

Parental Substance Misuse

Introduction

Substance misuse can have a negative effect on an individual's ability to parent effectively.¹ Research suggests that parental problem drug compromises a child's health and development at every stage from conception onwards as the child may be exposed to poverty, physical and emotional abuse or neglect, inadequate accommodation and toxic substances in the home.²

Summary

It is difficult to accurately estimate the number of families affected by parental substance misuse, and therefore not possible to determine whether the problem is greater or worse in Norfolk than in the rest of the country. In total around 1,900 children were recorded as living with adults in substance misuse treatment in Norfolk. Foetal Alcohol Spectrum Disorder is estimated to affect 1% of births. On average around 9,300 children are born each year in Norfolk, therefore we can estimate that around 90 children each year will have FASD

Headlines

Foetal Alcohol Spectrum Disorder (FASD) is diagnosed on a spectrum (in this sense it can be likened to autism) from a mild but still significant impairment of behaviour to severe presentation of the full condition. The prevalence of FASD difficult to estimate because it is thought to be under-diagnosed with symptoms labelled as other disorders (including ADHD and Conduct Disorder). Nevertheless FASD is estimated to affect 1% of births.³ On average around 9,300 children are born each year in Norfolk, therefore we can estimate that around 90 children each year will have FASD.⁴

It is estimated that in the UK 2-3% of children are affected by parental drug use and 6% live with dependant drinkers.⁵ ⁶ There are 147,000 children age 0-16 in Norfolk and therefore around 12,500 children (0-16 years old) are estimated to be affected by parental substance misuse. This issue does not just impact on the children in the family; survey data suggests that 46% of grandparents and other kinship carers say that parental substance misuse was one of the reasons they were caring for those children.⁷

In Norfolk 59% of adults in drug and alcohol treatment are parents of children under the age of 18 (2,469 people in structured treatment in 2013/14). A third of these parents (33%) had their child living with them (827 adults) and for two thirds (67%) their child are living with either their partner, friends, family, or were in care (1,642 adults in treatment).

¹ ACMD (2003) *Hidden Harm: Responding to the Needs of Children of Problem Drug Users, report of an inquiry by the Advisory Council on the Misuse of Drugs*. London: Home Office

² Ibid.

³ Larcher, V. and Brierley, J. Fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorder (FASD)—diagnosis and moral policing; an ethical dilemma for paediatricians" *Achieves of Diseases in Childhood*.

⁴ ONS Birth data 2015.

⁵ ACMD (2003) *Hidden Harm: Responding to the Needs of Children of Problem Drug Users, report of an inquiry by the Advisory Council on the Misuse of Drugs*. London: Home Office

⁶ Manning, V. et al (2009) New estimates of the number of children living with substance misusing parents: results from the UK national household surveys. *BMC Public Health*.

⁷ Grandparents Plus (2011) Policy Briefing Paper: Family and Friends Care and Parental Substance Misuse (2011)

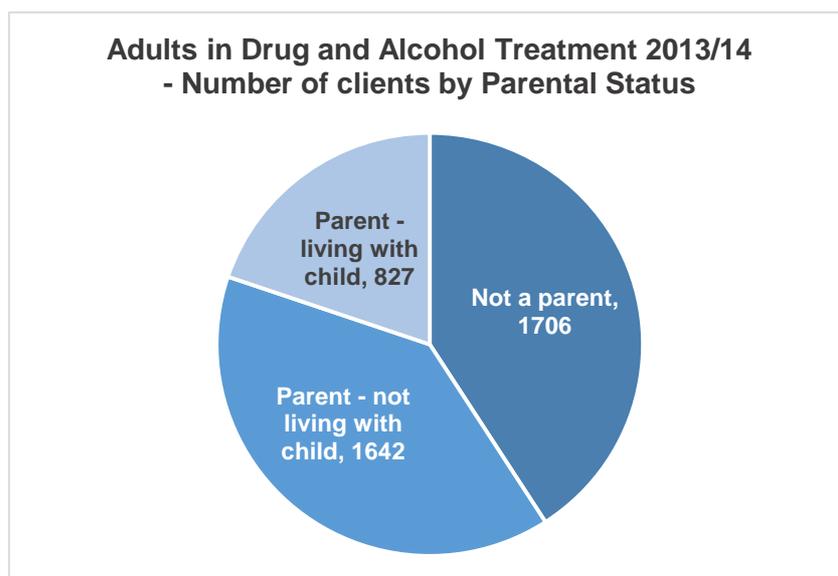


Figure 1: Parental status of adults in specialist drug and alcohol treatment in Norfolk in 2013/14. Source: National Drug Treatment Monitoring System.

In total around 1,900 children were recorded as living with adults in substance misuse treatment in Norfolk. This is not the full extent of children living with parental substance misuse as it does not take into account parents who are not receiving structured treatment from substance misuse services, and these may represent a more vulnerable group of children.

Influences on Health and Wellbeing

Excessive drinking or drug use during pregnancy can negatively affect the unborn child and cause Foetal Alcohol Spectrum Disorder (FASD). FASD is the umbrella term for a range of preventable alcohol-related birth defects. Foetal Alcohol Syndrome (FAS) is the most clinically recognisable form of FASD. Children with FAS have distinct facial features, and other symptoms include: hearing and ear problems, weak immune system, epilepsy, cerebral palsy and other muscular problems, liver damage and kidney and heart defects. The majority of people with FAS suffer with behaviour problems and around a quarter have an intellectual disability.⁸ FAS is not a common condition but is regarded as the leading known cause of non-genetic intellectual disability.⁹

The effects of cocaine and heroin are particularly damaging because they may cause placental detachment, still birth, premature birth and low birth weight. Using drugs whilst pregnant can lead to neonatal addiction. Babies can also be susceptible to transmission of blood borne viruses that are more prevalent among injecting drug users, such as HIV and Hepatitis C.¹⁰

Research suggests children living with parental alcoholism face increased risk of poor short-term outcomes such as being in trouble with the police and difficulty at school,¹¹ and long-term outcomes such as being more likely to develop alcohol problems themselves.¹² An Ofsted review of Serious Case Reviews (SCRs) found that the most common issues relating to the children's families were domestic violence, mental ill-health and drug and alcohol misuse. The combination of these three factors has become known as the "Toxic Trio".

Current services, local plans and strategies

Norfolk County Council commissions the Norfolk Recovery Partnership (NRP) to provide drug and alcohol treatment to adults in Norfolk. Each year around 20 women are recorded as being pregnant when starting

⁸ British Medical Association Board of Science (2007) Foetal alcohol spectrum disorders - : A guide for healthcare professionals.

⁹ Abel EL & Sokel RJ (1987) Incidence of foetal alcohol syndrome and economic impact of FAS-related anomalies. *Drug and Alcohol Dependence* 19: 51-70

¹⁰ Cleaver, H., Unell, I and Aldgate, J. (2000) Children's needs – Parenting Capacity: the impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development. Department of Health.

¹¹ Sher, K.J. (1997), *Psychological characteristics of children of alcoholics*. Alcohol Health and Research World, Vol. 21. No.3

¹² Fawzy, F.I., Coombs, R.H, & Gerber, B. (1983), *Generational continuity in the use of substances: the impact of parental substance use on adolescent substance use*. *Addictive Behaviours*, 8, 109-114

treatment with NRP.¹³ It is not possible to say how many others became pregnant during their treatment as this is only recorded at initial assessment.

Problems associated with drugs and alcohol in pregnancy can to some extent be ameliorated by early antenatal care. GPs, Midwives and Health Visitors require sufficient training to identify, challenge and support mothers with substance misuse issues. There is also a need to consider how messages about drinking during pregnancy are communicated to the partners of pregnant women, and their role in supporting the mother to be abstinent from dangerous drinking whilst pregnant.¹⁴

Under the 'Norfolk Safeguarding Children's Board multi-agency pre-birth protocol' drug and alcohol treatment professionals have a responsibility to contribute to assessments undertaken by Norfolk Children's Social Services to work in partnership with Social Workers.¹⁵ Norfolk Children's Social Services have an important role to play in supporting children affected by parental substance use - Child Protection Social Workers estimate that as many as 70% of the families on their caseload are affected by substance misuse.¹⁶ Local research has demonstrated that there are some areas of good practice where social workers and drug and alcohol workers are working closely together and sharing information. However, the study found that this was not the case in all areas and that good practice rested more on effective personal relationships rather than formal procedures.¹⁷

Norfolk County Council also commissions a service for children and young people affected by their parent's or carer's substance misuse. Matthew Project Unity supports around 200 young people affected by parental substance misuse each year.¹⁸ Some of these young people will be caring for their parent, siblings or other family members because of parental substance misuse. There are a number of services for young carers, and Matthew Project Unity works closely with Norfolk Carers Support.¹⁹

Considerations for HWB and commissioner

Parental substance misuse is an important issue impacting on people in Norfolk. Services should continue to raise awareness so that parents are aware of the impact of their substance use on their children. This is not an issue that just affects a certain section of society, parents from all parts of the community can drink excessively or use certain drugs and may not be aware of the impact this has on their children.

It is important that professionals (especially social workers) are given appropriate training so they can recognise the symptoms and signs of substance misuse, and know enough about different drugs to react proportionately and support families appropriately. All professionals working with families should be given sufficient training and support to feel confident in talking to parents about their drinking or drug use, and to be able to signpost or refer them onto specialist support.

Specialist drug and alcohol services should continue to have a responsibility to provide support to those affected by someone else's substance use and to work with partner organisations to support families.

References and information

Hidden Harm: Responding to the Needs of Children of Problem Drug Users

The report of an inquiry by the Advisory Council on the Misuse of Drugs.

<https://www.gov.uk/government/publications/amcd-inquiry-hidden-harm-report-on-children-of-drug-users>

Norfolk Safeguarding Children's Board Pre-Birth Protocol

Available at: <http://www.norfolkscb.org/about/policies-procedures/5-21-pre-birth-protocol/>

¹³ Norfolk Recovery Partnership website <http://www.norfolkrecoverypartnership.org.uk/Pages/default.aspx>

¹⁴ Van der Wulp, N.Y.; Hoving, C. and de Vries H. (2013) A qualitative investigation of alcohol use advice during pregnancy. Midwifery (Epub ahead of print)

¹⁵ Norfolk Safeguarding Children's Board Pre-Birth Protocol, available at: <http://www.norfolkscb.org/about/policies-procedures/5-21-pre-birth-protocol/>

¹⁶ Galvani, S (2015) "Alcohol and other drugs: The roles and Capabilities of Social Workers". Manchester Metropolitan University.

¹⁷ N-DAP (2010) Parental Substance Misuse in Norfolk: How effectively has NSCB safeguarding Protocol 10 been implemented? Available from the resources section of the N-DAP website www.ndap.org

¹⁸ Matthew Project Unity website: <http://www.matthewproject.org/unity/young-people/are-you-affected-by-someone-elses-drug-or-alcohol-use>

¹⁹ Norfolk Carers Support (Young Carers) website: <http://norfolkcarerssupport.org/unity-service/>

Matthew Project Unity website:

<http://www.matthewproject.org/unity/young-people/are-you-affected-by-someone-elses-drug-or-alcohol-use>

Norfolk Recovery Partnership website:

<http://www.norfolkrecoverypartnership.org.uk/Pages/default.aspx>

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