

# Parental drug and alcohol problems

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**David Liddell describes how policy and practice need to combine to respond effectively to the 150,000 children affected by their parents' drug and alcohol use.**

Scotland has an estimated 60,000 problem drug users and high rates of alcohol problems, putting it among the top countries in Europe for alcohol and drug problems per head of population. Drug problems expanded massively in Scotland in the early eighties and have become more entrenched since that time. We are now seeing problems in second and third generations of families with services finding it difficult to intervene.

The issue of parental drug and alcohol problems is undoubtedly one of the most challenging facing Scotland. The Scottish Government's drug strategy, *The Road to Recovery*, published in 2008, has an entire chapter devoted to the subject of 'getting it right for children in substance misusing families'. It highlights the need to do more at a local level to improve services for children, on prevention, early intervention and protection.

The Scottish Government, in its 2011 manifesto, stated its ambition for a parenting strategy:

'....the development of a national parenting strategy that encourages agencies to work together to support new parents and allows them to develop their parenting skills. Parents will have access to a guaranteed level of support across the country.'

Bringing these two policy areas together is vitally important if we are to effectively address this huge problem.

## The effects on parenting capacity and on children

There are an estimated 50,000 children of problem drug users and perhaps 100,000 children whose parents have alcohol problems, so there are potentially 150,000 children affected. Some parents with drug or alcohol problems may be isolated and lack support but still manage to ensure that their children are well nurtured.

Some people with drug problems can function well as parents but there are those who are failing badly, with their children being harmed significantly. This does not just depend on the abilities of individual parents but also on the support around them. Parenting abilities among drug users vary over time due to a range of factors. Personal difficulties, such as family problems, health and drug/alcohol use along with wider issues, such as welfare benefits and housing have a massive impact on vulnerable parents, and therefore, on their parenting capacity.

Children may be affected in many ways. The Aberlour report of 2006 *Have we got our priorities right?* describes:

- Chaotic parental lifestyles, leading to neglect of their basic physical and emotional needs

- Poor or inconsistent parenting - lack of affection, nurturing, consistent boundaries or routines
- Unsafe home environments where children are left alone or unsupervised for long periods or left with unsuitable carers; are exposed to drugs, drug use and the effects of intoxicated behaviour, along with domestic abuse and criminal activity
- Children assuming caring roles for siblings and sometimes for their own parents
- Nursery or school attendance and attainment suffering
- Stigma which can lead to isolation from peer networks and susceptibility to bullying

The challenge for policymakers and practitioners, therefore, is immense.

The public discourse about this has been polarised, with the extreme view expressed by some politicians and academics that all parents with alcohol and, in particular, drug problems should have their children removed into care. This is clearly a completely impractical suggestion, given the scale of problems, the limited availability of foster carers, places within children's homes and prospective adoptive parents.

## What parents want

There has been little work on finding out what type of support parents with drug or alcohol problems would like. Since parental activity is at the heart of the issue, it seems remiss, even unwise, to miss the opportunity of getting their perspective on the key issues underpinning their attitudes and behaviours. So what are they looking for?

From our own work, particularly speaking with our volunteers who are parents and have a history of problem drug use, the following themes and issues emerge:

- Parents with drug problems are often very frightened of social work, particularly as they have often directly witnessed people they know losing custody of their children
- Parents often say that support is only available at the point of crisis, accompanied by a serious threat of losing their children. Parents want help but remain fearful of revealing too much about their problems as this may be used against them as evidence of their unfitness to care for their children
- Parents would like support to be available as early as possible, particularly from voluntary sector organisations (often the statutory powers available to mainstream social workers create a barrier to honest dialogue between them and the drug-using parents they work with). Even so, for some parents there would still be concerns about the potential sharing of information and social work involvement
- Parents who have had children removed into care often say that 'it feels like a mountain to climb to get them back'
- Powerlessness is a key feature - many parents want to see an independent supporter/advocate/mentor to enable them to deal with the 'system' so they do not feel they are alone

Parents with extensive experience of social work often say that there is no clarity about what being a good or good enough parent is and that custody decisions are not sufficiently objective. Their perceptions are that, too often, the management of their case is based on whether 'a social worker likes me', with a feeling that 'parents who are worse than us still have their children' and that the 'goalposts are always changing'.

While these views are from a relatively small sample, they highlight the issues that practitioners face in responding to parental drug and alcohol drug problems. The themes

also highlight the potential value of systematically collecting the views of parents to inform how best to provide services.

## **Adult and children's services working together**

What also comes through from our work with parents, reflected in a recurring theme from services, is that child welfare services and adult addiction services do not work closely enough with each other. Often, there is also a lack of awareness and understanding between the adult addiction workers and the children and families workers about the impact of parental drug problems from each other's perspectives. This can get in the way of finding effective solutions.

Adult services can sometimes address the needs of the adult client only, with the perspective of the children either not recognised or ignored. This is likely to happen particularly when a service does not identify the additional needs of a parent with children - for example, when an adult service sets up an arrangement for dispensing methadone which requires a mother with small children to walk a considerable distance or a service that has a busy and chaotic waiting room and makes no specific provision for parents attending with children.

Although we have known for years about this shortfall in recognising of the dual 'personas' of parents with drug problems, most areas, despite some pockets of good practice, have not yet bridged this.

However, on a more positive note, we know that:

- Workers in adult addiction services want to change their practice towards parental clients and their children (SDF survey of services 2009)
- Children's services are keen to develop their knowledge and understanding of drug use/drug problems and how to work more effectively with parents
- There is understanding within adult addiction services and children's services about the need for improved joint working
- Several years ago, we made a suggestion to the Scottish Government about funding secondments of workers from children's charities into adult drug services, aiming to bridge the gap between the two sectors and ensure more effective early support and intervention.
- More recently, we developed a proposal for joint training and better networking of the two sectors. The gap is still evident and despite some excellent practice, good practice needs to become standard across the country if we are to make a meaningful impact on the current generation of children living with parental drug and alcohol problems and on future generations.

The Scottish Government stated recently in the context of the proposed Children's Services Bill: 'Simply framing legislation that places a duty on planning partners to work together, where appropriate, to get it right for every child is unlikely to have much impact and may actually add more bureaucracy and barriers.' This is exactly right. The challenge is to encourage and work with frontline services to deliver improvements to joint working and effective practice.

Failing to do this and to intervene effectively will cost our society and individual families dear in both the short and long-term.