

# Barnardos' submission on the development of the National Drugs Strategy 2008



4<sup>th</sup> April 2008

Barnardos welcomes the opportunity to input into the drafting of the next National Drugs Strategy. This submission will examine the impact drugs can have on children growing up a household where adults misuse drugs but also children as drug users themselves. It will also outline some areas of concern where current service delivery could be improved in the interests of improving the childhoods of children growing up in households affected by addiction.

## *Scale of drug use*

In 2006 the top three illegal drugs used were cannabis, followed by cocaine and ecstasy. The Drug Prevalence Survey in Ireland and Northern Ireland<sup>1</sup> found that:

- 19% surveyed reported ever using an illegal drug
- 5% reported use within the previous year
- 3% reported use in the previous month.

However, in studies specifically targeting drug use among young people, the National Health Behaviour in School-Aged Children Report<sup>2</sup> (2006) found:

- 7% of boys reported using cannabis in the previous year, this fell from 11% in 1998.
- Girls reported usage of cannabis in the previous year rose from 3% in 1998 to 5% in 2006.

Two in every five cases used more than one problem drug - the most common additional drug was alcohol.

Overall, although the number of such cases are still low the incidences of poly drug taking is on the rise with the number of cases receiving treatment for problem use of both alcohol and cocaine increasing by 40%.<sup>3</sup>

## *General familial consequences of parental misuse of drugs*

While all family circumstances are different as the severity and frequency of the misuse varies, the common affects of parental misuse of drugs on children include<sup>4</sup>

- Inconsistency in parenting styles with routines becoming irregular.
- Parents becoming emotionally and physically detached from their children and as a result have a poorer awareness of their children's needs.
- Family may experience material deprivation such as lack of food or clothing.
- Parents have reduced sensitivity to risk of danger and may leave children unsupervised
- Children have to assume parenting responsibility prematurely as parents are unable to conduct domestic and childcare duties effectively.
- Children feeling confused, rejected, burdened and unable to trust parents.

When children are drug users themselves it affects every aspect of their development – physically,

1)National Advisory Committee on Drugs (2003) The Drug Prevalence Survey in Ireland and Northern Ireland, Dublin

2)Department of Health and Children, et al (2006) National Health Behaviour in School-Aged Children, Dublin

3)Health Research Board (2008) Trends in treated problem alcohol use in Ireland 2004-2006, Dublin

4)Kroll, B and Taylor, A. (2004) *Parental Substance Misuse and Child Welfare*, London, UK

psychologically, educationally and socially.

Some of Barnardos services work directly with families affected by addiction and from having this first hand experience would believe that early intervention and continuous family support is best to alleviate the difficulties manifesting.

### ***Issues of concern***

#### **Vulnerability of these families**

The nature of addiction is reflective of cycles of stability and chaos and for children growing up in such a household it provides an uncertain environment. The parent's risk to homelessness, experience of eviction and temporary housing and involvement in anti-social behaviour / involvement with the criminal justice system is significant. In 2006, 21 out of 38 families attending the Barnardos Dun Laoghaire support services were directly affected by homelessness and/or eviction. Likewise in 2006, 24 out of 38 children had one or both parents who were engaged in anti social behaviour and/ or crime and the criminal justice system. This it was found to be either directly or indirectly related to the parent's drug use and ongoing addiction issues.

#### **Affects on children's development**

From our experience, children growing up in households where their parent's are affected by addiction have a high level of medical and health needs and difficulties. This refers not only to the need for children to receive their developmental checks and have their general physical health issues addressed but more specifically the number of children with visual impairment issues, speech and language problems and cognitive delays. The lack of timely assessments and interventions means these children are not having their needs met at an appropriate time which would ensure they are supported in reaching their potential. Linked to this is the difficulty that parents have attending appointments for their child when their own drug use is chaotic. More often than not parents whose drug use is chaotic have difficulty attending formal supports and generally use supports on an informal basis which they find work best for them.

#### **Need for Family Support and Early Intervention**

Engaging with families from an early stage is crucial for many reasons. Primarily it tries to ensure positive parent / child relationships in the interests of reducing possible negative impacts on the child's development but there are also improved outcomes for the parents. However, the role and needs of both parents are different and require specific supports. Barnardos has identified that the role of fathers in the support and parenting of their children has emerged as a significant need requiring specific supports which are currently not available.

Furthermore fathers who are not married have no legal rights in relation to the care and level of involvement with their children and this can pose difficulties when working with the whole family or when the parental relationship has broken down.

Families affected by addiction experience high levels of social exclusion and often require multi-agency responses to help combat this. However, lack of communication between agencies can hinder this outcome. Barnardos would support the recommendations in the 2004 National Advisory Committee on Drugs Report (Role of Family Support Services in Drug Prevention), namely strengthening interagency links and networks by building knowledge of local community issues and increasing the capacity of services to respond through an appropriate level of resources and training for staff in services.

#### **Day and Residential Treatment Services**

Some of Barnardos services work directly with parents attending day treatment centres and has found that mothers frequently feel the centres are not able to adequately meet their needs, particularly childcare needs. For instance, the premises are not equipped with a play space for children and while the staff is trained in

treating drug users they are not necessarily trained in meeting needs of children. To fill this gap, Barnardos Dun Laoghaire set up a Children's Room based in an addiction treatment centre based on Patrick Street, Dun Laoghaire, County Dublin. It has been operational for nearly 10 years and this can be the first point of contact with a lot of families. This is why much of Barnardos Dun Laoghaire has such a strong focus on working with children and families affected by addiction as the majority of these families attending the treatment clinic are subsequently referred up to our Centre for further supports. More recently Barnardos has developed a support service in an addiction treatment centre in Bray. This service is still developing but we have already engaged with families and there appears to be high demand for the service.

Availability and flexibility of residential services for mothers is needed to ensure that adequate childcare provision is delivered either through foster care; mother and child units. Barnardos would welcome innovative and family friendly detox practices to be examined such as interagency community day-based facilities meaning parents could attend without having to stay over and as a result minimize the disruption on their children.

There is a significant shortfall of dedicated residential beds at community, hospital and rehabilitation levels to stabilise or detoxify those who misuse drugs. Some counties do not have access to such beds and some beds are only available to addicts in general hospitals or psychiatric hospitals. The HSE Working Group on Residential Treatment and Rehabilitation (Substance Users) (2008) recommended increasing the number of :

- dedicated hospital detox and stabilisation beds from 23 to 127
- residential rehabilitation beds from 634 to 887
- step down / halfway house beds from 155 to 296

From the perspective of a young person who is a drug user, the day and residential treatment services should be designed in such a way that young people would be encouraged into and retained in order to benefit from treatment and rehabilitation services. In some cases these services could be established within existing services such as general adolescent services, youth cafes and health centres. At present there are very few places for under 18 year old drug users. Family involvement in the treatment of a child or adolescent drug misuser leads to better outcomes for the child or adolescent. Barnardos supports the recommendation of the Department of Health and Children Working Group<sup>5</sup> that a priority of a treatment services should be to secure the involvement of the client's family.

### **Delay in accessing treatment**

People abusing drugs and who want help quitting can be waiting more than a year to access a drug treatment programme in the Republic. HSE figures show the average waiting time for treatment with methadone in Waterford is 14 months, in Athlone it is seven and a half months and in Portlaoise the average waiting time is six months. In Dublin, the waiting time can be up to 12 months in some areas.

These delays are reportedly due to difficulties recruiting GPs to treatment programmes, as well as the capacity of treatment centres to cope with numbers presenting. However, given the vulnerability of these parents delays in accessing treatment services and the danger of relapsing can have a negative impact on their parenting and can be a serious risk factor to the welfare, health and safety of their children.

### **Child Protection Concerns**

In fact the child protection concerns arising in these families can be overlooked largely due to the lack of co-ordination between drug treatment services and HSE child protection services. The former sees their clients as adults but not necessarily as parents thereby failing to take into account any child protection issues that may arise if the parent goes back on drugs. In 2006, Barnardos Dun Laoghaire submitted a total of 9 child protection referrals all of which had parents affected by addiction. In 2007 a total of 13 child protection referrals 11 of which had parents affected by addiction were made. The lack of consistency around the implementation of the Children's First guidelines also adds to this issue. The reactivation of the regional and local child protection committees could help address this problem as their membership is

5) Department of Health and Children (2005) Drug Treatment for the Under 18s, Dublin

multi-agency based.

### **Length of time on treatment**

Methadone and counselling programmes can keep parents more stable. However, the amount and the length of time that people are on it for should be reviewed more systematically as continued use affects people's ability to parent. Methadone is still a drug, albeit prescribed, and its impact over a long term can be significant.

### **Targeting the under 18 years olds through prevention and education**

Under the current National Drugs Strategy much of the emphasis for the under 18years group is on prevention and education, for example the roll out of the Walking Tall module within the SPHE course in secondary school. Prevention and education is essential and can be wide-ranging. The public awareness campaigns are important but it is debatable how effective they are, therefore Barnardos believes targeting early interventions at specific groups at risk such as early school leavers is more effective.

### **Joint National Alcohol and Drug Strategy**

Given level of multi-drug use, Barnardos believes that a joint national drug and alcohol strategy is needed to ensure complementarity, improved implementation and delivery. The affects of alcohol and drugs misuse on the individual, family and society are similar therefore the responses must be co-ordinated especially at local level to enhance effectiveness.

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