

Parental Substance Misuse

Introduction

'Parental substance misuse' is the long-term misuse of drugs and/or alcohol by a parent or carer.

This includes parents and carers who:

- consume harmful amounts of alcohol (for example if their drinking is leading to alcohol-related health problems or accidents)
- are dependent on alcohol
- use drugs regularly and excessively
- are dependent on drugs.
- parents who are not able to supervise their children appropriately because of their substance use¹

Most parents and carers who drink alcohol or use drugs do so in moderation, which does not present an increased risk of harm to their children.² However, parents and carers who misuse substances can have chaotic, unpredictable lifestyles and may struggle to recognise and meet their children's needs. This may result in their children being at risk of harm.

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 1,500 children were recorded as living with adults in substance misuse treatment in Norfolk. PHE estimates that there are 5,000 children living with parents who are dependent on alcohol or opiates. This represents around 30% of met need. Fetal Alcohol Spectrum Disorder is estimated to affect at least 1% of births. On average around 9,100 children are born each year in Norfolk, therefore we can estimate that around 90 children each year will have FASD.

Headlines

In 2019/20 in Norfolk 51% of new drug and alcohol treatment clients were parents of children under the age of 18 or live with children (850 people starting structured treatment). Of these (54%) are parents whose child lives elsewhere i.e. with their partner, family, or were in care (460 people), a third (33%) live with their child (290 adults) and the remaining 12% were adults living with children who were not their own (105 people).³

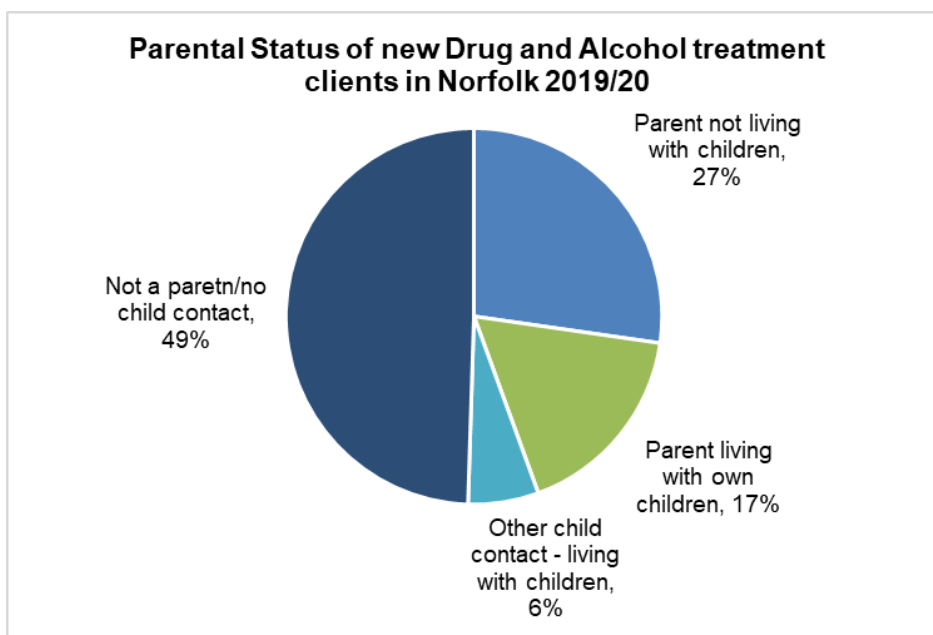


Figure 1: Parental status of adults in specialist drug and alcohol treatment in Norfolk in 2019/20. Source: National Drug Treatment Monitoring System.

¹ NSPCC (2020) Parental Substance Misuse <https://learning.nspcc.org.uk/children-and-families-at-risk/parental-substance-misuse>

² Cleaver, H., Unell, I. and Aldgate, J. (2011) Children's needs - parenting capacity. Child abuse: Parental mental illness, learning disability, substance misuse and domestic violence (2nd edn.) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182095/DFE-00108-2011-Childrens_Needs_Parenting_Capacity.pdf

³ Public Health England National Drug Treatment Monitoring System (NDTMS) data 2019/20. Partnership Adult Activity report.

Of all the clients in drug and alcohol treatment (not just those who started in the previous year) a quarter are living with children (26%). Public Health England estimate that there are approximately 2,000 adults with an alcohol dependency who live with a child in Norfolk.⁴ In the last year there were 330 alcohol clients living with children aged under 18 in treatment in Norfolk, which is around 17% of adults with an expected need in treatment.

PHE estimate that there are around 790 adults with an opiate dependency living with children in Norfolk. Last year 500 opiate users in treatment were living with a child, which suggests that around 60% of adults with an expected need are in treatment.⁵ These figures demonstrate that there is a much higher proportion of opiate users in contact with treatment agencies than people with alcohol dependency.

In total around 1,500 children were recorded as living with adults in substance misuse treatment in Norfolk. PHE estimates that there are 5,000 children living with parents who are dependent on alcohol or opiates.⁶ This represents around 30% of met need.

Fetal 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 at least 1% of births.⁷ On average around 9,100 children are born each year in Norfolk, therefore we can estimate that around 90 children each year will have FASD.⁸

Influences on Health and Wellbeing

It is clear this substance misuse can have an impact on the health and development of children, from before the baby is born all the way through to when they are an adult themselves. Research suggests children living with parental substance misuse face increased risk of poor short-term outcomes such as being in trouble with the police and difficulty at school,⁹ and long-term outcomes such as being more likely to develop drug and alcohol problems themselves.¹⁰ Along with domestic abuse and mental health problems, parental substance misuse features in a large number of cases open to children's social care.¹¹ An Ofsted review of Serious Case Reviews (SCRs) also 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".

Fetal Alcohol Syndrome (FAS) is the most clinically recognisable form of Fetal Alcohol Spectrum Disorder (FASD). Symptoms of FAS include distinct facial features, 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.¹² FAS is not a common condition but is regarded as the leading known cause of non-genetic intellectual disability.¹³

The effects of cocaine and heroin during pregnancy are particularly damaging because they may cause placental detachment, still birth, premature birth and low birth weight. Using drugs whilst pregnant can lead to

⁴ Public Health England 'Parental drug and alcohol use toolkit for local authorities' 2018 <https://www.gov.uk/government/publications/parental-alcohol-and-drug-use-understanding-the-problem>

⁵ As above

⁶ As above

⁷ McQuire et al (2018) Screening prevalence of fetal alcohol spectrum disorders in a region of the UK. *Prev Med.* 2019 Jan;118:344-351. doi:10.1016/j.ypmed.2018.10.013. Epub 2018 Nov 30

⁸ ONS Birth data 2020

⁹ Sher, K.J. (1997), *Psychological characteristics of children of alcoholics*. Alcohol Health and Research World, Vol. 21. No.3

¹⁰ 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

¹¹ Hardy, R (2017) How parental substance misuse affects children: key points from research. *Community Care*.

¹² British Medical Association Board of Science (2007) *Fetal alcohol spectrum disorders - : A guide for healthcare professionals*.

¹³ Abel EL & Sokel RJ (1987) Incidence of fetal alcohol syndrome and economic impact of FAS-related anomalies. *Drug and Alcohol Dependence* 19: 51-70

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.¹⁴

This issue of parental substance misuse does not just impact on the children in the family; survey data suggests that nearly half of grandparents and other kinship carers say that parental substance misuse is one of the reasons they are caring for those children.¹⁵

Current services, local plans and strategies

GPs, Midwives and Health Visitors assess, identify and support mothers with substance misuse issues through pregnancy and beyond. Fathers and partners also have a role in supporting the mother to be abstinent whilst pregnant.¹⁶

Norfolk County Council commissions Change Grow Live (CGL) to provide drug and alcohol treatment to adults in Norfolk. Each year around 5 women are recorded as being pregnant when starting treatment. It is not possible to say how many others became pregnant during their treatment as this is only recorded at initial assessment.

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.¹⁷ Norfolk Children's Social Care 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.¹⁸

Norfolk County Council also commissions a service for children and young people affected by their parent's or carer's substance misuse. The Matthew Project Unity supports around 280 young people affected by parental substance misuse each year.¹⁹ Some of these young people will be caring for their parent, siblings or other family members because of parental/carer substance misuse. There are a number of services for young carers, and The Matthew Project Unity works closely with Norfolk Family Carers Support.²⁰

References and information

Public Health England 'Parental drug and alcohol use toolkit for local authorities'

<https://www.gov.uk/government/publications/parental-alcohol-and-drug-use-understanding-the-problem>

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/>

Matthew Project Unity:

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

Change, Grow, Live Norfolk

<https://www.changegrowlive.org/alcohol-drug-behaviour-change-norfolk>

Author and key contacts

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¹⁴ 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.

¹⁵ Adfam (2011) Working with grandparents raising their grandchildren due to parental substance misuse

https://adfam.org.uk/files/docs/adfam_grandparentsparentstoolkit.pdf

¹⁶ 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)

¹⁷ Norfolk Safeguarding Children's Board Pre-Birth Protocol, available at: <http://www.norfolkscb.org/about/policies-procedures/5-21-pre-birth-protocol/>

¹⁸ Galvani, S (2015) "Alcohol and other drugs: The roles and Capabilities of Social Workers". Manchester Metropolitan University.

¹⁹ Matthew Project Unity Affected Others Service Data 2019/20

²⁰ Norfolk Carers Support (Young Carers) website: <http://norfolkcarerssupport.org/unity-service/>

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