

Chapter 6

Children's Exposure to Drug Use: Concerns of Drug-using and Non-drug-using Parents¹

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INTRODUCTION

Little is known about the social experiences of children whose parents use drugs. This chapter presents findings from an empirical study of children growing up in the care of drug-using parents, which explored the impact on family life, and especially parenting, of parents' opiate dependence.

Traditionally, the social and psychological implications for children of their parents' drug use have received scant attention. In research, attention to children of drug users has dwelled largely on medical rather than social issues, focusing mainly on the prenatal exposure of neonates to illicit substances (Keenan, Dorman, and O'Connor, 1993; O'Connor, Stafford-Johnson, and Kelly, 1988; Ryan et al. 1983), which reflects patterns of international research (Hogan, 1998; Johnson, 1991). At the levels of policy and service provision, illicit drug use has mainly been viewed in Ireland as a problem affecting individual adults, while little attention has been paid to the potential for family members other than the individual drug user to be affected (Hogan and Higgins, 2001; Murphy and Hogan, 1999). In recent years, however, there has been growing awareness in Ireland of the potential for the drug use of individuals to have implications for other family members. The need to consider the implications for the welfare and development of children, in particular, has become evident (Hogan, 1997).

The changing understanding of the social consequences of drug use for family members has emerged in the context of findings from epidemiological research and action by drug treatment agencies. First, epidemiological research indicates that, while most heroin users are male, a significant minority are female. In 1996, for example, 31 per cent of those who received treatment in Dublin were women (Moran, O'Brien and Duff, 1997). Some commentators argue that these figures might under-represent the true numbers of women drug users, and especially those with children, since fear of removal of their children from their custody is a likely obstacle to their take-up of services (Butler and Woods, 1992). These research findings challenge the stereotype of the heroin user as a single male without family roles and responsibilities. Although data are not available on whether drug users, either male or female, have children, there is no reason to believe that they differ from the general population in this respect. Second, drug treatment agencies have played a prominent role in highlighting issues for children. For example, the Ana Liffey Project and the Rialto Community Drug Team, in a series of reports (Ana Liffey Drug Project Annual Reports, 1991, 1994, 1996; Bowden, 1996, 1997) argued for more family inclusive approaches to drug treatment, and particularly for greater support for parenting and for attention to the needs of children. These ideas were, in turn, taken on board by the Eastern Health Board (1997) and were reflected in the First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (Rabitté, 1997). In the late 1990s, in partnership with local drugs task forces, the Eastern Health Board established the first intensive support service for chronic opiate using parents and their children in Community Care Area 5 (Murphy and Hogan, 1999).

The present empirical study was conducted with the aim of creating a better understanding of the experience and support needs of children growing up in households in the care of drug-using parents. This chapter deals specifically with the issue of children's exposure to drug use and drug paraphernalia, and describes the concerns and the parenting practices adopted by drug-using parents to protect their children from adversity in social environments with high levels of drug use. It also describes some of the concerns and practices of non-drug-using parents in relation to children's exposure to drugs in their communities.

THE IRISH HEROIN PROBLEM

The escalating problem of opiate use in Ireland over the last two decades has been well documented (Dean et al., 1985; O'Hare and O'Brien, 1992; O'Higgins, 1996; O'Higgins and Duff, 1997; O'Mahony, 1997). Health Research Board estimates indicate that more than 3,000 individuals are receiving treatment for drug dependence, and that among these, heroin is the primary drug of misuse (O'Hare and O'Brien, 1992; O'Higgins, 1996; O'Higgins and Duff, 1997). Treatment statistics do not, of course, reflect all cases of illicit drug use and the magnitude of the problem is likely to be much greater than they imply. The most recent estimates, based on "capture-recapture" methodology, suggest that there are over 13,000 opiate users in the Dublin area (Comiskey, 1998). Opiate use is a highly context-specific problem in Irish society. It is confined largely, though not exclusively, to the Dublin area (O'Higgins and Duff, 1997). Within Dublin, moreover, the problem is localised further into discrete geographical areas. It is located primarily in the North and South inner city and some suburbs, those areas most profoundly affected by unemployment (Comiskey, 1998; Cullen, 1992, 1994; Dean, Bradshaw, and Lavelle, 1983; McKeown, Fitzgerald and Deegan, 1993; O'Higgins, 1996, O'Higgins and Duff, 1997). Furthermore, visible public drug use and related activities, such as buying and selling, are highly localised into smaller areas such as blocks within flat complexes, and certain streets (McAuliffe and Fahey, 1999).

Information on the number of opiate users who are parents, or on the number of children born to opiate users, has not been routinely gathered in Ireland. The demographic characteristics of this population indicate, however, that heroin users are typically aged between 15 and 35, with the age of first drug use falling annually (Moran et al., 1997; O'Higgins, 1996; O'Higgins and Duff, 1997), an age range that includes the typical child-bearing years.

OPIATE USERS AS PARENTS

While there is a small international literature on parenting by drug users (cf Deren, 1986; Mayes, 1996; and Hogan, 1998, for reviews) it has produced largely inconclusive findings, particularly in terms of children's social development and well-being (Hogan, 1998) and the impact on children of growing up in the care of a drug-using parent remains unclear. Research has tended to rely on correlational designs that link the social problem of drug use with child outcomes such as neglect, sexual abuse and cognitive development. Far less interest has been shown in the everyday lifestyle implications for children of parents' drug-taking behaviours, the relationships between drug-using parents and their children, or the fabric of ordinary daily family life (Colten, 1982; Hogan, 1997). The specific issue of exposure of children to drug use in their homes and communities has been largely overlooked in research.

LIFESTYLE ASSOCIATED WITH DRUG USE

A good deal of research has been conducted on the lifestyle of heroin users (Agar, 1973; Fiddle, 1976; Parker, Bakx and Newcombe, 1988; Pearson; 1987; Taylor, 1993; Zinberg, 1984). This work has led to identification of patterns of daily behaviour among heroin users that suggests that daily life quickly becomes consumed by heroin use once it begins. This body of work focuses

overwhelmingly on individual drug users, however, and the implications for children of parental involvement with the daily round of obtaining money for drugs, and procuring and ingesting drugs, have not been explored. Furthermore, most research on the lifestyle of heroin users has focused on men, with few exceptions (Rosenbaum, 1979; Taylor, 1993). Taylor (1993) argues that, while some studies involve women, they typically focus on issues relating to reproduction and care of children, but pay little attention to how drug use by women fits into children's daily lives. In her study of drug-using women in Glasgow, she found that women expected to adopt traditional caring roles toward children in spite of their drug involvement. Rosenbaum (1979), in her study of heroin-using women in the US, also found that child care was highly salient for women drug users, who saw caring for their children as their greatest responsibility. Their involvement with heroin, however, meant that it was difficult for women to "carve out a routine incorporating their children's needs with their own" (p. 437), and those who were successful in doing so had the advantage of receiving a steady and reliable supply of drugs of predictable quality and potency. Such women were not forced to leave the home to seek drugs or allow others to use their homes in exchange for drugs, and were less likely to accidentally overdose on high potency drugs or to experience withdrawal sickness that could hamper their capacity for competent child care.

These studies of women drug users reveal a potential discrepancy between parenting values and goals of drug-using parents on the one hand, and parenting practices on the other. While most aspire towards carrying out everyday child care tasks, and to protecting their children from harm as any non-drug-using mother might, drug dependence can place practical constraints on meeting these goals. Parental drug use *can* operate in a relatively controlled and stable fashion, where risks are low to children of parental unavailability, over-intoxication, illness through withdrawal, and presence of strangers in the home to use drugs. But changing circumstances, some of which are beyond the direct control of the drug-using parent, can rapidly lead to unstable patterns of drug use and lifestyle, which, in turn, can increase the risk to children of receiving inadequate care and protection. The fluid nature of the heroin trade and of individual addiction means that chaos can quickly replace stability in the family life of a heroin user (Rosenbaum, 1979), as can the eviction and homelessness, imprisonment, illness or death of a drug-using partner who previously provided a supply of drugs into the home. The latter, for example, may force parents, especially women, to allow their homes to be used as venues for drug use by others in exchange for drugs (Hogan, 1999). It is critical that the challenges faced by parents who use heroin, both mothers and fathers, in caring for and protecting their children, are identified, if adequate supports are to be put in place to support parents to provide ongoing care for their children. It is also important that positive parenting goals and practices are recognised. In the present study, the steps parents take to buffer their children from adversity were explored.

THE PRESENT STUDY

The present study examines the processes by which children are affected by parental opiate dependence in the context of their day-to-day lives within their families. It investigates the drug-related social experiences of children living in two locations in Dublin, in areas of profound socio-economic disadvantage and high incidence of drug use, focusing mainly on the impact of drug use on parenting processes, on children's exposure to drugs and crime, and on children's academic and social outcomes. The study compares children of drug-using parents to children who are growing up in the same general localities and in similar socio-economic circumstances. This chapter concentrates on the issue of children's exposure to drug use, primarily by exploring parents' perspectives on children's exposure to drugs and the practices they employ to mitigate risk to their children.

The study took place in two sites in the Dublin City area, one in the inner city and the other in a suburban area. Both were areas with high levels of unemployment and both had been recently

identified as having among the highest prevalence rates of opiate use in the Dublin area (Comiskey, 1998). While the areas were similar in respect of drug use and socio-economic profile, they differed in other ways in terms of social ecology. Both areas had high levels of public housing, but the inner city areas had more flat complexes in which there were higher levels of visible public drug use.

Sampling Approach

Drug-using parents were contacted through a range of agencies, including drug treatment facilities and a prison. All parents who met the sampling criteria (described below) were personally approached by agency staff and researchers and asked to participate, until the quota of 50 parents had been reached. The matched comparison group was created through a process of randomly selecting children through schools. The children lived in the same geographical areas as children of drug users, and had similar social and economic backgrounds. Matching was conducted on a group basis, and sampling was stratified on the basis of type of housing (public or private), child sex, child age, and parent sex.

Sample Characteristics

The sample consisted of 100 parents (50 drug-using and 50 non-drug-using) and their target child of school-going age. Drug users were defined as persons who were currently dependent on opiates (heroin, morphine sulphate tablets, and/or methadone) and for whom, by their own report, opiates were the primary drugs of problem use. Non-drug users were defined as persons not known to be dependent on opiates or other illicit substances either currently or at any time during the target child's lifetime. Either a mother or father was interviewed in each family. In the drug user group all parents interviewed were drug users, and some had non-drug-using partners.

In each group the target children were, for most of the year prior to data collection, in the care and control of the parent interviewed. Children were aged 4 to 12 years. The mean age of children of drug users was 8.06 (SD = 2.17), and children of non-drug users 7.91 (SD= 2.21). A total of 52 boys and 48 girls were represented in the study and equal numbers of each sex were represented, with 26 boys and 24 girls in each group.

The average age of drug-using parents was 30.5 (SD = 5.8), and of non-drug users 35 (SD = 6.4). A total of 68 female and 32 male parents participated in the study. In the drug user group, 32 women and 18 men, and in the comparison group 36 women and 14 men, participated. A breakdown of parents' age by sex and group is provided in the table below.

Table 6.1: Parents' Age by Sex and Group

Group	Sex	N	Min. Age	Max. Age	Mean Age	Std. Deviation
Non-Drug Users	Male	14	29	46	35.5714	5.7071
	Female	36	24	50	34.7500	6.7544
Drug Users	Male	18	23	48	31.7895	6.0880
	Female	32	21	49	29.7097	5.5869

Education levels were low for each group of parents. The average age of school leaving was identical in the two groups, at 14.8 years. Attainment of educational qualifications was also similarly low in the two groups. In terms of housing, which was used as the main indicator of SES, in each group the majority of families (41, or 82 per cent) lived in public sector housing, while the remaining 9 families in each group (18 per cent) were in private sector housing. The housing history of drug users was more variable than that of non-drug users, in that several had experienced evictions and homelessness.

Family Structure

Twice as many of the drug-using parents were single and living alone (32 per cent) compared with non-drug-using parents (16 per cent), suggesting that children of drug users were more likely to be raised in a one-parent household. Among those families with two adults living in the home there were inter-group differences in marital status. Of the 58 per cent of drug-using parents who were living with a partner, 16 per cent were married. In the comparison group, of the 78 per cent living with a partner, 58 per cent were married.

Children of drug users were more likely than children in the comparison group to spend periods of time living outside of the family home, usually with relatives. At the time of interview, 14 (28 per cent) children of drug users were not living with the drug-using parent interviewed, compared with none of the children of non-drug users. The main reasons for separation of children and parents included imprisonment of parents, residential drug treatment and hospitalisation for drug-related illness.

Table 6.2: Marital Status, by Group

Marital Status	Non-Drug Users	Drug Users
Single, living alone	8 (16%)	16 (32%)
Single, living with partner	10 (80%)	21 (42%)
Married, living with partner	29 (58%)	8 (16%)
Separated from spouse	3*(6%)	4 (8%)**
Other		1 (2%)
Total	50	50

* One mother was living alone with her child, one living with a partner, and one with her mother.

** In all cases living alone with children.

Instruments and Analyses

A multi-method, multi-informant approach was adopted for the study as a whole. Drug-using parents were interviewed, a survey was carried out with children's teachers and focus groups were conducted with professionals working with drug users and/or their children. Children were not included directly in the research process, for two reasons. First, it was believed that some children might experience distress if asked about their drug-related family experiences and would require follow-up support following their participation in the research process. Such resources were not available for the present study. Second, at the exploratory stage of the study most parents indicated that they would not be willing to consent to their child's participation, mainly because they had not told their children about their drug use and were concerned that contact with researchers might lead to them finding out. Thus, the importance for many parents of concealing their drug use from their children presented an obstacle to researching children's experiences directly.

This paper concentrates on the findings of semi-structured interviews conducted with parents. The researchers posed all questions orally, taking extensive notes on answers provided. Answers to questions were transcribed verbatim as far as possible. Qualitative analyses were conducted using full text transcriptions of interviews. Coding categories were created on the basis of previous exploratory work and on the answers in the current data set, which gave rise to new categories of responses.

DRUG USE OF PARENTS

The majority of drug-using parents (64 per cent) were receiving methadone treatment at the time of interview. A further 14 per cent were active heroin users, 2 per cent morphine tablet users, and

10 per cent were taking more than one type of opiate. More than three-quarters, however, considered themselves to be regular users of more than one type of opiate substance. Furthermore, most were using non-opiate illicit substances and prescription drugs obtained either legally or illegally, including cannabis, tranquillisers, speed, ecstasy, and LSD. It is also notable that 12 per cent of parents who were non-opiate users indicated that they too had used other illicit substances during this period. Ten per cent had used cannabis, and 2 per cent had used cocaine on at least one occasion.

The main method of heroin use for most drug users was injecting. Almost three-quarters of drug-using parents (74 per cent) had been, or were currently, regular intravenous (IV) heroin users. It was not possible to assess the frequency of injecting, as parents had difficulty recalling how often, on average, they injected. The most common response from parents was that, when actively using heroin, they were likely to have injected three, four or five times per day, but the range extended from once a day to ten times per day. Half of drug-using parents reported sharing needles on at least one occasion.

The duration of children's social exposure to parental drug use varied considerably within the sample. More than half of parents (56 per cent) had begun opiate use more than a year prior to the birth of the target child, 12 per cent began during the first year of the child's life, and 32 per cent did so when children were more than one year old. Duration of parents' involvement with treatment services also varied substantially within the sample, ranging from thirteen years before the birth of some children to eight years after the birth of others. On average, children were two years old when their parents first received treatment for their opiate dependence. Almost all parents had begun treatment programmes on several occasions, suggesting that their opiate use moved in and out of phases of greater and lesser stability over time. Clearly, then, there was considerable heterogeneity within the group of children of drug users, in terms of their parents' drug use and drug treatment histories. Even within individual families, drug patterns tended to be volatile. An additional complicating factor was the drug status of the other parent, who was not interviewed for the study. In 33 families (66 per cent) in the drug-using group the parents reported that their partner was also a drug user, and of these 28 were opiate users. In 11 cases, drug-using parents interviewed reported that they were living with a drug-using partner, indicating that 22 per cent of children in the drug-using sample were living in a household where both adult carers were dependent on opiates. In addition, in 13 families there was another (non-parental) drug user living in the home. Furthermore, these data only reflect current living circumstances. No information is available on children's previous experiences of living with drug users. It should also be noted that there was a history of heroin use in more than half of the families in the comparison group (26, or 52 per cent). In 17 families (34 per cent) the drug user was in the immediate family, that is, the child's aunt or uncle. In the next section we explore the nature of children's exposure to drug taking and equipment in the family home.

CHILDREN'S EXPOSURE TO DRUGS IN THE HOME

Most children of drug users had *not* been exposed directly to their parents' drug-related activities, but a sizeable minority had seen their parents taking drugs, according to their parents' reports. Forty per cent of children of drug users had seen at least one parent using heroin in their home, and in 16 of these cases (32 per cent of the sample) children saw their parent injecting themselves with heroin, while in four cases (8 per cent) children saw their parent smoking heroin. The comparison group was purposefully comprised of parents who had not used opiates during the lifetime of the child. While 12 per cent of parents in this group had used non-opiate illicit substances in the previous year, none of the target children had been present. The following table summarises the proportions of children in each group who had witnessed drug taking and related activities.

Table 6.3: Children's Exposure to Drugs in the Home

	Drug Users		Non-Drug Users	
	Yes	No	Yes	No
Child ever saw parent using drugs	17 (34%)	33 (66%)	0	50 (100%)
Child ever saw drugs equipment in the home	22 (44%)	28 (56%)	0	50 (100%)
Parents ever allowed others to use drugs in home	36 (72%)	14 (28%)	3 (6%)	47 (94%)
Child ever saw others taking drugs in home	6 (12%)	44 (88%)	0	50 (100%)

In most instances of children witnessing injecting, this was an unplanned occurrence, happening when children walked into a room unexpectedly. For example, one mother reported that her five-year-old boy had often seen her injecting and smoking heroin although she had tried to prevent it:

I'd be in a room and he'd be in the other but he'd know what I was doing. It's over a year since he's seen that. If he walked into the room [when I was using] I'd scream and tell him to get out.

Several parents reported that their younger children were more likely to have witnessed their use of heroin. The mother of a nine-year-old girl explained that she thought her child had seen her injecting heroin:

... once or twice ... I did use in front of her when she was younger thinking she didn't cop but she did, I'm not going to lie. When she was about three or four she put a piece of string around her arm and started tapping her arm, mimicking me.

While many children saw their parents injecting and smoking heroin and possibly taking other substances, it is important to note that most parents reported that their children had *not* seen them using drugs and stated that it was not their usual practice to allow their children to witness injecting.

Another feature of drug use within the home was drug taking by other relatives, friends, acquaintances and strangers. It was common for children of drug users to be living in households where non-parental drug users had taken drugs. Almost three quarters of drug-using parents (72 per cent) said that they had allowed others to use drugs in their homes, compared with 6 per cent of non-drug users. Other drug users in the home mainly consisted of family members and friends, but also in families with drug-using parents, strangers came in to use drugs, particularly when parents' drug use was intensive. Parents were not asked how frequently others used drugs in their homes, but 12 per cent of drug users reported that their child had been present and had witnessed drug use by others in the home on at least one occasion. By contrast, no children of non-drug using parents had ever witnessed drug taking in their own homes, according to their parents. The presence of drug activity in the homes of some children of non-drug users points, however, to the difficulty in drawing a clear distinction between the exposure of children, of drug-using and non-drug using parents, to drugs in communities with high levels of drug use, and where close relatives and friends may be opiate-dependent.

DRUGS PARAPHERNALIA IN THE HOME

Children of drug-using parents were also more likely than children in the comparison group to have seen equipment used for taking drugs, such as syringes, in their own homes. Almost half of drug-using parents (44 per cent) said that their child had seen equipment used for taking drugs in their homes, while no child in the comparison group had done so. Children of drug users saw

syringes and other paraphernalia in the home when in use by parents, such as when they were injecting, and when not in use, in the house. They also saw parents preparing to smoke heroin with tinfoil. Most parents reported that children were aware of the purpose for which these items were used in these contexts. One four-year-old child went to the kitchen cupboard for tinfoil as part of her morning routine, according to her mother:

She knew what the tinfoil was for, she just knew, knew mummy smokes tinfoil in the morning. In the mornings she'd get the tinfoil for me.

Other children saw needles when their parents were injecting, as well as seeing them around the house. The mother of a twelve-year-old girl said:

There's no use lying, she would have seen needles, if I put them away in presses ... and they'd often find Valium.

Her daughter had seen her about to inject heroin:

If I was in the kitchen or something and she burst in that's when she would've seen. She would've burst in when, say, the needle was in me hand, not when it was stuck in.

CHILDREN'S EXPOSURE TO DRUGS IN THE COMMUNITY

Children's exposure to drug use was not entirely restricted to the home setting. Some children were exposed to drug use, drug equipment, and conversations about drug use in the communities in which they were living, outside of their own homes. Drug-using parents were not asked questions directly about children's exposure to drugs in their communities, but 38 per cent raised the issue unprompted. Thirty-two per cent were parents living in the inner city location and 6 per cent were living in the suburban location of the study. The following comments illustrate parents' concerns about the extent of drug use in their communities and its implications for their children:

It's a way of life around here.

She sees a lot In the area – sometimes she says. “look at all them junkies”.

She's living in an environment where there's plenty of drugs.

Among non-drug-using parents over one-third stated that their child had witnessed drug-taking in their communities, while almost two-thirds (58 per cent) said their child had seen discarded syringes and needles. While most believed that their child had not witnessed heroin injecting, a sizeable proportion were concerned that their child had done so, in some cases regularly, and worried about the potential for detrimental effects on their children's well-being. The mother of an eight-year-old boy, for example, reported that her son had regularly seen people using drugs in public outside the flats where they lived.

The girl underneath is a drug addict. [My son has] seen people injecting plenty of times on the stairs. ... He found some [syringes] in the chute last week, he knows not to touch anything like that. . . . It's got worse since I moved in [to these flats]. I knew there was a problem but I lived in the area, it wasn't bad, they had it under control . . . [the kids] are watching it everyday, they'll watch it all. From 2.30 any day it's going on everywhere and maybe until 11, the kids are just looking at them.

Several parents were clearly distressed about the level of drug use in areas immediately outside their homes, as the following comments illustrate:

. . . times she'd come up in an awful state, when the flats were bad they were injecting on the stairs and falling around, she'd be frightened. She would've seen injecting (father of eight-year-old girl).

[My son has] seen needles on the stairs or out in the back garden, he'd see them selling, it goes on very openly. You'd be walking by and they'd say "are you looking?" [to buy heroin] (mother of eleven-year-old boy).

As well as seeing people using drugs, children were accustomed to witnessing the selling and buying of drugs in the lower buying drugs in the area, and recognised when somebody was intoxicated or "stoned". Children were also accustomed to seeing needles lying on the ground in areas close to their homes. One mother, for example, said that her daughter "sees works² outside on the stairs . . . they all use on our stairs." As one drug treatment counsellor pointed out with regard to public drug use:

[T]he reality is that . . . it's very public . . . the reality is that in some areas it is a normal part of the environment.

The experience of exposure to drug taking and drug paraphernalia was highly context-specific. Visible heroin injecting and smoking in public areas of estates was raised as a concern almost exclusively by parents living in the inner city location, and then primarily within certain flat complexes, and indeed within certain blocks of flats. In the suburban location, only two children were reported to have seen drug equipment, but not in close proximity to their homes, whereas in some inner city estates parents reported that drug taking was common on stairwells, and that drugs were sold on the streets in the immediate vicinity of the flats and within view of children.

PROTECTIVE PARENTING STRATEGIES

Within families with drug-using parents, children were most likely to witness drug taking by their own parents when younger, and if their parents were chronic drug users. High levels of heroin use by parents also increased the likelihood that children witnessed injecting, as parents were more likely to reduce their efforts to conceal injecting from children under these conditions. Furthermore, intensive heroin use was associated with greater numbers of non-parental drug users taking drugs in the family home, and consequently an increased risk of children's exposure.

Most drug-using parents reported striving to conceal drug taking, both their own and others', from their children but their strategies for doing so and their levels of vigilance varied considerably. The most common practice was to retreat to another room in the home to inject or smoke heroin. Parents mostly reported injecting in the kitchen, bathroom or bedroom. In only two cases parents said that they did not use drugs in their own home, suggesting that almost all used in the family home. Tactics used to prevent children from witnessing drug taking included encouraging children to remain outdoors, keeping doors locked when using, and issuing warnings to children to stay out of rooms parents were using in. For example:

I would use upstairs while she was outside playing. That was one thing I always kept away from her (mother of four-year-old girl).

I always got everything upstairs in one of the rooms. She [children's mother] would watch them . . . sometimes I locked the bedroom door while I used (father of eight-year-old child).

Many parents also said that they tried to restrict their use of drugs to times when the children were out of the home, such as when they were at school. A typical strategy was to encourage the child to go outside the home, mostly to play outside or to go to a friend's house, but several reported bribing their children by giving them money to buy sweets at the shop.

I'd find myself bribing him a lot. . . . [I'd say] "I'll give you £2 to buy sweets", all so I could be in the kitchen . . . just so he'd be out for ten minutes.

The strain placed on parents to sustain concealment within the family was considerable, and was experienced by both mothers and fathers. For mothers of young children in need of constant

supervision, however, the difficulties were greater. They experienced a direct conflict between the choice of leaving a young child unattended, or exposing them to injecting. Even when their goals were to prevent exposure to drug taking, therefore, they were not always successful in doing so. Thus, the father of an eight-year-old boy reported that his son was likely to have seen him injecting because of the high likelihood of decreased vigilance with active heroin use:

... he might have spotted me once or twice.... I used upstairs in the house, mainly when [the kids] were outside. When you're on drugs you always slip up. He might have seen me injecting once. He might have barged in to the room once [when I was using]. I might have been neglectful and forgot to lock the door. If you're using it five times daily of course you drop your guard.

Drug-using parents took for granted that it was unacceptable to allow their children to witness their own drug taking, and that of others, and saw it as their responsibility as parents to protect them from such experiences. As the above examples illustrate, however, they were not always successful in meeting these responsibilities.

Preventive behaviour around drug use was not restricted to drug-using parents, especially in areas where visible public drug use was common. Teaching children about the potential dangers associated with handling needles was a salient feature of parenting in most families in these locations. Parents in the comparison group taught their children to avoid physical contact with needles and syringes:

Yeah all the kids see syringes. They're told not to be picking them up. Some kids pick them up and bring them to their parents (non-drug-using mother of six-year-old girl, comparison group).

Drug-using parents were also likely to impart lessons to their children about personal safety in connection with drugs and needles. One drug-using father who openly communicated with his daughter about his heroin problem stated:

I showed her the needles, said if you see them on the ground not to pick them up.

While parents can teach their children to avoid physical contact with needles, it is more difficult to prevent them from witnessing injecting, especially in areas used frequently by children. For all parents in these areas, drug-using and non-drug-using, protecting children from inappropriate exposure to drugs presents a stressor, adding to the considerable difficulties associated with raising children under conditions of poverty.

DISCUSSION

This paper explores one feature of the social ecology of parenting, the role of parents as buffers of stress to children in high-risk areas. While the issue of parents as mediators of stress has been addressed in previous studies of parenting in communities with high levels of poverty (Bell, 1991; Dubrow and Garbarino, 1989; Garbarino and Kostelny, 1993), the present study is unique in that it examines drug-using parents' strategies for protecting children from adversity, that they themselves have contributed to creating, through their engagement in a risky lifestyle.

Exposure to drug use in the home was largely confined to children living with drug-using parents. There was considerable variation within the sample, however, in whether, and the extent to which, children had witnessed drug taking by parents or other individuals in their homes. The factors that shaped this included children's age, the chronicity of parental drug use, and the pattern of drug use and treatment. Yet, within the sample, there was considerable homogeneity in parents' attitudes to drug use and perceptions of their responsibility to protect children from any harm associated with their drug-related lifestyles. Almost all, whether referring to current or past heroin use, perceived potentially negative effects on their children of exposure to their drug use.

Most employed deliberate strategies to compartmentalise their daily lives so that children were not directly exposed to drug use, and especially injecting. While they believed that it was important to protect children from seeing their drug use, and from coming into contact with any drugs paraphernalia such as syringes, many acknowledged that the constant vigilance required to do so was sometimes unachievable. In particular, parents who were injecting several times per day, and those who had young children requiring constant supervision, found that continuous concealment within the family was unsustainable. For this reason, a significant minority of children of drug users had seen their parents using drugs and close to one-third saw parents injecting, some on a regular basis.

All drug-using parents shared the goal of preventing their children from becoming drug users. A small proportion believed that allowing children to witness drug use, and openly discussing with them the negative physiological and psychological effects it had on them, would deter their children from modeling their behaviour. Most drug users, however, tried to conceal not only drug taking but also related activities such as buying and selling drugs from their children. Their investment, in trying to shield their children from social exposure to their drugs-related lifestyles, indicates a belief that it is potentially harmful to children. Parents' specific beliefs about the nature of that adversity are not well understood but a few possibilities suggest themselves. Parents may fear that such experiences might lead to children imitating their parents or accepting their drug use as normal. They may fear that children will become traumatised by witnessing an action – injecting heroin – that is viewed by the public at large as distressing and dangerous. On the other hand, part of the motivation to conceal drug taking from children may be fear that children will disclose their parents' drug use publicly.

Professionals tended to believe that witnessing drug use was not, itself, necessarily distressing to children, especially those who had grown up with the experience and for whom it was normalised practice. They were more concerned about the meaning that children might attach to their parents' drug use and the manner in which they made sense of their parents' behaviours in the light of widespread negative attitudes to drug use and drug users. In their view, society's isolation of drug users and their families could lead children to worry about their parents', and their own, welfare. Children might also become distressed by their parents' intoxication and drug withdrawal if, as a result, parents became physically or emotionally unavailable. The most pressing concern, according to professionals, was that drug-using parents who were concerned about the impact of their lifestyle on their children were unlikely to receive support from services to address those concerns and to devise effective strategies for protecting their children from risk. This, they argued, was partly because there were currently only limited opportunities for parents to discuss the impact of their drugs-related lifestyle on their parenting since most services for drug users did not offer such support, and partly because parents were inhibited by their fears about their children being removed from their care if they disclosed vulnerability in relation to their children's welfare.

Children's exposure to drugs in their communities was a phenomenon shared across the two study groups, but not by all children in these groups. In keeping with McAuliffe and Fahey's (1999) finding that visible drug use in public areas is highly localised, we discovered that children's experience of seeing drug taking and related activities in their communities was restricted mainly to the inner city area, and within that, to certain estates, and indeed to certain sub-sections of those estates. Parents in these areas encountered the challenge of protecting their children from adversity, and they largely concentrated on teaching children to avoid contact with potentially harmful discarded needles and drugs. These challenges were faced by both drug-using and non-drug-using parents. Parents in both groups also shared a concern about the potentially negative impact on children of witnessing high levels of public drug use.

The limitations of the present study must be borne in mind in reaching any conclusions about the levels of adversity and protection in the environments of children of drug users and non-drug users. The findings, regarding practices of drug users, were largely based on parents'

retrospective accounts. While the majority of parents were using multiple illicit substances at the time of interview, most were receiving methadone treatment and perceived themselves to be in a stable period of their opiate dependence. We did not have any independent confirmation of the actual drug status and practices of parents, and no direct information from children about their experiences. These findings, moreover, do not represent the views of parents who are not in contact with services.

In conclusion, this paper explores the issue of children's exposure to the lifestyle associated with drugs in their homes and communities. It points to the considerable challenges faced by parents, drug users and non-drug users alike, in buffering children from risk in communities with high levels of drug use. It indicates that drug-using parents can encounter difficulties in sustaining high levels of vigilance in concealing heroin injecting when their own levels of drug use are high, but that the protection of children is highly salient for many drug users and is evident in their daily parenting practices. The findings presented here point to the need for a better understanding of the factors that deter drug-using parents from seeking professional support when their parenting is vulnerable and they are concerned about their children's safety.

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Notes

¹ The present study was completed with the assistance of part funding from Enterprise Ireland, under the "Science and Technology against Drugs" programme. The authors gratefully acknowledge the assistance of the families, schools, and agencies that took part in the research. Correspondence should be addressed to the first author at the Department of Psychology, Aras an Phiarsaigh, Trinity College, Dublin 2. Tel: 01-608 2589, email: dmhogan@tcd.ie

² "Works" refers to equipment for injecting heroin.