as in harm reduction services.

Participants note that service users talk about their children on a regular basis and half of the respondents mention having discussed the issue of children's custody with their beneficiaries. They also say that men and women tend to behave differently with their children. In addition, mothers are usually stigmatized for using drugs despite being the primary caregivers for children. Conversely, fathers appear to be often absent, and when they happen to take child rearing initiatives, they tend to receive more praise for doing so than women. With regards to violence, it appears to be committed by both genders, with women being more prone to neglect, and men to physical violence.

Parents with substance use disorders usually spend less time caring for their children who, as a result, tend to lag behind in terms of education, social life and hygiene standards. What these children experience most is neglect, followed by the necessity of taking care of themselves and their siblings due to their parents' incapacity to assume their responsibilities. Some families however do seek help from third parties to meet their children's needs – acknowledging their inability to do so – showing therefore a willingness to give them a fair chance in life. Mothers are more willing to ask for help than men, as they tend to behave more responsibly with their children. As a result, grandparents are often those who end up taking care of the latter.

63% of respondents state that it is relatively easy to identify child abuse, and more than half of them say that there is enough time in their daily tasks to assess the risks faced by children

and adolescents. Most believe that identifying risk situations faced by children is an integral part of their work. When professionals witness a situation of neglect, violence or abuse towards a patient's child, they are likely to contact child protection services. As a matter of fact, 89% of respondents say that they would report a situation of child abuse, and 53% agree that their staff have been trained to identify risk situations.

At the same time however, respondents report that half of the services do not provide professionals with parenting training and those trained do not exercise this training during their daily work. Furthermore, in most addiction services, there are no protocols to identify possible risk situations for children. All in all, 45% of respondents mentioned that, in their service, no initiative had been taken to promote the protection of children during the previous year.

Another big obstacle is that half of the people interviewed tend to refrain from asking personal questions as they believe their primary focus should be on the use of drugs. When confronted with child abuse, whether actual or potential, respondents say that they have to face a double challenge: protecting the child while providing their parents with adequate support. Professionals do not want to imperil the therapeutic alliance on which their relationship with clients is founded, while it is their responsibility to protect children. In line with this, 47% of respondents are preoccupied about the possibility of retaliation by service users should a situation of abuse or neglect be revealed.

Some services implement proposals aiming at better responding to the needs of clients' children by increasing parents' parenting abilities and by supporting children through regular therapy sessions dedicated to fostering their emotional and intellectual development. It should be noted that these services could also implement support programmes for pregnant women who use drugs, and prevention programmes for adults and adolescents within educational and treatment settings.

1- General Context

Drug use is on the rise worldwide and in just one decade, the numbers have increased by 30%. In 2019, approximately 268 million people were using drugs (UNODC, 2020). Out of those, it is estimated that over 36 million were suffering from drug use disorders (UNODC, 2021). In addition, according to the World Health Organization (WHO), alcohol use contributes to some 3 million deaths annually, as well as disabilities and poor health for millions of people (WHO, 2018).

It is important to acknowledge that the consequences of problematic drug and alcohol use do not only affect people with substance use disorders. They affect their families, as well as their relatives and the society as a whole. Children of people who use drugs are among those most affected, yet this population remains largely ignored in drug policy approaches and considerations. To give but one example, in 2007 approximately 3.4 million children under 16

years of age had at least one parent who was defined as a binge drinker, and almost half a million children lived with a single parent who was binge drinking (Velleman, R. and Templeton, L. J., 2016). Little to no attention is paid to this vulnerable group.

Consequences for the Development of Children

Data shows that the problem of children whose parents are dependent on drugs is increasing, with consequences likely to affect children's mental health and have later repercussions on society as they represent the future generation.

Children with dependent parents have stronger probabilities of developing a range of health, social, physical and psychological problems as compared to children whose parents and close family circle do not use drugs (Pompidou Group, 2021).

The impact of drug use appears as early as the foetal stage. The use of drugs during pregnancy leads to higher chances of premature birth and other health problems, including the Foetal Alcohol Syndrome (FAS). The severity of the problem is directly linked to the amount of alcohol and other drugs used during pregnancy; in addition, drug use also influences the duration of pregnancy and provokes genetic vulnerabilities. FAS can be the cause of intellectual disabilities among children, and malformations may occur as a result of alcohol, cocaine or heroin use (Roebuck, Mattson and Riley, 1998). The occurrence of such problems at key development stages during the child's early years is thought to be particularly influential in the probability of developing drug use disorders later in life. It should also be mentioned that the presence of a stable adult figure early in a child's life is likely to be a protection factor, enabling them to cope with other, unstable elements (Velleman, R. and Templeton, L. J., 2016).

External Factors

In some cases, children who start using drugs come from disadvantaged backgrounds, e.g. belonging to an ethnic minority group, and experiencing poverty and/or parental homelessness and unemployment. In addition, many have dropped out from school and have faced traumatic experiences leading to a greater susceptibility to substance use disorders later in their life. Data suggests that intergenerational transmission is common: a parent who use drugs is likely to influence their child to start using drugs themselves (Velleman, R. and Templeton, L., 2007), probably as a result of inadequate parenting skills, vulnerable social backgrounds, and resorting to drug use as a coping strategy to face daily life difficulties. More in-depth reflection should therefore be made on the issue of intergenerational inheritance, without falling into oversimplification. Environmental factors such as social exclusion can also greatly affect parenting abilities and alter relationships and attachment between the parent and the child. This may result in conflicts, disharmony, and family separations or breakdowns (Velleman, R. and Templeton, L. J., 2016).

Rights of Children

The definition of the child is: every human being below the age of 18 years unless majority is attained earlier under the law applicable. Based on the United Nations Convention on the Right of the Child, children have the right to be protected from the use of drugs; in addition States parties must take all appropriate measures to prevent the use of children in the illicit production and trafficking of such substances. The Convention also specifies that in all actions concerning children, whether undertaken by public or private institutions, administrative authorities and other bodies, the best interests of the child must be a primary consideration. Lastly, States must ensure that the institutions and services responsible for the care or protection of children conform with established standards, notably in the areas of safety and health, and in the number and suitability of their staff (UNICEF, 2019).

Differences between Mothers & Fathers

Parental drug use has an impact on children, although this impact is much greater when the person concerned by substance use is the mother rather than the father. From the child's perspective, mothers appear to be less reliable than fathers due to the instability associated with substance use and, more particularly, as a result of women's assigned roles as caregivers and protectors (Federació Catalana de Drogodependències, 2019). However, while a number of studies portray drug using mothers as negligent, "bad" mothers, others view them as capable, committed parents that have the potential of further improving their parenting abilities (Federació Catalana de drogodependències). In addition, for some women motherhood represents a strong incentive to stop using drugs (Pompidou Group, 2021).

Child Care

Children affected by parental drug use tend to feel lonely and lack the conditions that would enable them to grow up safely, receive after-school tutoring, and spend adequate time with their parents for playing or learning purposes (Vellman, 2007). In many families, parental roles can even be reversed, i.e. when children – especially older siblings – end up taking care of their parents, preparing meals, and taking the younger ones to school. This situation may especially occur in families where both parents are dependent on alcohol or other drugs and/or have other mental health problems (Federació Catalana de drogodependències). In a perfect world, one could expect children to understand their parents' situation, but in reality children do not necessarily want to be involved in their parent's treatment, nor do they want to discuss the issue (Federació Catalana de Drogodependències, 2019). Lastly, according to the 2020 Statistical Bulletin by the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), women are more involved in child rearing tasks than men due to the sexual division of labour, whereby family chores and other responsibilities are specifically assigned to women.

Violation of Children's Rights

According to the National Association for Children of Alcoholics, a UK-based organization that provides a dedicated helpline for children of alcohol dependent parents, calls by children are usually driven by such problems as physical abuse or family breakdown, rather than alcohol use *per se*. Often, this "secondary" issue is actually the main problem in the family dynamics, one that puts the child in genuine peril (Velleman, R. and Templeton, L. J., 2016).

Children who witness domestic or sexual violence or are victims of abuse themselves are at serious risk for long-term physical and mental health problems (Federació Catalana de drogodependències). This abuse may have important repercussions on children's lives: they are more likely to experience trauma, face concentration and learning difficulties, as well as problems in managing their emotional responses to stress and in forming trusting relationships. Moreover, several epistemological studies have shown that experiencing abuse as a child increases the risk for substance use later in life, as a mechanism to cope with their childhood trauma (Kaliszewski, M). It is therefore essential to address the perspective of complex trauma in the approaches to problematic drug use.

Stigma Associated with Substance Use & Dependence

Due to the stigma that surrounds drug use and the situation of neglect they face because of their parent's inability to spend as much time with them as other parents do, children tend to feel guilty and are often ashamed of sharing their experiences at home with their teachers or even with their friends (Pompidou Group, 2021). They often describe their life as stressful and fraught with violence, and are thus ashamed of inviting friends into their homes. Children growing up with drug using parents or caretakers are more likely to be put in risky situations, e.g. when their parents are driving drunk with them as passengers, or when they seek to obtain illicit drugs in their presence (Federació Catalana de Drogodependències, 2019).

On average, children whose parents use drugs show weaker performances in reading, spelling and math during their early and middle childhood (M. Solis, M. Shadur, R. Burns and M. Hussong, 2012). In addition, when adults they mention having had suicidal thoughts in their childhood or as young adults, as well as eating disorders, substance use disorders, and legal and mental health problems (Pompidou Group, 2021).

Policies to Protect Children's Rights

Policies to protect children whose parents or caretakers use drugs are crucial, but they often come in a punitive and negative way. This is particularly true when these policies imply the criminalization and incarceration of people who use drugs, and the reinforcement of drug use-related stigma. Neglecting the needs of people who use drugs, and hampering their access to quality, affordable, child-friendly, gender-sensitive and non-stigmatizing services puts their children and family at risk (Pompidou Group, 2021).

A study by the Council of Europe emphasizes that *“Authorities must protect children from the risk that the use of drugs or dependence of drugs by parents lead to neglect or abuse of their children.”* As a matter of fact, maltreatment and violence against children is an issue that requires the intervention and protection of the State. However, when addressing substance use and dependence, interventions should be family-oriented, without causing children unnecessary anxiety and distress by separating them from their families. In addition, interventions towards drug users with parental responsibilities should address the needs of their children. Incarceration should in particular be avoided whenever possible, as it may have lasting consequences on children's mental health.

Addiction Services

Children are often affected by the provision of drug related services to their parents, yet at the same time they play an important role in their implementation. The child rights perspective in addiction services is not internalized and children's needs are neglected in many instances. In some cases, before entering treatment, parents who use drugs may ask a family member, a professional or a trusted friend to take good care of the child. This may help to create resilience, which appears important in cutting down intergenerational transmission. What is at stake is to make sure that the child will grow up away from substance use and the negative behaviours that surround it (Velleman, R. and Templeton, L., 2007). At the same time however, being separated from their figures of reference (mother and/or father) – regardless of their drug use – has an important impact on the child. It is therefore critical to understand the child's complex feelings (especially guilt), so as to adequately monitor these feelings and reduce the damage associated with the separation from their parents.

It is necessary to carry out early interventions and to work with families to foster their motivation to change. Such interventions can be implemented in schools or in health care centres, whether in groups or individually (Federació Catalana de drogodependències). School-based programmes based on social influence and/or skills development have been shown to have success in reducing substance use (Velleman, R. and Templeton, L., 2007). Treatment programmes based on family therapy – through individual or group sessions - also appear to be valid options for substance users and their relatives. These interventions can be carried out in treatment centres, mental health treatment settings, or family care facilities (Federació Catalana de drogodependències). Family interventions have proved to be effective, providing long-term improvements in such areas as parent/child communication, involvement of parents in their child's healthy development, and parental supervision. In addition, they can help parents initiate family discussions and policies around substance use. Lastly, sharing regular family meals has demonstrated being effective in protecting children from substance use or misuse, while also improving family communication and joint activity (Velleman, 2009). Developing gender-sensitive addiction services could also contribute to protecting children's rights. These services are more sensitive to the needs of mothers who use drugs and take into

consideration the situation of their dependent children. In addition, the gender perspective also puts on the table the need for male co-responsibility in the responsible upbringing of children; as a result, men tend to be more inclined to act as fathers should, and not as mere financial providers. Nevertheless, there is still a huge gap in the implementation of gender-sensitive programmes, whether women-only, male-only or mixed.

Children with substance using parents mention that they would have liked having a trusted person to talk to or meeting children in the same situation. Children need, indeed, ongoing support even after treatment completion due to unresolved feelings, adjustment to new roles, rules and behaviours, new fears, and anxiety (Federació Catalana de drogodependències).

That is why professionals find it somewhat tricky to detect and protect children to start with. In addition, it is difficult for them to make sure children are doing good and that their mental health remains strong throughout this process due to the difficulty to talk about the issue in much detail (Federació Catalana de Drogodependències, 2019).

2- Objectives of the Survey

In June 2021 Dianova conducted an online survey to gather information about how children's needs are being addressed in addiction services for adults, and to identify ways of promoting family-centred services respectful of children and of children's needs. This survey has been adapted from *"Perception and performance of professional teams from the drug treatment network on the parenting abilities of people who use drugs"*, a document by Paulo Padilla-Petry, Nuria Fuentes-Peláez, Francesc Martínez-Olmo, Gemma Crous Parcerisas, Julio Rodríguez, and Anna Fantova (University of Barcelona, 2020).

The survey was sent via email and social media to organizations working in the field of treatment and harm reduction, in English, Spanish and French languages; it was open for two weeks. A total of 39 respondents participated in the survey from Europe, Asia, North America, and South America, working in the following countries: Spain (7), Belgium (2), Austria (1), Norway (1), Italy (1), Nepal (1), Pakistan (1), USA (1), Uruguay (10), Chile (7), Brazil (1), Peru (1), and Mexico (2). 28 surveys were filled out in Spanish, 11 in English and none in French.

74% of respondents were men, 20% women, and 6% non-binary, with an average age of 44 years. Respondents were predominantly in management positions in their services and most had a degree in psychology or social work. They worked in outpatient services (48%), residential treatment programmes (30%), and harm reduction services (13%).

3- Results by Section

Information on the Situation of Service Users with Dependent Children

In this section we looked at the situation of service users with dependent children. 92% of respondents state that their service gathers information about the client's family, generally

about their custody situation. 39% of respondents say that clients are willing to discuss parenting issues, and that many mention feeling guilty as parents. 39% of respondents mention that clients are willing to talk about their fear of losing their children's custody, and half of them discuss their actual loss of custody. 58% talk about the negligence or abuse committed by them as parents.

89% of respondents think that there is a difference between fathers and mothers, the latter being held more accountable for the maintenance of their children than the former. They observe that fathers are deemed to be less involved in their children's upbringing, while they tend to receive greater praise whenever they seem to be willing to invest time in their care. As it happens, many among the service users are divorced or separated; as a result, women are usually the ones who are granted custody of their child.

When talking about their drug use mothers tend to express more feelings of shame, guilt and fear of retaliation as a parent. As parenting skills are considered "naturally existing" in women, they tend to feel more responsibly towards their child and express more feelings of shame about their abilities as parents. Additionally, their being dependent on substances and therefore not able to provide their child with the full attention and care they need, they can only be subject to blame. Conversely, providing for their children is considered to be an option for men: while having good parenting skills is praised, not having such skills is socially accepted. Hence, since no one is impervious to gender socialization, we observe that gender stereotypes in the care and responsibility of children are persistent even among addiction professionals, possibly – and unconsciously – impacting their interventions and the way they address parenting and co-responsibility.

Vision of the Parenting Capabilities of People with Substance Use Disorder

This section was dedicated to looking at the vision of the parenting capabilities of people who use drugs by professionals working in addiction services. 47% of respondents disagree that drug use has no negative impact on parenting abilities. On a scale ranging from 1 (for "strongly disagree") to 7 (for "strongly agree") the question about whether or not parents who use drugs adequately supervise their children's education and social activity attained an average score of 3.29, meaning that the children of people who use drugs are often left unsupervised and unassisted in their education and social activities, which could result in difficulties in both areas. The average score given in response to whether or not parents who use drugs can meet their children's needs was 3.37, a somewhat poor result suggesting that professionals believe that parents are not always able to help and assist their children. In addition, respondents mainly disagree that parents who use drugs can ensure housekeeping duties and take care of their children's hygiene- and health-related needs with an average score of 3.13. As a matter of fact, and as mentioned earlier, parents are not always involved with their children, and hygiene and other needs are not necessarily addressed fully.

53% of respondents give neutral opinions as to whether or not parents with substance use disorder seek help from dedicated services or significant others should they encounter personal problems or problems with their children – meaning that some of them do seek help to take care of their children. Lastly, the score to the statement as to whether parents with substance use disorder are trustful of, and willing to cooperate with, people and services in charge of helping and supporting their children was 3.53 on average. It implies that parents are aware of their need to obtain support and assistance in taking care of their children as they are not fully committed to this task, or simply capable of fulfilling it.

79% of respondents feel that there is a significant difference between fathers and mothers as mothers are generally more involved and present in the interactions with social services and behave more responsibly with regard to the situation. From another viewpoint however, mothers tend to fail to provide for child care responsibilities due to drug use or dependence. This tends to be so, because substance use disorders generally remain hidden in women, and they also tend to seek professional support at a later stage, and in a worse situation than men. Lastly, fathers usually take for granted that grandparents will take care of their children, while mothers are more involved in seeking help because they are more concerned and emotional about their children's education. Also, fathers appear to be more concerned about being able to provide for their families, rather than about children care per se. They believe their role is to make sure the family is financially stable while they are less interested in their emotional role.

Risk Detection & Prevention among Children & Adolescents in Addiction Services

This section was dedicated to exploring how the risks are identified and how prevention activities targeting children are implemented in addiction services. 58% of respondents agree that, as professionals, they can use a number of strategies to try and obtain information about their beneficiaries' children and adolescents. Yet, 26% disagree that they would refrain from taking action, should they come across a risk situation with potential repercussions for children, in order to maintain a trust-based relationship with beneficiaries. In addition, 53% of respondents observe that when beneficiaries broach the subject of their children, professionals tend to refrain from asking personal questions as they believe their primary focus should be on the use of drugs.

63% of respondents disagree that it is very difficult to identify violations of children's rights. This shows that while professionals are able to identify such violations, they also feel that they may not be in a position to act to redress the situation. 66% of respondents think their work conditions offer enough opportunities and time to assess potential risks to children and adolescents.

On a 1 to 7 scale from "strongly disagree" to "strongly agree", respondents mostly believe (with an average score of 5.3) that it is part of their professional duties to identify situations of neglect or abuse towards beneficiaries' children. 55% of respondents have information

about service users' child custody situations. In addition, most respondents confirm (average score of 3,87) that a number of workshops are specifically dedicated to addressing parenting issues in their services. Respondents whose services offer these workshops include professionals from outpatient and residential treatment programmes in Spain; outpatient treatment services in Mexico, Chile and Brazil; and from residential treatment programmes located in Belgium, Italy, the USA and Norway.

While professionals consider that identifying child abuse and neglect is part of their role, only half effectively gather information about beneficiaries' child custody situation while they refrain from asking questions about clients' children or parenting abilities. In addition, very few services provide adequate training on parenting skills. There are important gaps in parenting and child care training. Many professionals have been trained to assess potential risks for children, however they do not use this training in their day-to-day activities, even though more than half of respondents believe there is enough time in their daily tasks to assess these risks.

Violations of children's & Adolescents' Rights

In this section we looked at the violations of the rights of children and adolescents whose parents use or are dependent on substances. On a 0 to 9 scale from "strongly disagree" to "strongly agree", respondents report that the cases that occur mostly are related to child or adolescent neglect with regard to nutrition and sleep (average score of 6.02). Respondents agree on the fact that substance using or dependent parents neglect housekeeping duties (average score of 5.92). In addition, respondents also agree that parents who use substances during pregnancy may cause harm to their unborn babies (average score: 5.6).

Respondents also mention a less common violation of children's rights, i.e. when children become de facto surrogate parents for their own parents and younger siblings, with an average score of 5.57. 58% of respondents agree that their beneficiaries expose their children to domestic violence and many stress (average score: 5.31) that parental substance use expose children to the ingestion of hazardous substances at home. 53% are of the opinion that parental substance use may lead to children being neglected or emotionally abandoned; in addition, respondents emphasize that parental drug use or dependence usually results in educational neglect, with an average score of 5.29. Lastly, verbal aggressions (average score: 5.19) appear to be ranked before physical and sexual aggressions (in terms of number of occurrences), the average score of the latter being 4.18 and 3.95 respectively.

76% of the study sample stress that there is a difference between mothers and fathers as regards the previous responses. As a matter of fact, fathers are deemed to be more prone to aggressiveness and mothers to neglect. In addition, fathers tend to be more uninvolved in or neglectful of their parenting role while they remain idealized by their children. Additional responses reflect serious child rearing difficulties and inadequate parenting practices from both parents, while stressing that fathers can even be more neglectful than mothers due to

their feeling that parenting responsibilities should primarily lie with women. As it happens, women appear to be more likely to resort to verbal or physical violence towards their children, while fathers are more absent or uninvolved. One of our respondents however suggests that sexist education and culture may contribute to making men potential aggressors (both physically and verbally), while women may tend to have a more passive role such as being neglectful or inattentive.

Action against Violations of Children's & Adolescents' Rights

In this section we looked at actions people who work in drug treatment and harm reduction services take against violations of children's and adolescent's rights. 79% of respondents agree that as professionals they are responsible for alerting competent authorities about potential risks for clients' children. 45% of respondents disagree that they may exaggerate a risk that is small or non-existent and alert child protection services unduly. 47% of respondents are preoccupied about the possibility of retaliation by concerned beneficiaries should a situation of abuse or neglect be revealed.

On a 1 to 7 scale from "strongly disagree" to "strongly agree", the average score of respondents to the statement "I know the services and resources necessary should a situation of adolescent or child neglect arise" was 5.97. In addition, most respondents agree with the statement: "I contact child protection services when I am concerned about the situation of children and adolescents" (average score: 5.84). Also, 83% of respondents think that addiction and child protection services should be better coordinated while they say they have a working knowledge of the operations of both services and feel confident in their ability to operate. Respondents mention that their staff invest time to get to know each other's services, and that many services are burdened with a lack of space and long waiting lists.

When confronted with child abuse, whether actual or potential, respondents say that they have to face a double challenge: protecting the child while providing their parents with adequate support. Professionals do not want to imperil the therapeutic alliance on which their relationship with clients is grounded, while it is their responsibility to protect children.

89% of respondents think that any child abuse situation should be reported to protect them for further maltreatment and to ensure their safe development at all levels. Staff members believe it is their moral duty to do so, and as professionals they also feel they are responsible for identifying any violation of children's rights. However, 45% of respondents say that the service in which they work had taken no steps whatsoever to promote the protection of children in the previous year. Among the 55% whose services had taken such initiatives, the latter included family-centred approaches and programmes in which the whole family could be enrolled, programmes dedicated to ensuring child protection from drug use, as well as positive parenting programmes.

Designing of Programmes

This section was dedicated to looking at the design of programmes. On a 1 to 7 scale from "strongly disagree" to "strongly agree", the average score of respondents to the statement "the programme's infrastructure is adapted to service users with dependent children (housing, recreation spaces, onsite day care services)" was 3.31. 53% of respondents agree that their staff have been trained to identify risk situations for children with an average score of 5.18 points. This shows that some staff members have had specific training, and that more funds and efforts should be allocated to other centres in this objective.

However, in most addiction services, protocols have not been developed to identify possible risk situations for children. Half of our respondents say that no specific protocols have been developed and to the question as to whether or not their staff have been trained to adequately manage a situation that may pose a risk to children, they answer with an average score of 4.97. Many programmes work in close cooperation with child protection services as responses reach a 5.24 average score to this question. In Chile, Mexico, Italy and the USA, it is common that addiction services organize specific group workshops to address parenting issues with clients. Conversely, all respondents from Uruguay, Belgium and Ireland strongly disagree, saying that their services offer no such workshops. 74% of respondents agree that their services utilize individual intervention techniques with instruments dedicated to addressing parenting issues with clients. Lastly, 63% of respondents agree that their staff consider the situation of beneficiaries' children both as part of a comprehensive programme and as part of their tasks.

4- Proposals & Action Lines

This section explores some of the proposals made by respondents to improve programmes that specifically address beneficiaries' children. A few respondents suggest improving parenting skills and abilities. Parents who use or are dependent on substances tend to neglect their children more and more, up to expecting them to ensure their own care. In some cases, children become surrogate parents for their siblings, or even their own parents as the latter are not able to take care of themselves.

In addition, our respondents also deem it necessary to support the development of the child through regular therapy and individual educational support. As mentioned earlier, children who suffer neglect should be assisted: it is crucial to provide them with educational, emotional and intellectual support to ensure they grow up healthy, confident and secure. Neglected children are regularly left alone at home and many become unable to express their feelings and emotions about what they live, even with close relatives and friends. Having regular therapy sessions could at least help children feel less lonely, while giving them a sense of being valued and supported.

Some programmes should also be adapted to women who use drugs and are pregnant, and provide family support services for mothers with dependent children. As evoked earlier, using alcohol or other drugs during pregnancy exposes the woman's developing foetus to the substance and can have harmful and long-term repercussions on exposed children. Women who drink alcohol while pregnant are nearly 50 percent more likely to have a miscarriage and substantially more likely to give birth to a prematurely born baby. In addition, as they grow older, babies who have been exposed to alcohol or other drugs before birth are more likely to experience development delays as well as enduring cognitive and behavioural problems.

It is therefore critical to give support to pregnant women who use drugs and their families in order to curtail the risks for both the foetus and the mother, and to avoid long-term consequences for children. Helping pregnant women rather than criticizing or judging them is also a way of enabling them to become more aware of the harmful effects of alcohol or drug use during pregnancy.

Lastly, another aspect brought out by respondents was the need to implement secondary prevention services within outpatient treatment programmes for adults and adolescents. As we know, secondary prevention programmes aim at controlling the damage to the individuals who have already started using substances by preventing this use from becoming a fully-fledged dependence problem. Such services could help them to significantly reduce their use of substances or even to quit drug use altogether while acquiring healthier habits.

5- Conclusion

The results of the survey conducted by Dianova have provided more concrete information on how children's needs are addressed in addiction services. In general, beneficiaries are quite open to discuss the abuse or neglect committed against their children as well as their concerns and fears about losing custody. The survey also showed that many of them are divorced and those having custody of children are generally mothers. As a result, fathers are usually less involved in child care, however, when they want to somewhat assume their child rearing responsibilities, they are often praised for doing so. Conversely, those who are the primary caregivers of children, the women, are often blamed for their substance use or dependence. When in addiction services, women also tend to express more feelings of shame and guilt with respect to their parenting abilities than men.

As a matter-of-fact, more than half of our survey's respondents agree that drug use has a negative impact on parenting capabilities. Parents who use drugs or have substance use disorders may not be fully committed to ensuring adequate child rearing responsibilities, whether in their education, social life, hygiene or in parental housekeeping duties. Even if the above areas are assured, the fact remains that other levels of care are not fully covered, including emotional availability, patience, active listening, etc. Some parents may seek support in their child rearing role, showing that they are aware of their shortcomings in this field. In

this regard, grandparents are those most often sought out to play this role – even though fathers tend to take it for granted.

A consequence of parental drug use occurs when roles are reversed and children end up becoming surrogate parents for their younger siblings, and, at times, for their own parents. Fathers are generally less involved in child rearing responsibilities and they are mostly those committing physical violence on children. Women are more prone to be neglectful and verbally abusive to their children.

More than half of the professionals consulted agree that they use various strategies to get information about beneficiaries' children. As a result, they are more likely to identify violations of children's rights if any. 66% of respondents feel that they would have the time and capacity to identify the risks that such violations might pose to children. Furthermore, most believe that identifying risk situations faced by children is an integral part of their work. Addiction services are likely to contact child protection services if they witness abuse or neglect towards children. Half of the staff interviewed had received some training oriented towards identifying risk situations for children, meaning that some services had specific funding to do so. In addition, some centres implement specific group workshops to address parenting issues, and some treatment centres organize individual workshops in the same objective. At the same time however, almost half of the respondents mention that their service had taken no initiative to promote the protection of children during the previous year. In addition, it has been reported that the other half of the services do not provide professionals with parenting training and those trained do not exercise this training during their daily work. The different services are not sufficiently coordinated and there is a lack of protocol to identify risk situations for children.

A major obstacle is the staff's fear of breaking their relationship with beneficiaries. Professionals do not want to imperil the therapeutic alliance on which their relationship with clients is founded, while it is their responsibility to protect children. Moreover, as stressed by almost half of interviewees, there is the possibility of retaliation by concerned beneficiaries should a situation of abuse or neglect be revealed. This suggests that the system itself leaves professionals unprotected, which ultimately affects children's rights.

Hence, as similarly identified in other research work (Gisela Hansen 2021), there seems to be a dichotomy between, on the one hand the answers suggesting that professionals would react adequately if a child were at risk, and on the other hand the paucity of initiatives to protect children's rights, and the lack of staff training and intervention protocols in this field. This may be linked to the social desirability bias, i.e. the tendency to underreport socially undesirable attitudes and behaviours, and to over-report more desirable attributes. This means that the interviewees may have answered the survey believing that actions are actually being taken to protect children, while in reality structural responses have yet to be developed, both in terms of programme design and implementation.

We should also better understand how services are conceived, designed and structured. The question is: can all relevant services play their role in protecting children's rights when many are compartmentalized and work in different areas? More efforts should obviously be placed on developing a more interconnected and systemic network of services.

Some suggestions were made to improve the children's situation through specific group workshops dedicated to addressing parenting issues. For example, parenting support programmes should be developed in addiction services, and adequately funded, in order to reduce child abuse or neglect. In addition, organizing regular group or one-on-one therapy sessions for children can help them to better manage their emotions in relation to their situation.

It is also critical to give adequate support and assistance to pregnant women who use drugs in order to lessen the risks for both the foetus and the mother, and to avoid long-term repercussions on children's development. Lastly, implementing secondary prevention programmes within treatment centres can be a way of helping clients cut down their drug use and avoid the development of a dependence problem, through longer lasting and more efficient interventions.

Final Considerations

Due to the small number of respondents, the results of the study will need to be corroborated by further research with larger samples. Nevertheless, The Dianova team believes that these results may help to open up a field of research that has been long disregarded. More initiatives are needed to better understand the problems arising from parental drug use and to identify ways of improving the addiction services dedicated to helping them. To do so, it is essential to ensure better cooperation between services so as to guarantee that the child's best interest and rights are fully respected in the continuum of care.

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